

Evaluation of Life Sciences 2022-2024

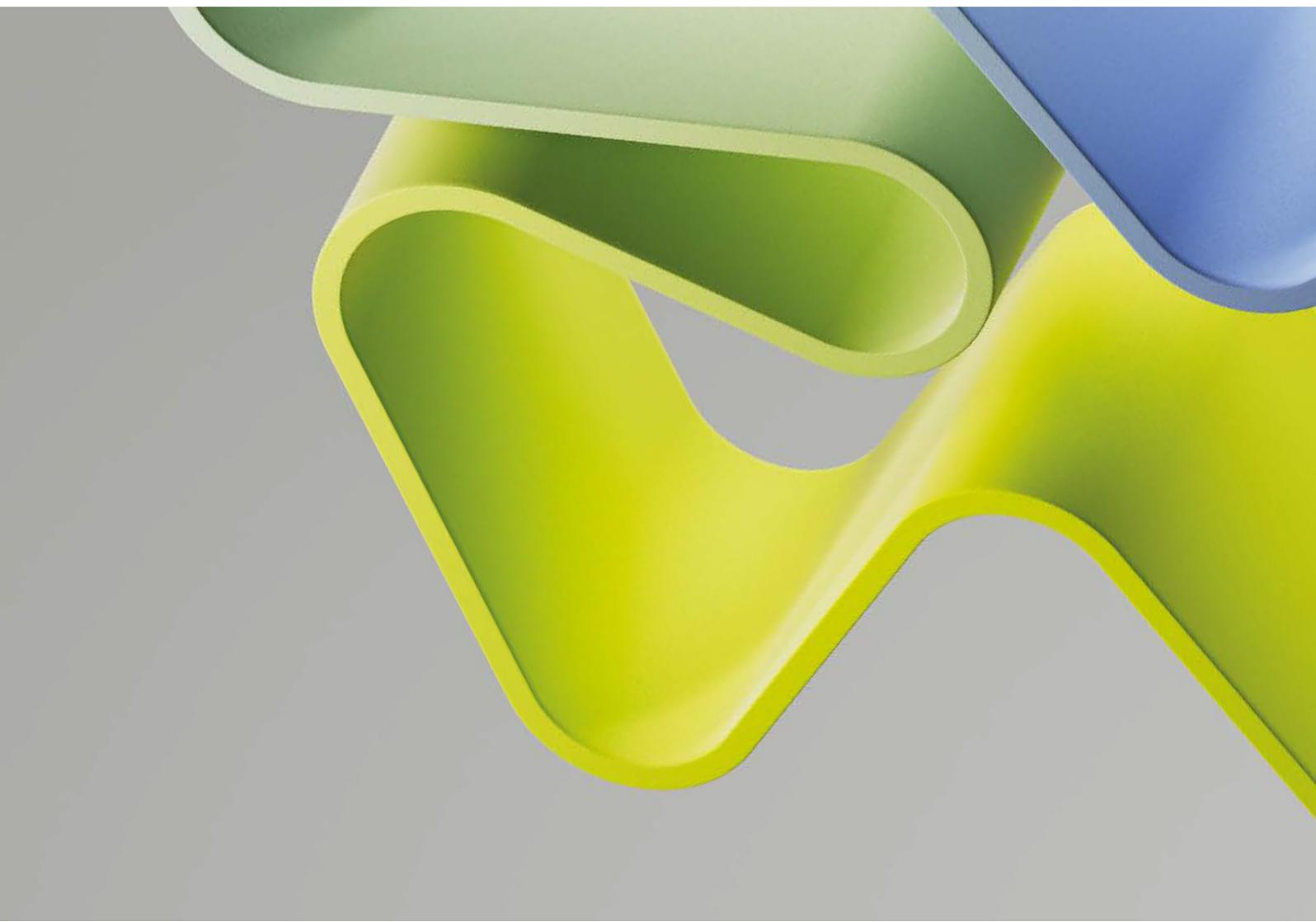
Evaluation of medicine and health 2023-2024

Evaluation report

ADMIN UNIT: Division of Gynaecology and Obstetrics

INSTITUTION: Oslo University Hospital and University of Oslo

December 2024



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Statement from Evaluation Committee Health Trusts 1

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

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

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

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

Evaluation committee Health trust 1 consisted of the following members:

Professor Johan Hellgren (Chair)

University of Gothenburg

Professor Oskari Heikinheimo

Helsinki University Hospital

Professor Fiona Gaughran

King's College London

Professor Li Felländer-Tsai

Karolinska Institute

Professor Nick Hardiker

University of Huddersfield

Professor Claudi Bockting

Amsterdam University Medical Centre

Professor Ertan Mayatepek

University Hospital Düsseldorf

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

Oslo, December 2024

Profile of the administrative unit

The Division of Gynaecology and Obstetrics includes a mix of academic and clinical staff, with 55 research personnel engaged in diverse roles such as professors, senior physicians, researchers, and PhD students. Most researchers hold combined roles at Oslo University Hospital (OUS) and the University of Oslo (UiO), strengthening academic-clinical collaboration. The division supports a range of early-career opportunities, especially through PhD fellowships.

Typically, senior physicians and physicians hold a 20% teaching position at UiO (although they are allocated 40% research and teaching time) with OUS as their main employer. The research staff at the division consists of 1 full-time professor, 12 senior physicians (7 MDs are also professor II), 5 physicians, 20 researchers and postdocs and 17 PhD students. Women occupy a majority of all categories, except professors, where there is a 50/50 gender balance. The Division of Gynaecology and Obstetrics is comprised of four research groups, where three are described individually (ResCOG, MatFetInt and NorWH).

The Division of Gynaecology and Obstetrics at Oslo University Hospital is the largest combined academic and clinical unit for Women's Health in Norway. Despite being one of the smaller divisions at OUS, it aims to maintain its position as the leading Norwegian research institution in its field. The division's strategy and action plan 2021-2025 aligns with OUS's broader research strategy, aiming to expand patient-centered research and clinical trials, strengthen collaborations, and increase PhD/postdoctoral positions. The division also plans to advance biobanking and open-access strategies, with a focus on reproductive and maternal health innovations.

The Division of Gynaecology and Obstetrics, representing UiO and OUS, in its self-assessment states that it has close research collaborations between the two institutions. The Division's researchers and research groups also collaborate with other administrative units within OUS/UiO as well as several national and international researchers and institutions. Collaboration both within regions in Norway and between regions in Norway has been prerequisite for some of the larger funded clinical projects (e.g. SAINT), and international collaboration has been part of the assessments of several grant applications funded by the Research Council of Norway. The 5 top (number of co-authorships) international collaborative authors are from Karolinska (Institute and Hospital), Uppsala University, Aarhus University Hospital, and Max-Dehlbruck Centre for Molecular Medicine.

According to its self-assessment, in the future, the Division may leverage its strong research management, high quality performance, extensive collaborations and diverse expertise across multiple fields, including epidemiology and clinical research. Additionally, it is a leading health research institution in Norway, closely linked to the University of Oslo.

The Division faces a number of challenges, including balancing clinical and research demands, career path uncertainties, limited funding, limited research support from UiO and OUS, and the need for involvement in patient studies. Additionally, fragmented locations, uncertainties related to the new OUS hospital and sub-optimal research collaboration hinder larger funding opportunities and effective research integration. Meanwhile, increasing public and political focus on women's health, strong interdisciplinary collaborations, and advancements in AI and health data usage can attract new partners and enhance research capabilities. The new OUS buildings and governmental focus on clinical trials also present significant growth potential.

Overall evaluation

The evaluation committee considered the Terms of Reference, self-assessment, and an oral interview provided by the administrative unit in question, together with background documents provided by the Research Council of Norway and evaluation reports of the research groups within this administrative unit for the assessment made in this report.

The division of obstetrics and gynaecology of the Oslo University Hospital and University of Oslo (hereafter Division) is a classical jointly operated university clinic. Both parties, with specific roles and responsibilities are represented. The main tasks of the Division are high-quality patient care, research and education, and societal influence. The Division functions in two different locations (Ullevål Hospital and Rikshospital). The Division is one of the smallest in the Oslo University Hospital, yet it is the largest such unit in Women's health in Norway and responsible for the specialist care in the Oslo metropolitan area (approx. 1.4 inhabitants, i.e. 25% of the Norwegian population).

The Division performs both clinical and translational science with several innovative openings, such as home monitoring of high-risk pregnancies and use of app-based technology in adenomyosis diagnosis. Research funding of the unit comes mainly from the hospital, and Norwegian research funds. Between 2013-22 the unit has produced approx. 90 research papers annually. The publication forums have been mainly mid, with some high-ranking journals in obstetrics and gynaecology.

The strengths of the Division include: high quality clinical performance with high case-load and specific national responsibilities (e.g. cardiac disease in pregnancy, infertility treatment of HIV+ patients, four well-defined research groups and strong research management, wide and diverse expertise, own biobank and tradition of translational research, leadership in Norwegian Research Network for Clinical Studies in Obstetrics and active collaboration both nationally and internationally, well-run teaching program for medical students and active participation in the societal discussion.

The weakness include: two separate locations of the Division, limited research time with few full-time academical positions, few clinical trials, fragile culture of innovation and research translation, too few high-impact publications, no defined plans for recruitment of next generation PIs, inability to use clinical patient data due to electronic patient journal system, no active external recruitment of academical staff and sub-optimal research collaboration and competition rather than collaboration with other similar actors in Norway.

Future prospects. The research infrastructure of the Division has developed significantly with the establishment of the biobank and clinical trials unit. In addition, new hospitals are being built. Also, the academical career paths are being encouraged. This will allow effective use of the high-volume clinical material for future collaboration and ambitious research.

Recommendations

- The Division is active in its key functions. Also, the research activity and training are doing well. The Division has recently established important infrastructures (biobank and clinical trials unit) which should facilitate and enhance future clinical and translational research.
- The Division has broad collaboration in Norway (mainly Oslo area) and internationally. This could be further increased via possible multicenter collaborations within Norway, Nordic and European countries.
- Most of the funding comes from governmental and local sources. The Division should consider increasing and diversifying the funding base, for example by EU funding. Also, participation in sponsored international clinical trials is encouraged. Having the clinical trials unit should help in doing that.
- The Division produces approx. 90 international, peer-reviewed publications annually. The publications are in the mid, with occasional high, ranking journals. Attempts for high-impact publications - which often come through collaborative studies – are encouraged.
- Unfortunate that the Reproductive medicine research group was not fully included in the self-assessment. This group collaborates actively and has produced high-impact publications, which are referred to in part at several times in the self-assessment. The evaluation group trusts that this research group is fully integrated in the Division's academical activities.
- Maintaining the motivation to do academical research in obstetrics & gynecology is important. Similarly, identification and support of future academical leaders and PIs is encouraged.

1. Strategy, resources and organisation of research

1.1 Research strategy

Focus on research and innovation is one of the core tasks of the Division together with patient care, patient education and professional education of the clinical staff. This strategy of the Division aligns with that of the Oslo University Hospital strategies, OUS Action plans and Action plan for patient safety. The main points of these are: Take the patients' perspective as a starting point, have a working environment characterised by openness and respect, be an outstanding university hospital, a learning and creative organisation and be a good partner and a committed social actor.

The focus areas of research evolve around women's health including medical treatments, and patient quality of life and health-related lifestyle. Research targets include reproductive medicine, infertility, placental function, pregnancy associated diseases and pregnancy related care, improving diagnosis and treatment of gynecological diseases, improving obstetrical care in immigrants and dissemination of knowledge and creation of tools for better self-assessment.

The research performed at the Division is organised into four (4) research groups. These are: Research centre for obstetrics and gynaecology, Norwegian centre for women's health research, Maternal-fetal interactions and Reproductive medicine (no individual self-assessment provided). A separate clinical trials unit was established in 2020 to facilitate both investigator initiated and sponsored research.

Societal impact of the research performed in the Division is optimised via creation of obstetrics and gynaecology division-specific patient engagement advisory council, close collaboration with patient organisations and active participation and provision of expert knowledge in the relevant societal questions, such as current reproductive issues (i.e. egg donation, single parent artificial reproductive treatment, fetal screening) and review of biotechnology law.

The committee's evaluation

The research strategy and the societal impact of the Division is progressive and aligns with that of the Oslo University Hospital.

The committee's recommendations

- The research strategy and aims are commendable and should be continued.

1.2 Organisation of research

The Division of Obstetrics and Gynaecology of the Oslo University Hospital and University of Oslo function in close coexistence in two different locations (Ullevål Hospital and Rigshospitalet). This collaboration and coexistence also allow access to diverse research infrastructure such as statistical consultations, laboratories and biobank.

Organisation of research – The entire unit is headed by Head of the Division (also a 40% professor at UiO), and Head of Research (also a 100% professor at the UiO), who coordinates the research activities at the unit. The number of staff with university employment (5.8 man-years) is small in comparison to hospital staff (739 man-years).

However, the number of hospital-affiliated senior physicians (n=11) and physicians (n=20) are also research-active, and in principle have fair amount (20%) of time allocated to research and teaching.

There are a number of PhD students (n=17) pursuing their doctoral degrees. In addition, eight medical students enrolled in the Medical Student Research Program of UiO currently work at the unit.

The committee's evaluation

The number of academical staff is good and there seems to be plenty of protected research time. However, clinical duties tend to override research work. This is also highlighted as a challenge in the SWAT analysis performed by the admin unit. Working in 2 separate locations is a challenge. However, this is likely to change in the future with the building of new hospital facilities.

The committee's recommendations

- Close coexistence of the hospital and university is a natural and fruitful model in clinical disciplines. This should be continued and enforced. In such setting the clinical duties often override the research need, so guaranteeing protected research time is important for the research-active members of the Division.

1.3 Research funding

The Division receives most of its research funding from the Norwegian governmental sources (approx. 14,5 mNOK in 2022) and national grants (14,9 mNOK) of which majority comes from the Regional Health Authorities. The number of national grants received during 2018-22 is 22. In addition, there is some funding from private organisations and one of the associate professors is a co-investigator in an ERC-NET grant on cardiovascular research. The total listed annual research funding of the unit is 27,4 mNOK. The self-assessment does not list any funding from industry sponsored trials.

The committee's evaluation

The majority of funding from government and local funding sources with no / very limited international or industry derived funding.

The committee's recommendations

- Attempts to broaden the funding base would be important. Specially the volume of competitive, and international (such as EU) funding should be increased. Creation of the clinical-trials unit in 2020 should enable participation and performance of sponsored trials. The extensive clinical material available for the Division should also facilitate this.

1.4 Use of infrastructures

Being part of both OUS and UiO, the investigators and research groups of the Division have access to critical research infrastructure, such as various core laboratories, equipment, biostatistical consulting, and administrative support of both organisations.

The Division established a general biobank in 2022. In addition, a clinical trials unit was established in 2020. However, there is no institutional support for research staff (i.e. study nurses).

Concerning the principles of open science, the unit follows the UiO and OUS FAIR-principles ('as open as possible, as closed as necessary') concerning access to research data. Training to both research supervisors and PhD students is being provided to ensure guideline compliant handling of sensitive research data.

The committee's evaluation

Having access to various important research infrastructures of both OUS and UiO is important. The research infrastructure of the Division has recently developed significantly with the establishment of the biobank and clinical trials unit. Also, modern technologies are applied into clinical research. In addition, new hospitals are being built. This will allow effective use of the high-volume clinical material for collaboration and ambitious clinical and translational research.

The principles and possibilities of open science (i.e. data availability and OA publishing) are followed very well.

The committee's recommendations

- Full use of both previous and recently established research infrastructures is encouraged. To make full use of the clinical trials unit, adequate staffing with (initial) salary support by the hospital/university is encouraged.

1.5 Collaboration

The Department collaborates actively, which is highlighted in the increasing number of collaborative publications (increase from 39% in 2013 to 53% in 2022). However, much of the national collaboration listed (altogether 10 examples give) in the self-assessment is within the University of Oslo and Oslo University Hospital. In the international collaborations (9 examples), Nordic universities (Copenhagen, Gothenburg, Uppsala), UK universities (Oxford, Nuffield), US universities (MIT, Univ of Colorado and Washington) and German universities (Berlin) are represented.

The committee's evaluation

The local collaboration in the Oslo area and internationally is active and clearly fruitful.

The committee's recommendations

- The Department has broad collaboration in Norway (mainly Oslo area) and internationally. This could be further increased via multicentre collaborations within Norway, Nordic and European countries. This should also enable broadening the funding base and occasional high-impact publications.

1.6 Research staff

The Division of Gynaecology and Obstetrics includes a mix of academic and clinical staff, with 55 research personnel engaged in diverse roles such as professors, senior physicians, researchers, and PhD students. Most researchers hold combined roles at Oslo University

Hospital (OUS) and the University of Oslo (UiO), strengthening academic-clinical collaboration. The division supports a range of early-career opportunities, especially through PhD fellowships. Women occupy a majority of all categories, except professors, where there is a 50/50 gender balance.

Typically, senior physicians and physicians hold a 20% teaching position at UiO (although they are allocated 40% research and teaching time) with OUS as their main employer. The research staff at the division consists of 1 full-time professor, 12 senior physicians (7 MDs are also professor II), 5 physicians, 20 researchers and postdocs and 17 PhD students.

UiO has ten (10) employees in top academical positions at the Division – one 100% professor, seven professor IIs (20% employment at UiO), two (2) associate professor IIs (40% allocated research time).

There are altogether eight newly established 4-year positions with 50% research and 50% clinical time for young doctors pursuing their PhD-degree. In addition, two similar 6-year positions for non-MD staff have been created in order to promote doctoral training also among other health care providers (i.e. nurses, midwives).

In addition to these positions, the academical staff have a possibility for sabbatical at regular (every 5th or 6th year).

The committee's evaluation

In principle, a good amount of research time for all academical personnel. Yet in the SWAT-analysis limited research time and its fragmentation are highlighted. The high number of staff members pursuing PhD-degrees should allow development and growth of future principal investigators and academical leaders. Establishment of 50%/50% research/clinical positions is an important strategic opening.

The committee's recommendations

- Protecting the allocated research time for all academical staff of the Division is important. Also, maintaining the motivation and tradition to perform academical research in obstetrics & gynaecology is important. Similarly, identification and support of future PIs and academical leaders is encouraged.

1.7 Open Science

The Division follows the Oslo University open publishing policies introduced in 2022. The policy encourages publication as open access, or alternatively deposition of published articles in a national repository. A national publication repository will be introduced in 2024.

Of all publications of the Division, 88% were published as open access in 2022. This is a marked increase from 2013 with 42% published as OA. Important contributing factor Norway's policy of covering the Article Processing Charges (APC) in major publication houses over the last years.

Other aspects of open science policy are active involvement of patients / stakeholders in research planning and performance of clinical studies, and active participation in relevant and current societal discussions.

The committee's evaluation

The policy of open access publication of the Division has developed markedly. This is to be applauded. The introduction of the national publication repository is likely to improve the situation further.

The committee's recommendations

- Continue this policy of active open access publication. Make sure the academical staff is aware of the support provided by the Norwegian government for open access publication. Continue the active policy of providing expert testimonies in relevant societal discussions.

2. Research production, quality and integrity

Introduction

Between 2013-22 the unit has produced approx. 90 research papers annually. The publication forums have been mainly mid, with some high-ranking journals in obstetrics and gynaecology.

2.1 Research quality and integrity

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

Research Centre for Obstetrics and Gynecology (ResCOG- FFKS)

Despite the relatively few permanent academic positions, ResCOG performs original, clinically relevant, and high-quality research. Patient representatives actively participate in their research projects, and science communication both to the scientific and lay public is excellent. However, the broad range of topics and the spread of research activities over different hospital sites threaten the group's cohesiveness and collaboration.

Research group for 'maternal-fetal interactions' (MatFetInt)

Despite the lack of basic funding, MatFetInt performs clinically relevant research and has a sound research output. A clearly focused research strategy and widening of international collaborations may improve MatFetInt's visibility and success rate in obtaining competitive funding.

Norwegian Centre for Women's Health Research (NorWH)

Strengths: The group has a national mandate, with reach across all regions, and is working in a highly interdisciplinary space. Their research is wide-ranging and linked well with relevant networks. Good dissemination activities. Limitations: Give the scope of the unit, expect greater increase in funding over time, and high- impact publications. Need to expand funding beyond RCN which is currently the main funder. Impact on policy and practice needs to be developed further. Research strategy needs to articulate clearly where they would like to expand or deepen their activities over the coming years.

3. Diversity and equality

Majority of the academical staff of the Division are female. According to publication analysis provided, altogether 84% of the researchers (and 100% of all PhD students) were female 2021. In the category of professors, there is a 50/50 gender balance.

At the moment there are limited possibilities (for example lack of start-up funding) for active recruitment of academical staff to the Division.

The committee's evaluation

The gender balance of the Division is in line with current gender balance in the field of obstetrics & gynaecology in Norway, other Nordic countries and much of the world.

The committee's recommendations

- Maintaining diversity in the workplace, also at an academical hospital unit, is important. Thus, making sure that all sexes and minority groups are welcome is important. Active recruitment from outside of Oslo / Norway should be made possible to further promote academical achievement and support of diversity at the Division.

4. Relevance to institutional and sectorial purposes

Research at the Division aims to expand the knowledge in the field of obstetrics and gynaecology in general, and in addition, aims to contribute to new and improved diagnostic and treatment options in the field. Most of the research performed is clinical, and some have potential for rapid clinical introduction.

UiO and OUS have clearly defined regulations and principles of management of projects leading to commercialisation. Activities aimed to be commercialised are also supported by the Norwegian innovation ecosystem. Also, the UiO and OUS support commercialisation projects through services provided at UiO Growth House, School of Health Innovation, Innovation, Innovation Unit and Centre at OUS and Health 2B.

The Division performs research with potential for commercialisation. Such projects listed in the self-assessment include:

- Epigenetics and bioethics of human embryonic development
- Optimising hormone administration in *in vitro* fertilisation treatments
-

The committee's evaluation

The current project performed and aimed for further commercialisation are commendable.

The committee's recommendations

- Project aimed at commercialisation such as these should be expanded. The introduction of the Clinical trials unit and support provided by both the University and University Hospital are likely to facilitate this.

4.1 Health trusts

The Division performs research taking advantage of various innovative technologies in healthcare. These include diverse projects such as those aimed at optimising *in vitro* fertilisation treatments via simple blood test, and home monitoring of high-risk pregnancies including developing machine learning integrating fetal heart rate patterns and placental biomarkers. Moreover, a smartphone-based app aimed at post-pregnancy monitoring of women after a hypertensive pregnancy associated with increased risk of future cardiovascular diseases (MumCare study).

In addition, the researchers of the Division are actively contributing to Norwegian national guidelines coordinated by the Norwegian Society for Obstetrics and Gynaecology. Also, the unit has been active in implantation of new diagnostic methods for example on high-risk pregnancies and uterine diseases.

The Division has actively participated in improving education of medical students within the UiO (Module 6 including obstetrics and gynaecology), internationally (Nordic Federation of Obstetrics and Gynaecology e-textbook for medical students). In addition, the unit actively participates in the education of a wider public via podcasts.

The Division is involved in training all medical students at UiO. All medical students must write a master thesis as part of their training, and many choose to do it at the Division. In addition, the division hosts several medical students participating in the Medical Students Research Program of the UiO. These activities provide opportunities for the medical students to participate in the research activities of the Division.

The committee's evaluation

Participation of the Division in innovative, clinically relevant research is commendable. The quality higher education provided and its development also at international (Nordic) level are exemplary.

The committee's recommendations

- Continuation of innovative research should be continued. Introduction of new the infrastructures (i.e. clinical trials unit and biobank) should allow expansion of such projects further.
- Provision and active participation in the development of higher education by the academical staff of the Division should be continued.

5. Relevance to society

Introduction

The research aims of the administrative unit are aligned with the Norwegian society's long-term plans for research and higher education 2023-32. These include:

- Female population-based female incontinence registry
- Home monitoring of high-risk pregnancy study
- Low-income and middle-income country studies in Gaza, West Bank, Ghana, Indonesia Tanzania
- Health Personnel Commission
- Decentralised health and social work education programmes (RETHOS)

The committee's comments to impact case 1 - Saving lives by improving mother's care; A study of the numbers, causes and contributing factors of maternal deaths

In Norwegian collaborative '*Saving lives by improving mother's care; a study of the numbers, causes and contributing factors of maternal deaths*' -initiative first a valid reporting system of all maternal deaths from Norwegian hospitals was established. The study published in 1995 showed that similarly as elsewhere, hypertensive disorders of pregnancy are al leading cause of maternal death also in Norway. These findings resulted in the establishment of a new national guideline on the management of severe pre-eclampsia. The implementation of the guideline as clearly been successfully, as no maternal deaths due to pre-eclampsia have been recorded in Norway since 2012.

This is a good impact case because hypertensive complications of pregnancy (i.e. pre-eclampsia and eclamptic seizure) are one the leading causes for maternal mortality globally and also in the Nordic countries.

Appendices

Evaluation of Medicine and health 2023-2024

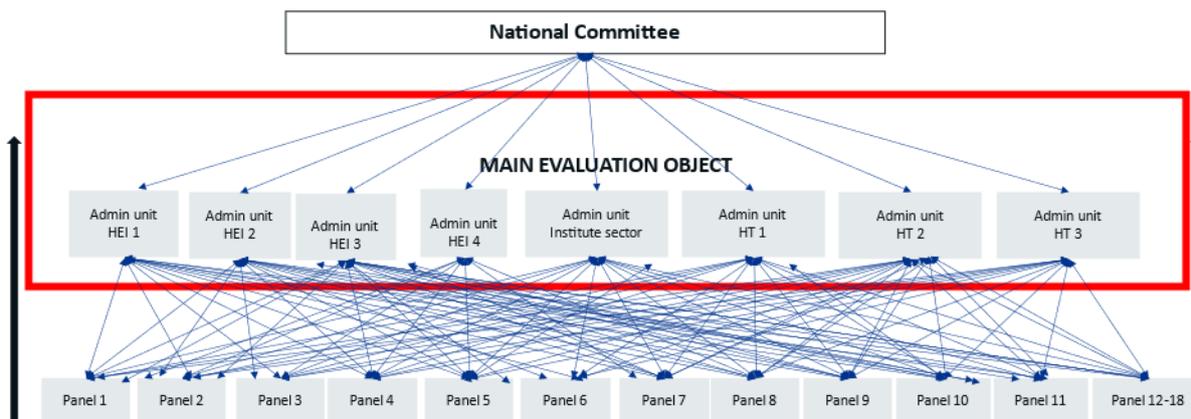
By evaluating Norwegian research and higher education we aim to enhance the quality, relevance, and efficiency. In accordance with the statutes of the Research Council of Norway (RCN), the RCN evaluates Norwegian professional environments to create a solid and up-to-date knowledge base about Norwegian 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 \(forskingsradet.no\)](https://forskingsradet.no)

Se vedlagte adresseliste

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

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

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

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

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

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

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

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

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

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

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

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

Administrative enheter (hovedevalueringssubjektet 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.

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
avdelingsdirektør
Helse

Hilde G. Nielsen
spesialrådgiver
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

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Oslo, 5 April 2022

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1 Introduction

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

1.1 Evaluation units

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

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

<i>Administrative unit</i>	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.
<i>Research group</i>	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 Reference¹ for the assessment of RPOs and a national-level assessment in life sciences
- appoint members to evaluation committees and expert panels
- provide secretarial services
- commission reports on research personnel and publications based on data in national registries
- take responsibility for following up assessments and recommendations at the national level.

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

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

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

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

1.4 Target groups

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

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

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

2 Assessment criteria

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

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

2.1 Strategy, resources and organisation

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

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

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

2.2 Research production, quality and integrity

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

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

2.3 Diversity and equality

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

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

2.4 Relevance to institutional and sectoral purposes

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

Higher Education Institutions

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

The purposes of Norwegian HEIs are defined as follows in the Act relating to universities and university colleges²

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

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

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

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

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

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

Research institutes (the institute sector)

Norway's large institute sector reflects a practical orientation of state R&D funding that has long historical roots. The Government's strategy for the institute sector³ 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 (RHF) in Norway. They are responsible for the specialist health service in their respective regions. The RHF 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 (HF), 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 main tasks are to ensure good treatment, education and training of patients and relatives. Research is important if the health service is to keep abreast of stay up-to-date with medical developments and carry out critical assessments of established and new diagnostic methods,

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

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

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

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

2.5 Relevance to society

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

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

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

3 Evaluation process and organisation

The RCN will organise the assessment process as follows:

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

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

3.1 Division of tasks between the committee and panel levels

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

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

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

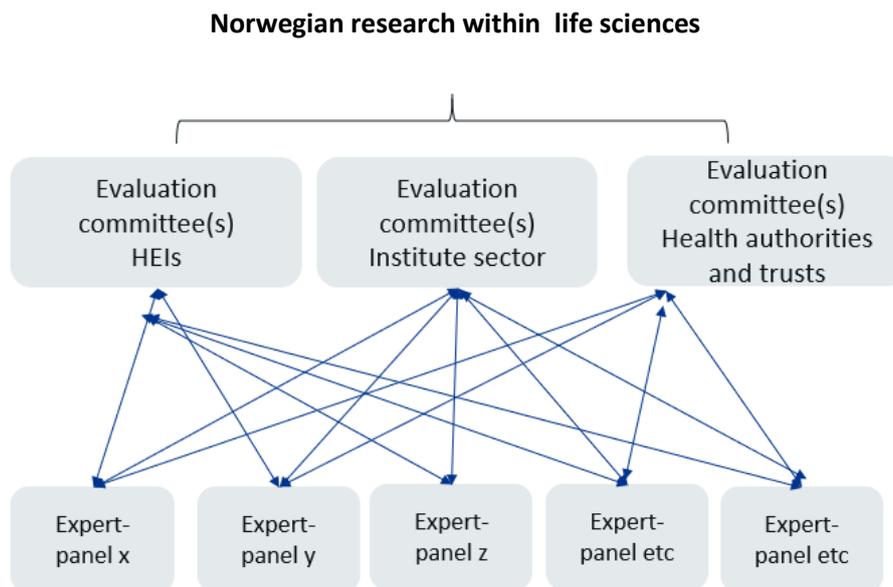


Figure 1. Evaluation committees and expert panels

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

3.2 Accuracy of factual information

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

3.3 National level report

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

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

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

Appendix A: Terms of References (ToR)

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

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

Assessment

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

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

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

1. ...
2. ...
3. ...
4. ...
- ...

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

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

Documentation

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

The documents will include the following:

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

Interviews with representatives from the evaluated units

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

Statement on impartiality and confidence

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

Assessment report

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

Appendix B: Data sources

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

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

National registers

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

Self-assessments

1) Administrative units

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

2) Research groups

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

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

Table 1. Types of evaluation data per criterion

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



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): _____

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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 form. **NB!** A completed self- assessment cannot exceed 50 pages (pdf file) excluding question 4.3.c. The evaluation committees are not requested to read more than the maximum of 50 pages. Pages exceeding maximum limit of 50 pages **might not** be evaluated.
- Submit the self- assessment as a pdf (max 50 pages). Before submission, please be sure that all text are readable after the conversion of the document to pdf. The administrative unit is responsible for submitting the self-assessment of the administrative unit together with the self-assessments of the belonging research group(s) to evalmedhelse@forskningsradet.no within **31 January 2024**.

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

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

1.Strategy, resources and organisation

1.1 Research strategy

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

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

Table 1. Administrative unit`s strategies

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

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

1.2 Organisation of research

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

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

1.3 Research staff

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

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

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

Table 2. Research staff

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

1.4 Researcher careers opportunities

- a) Describe the structures and practices to support researcher careers and help early-career researchers to make their way into the profession.
- b) Describe how research time is distributed among staff including criteria for research leave/sabbaticals (forskningstermin/undervisningsfri).
- c) Describe research mobility options.

1.5 Research funding

- a) Describe the funding sources of the administrative unit. Indicate the administrative unit's total yearly budget and the share of the unit's budget dedicated to research.
- b) Give an overview of the administrative unit's competitive national and/or international grants last five years (2018-2022).

Table 3. R&D funding sources

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

For Higher Education Institutions: Share of basic grant (grunnbevilgning) used for R&D¹	
For Research Institutes and Health Trusts: Direct R&D funding from Ministries (per ministry)	
Name of ministry	NOK

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

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

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

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

1.6 Collaboration

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

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

Table 4a. The main national collaborative constellations with the administrative unit

Please categorise the collaboration according to the most important national partner(s): 5-10 institutions in the period 2012-2022. Please delete lines which are not in use.

National collaborations

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

Table 4b. The main international collaborative constellations with the administrative unit

Please categorise the collaboration according to the most important international partner(s): 5-10 international institutions in the period 2012-2022. Please delete lines which are not in use.

International collaborations

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

Impacts and relevance of the collaboration	
--	--

1.7 Open science policies

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

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

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

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

1.8 SWOT analysis for administrative units

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

Internal	Strengths	Weaknesses
External	Opportunities	Threats

2. Research production, quality and integrity

2.1 Research quality and integrity

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

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

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

2.2 Research infrastructures

a) Participation in national infrastructure

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

Table 5. Participation in national infrastructure

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

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

b) Participation in international infrastructures

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

Table 6. Participation in international infrastructure

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

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

c) Participation in European (ESFRI) infrastructures

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

Table 7. Participation in infrastructures on the ESFRI Roadmap

Please give a description of up to 5 participations that have been most important to your administrative unit.

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

d) Access to research infrastructures

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

e) FAIR- principles

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

3. Diversity and equality

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

Table 8. Administrative unit policy against discrimination

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

No.	Name	Valid period	Link
1			

4. Relevance to institutional and sectorial purposes

4.1 Sector specific impact

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

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

4.2 Research innovation and commercialisation

- a) Describe the administrative unit's practices for innovation and commercialisation.
- b) Describe the motivation among the research staff in doing innovation and commercialisation activities.
- c) Describe how innovation and commercialisation is supported at the administrative unit.

Table 9. Policies for innovation including IP policies, new patents, licenses, start-up/spin-off guidelines

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

No.	Name	Valid period	Link
1			

Table 10. Administrative description of successful innovation and commercialisation results

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

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

4.3 Higher education institutions

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

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

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

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

4.4 Research institutes

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

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

4.5 Health trusts

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

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

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

5.Relevance to society

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

5.1 Impact cases

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

Short version

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:

<p>1. Summary of the impact (indicative maximum 100 words) This section should briefly state what specific impact is being described in the case study.</p>
<p>2. Underpinning research (indicative maximum 500 words) This section should outline the key research insights or findings that underpinned the impact, and provide details of what research was undertaken, when, and by whom. This research may be a body of work produced over a number of years or may be the output(s) of a particular project. References to specific research outputs that embody the research described in this section, and evidence of its quality, should be provided in the next section. Details of the following should be provided in this section:</p> <ul style="list-style-type: none"> - The nature of the research insights or findings which relate to the impact claimed in the case study. - An outline of what the underpinning research produced by the submitted unit was (this may relate to one or more research outputs, projects or programmes). - Dates of when it was carried out. - Names of the key researchers and what positions they held at the administrative unit at the time of the research (where researchers joined or left the administrative unit during this time, these dates must also be stated). - Any relevant key contextual information about this area of research.
<p>3. References to the research (indicative maximum of six references) This section should provide references to key outputs from the research described in the previous section, and evidence about the quality of the research. All forms of output cited as underpinning research will be considered equitably, with no distinction being made between the types of output referenced. Include the following details for each cited output:</p> <ul style="list-style-type: none"> - Author(s) - Title - Year of publication - Type of output and other relevant details required to identify the output (for example, DOI, journal title and issue) - Details to enable the panel to gain access to the output, if required (for example, a DOI or URL). <p>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.</p>
<p>4. Details of the impact (indicative maximum 750 words) This section should provide a narrative, with supporting evidence, to explain:</p> <ul style="list-style-type: none"> - How the research underpinned (made a distinct and material contribution to) the impact; - The nature and extent of the impact. <p>The following should be provided:</p> <ul style="list-style-type: none"> - A clear explanation of the process or means through which the research led to, underpinned or made a contribution to the impact (for example, how it was disseminated, how it came to influence users or beneficiaries, or how it came to be exploited, taken up or applied).

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

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

Institution	Administrative unit	Name of research group	Expert panel
Oslo University Hospital and University of Oslo	OUS og UiO, Kvinneklinikken	Norwegian Center for Women's Health Research (NorWH)	Panel 3a-1
Oslo University Hospital and University of Oslo	OUS og UiO, Kvinneklinikken	Research Center for Obstetrics and Gynecology (ResCOG- FFKS)	Panel 3a-1
Oslo University Hospital and University of Oslo	OUS og UiO, Kvinneklinikken	Research group for 'maternal-fetal interactions' (MatFetInt)	Panel 3a-1

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.

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

Societal impact dimension

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

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



Methods and limitations

Methods

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

The documentary inputs to the evaluation were:

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

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

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

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

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

Limitations

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

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

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

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