Forskningsrådet

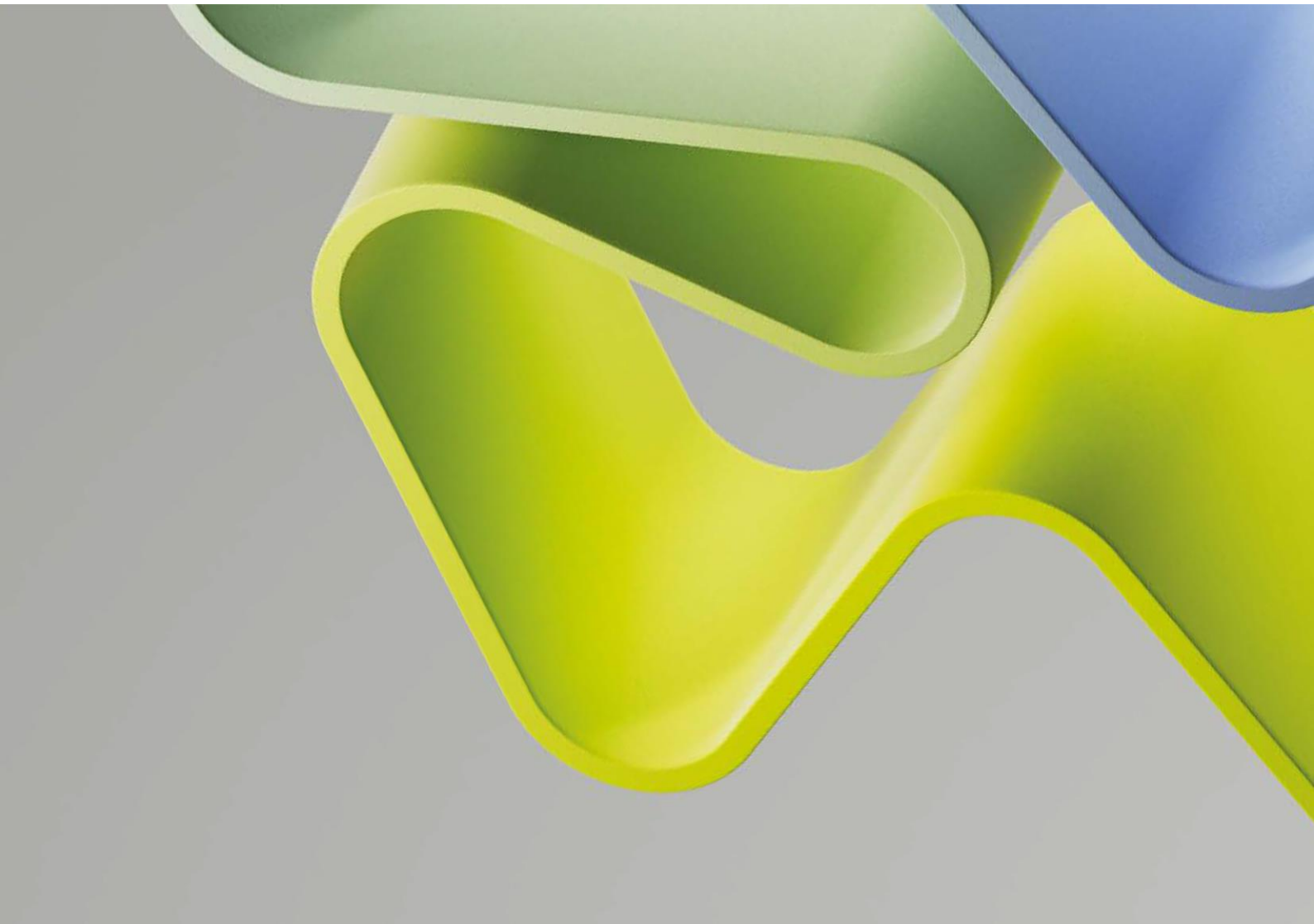
Evaluation of Life Sciences 2022-2024

Evaluation of medicine and health 2023-2024

Evaluation report

ADMIN UNIT: Division of Health Services
INSTITUTION: Norwegian Institute of Public Health

December 2024



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Statement from the Evaluation Committee for the Institute Sector

This report is from the Evaluation Committee for the Institute Sector which evaluated the following administrative units in the Evaluation of Medicine and Health 2023 - 2024:

- Centre for Fertility and Health, Norwegian Institute of Public Health
- Division of Climate and Environmental Health, Norwegian Institute of Public Health
- Division of Health Services, Norwegian Institute of Public Health
- Division of Infection Control, Norwegian Institute of Public Health
- Division of Mental and Physical Health, Norwegian institute of Public Health
- Health and Social Sciences Division, Norwegian Research Centre (NORCE)
- The National Institute of Occupational Health in Norway (STAMI)

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 the Evaluation Committee for the Institute Sector. All members of the committee have agreed with the assessments, conclusions and recommendations presented here.

The Evaluation Committee for the Institute Sector consisted of the following members:

Professor emerita Ingalill Rahm Hallberg (chair)
Lund University

Associate Professor Joachim Boldt
Albert Ludwig University of Freiburg

Professor Walter Bruchhausen
Bonn University

Professor Sarah Purdy
Bristol Medical School

Bregtje Kamphuis, Technopolis Group, was the committee secretary.

Oslo, December 2024

Profile of the administrative unit

At the Division for Health Services (DHS), projects are organised into temporary, multidisciplinary teams formed based on project needs and disbanded upon completion. Staff members often participate in multiple teams and roles simultaneously. Long-term projects or related portfolios may have more permanent teams, each with a dedicated Director as the leadership contact. Among staff, women are overrepresented in all broad categories such as researchers. The overrepresentation is more noticeable in the more junior research positions than in the senior ones. In total there are 144 researchers and out of them 64% are women.

The Division of Health Services is comprised of four research groups: Cluster for Health Services Research, Global Health Cluster, Cluster for Systematic Reviews and Health Technology Assessments and Centre for Epidemic Interventions Research.

The overarching mandate and goals of the NIPH form the priorities of the DHS at all stages of decision-making, including from strategy development. The work largely follows the two strategic initiatives of the 2019-2024 strategy of the NIPH: “Sustainable health and care services” and “Global health”. Moreover, the research strategies and impact of the DHS and its research groups also reflect contributions to other strategic initiatives of the NIPH: to identify and develop interventions to improve health; focus on dialogue and user involvement; working across sectors; simplifying the navigation of complex health data; open science; and shortening the time for data collection to knowledge and innovation.

One area of the DHS’ work in relation to its sector is its impact in the realm of migrant health and quality measurement in health services. One of its research groups, the Cluster for Health Services Research (HTH) has been involved in this area. During the COVID-19 pandemic, HTH's aimed to provide real-time data on infection risks and vaccination rates, particularly for the migrant population. Moreover, another research group, the Cluster for Systematic Reviews and Health Technology Assessments (HTV) has aimed to advance the methodology and application of systematic reviews. The methodological innovation that has been developed has been adopted by numerous health organisations globally, including the WHO, thereby influencing health care guidelines and policy decisions internationally. The work of the DHS in relation to its sector can also be illustrated through its collaborations. According to the self-assessment, all research groups of the DHS have collaboration, partnerships, and user-involvement as prominent features of their research strategies. Moreover, it states that 60% of their publications have international co-authors, and 68% have national co-authors. Their end-users include Norwegian agencies like Norad and international organisations such as the WHO. Among others, they collaborate with municipalities and healthcare providers to co-design interventions and research. They also work with research institutions, large consortia like the GRADE Consortium, and programs like CISMAC.

Based on its self-assessment, in the future, the DHS might take advantage of its methodological expertise, meaning their research groups understand methodological strengths, whether it's in systematic reviews, health technology assessments, experimental and quasi-experimental designs, machine learning techniques, implementation science, survey methodology or psychometrics, contributing to the robustness and credibility of their research. The administrative unit might also take advantage of external opportunities such as their experience in enable analysis on novel streams of administrative data to address timely knowledge needs, especially during the pandemic. This holds a potential for them to be in the forefront of facilitating that new data streams become usable for research within

and outside of NIPH. However, future challenges include competing priorities and visibility concerns, i.e., that the groups face challenges in maintaining visibility and relevance amidst competing priorities within the public health research landscape.

Overall evaluation

The overall evaluation of the Division for Health Services (DHS) within the Norwegian Institute for Public Health (NIPH) is that this is a well-structured and organised division which is reflected in the self-assessment report, research reports and metrics. The policy impact of the work of DHS is impressive, especially within Norway. DHS is generally performing at a level that is of national quality, although there are some aspects of their performance that are of international quality. DHS demonstrates strengths in its diverse research portfolio, collaboration with LMICs, capacity-building efforts, and influence on the global health agenda. Its contributions to research-driven policy changes and collaborative efforts to address global health challenges have also been evident. However, there are no policy, practice or societal metrics reported that evidence this impact.

There is pressure on research delivery and quality caused by the need to deliver operational public health services and limited finding and resources. The threats to core funding for DHS, and the potentially precarious nature of its commissions should be taken as an incentive to engage more actively in seeking external sources of funding. To assist with this DHS could strengthen its focus on specific research topics and build critical mass in moving research frontiers forward, rather than spreading its human capital across many diverse topics.

Greater clarity in structure and roles for research staff may help to deliver on wider strategy, to better partition the work into statutory and non-statutory activity (with an increase in 'external' activity), and to catalyse development pathways for staff members at all levels.

Articulating measurable performance indicators beyond academic markers might stimulate greater ambition, particularly when moving beyond traditional commissions. DHS might consider the development of both a documented impact strategy to ensure maximum benefit, and a related citizen engagement strategy, to ensure societal relevance and contextual fit.

The numbers of international collaborations are insufficient in some research groups with the exception of the Global Health Cluster. DHS needs to continue to enhance its importance, visibility, and relevance through collaboration and participation of similar institutions in the Nordic countries and globally. It could enhance strategies to promote dissemination strategies and obtain user feedback for improvement.

Finally, there are issues with data access and utilisation including long waiting times and challenges with the legal aspects of combining new data sources e.g. registry data.

Recommendations

The recommendations below are an overview of the recommendations presented in the sections below. The evaluation committee recommends:

- Development of a new NIPH strategy with relevant monitoring of performance indicators beyond academic metrics. The strategy for the division and for each cluster needs to be updated and aligned with the strategies for the wider NIPH and DHS.
- Development of further strategic cross-divisional working would be beneficial in furthering innovation in research methods and topic areas and in gaining future grant funding.
- More active engagement in seeking external sources of funding including securing further research contributions from international and national sources like the Research Council of Norway (RCN)
- Strengthening the depth and breadth of international collaborations, especially in divisions other than the Global Health Cluster. Those areas where collaborations exist should focus on results and outputs from these associations.
- Considering the development of both a documented impact strategy to ensure maximum benefit and a related citizen engagement strategy, to ensure societal relevance and contextual fit.
- Considering closer working with universities including more shared posts and whether a standard academic career structure would be better. This would be clearer externally and may assist with recruitment, retention and career planning.
- Engagement with senior colleagues in NIPH to raise the following issues:
    - Discussions with government departments about funding cycles beyond one year
    - The need for efforts at the Institute and at the national political level to implement infrastructures and procedures that ensure efficient access to health data for research in accordance with GDPR requirements and the Norwegian Personal Data Act.
    - Discussions within NIPH on whether the topic of Global Health should be a cross-institutional theme
    - Consider establishing cooperation with international partners beyond cooperation in research projects, for example in the form of researcher exchange programs or internships at public health sister institutions in other countries in order to facilitate mutual learning and to share best practice.

1. Strategy, resources and organisation of research

We reflect on the seven points of context and specific requests provided to us in the ToR throughout this, and the following, sections. These points are referred to as ToR# in the order they appear in.

1.1 Research strategy

The Norwegian Institute of Public Health (NIPH) has a national mandate including the production of research-based knowledge that the Ministry of Health and Care Services and other ministries commission annually through letters of allocation and supplementary letters of allocation (ToR 1). The Division for Health Services (DHS) aims to support the overarching goals of the NIPH which are the Sustainable Development Goals, with the vision of “Longer lives. Better lives. More equitable living conditions.” DHS leads two of the ten strategic initiatives of the 2019-2024 strategy of the NIPH: “Sustainable health and care services” and “Global health”. DHS also makes contributions to the other strategic initiatives of the NIPH: to identify and develop interventions to improve health; focus on dialogue and user involvement; working across sectors; simplifying the navigation of complex health data; open science; and shortening the time for data collection to knowledge and innovation.

In the self-assessment it mentions a development plan for DHS was in place from 2018-22. The link for this goes to a different document: ‘Division for Health Services in the Years 2022-2025'. It is unclear if this is a strategy as such or how it was created e.g. by consultation with staff and stakeholders. The document sets out the goal of continuing to contribute to NIPH’s societal mission by leveraging existing expertise to improve research-based knowledge for policymakers where it is not provided by others. It notes that it is advantageous to focus on specific methods and fields where DHS/NIPH can become leaders, rather than spreading themselves thin. The aim is to strengthen the following selected fields: Knowledge support for municipalities; secondly, knowledge about interventions by conducting studies on causal effects of interventions in healthcare, emphasising research on epidemic measures (CEIR) and enhancing assessments of methods. Thirdly, future data foundation for knowledge by being a national leader in utilising and connecting existing registry data and adopting new data sources; developing data collection methods and accessibility. Finally, collaboration to strengthen public health institutions and systems in other countries by being a key contributor to Norway's international work. To strengthen these fields, DHS proposes that the Division must improve the ability to seek and secure external funding. In addition, increased focus is required with the tasks undertaken redirected as much as possible towards these selected fields. Increased collaboration within the Clusters, between the Clusters in the Division, among different Divisions within FHI, and with external colleagues, including the Health Directorate and academia, is crucial.

Efficiency, potentially through automation, will be necessary to allocate resources to the selected fields. Strengthening the selected fields will also require new skill including senior employees taking co-responsibility for Division leadership by undertaking new initiatives, proposing new projects, and seeking external funding and by building competence in project management (including some legal knowledge) and new methods such as machine learning and other automation, longitudinal and quasi-experimental methods, and handling large and unstructured datasets (including programming/coding). Finally, the need to

develop a vision for the Division is outlined to aid in prioritisation, allocation of resources and build expertise and community.

Each group or cluster within DHS also has a strategy or development plan e.g. Health Services Research development plan 2019, Research Strategy for Global Health Cluster 2022-2027, Cluster for Systematic Review and Health Technology Assessments Strategy 2024-2029, CEIR Strategy 2024-2027.

The committee's evaluation

The current strategy for NIPH ceases during this calendar year (2024) and the development plan for DHS highlighted in the self-assessment ceases in 2025. It is therefore difficult to comment in detail on 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 (ToR 5 and 6).

Due to the broad scope of the public health policy areas that the Institute's must serve, the knowledge production conducted is multidisciplinary and covers both social sciences and economics, in addition to health and medicine, the scope of work is therefore potentially very broad (ToR 3).

There is no vision for DHS other than the NIPH generic vision. The group or cluster strategies are brief, do not refer to the DHS or wider NIPH nor go they seem aligned or coordinated in any way with each other. These are not set out in a way which will aid funders to make decisions or staff to deliver e.g. mission or vision, strategic goals, plans, key outcomes, timelines, resources required etc (ToR 7).

In practical terms, the yearly allocation letter from Parliament, outlines the topics to focus on and outlines the associated budget for core funding (ToR 1). Decisions are made at division-level at NIPH to prioritise the research conducted and the development strategies. The divisional leadership team discusses budget and recruitment decisions, with final decisions resting tithe the Director.

In the period 2020-2022 the Institute was heavily involved in activities related to handling the pandemic. The capacity to perform research in general was reduced and a significant part of the research that was performed was related to pandemic issues (ToR 2).

In terms of monitoring performance, the NIPH has to report to the Ministry on KPIs (publications, applications, success rate etc.). The institute also looks at metrics beyond those requested by Ministry. Divisional leaders are clear that the end goal is not to publish in international journals but to improve healthcare services in Norway. The metrics are tracked at division-level but there are opportunities to use them more in the daily running of the division.

Close collaborative working across the divisions at NIPH is essential to maximise the opportunities for external funding and innovation and quality of research. There is overlap and cross working between divisions and conversations take place between research directors, for example when looking at EU calls. Another example is the NIPH wide HTA network which is a resource hosted by the Cluster for Systematic Reviews and HTA in the DHS. However, there is an opportunity for further cross-divisional working. During the pandemic, DHS were service providers for other divisions. There were no resource barriers to this which facilitated cross-divisional working.

Lower budgets mean this may not continue.

The committee´s recommendations

- The committee understands that a new NIPH strategy is under development and that there will also be a new divisional strategy, this work needs to be completed.
- The strategy for each cluster needs to be updated and aligned with the strategies for the wider NIPH and DHS.
- Consideration of how to maximise and measure impact beyond academic metrics should be included in the strategies at each level of the organisation (institute, division, cluster).
- Further strategic cross-divisional working would be beneficial in furthering innovation in research methods and topic areas and in gaining future grant funding.

1.2 Organisation of research

The Division for Health Services was established in 2017 through reorganisation of NIPH entities and transfer of the Norwegian Knowledge Center for the Health Services. It has since downsized, reorganised, and incorporated two smaller agencies through governmental transfers. The self-assessment and case studies report on the research activities from 2012 of entities that remain in the research group in DHS. The Committee noted that alignment with the strategic targets of the NIPH should not be expected prior to the incorporation of these entities in the institute (ToR 4).

Organisation of research within DHS is in four groups or 'clusters'. A Central Research and Innovation Committee overseas the research across the four groups and a Central Department of Research Administration Management supports all four groups. The aim of the Cluster for Health Services Research is to strengthen the knowledge base for decisions in the Norwegian health services. Systematic Reviews and Health Technology Assessments (HTV) aim is to provide high quality evidence for decision making processes while continuing to innovate new methods for conducting systematic reviews.

The Centre for Epidemic Interventions Research (CEIR) was established in 2021 and aims to enhance the evidence base for informed decision-making and public health response on infection control measures. It also aims to develop and evaluate tools to support evidence-based decision-making in health crises and to improve the population's health literacy. The Global Health Cluster (HTG) focuses on three core objectives: impact, excellence, and implementation. Its work includes implementation science to strengthen health systems internationally such as introduction of HTA in Ghana and use of digital health registries.

The report includes research activities from 2012 of entities that remain in the research group (Cluster) in the Division. It was noted that alignment with the strategic targets of the NIPH should not be expected prior to their incorporation in the institute (ToR 4).

The committee's evaluation

The purpose of the NIPH is production of reliable and relevant knowledge for the Ministry of Health and Health Services, using reliable methods (ToR 2). This has shaped the organisation within DHS which focuses on methods as the core function of each cluster, rather than topic areas. This means that a wide range of topics can be addressed by working with external topic experts, if necessary, with DHS bringing the methodological expertise.

The one Centre (CEIR) was formed as the result of a request from the Ministry and has a single director, while clusters are made up of director and sub-directors. The clusters formed organically in part due to the merger or transfer of other groups or entities into DHS

from other divisions and from outside NIPH. This resulted in different cultures coming together, which causes some challenges, As with many research organisations it is important to ensure that accountability (line management and research) do not cause friction.

The Central Research and Innovation Committee conducts broad discussions about research strategies, developing research across divisions, information about external landscape e.g. RCN and EU and conducts open calls for research groups which want to become centres (receiving additional funding). The Central Department of Research Administration coordinates the research school, and provides application process support, common templates, data protection notices etc. Both the Central Research and Innovation Committee and Central Department of Research Administration Management are perceived to be very useful and helpful to researchers.

Given the strength of the Global Health research conducted within the Division and the importance of this topic the committee wondered if Global Health should be an overarching structure in the NIPH, not just within DHS.

The committee´s recommendations

- Continue to build culture of teamwork and collaboration within clusters around areas of methodological expertise, whilst fostering cross-working between clusters and into other divisions.

1.3 Research funding

Most of the funding from the Ministry of Health and Care Services to the Division of Health Services (DHS) is not dedicated to research. The average research funding per year from 2018-2022 was 152 MNOK. This included funding direct from Ministries 122 MNOK (80% of the total per annum), national grants 23 MNOK (15% of the total per annum) and international grants 7 MNOK (5% of total per annum). During 2018-2022, the Division secured diverse national grants, the majority from the public sector including NORAD, Directorate of Health, and the Norwegian Ministry of Foreign Affairs: 12,2 MNOK and the Research Council of Norway: 8,5 MNOK. In terms of international grant funding, the majority was comprised of mainly one grant from the EU secured in 2020. Overall, DHS received an average of 7,1 MNOK from 2018 to 2022, derived from various sources, including: European Union Horizon 2020 (EU H2020): 3,8 MNOK, World Bank, WHO, and Wellcome Trust: 3,3 MNOK.

The committee's evaluation

The DHS is very reliant on direct funding from Ministries for research. As described above, this is renewed annually and there is consequently uncertainty in ongoing budgets plus a need to fulfil the research directions or requests accompanying such funding which may not align with the strategy or plans of the DHS. However, it is important to acknowledge that the NIPH has independence in the matter of science and that the Ministry does not have influence over the conclusions of research.

In terms of national grants again much is from government sources, with RCN being the biggest research funder. Within Norway, medical and health sciences was the second smallest field of current expenditure on R&D in 2021, only humanities and the arts were smaller. In current prices, R&D expenditure amounted to 950 MNOK (830 in fixed prices) among all the research institutes.

There is opportunity to grow and develop international research funding through internal development of staff, strategic hiring and prioritisation plus development of further collaborations with centres of excellence internationally.

The committee´s recommendations

- Raise with senior NIPH colleagues the possibility of discussions with government departments about funding cycles beyond one year
- The threats to core funding for DHS, and the potentially precarious nature of its commissions should be taken as an incentive to engage more actively in seeking external sources of funding.
- Securing further research contributions from national sources like the Research Council of Norway (RCN).
- A more dynamic grant seeking strategy to include securing lead applicant funding from international sources such as the EU framework programmes.
- Consider providing protected time to principal investigators preparing bids and encouraging less experienced researchers to apply for grants including work programme packages as part of EU bids.

1.4 Use of infrastructures

DHS hosts Helsebiblioteket.no – a national online library for healthcare personnel in Norway. The main goal is to contribute to improve quality of Norwegian healthcare by making sure that personnel around the country have access to the same core collection of online clinical resources including point of care tools, databases and other resources; access to medical journals and databases such as MEDLINE. In addition, the library serves as a single point of access for clinical guidelines, procedures and other similar resources.

The NIPH participates in several national infrastructures listed in the Norwegian roadmap for research infrastructures, including NorBOL, Biobank Norway, and Health Registries for Research. While staff in DHS contribute to those with colleagues in other Divisions of the NIPH, the DHS does not organisationally host or participate in any of these. DHS staff have access to national infrastructures for research including biobank information.

The committee's evaluation

The Helsebiblioteket.no is a valuable resource for healthcare personnel across Norway. Ensuring accurate evidence-based information is available in a timely way is an important function.

In terms of access to infrastructures, NIPH hosts the Health Registries for Research. These are regarded internationally as exemplars of registry data with huge potential for research. However, delays in accessing the data from these registries and legal and regulatory issues with access are described by staff. Attempts are being made to address this including consideration of a future change in legislation around research ethics. The approach of Statistics Norway is a possible model for access to registry data.

The committee´s recommendations

- There are challenges with accessing national registry databases which require attention at a national level. Possibilities include a solution similar to Statistics

Norway or that used Denmark (handling comprehensive registry information without compromising personal data).

- Consider use of registry data for conduct of randomised controlled trials.

1.5 Collaboration

In the self-assessment the DHS describes having wide networks of collaboration that strengthen impact, support interdisciplinarity and methodological excellence, and facilitate the implementation and cross-sectorial work of the NIPH. The NIFU report indicates that 60% of DHS publications have international co-authors, and 68% have national co-authors. In combination, 94% of publications 2017-2022 have external co-authors.

Among the collaborations listed are four main groups. The first is end-users, ranging from national agencies such as HDir (Directorate of Health); UN and international agencies such as the WHO (World Health Organization); Norwegian municipalities; low- and middle-income country (LMIC) public health institutions and ministries of health. The purpose of these collaborations is to co-design interventions and research with individual end-user groups among health care providers, patient groups, and population groups including minority and migrant populations. The second group is individual national and international research institutions both in academia, the institute sector, UN agencies, and sister institutions of public health globally. Thirdly collaborations exist with large multi-national consortia of both scientific and cross-sectoral partners such as the GRADE Consortium, Cochrane Collaboration, the Global Health Preparedness Programme, the Informed Health Choices Network etc. Finally, a fourth group is partnership with publishers such as The Lancet and The Cochrane Library in developing publishing, dissemination, advocacy, and impact strategies.

The committee's evaluation

These descriptions are echoed in the collaboration scores for 2022 (3 years in parenthesis) which were: National 68.1% (63%) and International 60.2% (58.9%). There is also evidence of some collaborations with top ranked international institutions. Publications 78, author scores 19.5, percentage author scores 10.2%. Publications have increased over time. However, in the NIFU report two of the top 8 most commonly cited journals are Scandinavian journals, one of which is published in Norwegian. Therefore, the international reach is less.

All research groups of the DHS have collaboration, partnerships, and user-involvement as features of their research strategies. The most common national collaborative partner is University of Oslo, followed by University of Bergen and UiT The Arctic University of Norway and then hospitals. Internationally the WHO and Scandinavian universities are the main collaborators. Collaboration is often with government partners – which maybe explains the policy impact achieved.

CEIR is increasing its collaborations including with North American institutions. The Global Health Cluster also has very good levels of international reach through collaborations with research institutions/universities and multinational consortia. It is important that over time these collaborations lead to outputs (grants, publications and impact). There seem to be relatively few collaborations with institutions in Asia or Africa.

PPIE collaboration includes with end-users including municipalities, patients and population who collaborate throughout the research process from defining research questions to dissemination of results. However, it is unclear how systematic this is and whether all

research groups have such strong collaborations. There is increasing evidence that including PPIE input in systematic reviews and evidence synthesis is valuable, therefore the Systematic Reviews and HTA cluster should consider how to incorporate this. Examples include guidance from the National Institute for Health Research in the UK INVOLVE 2012 PublicInvolvementSystematicReviews.pdf.

The committee´s recommendations

- The depth and breadth of international collaborations needs to be a focus. Those areas where collaborations exist should focus on results and outputs from these associations.
- Some groups, including the Clusters for Health Services Research and Systematic Reviews and HTA have less strong international collaborations and need to build these
- Researchers should aim to publish in international journals beyond Scandinavian journals.
- Further thought should be given to the development of robust and consistent methods for including PPIE in research, including a citizen engagement strategy.

1.6 Research staff

We used the data from the self-assessment as this was described as more accurate by the unit. There are 144 staff in total. Of the staff, 64% are female and female staff are more represented at junior levels.

There are 17 Directors listed within DHS. It is unclear if there is an overlap between these roles and that of senior researcher/senior advisor. It is also unclear how many senior staff hold academic posts or are at professorial level, for example. The nature of these roles is also unclear. There is almost a 50-50 split between senior advisors and senior researchers, while significantly more junior scientists than junior advisors. This is partially explained by the merging of different institutions into NIPH. A significant proportion of senior advisors hired before the establishment of the DHS came from the Norwegian Knowledge Center, and are engaged in scientific work, but without the researcher position.

There is a Researcher School with career development for post-doctoral staff. Researcher mobility is encouraged.

The committee's evaluation

Research staff within DHS come from a variety of multidisciplinary backgrounds. The approximate breakdown is 25% social scientists, 25% medical professionals, 20% public health and health services research, the remainder represent a range of backgrounds including historians, statisticians, biologists etc. The interdisciplinarity score for DHS is high at 149. However, there are relatively few researchers with qualitative skills. It has become easier to recruit research staff since the end of the pandemic.

The role profiles, particularly at senior levels, are unclear. There are no nationally uniform standards concerning qualifications or requirements for obtaining these positions which is confusing to the outside observer including potential collaborators. Greater clarity in structure and roles may help to deliver on wider strategy, to better partition the work into statutory and non-statutory activity (with an increase in ‘external’ activity), and to catalyse development pathways for staff members at all levels.

The Researcher School is a positive initiative and joint meetings across the division help to build research competence. Early career post-doctoral researchers can access seed grants and receive support to build consortia to assist with grant applications, building towards PI status.

There are around 30 PhD students within DHS. PhD students are externally funded and supervised in collaboration with universities. Some are based in collaborating institutions in developing countries with the intent of building local capacity.

A proportion of staff hold positions at universities, most commonly the Universities of Oslo, Tromso, OlsoMet, Environmental and Biological, Bergen. Some also hold positions in Lund University, Sweden. There is a possibility to build more staff positions in collaboration with universities in Europe and the wider Nordic region.

The committee´s recommendations

- Consider whether a standard academic career structure would be better. This would be clearer externally and may assist with recruitment, retention and career planning.
- Consider building more shared posts with universities both within Norway and more widely.

1.7 Open Science

The NIPH has an active interdisciplinary working group (“Open and reproducible science”) consisting of researchers, research fellows and librarian. Researchers are encouraged to publish in reputable open-access journals, and the institution actively participates in agreements to cover costs for open access publications, fostering a culture of accessibility and transparency. The institution has described three paths to open publishing on the NIPH intranet: Gold Open Access: Publishing in reputable open-access journals; Hybrid Open Access which is discouraged due to potential double payments and Green Open Access which involved traditional publishing in subscription journals with subsequent archiving in the open knowledge archive, Brage, at the time of publication.

A significant number of scientists at the NIPH are already sharing openly the code/scripts made in R for surveillance data, randomised controlled trials, and other studies they publish. For Norway as a whole, the DHS hosts “Helsebiblioteket.no” (the health library) – a publishing platform for open access to guidelines on behalf of medical societies and national clinical guidelines.

The committee's evaluation

There are NIPH policies in place to encourage Gold Open Access/Hybrid/Green publishing. The DHS has worked to adhere to NIPH policies for open science and has increased the share of open access publications from 53.3% in 2013 to 95.2% in 2022, as shown in the NIFU report. In 2022 62.7% of publications were Gold Open Access.

The committee´s recommendations

- Further increase the proportion of Gold Open Access publications
- Consider free to access publications e.g. Diamond Open Access

2. Research production, quality and integrity

The work of DHS focuses on sustainable health and care services and global health. DHS also makes contributions to the other strategic initiatives of the NIPH: to identify and develop interventions to improve health; focus on dialogue and user involvement; working across sectors; simplifying the navigation of complex health data; open science; and shortening the time for data collection to knowledge and innovation.

2.1. Research quality and integrity

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

Centre for Epidemic Interventions Research (CEIR)

CEIR’s strong alignment with NIPH’s strategies ensures its relevance and operational efficiency. Its governance structure facilitates effective decision-making and resource allocation. The steering group and an advisory board ensure strategic alignment and oversight from diverse perspectives. CEIR's diversity of expertise supports multidisciplinary research to address complex public health challenges. However, its reliance on core funding and its focus on health crises threatens its existence. Becoming a WHO Collaborating Centre, as mandated by the government, could be a strategy to ensure its continuing relevance and existence. Despite its size, members of CEIR actively engage with academic institutions and participate in various working groups and collaborative efforts. CEIR has good scientific productivity and research collaboration but needs to build its capacity to secure external funding to ensure its sustainability.

CEIR engages actively with policymakers, although conducting more studies with findings that directly inform decision-making and lead to actionable policies is desirable. CEIR has contributed to promoting informed health decision-making by developing educational tools targeting school students and healthcare professionals, although the effectiveness of these tools, and the education that they deliver, in real-world implementation is yet to be established. CEIR's involvement in public discussions on uncertainties surrounding public health measures is valuable. There is evidence of user involvement and engagement, but this could be strengthened.

Cluster for Health Services Research

The aim of the research group is to strengthen the knowledge base for decisions in the Norwegian health services. The merge of research units has enabled the research group to achieve an appreciable multidisciplinary critical mass needed to conduct high-quality research in this field. One of the group's strengths is its strategy of combining high-level scientific development and decision support. However, the number of PHD students is a bit low in relation to the number of researchers. Although the proportion of external funding has increased over the period, it remains a sparse. The research group has a coherent research approach, combining applied and methodological research and they have been

able to promote their results in leading journals. The methodological contributions are useful for the international HSR research community. Integration into the institution is relevant and promotes the transfer of research results into practice and decision-making. The group has a remarkable societal contribution by producing useful outputs at national and international levels. It was particularly mobilised for the response to the covid-19 crisis. The ability to produce and publish successfully on covid-19 shows the responsiveness of the group. The nature of this kind of research raises the question of stakeholder involvement (e.g., involvement of policymakers, healthcare professionals, patients, etc.) in the research process and in governance. The self-assessment provides no such information.

Cluster for Systematic Reviews and Health Technology Assessments (HTV)

Despite its 'loose' structure, the overall strategic aim of HTV is clear, pointing to specific areas of strategic focus. The work of HTV appears to be aligned with the higher-level Institute strategy. HTV is part of a statutory body, which may limit aspirations and engagement with other research activities. External funding is relatively modest considering the size of HTV and the nature of its work. Core funding appears to have declined in recent years which may further impact on current and future sustainability. It is unclear what the international relevance of commissioned work might be, although the quality of published output would likely sit at a level of international relevance, with some at international excellence. The implementation aspects of the evaluations/research are not clear, and there appears to have been no tangible assessment made of their impact(s). There is a recognition of challenges and threats to the research ambitions of HTV. However, based on the information provided in the self-assessment, there appears a lack of resilience or a strategy to deal with these potentially harmful influences.

Global Health Cluster (HTG)

HTG is a well-established multidisciplinary global health research group, with clear quinquennial objectives that are aligned with the National Institute of Public Health institutional strategy. HTG focuses on impact, excellence, implementation, and research strategies cover broad global health issues. The breadth of its research is both a strength and a challenge, particularly in ensuring sustainability and ability to build a critical mass to advance research frontiers in specific fields.

HTG's research is well-supported by national and international funding agencies. The diverse and sustained funding indicates a degree of financial stability and is a credit to its diversification strategies, though the dependence on institutional support for core activities poses a potential threat to its multidisciplinary research focus. HTG's current focus on developing knowledge within primary health care and enhancing society's capacity to address emerging health challenges is important. HTG's work on health technology assessment and its role in guideline development indicates the group's influence and significance in policymaking and implementation.

HGT actively facilitates knowledge exchange and dissemination activities through collaboration and capacity-building activities for global researchers, including those in low and middle-income countries (LMICs). HTG's close collaboration with LMIC institutions enhances its research relevance, potential impacts, and helps to contextualise solutions.

3. Diversity and equality

In general, the NIPH adheres to the frameworks in this area defined by the Norwegian government including the document “Statens personalhåndbok”, a Norwegian handbook that contains information about the employment policies and practices of the Norwegian government, including specific policies for the recruitment of individuals with minority backgrounds, with gaps in their CV, or with reduced work abilities. In addition, NIPH has a Gender Equality Action Plan to facilitate gender equality and prevent discrimination at the NIPH. A zero-tolerance policy for bullying and harassment applies to all activities at the NIPH, including research projects.

The committee's evaluation

In terms of diversity and equality the DHS uses the wider NIPH Gender equality action plan, Whistleblowing policy and Norwegian government handbook on employment. It is unclear how the effectiveness and impact of these are assessed. The only available report is in Norwegian.

There is no equality policy relating to ethnicity or other work in this area mentioned in the documents available.

The committee´s recommendations

- Consider development of a plan along the lines of the United Kingdom, AdvanceHE Athena Swan Race Equality Charter Race Equality Charter | Advance HE.

4. Relevance to institutional and sectorial purposes

Within DHS, the cluster for Health Services Research has made a societal contribution producing useful outputs at national and international levels. It was particularly mobilised as a response to the covid-19 crisis (ToR 2). The cluster for Systematic Reviews and Health Technology Assessments (HTV) has contributed to global developments in conducting systematic reviews and in systematic review methodologies. Through the development of educational tools and decision-making frameworks, CEIR aims to empower individuals and healthcare professionals to make informed health choices. HTG's research has contributed to significant societal impacts by addressing emerging health challenges, strengthening the global health system, and advancing universal health coverage.

The committee's evaluation

DHS is performing at a level that is of national relevance, although there are some aspects of their performance that are of international relevance. DHS demonstrates strengths in its diverse research portfolio, collaboration with LMICs, capacity-building efforts, and influence on the global health agenda. Its contributions to research-driven policy changes and collaborative efforts to address global health challenges have also been evident.

DHS is organised around methodological expertise but could strengthen its focus on specific research topics and build critical mass in moving research frontiers forward, rather than spreading its human capital across many diverse topics.

The NIPH website doesn't profile primary research. There is potential to use websites and social media to promote the research conducted in DHS. Care needs to be taken to ensure research that is no longer useful or relevant is removed or taken down from information provided by DHS.

DHS does not have a consistent approach to capture the impact of research, including from systematic reviews and health technology assessment.

The committee´s recommendations

- Continue to enhance its importance, visibility, and relevance through collaboration and participation of similar institutions in the Nordic countries or globally. It could enhance strategies to promote dissemination strategies and obtain user feedback for improvement.

4.1 Research Institutes

According to a publication from the Norwegian department of knowledge (F-4456 B, "Strategi for helhetlig instituttspolitik") the governmental ambition is that the institutes sector should develop knowledge to inform policy development and contribute to sustainable development and transformation through high quality and relevance.

The committee's evaluation

The case studies are discussed below but some general reflections are that the strength of the evidence base is at times unclear. The evidence presented shows that the cases do seem to lead to a change in practice. This is further evidence that the DHS contributes to the improvement of health outcomes in Norway and internationally has contributed to policy

changes to improve health in Norway and globally. However, further use of intervention studies including using e-registry data would be a more robust way of demonstrating this impact.

The committee's recommendations

- Consider the development of both a documented impact strategy to ensure maximum benefit and a related citizen engagement strategy, to ensure societal relevance and contextual fit.

5. Relevance to society

DHS delivers against the aims set out in the Norwegian Long-Term Plan for research and higher education: Longer lives. Better lives. More equitable living conditions. Its research addresses societal challenges by being advisors to govt, LMIC, public and non-academic stakeholders. In terms of UN sustainable development goals, DHS delivers on 'Sustainable health and care services' and 'Global health'.

Comments on impact case 1: Informed health choices by individuals, professionals and policy makers

The Division of Health Services has developed tools that have improved the use of research evidence in health care decisions.

They have developed, evaluated and disseminated educational resources to teach children and families in three African countries how to assess health information. This was evaluated in an RCT, process evaluation and follow up study and included the development of a measure of ability to think about health care choices. These are referenced in the cited research. Further dissemination led to implementation in 14 languages and other countries.

The DHS has also developed tools to improve the use of research evidence in guidelines and policy. These tools include Evidence to Decision-frameworks like GRADE, which facilitate structured decision making and are widely cited including by the WHO guide for evidence-informed decision-making. More recently, GRADE-Cerqual has been developed, which aids in assessing the robustness of qualitative research and is recommended by the WHO and Cochrane.

In 2020 DHS also published a research report of a rapid review of evidence to inform a recommendation regarding people without respiratory symptoms wearing facemasks in the community to reduce the spread of Covid-19. The impact is not numerically described.

Comments on impact case 2: Development and impact of the GRADE approach for assessing the confidence in effect estimates to make the findings of systematic reviews more useable in evidence-based decision-making processes

The development and implementation of GRADE features in both case study 1 and 2. Case study 2 provides more details of the impact of using GRADE to assess confidence in the results of a systematic review. This work commenced in 2000 and continues to date. First evidence of implementation was in 2004. The Cochrane Handbook for Systematic Reviews of Interventions, updated in 2023, includes references to GRADE in at least two chapters addressing the quality and certainty of evidence. Bodies such as WHO, NICE, Canada's Drug and Health Technology Assessment Agency, and Norwegian Directorate of Health use the GRADE methodology. Evidence of impact is strong and international.

Comments on impact case 3: eRegistries: Digital Health Interventions for Public Health Systems Strengthening

The aim of this work conducted 2009-2022 was to establish good quality health data and facilitate real-time utilisation of data by health workers in low- and middle-income countries (LMIC), as well as for monitoring LMIC health systems over time. This was achieved through utilising longitudinal data in digital registries (eRegistries) from health facilities. The focus was maternal and child health, initially stillbirth prevention and cluster RCT evidence

from Palestine and Bangladesh showed that eRegistries improve quality of care and health outcomes. The research, published in academic journals, also highlights the feasibility of implementing such data driven approaches in LMIC.

Admirably, the software used, and implementation guidance are available online - free to all to use.

Comments on impact case 4: Beredt-C19 – the foundation and enablement of a system producing scientifically founded real time knowledge to handle the covid-19 pandemic

DHS was responsible for establishing and daily operation of NIPHs Preparedness Registry (Beredt-C19). Beredt C19 played a crucial role in Norway's response to the pandemic by developing an innovative analytical platform giving real time knowledge of spread, causation and hospitalisations of covid-19, covid-19 vaccine coverage, effect and side effects. The research group enabled preparation of unstructured, real-time data, in addition to producing substantial amounts of knowledge and research in high profile journals e.g. JAMA, Nature Communications. As important, in terms of policy and responsiveness to the pandemic, the production of weekly reports allowed real time data driven decisions enabling targeted infectious disease measures. Examples included updated advice on quarantine, identification of vulnerable ethnic groups, and concern about side effects of vaccination (cohort study results also reported in the BMJ in 2021). The impacts of this case study are evident both in the academic literature and public health policy.

Appendices

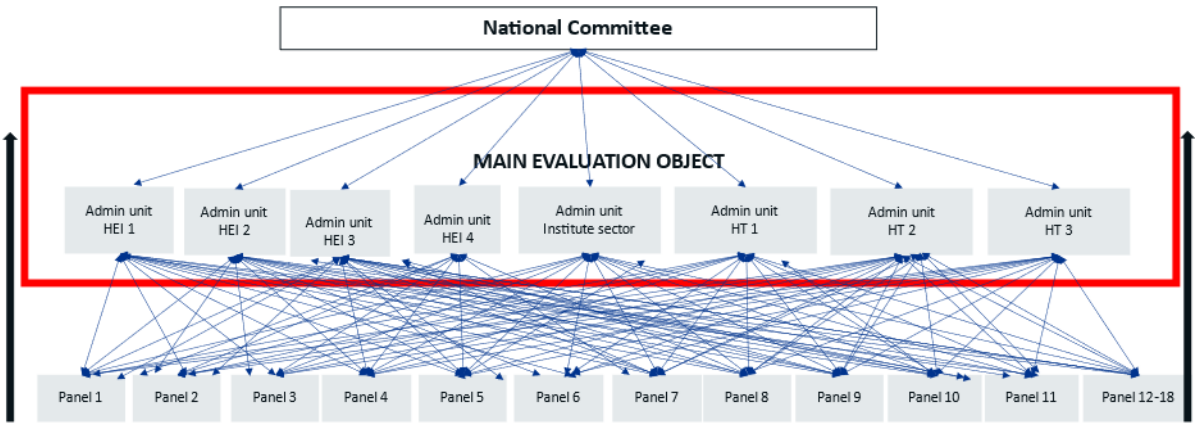
Evaluation of Medicine and health 2023-2024

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

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

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

Organisation of evaluation of medicine and health 2023-2024



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

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

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

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

Forskningsrådet

Se vedlagte adresseliste

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

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

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

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

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

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

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

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

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

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

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

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

Administrative enheter (hovedevalueringsobjektet i evalueringen) – skjema 1

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

Forskergrupper – skjema 2

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

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

Invitasjon til å foreslå eksperter – skjema 3

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

Obs. Det er to faner i regnearket:

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

Utfylte skjemaer (3 stk):

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

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

Tilpasning av mandat – frist 30. september 2023

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

Forskningsrådet

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

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

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

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

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

Med vennlig hilsen
Norges forskningsråd

Ole Johan Borge	Hilde G. Nielsen
avdelingsdirektør	spesialrådgiver
Helse	Helse

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

Kopi
Helse- og omsorgsdepartementet
Kunnskapsdepartementet

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

The Research Council of Norway

Evaluation of life sciences in Norway 2022-2023

LIVSEVAL protocol version 1.0

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

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

Oslo, 5 April 2022

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1 Introduction

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

1.1 Evaluation units

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

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

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

1.2 Minimum requirements for research groups

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

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

1.3 The evaluation in a nutshell

The assessment concerns:

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

The Research Council of Norway (RCN) will:

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

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

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

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

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

1.4 Target groups

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

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

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

2 Assessment criteria

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

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

2.1 Strategy, resources and organisation

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

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

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

2.2 Research production, quality and integrity

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

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

2.3 Diversity and equality

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

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

2.4 Relevance to institutional and sectoral purposes

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

Higher Education Institutions

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

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

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

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

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

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

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

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

Research institutes (the institute sector)

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

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

The institutes should:

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

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

The hospital sector

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

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

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

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

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

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

2.5 Relevance to society

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

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

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

3 Evaluation process and organisation

The RCN will organise the assessment process as follows:

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

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

3.1 Division of tasks between the committee and panel levels

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

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

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

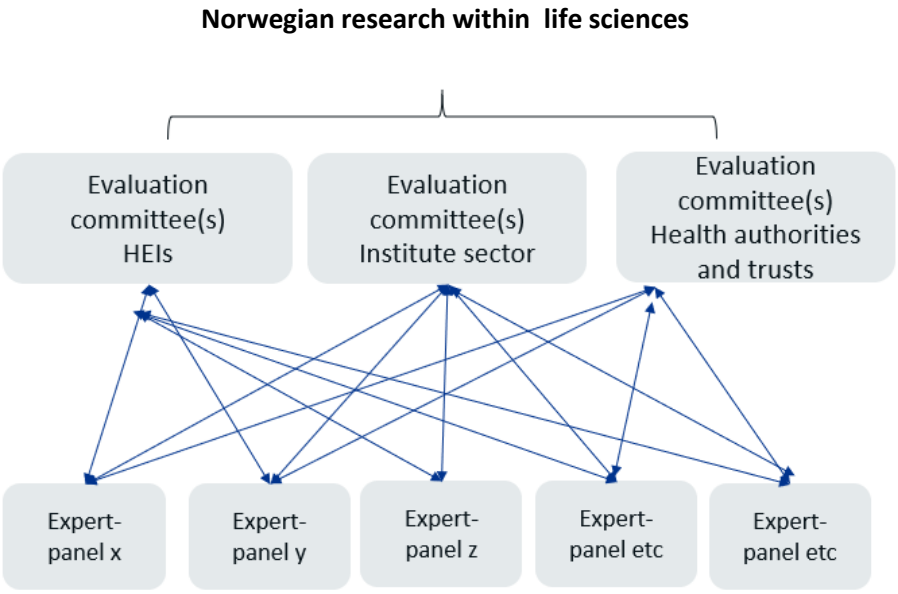

Figure 1. Evaluation committees and expert panels

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

3.2 Accuracy of factual information

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

3.3 National level report

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

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

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

Appendix A: Terms of References (ToR)

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

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

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

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

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

1. …
2. …
3. …
4. …

…

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

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

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

The documents will include the following:

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

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

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

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

Appendix B: Data sources

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

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

National registers

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

Self-assessments

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

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

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

Table 1. Types of evaluation data per criterion

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

Evaluation of Medicine and Health (EVALMEDHELSE) 2023-2024

Self- assessment for administrative units

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

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

Content

Introduction

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

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

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

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

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

Thank you!

Guidelines for completing the self-assessment

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

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

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

1.Strategy, resources and organisation

1.1 Research strategy

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

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

Table 1. Administrative unit`s strategies

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

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

1.2 Organisation of research

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

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

1.3 Research staff

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

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

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

Table 2. Research staff

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

1.4 Researcher careers opportunities

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

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

c) Describe research mobility options.

1.5 Research funding

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

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

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

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

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

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

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

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

1.6 Collaboration

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

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

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

National collaborations

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

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

International collaborations

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

Impacts and relevance of the collaboration	

1.7 Open science policies

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

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

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

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

1.8 SWOT analysis for administrative units

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

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

2. Research production, quality and integrity

2.1 Research quality and integrity

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

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

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

2.2 Research infrastructures

a) Participation in national infrastructure

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

Table 5. Participation in national infrastructure

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

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

b) Participation in international infrastructures

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

Table 6. Participation in international infrastructure

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

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

c) Participation in European (ESFRI) infrastructures

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

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

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

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

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

3. Diversity and equality

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

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

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

4. Relevance to institutional and sectorial purposes

4.1 Sector specific impact

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

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

4.2 Research innovation and commercialisation

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

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

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

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

No.	Name	Valid period	Link
1			

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

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

4.3 Higher education institutions

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

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

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

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

4.4 Research institutes

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

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

4.5 Health trusts

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

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

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

5. Relevance to society

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

5.1 Impact cases

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

Impact case guidelines

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

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

Timeframes

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

Page limit

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

Maximum number of cases permitted per administrative unit

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

Naming and numbering of cases

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

Publication of cases

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

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

Please write the text here

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

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

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

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

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

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

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

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

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

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

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

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

Institution	Administrative unit	Name of research group	Expert panel
FHI	Division of Health Services	Centre for Epidemic Interventions Research (CEIR)	Panel 4d
FHI	Division of Health Services	Cluster for Health Services Research	Panel 4c
FHI	Division of Health Services	Cluster for Systematic Reviews and Health Technology Assessments (HTV)	Panel 4d
FHI	Division of Health Services	Global Health Cluster (HTG)	Panel 4d

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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