Forskningsrådet

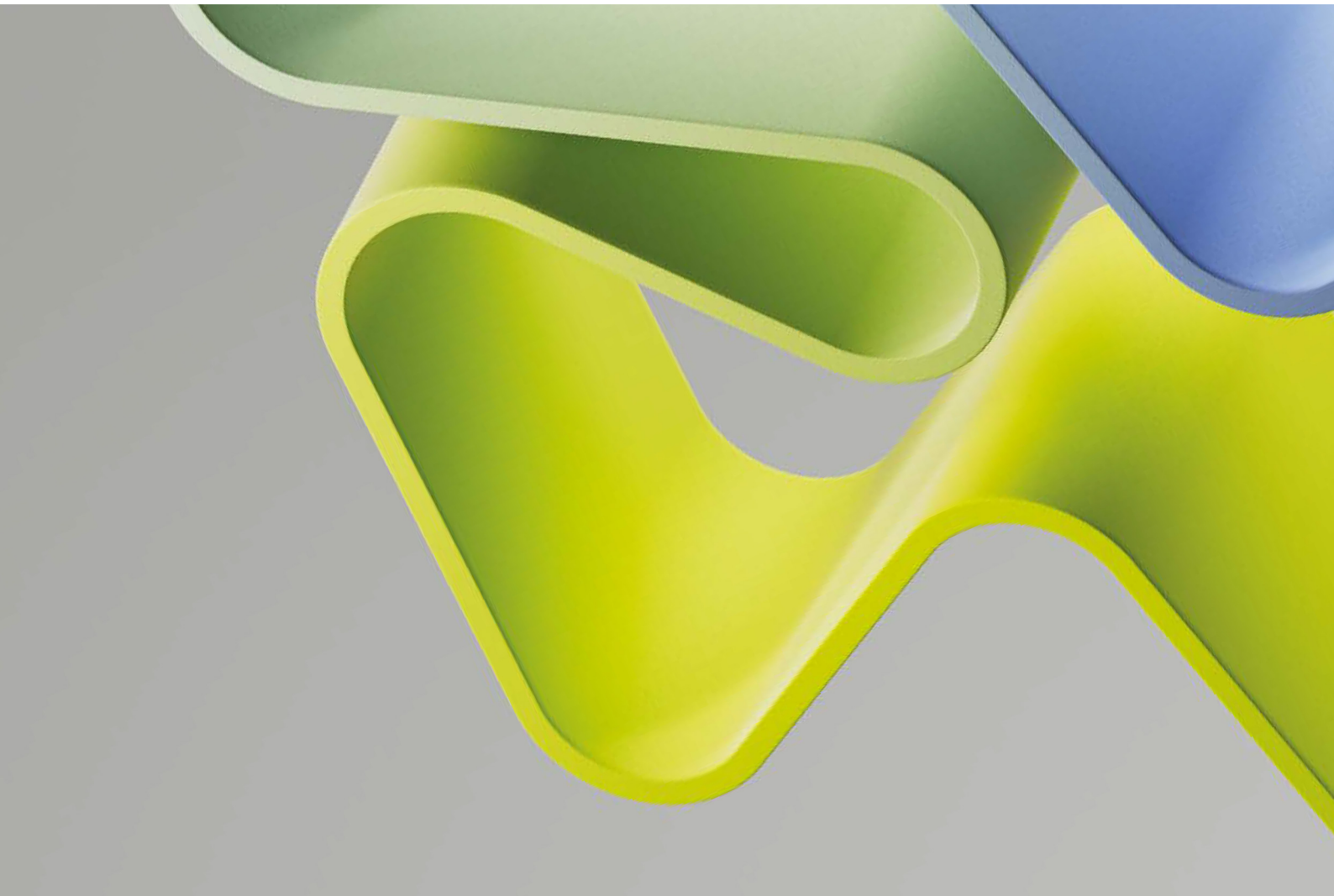
Evaluation of Life Sciences 2022-2024

Evaluation of medicine and health 2023-2024

Evaluation report

ADMIN UNIT: Division of Mental Health and Addiction
INSTITUTION: Oslo University Hospital and University of Oslo

December 2024



Contents

Statement from Evaluation Committee Health Trusts 1

This report is from Evaluation Committee Health trust 1 which evaluated the following administrative units representing the hospital trust in the Evaluation of medicine and health 2023-2024:

- Regional Centre for Child and Adolescent, Regional Center for Child Adolescent Mental Health East and South
- Center for Psychopharmacology, Diakonhjemmet Hospital
- Center treatment of Rheumatic and Musculoskeletal Diseases (REMEDY), Diakonhjemmet Hospital
- Division of Paediatric and Adolescent Medicine, Oslo University Hospital and University of Oslo
- Division of head, neck and reconstructive surgery (HHA), Oslo University Hospital and University of Oslo
- Division of Mental Health and Addiction, Oslo University Hospital and University of Oslo
- Division of Gynaecology and Obstetrics, Oslo University Hospital and University of Oslo
- Modum Bad, Research Institute of Modum Bad
- Department of Research, SunnaasRehabilitation Hospital

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 Health trust 1. All members of the committee have agreed with the assessments, conclusions and recommendations presented here.

Evaluation committee Health trust 1 consisted of the following members:

Professor Johan Hellgren (Chair), University of Gothenburg

Professor Oskari Heikinheimo, Helsinki University Hospital	Professor Nick Hardiker, University of Huddersfield
Professor Fiona Gaughran, King's College London	Professor Claudi Bockting, Amsterdam University Medical Centre
Professor Li Felländer-Tsai, Karolinska Institute	Professor Ertan Mayatepek, University Hospital Düsseldorf

Dr Reda Nausedaite, Technopolis Group, was the committee secretary.

Oslo, December 2024

Profile of the administrative unit

Research in the Division of Mental Health and Addiction (DMHA) is organised within two collaborating institutions, UiO and OUS. Shared chairs and double affiliations with DMHA facilitate integration with UiO and OUS. The research staff at DMHA consist of eight professors, three associate professors, 38 senior physicians (of whom 8 are at professor, and 10 at associate prof. level with 20% positions), seven physicians, 22 psychologists, four senior psychologists, 81 researchers and postdocs and 39 PhD students. Women represent a majority in all categories, except professors where they represent 50%.

The Division of Mental Health and Addiction is comprised of eight research groups: Section for clinical addiction research, RG-PP, CAMH-RU, Psychotherapy, Eating Disorders Research Group, NORMENT, SERAF and NSSF.

Their strategic goal is ‘generating new knowledge to enhance diagnostics and treatment of mental illnesses and addiction through innovation and evidence-based practices’. Integrating research and education is in line with the strategies of UiO and OUS.

Funding is facilitated by the administrative unit which promotes cross-sectional and interdisciplinary collaboration with leading national and international institutions. Key partners mentioned include the University of Bergen, Diakonhjemmet Hospital, and the Norwegian Institute of Public Health. National collaborations with the Nordic countries are focused on common health challenges. Commercialisation and industry collaboration have the potential to result in more funding for the administrative unit. The intention of the government to double clinical trials by 2025, as well as increased EU funding, might facilitate funding even more.

Limited long-term resources, insufficient infrastructure and difficulties in recruiting doctors for mental health and addiction research might hinder the ambition of this administrative unit. They also indicate that competition for grants is increasing. Taken together, this requires mitigation to avoid affecting the career perspective of young researchers or losing specialised researchers.

Overall evaluation

DMHA contains of eight units which focus on common mental health conditions (depressive disorders, anxiety disorders, substance use disorders), serious mental illness, and a wide range of other mental health conditions. DMHA takes a translational approach, with its research spanning genetics, imaging, and clinical intervention studies to implementation and policy. User representatives and lived experience experts are involved in research projects and are also employed.

DMHA's research work has resulted in publications in leading international peer reviewed medical, clinical psychology and psychiatry journals. There has been a substantial increase in open access publications (from 6% to 74% in less than a decade) and there is an open access policy.

The Terms of References mentioned the organisation, quality and diversity of DMHA. It produces strong translational research, with a focus on psychological and neurobiological interventional studies. In addition, DMHA covers a wide range of common mental health conditions, as well as psychosis and other conditions that require intensive treatment. DMHA staff hold national leadership in specific domains (such as eating disorders and suicide), and the administrative unit has a strong international profile with many international collaborations. Their role in postgraduate education facilitates knowledge transfer to clinical practice. Their strategy to stimulate clinicians to conduct research is very good. In this way they play an important role in training scientist practitioners that contributes to translational science. Some of the research groups are small, although it might be argued that this could be appropriate for highly specialised fields.

DMHA has developed good career pathways and offers paid sabbaticals every five years. However, to improve sustainability of research, especially of the small groups, investment in permanent positions seems limited. As a result, there is a risk that good scientist practitioners and researchers might choose to seek permanent career progression elsewhere.

The overall strategy to promote collaboration between the eight research groups is less clear, although each aim to promote future planning, growth and development of research. Also, there is variability in the extend that the eight research groups involve patient and public involvement (PPI) from the start of studies dissemination.

The organisation has encouraged and supported grant applications to national and international bodies, including the European Research Council (ERC). A further strength of DMHA is the Research Support Department for support of grant applications. The DMHA has demonstrated strong pathways to impact.

Recommendations

- The productivity of the administrative unit is very high and it is held in high regard nationally and internationally. To improve sustainability, especially of the small groups, investment in permanent positions should be considered.
- It is recommended to develop a strategic career planning policy for researchers and scientist practitioners after their PhD. This, likewise, will require funding for permanent positions.
- Develop a clear strategic overall plan for the eight groups, focusing on identification of synergies and any duplications to inform sustainability and succession planning, along with a strategy on how the overall structure, interactions and national and international collaborations may maximally support the growth and development of research in DMHA overall.
- Some research groups are small, in the future one might consider how to organise the group structure in a way that small groups can also be evaluated in line with expected outcomes.
- Discuss whether and how across the eight research groups, PPI integration could be strengthened by exchanging good practice among the eight research groups. It is also recommended to consider ways of assessing diversity in the user councils and lived experience experts to ensure full population relevance of this expertise.
- Regarding monitoring of diversity and inclusiveness, the staff characteristics monitored are more limited in the Health Trusts than in the Universities – we recommend reviewing and if possible, adopting the policies of the major academic partner, Oslo University, to identify and develop good practice in staff appointment, mobility, progression and retention. We also recommend reviewing the practice and options for systematically recording diversity of research participants across the administrative unit.
- We recommend exploring opportunities to further strengthen success in leadership of international funding competitions, including EU funding, across the groups. This may include increasing investment in new and longstanding international collaborations and a review of strategies to put the administrative unit in a position to obtain more international funding at the level of chief investigator.
- There is scope to systematically review the available infrastructural support, including EU systems, to see how they could further enhance the DMHA research activity

1. Strategy, resources and organisation of research

1.1 Research strategy

The eight research groups within the Division of Mental Health and Addiction (DMHA) cover common mental health conditions, addictions and serious mental illness. Together, they form one of the largest clinical research divisions in both Oslo University Hospital and the University of Oslo, with impressive output and international recognition. The stated focus of the research is translational, with a view to generating knowledge to improve diagnosis and outcomes in people living with mental illness, The breadth of the work is from biological enquiry to implementation, linked to education and largely embedded in clinically active settings.

DMHA prioritises clinically relevant research, structured in thematically orientated research environments within clinical departments, with an emphasis on a strong research culture benefiting from interdisciplinary collaborations and the perspectives of people with lived experience and supporting research career paths. DMHA sets priority goals of steadily increasing clinical studies, clinical trials and external funding, in the context of a supportive infrastructure, and aim to collaborate nationally and internationally. DMHA also highlights data as a priority, recognising the importance of information governance, data-sharing opportunities and structures and development of analytic expertise.

Research in DMHA runs across adults and children and a wide array of Mental Disorders, and ranges from naturalistic long-term clinical cohort and interventional studies to genetics, imaging, mechanistic, psychoimmunology, stem cell and digital phenotyping work in order to better characterise phenotypic variations, and treatment outcomes, The Norwegian Centre for Mental Disorders Research (NORMENT) group has received strategic funding as a Centre of Excellence to improve understanding of severe mental illness and strategically funds small-scale clinical research projects to support later external research bids, and underpins its overall strategy with annual calls to support class III research infrastructure.

Innovation was a DMHA's strategic goal a decade ago and since 2015, DMHA has hosted the Centre for Connected care (C3), a Centre for Research Based Innovation (SFI) funded by the Research Council of Norway (RCN). The Centre evaluates innovation potential in all research projects, with the dual aims of increasing the number of Disclosure of inventions (DOFIs) and also of bridging the implementation gap in practice.

To strategically support grant application and the generation of external funding, the DMHA-OUS has recently established its own Research Support Unit.

The committee's evaluation

DMHA's research is internationally recognised and covers a wide range of mental health conditions, from earlier stage work to implementation into clinical practice, with strong national and international collaborations. There is a clear strategy to stimulate research with evidence of progression towards/achievement of priorities

The committee´s recommendations

- Further strengthen career planning for DMHA researchers, paying attention to succession planning
- Explore opportunities to further strengthen success in international funding competitions, such as EU Horizon.

1.2 Organisation of research

DMHA is linked to both the University of Oslo (UiO) and the hospital Trust (OUS), with the Head of Research, and many researchers, having affiliations to both institutions, with 70% of publications recognising both affiliations. The Head of Research heads an advisory committee for research in the DMHA where the Research Groups and Departments are represented, alongside lived experience expertise and meets monthly with Heads of Research from all OUS/UiO divisions led by the heads of the Institute of Clinical Medicine and UiO and the Research Director of OUS.

The research groups themselves are largely co-located with the relevant clinical teams and have access to relevant infrastructure, including equipment, laboratories, biobanks, biostatistics, a clinical trial office and administrative support from both OUS and UiO. Research registries are in development at various stages across the Division.

The administrative unit consists of eight research groups, of which six sit in the Research and Innovation department of the OUS-based part of the DMHA while the other seven departments of the DMHA are clinical departments integrated with research. The departments vary in their research involvement. The following Research Groups are assessed in the current evaluation: Norwegian Centre for Mental Disorders Research (NORMENT); SERAF (the Norwegian Centre for Addition Research); National Centre for Suicide Research and Prevention; Eating Disorders Research Group Personality Psychiatry; Section for clinical addiction research (RusForsk); Child and adolescent Mental Health Services; Psychotherapy Research Group. These encompass groupings of 22 of the 33 Research Groups in the DMHA.

The committee's evaluation

The DMHA is structured across OUS hospital trust, and the UiO, which have been integrated since 2010, with joint leadership committees, shared access to research infrastructure, a multidisciplinary approach and a focus on dissemination and on knowledge exchange across clinical research and education, including research project supervision. There is significant variation in size of research groups.

The committee´s recommendations

- In the future, one might consider how to organise the group structure in a way that small groups can also be evaluated in line with expected outcomes.

1.3 Research funding

Three percent of the DMHA-OUS total yearly budget is dedicated to research. The public funders from which DMHA receives most competitive funding are the HSØ and the Research Council of Norway (RCN). Other success in competitive grant applications have been from The Ministry of Health and Care Services; KG Jebsen Foundation; the DAM foundation and the National Health Association. Total national grant income amounted to 77 million NOK.

International grant funding reached 41 million NOK and includes a series of EU grants, with DMHA coordinating two H2020 projects and operating as partner in 3 others (H2020: R-LINK, RealMent, CoMorMent, Horizon Europe: Psych-STRATA, environMENTAL, and two ERA-NET Neuron and one ERAPERMED grant). They have also been partners in 7 NIH grants, including 5 grants related to PGC and ENIGMA activities, as well as the Extreme MD project, as well as one large Wellcome Trust grant. They are currently also in receipt of funding for three NordForsk projects, of which they are leading one and have received funding from the Juvenile Diabetes Research Foundation (USA).

The committee's evaluation

The administrative unit has been extremely successful in obtaining national and international funding (among them the very prestigious H2020 projects). In addition, the administrative unit has generated internal funding to support PhDs for clinicians, thereby promoting scientist practitioners and bridging the gap between science and clinical practice.

The committee´s recommendations

- Strengthening and extending the current strategy to maintain and expand the successes in achieving international funding will be important, with a view to examining how to extend this success across all Research Groups and keeping an eye to sustainability and succession planning. This might also facilitate post-doctorate career paths.

1.4 Use of infrastructures

The Research Groups participate in various Infrastructures. For example, NORMENT participates in Biobank Norway, with biobank data integration and working on precision medicine tools for the Biobank data. The NORMENT Research Group has also established a National General Biobank for Mental Illness (NORSMI) involving all hospital trusts in Norway.

Internationally, NORMENT is part of the Psychiatric Genetic Consortium infrastructure (PGC; standardising protocols and analytical pipelines) as well as the Enigma brain imaging/genetics consortium infrastructure (ENIGMA standardising imaging genetics protocols and analytical pipelines).

The Research Groups also take advantage of several national health registries for research purposes, most commonly the Norwegian Patient Registry, the Cause of Death Registry and the Medical Birth Registry of Norway. It was however noted that

the time from application to accessing the data for analysis can be very long, up to a year.

DMHA, as part of OUS and UiO, adhere to FAIR principles and have clear guidelines for data management. DMHA acknowledges the complexity of linkage/sharing of clinical datasets and the applicable legal and information governance restrictions, and they are working to develop this area of work. DMHA is involved in the Nordic Tryggve Infrastructure, a safe infrastructure for distributed data analysis across Nordic countries (Heila Tryggvedottir). Researchers in DMHA have access to the UiO "Services for sensitive data" (Tjenester for sensitive data - TSD) data storage facility for secure data storage which has several secure data-collection and data-transfer solutions. TSD is part of the Sigma2 funded research infrastructure and is approved by OUS.

Locally, researchers have access to shared infrastructure including laboratories, equipment, core facilities, biobanks, biostatistics, a clinical trial unit and receive administrative support from both OUS and UiO. However, concerns were raised about the adequacy of the medical technical devices, biobanks and office space infrastructure, noting that IT infrastructure can in some areas hamper the development and implementation of innovative technologies.

There are strong structures in place for knowledge transfer through education and the integration with clinical practice facilitates translation.

The committee's evaluation

There is strong local infrastructural support although areas for development have been noted. The Research groups in DMHA also avail of National and International Infrastructural support, some as part of international consortia.

The committee´s recommendations

- There is good targeted infrastructural support, mainly availed of by NORMENT. There may be scope to systematically review the available infrastructural support, including EU systems to see how they could further enhance the DMHA research activity, especially in the smaller research groups

1.5 Collaboration

Collaboration is specified in DMHA's priority list, with evidence of expansion of collaborative academic activity, for example, co-authorship with international partners rose from 39% to 56% from 2013-22, with national co-authorships rising from 68% to 74%. The main national collaborating institutions are University of Bergen, Diakonhjemmet Hospital and the Norwegian Institute of Public Health. International institutions worked with include Karolinska, Harvard, University of Copenhagen, INSERM (Paris), UCSD, Colombia, Universitat Pompeu Fabra, Barcelona, and University of Oxford.

Many of DMHA's senior researchers lead or are members of international research networks or task forces within bodies such as the European College of Neuropsychopharmacology (ENCP) and the International Society of Bipolar Disorders and are frequently invited to join organising committees for international research

conferences. Some are responsible for large international data-sharing consortia. More recently, collaboration with private partners and NGOs have also been prioritised.

The committee's evaluation

DMHA has an excellent record of National and International collaborations and is a globally recognised centre in Mental Health Research. Some of these collaborations have resulted in or sprung from EU funding. They are also developing collaborations with third parties and NGOs.

The committee´s recommendations

- Whilst the record is excellent, the nature of the science does lend itself to further collaborative activity, both national and international, and indeed progress is being made along these lines. It will be good to see further growth in this area, along with a strategy to support increases in collaborative activity in the smaller research groups to match the larger ones.

1.6 Research staff

DMHA lists eight professors, 3 associate professors, 38 senior physicians, 7 physicians, 22 psychologists, and 4 senior psychologists. However, they highlight that as only those with a 25% academic commitment or higher can be listed here, the total number in practice is somewhat greater.

Substantial growth in staff has occurred since 2013 with the number of senior physicians more than doubling from 15 to 38, doctors/physicians having risen from a baseline of zero, psychologists increasing from 14 to 22, and a very large increase in the numbers of researchers and postdocs (from 13 to 84), and PhD students (from 22 to 36), reflecting the increase in research activity. The proportion of females has risen to the point where in each category 50% or greater of staff listed are women. About half of the staff are members of more than one research group.

DMHA does not yet have a formalised research career structure across professions. Rather these vary from combined clinical academic training positions to clinical posts with protected research time. Post-doc and PhD positions come from external funding. DMHA can avail of career development pathways in both UiO and OUS and individual career support is given through supervision. Psychiatrists or clinical psychologists can avail of a 4 month leave from their clinical duties every 5 years to pursue research opportunities, while UiO senior academics are encouraged to sabbatical leave for 6 months every 5 years to write grants, papers, or textbooks, and to visit internationally.

The committee's evaluation

DMHA has grown substantially since 2013 across all disciplines (psychologists, physicians, researchers, postdocs and PhDs), and the proportion of females has risen. There is no information on other diversity criteria.

The committee´s recommendations

- Develop a strategy and timeline to document and facilitate diversity in staff recruitment and progression as well as strategies to record diversity in participants of individuals in studies.

1.7 Open Science

UiO's strategy for open access (2022) emphasises the visibility and accessibility of high-quality scientific knowledge. UiO has now adopted a rights retention policy to allow free choice of journals to publish in with open availability, either through full open access or through an institutional repository. There are plans that a national repository for scientific publications will have been made available for all sectors in 2024.

Since the last assessment, DMHA has increased open access publication, with all but 6,2% of publications being open access in 2022.

DMHA has also developed its involvement with user/stakeholder groups, including the Norwegian Bipolar Association, Mental Health, Association of Humane Drug Policy, and the Norwegian User Organisation for Substitution Treatment – proLARnett.

All Research Groups have now recruited people with lived experience as employed co-researchers or as part of "user councils" or "pools" of users.

UiO and OUS have guidelines for the management of research data according to international standards, including the FAIR principles. Management and access to research data is "as open as possible, as closed as necessary"

The committee's evaluation

Open access publications are now the standard, with few exceptions. Involvement of users and stakeholder organisations has grown across the research groups. The groups are now routinely working alongside experts with lived experience experts as part of research projects and as co-researchers. There is no information on diversity in experts with lived experience

The committee´s recommendations

- There is no information on diversity in the user councils and lived experience experts, it is recommended to consider ways of assessing this to ensure full population relevance of this expertise.

2. Research production, quality and integrity

Introduction

The Research Groups in DMHA cover mental health of Children and young people and working age adults. There are 3 National Centres: NORMENT, (severe mental disorders), NSSF (suicide research) and SERAF (addiction research). There is a second research group for clinical addiction, a CAMHS Research Group and an Eating Disorder research group, along with one for psychotherapy and one for personality disorder. The groups differ markedly in size. Outputs are highest in Psychiatry Journals, followed by Psychology.

The largest and most productive RG, NORMENT, has very high international recognition and generates wide-ranging and high-quality research of great significance to the field.

NSFF focuses on applied research includes clinical effectiveness, cohort and register based studies and informs their educational programmes and suicide prevention interventions.

SERAF provides high quality addiction research, largely on opioids, complemented by teaching and training, alongside stakeholder engagement and robust paths to impact.

The second addiction research group, RusForsk also produces excellent scientific outputs. It collaborates with some SERAF work, alongside Hepatitis elimination studies (SELIPHEP) and alcohol and drug reduction in medical inpatients (Alcotail).

The CAMHS research group is small but produces high quality research across 4 themes: 1) ADHD 2) early onset psychosis; 3) CAHMS (autism, anxiety, disruptive disorders), and 4) mental health of vulnerable groups of children.

The Eating disorders research group is small, but the leading group nationally with excellent publications and strengths in development and validation of assessment and diagnostic tools.

The Psychotherapy group is small but produces excellent research including mechanistic studies and RCTs, with a path to practice through training.

Personality disorders RG focuses on classification, assessment, and treatment of personality disorders, with strong collaborative networks and co-development of national guidelines.

THE DMHA follows the OUS and UiO structures and policies for research integrity and governance which are available publicly online. The process for handling possible violations is supported by the Commission on Research Integrity for the Institute of Clinical Medicine and while staff and student can access a Research Ombudsman service, both jointly hosted by UiO, OUS and Akershus University Hospital. The Commission and Ombudsman present cases reports annually in “Forskningslederforum”. Research Integrity is also discussed in OUS Research Committee and with hospital management.

Evaluation of the committee

DMHA produces high quality research across a wide range of mental disorders and research methodologies, with national leadership and a strong international profile. Some of the groups are small, with some overlap. Research integrity policies, profile and structures appear robust.

2.1 Research quality and integrity

This part includes one overall evaluation for 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 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 overall assessment of the research group(s) presented in this section.

Child and Adolescent Mental Health Services

The group provides an important service to the research and impact landscape within Norway (with international partnerships also noted). The group is relatively small in terms of absolute numbers but provides impressive research and mental health service directed outputs despite overall group size. The group has evidenced a competitive profile in terms of research outputs and research funding (mainly regional and nationally sourced). There is an impressive emphasis on postgraduate training (PhD level) with a strong mission to promote research-driven clinical training. Societal impacts are relatively limited but evident given the mental health service focus of the research group.

Eating Disorders Research Group

Strengths are highly translational research, being a key national leader in ED, a good international profile, excellent national and international connections, excellent publication record, a good focus on academic and clinical postgraduate education and a relatively large societal contribution. A weakness is that they are a relatively small group. However, the field of ED is small, and they are the leading group in Norway. and could extend their funding to target international funders.

National Centre for Suicide Research and Prevention

The strengths of the National Centre for Suicide Research and Prevention are that overall, the NSSF appears to be a well-functioning research centre with a focus on applied research. They lead several major projects and have received grant funding ranging from 16 to 27 million NOK annually over the past five years. They publish in reputable journals and often serve as lead authors. They actively participate in educating and implementing knowledge and interventions on suicide/suicide prevention in Norway and other countries. In their self-assessment, they mention two challenges: 1) Clinical research faces obstacles due to researchers lacking clinical affiliations crucial for initiating studies. 2) Senior researchers are heavily involved in non-research tasks, affecting research productivity. The latter likely stems from high demand and also indicates a high societal contribution.

Norwegian Centre for Mental Disorders Research (NORMENT)

NORMENT represents a world-class consortium and has been highly productive in its research activities and generated incremental funding which ideally supports the current successful transition phase from a 10-years centre of excellence (CoE) grant to a permanent research structure. All previous benchmarks (e.g. increasing multilateral funding, facilitating career development and establishing essential infrastructures) have been clearly met. The overall impact for the research field, stakeholders and society is outstanding.

Personality Psychiatry

The major strengths of this interdisciplinary RG include (i) a good mix of psychologists and psychiatrists, (ii) established research partnerships and support from relevant national networks and access to local and regional services for conducting clinically-informed studies and multicentre randomised controlled trials in PD, (iii) considerable funding support, including from the Research Council of Norway in recent years, (iv) internationally-recognised research outputs, and (v) contribution towards education and training of early career researchers and societal benefits. Some weaknesses of the RG are (i) lack of gender balance in psychologists, (ii) no or little participation in international funding opportunities and a weaker international profile relative to what would be expected based on their research and publication profiles, and (iii) weak or no formal PPI in earlier stages of the research.

Psychotherapy

The group provides an important service to the research and impact landscape within Norway. The group is relatively small in terms of absolute numbers but provides impressive research and service directed outputs despite overall group size and capacity. The group has evidenced a competitive profile in terms of research outputs and research funding (mainly regional and nationally sourced). There is an impressive emphasis on postgraduate training with a strong mission to promote research-driven clinical training. Societal impacts are relatively limited but evident given the focus of the research group. The overall profile of research in terms of organisation and quality could be improved through further external research funding and publications/outputs more consistently reported in high calibre international outlets. A clear strategy for and engagement of external stakeholders in the design, development and implementation of societal impact activities would significantly enhance the research profile of the group.

Section for clinical addiction research (RusForsk)

Strengths • The RG is engaged in cutting-edge science with well-developed regional as well as international partnerships. • The RG has an excellent record of external funding which has supported their growth. • The RG members are producing internationally excellent-to-outstanding research outputs. Weaknesses: • The main weakness of the RG is that it has too few permanent members to ensure sustainability and growth over the coming years. • There is scope for strengthening open science practices, PPIE activities and societal contribution.

Senter for rus-og avhengighetsforskning (SERAF)

SERAF is an interdisciplinary research group that provides high-quality research, research- based teaching, and clinical training in addiction research, particularly on opioids, from both national and international perspectives. To maintain its status as a centre of excellence, the group has developed innovative strategies across three domains, including the implementation of national cohorts and a strong focus on involving relevant stakeholders such as patients and policymakers. The gender balance is good overall, except in the PhD positions, where only 1 out of 4 is female. The financial resources of the group are robust, but the number of PhD candidates is relatively low. This may be due to the end of structural funding in 2018 and the transition to a project-funded research group. No international funding sources have been mentioned. A high number of researchers are part of multiple research groups within the administrative unit, raising concerns about the potential double counting of their contributions. The relevance of SERAF to the institution is apparent and has remained significant even after the national structural funding ended. The research group is involved in a high number of international projects, with the senior professor serving as the Norwegian expert for the EMCDDA and as an advisor for the WHO and the UNODC, which are clear strengths for the group. The societal impact of SERAF is impressive and well described. However, while indirectly referred to, a clear patient and public involvement (PPI) overview could further increase the visibility of SERAF's societal impact.

3. Diversity and equality

There are Action plans for equality, inclusion and diversity at both UiO and OUS, and within the Faculty of Medicine, all of which apply to DMHA.

The OUS policy for employees aims towards equal rights and opportunities for professional development regardless of ethnicity, functional ability, age, gender and sexual orientation, with specific mention of: 1) Competence and tools 2) Communication and language 3) Recruitment, inclusion and employer branding.

The equivalent UiO policy highlights the importance of active equal opportunity policy and recruitment practices that create diversity and ensure equal rights. UiO is working to reduce temporary employment and to further develop an integrated personnel policy.

Both institutions encourage applications from minority groups. In particular, UiO has a policy that 1/5 of its staff should be from minority and immigrant background, while in any committees there must be women representation.

Across the DMHA RG's women make up at least 50% of each level of research staff. It is not however clear how the relative proportions of research time (25%, 50% etc) are allocated by gender. Further no data is available for ethnicity as this is not collected in the hospital sector, although it is recorded in the university sector.

The committee's evaluation

Both UiO and OUS have policies against discrimination, but data monitoring appears to be wider and better established in the university sector.

The committee´s recommendations

- It would be of value to try to adopt university standards of data monitoring across the research groups in the hospital.
- Females make up at least 50% of researchers at each level of progression, but it may be of interest to look at a more granular level at the proportion of time protected for research across groups with protected characteristics, along with equity of distribution of committee commitments.

4. Relevance to institutional and sectorial purposes

DMHA-UiO provides higher education and mental health research at a high international level, with the aim of advancing and informing research, teaching, training, treatment and policy making. DMHA-OUS sector-specific research objectives include contributing to new and improved diagnostic methods and treatment options and to improve the understanding of mental disorders. DMHA-OUS collaboration with DMHA-UiO has created a highly research-active division.

The ultimate goal is to improve health outcomes through increased understanding. The research output and sectoral impact is broad and the need high, but examples include Clinical Addiction, Psychotherapy and Personality Disorders RGs trials on psychosocial, psychotherapeutic and virtual reality interventions, and the diagnostic or illness assessment methodologies or prediction or self-monitoring tools being developed in other RGs for clinical use.

DMHA is supported in innovation and commercial practice in a number of ways, including a Technology transfer office, Inven2 AS, owned by UiO and OUS which administers the commercial potential of inventions and work results of all health trusts in the South-Eastern Norway Regional Health Authority. There are published policy documents for both OUS, UIO along with a collaboration agreement, which also includes principles on income distribution

In addition, both OUS and UiO have internal support departments/structures for innovations. In UiO, these include Growth House, along with courses on innovation and entrepreneurship through the School of Health Innovation and mentoring, milestone-based funding and education to develop research ideas through the UiO:Life Science's innovation (SPARK Norway). In OUS, the Innovation Unit offers advice and practical assistance for employees planning to carry out innovation projects, while the intervention Centre in OUS provides a shared resource for research groups inside and outside OUS. In addition, Norway Health Tech and Oslo Science Park have established a new arena for public-private collaboration; Health2B.

Further, since 2015, the DMHA has hosted a Centre for Excellent Innovation; Centre for Connected Care (C3), developing methods and a culture for enhancing innovation and implementation. This approach is reflected in the change in name for the DHMA research department from the “Department of Research and Development” to the “Department of Research and Innovation” and active prioritisation of innovation potential and success in obtaining innovation grants from the regional health authority. The main innovation areas are in digital tools and big data analysis, applied in genetics, which are at yet commercially immature. Nevertheless, two innovations have had a DOFI submitted and a number of other examples hold potential for commercialisation.

The committee's evaluation

The DNHA contributes extensively to the knowledge base and in forwarding sector-specific objectives. It has good systems and high motivation to progress innovation and commercialisation.

The committee´s recommendations

- It may be helpful to audit how consistently and systematically strategic interaction occurs with the innovation/ commercialisation support structures across the eight research groups.

4.1 Health trusts

The DMHA's research makes significant contributions towards development and implementation of new diagnostic methods, treatment and healthcare technologies, as evidenced by the work on genetics, imaging, clinical and bio-markers of disease development, progression and outcomes along with the many interventional trials. Future proof-of-concept work is needed to advance translation of many early phase findings to clinically relevant tools, given the complexity of the topic areas, but some are at validation or implementation stages. DMHA researchers have also developed internationally validated rating scales and diagnostic interview tools. The administrative unit notes the challenges in developing and evaluating digital tools in relation to existing IT infrastructures. They also highlight the need for more implementation resources to help to reduce the time from production of new knowledge to translation into the clinic.

DMHA Researchers are heavily involved in teaching medical and PhD students, supporting exposure to a wide range of methodologies, theoretical frameworks, and scientific advances, as well as the ability to Connect students with external experts through the collaboration networks. About ten PhD theses defences take place in DMHA each year, with PhD education primarily the responsibility of UiO. DMHA funds a number of PhD positions, for whom DMHA staff provide supervision and guidance, as well as teaching and supervising master's students in medicine and psychology, along with the master programme in Cognitive Neuroscience. DMHA Professors and senior researchers also support courses and/or research projects on psychopathology, neuropsychology, clinical psychology or neuroscience for students in Clinical Psychology at the Department of Psychology and the Faculty of Social Sciences.

Professional medical education is the only master's programme at the Faculty of Medicine where the DMHA is directly involved. DMHA encourage medical students to do research and many students also write their obligatory thesis on a mental health topic. Until quite recently there was a master's programme in "Psychosocial Work - Suicide Prevention, Addiction, Violence and Traumatic Stress" jointly run by NSSF, SERAF and the Norwegian Centre for Violence and Traumatic Stress Studies and the Norwegian Centre for Addiction Research.

Some professors and senior researchers at DMHA also supervise master students at the Institute of Health and Society, Faculty of Medicine as part of its master's programme in International Community Health, with some students becoming involved in DMHA research projects.

The committee's evaluation

Knowledge deriving from the DMHA contributes significantly to the identification, development and implementation of new diagnostic methods, interventions and healthcare technologies. The administrative unit also contributes substantially to

professional medical, health and psychology education at both the master and doctorate levels.

The committee´s recommendations

- A joint approach to IT barriers to implementation of digital innovations is underway and to be encouraged.
- Wider national consideration of the level of support available for applied research and implementation science may help reduce the translation gap further.

5. Relevance to society

The sharp increase in rates of mental health problems is posing a challenge in Norway and internationally. DMHA recognise the importance of their research in informing prevention and treatment with the aim of reducing illness-related disability and inequalities in life expectancy and improving quality of life. DMHA note that their work on improving health and education through research, teaching and dissemination helps to achieve several UN sustainable Development goals, most notably goals 3 and 4.

Research is one the four main tasks given to OUS by the Ministry of Health, the regional health authority and the government of Norway and is delivered through both the UiO and OUS entities of DMHA. Further, DMHA is integrating research in clinical departments, which as well as increasing research recruitment, accelerating the generation of evidence to inform practice, evidence also suggests such systems improve quality of care.

Educating medical students, doctors, nurses, psychologists, other health professionals, patients and their family members is also a core function of DMHA. DMHA also runs regional (early intervention in psychosis; forensic psychiatry; eating disorders) and national (Forensic psychiatry, Substance use) expert/advisory services, which disseminate knowledge and provide education to healthcare staff, policy makers and the public. These functions support improvement of standards across the country, thus increasing societal benefit and reach.

The committee's comments on impact case 1 - Defining the outcome of psychotic disorders

This impact case demonstrated that the longer-term outcomes of people who develop psychosis are better than previously assumed, especially in those with bipolar disorder, with the course over the first year highly indicative of longer-term outcome. It builds on DMHA research demonstrating the importance of intervening early in psychosis, and the hypothesis that samples collected later in the disease course preferentially include people whose illness is following a less favourable trajectory. They found non-progressive MRI differences between patients and controls, with improvement in cognitive functioning over the first year, and negative symptoms showing small improvements in negative symptoms over the first year of treatment, and stability from there over ten years, with a corelation between negative symptoms and cognitive dysfunction. Childhood adverse events and cannabis use were associated with symptom load.

The research has been published in high impact journals including Psychological Medicine and Schizophrenia Bulletin.

There are few long-term studies in people from first presentation of psychotic illnesses so this work adds to the existing knowledge and informs practice and most importantly includes points which are key to communicate to patients and their families when first presenting with an illness that can be confusing and frightening. In particular, the long-term prospective study of bipolar I disorder is novel and, importantly, contradicts the idea of bipolar disorder as neuroprogressive. In addition, this work will inform future study design, including biomarkers and intervention studies.

The committee's comments on impact case 2 - Brain connectome development and mental illness

This work into the development of brain networks in young people, and its vulnerability to disorder has increased understanding of normal brain development and how this may differ in those who may develop a mental illness, holding the potential for identification of early biomarkers to inform preventative strategies. This research studied the development of brain networks using functional magnetic resonance imaging in a large US cohort of 797 young people aged 8-22 and demonstrated a pattern of brain connections which is unique, akin to fingerprints. Adolescence was shown to be a key time for brain maturation and those with pre-clinical signs of mental illness had delayed maturation. Follow up studies are underway. The work built on prior studies in NORMENT.

The Research Council of Norway has now funded a Young Research Talents project on the identification of signs of mental illness in the developing human brain based on these findings (project LifespanHealth).

The main paper was published in Nature Neuroscience, accompanied by a highlighting commentary in its News and Views section, and received the prestigious Excellent Paper in Neuroscience Award in 2018. Other papers were published in JAMA Psychiatry, Schizophrenia Bulletin and Neuroimage.

Very many mental disorders originate in neurodevelopment/early life, so this work, holding the promise of identifying biomarkers to detect abnormalities in brain development early, ideally before symptoms emerge, is most important.

The committee's comments on impact case 3 - Cardiovascular comorbidity in mental illness

People living with a severe mental disorder such as schizophrenia and bipolar disorder have, on average, lower life expectancies than the general population, with a substantial part of that inequality related to cardiovascular disease. NORMENT's research has informed targeted interventions to prevent and reduce cardiovascular comorbidity and mortality in these patients. They demonstrated that some antipsychotic drugs (especially clozapine) stimulate cellular lipid biosynthesis and lipid dysregulations, independent of body mass index, as do antidepressants.

DHMA researchers have also identified broad genetic overlap between severe mental disorders and cardiovascular risk factors, collaborating with the Psychiatric Genomics Consortium across 38 countries.

Papers from this work have been published in JAMA Psychiatry, the American Journal of Psychiatry and Psychological Medicine.

The research has resulted in a programme at the DMHA, OUS called "Hjertefrisk" ("Healthy heart") initiated in spring 2017, which includes an algorithm for health professionals to identify and monitor the risk of diabetes and CVD in people with severe mental illness. The research has also resulted in projects on high intensive aerobic training (HIT) in Trondheim and Vestfoldas well as a naturalistic interventional study applying motivational techniques to reduce cardiometabolic risk. It has also formed the basis for a EU H2020 grant across eight countries coordinator 'CoMorMent – predicting comorbid cardiovascular disease in individuals with mental disorder by decoding disease mechanisms, and a large grant from the RCN for a RCT of physical exercise to reduce CVD risk in this population (CVD-MENT); and a randomised double blind RCT with GLP agonist semaglutide (STABIL-NOR) to reduce weight

gain in people with schizophrenia (Norwegian Multi-site study including Haukeland Univ Hospital, Oslo Univ Hospital, Stavanger Univ Hospital, St Olavs University Hospital). This will lead to better CVD health for people living with severe mental illnesses, and increase the awareness of these problems, and how to manage them, in clinical practice.

The committee's comments on impact case 4 - DBT research and impact in Norwegian mental health care

NSSF presents their extensive work on extending and disseminating the knowledge base on the use of Dialectical Behaviour Therapy (DBT). In 2014 NSSF published the first RCT demonstrating effectiveness, cost-effectiveness and long-term sustained benefits of an adapted version of DBT in the management of adolescents with suicidal and self-harming behaviours. Remarkably long follow-ups at one-, three- and twelve years showed maintained reduction in self-harm and improvements in emotion regulation. Early identification and intervention in adolescence has the potential to save years lost to mental illness and suicide, with resultant major societal impact.

This research directly informs practice; NSSF runs the national training programme for DBT therapists, having trained over 600 DBT therapists and helped to establish DBT programmes in over 50 adult and child and adolescent mental health services. They have now introduced a group based digital discussion series called DBT-Chats with an online meeting place for clinical consultations. Additionally, they provide tools for self-evaluation and run DBT courses and conferences. NSSF has now established a network of collaborating clinical units using a common protocol to evaluate their patients in therapy, supporting quality of care and collection of comparable data. In collaboration with the NSSF, Child welfare services have now started to use adapted DBT, with good feasibility and acceptability (Espenes et al., 2023). The NSSF helped establish the Norwegian Association for DBT and the World DBT Association (WDBTA)

This research has been published in Journals such as the Journal of the American Academy of Child and Adolescent Psychiatry, Journal of Child Psychology and Psychiatry, Clinical Child Psychology and Psychiatry, and Child and Adolescent Psychiatry and Mental Health.

Overall, this work has had a major contribution to national suicide prevention strategies.

The committee's comments on impact case 5 - Norwegian OMT - from high threshold to low threshold treatment; saving lives

SERAF's research programme on opioids, opioid maintenance treatment (OMT) and overdose prevention is extensive with significant translation into practice and policy. The Norwegian OMT program is informed by SERAF research evidence that OMT reduces mortality, crime rates, acute health care incidents, and other negative health outcomes and provided the evidence for service inclusion criteria and retention policies. Norway's improving OMT programme covers a very high percentage of the target group (80%). SERAF's research provides an evidence base for Norway's national OMT treatment guidelines and the specific guidelines for pregnancy and motherhood in OMT. These evidence-based changes are estimated to save 100 lives from overdose deaths annually, with rates of about 20% of the levels seen among those outside of treatment. The reduction in heroin overdose mortality has prompted

further SERAF research into somatic morbidity and into overdose prevention in those who use opioids as pain treatments. SERAF has established national-level cohort data on patients in OMT, linked to high-quality national health registries. SERAF has established an effective research and practice feedback loop and advocated for and established a new speciality in addiction medicine with collaborative approaches between specialist and primary care doctors. IT engages with the Department of Health and other key stakeholders including service user groups

The Group's research has been published in journals such as Drug and Alcohol Dependence; Addiction; BMC Health Services Research and Substance Abuse Treatment, Prevention, and Policy.

SERAF disseminates research findings to OMT clinic leaders, decision makers, and a growing international audience and its OMT research programme has had major, quantifiable impact.

Appendices

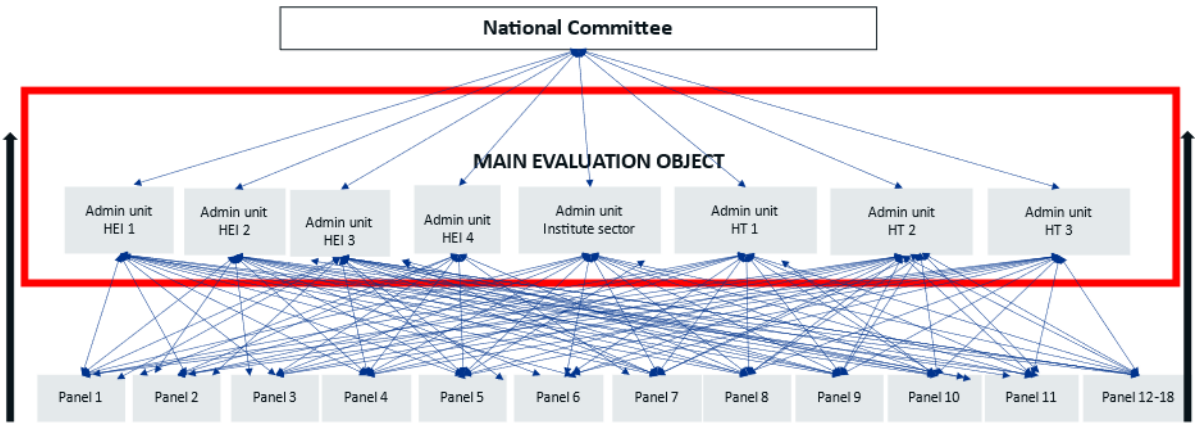
Evaluation of Medicine and health 2023-2024

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

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

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

Organisation of evaluation of medicine and health 2023-2024



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

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

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

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

Forskningsrådet

Se vedlagte adresseliste

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

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

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

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

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

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

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

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

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

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

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

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

Administrative enheter (hovedevalueringsobjektet i evalueringen) – skjema 1

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

Forskergrupper – skjema 2

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

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

Invitasjon til å foreslå eksperter – skjema 3

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

Obs. Det er to faner i regnearket:

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

Utfylte skjemaer (3 stk):

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

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

Tilpasning av mandat – frist 30. september 2023

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

Forskningsrådet

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

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

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

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

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

Med vennlig hilsen
Norges forskningsråd

Ole Johan Borge	Hilde G. Nielsen
avdelingsdirektør	spesialrådgiver
Helse	Helse

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

Kopi
Helse- og omsorgsdepartementet
Kunnskapsdepartementet

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

The Research Council of Norway

Evaluation of life sciences in Norway 2022-2023

LIVSEVAL protocol version 1.0

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

The Research Council of Norway
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Oslo, 5 April 2022

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1 Introduction

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

1.1 Evaluation units

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

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

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

1.2 Minimum requirements for research groups

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

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

1.3 The evaluation in a nutshell

The assessment concerns:

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

The Research Council of Norway (RCN) will:

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

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

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

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

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

1.4 Target groups

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

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

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

2 Assessment criteria

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

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

2.1 Strategy, resources and organisation

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

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

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

2.2 Research production, quality and integrity

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

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

2.3 Diversity and equality

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

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

2.4 Relevance to institutional and sectoral purposes

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

Higher Education Institutions

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

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

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

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

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

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

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

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

Research institutes (the institute sector)

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

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

The institutes should:

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

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

The hospital sector

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

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

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

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

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

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

2.5 Relevance to society

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

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

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

3 Evaluation process and organisation

The RCN will organise the assessment process as follows:

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

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

3.1 Division of tasks between the committee and panel levels

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

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

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

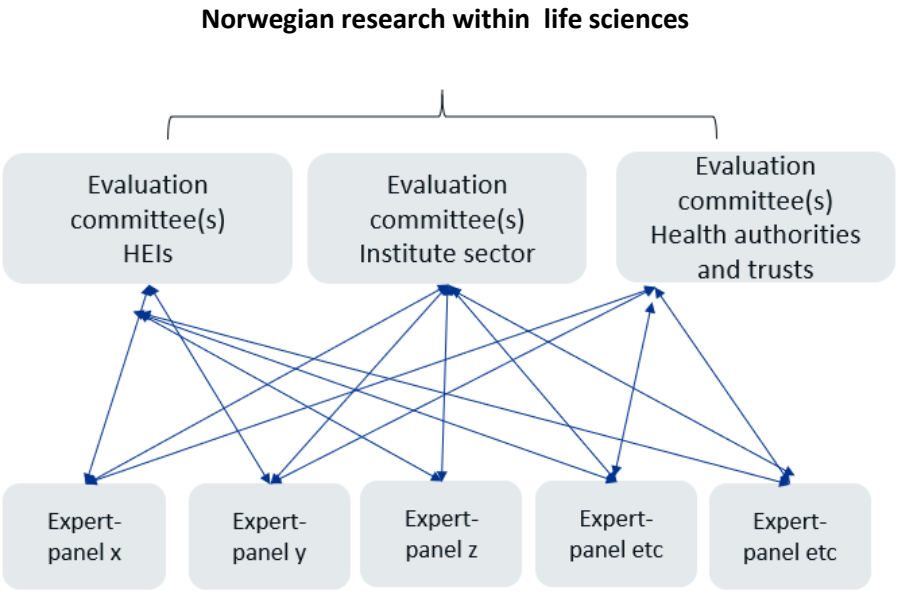

Figure 1. Evaluation committees and expert panels

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

3.2 Accuracy of factual information

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

3.3 National level report

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

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

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

Appendix A: Terms of References (ToR)

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

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

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

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

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

1. …
2. …
3. …
4. …

…

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

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

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

The documents will include the following:

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

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

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

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

Appendix B: Data sources

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

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

National registers

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

Self-assessments

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

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

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

Table 1. Types of evaluation data per criterion

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

Evaluation of Medicine and Health (EVALMEDHELSE) 2023-2024

Self- assessment for administrative units

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

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

Content

Introduction

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

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

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

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

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

Thank you!

Guidelines for completing the self-assessment

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

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

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

1.Strategy, resources and organisation

1.1 Research strategy

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

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

Table 1. Administrative unit`s strategies

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

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

1.2 Organisation of research

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

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

1.3 Research staff

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

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

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

Table 2. Research staff

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

1.4 Researcher careers opportunities

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

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

c) Describe research mobility options.

1.5 Research funding

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

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

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

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

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

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

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

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

1.6 Collaboration

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

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

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

National collaborations

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

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

International collaborations

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

Impacts and relevance of the collaboration	

1.7 Open science policies

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

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

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

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

1.8 SWOT analysis for administrative units

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

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

2. Research production, quality and integrity

2.1 Research quality and integrity

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

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

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

2.2 Research infrastructures

a) Participation in national infrastructure

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

Table 5. Participation in national infrastructure

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

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

b) Participation in international infrastructures

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

Table 6. Participation in international infrastructure

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

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

c) Participation in European (ESFRI) infrastructures

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

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

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

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

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

3. Diversity and equality

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

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

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

4. Relevance to institutional and sectorial purposes

4.1 Sector specific impact

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

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

4.2 Research innovation and commercialisation

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

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

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

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

No.	Name	Valid period	Link
1			

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

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

4.3 Higher education institutions

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

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

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

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

4.4 Research institutes

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

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

4.5 Health trusts

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

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

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

5. Relevance to society

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

5.1 Impact cases

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

Impact case guidelines

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

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

Timeframes

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

Page limit

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

Maximum number of cases permitted per administrative unit

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

Naming and numbering of cases

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

Publication of cases

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

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

Please write the text here

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

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

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

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

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

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

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

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

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

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

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

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

Institution	Administrative unit	Name of research group	Expert panel
Oslo University Hospital and University of Oslo	Division of Mental Health and Addiction	Child and Adolesecent Mental Health Services	Panel 5a
Oslo University Hospital and University of Oslo	Division of Mental Health and Addiction	Eating Disorders Research Group	Panel 5a
Oslo University Hospital and University of Oslo	Division of Mental Health and Addiction	National Centre for Suicide Research and Prevention	Panel 5b
Oslo University Hospital and University of Oslo	Division of Mental Health and Addiction	Norwegian Centre for Mental Disorders Research (NORMENT)	Panel 5a
Oslo University Hospital and University of Oslo	Division of Mental Health and Addiction	Personality Psychiatry	Panel 5a
Oslo University Hospital and University of Oslo	Division of Mental Health and Addiction	Psychotherapy	Panel 5a
Oslo University Hospital and University of Oslo	Division of Mental Health and Addiction	Section for clinical addiction research (RusForsk)	Panel 5a
Oslo University Hospital and University of Oslo	Division of Mental Health and Addiction	Senter for rus- og avhengighetsforskning (SERAF)	Panel 5a

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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