# Evaluation of Life Sciences 2022-2024

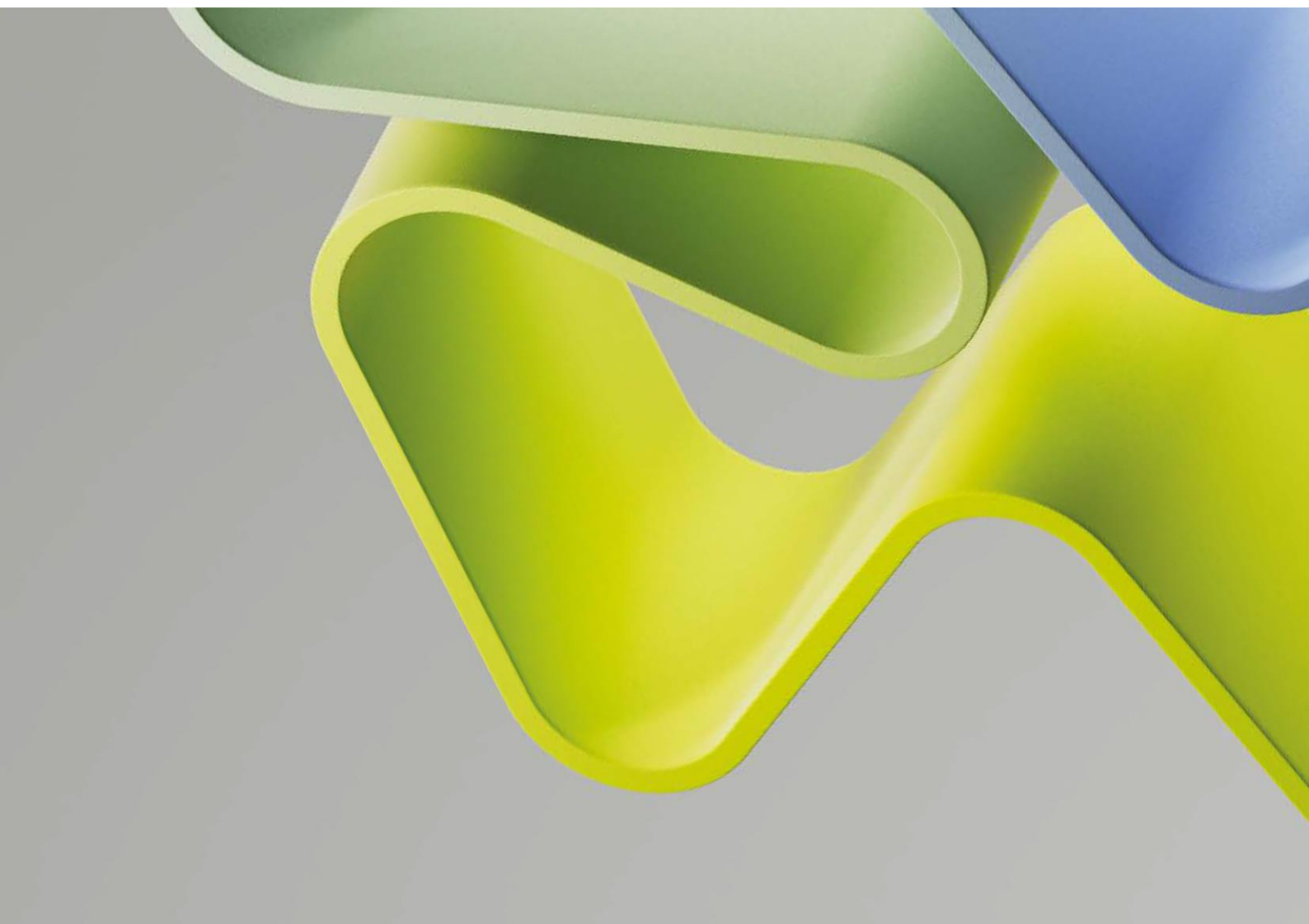## Evaluation of medicine and health 2023-2024

# Evaluation report

**ADMIN UNIT: Department of Health and Care Sciences**
**INSTITUTION: UiT Artic University of Norway**

December 2024

# Contents

**Statement from Evaluation Committee Higher Education Institutions 1**

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

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

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

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

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

Professor Falko Sniehotta (Chair)
Heidelberg University

Professor Lars Göran Kecklund
Stockholm University

Professor Joakim Öhlen
University of Gothenburg

Professor Maria Kristiansen
University of Copenhagen

Professor Nicola Shelton
University College London

Professor Annette Boaz
King's College London

Professor Stephanie Taylor
Queen Mary, University of London

Ivette Oomens, Technopolis Group, was the committee secretary.

*Oslo, December 2024*

# Profile of the administrative unit

The Department of Health and Care Sciences (IHO) is organised with 7 research groups and a leader group including the head of department, the deputy head of education and the head of administration. Additionally, there are 4 assistant heads of department (one for each campus) who lead the bachelor's programme in nursing at 10 study sites, and 7 programme directors who oversee the remaining 4 bachelor- and 12 master programmes. IHO consists of 224 employees with 19 in top positions (14 professors, 5 *docents*), 36 associate professors, 11 senior lecturers, 2 researchers, 4 post-doctoral fellows, 19 doctoral research fellows, 114 lecturers and 19 university college teachers. Women represent approximately 80% of employees and a majority in all categories, mirroring the student gender imbalance of the largest study programme, nursing. For example, among professors only 13% are men.

The IHO is comprised of 7 research groups, of which 6 are part of the current evaluation: Courage2B, Centre for Care Research North (SOF North), Health Professional Education, Rural and Remote Nursing and Healthcare in Arctic and North-Sàmi Area, Public Health and Rehabilitation and Healthcare Professionals Practice.

IHO is committed to contribute to the development of high-quality health and care services through interdisciplinary, innovative, and applied research. Their main strategic goal for research and innovation is to align research and education to foster cutting-edge health research and sustainable healthcare services. Research at IHO covers several fields particularly for the High North's diverse communities, including health services research, aging, education, population health, emergency care, end-of-life care, Sámi health, and methodological development. Their research aligns with UiT's strategies: developing flexible study programmes, addressing societal challenges through interdisciplinary research, and fostering talent development. They aim to be a visible, attractive administrative unit, providing a thriving environment for students and researchers, and being a preferred partner in national and international projects.

In accordance with IHOs aim to produce high quality applied research that is of relevance for the health- and care sector, they are considerate to maintain partners not only from research- and academic networks, but also from health institutions and civil society. Collaborations with external researchers are strongly encouraged by IHO, organised on the level of their research groups. Interdisciplinarity and transdisciplinary approaches are highly valued in the administrative unit, as the societal challenges and needs for quality improvement that they aim to address through their research go far beyond the expertise and singular focus of the separate disciplines. This is also reflected in their list of collaborators, ranging from medical and health science networks to social scientists and experts in informatics and statistics.

In the future, according to their self-assessment, IHO may benefit from their broad scope, the predictability ensured by the significant number of employees in permanent positions, autonomous research groups, strong and stable collaborative ties, and the infrastructure provided by the university. According to their self-assessment, they have strong multidisciplinary and transdisciplinary projects and research groups, which, if exploited in a good way, can make IHO a central hub in interdisciplinary collaborations within their field.

Challenges may arise in funding, as traditional research and discipline development projects are receiving less support, placing the university and college sector at a disadvantage. Furthermore, low application numbers to some of the bachelor's degree programmes are a concern, as financial stability is linked to these programs. Conflict and unrest in Europe and beyond could further strain their mobility and collaborative relationships.

## Overall evaluation

The Arctic University of Norway (UiT) has 15,000 students and 3,300 staff spread across four campuses. The Department of Health and Care Sciences (IHO) has 1,800 students and 260 employees.

The Department has aligned its strategy with the three overarching strategic goals of UiT. It aims to conduct research that is connected to the needs of local communities, but that also has national relevance and has impact. The Department also sees alignment rather than conflict between its educational and research goals, informed by its role in training the next generation of health professionals. There are some challenges in terms of staff turnover (especially for Assistant Professors) and in developing a PhD programme (beyond PhDs with external funding), particularly to support the career development of health professionals interested in developing their research capacity. The Department has seven research groups which are very different in terms of size and scale of activity. The presence of a science council (that meets very regularly) provides a mechanism for constant oversight of these groups to support their development and any potential synergies. The Department has seen an increase in both grant applications and in successfully achieving research funding in the last few years.  However, as with the other units we spoke to, there was some uncertainty and concern about the future direction of research funding.

# Recommendations

- While there is clearly a strategic approach to research in the Department, it wasn't clear whether this was allowing the staff to tackle difficult decisions about the future of research groups. Is there scope to consider mergers and reconfigurations to increase synergies and efficiencies?
- Continue to build on the steady increase in proposals submitted and grants awarded over the evaluation period. It might also be helpful to consider mechanisms to further support staff in writing applications, including mentoring from (internal and external) colleagues with grant success and inviting research funders to visit the University. In terms of career development, engaging earlier career researchers in the application process could also be fruitful.
- The Department might want to consider any processes that might need to be put in place to ensure that the centralization of research administrative services don't impact negatively on their research activities and infrastructure engagement.
- With University support, it would be helpful to have a funded PhD offer for health professionals who wish to develop a research strand of their career
- With staff spread across four campuses and seven research themes, continue to explore creative ways of fostering internal, interdisciplinary connections
- Continue to explore potential new research connections through a range of mechanisms such as networking, visits and hosting visitors (with some potential links within other Departments of UiT)
- The committee encourages the Department to discuss actively what level of strategy, documentation and leadership is needed to ensure that talent thrives in the Department regardless of background.
- The Department might consider sharing learning with other institutions providing training and conducting research with indigenous communities.
- Building on the impact cases, the Department might consider taking a more rigorous approach to mapping and evaluating pathways to non- academic impacts of research

# 1. Strategy, resources and organisation of research

## 1.1 Research strategy

The Departmental research strategy is aligned with the overall strategic priorities of the UiT. These are having a High North perspective, major societal challenges and talent development.  The Department aims to produce interdisciplinary, innovative and clinically orientated research in collaboration with its stakeholders. In the past 10 years there has been an expansion in research activity including increased scientific publication output, increase number of submitted grant applications and an increased success rate and the establishment of a new research group. The Department aims to take advantage of its geographical location to conduct research that meets the needs of the diverse communities in the High North. The Department also has a strategic goal to align research and education activity, particularly in relation to training health professionals and conducting research to support service improvement. To do this the Department undertakes multi-disciplinary research using a wide range of research methods.  The Department produces a diverse range of outputs for different audiences ranging from policy briefings to academic papers to outputs for practitioners and local health and care organisations.

In the Terms of Reference, the Faculty requested feedback in two areas. Firstly, the Committee were asked to evaluate the width, depth and societal relevance of the faculty's applied research with a special focus on its relevance to its education programmes and ability to address future societal needs for sustainable professional health and care services. This included a request for suggestions for future investment areas and research organisation models that preserve the integration of research and education and at the same time strengthen our research capacity.  Secondly, the Faculty requested that the committee evaluate their research, health institutional and civil society networks and the inclusion of these in their research and make any suggestions for improvements in organisation and inclusion strategies to increase outreach and success in national and international competitive funding schemes.

### The committee's evaluation

The Department takes a strategic approach to its research. It has its own research strategy document, aligning with the overall strategic priorities of the University. Key elements of the strategic approach are the complementarity of research and teaching and the importance of conducting research routed in the challenges facing the population in the High North. In the interviews, the staff seemed very comfortable with their strategic plans for research and the fit with UiT. However, while there is a strategic approach to research in the Department, it wasn't clear whether this was allowing the staff to tackle difficult decisions about the future configuration of research activity through research groups. We accepted the argument that not all groups need to be large, nor do they all thrive at all times, but the committee wondered if there scope to consider making changes to the configuration of research groups to ensure alignment with research strategy.

### The committee's recommendations

- Ensure there is a place and process to consider scope for mergers and reconfigurations of research groups to increase synergies and efficiencies in support of overall strategic approach to research.

- To continue to prioritize embedding research in local networks and maintaining synergies between research and education.


## 1.2  Organisation of research

The Department organises its research in seven groups: Health Professional Education, Healthcare Professional Practice, Rural and Remote Nursing and Healthcare in Arctic and North-Sámi Area, Courage2B, Public health and rehabilitation, Centre for Care Research North. The seventh group: Acute and critically ill is only recently established and is not part of the current evaluation. The groups are very varied in their size and the degree to which they might be described as established. The Department were clear in the interview that the size of the group should be fit for purpose – for example the smaller size of the sami health grouping reflects the relatively small research field. There is plenty of scope for cooperation between the groups and they come together in hubs for teaching purposes. There are good connections between research and education although in the report the Department acknowledge that there is always scope for further work exploiting the potential for each to benefit the other.

There is also a leadership group including the Head of Department, the Deputy Head of Education and the Head of Administration.  This group meets every two weeks.  A Scientific Council made up of the comprises the head of department, the head of administration, the seven research group leaders and the SOF North centre manager meets every three weeks. The Council provides a space for discussion of issues such a group size and the configuration of the groups in the Department.  Other mechanisms are in place for review. In particular, Research Development plans are used to help the groups set goals and make plans. These plans are reviewed annually. The research group leader role is also defined.

**The committee's evaluation**

The organisation of research is clear and linked to the strategy. There is, however, a large number of research groupings and they vary in size and strength. There are structures and processes in place to provide oversight of these groups and to consider different forms of organisation if the need arises.  A high value is placed on both research and teaching and there is an appreciation of the potential value of each to the other.

**The committee's recommendation**

- The committee encourages the department to continue to use the mechanism of the scientific council to strive for the most efficient and synergistic organisation of research groups. To continue to explore links between research and education and to foster cross site connections in support of research interests shared across the different campuses.

## 1.3 Research funding

The Department has a significant income from research (26.9% of their overall income). In the evaluation period, the Department secured 1,7 MNOK (with an additional 351,000 NOK for contract research) in national research funding and a further 155,000 NOK in international funding (from the EU). There were 13 applications in both 2021 and 2022, leading to nine successful applications in total.

**The committee's evaluation**

There has been a steady increase in research applications submitted and in successful grants over the evaluation period. This includes on EU Horizon grant awarded in 2023-23.

**The committee's recommendations**

- Continue to build on the steady increase in proposals submitted and grants awarded over the evaluation period. It might also be helpful to consider mechanisms to further support staff in writing applications, including mentoring from (internal and external) colleagues with grant success and inviting research funders to visit the University. In terms of career development, engaging earlier career researchers in the application process could also be fruitful.

## 1.4 Use of infrastructures

The Department has access to and makes use of a lot of infrastructure investments, including the Centre for Care and Registries. They try to look for opportunities to benefit from these investments. For example, they are currently using a registry in a bid they are working on and encourage PhD students to use registries. They have a population-based study (Fit Future) based in the Department which has lots of scope for use in research. They are currently applying to run a National Quality Registry.

**The committee's evaluation**

The Department is fortunate to participate in a number of infrastructure investments and seems to make good use of the opportunities afforded by participation.

**The committee's recommendations**

- In terms of the University infrastructure to support research bidding and grant administration, these services have been centralised presenting some challenges to research staff, particularly those away from the main site. The Department might want to consider how to ensure these changes don't impact negatively on their research activities and infrastructure engagement.

## 1.5 Collaboration

The Department has strong local non-academic collaborations and focuses much of its dissemination activity on communications to clinicians, patients and institutions. There is also a commitment to collaborating with external researchers and is primarily organised through the research groups. An indicator of success in building these links is co-authorship with researchers from other Norwegian Universities and Universities in other countries. One prominent example would be active participation in the National Network of Centres for Care Research. There are close collaborations with the clinical field, particular through the local hospitals.

**The committee's evaluation**
The Department has a number of long standing academic and non-academic communications that help staff to remain in touch with population and system priorities and build research collaborations.

**The committee's recommendations**
Continue to consider whether all the most relevant stakeholder communities are engaged with the work of the research groups. Continue to explore potential new research connections through a range of mechanisms such as networking, visits and hosting visitors (with some potential links within other Departments of UiT)

## 1.6 Research staff
Most staff are on permanent contracts with only 4.9% in temporary positions. One challenge is staff turnover (particularly as Assistant Professor level) which creates a continuous need for recruitment. A positive benefit of the turnover is the opportunity to offer those who do stay to complete a PhD 'fast track' opportunity for career advancement. The workload split varies depending on position 10/90 (teaching/research) for university college teachers, Lecturers spend 20% of their time on research, Senior lecturers, spend 30% of their time on research, Associate Professors and Professors have a 50/50 split (research and teaching). Researchers, postdocs and externally funded doctoral research fellows have 100% of their work time allocated for research. Those who obtain internal doctoral funding are expected to spend 25% of their time teaching.  Adjustments to teaching load are done on a case-by-case basis with the Head of Department.

There is scope to focus on research only, but most staff do some teaching. Staff have opportunities for sabbatical leave (every four years) and there are a series of mobility grant offers for staff at different career stages (doctoral, post-doc and more senior academics undertaking a sabbatical).

**The committee's evaluation**
There are lots of positive elements for staff working in the Department, including a high level of permanent positions. However, it feels like a missed opportunity to offer more staff opportunities to do PhDs to support their academic career development. At the moment, the Department gets one or two internal PhD opportunities to offer each year and other PhD opportunities are those that have attracted external funding. There is a particular need to build research capacity in certain allied health professions (e.g. radiology and radiography) so more PhD opportunities in these areas would be welcome.

**The committee's recommendations**
   - Consider how to promote a PhD programme designed specifically for allied health and social care professionals to support the development of this key group of staff and to build capacity for research in their fields of practice.

## 1.7 Open Science
The University has a goal of making all research Open Access. There has been excellent progress towards this goal, with 93% of research being Open Access in 2022. The Department argues that the figure is actually nearer to 98% when you allow for outputs that

are under access embargos. UiT has published Principles of Open Access to Academic Publications. It also has a web portal for publishing and Open Access, supported by resources, skills and training. There is also a commitment to research data sharing in line with the FAIR Principles.

**The committee's evaluation**

The University has put in place strategic plans to support Open Science. The most recent figures for open access are impressive, with the University being very close to its goal of full open access via gold and green routes. There are also strategies in place to support open access to research data, following the FAIR principles, although it is less clear how this is being implemented and tracked.

**The committee's recommendation**
- Consider how to track the take-up of activities designed to support Open Science (such as the use of the resources provided by the University and/ or completion of training designed to support Open Science). It would also be valuable to consider evaluating compliance with the commitment to data sharing, with a view to supporting future data management and access planning.

# 2. Research production, quality and integrity

**Introduction**
Research Outputs for the Unit are in the fields of Nursing, Public, Environmental and Occupational health, Social Work, Rehabilitation, Physiotherapy, Ergonomics and Orthotic Engineering, Psychology and General medicine. In 2022 the Department contributed to 245 publications. There has been a gradual increase in publications over time, with a significant increase from 127 in the previous year to 245.  The share of the 10% most cited publications for 2019-21 was 5.4%. Research is co-authored with national and international collaborators.

## 2.1 Research quality and integrity

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

**Centre for Care Research North**
The research group has persistently fostered partnerships with both national and international scholars and specialised groups. The group is deeply invested in nurturing talent and fostering diversity, as demonstrated by their active role in mentoring a diverse group of Master, PhD, and postdoctoral researchers. The Centre for Care Research North stands as the sole research centre within the Department of Health and Care Sciences. Its distinctive status bolsters the department's profile not only within the university but also externally, such as in the health and care services, among civil society, and with pivotal authorities such as the Ministry of Health and Care Services and the Directorate of Health. The research group is instrumental in advancing the department's mission, making substantial contributions to both research and educational programmes at master and PhD level. Importantly, the group prioritises active user involvement in all research endeavours, ensuring that a range of patient and user groups are engaged in project activities aligned with respective themes. Additionally, some of our initiatives receive funding from the user organisation-led DAM Foundation. Over the last 2-3 years we have placed emphasis on exploring and expanding our repertoire of co-creative and action research methodologies, opening for new forms of including non-academic stakeholders into all phases of the research. A key strength of the institution is that all administrative support at UiT is centralised. The organisational structure of the group is a potential weakness. The core group is small with more people in the group at an early career stage and temporary, which will lead to turnover. Overall, this group is delivering on its strategic objectives to carry out research in the field of (i) health and care services in municipalities within an Arctic context, (ii) interdisciplinary rehabilitation and coordinated care pathways with user experiences and involvement at the centre of its activities.

**Healthcare Professional Practice**
HPP has 11 members and currently hosts two PhD students, having supported a total of eight PhD candidates to completion. Although there is a broad overarching aim around providing insights and strengthening theory to guide healthcare professionals clinically, in reality the aim applies to predominantly physiotherapy-related research. Indeed, even within this, there is a focus on specific niche research areas: paediatrics, women's health, and

psychosomatic approaches. It may be that the aim is too broad given the group size and membership. HPP is hosted in a university department and research infrastructure is provided centrally. The support is broad but covers the key stages of the research process and would seem to meet the needs of the group. The research aim of the group aligns with the institutional strategic objectives, but given that both are very broad, this is not surprising. External income is modest and there is a reliance on core institutional funding. External national funding has been variable, although there have been notable successes in securing PhD and fellowship funding. Five publications are cited in the self-assessment, and while these appear to be clinically appropriate, they appear in relatively specialised journals. None of the journals listed would be consider particularly impactful. There is some evidence of other meaningful impact, but this tends to lean more towards educational rather than to research endeavours. The group contributes to education, and it appears to be committed to hosting and supporting PhD students. The group recognises the issues regarding group membership, issues around recruitment, and the need to balance educational demands with research. The group reports in the self-assessment that it is in a period of transition and is trying both to sharpen its research focus, and to examine its collective identity.

**Life courage and life promoting phenomena**
This small research group, Courage to Be, is based at the University of the Artic. The panel overall considers that the research group is performing adequately, there are several potential areas for improvement if conditions allow. While there are 15 members they have considerable teaching responsibilities. The level and quality of their activity are therefore limited although to the panel there seemed to be considerable scope for developing their nursing research, especially on interventions, Development and evaluation of impact and effectiveness of clinical/nursing interventions is recommended, so that time and effort could be expended on the most effective mechanisms. The panel also recommended considering the breadth of the research group's benchmarking ambitions, their links with rural and remotes communities in contexts of challenging climates, and the links with others researching in similar contexts. Further scope for mobility and international linkages was suggested. The research group may wish to engage further with the university about the balance of research and teaching it needs to work within, and if further core university funding might enable research development. The level of core funding for this group appeared to be very low. The group spans senior members of staff with five doctoral students. There would be scope to consider local and regional stakeholders' views of research priorities as well as those of central government. The research group is working at national level with its publications and ambitions to gain further external funding that is concretely evidenced by applications to research grant awarding bodies. It would benefit from collating and creating further examples of its societal impact and attention to this – this could be part of any refreshed strategy. Further work could also be undertaken on user engagement in its studies and strategy.

**Public Health and Rehabilitation**
The unit has a clear focus and steady portfolio of projects, moderately strong research infrastructure thanks to Norway's strength in osteoporosis research. Members of the unit have been key contributors to this research infrastructure. The main engine of it current research comes from PhD-funded and driven projects. This represents a general strength of the unit, leading to steady output and societal contribution through professional development. Further, the unit has a large number of publications, but core publications

cited in their report appear of modest impact and/or are based on secondary roles by the unit.

The unit reports publications as its primary societal contribution as well as the influence of interventions used by Norway's Healthy Life Centres. The primary limitation of the unit, given its current status, is the lack of more external funding that is likely to limit growth of its overall impact.  Thus, overall, the unit's work has given in a solid presence in their field in Norway but not of international standing.


**Research group for health and professional education**
The group is small given the fact that researchers spend most of their time in teaching, thus there is limited capacity to build up a strong research environment. The projects mentioned are relevant to teaching and the development of teaching capacity, but there is little collaboration with other disciplines. In particular there seems to be no contact with researchers from pedagogical or other behavioural and social sciences relevant to teaching and interprofessional development. The number of publications is not high, and some publications are in Norwegian sources, thus limiting scientific outreach. The research output is hardly innovative and groundbreaking. Besides contributing to teaching there is little dissemination of research to a wider audience, and no documentation on user involvement in the research.


**Rural and Remote Nursing and Healthcare in Arctic and North-Sàmi Area**
The research group Rural and Remote Nursing and Healthcare in Arctic and North-Sámi area (RRNH) was established in 2013. The group's research environment is small with few trained researchers, but the self-assessment describes their development as being gradual and steady. RRNH has faced challenges as several of its PhD-qualified members have retired in recent years. The self-assessment recognises the need to inspire group members to begin to engage in research through small projects that are based on their everyday challenges as teachers, and to encourage them to connect this work into research and eventual publication. In addition, the group seeks to inspire its members towards the possibility of building of a career in academia. The group's geographical location presents both advantages and challenges. The research of the group concentrates on topics related both to Sámi culture, and to rural aspects of health care and education. A significant challenge is attracting and retaining talent in the region, which is the northernmost part of UiT's jurisdiction and is characterised by its rural and remote nature. The self-assessment reveals a lack of local facilities and infrastructure for researchers and students. RRNH hopes to build collaborations with Finnmarks sykehuset and the health sector in Hammerfest municipality, where they may have greater opportunities to develop joint projects. In addition, the self-assessment notes a need to be proactive in seeking out larger research organisations for potential collaboration, in order to be part of larger applications for external funding.

## 3. Diversity and equality

UiT has an Equality and Diversity Inclusion Action Plan in place (2020-22 and extended to 2024). Staff in the Department are mainly women, although this is likely to be related to the fact that a high proportion of staff come from the nursing sector. The University has been participating in a 'Men in Health' campaign to encourage men into the health professions. The staff demonstrated a good awareness of the challenges in terms of ensuring diversity and equality and highlighted, for example, the implications of the age profile of professors in Norway and the need to build capacity to address this going forwards. They also consider the needs of the local Sami population, delivering education in both Norwegian and Sami.

**The committee's evaluation**
The University has an Action Plan in place to support equality and diversity. The Department are aware of the particular challenges they face in terms of gender diversity, an ageing workforce and the particular needs of the Sami. The Department doesn't seem to have their own plans in place.

**The committee's recommendations**
- The committee encourages the Department to discuss actively what level of strategy, documentation and leadership is needed to ensure that talent thrives in the Department regardless of background. The Department might want to consider sharing learning with other institutions providing training and conducting research with indigenous communities.

# 4. Relevance to institutional and sectorial purposes

The University focuses on sector specific impact focusing in particular on three of the four sectorial objectives: high quality in research and education, education for welfare, value creation and innovation and efficiency, diversity and solidarity of the higher education sector and research system. In particular, they outline how they have responded to the objective regarding high quality research and education by producing an increased volume of research resulting in a greater number of scientific publications, including an increased proportion of open access publications. They have also increased their external funding and research collaborations.

**The committee's evaluation**

The Department has a clear sense of institutional and sectorial purpose. In particular, there is a focus on delivering research that benefits local partners, particularly (but not exclusively the Sámi community) and connects with the education remit of the Institution. These synergies can be seen in the research work undertaken in support of the education agenda relating to Sámi health.

**The committee's recommendations**

- To continue to build of the clear vision in terms of institutional and sectorial purpose, including identifying new opportunities for local, national and international collaboration in support of this vision.

## 4.1 Higher education institutions

The Department have built collaborations with other higher education institutions to support their interdisciplinary work. They also collaborate with universities that focus on Sámi health such as The Sámi University of Applied Sciences in Kautokeino and the University of Jyväskylä and University of Oulu in Finland. The Department works with a diverse range of non-academic stakeholders including Health Trusts. The Department works with its hospital partners on quality improvement projects, bring research expertise to these projects. This involves co-design and service innovation work with staff in a range of hospitals, including those that are part of the University Hospital of North Norway, the Finnmark Hospital Trust and the Nordland Hospital Trust. They also work with home care services and nursing homes. They work with municipal health and care departments and directly with patient groups and the public. The University works closely with sector partners in the High North.

The Department has 12 Master programmes and contributes to the Faculty PhD Programme and to the national PhD researcher's school: Muni Healthcare. The Department seeks to build synergies between Master dissertation topics and research being undertaken in the Department.

**The committee's evaluation**
The Department have a wide range of collaborations with higher education institutions and also with health system partners. The partnerships relating to Sámi health seem particularly strong and important given the work undertaken with and for the community. There are a

range of Master programmes on offer and PhD provision. Efforts are made to connect the participants in these programmes with the research undertaken in the Department.

**The committee's recommendations**
- Continue to build connections with other higher education institutions with shared and/ or complementary research expertise (for example internationally with institutions interested in indigenous health and education research). Ensure that earlier career colleagues have opportunities to participate in activities designed to build connections. This is another area where a PhD programme designed specifically for allied health and social care professionals might have benefits.

# 5. Relevance to society

**Introduction**

There are five impact cases showcasing the diverse portfolio of work undertaken by the Department. The first is focused on the establishment of a bachelor's programme in Sámi Nursing.  The research underpinning the programme included research on the history of Sámi nursing education, a study of Sámi and Norwegian nurses' perceptions, an exploration of the role of Sámi language in health care interactions. The impact of this work has been through national guidelines and a new bachelor programme. The second case study focuses on Community-based injury prevention in relation to youths and risk taking in snowmobiling in West Finnmark. A quantitative study showed a decrease in fatalities and a decrease in injuries although it is recognised that it is hard to establish attribution when preventative programmes are studied.  The third impact case study focuses on the evaluation of a novel therapy for patients with eating disorders delivered in primary care. An RCT of effectiveness and qualitative studies explored expectations and experiences. The intervention has been implemented in primary care in Fredrikstad. Case study 4 presents large scale research comparing bare mineral stents with drug eluting stents. This work has led to the development of innovative treatments for cardiac rehabilitation.  Case study 5 outlines the work of the five Centres for Care Research to establish The Care Library in 2016. This provides accessible knowledge summaries on various topics within health care research and innovation in Norway.

In summary, most of the case studies focus quite heavily on outputs and academic impact rather than impacts on policies or services. Where there is impact (for example, in case study 3) it was sometimes very local and the 'pathway to impact' or the ways in which the research found its way into practice is not explained. In this case, there isn't anything about plans to scale or spread impactful practice more widely. The stent trial work has obviously had widespread impacts, but little is actually included in the case study beyond the research itself and its impacts on its partners (which are of course impacts in themselves). An exception is case study 5 which shows impact in terms of diverse users of its knowledge summaries, including impact on policy documents.  It would be good to see a more consistent approach to tracking and evaluating non-academic impacts of the interesting and important work undertaken in the Department. This would be helpful in supporting activities designed to support the non-academic impacts of future studies.

**Comments on impact case 1 – Sami Nursing**

This impact case describes the establishment of a Bachelor programme in Sámi Nursing. While this is an inspiring account of the development of the new nursing programme it isn't clear how research activity in the Department contributed to the development of the programme or to its impact. The team have clearly conducted interesting and relevant research on Sámi health and education.  The case study would have been strengthened by an account of how the research studies listed had been instrumental in the impacts reported (new courses and national guidelines).

**Comments on impact case 2 – Community-based injury prevention in relation to youths and risk taking in snowmobiling in West Finnmark**

This impact case describes a community-based injury prevention intervention in relation to youths and risk taking in snowmobiling in West Finnmark. Qualitative research shaped an intervention, and a quantitative study showed a decrease in fatalities and a decrease in injuries for preventative interventions mor generally. There are a number of positive aspects to this case study. It builds on a PhD study and develops exploratory work through to an intervention that was implemented locally. The work has also been conducted in a very collaborative way with local communities.  The researchers acknowledge that it is hard to establish attribution when preventative programmes are studied but highlight a quantitative study of similar interventions that has positive results. This work is local in scope and there is limited consideration of the potential to scale and spread this work more widely.

**Comments on impact case 3 – Implementation of the PED-t intervention to a routine clinical context**

This impact case describes the evaluation of a novel therapy for patients with eating disorders delivered in primary care. There was an RCT of effectiveness and qualitative studies explored expectations and experiences.  The intervention has been implemented in primary care in Fredrikstad. This is a promising impact case which could have been strengthened with a consideration of potential for further scale and spread. This would seem like a promising area to consider potential for even wider impact.

**Comments on impact case 4 – Improving patient reported outcomes in patients with heart diseases**

This impact case describes research comparing bare mineral stents with drug eluting stents. This work has led to the development of innovative treatments for cardiac rehabilitation. It seems like that this work has had significant impact. The description of the impact case focuses primarily on describing the research studies, but there are some significant impacts within the text. It would have been helpful to draw out more about the impact of the work on practice. How widely have the findings been adopted (there is a mention of the work underpinning clinical guidelines for example). In what ways have they shifted practice? For example, in the underpinning research section there is mention of research fundings on low rates of take up leading to interventions to change cardiac rehabilitation practice.

**Comments on impact case 5 – the Care Library**

This impact case describes the Care Library established in 2016 as part of the five Centres for Care Research work. The library provides accessible knowledge summaries on various topics within health care research and innovation in Norway. This resource has a wide range of potential users including leaders and employees in Norwegian municipal healthcare services, politicians, patients, students, and researchers. User statistics show that the knowledge summaries in the Care Library are downloaded across Norway and some of the summaries are referred to in national and regional policy documents. The case shows impact in terms of diverse users of its knowledge summaries, including impact on policy documents.

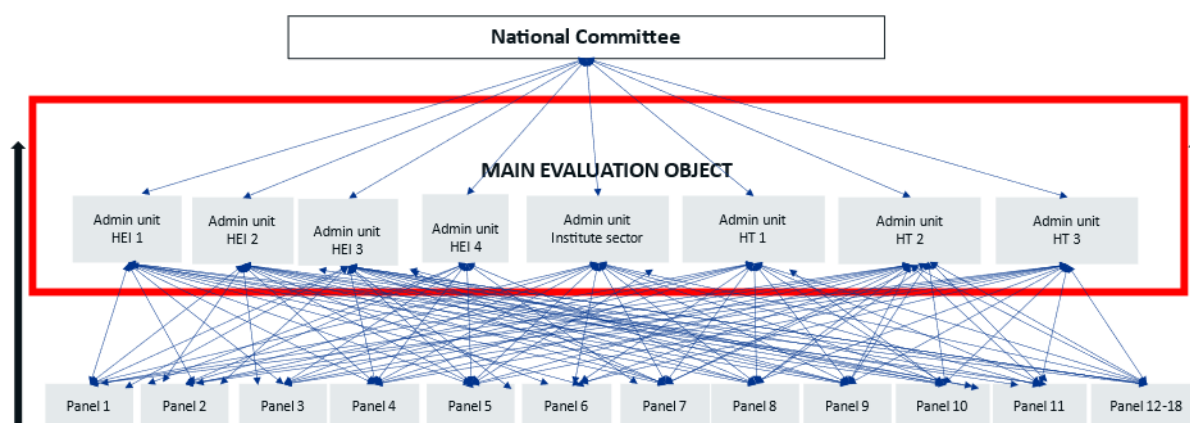# Appendices

# 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

**Forskningsrådet**

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

# 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*

# 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 institdution(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)

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[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

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[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,

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[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.
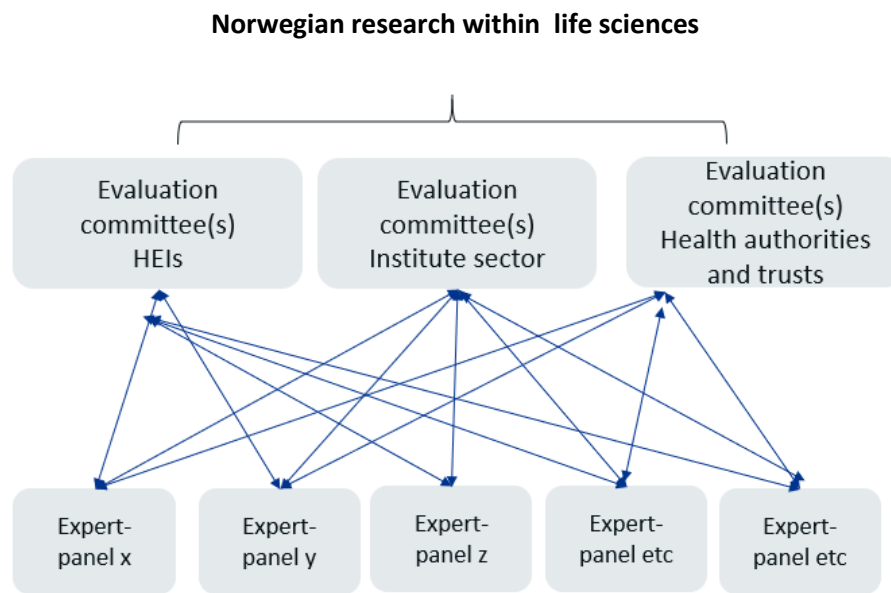
**Norwegian research within life sciences**



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<br>Administrative data | Self-assessment<br>National registers<br>Administrative data<br>SWOT analysis |
| **Research production and quality** | Self-assessment<br>Example publications (and other research results) | Self-assessment<br>National registers |
| **Diversity, equality and integrity** | | Self-assessment<br>National registers<br>Administrative data |
| **Relevance to institutional and sectoral purposes** | | Self-assessment<br>Administrative data |
| **Relevance to society** | | Self-assessment<br>National registers<br>Impact cases |
| ***Overall assessment*** | *Data related to:*<br>*Benchmark defined by administrative unit* | *Data related to:*<br>*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.**

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*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)).*

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# 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) | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

# 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.

| | Strengths | Weaknesses |
|---|---|---|
| **Internal** | | |
| **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. <u>Please delete lines which are not in use.</u>

| 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. <u>Evaluation of the Professional programme in Medicine (NOKUT).</u>
- 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) <br> This section should briefly state what specific impact is being described in the case study. |
| **2. Underpinning research** (indicative maximum 500 words) <br> 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: <br>      - The nature of the research insights or findings which relate to the impact claimed in the case study. <br>   -   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). <br>   -   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). <br>   -   Any relevant key contextual information about this area of research. |
| **3. References to the research** (indicative maximum of six references) <br> 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: <br> - Author(s) <br> - Title <br> - Year of publication <br> -  Type of output and other relevant details required to identify the output (for example, DOI, journal title and issue) <br> - 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) <br> This section should provide a narrative, with supporting evidence, to explain: <br>   -   How the research underpinned (made a distinct and material contribution to) the impact; <br>   -   The nature and extent of the impact. <br> The following should be provided: <br> - 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 |
|---|---|---|---|
| UiT | Department of Health and Care Sciences | Centre for Care Research North (SOF) | Panel 4c |
| UiT | Department of Health and Care Sciences | Healthcare Professionals Practice (HPP) | Panel 4d |
| UiT | Department of Health and Care Sciences | Health Professional Education | Panel 4f |
| UiT | Department of Health and Care Sciences | Lief courage and life promoting phenomena (Courage2B) | Panel 4a |
| UiT | Department of Health and Care Sciences | Public Health and Rehabilitation (PHR) | Panel 4f |
| UiT | Department of Health and Care Sciences | Rural and Remote Nursing and Healthcare in Arctic and North-Sàmi Area (RRNH) | 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 leading** 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. |

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[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.