Forskningsrådet

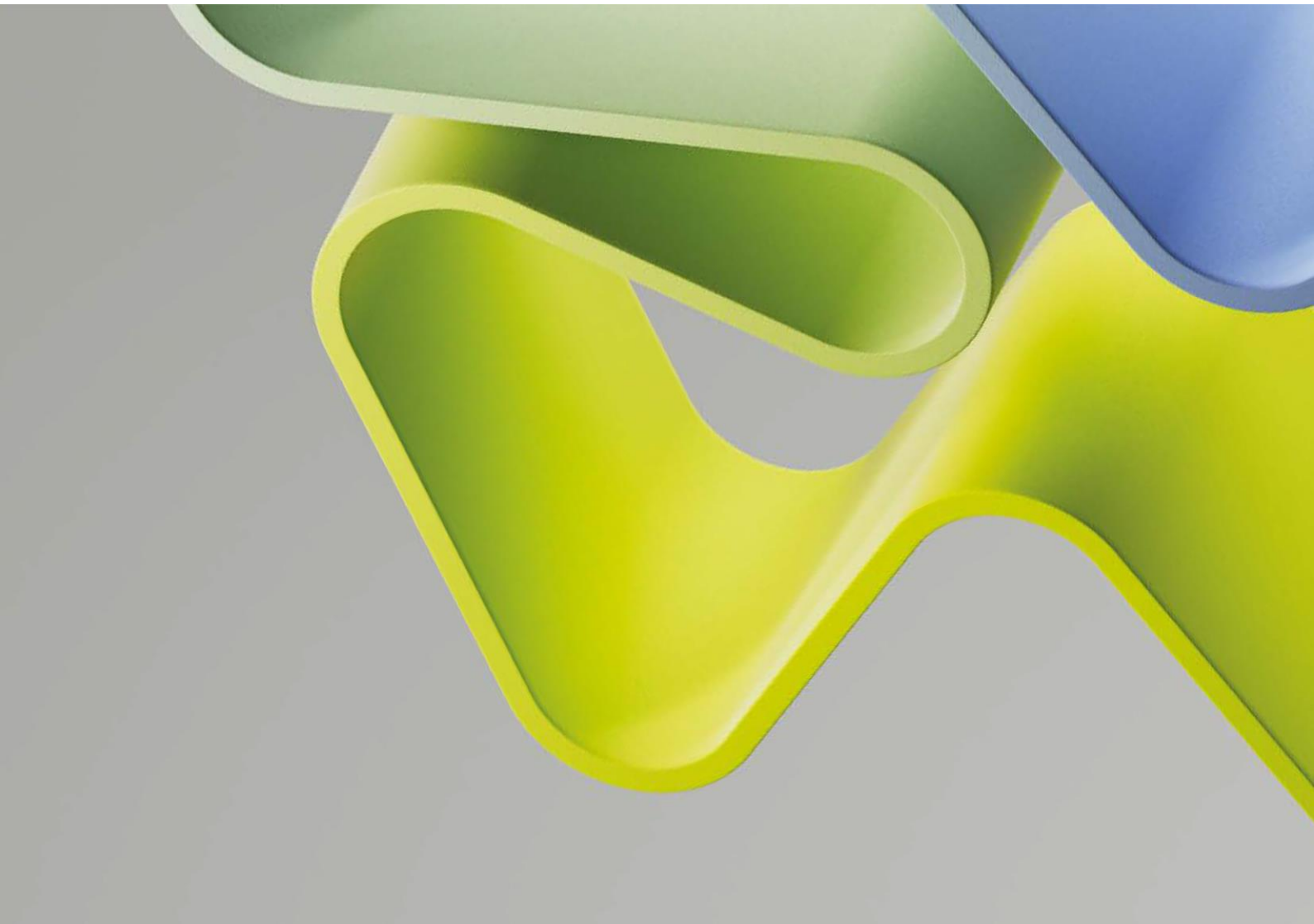
Evaluation of Life Sciences 2022-2024

Evaluation of medicine and health 2023-2024

Evaluation report

ADMINISTRATIVE UNIT: Stavanger University Hospital
INSTITUTION: Stavanger University Hospital (SUH)

December 2024



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Statement from Evaluation Committee Health Trusts 3

This report is from Evaluation Committee Health trusts 3 which evaluated the following administrative units representing the hospital trust in the Evaluation of medicine and health 2023-2024:

- Akershus University Hospital, Akershus University Hospital (AHUS)
- Haukeland University Hospital, Haukeland University Hospital
- Division of Laboratory Medicine, Oslo University Hospital and University of Oslo
- Division of Medicine, Oslo University Hospital and University of Oslo
- Division of Radiology and nuclear medicine, Oslo University Hospital and University of Oslo
- Division of Surgery, Inflammatory Diseases and Transplantation, Oslo University Hospital and University of Oslo
- Division of Technology and Innovation, Oslo University Hospital and University of Oslo
- St. Olavs University Hospital, St. Olavs University Hospital
- Stavanger University Hospital, Stavanger University Hospital (SUH)

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 trusts 3. All members of the committee have agreed with the assessments, conclusions and recommendations presented here.

Evaluation committee Health Trusts 3 consisted of the following members:

Professor Jørgen Frøkiær (Chair)
Aarhus University

Professor Marie Wahren-Herlenius
Karolinska Institutet

Professor Geoff Bellingan
University College London Hospitals

Professor Tomas Jernberg
Danderyd Hospital

Associate Professor Dirk Bender
Aarhus University

Associate Professor Tuomo Meretoja
Helsinki University Hospital

Professor Shakila Thangaratinam
University of Liverpool

Veerle Bastiaanssen, Technopolis Group, was the committee secretary.

Oslo, December 2024

Profile of the administrative unit

At Stavanger University Hospital (SUH), the CEO oversees all research and innovation efforts, with delegated responsibilities to the deputy CEO and research director. Higher medical education is integrated into clinical work through clinical leadership. The research department manages daily research education, including GCP training, statistics and bioinformatics, ethical considerations, judicial assessments, and innovation management. In terms of research staff, the hospital consists of 84 senior physicians, 51 physicians, 16 psychologists, 60 researchers and postdocs, 27 PhD students and 105 positions involved in projects as research support (including 35 central supportive research staff positions). Among these, 40 are professors and 50 associate professors, where women represent 28% and 42%, respectively.

Stavanger University Hospital has 22 research groups, whereas 9 are included in this evaluation: Breast Cancer, Clinical Immunology, NCMD, Cardiology research group (CRG), Nursing and Health care, SAFER Births, SESAM, TIPS and KORFOR.

The strategic goals for research and innovation at SUH are determined by governmental and organisational acts, policies, and guidelines. Key legislation guiding SUH includes the Health Personnel Act, Patient Rights Act, and Specialist Health Services Act, complemented by national and international documents outlining relevant goals to SUH research. Furthermore, SUH's research targets sector-specific challenges, mainly on clinical advancements specified by research groups and the relevant scientific literature. In addition, health personnel shortages, service improvements, and innovation are included, with the overarching aim to contribute to broader healthcare objectives.

The work of the administrative unit in relation to its sector can be illustrated with the letter of intent that it signed with UiS, committing to support the university's efforts to establish a new centre for the study of sustainable health systems. This local initiative involves many collaborators and aims to harness innovation and research to drive knowledge-based advancements in the health system, addressing political and administrative challenges highlighted in recent public reports like NOU 2023:4 (Health Personnel Commission) and NOU 2023:8 (Hospital Commission).

A notable partnership with success is the simulation centre SAFER, where SUH is one of the partners (in addition to UiS and Laerdal Medical). SUH has previously collaborated with UiS in creating "The Health Campus" (Helsecampus), a hub for innovation and research at the intersection of public services, business, and academia.

Based on the self-assessment, the administrative unit intends to take further advantage of internal strengths. This includes provision of well-specified research support, including infrastructure, research guidance, and assistance in applying for external funding. Integration of research within the clinical environment, with researchers employed in clinical settings, enhances the relevance of research and the quality of medical education in cooperation with UiB and UiS. It also intends to take advantage of external opportunities such as actively exploring and capitalising on funding opportunities at both national and international levels to support and advance research initiatives. Current funding from EU and NRC-projects is highlighting this part of the research strategy. Challenges which may impact the future situation of the administrative unit include insufficient research funding and ability to increase the number of medical students to further increase the number of junior positions available to contribute and integrate into the research environment.

Overall evaluation

This evaluation of the unit was carried out based on the Terms of reference and herewith on the self-evaluation report, an interview and additional available material.

SUH has demonstrated a growth trajectory in its research activities, staffing, and capacity building. SUH staff and its research and education activities are linked with the Universities of Bergen and Stavanger. But there is no formal strategy that acknowledges the close relationship to build on mutual strengths and maximise their research potential.

SUH is optimally placed to exploit the opportunities offered due to its interactions with patients by expanding into basic science and experimental medicine research. The research groups within SUH have wide ranging collaborations with industry partners, external Higher Education Institutions, but these are varied both within and between groups.

The input from patients and public is not always clear and need to be integrated better across all activities. Embedding students and early career researchers within existing collaborations, particularly with innovation partners will help to improve capacity-building and strengthen relationships with external partners.

Overall, the unit has a clear research strategy supported by able leadership. The Committee expects their research activities and outputs to continue expanding and will need to strengthen internal and external support needed to achieve this ambition.

Recommendations

The committee recommends the strategic framework to explicitly acknowledge the synergies with the Higher Education Institutions, and identify areas of close co-operation in research areas, with clear action plans and expected outputs. A stronger focus on opportunities available in the life sciences sector is required in planning its research strategy, expanding their basic and experimental medicine research by exploiting its access to Norwegian infrastructures.

An independent oversight committee, including members of public and patients, is recommended to provide input into the relevance of the strategy and assess performance. The research capabilities and capacities of the Unit can be promoted further through interdisciplinary work between the various groups.

Given the rapidly expanding research activities, the Committee suggests further increase in funding from national and external funders. The success of the Unit's EU funding should be explored for expansion in other research areas, and other funders. The administrative unit overall, and its various research groups will benefit from further administrative and technical support, so that researchers can focus on research activities.

Measures should be deployed to assess the impact of SUH's staff anti-discrimination policies on staff, institution, and research activity. It needs to report the proportion of people with various protected characteristics in addition to gender.

An impact strategy with an impact lead, who has overall responsibility to assess the pathways to impact and ensures these are robustly captured will be critical for funders to assess their value for money, public to understand the importance of research, and encourage early career researchers and students to maintain enthusiasm in research.

1. Strategy, resources and organisation of research

1.1 Research strategy

The Stavanger University Hospital (SUH) is a part of the Western Norway Regional Health Trust. It is a relatively large hospital with 550 beds and is the only hospital serving a population of approximately 400 000 inhabitants. This offers opportunity to maximise involvement of large population in research activities.

Stavanger University Hospital has clearly laid out its research strategy and linked it with explicitly described benchmarks. Their strategic goals for research and innovation appear to be determined by governmental priorities and actions, policies and guidelines, sector-specific challenges within health systems and healthcare delivery, and addressing local and regional service delivery and health challenges. The focus areas include:

- High quality research and patient treatment
- Ensure a good culture for research
- Involve users in all phases of research
- Convey research and innovation results to a wide audience
- Be active in regional and national cooperation related to health-related research

The key focus of its research includes keeping abreast of medical developments, critically assessing diagnostic methods, treatment options, service improvements, technology, quality and patient safety, patient care, and providing education to early career clinical academics and guidance.

The Committee's evaluation

The Committee was impressed by the clarity of vision and strategic leadership of the Stavanger University Hospital (SUH), in addressing the national and regional healthcare priorities. In particular, the strategy had a strong emphasis on education and innovation, and has focussed on embedding research into clinical activities, and clinical care to inform research.

The Unit is commended for constantly updating its strategy and goals in line with the internal and external environment. This was clear in the discussions during our interview and there was a positive mindset observed both from the senior leaders and wider group members in growing and expanding further.

The Committee only received self assessment from nine of the 22 groups. It was difficult for the Committee to assess if the lack of engagement from the other groups also meant disengagement from the research strategy and overall research ambitions.

The research group evaluation reports from the nine groups show variations research planning and benchmarking, although mostly they seem to be linked and aware of the Unit's overall research strategy. However, there is very little evidence of interdisciplinary working between the various groups, which is a neglected opportunity.

SUH and its staff are linked with the Universities of Bergen and Stavanger. But there was no evidence of the research strategies between the organisations complementing each other. This was acknowledged by the team during the interview about some dissonance due to the Universities having slightly different priorities than the hospital. However, the

overall direction of travel appears to be similar based on the Committees discussion with the team.

The various research groups that were evaluated seem to have different strengths. For e.g., global health research, strong collaborations with external partners, well characterised biobanks, significant EU funding, but not much evidence on how strategically each group's success can be scaled up to others.

The Committee's recommendations

The Committee recommends that the strategic framework explicitly acknowledges the synergies with the Higher Education Institutions, and the various priorities of its research groups. Such a framework will need to incorporate monitoring of the performance of not just the overall Unit, but also what works and why in the different research groups. The rapid expansion of research within SUH and its move to a new location will need to be reflected in the next strategy. A stronger focus on opportunities available in the life sciences sector is required. An independent oversight committee will be helpful to the Unit to plan and revise its strategy. The research capabilities and capacities of the Unit can be further improved through interdisciplinary work between the various groups. This can be achieved through exchange of staff, early career researchers and students between the various groups, thereby providing critical impetus to cross-fertilisation efforts. Further in-depth work is needed on strategic direction or its lack of in the groups that did not provide self assessment, and the reasons for disengagement with the process. The Committee recommends representation by members of public and patients in the strategy setting to ensure that research addresses the priorities of people. In future RCN assessments, mandating the self assessment of all research groups will help the Committee have a fuller picture, and improve the relevance of its recommendations.

1.2 Organisation of research

The research, innovation and educational activities operate within the same organisational hierarchy as the hospital's clinical activities, with the CEO of the hospital overseeing all research and innovation activities, and executive responsibilities by the research director and deputy CEO. The 22 research groups are responsible for the development and delivery of research. Centrally, within the administrative unit are the core infrastructure facilities: biobank, biostatistical, innovation, and clinical research unit. All the groups have access to the core facilities and groups also share the clinics. There is a mix of senior and junior researchers, with fewer women overall in senior clinical academic positions. The research groups vary in the size, and proportion of senior vs junior clinical academic staff.

The committee's evaluation

The Committee commended the robust organisational structure for research which is well embedded within the clinical and educational activities of the Unit. The strong leadership was visible during the discussions with the team.

The rapid expansion of research activities appears to strain the workload and resources of the existing structure, which needs to keep pace with increased research activities. Furthermore, the Committee observed that in some successful groups, there are multiple impending retirements and a paucity of succession planning. Many of the existing academics have entered the SUH as PhD students and progressed to senior clinical academic positions. However, there have been fewer appointments for externally academic

qualified staff. The Committee noted that there have been a few external appointments recently.

SUH academic workforce and its students have good research mobility options through EU funded projects and external partners and is to be commended. The Committee commends SUH for good mentoring and in-house research training offered to its staff. The Committee noted the gender imbalance at the Professorial levels but is confident that this will be rectified in the future, given the balance observed in clinical academic position in the tier below.

While applied health research support is strong, the unit has relatively fewer academics working in basic science. As evidenced by the research group evaluation, many groups appear in need of additional support in administrative and technical aspects.

The committee's recommendations

The rapid expansion of the research activities of the administrative unit needs further support with administration, and technical aspects, so that researchers can focus on research activities. Further investment is needed to increase basic science and experimental medicine research, given the strength of the unit in its access to patients and specimens. The committee recommends systematic evaluation of existing staff and their time to plan, including new appointments so that research can continue to thrive. Furthermore, successful staff and mobility observed in some groups should be translated to similar activities in less active groups through mentoring and support.

1.3 Research funding

Western Norway Regional Health Authority is the largest external funder to the hospital for NOK 27 million annually. Additional funding sources include the Research Council Norway, Folkefondet (a local fund in Stavanger), Stiftelsen Dam, Nasjonalforeningen, The Norwegian Cancer Society, Laerdal Foundation and other Norwegian grants for NOK 10 million annually. Research funding from the EU account for NOK 5 million per year on average.

The committee's evaluation

The Committee commended the SUH for the increase in research funding, although it is felt that they can improve their success rate which is currently 17%. In particular, the Committee was impressed by the success achieved by SUH in increasing its EU funding with 17 projects since 2017. The Committee also appreciated the increase in research groups that have secured EU funding.

However, based on research group evaluation reports, it is evident that the success is varied across research groups. Groups with low funding success rate also struggled to have a clear strategy and vision.

Given the research strengths and collaborations, SUH can be more ambitious in securing larger international grants. Furthermore, the seed funding and scholarships available at the hospital are a good platform to result in larger funding.

The committee's recommendations

SUH should consider increasing its funding from external sources including industry, an approach that will also generate overheads to support its activities. Underperforming research groups should be supported by linking up with successful groups and mentoring activities

1.4 Use of infrastructures

SUH participates in contributions to the Biobank Norway and NorCRIN, the Norwegian Clinical Research Infrastructure Network. The other national infrastructure utilised by researchers within SUH includes NORBRAIN (Norwegian brain initiative: a large-scale infrastructure), E-INFRA 2020 (A National e-infrastructure for Science), NorSeq (National Consortium for Sequencing and Personalized Medicine), NAPI (Network of Advanced Proteomics Infrastructure), NNP (The Norwegian NMR Platform), NORMOLM (Norwegian Molecular Imaging Infrastructure – National node in Euro-Bioimaging), PCRN (The Norwegian Primary Care Research Network), and MocroData (National Microdata Platform for Norwegian and International Research and Analysis). There are many more listed by the unit. The unit has not specifically used FAIR principles but strive to share data where possible.

The committee's evaluation

SUH has actively contributed to various national infrastructure and hosts these at the unit. These are mainly national infrastructure and rarely European or global infrastructures. In our discussions with the team, it is obvious that constraints in academic workforce numbers and support staff have hampered them from fully leveraging their access to this infrastructure, and translate to innovation outputs, research funding, and high impact publications. Closer links with the Universities is critical to maximise the use of infrastructure and to support its growth. The new hospital and its proximity to University of Stavanger offers opportunities to achieve this. Similarly, the planned Centre for Innovation will also be key to exploit the infrastructure resources. The SUH team suggests restrictions in hospital setting from fully adopting FAIR principle, but many of the FAIR principles can be implemented in this setting.

The committee's recommendations

The committee has taken into account the expanding research activities and outputs of SUH and recommends that the unit capitalise on the opportunities offered through its access to infrastructure to increase its research income, through international grants and industry partners. Furthering links and partnerships with global and European infrastructures and networks will be critical to achieving this goal. There is an opportunity for SUH to expand its capabilities and capacity in basic and experimental medicine research by utilising the infrastructure. The committee strongly recommends that the unit be provided with additional administrative and research support for researchers and teams to maximise their potential to leverage infrastructure links. The unit should consider formal adoption of FAIR principles and maximise their implementation where possible.

1.5 Collaboration

SUH's two academic Higher Education Institution partners are the University of Bergen (UiB) and University of Stavanger (UiS). Globally, the unit has collaborations with Kings College London and the University of Exeter in the UK, Karolinska Institutet in Sweden, Aalborg University in Denmark, Yale Medical School in USA, and Griffith University in Australia, and with low- and middle-income countries like Tanzania. SUH hosts Laerdal, which is a critical partnership in both commercial and non-commercial funding and research. SUH collaborates with Nortrials, and also extensively with third sector and industry partners, and is a European Reference site. More than 50% of their publications involve foreign authors, and their EU funding has been obtained due to their links with multiple EU partners.

The committee's evaluation

The Committee commends the administrative unit for its wide-ranging collaborations and partnerships. The partnership with Laerdal is a success story, and the extent to which efforts are made to replicate this partnership with other external partners and between groups is not clear. The Committee acknowledges the participation of SUH in the national infrastructure for clinical trials, helps deliver research. The partnership with patients and public and related consumer organisations is not very strong. The health campus comprising of SUH, university, industry, and the municipality is a good structure to facilitate work with industry partners in a collaborative manner. The team also acknowledged that there is potential to expand and further capitalise on the collaborative opportunities offered by the health campus. Although there is interest from the SUH team to further expand collaborative partnerships, they are restrained by the relatively smaller size of their administrative set up. However, expansion and deepening of collaborations, is likely to generate further external research income, which can then help support their administrative and research support activities.

The committee's recommendations

The Committee recommends further strengthening of partnerships with life sciences industry and other commercial partners, by leveraging the health campus and infrastructures. Given the impactful collaborations and partnerships established by some groups, the unit should consider bringing together less successful groups under a mentorship and support model with the high network groups. Students and early career researchers can be embedded within existing collaborations, particularly with innovation partners to capacity-build and strengthen relationships with external partners. The voices of patients and public should be strengthened within existing collaborations.

1.6 Research staff

Almost all researchers have a 50% clinical contract. More than 200 have a PhD (increase from 126 in 2012), with an increase in the annual completion rate of PhD (20 from 12). Out of 151 full-time equivalent years (FTEs) in research and research administration at the hospital, 100 FTEs are financed from the clinics at the hospital. The SUH staff hold scientific positions at the two universities, with over 50 positions at Bergen and 40 positions at University of Stavanger.

The committee's evaluation
The joint positions held by many clinical academics makes it difficult to attribute their activities and outputs to SUH. Overall, at the level of the administrative unit, and within the self-reported groups, there is good gender balance for PhD students and early and mid-career clinical academics. There is little data in terms of representation for other groups by ethnicity, foreign born, and disability. The Committee commends SUH for their anti-discrimination policy and the work done to monitor its implementation. However, data are lacking on how these have led to improvements in staff recruitment, promotion, retention, academic prowess for the various groups.

The committee's recommendations

Research Council Norway is recommended to provide guidance on attributing research success for dually appointed clinical academics between the hospital and University. The committee encourages the unit to continue efforts to improve gender balance and aim to achieve it at Professorial level. The unit should deploy measures to assess the impact of SUH's staff anti-discrimination policies on staff, institution, and research activity.

1.7 Open Science

SUH adheres to the national guidelines from the Norwegian authorities with the aim to make all publicly funded research articles openly available by 2024. There is a marked increase in the number of open access publications by SUH from approx. 29% in 2013 to approx. 82% in 2022. Researchers have followed principles of data sharing, through commonly used data sharing infrastructure such as the TSD – Service for Sensitive Data, REDCap and VieDoc. SUH adhere to the national regulation given in The Personal Data Act (The Personal Data Act for data management and confidentiality of research data.

The committee's evaluation
The administrative unit has clearly grasped the importance of open science in terms of publications, data, and registry access. They have actively encouraged open science, and the Committee commends SUH for a significant increase in their open access publications. Unlike the estimates given for publications, similar estimates for open access data and extent to which it has been utilised are missing. The hospital set-up is perceived as a barrier to fully implementing FAIR principles.

The committee's recommendations

The committee recommends that the unit continues its current efforts to promote open access publication and aim to have all publicly funded work to be open access. The unit should address open science for data with the same vigour for publications and share the proportion available.

2. Research production, quality and integrity

The focus of SUH is clinical epidemiological research, translational research and health services research, with some basic research. There has been a steady increase in research outputs from 2004 up to 2022: from 68 to 358 international scientific publications, and from 44 to 200 PhDs. Level 2 publications are 24% in 2012, and 56% include international coauthors. The institution has 22 research groups, and the following nine provided self assessment: Safer Births, Breast Cancer, Cardiology, Clinical Immunology, Centre for Alcohol and Drug Research, The Centre for Movement Disorders, Centre for Age-related Medicine, Nursing and healthcare science, and Early detection and Intervention in Psychosis. SUH has robust policies and procedures in place to promote and maintain research integrity.

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).

Breast Cancer Research Group (FFB)

Strength is the strong and close multidisciplinary collaborations, national and international collaborations (EU project REBECCA) a clear goal in state-of-the-art research in diagnosing, treating and following patients with breast cancer. They are participating in many fields of important international recognised research projects: high quality clinic and basic research. Weakness is funding but this needs better reflected in the self-assessment report (although not all funding is stated in the table as there also seems to be funding resources from the projects they state), limited time spend on research as most are full time clinicians, scientific output, projects of very long duration, support from own hospital is poor, international researchers as PhD/postdoc.

Cardiology Research Group (CRG)

Strengths of the Cardiology Research Group (CRG) concern their very strong funding portfolio (a good mix of sustained public and private funding), them being the National centre/lead for RCTs, their good international links and good contribution to education, good societal contribution. Furthermore, the group has a good patient (and public) outreach, excellent quality research outputs (internationally competitive/leading), their leadership in national and European guidelines and clear evidence of disciplined leadership. Weaknesses of the research group concern their small size (2 Professors, 2 Associate Professors plus 2 retired professors) and the fact that they have not yet identified a succession plan. The group also has some limitations in support from the host institution and a lack of evidence for patient involvement in research design and conduct.

Centre for Age-related Medicine (SESAM)

SESAM is a very strong research group, which has the following strengths:

- Excellent organisation across various institutions
- Bringing together multi-disciplinary expertise across its networks of experts
- Excellent acquisition of national and international funding
- Excellent publications – albeit author attributions are not as clear as they could be (see also weaknesses)
- Excellent societal impact via user involvement, which should be commended

Weaknesses: It was not clear whether some of the key personnel's contributions could be attributed to SESAM specifically or their home institution. Clarification on this point would help to determine the research quality aspect of the application.

Centre for Alcohol and Drug Research (KORFOR)

Overall, the level of the research group KORFOR is evaluated to be good. The tight engagement with clinical practice is a strong assert, which is likely to lower thresholds for implementation of in research into practice. Other strengths include the impact on national and local policymakers. The research output and quality might be stronger. Also, the extent of external fundings might be improved.

Centre for Clinical Research in Psychosis (TIPS)

Strengths

- The RG has clear objectives which are well aligned to those of the host institution.
- TIPS members provide an excellent fit to the RG's objectives.
- TIPS has good resources in terms of salary support for its permanent members.
- The RG performs well against their benchmarks and their PPIE activities are commendable.
- The RG, with its longitudinal and clinically relevant research studies, has an excellent profile influencing both policy and practice in Norway.
- It is internationally recognised in the areas of early intervention and treatments for psychosis.
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Weaknesses

- The RG has relied mostly on host institution for support and national grants to achieve their research ambitions.
- The RG could improve gender balance in membership in some positions.

Clinical Immunology Research Group

The Clinical Immunology Research Group at Stavanger University Hospital is administratively organised under the Department of Internal Medicine, while research coordination is supervised through the Research Department. The organisational environment is adequate in supporting the production of excellent research. With the focus on the neurological manifestations of immunological diseases, the involvement of neuroscientists, especially

neuroimmunologists, would improve scientific quality. The support pertaining to administration, approvals, contracts, biostatistics and biobanking could be improved.

Nursing and Health Care

Established in 2019, the Research Group for Nursing and Health Care Science (NURSING AND HEALTHCARE) evolved from a pre-existing forum for nursing and healthcare scientists dating back to 2012. The group comprises 30 members, who hold 20% to 100% positions at the university.

The group aims to revitalise nursing and healthcare science within the hospital, offering a specialised network for engaging in discussions on various themes and methodologies. Beyond conventional medical boundaries, research topics include trust, communication, and hygiene. Situated within the hospital's research department, the group is accountable to the research director.

The self-assessment outlines several challenges encountered by the group. Some of these challenges are considerable and make it difficult to develop and conduct high-quality or cutting-edge research. However, the challenges do not seem impossible to overcome but to do so would require more dedicated leadership of the group to focus on efforts to attract external funding. Challenges mentioned in the self-assessment include struggling to define a cohesive theme for external funding applications, which is somewhat surprising and suggests that the group is not as cohesive as might be needed for communication and discussion about potential projects. Limited availability of research positions within the hospital for PhD holders hinders clinical research progress, but this progress must also be driven by more senior researchers. There may be issues also with insufficient networking opportunities. Competing demands with clinical priorities are identified as another challenge. Such hindrances could be overcome if the group was more successful in attracting external funding, as such resources could be used to buy out clinical time for research purposes.

The self-assessment also identifies opportunities. It describes the group as serving as a vital network for nursing and healthcare researchers. The group’s multidisciplinary nature enables diverse perspectives in addressing research questions, but this does not seem to have resulted in significant external research funding. Still, the group’s proximity to healthcare is beneficial as it facilitates “practice-close” clinical research, it allows access to patient data, and it increases the likelihood of implementing and scaling up findings in healthcare practice. The group contributes to researcher education and enhances research proficiency within the hospital. The organisational dimension is adequate as the group seems well-integrated into its organisational environment. This enables the group to carry out research “close” to practice although this does not seem to contribute to research excellence. The quality of the research and publication leaves room for improvement, and the group’s contribution appears somewhat limited. and user involvement in research is barely considered in the self-assessment.

SAFER Births - Forskningsgruppe for simulering

Safer Births-related studies started in 2009 with two projects in Tanzania. The main goal of Safer Births is to reduce stillbirths, maternal and neonatal mortality and morbidity. The group’s research explores epidemiological and clinical challenges, but also issues vital to capacity building and implementation. The goal is not merely to carry out research, as project success for the group is measured also on the uptake of findings to transform practice. The

group attracts considerable amounts of external funding, with technical, administrative, and basic research infrastructure support from the Stavanger University Hospital (Stavanger University Hospital). According to the self-assessment, Safer Births is one of the largest and most comprehensive maternal and newborn research projects globally. Safer Births has engaged 13 post-doctoral scholars and enabled 18 PhDs in the evaluation period (2012-22) with an additional 23 candidatures in progress. The self-assessment highlights some challenges, including inefficient data management due to outdated IT infrastructure and legal frameworks. Suboptimal communication structures hinder patient involvement. Moreover, administrative support fails to match the research group's scale, affecting research efficiency. Difficulty in engaging clinical staff also persists due to concerns about safety, legal issues, and workload. Enhancing IT infrastructure, streamlining legal frameworks, and increasing administrative support are considered essential for the ongoing success of the group. Improved communication structures and addressing staff concerns are imperative for effective project implementation. The self-assessment argues that these challenges are also common across other research groups, all of whom might benefit from stronger political, bureaucratic and hospital leadership strategies and policies.6 The self-assessment also identifies opportunities for advancing the group's position. Increased collaboration with institutions and governments will expand the participant pool, contexts, and result verification, thereby enhancing global impact. Initial insights into implementation and educational strategies, notably simulation methodology, could pave the way for broader research on effective knowledge translation, ensuring sustainability and wider influence. The group's research covers a wide range of countries, institutions, and researchers, with a large and increasing number of interventions, innovations, and funding partners, and potentially greater impact. The ownership of the group remains somewhat unclear - the group appears to be part of many international projects, but it is not fully clear to what extent the Norwegian group heads these initiatives. Still, this is overall an impressive research group. The self-assessment is comprehensive and provides thorough and detailed information as requested in the call.

The Norwegian Centre for Movement Disorders (NCMD)

The group is well-inserted at a national level and international level, and benefits from receiving good support. The group provides important societal contributions in various aspects, including the education of healthcare professionals, the actual care of individuals and the advancement in knowledge generated. Members of the group also lead publications, demonstrating leadership and scientific drive.

3. Diversity and equality

SUH's 'Policy for Equality, Inclusion and Diversity at Stavanger University Hospital' states that everyone who works at SUH shall have equal opportunities regardless of gender and other diversity dimensions such as ethnicity, religion, age, functional ability, sexual orientation, political views and cultural background. There is a diversity and inclusion committee with members from management, employee representatives, safety delegates, human resources and the occupational health service of SUH. Additionally, surveys such as working environment survey assesses equal rights, discrimination, harassment, violence and threats. Employees are encouraged to report deviations from the policy in electronic system for recording and processing unwanted incidents.

The committee's evaluation
SUH is very aware of its responsibilities to its workforce in promoting equality and diversity. This ambition was also reflected in the Committee's discussion with the senior leadership team. They are to be commended for policies and procedures to promote equality and diversity. However, what active steps were taken and its impact on the workforce balance is not known. The data are provided for gender and not for other characteristics.

The committee's recommendations
The committee recommends that the unit implement, monitor and evaluate actions taken to actively promote equality and diversity. It is recommended that the unit report the proportion of people with various protected characteristics in addition to gender.

4. Relevance to institutional and sectorial purposes

SUH supports at the hospital level, research groups to apply for funding and deliver research projects. At the sector level, it aims to have an impact by establishing a set of sustainable research groups, each focused on a specific clinical topic or professional area, with research activities aligning with the core objectives of the specialised health services. SUH entered into a letter of intent with University of Stavanger to establish a new centre for the study of sustainable health systems. SUH also supports service and product innovation, with and without commercial potential. The team believes that researchers' motivation for innovation and commercialisation is mainly societal impact/improved patient outcomes and collaboration, followed by funding and personal monetary incentive. The unit supports master's and PhD students.

The committee's evaluation

Research appears to be prioritised within the Hospital, and is well supported, fulfilling the objective to embed research within clinical work. Good support for the activities of the Universities overall, and through the establishment of specific joint Centres, Health Campus and policies. There is role to expand this relationship further, particularly to 1. improve commercial research activities 2. increase basic science research profile by capitalising on the infrastructure offered by its university partners. There is no detail on how research priorities and conduct has been informed by patients and public. This needs to be addressed. Infrastructure and support available through its technology transfer office is good. PhD students and Masters students well supported in their work at the Hospital for their research, and medical students supported as per the report. SUH supports full time clinicians to enable research, and nurses and midwives. However, the clinical commitments balanced with research is a challenge. SUH offers good base for research-based simulation training programmes.

The committee's recommendations

SUH is recommended to improve its efforts to engage and promote research activities amongst full time clinicians and allied healthcare professionals. This will require resources and support mechanisms, which should be provided to the unit to achieve this aim. The unit will need to explicitly consider and report how it has considered the priorities of the Norwegian Department of Health and that of the key funders in aligning its activities.

4.1 Health trusts

SUH's research is closely aligned and integrated within the clinical care activities. In addition to supporting master's and PhD students in their day-to-day academic pursuits and progression toward degrees, SUH offers supervision and co-supervision responsibilities by their researchers within the clinics. SUH assists students seeking to collect data within the hospital, establishing internal contacts, and addressing practical issues. They are also engaged in the university's project allocation processes, submitting proposals and participating in the annual marketplace event at the UiS. Students, primarily from The Health Faculty and The Faculty of Science and Technology, are provided the opportunity to participate in clinical and basic research projects. Master's students from other universities

and university colleges are welcomed to conduct their data collection within SUH. Master's students have access to scholarships.

The committee's evaluation

SUH has overall good research output that is expanding and contributing to improved diagnosis and treatment through innovation. The research groups are to be commended for contributions through innovative diagnostic methods and improvements in treatment, for example in digital pathology, SaferBirths, and the research environment for simulation is dedicated to developing, assessing, and implementing new diagnostic methods, treatment, and healthcare technologies. In some groups such as the Safer Births, the group does not only focus on "producing" high-quality research but also on co-developing solutions to actually improve the quality of labour and newborn care. Capacity building is strong and students and early career researchers are well supported.

The committee's recommendations

The unit should explicitly articulate further the priorities of the clinical and healthcare workforce and system to align these with the work of the research groups. Co-production of strategy and planning research delivery with all stakeholders is recommended to ensure that research remains relevant to the healthcare needs.

5. Relevance to society

SUH is aligned with the Norwegian current long-term plan for research and higher education specifically focusing on two of the three overarching goals: Environmental, social, and economic sustainability; High quality and accessibility in research and higher education. The plan also identifies six thematic priorities, with research aligning with at least two: Health, Societal safety and emergency preparedness. Projects also align with the United Nations' Sustainable Development Goals (UN SDGs). A notable example is the Safer Births program, which addresses UN, SDGs 1 (No Poverty), 3 (Good Health and Well-being), 5 (Gender Equality), 9 (Industry, Innovation, and Infrastructure), and 10 (Reduced Inequalities).

Comments on impact case 1 – The Norwegian PARKWEST study

The Norwegian ParkWest study had a critical role in advancing the understanding of the clinical course and neurobiology of Parkinson's disease. It improved awareness of key symptoms, innovating diagnostic and prognostic methods, and catalysing clinical trials for more effective treatment. The study optimised patient care across Norway, such as ParkinsonNet Norway and the Norwegian Parkinson Registry and Biobank. The study was initiated as a collaboration between five health trusts in southwestern Norway, has co-principal investigators at two sites (Stavanger University Hospital and Haukeland University Hospital), and is coordinated by SUH at the Norwegian Centre for Movement Disorders. Many references were provided.

The impact of the ParkWest was by providing estimates of the proportion of individuals affected by the burden of impulse control disorders (ICDs), particularly linked to dopamine agonist use. It raised national awareness and impacted on recommendations. It further resulted in development of accessible diagnostic kits, and establishment of the Norwegian Parkinson Registry and Biobank and ParkinsonNet Norway.

Comments on impact case 2 – Safer Births Bundle of Care (SBBC)

The Safer Births Bundle of Care (SBBC) builds upon the Safer Births collaboration with innovative training and clinical tools for improved labour care and newborn resuscitation. SBBC has demonstrated increased maternal and newborn survival when implemented in 30 hospitals in Tanzania. Due to promising preliminary results, the World Bank Global Financing Facility (GFF) have awarded additional funding to scale SBBC in 150 hospitals in Tanzania. If implemented globally, SBBC has potential to save 250,000 lives worldwide, annually.

The bundle consists of proven innovative training and clinical tools for improved labour care and newborn resuscitation. It also integrates with new strategies for CQI and incorporates into national systems to be sustainable.

Many references were provided including: GFF announcement of innovation to scale winners (globalfinancingfacility.org), and GFF announcing additional SBBC funding (globalfinancingfacility.org)

The project has made a substantial impact on maternal and neonatal mortality and morbidity, with preliminary unadjusted analysis in 2023 indicating 70% reduction in maternal mortality and 45% reduction in early neonatal mortality. It has a larger effect on the empowerment of women and financial sustainability of households in the society. This impact has influenced international guidelines for the resuscitation of newborns and

contributed to the development of innovative clinical and training tools that can be scaled up globally.

Comments on impact case 3 – Implementation of Artificial Intelligence (AI) as support tools for pathology

The implementation of artificial intelligence (AI) as support tools for pathology involved implementation of the possibility of using computer-aided diagnostic (CAD) systems in order to make pathology diagnostics more objective and faster, and patients benefited from the best tissue diagnostics that form the basis for personalised treatment. The department of pathology at SUH performed extensive research on quantitation of biomarkers for diagnostics, treatment response prediction and prognostication for cancer patients. SUH was a driving force in implementing digital pathology in the Western Norway Regional Health Authority, which currently is the first region in Norway to be fully digitised.

Many references were provided including Rewcastle et al Modern Pathology 2023

The impact from the ongoing research projects is shown in the Pathology in West project, where SUH is shaping the future of pathology services (PiV; Pathology services in the Western Norway Health Region – a centre for applied digitisation). PiV focuses on developing, validating and implementing CAD tools into the four pathology departments of our region in western Norway.

Comments on impact case 4 – The early detection and intervention in Psychosis Study (TIPS): Long term outcomes

Short summary of the impact of the case: the TIPS study has had a major impact on international psychiatry research, specifically on psychosis; on knowledge and awareness of psychosis in health care and the public; on the duration of untreated psychosis (DUP) and on course and outcome in psychosis. The TIPS long-term research has driven a shift from interventions in chronic and late-stage psychosis, to early intervention and significantly better prognoses through the prevention of poor symptom and function outcomes.

Underpinning research: The early Treatment and Intervention in Psychosis Study (TIPS) engineered an early detection (ED) intervention to reduce DUP through early detection teams and extensive information campaigns.

Details of the impact: TIPS has had a profound impact on health care organisation for severe mental illness in Norway, with a shift from long waiting lists and bureaucratic referral procedures to immediate access to specialist care. It has gained a prominent place in local Norwegian communities, as many health care regions have now adopted the term and the method. TIPS promotes mental health and mental health care for young people also by having twice-yearly visits to local high schools, meeting both staff and students informing about early signs of psychosis and about mental health care.

Comments to impact case 5 – DemVest Study

The DemVest study - Dementia Study in Western Norway, commenced in 2005 with the primary aim of characterising the diagnostic, clinical and biomarker features of people with newly diagnosed dementia and describing the course and clinical impact on patients, families and society during the entire disease course until death, followed by a neuropathological examination. The study increased awareness of key symptoms among clinicians, patients, and caregivers, characterized the societal impact, and catalysing clinical trials for effective treatment. The study found that 16% of newly diagnosed dementia cases

in secondary care had DLB (Dementia with Lewy Bodies), and that this group had a worse outcome compared to Alzheimer's disease on key milestones such as time to nursing home admission, mortality, health-related costs, and caregiver-burden.

Many references were given including Abdelnour C et al European DLB Consortium Alzheimer's disease cerebrospinal fluid biomarkers predict cognitive decline in lewy body dementia. Movement Disorder, 31(8), 1203-1208.

The impact of the DemVest study was seen in guidelines for diagnosis and management of the disease. DemVest and the focus on DLB has also had international impact. Development of the European DLB Consortium (E-DLB), the world's largest DLB network which includes more than 30 established DLB clinical research centres across Europe. The impact has spread globally, via the Alzheimer's Association ISTAART DLB PIA established in 2019, which includes the Global DLB Work group, producing a paper on global DLB research. DemVest was also among the first studies in Norway focusing on the importance of neuropsychiatric symptoms in people with dementia and has inspired subsequent research in this area with important Norwegian studies and guidelines.

Appendices

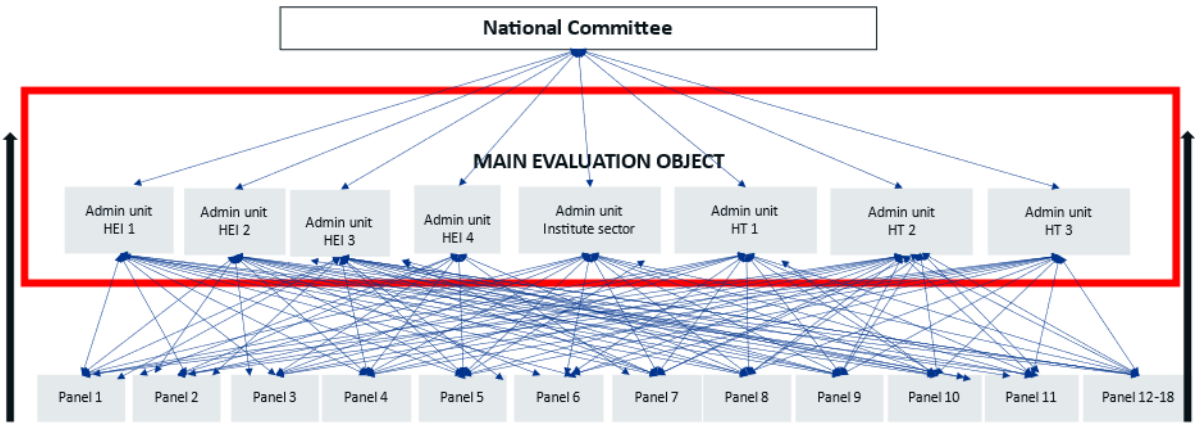
Evaluation of Medicine and health 2023-2024

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

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

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

Organisation of evaluation of medicine and health 2023-2024



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

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

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

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

Forskningsrådet

Se vedlagte adresseliste

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

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

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

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

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

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

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

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

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

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

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

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

Administrative enheter (hovedevalueringsobjektet i evalueringen) – skjema 1

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

Forskergrupper – skjema 2

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

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

Invitasjon til å foreslå eksperter – skjema 3

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

Obs. Det er to faner i regnearket:

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

Utfylte skjemaer (3 stk):

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

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

Tilpasning av mandat – frist 30. september 2023

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

Forskningsrådet

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

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

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

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

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

Med vennlig hilsen
Norges forskningsråd

Ole Johan Borge	Hilde G. Nielsen
avdelingsdirektør	spesialrådgiver
Helse	Helse

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

Kopi
Helse- og omsorgsdepartementet
Kunnskapsdepartementet

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

The Research Council of Norway

Evaluation of life sciences in Norway 2022-2023

LIVSEVAL protocol version 1.0

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

The Research Council of Norway
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The report can be downloaded at
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Oslo, 5 April 2022

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1 Introduction

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

1.1 Evaluation units

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

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

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

1.2 Minimum requirements for research groups

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

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

1.3 The evaluation in a nutshell

The assessment concerns:

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

The Research Council of Norway (RCN) will:

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

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

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

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

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

1.4 Target groups

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

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

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

2 Assessment criteria

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

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

2.1 Strategy, resources and organisation

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

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

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

2.2 Research production, quality and integrity

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

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

2.3 Diversity and equality

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

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

2.4 Relevance to institutional and sectoral purposes

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

Higher Education Institutions

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

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

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

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

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

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

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

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

Research institutes (the institute sector)

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

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

The institutes should:

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

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

The hospital sector

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

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

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

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

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

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

2.5 Relevance to society

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

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

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

3 Evaluation process and organisation

The RCN will organise the assessment process as follows:

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

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

3.1 Division of tasks between the committee and panel levels

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

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

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

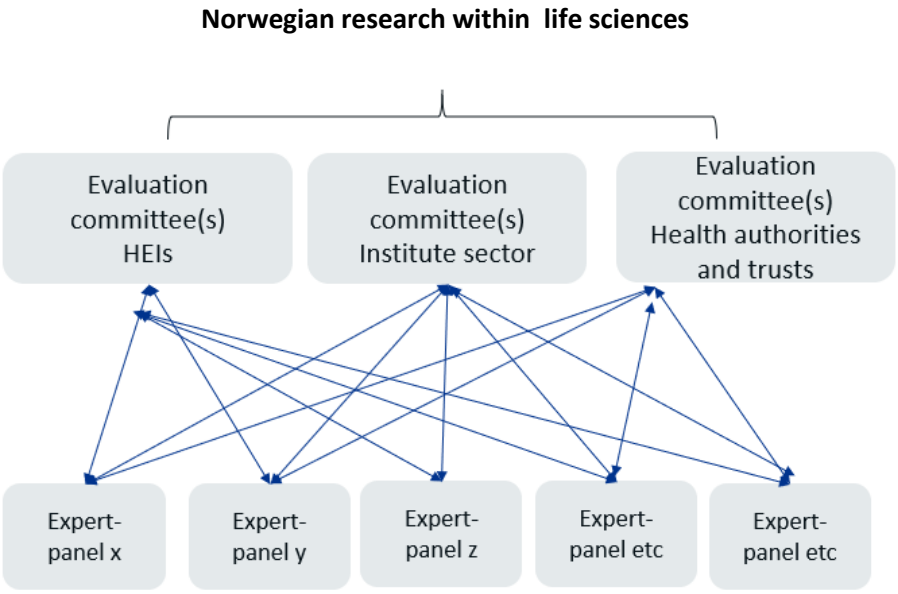

Figure 1. Evaluation committees and expert panels

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

3.2 Accuracy of factual information

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

3.3 National level report

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

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

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

Appendix A: Terms of References (ToR)

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

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

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

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

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

1. …
2. …
3. …
4. …

…

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

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

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

The documents will include the following:

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

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

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

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

Appendix B: Data sources

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

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

National registers

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

Self-assessments

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

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

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

Table 1. Types of evaluation data per criterion

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

Evaluation of Medicine and Health (EVALMEDHELSE) 2023-2024

Self- assessment for administrative units

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

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

Content

Introduction

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

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

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

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

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

Thank you!

Guidelines for completing the self-assessment

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

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

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

1.Strategy, resources and organisation

1.1 Research strategy

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

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

Table 1. Administrative unit`s strategies

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

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

1.2 Organisation of research

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

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

1.3 Research staff

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

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

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

Table 2. Research staff

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

1.4 Researcher careers opportunities

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

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

c) Describe research mobility options.

1.5 Research funding

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

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

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

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

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

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

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

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

1.6 Collaboration

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

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

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

National collaborations

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

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

International collaborations

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

Impacts and relevance of the collaboration	

1.7 Open science policies

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

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

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

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

1.8 SWOT analysis for administrative units

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

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

2. Research production, quality and integrity

2.1 Research quality and integrity

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

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

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

2.2 Research infrastructures

a) Participation in national infrastructure

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

Table 5. Participation in national infrastructure

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

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

b) Participation in international infrastructures

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

Table 6. Participation in international infrastructure

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

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

c) Participation in European (ESFRI) infrastructures

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

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

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

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

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

3. Diversity and equality

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

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

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

4. Relevance to institutional and sectorial purposes

4.1 Sector specific impact

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

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

4.2 Research innovation and commercialisation

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

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

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

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

No.	Name	Valid period	Link
1			

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

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

4.3 Higher education institutions

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

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

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

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

4.4 Research institutes

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

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

4.5 Health trusts

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

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

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

5. Relevance to society

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

5.1 Impact cases

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

Impact case guidelines

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

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

Timeframes

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

Page limit

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

Maximum number of cases permitted per administrative unit

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

Naming and numbering of cases

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

Publication of cases

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

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

Please write the text here

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

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

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

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

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

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

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

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

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

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

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

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

Institution	Administrative unit	Name of research group	Expert panel
Stavanger University Hospital	Stavanger University Hospital	Cardilogy research group (CRG)	3b-2
Stavanger University Hospital	Stavanger University Hospital	Centre for Age-related Medicine (SESAM)	5a
Stavanger University Hospital	Stavanger University Hospital	Centre for Alchol and Drug Research (KORFOR)	5b
Stavanger University Hospital	Stavanger University Hospital	Centre for Clinical Research in Psychosis (TIPS)	5a
Stavanger University Hospital	Stavanger University Hospital	Clinical Immunology	3b_1
Stavanger University Hospital	Stavanger University Hospital	Nursing and Health care	4d
Stavanger University Hospital	Stavanger University Hospital	SAFER Births - Forskningsgruppe for simulering	4d
Stavanger University Hospital	Stavanger University Hospital	The Norwegian Centre for Movement Disorders, NCMD	3b_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 leadin**g in terms of quality, and is comparable to the best work internationally in the same area of research. The publications submitted provide evidence that the work of the group meets the highest international standards in terms of originality, significance, and rigour. Work at this level should be a key international reference in its area.
4	Quality that is internationally excellent in terms of originality, significance and rigour but which falls short of the highest standards of excellence.	**The quality of the research is internationally excellent**. The research is clearly of an international standard, with a very good level of quality in terms of originality, significance, and rigour. Work at this level can arouse significant interest in the international academic community, and international journals with the most rigorous standards of publication (irrespective of the place or language of publication) could publish work of this level.
3	Quality that is recognised internationally in terms of originality, significance and rigour.	**The quality of the research is sufficient to achieve some international recognition.** It would be perceived nationally as strong and may occasionally reach an internationally recognised level in terms of originality, significance and rigour. Internationally recognised journals could publish some work of this level.
2	Quality that meets the published definition of research for the purposes of this assessment.	The international academic community would deem the research to be nationally acceptable, but below world standards. Legitimate nationally recognised peer-reviewed journals could publish work of this level.
1	Quality that falls below the published definition of research for the purposes of this assessment[1].	**The quality of the research** is well below international level, and is unpublishable in legitimate peer-reviewed research journals.

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

Societal impact dimension

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

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

Methods and limitations

Methods

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

The documentary inputs to the evaluation were:

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

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

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

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

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

Limitations

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

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

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

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