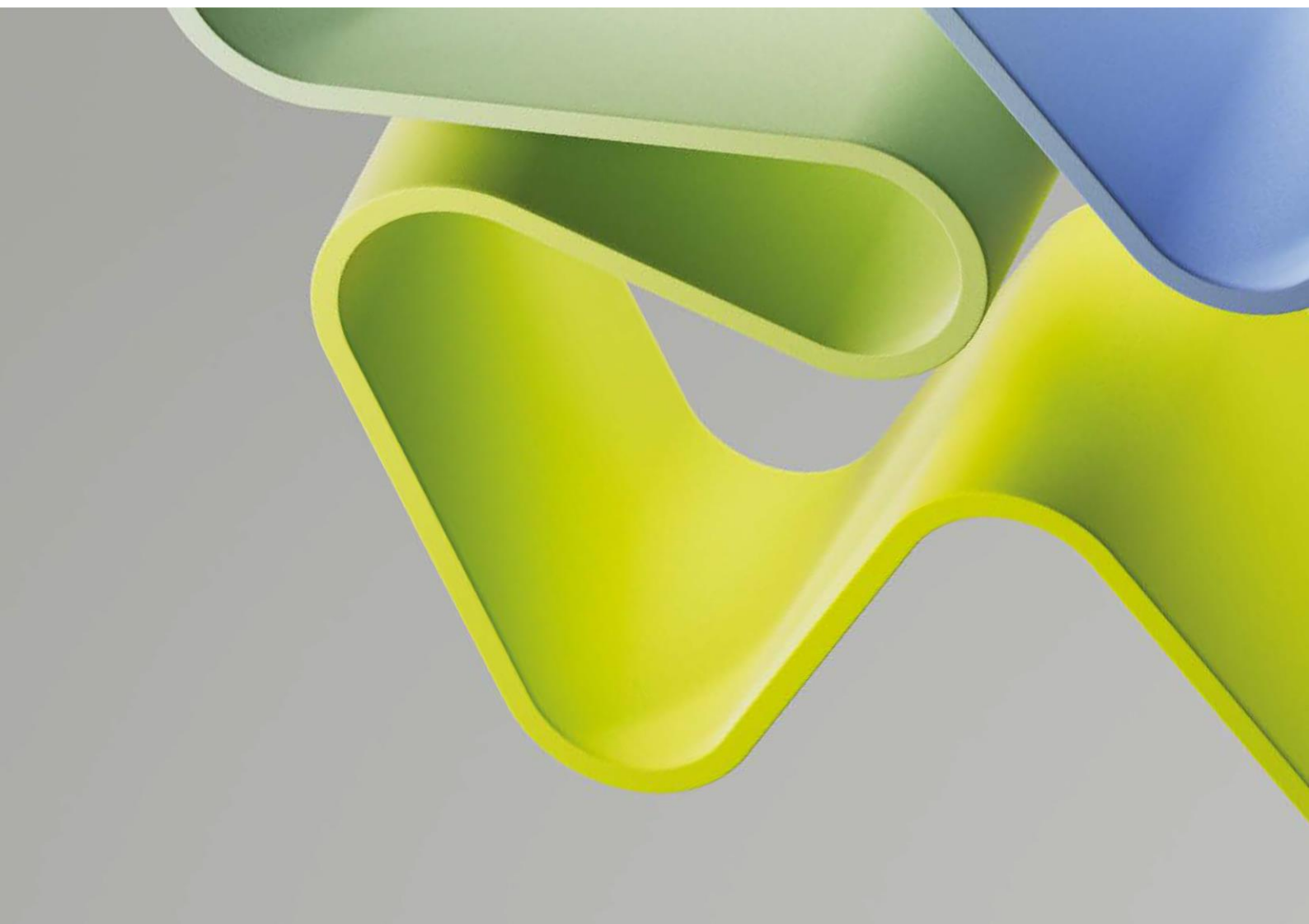**Forskningsrådet**

Evaluation of Life Sciences 2022-2024

Evaluation of medicine and health 2023-2024

Evaluation report

ADMIN UNIT: Health and Social Sciences Division
INSTITUTION: Norwegian Research Center (NORCE)

December 2024

Contents

Statement from the Evaluation Committee for the Institute Sector

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

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

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

This report is the consensus view from the Evaluation Committee for the Institute Sector. All members of the committee have agreed with the assessments, conclusions and recommendations presented here.

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

Professor emerita Ingalill Rahm Hallberg (chair)
Lund University

Associate Professor Joachim Boldt
Albert Ludwig University of Freiburg

Professor Walter Bruchhausen
Bonn University

Professor Sarah Purdy
Bristol Medical School

Bregtje Kamphuis, Technopolis Group, was the committee secretary.

Oslo, December 2024

Profile of the administrative unit

The Health and Social Sciences division at the Norwegian Research Centre (NORCE) is managed by an Executive Vice President (EVP), a Deputy EVP, and three department managers. The EVP and Deputy EVP handle research strategies, administration, and data protection, while department managers are responsible for project acquisition and funding, conducting projects, and budgeting at the departmental level. Each department has research units led by directors with both academic and administrative responsibilities, with 11 out of 15 directors holding a PhD and seven having completed a leadership development programme in NORCE. In terms of research staff, the division consists of 65 senior researchers, 20 research professors, 20 researchers, 12 research fellows, ten research directors, one chief scientist, and one head of the National Centre for Emergency and primary healthcare.

RKBU Vest is the only unit that meets the RCN requirements for research group participation in EVALMEDHELSE.

NORCE drives sustainable development through high-quality research, dissemination, and innovation to address societal challenges. In relation to this, NORCE focuses on four strategic objectives and areas: 1) Dissemination, co-creation, and public affairs, 2) Research and innovation, 3) Knowledge transfer and commercialisation, and 4) Organisation. These objectives are detailed within each division. NORCE also emphasises four interdisciplinary areas, with the Health and Social Sciences division leading the "Safe and Welcoming Societies" effort. This area tackles interdisciplinary health research topics such as youth exclusion, social inequality in health, and administrative registry data. The division has also developed 3-5 Key Performance Indicators for each strategy area.

The administrative unit focuses on three key areas within health research: youth exclusion, social inequality, and health data. For youth exclusion, it uses survey data to identify risk factors, develop preventive measures, and create interventions for integrating marginalised young people. In addressing social inequality, it conducts quasi-experimental studies with registry data to examine the impact of reforms in labour, welfare, education, and health on various social groups, tackling issues like aging, migration, increasing inequality, and declining trust in institutions. Regarding health data, the administrative unit utilises personal and public health and administrative data to support a sustainable healthcare system, noting that privacy regulations limit the use of valuable personal health data. NORCE is owned by four universities and thus has collaboration agreements with all of them, including research and publication as the most important collaboration activities. Internationally, the aim is to increase Horizon EU funding, and they are currently building new networks around Europe to take part in coming calls and research initiatives. In terms of co-authorship, the international co-authors share has increased from 20% to 46%, and the national co-authors share from 33% to 47%.

Based on the self-assessment, in the future, the administrative unit might take advantage of internal strengths such as its academic legitimacy, credibility among users and clients and its high-quality research combined with relevant practical-oriented research. In relation to its legitimacy and credibility, the administrative unit might also take advantage of the increasing amount of international network and collaboration in EU projects. This is also the case for one of the administrative unit's external opportunities, increase national collaboration and project development, build new alliances and national teams. There are also several external threats which may impact the future situation of the administrative

unit. This includes increased competition in calls, changes in grants or direct funding, difficulty in recruiting researchers and more.

Overall evaluation

The committee recognised that the division of health and social sciences of the Norwegian Research Center (NORCE) is young in its current form and has undergone merges of other organisations into the division. This is for most organisations challenging although it also opens opportunity for further development and structural changes. In the view of the committee, the strategic goals for research were too general and gave an impression of a too fragmented research agenda, mainly made up of projects and not so much long-term research programmes. Also, the long-term strategic research agenda was not clear (ToR 5). This may explain that only one group, NKUB fulfilled the requirements for research evaluation. It was difficult to understand the reason for the organisations many levels. It makes sense to have three departments in the light of the number of researchers although it was not clear if they reflected a coherent research programme. The six academic fields points in another direction. Beneath the departments there were units, centres, research groups etc which may be reminiscence from merging of organisations. The committee strongly recommend this complicated organisation to be simplified and built around long-term research programmes and with a mix of scientific competence strengthening interdisciplinary research within each department (ToR 4). The committee recognised that the division has increased their success in grants in competition and had a strategy for increase their success rate in grants from EU and other international sources. There may be a great opportunity in grants and commissioned research by concentrating research towards the challenges municipalities and counties are confronted with in their role as health and social welfare providers.

Recommendations

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

- develops a long-term plan, practice-oriented research agenda with the scientific power needed to inform practice in terms of implementation ready research-outcomes and thereby further develop their role as a research agent in the Norwegian regions' development and implementation of research-based knowledge. In doing so consideration of the chain of evidence-based knowledge development, implementation science and knowledge translation should be considered.
- appoints an advisory board to become a critical friend in developing a research strategy/agenda that is adapted to the Norwegian authorities' expectations and to support re-structuring the organisation to efficiently support the research agenda.
- considers the composition of scientific competence in research groups in this process of development so that it reflects competence required to address the three health related research topics; Youth exclusion; Social inequality and health; and Health data as adapted to fit the Norwegian regions and municipalities challenges and need for development.
- includes relevant representatives from the public, patients, next of kins, professionals throughout the organisation and in research groups, and across the research process and knowledge translation activities.
- continues developing the strategy to obtain grants from the EU or other international funding bodies and in this process pro-actively identify international research organisations with a scientific strength and competence that in collaboration will bring new scientific competence and skills to NORCE.
- builds an ongoing program, seminars, workshops, research presentations for all staff focusing on research designs, methods or the like to ensure that the latest developments early reach the researchers and including visits at frontline institutes or bringing guest researchers to NORCE.

1. Strategy, resources and organisation of research

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

1.1. Research strategy

NORCE, the Norwegian Research Centre, is a large organisation in which the division of Health and Social Science is situated. It has governmental support distributed through RCN. The universities of Bergen (UiB), Stavanger, Agder and the Arctic university of Tromsö (UiT) are among shareholders, represented at the board and with overarching responsibility. Re-organisations has been ongoing for a while and may be related to a governmental strategy stating that Norway had too fragmented and too many small institutes. Although, the original organisation has a long history, the current organisation is young, established in 2017. The evaluation committee noted that the role of shareholders may be problematic. The SWOT-analysis revealed competition between NORCE and shareholders regarding research opportunities to be a threat. NORCE is a large provider of knowledge translation and implementation, 30% of knowledge centres are owned by NORCE.

The overarching goal of NORCE is "to be a driving force for positive and sustainable development through research, dissemination and innovation of high quality to solve societal changes". It also means contributing to the development of the Norwegian regions. It presents four areas where strategic objectives and initiatives are developed: Dissemination, co-creation and public affairs; research and innovation; knowledge transfer and commercialisation and finally organisation. These areas are to be further developed and specified within each division. The divisions at NORCE apart from that of Health and Social Sciences are Climate and Environment and Energy and Technology. The evaluation committee noted that these divisions seem distant from Health and Social Sciences in that there was sparse mention of collaboration in the self-assessment and the projects mentioned during the interview seemed not so much be oriented towards health and social science. This may be a lost opportunity since climate as well as technology is highly relevant for health and social sciences, for instance home care, nursing home care and primary health care and preventive municipal health interventions.

The divisions have four interdisciplinary effort areas of which one is "Safe and welcoming societies" This is the effort area in which the health and social sciences division is in the lead. This effort area is translated into three health-related research topics: Youth exclusion; Social inequality in health; and Health data. The committee found the naming of these research topics somewhat inconsistent, for instance health data is a data resource rather than effort whilst youth exclusion and social exclusion can be understood as an effort to be addressed in research.

The committee's evaluation

The breakdown of the strategic goals into three health and social related topics is in the views of the committee not easy to follow. Especially regarding how strategies emerge and are determined based on analysis of the main health and societal challenges Norway (and the world) is facing. How was it determined to be these topics related to exclusion, inequality and health data that was suitable for research bearing in mind scientific

competence and other resources available? The overarching strategy for NORCE, related to safe and welcoming societies is general, and the translation into actions/research projects or research programmes is not easy to follow? For instance, the research production is said to represent six academic fields, youth exclusion, social inequality, health data, practice-oriented research, digital transformation, social modelling, climate transition, democracy under pressure and arctic research. These six areas cannot be corroborated since only the Bergen child study was included for research evaluation (ToR 3). The description of collaboration points to other common areas as well, for instance research related to music therapy which is prevalent in the description of collaboration. The Bergen child study includes longitudinal data collection, a study that on the one hand is said to be closed for data collection. However, it is also said that new data collection waves are planned. The evaluation committee finds it important to continue the data collection to understand more about the transition from childhood and youth to adulthood and factors impacting adult life. Also, the committee observed that the research is targeting many different areas, and the impression is that of fragmentation and meaning smaller project, short-termed and thus limited possibility to produce evidence-based knowledge for practice (ToR 4). Measures to follow up the strategy is in place through 3-5 KPIs for each strategy area and these are followed up twice a year. The follow-up seemingly is mainly reporting to the next level of the organisation and there is no mention regarding feed back to the research group or individual researchers. A more specific short-term research plan and a long-term plan for research possible to evaluate based on its impact on practice would be helpful in guiding further research (ToR 4).

The impact on policy and society from the planned research, that of youth exclusion is well justified and described to be in a process from descriptive to intervention studies testing preventive or other means to change the process of youngsters being excluded from society. Also, the planned research on social inequality is well justified although the evaluation committee found it described in general and broad terms regarding methods as well as possible focus areas. However, the overlap between youth exclusion and social inequality should be considered, reflecting intersectionality. The third area, health data, is even more general and in the view of the committee not targeting a specific research problem. The research topics, youth exclusion and social inequality is comprehensive and may well have policy and societal impact especially if research groups manage to establish valid findings from interventions that can amend exclusions or inequality. The evaluation committee found the area on health data addressing research resources rather than a programme of research targeting a problem. In general, having an impact on policy and practice requires research that has tested the effect or effectiveness and produced an outcome that is as effective or better on the practice in place. The committee recognises the challenges NORCE is up against, integrating new organisations and having both knowledge translation and research on the agenda and finding its place in the national arena for research. Appointing an advisory board supporting developing a coherent long-term research programme would be helpful.

The committee's recommendations
-   develop a long-term plan, practice-oriented research agenda, programmes rather than projects, less general and do so by drawing also on the knowledge available within NORCE, i.e. the division of energy and technology and climate and environment.

- appoint an advisory board to become a critical friend in developing a research strategy/agenda that is adapted to the Norwegian authorities' expectations and knowledge needs to develop and implement knowledge close to practice.

- consider the risk of fragmented research that will not produce the power needed to inform practice about implementation ready research-outcome.

- develop their role as a research agent in the Norwegian regions' development and implementation of research-based knowledge further.

- phrase research topics so they reflect the research problem addressed to enhance consistency, visibility and more clearly reflect interdisciplinarity.

- analyse and develop a strategy to decrease the competition between the division and the shareholder organisation and promote complementation.

1.2 Organisation of research

The evaluation committee find the division of health and social sciences internal structure/organisation of research and innovation activities/project to be complex and challenging to grasp. It is divided into three departments: A. Welfare, labour and health, B. Sustainability and Renewal C. the Regional Centre for Child and Youth Mental health and Child Welfare (RKBU Vest). In addition, subsidiaries (dottersällskap) are mentioned, related to the division of health and social sciences. The departments in turn are subdivided into units; A has according to the self-assessment three competence centre/ research unit and 4 units; B has 5 units whilst the structure of RKBU is not specified. According to the research evaluation report RKBU has four unit managers suggesting that it is organised in four units. In the administrative unit assessment 27 out of 51 co-workers at unit C are working with dissemination, education and such, i.e. competence development. The meaning of being a competence centre is not described in detail. Commonly a competence centre has both research and knowledge translation, and education and dissemination on the agenda. The border between knowledge translation and research is not clear, i.e. implementation requires systematic evaluation. The evaluation committee recognise that it may cause competing interests, research versus knowledge translation. However, the evaluation committee also recognise that it may be a unique opportunity in being close to practice, making it easier to identify relevant research questions and apply systematic implementation studies. This closeness may also make it easier to get acceptance and establish practice relevant research programmes. It was not clear how the role of knowledge translation informs research or the other way around. Too strict separation between knowledge translation and research may cause missed opportunities, bringing into research highly practice relevant research programmes and systematically evaluate knowledge translation efforts. In the SWOT, authority in relation to knowledge translation was mentioned as a threat. Within the units/centres research projects are placed. Since only one research group evaluation has been performed, that of RKBU, located in Bergen it is not possible to get a view of how research is organised in the more complex parts of the division. In addition to this complex organisation, two departments (A, B) are situated at seven geographical locations, mainly in northern Norway. The SWOT analysis pointed at recruiting experienced researchers to some geographic areas were difficult.

The committee's evaluation

Patient and public involvement and engagement (PPIE) in the research process is nowadays regarded as standard procedure to ensure relevance, especially in health

sciences. The evaluation committee found it not to be addressed in strategies, despite that the administrative unit has an advantage in the close organisational structure between research and knowledge translation, education, dissemination. The complex organisation may cause problems in relation to interdisciplinarity although it is emphasised in the overarching goal of NORCE. The chart presented at the interview showed a broad range of disciplines with few practice-oriented health science disciplines represented. Some units seemed organised as disciplinary rather than interdisciplinary groups. For instance, some units are labelled according to a discipline i.e. health economics, or to a research area (work life) and sometimes an ambition, e.g. restructuring public health. The evaluation committee noted that a so-called silo mentality was put forward as a threat in the SWOT analysis and that synergy was believed to be untapped and that may be amended by a less hierarchical organisation. Thus, the committee doubts that the division is capitalising on interdisciplinarity (ToR 1). Organising research into many units, centres or the like may underpin fragmentation and groups working in isolation and it may also diminish opportunities for interdisciplinary research.

The management structure mirrors the organisation, an executive vice president, deputy EVP, three department managers with overseeing research and academic achievements, economy and administration. Each unit has a research director and out of fifteen directors 11 hold a PhD and seven of them have participated in a leadership programme. The administrative division in NORCE is common for all divisions and responsible for all administrative tasks including HR and recruitment. Each division has a primary contact and each project a controller. To maximise synergies, the division organises meetings between divisions, departments, groups, management and business review meetings and workshops before major applications. The evaluation committee believes that the structure has too many layers above the research group and can be reduced, accordingly also the management structure and synergy would probably benefit from some of the tasks of the administrative division transferred to the departments. It is difficult to understand the justification for having a mix of departments, units and centres. The committee also noted that the authority of competence centres was regarded as complicated (SWOT) which may be detrimental for the interaction between research, knowledge translation and innovation.

The committee's recommendations

- analyse the organisation with the aim to reduce layers and simplify the organisation. In this process an organisation promoting interdisciplinarity should be established reflecting the overarching research programmes. The analysis is to be focused also on being geographically close to those regional areas of specific interest to the division
- reduce and adapt the management structure to a more simplified/flat organisation in which senior researchers preferably with competence at professorial level, is in lead and research groups closer to decision making
- structure the management and authority related to knowledge translation versus research to be so that it promotes the interaction between knowledge translation and research, barriers to a floating interaction between these tasks should be diminished.
- create a process for strategic research development and in which stakeholders, patient and public involvement and engagement are represented and with the support of external advisors.

1.3 Research funding

The division of health and social sciences is funded through RCN, approximately 12-13% of the total budget. The total budget was 273 million NOK in 2022, of which 12-13% were non-competitive grants distributed by the research council and 41% were grants received in competition. A share of 17% was on commission and 26% direct funding for knowledge development to the four competence centres and something like 3% was EU grants. The budget for research is estimated to be about 165 million NOK for 2022. Grants in competition have increased from 43 to 70 million NOK over the last five years and the division is to be commended on this achievement. International grants, from the EU and Nordic grants are low and said to be prioritised for the following years. The increased percentage of grants in competition is impressive. Changes in grants, direct funding and public research funding are seen as a challenge (SWOT).

The committee's evaluation

The committee found the one-year funding cycle to be problematic since most research spans over several years, especially intervention studies. There may be ways to secure funding for longer periods. Direct funding is decreasing, and short term and the division become more dependent on funding in competition. The evaluation of RKBU states the centre has been successful in obtaining funding, however, 75% of the funding is from the directorate of health and directorate of child, youth and family affairs. Research grants on commission is stated to decrease and NORCE may have difficulties competing with universities and the business sector due to higher overhead costs. From the interviews it was found that municipalities and counties belong to the top 5 commissioners which is in line with what has been stated to be prioritised as an area for research institutes to be active in. The evaluation committee encourages the stated aim to increase their attempts to receive more international and Nordic grants and to build research programmes of interest for municipalities/counties to increase their competitiveness (ToR 2). The seemingly split authority for knowledge translation and development (SWOT) may have repercussions also on effective use of the funding and especially the interaction between applied research, implementation and knowledge translation.

The committee's recommendations

-   initiate a discussion about the cycle for direct funding over a longer period than one year.
-   proceed with a strategic plan for obtaining more European, Nordic and other international grants.
-   analyse how to reduce the overhead costs to increase competitiveness when applying for research on commission is carried out. Organisational and management reduction may be one source to decrease such costs.
-   carry out in-depth analysis on how a simplified authority structure for knowledge translation and research can reduce costs and increase opportunities for highly relevant practice-oriented research and implementation science.

1.4 Use of infrastructures

Two national infrastructures are mentioned in the unit's self-assessment. It is the Norwegian primary care research network and the Norwegian citizen panel. The network covers 90 general practitioner's office, and the division oversees the western regional part

of the network. The intention was that the network should be self-funded, but it has difficulties in achieving the ambition. The citizen panel was established in 2013 by UiB and the division. It is collecting opinions toward societal matters. Participation in international infrastructures is stated to be not applicable. The division do, however, participate in European infrastructure (ESFRI) through 20% position as national coordinator for European Social survey. Research infrastructure to which the division has access covers a laboratory for observing social interactions (one-way mirror), access to Norwegian microdata, Ipsos covering long term series on societal and social variables, DEMOSOS 2 a research project with access to health care utilisation data. Data security is provided by access to IT-infrastructure through SIKT, services for sensitive data TSD, and SAFE secure safe processing of sensitive data.

The access to data as well as data security is through collaboration with others like UiO and UiB. The longitudinal data collected in the Bergen Youth longitudinal study is not mentioned bearing in mind that the longitudinal data collected may be regarded as an infrastructure. There is no mention of biobanks and health and quality registers as research infrastructure.

The committee's evaluation

NORCE has worked with developing the accessibility of data initially by exploring accessibility followed by improving their data management plan in their internal management system. This is to develop a system that make research data searchable and to fulfil the obligations of fair principle. This is, however, restricted by that it is sensitive data and under restrictions by Norwegian laws and GDPR. Information about Privacy and data protection in NORCE is available, as is who to contact.

The committee's recommendations

The committee has no recommendations.

1.5 Collaboration

Collaboration, national as well as international is according to the self-assessment prioritised and highly important for NORCE's mission to commit high quality research as stated in the unit's self-assessment. This ambition comes through in the extensive list of national and international collaboration and with different sectors. Seven national collaborators are reported and within each group of collaborators both universities and end-users like municipalities or hospitals are represented, i.e. including public, private and third sector. The division has a leading role in some collaborations like the Bergen Child study whilst they are partners in others like GAMUT and POLYFON or equal partners in others like the centre for research on civil society and voluntary sector.

The committee's evaluation

The evaluation committee find collaboration closer to practice especially interesting since it provides opportunities for applied research and implementation science involving universities, an individual municipality, hospitals and municipal care and service, including school health (Stavanger and Alrek health cluster) or several municipalities (Helse omsorg vest). Such collaboration provides unique opportunities for setting up applied research, complex interventions or the like with great benefits for society and the public. Service-related research also fits well with what is said to be asked for by granting authorities. It also fits well with the governmental "strategi for helhetlig instituttpolitikk". In the description

of some of these collaborations public and patient involvement is mentioned as well as stakeholder involvement, although this is not elaborated. Emphasis is also given to interdisciplinary research; however, the evaluation committee had the impression that the organisation with many subdivisions, units, centres, themes sometimes around a discipline do not foster interdisciplinarity (ToR 1). The evaluation committee noted that the RKBU vest provided seminars or the like for PhD students whilst such activities were not mentioned in the unit's self-assessment. Promoting interdisciplinarity as well as collaboration should start early in PhD students learning and be illustrated in common activities illustrating diversity in research questions, methods and disciplinary approaches. The international collaboration is demonstrated mainly as research project/programmes also here related to music applied in contexts like care of people with a dementia disease or depression or neonatal care and their families. The other line of international collaborations is related to the health and wellbeing of young refugees in Norway, Finland and Scotland. In addition, an international project with Lithuania is reported. Thus, the international collaboration seems to be dominated by the division's strong involvement in music and music therapy. It did not become clear how international collaboration was selected and established, i.e. are these selected based on adding high competence to NORCE?

The committee's recommendations

- develop national collaboration further to opens opportunities for interdisciplinary service-related research programmes as illustrated by the collaboration with Helse omsorg vest and Stavanger and Alrek health cluster.
- identify international excellent research organisations and establish collaboration based on the overarching research programmes. This means applying a pro-active approach to identifying international collaborators that is useful for NORCE's development and for benchmarking.

1.6 Research staff

The merging of organisations into the division of health and social sciences was completed in the end of 2022 making the NIFU report valid. The research personnel register states the number of FTEs to be 123, 131 researchers of which 68 (51%) hold a PhD of various type reflecting interdisciplinarity and 15 holds a foreign PhD. Only those with a 50% position was included indicating a higher FTE. Information from the interview stated that in 2023 the FTE's for research was132,7, including those with less than 50% position it was 139,2, for knowledge translation 25.7 FTE. It is mainly permanent positions. Inter-disciplinarity specified in the interviews showed the competence within the area of applied health and social service to be sparse, especially in the department of sustainability and renewal. 65 researchers are said to be senior researchers, 20 research professors, 20 researchers, 12 research fellows, 19 research and directors, 1 chief scientists, 1 head of national centre for emergency primary health care 2 executive vice president and vice EVP. The meaning of being a senior researcher in terms of scientific experience is in the views of the committee not clear and from the interview the requirements for appointment as research professor and senior researcher seems low in terms of scientific experience (grants, PhD supervision, international scientific publications). The gender distribution is pointing at fewer women in senior positions whilst they dominate in positions like researcher and research fellow. The average age is 45 and similar for men vs women. The number of PhD students were according to interviews about 25 and 3 earning their PhD during 2023. The SWOT analysis report difficulties in recruiting scientifically experienced researchers.

The committee's evaluation

The committee suggest a clarification of the meaning of being senior researcher vs research professor would be helpful and probably also helpful in recruitment since competition signifies not only grants for research but also positions and career development. The variation in disciplines presented during the interviews was not quite clear in that the biggest variation was within the department of sustainability and renewal, however with limited health care disciplines whilst RKBU vest had limited variation outside health care disciplines. The collaboration between the departments became not clear (ToR 1). Measures to follow up the strategy is in place through 3-5 KPIs for each strategy area and these are followed up twice a year. The KPIs' for health and social science divisions strategy areas are not included in the unit's assessment and not how the follow up is done and its results. It is reported that a workshop precedes any application for grants, but not clear about the strategic process up to the point when an application for funding is discussed. Overall, the administrative unit may have the opportunity to meet their targets for research and society based on resources and competence provided a more developed long-term plan and competence mix close to knowledge required to set such a plan in action (ToR 6).

The committee's recommendations

- analyse the composition of disciplines related to the disciplines needed in a long-term research programme and recruit according to the competence required.
- analyse the scientific competence required to be eligible for a specific employment at universities and implement similar requirements. Implementing a system clearly illustrating scientific progression may trigger employees invest in their career and their scientific development be standardised and transparent.
- develop and implement a system for scientific knowledge development common for all researchers, including PhD students at the level of the division to bring in knowledge about new designs and methods and challenges related to interdisciplinary research.
- develop and implement a system for interaction and sharing between those working with knowledge translation vs research.

1.7 Open Science

The library service of NORCE provides guidance in the publication process and OA publications are registered and published in accordance with requirements of RCN. According to statistics development has gone from 46.5% of the publications not OA in 2013 to between 15% to 7 and 14% the last three years. In the self-assessment it is stated that 86% of publications were openly available. The improvement has been mostly in the Archived going from about 5 percent to 35-40 percent the last three years. Also, the division is responsible for publishing two journals open access and in addition a report series. The division is member of the SIKT library consortium and in several consortia for publisher agreements securing access to research literature and OA publishing. NORCE has an internal data management system approved by relevant authorities. CEO is responsible for that personal data is protected according to regulations and in addition there is a data protection officer to ensure legal access to necessary personal data for research. New research is published in Clinicaltrial.gov making the ongoing research visible and searchable internationally. The policy is phrased as that research data should be as open

as possible and as closed as necessary which make sense bearing in mind that data in health and social sciences most commonly is sensitive.

The committee´s evaluation

The policies related to open access and regarding ownership of research data, management and confidentiality is adequate and it is recognised that it is an ongoing process. The evaluation committee noted that there has been a significant improvement in open access publications.

The committee's recommendations
- Continue with improving and deliver on Gold OA publishing.

2. Research production, quality and integrity

The evaluation committee noted that the division undertakes research in several areas. Six scientific focus areas were described: youth exclusion, social inequality, health data, practice-oriented research, digital transformation, social modelling, climate transition, democracy under pressure and arctic research. Collaboration indicated music interventions as an additional field. The focus areas were not evaluated as for research quality. Some of these fields were demonstrated in impact cases. The bibliometric analysis indicated a decrease in international publications from 2017-19 and thereafter a small increase was seen in publication statistics. There is a share of 10% most cited publications indicating good scientific quality. Most cited are those publishing methodological development. The share of international collaboration has increased with 45% in 2022, and co-publishing is mainly with Scandinavian universities. Research integrity and measures to prevent violation of integrity is addressed and measures are in place to ensure that research integrity is protected.

The evaluation committee finds the ambition to cover so many fields to be impressive. However, the committee also wants to point out the conflict between breadth and depth which may end up in fragmented research projects with limited ability to inform practice. Such research often fails to go into depth with a research problem and thereby fails to deliver the evidence required to implement findings in practice.

One research group was submitted for evaluation by NORCE. The regional centre for child and youth – mental health and welfare was founded in 2013 and is part of the division of Health and Social Sciences since 2018. The committee found it noteworthy that only one research group met the criteria for evaluation bearing in mind that the division reported 132,7 FTE researchers, it may be a sign of research being fragmented.

2.1 Research quality and integrity

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

Regional Centre for Child and Youth - Mental Health and Welfare

Strengths of RKBU Vest are the relatively large size of this research group, their organisation and method of communication and their career progressions for PhDs. They are also successful in continuing to attract internal funding and increasingly external funding too. Another strength is their portfolio of diverse and longitudinal research studies and strong track record of publications. Weaknesses are the group's economic, societal and cultural impacts in Norway and potentially beyond, which could be specified further in text and table. Furthermore, the involvement of participants, stakeholders and non-academic partners in the research planning, conduct and dissemination could be strengthened.

3. Diversity and equality

The division has an equality and diversity committee, overseeing the action plan. The action plan for gender equality and diversity covers gender balance, diversity and discrimination and specifically addresses governance and management, skills and career development, recruitment, whistleblowing and harassment, documentation and analysis and in addition integration of gender perspectives in research. The committee noted that there is a share of international employees involved in research. In the case of research related to health and social care, public and patient participation is an important ingrediency to ensure that research is relevant to those addressed and that interventions fits the real world both from the perspectives of recipients and those employed. This is important especially in research related to youth exclusion, social inequality, practice-oriented research as well as democracy under pressure. It may well be that the centre for practice-oriented research is such an example. It is said to develop "tomorrow's solutions together with stakeholders, public, voluntary as well as private sector". Involvement of those concerned stakeholders or recipients should perhaps not be restricted to practice-oriented research questions but any kind of research.

The committee´s evaluation

The evaluation committee noted that apart from a slight overrepresentation of men in management positions gender balance is within the 40/60% distribution and in addition, seemingly there is a share of researchers representing other types of diversity. As noted earlier in evaluation and recommendations the patient and public involvement and engagement seemingly needs to be improved.

The committee's recommendations

The committee has no recommendations.

4. Relevance to institutional and sectorial purposes

The evaluation committee finds NORCE to have well-developed infrastructure for reaching out, implement and commercialise research findings. The strategic objectives cover dissemination, co-creation and public affairs as well as knowledge transfer and commercialisation. The administrative division serving all divisions provides business review meetings, and the research centres has funding for education, competence development, and knowledge translation. NORCE also has a system for innovation and commercialisation, patenting and technology transfer in place available for all divisions. The evaluation committee had the impression that the health and social science division is in its early stage in terms of using these opportunities available as well as collaborative research between the three research divisions. According to the self-assessment a meeting between health and social science and the division of energy and technology has taken place. The success in obtaining grants in competition indicates adaptation to the governmental grant scheme but it may not be an indication of bridging the research practice gap in research and innovation projects (ToR 2). To close such a gap perhaps ongoing research programmes that tests the impact in terms of effectiveness or efficacy before implementation in practice needs to be done.

The committee's evaluation

The evaluation committee suggests that the extensive collaboration with end-users as well as that NORCE host centres responsible for knowledge translation provides a great opportunity for sector specific impact. This goes also for that the two other divisions have the scientific competence needed to develop sectors like primary health care, home care, home nursing care, school and leisure activities within the authority of municipalities and counties, especially the environment and technology divisions. There may be an obstacle in the way the regional centres are managed as suggested in the SWOT. If that is the case, the committee recommends that the possible unclear authority is sorted out so that the chain of research/knowledge development and implementation is functional/undisturbed. The collaboration with end-users such as primary health care, municipalities responsible for home care, nursing home care, schools etc provides an opportunity for closing the gap between research and practice as well as developing implementation science. The evaluation committee noted the spread of subjects for research and knowledge translation and suggest that the balance between many projects of different kind versus building larger programmes within a problem area should be considered. As for innovation and commercialisation, the evaluation committee had the impression that the health and social science division is in its early stage in terms of using these opportunities available as well as collaborative research between the three research divisions (ToR 5).

The committee's recommendations
- Develop a stronger orientation towards practise-oriented research in a programmatic approach rather than isolated projects. This is to ensure that synergetic effects between different research projects emerge and thereby impacting evidence for practice.
- Explore the opportunity of a stronger research and knowledge translation focus on primary health care, home care and nursing home care, schools, municipal leisure

activities etc. The areas where the responsibility is with the regional and municipal authorities.

4.1. Research institutes

According to a publication from the Norwegian department of knowledge (F-4456 B, "Strategi for helhetlig instituttspolitik") the governmental ambition is that the institutes sector should develop knowledge to inform policy development and contribute to sustainable development and transformation through high quality and relevance. Contract research is brought forward as an example of research initiated by the contractor as challenges and research evaluating proposals for policy reforms or reforms already in place. The centres carry out research related to their specific mandates. Policies for innovation is in place available for all divisions. Two successful processes are presented and ongoing: Re-Aimed (using AI in response to medical calls) and gamification (a mobile game to manage IBS). The evaluation of research was restricted to the Regional Centre for Child and Youth – Mental Health and Welfare making it difficult to get an overview of the research going on in the division as a whole.

The committee`s evaluation

There are examples presented with an impact on political level and also at practice level. The problems encountered in competing on commissioned research is an obstacle that needs to be addressed. The three divisions within NORCE are a resource perhaps not fully explored, (ToR 6) in particular regarding the climate change and the challenges regions and municipalities are up to in their responsibility for health and social care, schools, leisure activities etc.

The committee's recommendations

-   Analyse and develop a strategy in which NORCE takes on a decisive role in the regional development, through research and knowledge translation including innovation. This requires close collaboration with the regions, stakeholder involvement as well as involving the public and those dependent on the health and social services provided by the regions. NORCE has an original opportunity by having two divisions close with research knowledge in areas important for the development of the areas of regional responsibilities, especially the area of health and social science.

5. Relevance to society

In the self-assessment, the administrative unit put forward their priorities to be targeting the most prominent societal challenges articulated by the UN's sustainable development goals (SDG) as well as the Norwegian long-term plan (LTP) for research and higher education and that they work towards the following SDGs: 3, 8, 10, 16. As for the LTP inclusion of children and youth, marginalisation and democratic participation are given as examples. The evaluation committee recognises these research areas as part of the research agenda but would have like to see these areas substantiated through more details as for research group evaluations, research impact in terms of research providing evidence of such calibre that it is ready for implementation as well as it impact in terms of benefits for those concerned and in costs for the society.

Comments on impact case 1: Effect evaluation of individual placement and support

The impact of the findings from this study has been strong at governmental level as well as by the authorities responsible for vocational rehabilitation. The latter has been done at a large scale and governmental incentives in terms of redirecting financial support has been decided. The evaluation of individual placement and support (IPS) is a model to improve successful vocational rehabilitation for people with mental health problems. It is built on the assumption that it is more effective to place the individual in a suitable workplace directly and apply additional supportive interventions when in place. It has been used and found effective in other countries but at the time not in Norway. A RCT including process evaluation and in addition a long-term evaluation and results were positive as it has been in other countries as well. The uptake of the IPS model for vocational rehabilitation showed to be more effective than treatment as usual also in long term. Results have been published in scientific journals of moderate impact. Due to the positive results reported from other countries perhaps an implementation research design would have been useful. Commendable is that new studies have been set in place to investigate how the model works for other groups at risk for being excluded from work life, for instance people at sick leave or long-term health benefits, disability benefits or the like. This is a well conducted research project that has the potential to develop into a competitive research programme addressing effectiveness in a broader context and to deeper the understanding of effective supportive interventions to strengthen vocational rehabilitation. The societal impact as well as the impact for the target group has been good.

Comments on impact case 2: Independent medical evaluation

This is an original piece of research that led to withdrawn of a political decision and as such it is a unique study and more of the kind would perhaps be useful. From an international perspective withdrawing the suggested intervention has limited external validity. However, testing political decisions under rigorous conditions before large scale implementations is original and useful in an international perspective. The study explored the impact of independent medical evaluation prior to a political decided policy change and the research showed that the suggested political intervention was not effective. The political decision was based on the idea that people on long term sick leave should at six months of sick leave undergo an independent medical evaluation. A RCT was set up comparing treatment as usual with an independent medical evaluation by a doctor employed in NAV. In addition, interviews and focus groups interviews were carried out. The result showed no difference

between the two groups whilst the interviews indicated that the intervention created problems for the patients. In essence no support was found for the political suggestion and thus it was withdrawn. Although, it had an impact in terms of withdrawal of suggested change, impact from a research perspective is not strong.

Comments on impact case 3: Telephone triage and counselling in Norwegian local emergency medical communication centres

The impact of these studies apart from publication in modest impact journals led to new studies to further develop and research support tools to decrease under as well as over triage. Guidelines and normative documents have been developed. The actual impact regarding decision tools in clinical practise is not clear from the summary of the impact case. How the findings have led to change and how changes are followed up in clinical local emergency communication centres especially regarding the efficiency in support tools is unclear. Telephone triage and counselling in Norwegian local emergency medical communication centres is researched in several studies investigating the impact on direct attendance when intervening by encouraging people to take telephone contact first leading to a significant decrease in direct attendance. The other line of research investigated the impact of using a decision tool and that lead to an increase in urgent visits. Also, the pandemic led to changes in support and attendance pattern. Traditional dissemination, publications, conference presentations dialog meetings with the directorate is reported as well as new research questions raised by the results.

Comments on impact case 4: Bergen child study

This study, Bergen child study, has informed local as well as national guidelines, reports and initiatives and research method developments. It is mentioned that the results have led to intervention studies, and as it seems not initiated by the Bergen child study research group. Thus, the impact in terms of informing and changing practice is as it seems mainly by others that has taken up the findings and brought a change in practice. Bergen child study is a longitudinal cross-sectional cohort study following children from the age of 7-9 and in 2012 at the age of 17-19 and focusing especially mental health problems and doing so with a triangulation approach i.e. data from several sources, the child, family, school etc using self-reports but also psychiatric interviews. The study has been productive in terms of several PhD thesis and many scientific publications and conference presentations. The design of the study, longitudinal approach and triangulation of data sources and methods provides powerful evidence of children's mental health during childhood and youth and thus it would be a lost opportunity to not do follow-up studies exploring their adult life, being able to more deeply understand the impact of certain circumstances on their adult life. Also, it would be interesting to see intervention studies drawing from findings and bringing them into the next level of evidence, i.e. from discovery to intervention and implementation. This longitudinal study could form a base for intervention studies that can amend practice and thus the potential for societal impact is very good.

Comments on impact case 5: Pathways to independence

Pathways to independence is at an early stage of possible impact on practice, research or other international recognition. It is mainly a survey approaching the young (minor) refugees that arrived unaccompanied to varies European countries, in this case Norway. It was initiated by child welfare services and carried out in close collaboration with child welfare service and with the refuges and thus was carried out in close collaboration with

stakeholders and those concerned. This is commendable. The study design and methods leaned on earlier epidemiological research on for instance foster home care and thus allow for comparison. The impact is merely about developing further research and valid methodology for research. The study evolved from practice and the close collaboration with stakeholders and policy makers shorten the time from discovery to evidence to be implemented. Whilst the evidence base that can inform and change practice is not available yet, it is a nice piece of research that could lend itself to a research programme able to inform society not only regarding young refugees but also other groups at risk for social exclusion. This in turn requires intervention studies and thus societal impact so far is weak.

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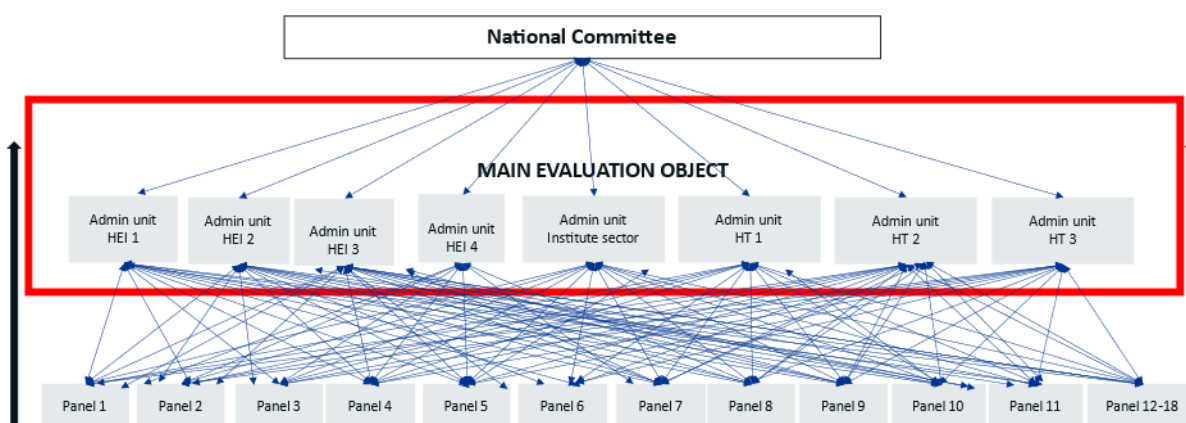
The institutions have been allowed to adapt the evaluation mandate (Terms of Reference) to their own strategic goals. This is to ensure that the results of the evaluation will be useful for the institution's own strategic development. The administrative unit together with the research group(s) selects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

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

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

Porteføljestyret for livsvitenskap har vedtatt å gjennomføre fagevaluering av livsvitenskap 2022-2024 som to evalueringer:
- Evaluering av biovitenskap (EVALBIOVIT) (2022-2023)
- Evaluering av medisin og helsefag (EVALMEDHELSE) (2023-2024)

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

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

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

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

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

Forskningsrådet

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

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

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

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

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

Invitasjon til å foreslå eksperter – skjema 3
Forskningsrådet inviterer administrative enheter og forskergrupper til å spille inn forslag til eksperter som kan inngå i evalueringskomitéene og i ekspertpanelene. Hver evalueringskomité vil bestå av 7-9 komitémedlemmer, mens hvert ekspertpanel vil bestå av 5-7 eksperter.

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

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

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

Tilpasning av mandat – frist 30. september 2023
Forskningsrådet ber med dette administrative enheter om å tilpasse mandatet (vedlegg 4) ved å opplyse om egne strategiske mål og andre lokale forhold som er relevant for evalueringen.

Forskningsrådet

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

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

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

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

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

Med vennlig hilsen
Norges forskningsråd

Ole Johan Borge   Hilde G. Nielsen

avdelingsdirektør   spesialrådgiver

Helse   Helse

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

Kopi
Helse- og omsorgsdepartementet
Kunnskapsdepartementet

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

Evaluation of life sciences in Norway 2022-2023

LIVSEVAL protocol version 1.0

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

1 Introduction

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

1.1 Evaluation units

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

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

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

1.2 Minimum requirements for research groups

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

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

1.3 The evaluation in a nutshell

The assessment concerns:

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

The Research Council of Norway (RCN) will:

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

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

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

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

3) The administrative unit will, in turn, be invited to register a set of research groups that fulfil the minimum criteria specified above (see section 1.2). The administrative unit may decide to consider itself a single research group.

4) For each research group, the administrative unit should select an appropriate benchmark in consultation with the group in question. This benchmark can be a reference to an academic level of performance or to the group's contributions to other institutional or sectoral purposes (see section 2.4). The benchmark will be used as a reference in the assessment of the unit by the expert panel.

5) The administrative units subject to assessment must provide information about each of their research groups, and about the administrative unit as a whole, by preparing self-assessments and by providing additional documentation in support of the self-assessment.

1.4   Target groups

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

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

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

2 Assessment criteria

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

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

2.1   Strategy, resources and organisation

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

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

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

2.2   Research production, quality and integrity

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

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

2.3   Diversity and equality

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

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

2.4   Relevance to institutional and sectoral purposes

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

Higher Education Institutions

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

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

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

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

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

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

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

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

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

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

The institutes should:

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

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

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

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

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[3] Strategy for a holistic institute policy (Kunnskapsdepartementet 2020)
[4] Cf. the Specialist Health Services Act § 3-8 and the Health Enterprises Act §§ 1 and 2

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

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

2.5   Relevance to society

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

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

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

3 Evaluation process and organisation

The RCN will organise the assessment process as follows:

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

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

3.1 Division of tasks between the committee and panel levels

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

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

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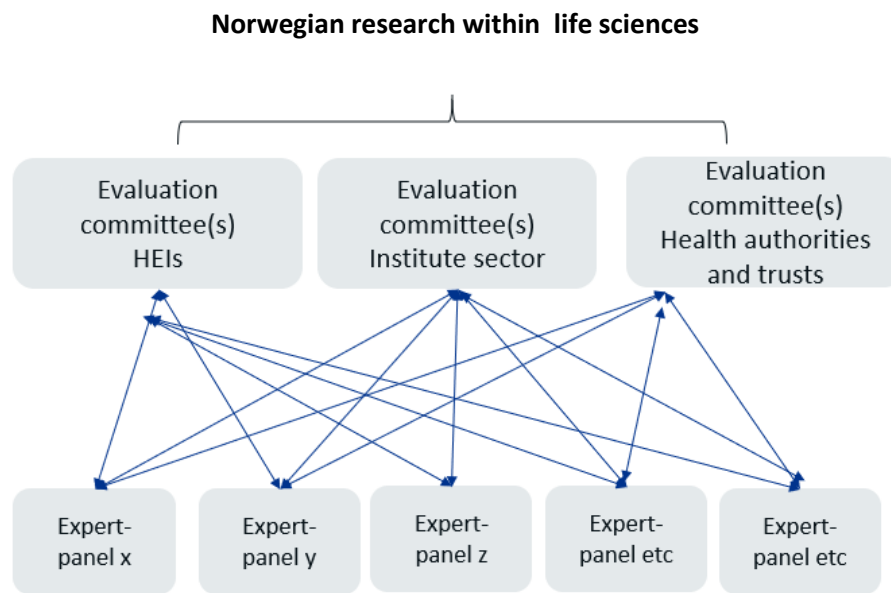
Norwegian research within life sciences

Figure 1. Evaluation committees and expert panels

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

3.2 Accuracy of factual information

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

3.3 National level report

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

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

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

Appendix A: Terms of References (ToR)

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

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

Assessment

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

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

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

   1. …
   2. …
   3. …
   4. …
       …

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

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

Documentation

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

The documents will include the following:

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

Interviews with representatives from the evaluated units

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

Statement on impartiality and confidence

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

Assessment report

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

Appendix B: Data sources

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

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

National registers

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

Self-assessments

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

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

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

Table 1. Types of evaluation data per criterion

Evaluation units / Criteria	Research groups	Administrative units
Strategy, resources and organisation	Self-assessment 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 <u>all</u> 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 <u>(max 50 pages)</u>. 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. <u>Please delete lines which are not in use.</u>

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	

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[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. <u>Please delete lines which are not in use.</u>

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

4.3 Higher education institutions

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

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

c) **ONLY** for administrative units responsible for the Cand.med. degree programme, cf. <u>Evaluation of
the Professional programme in Medicine (NOKUT).</u>
- Reflect on how research at the administrative unit contributes towards the quality of
  the Cand.med. degree programme at your institutions and beyond.
- Describe the different opportunities for students on the Cand.med. degree programme
  to become involved in research activities at the administrative unit, and the extent to
  which students use those opportunities.

4.4 Research institutes

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

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

4.5 Health trusts

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

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

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

5. Relevance to society

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

5.1 Impact cases

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

Impact case guidelines

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

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

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

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

Maximum number of cases permitted per administrative unit
For up to 10 researchers: one case; for 10 to 30 researchers: two cases; for 30-50 researchers: three cases; for 50-100 researchers: four cases, and up to five cases for units exceeding 100 researchers.

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

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

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

Please write the text here

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

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

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

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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.

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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.

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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
NORCE	Health and Social Sciences Division	Regional Centre for Child and Youth - Mental Health and Welfare	Panel 5b

Scales for research group assessment

Use whole integers only – no fractions!

Organisational dimension

Score	Organisational environment
5	An organisational environment that is outstanding for supporting the production of excellent research.
4	An organisational environment that is very strong for supporting the production of excellent research.
3	An organisational environment that is adequate for supporting the production of excellent research.
2	An organisational environment that is modest for supporting the production of excellent research.
1	An organisational environment that is not supportive for the production of excellent research.

Quality dimension

The quality dimension consists of two judgements: 1) Research and publication quality, and 2) Research group's contribution. The first judgement is defined as follows:

Score	Research and publication quality	Supporting explanation
5	Quality that is outstanding in terms of originality, significance, and rigour.	**The quality of the research is world leading** in terms of quality, and is comparable to the best work internationally in the same area of research. The publications submitted provide evidence that the work of the group meets the highest international standards in terms of originality, significance, and rigour. Work at this level should be a key international reference in its area.
4	Quality that is internationally excellent in terms of originality, significance and rigour but which falls short of the highest standards of excellence.	**The quality of the research is internationally excellent.** The research is clearly of an international standard, with a very good level of quality in terms of originality, significance, and rigour. Work at this level can arouse significant interest in the international academic community, and international journals with the most rigorous standards of publication (irrespective of the place or language of publication) could publish work of this level.
3	Quality that is recognised internationally in terms of originality, significance and rigour.	**The quality of the research is sufficient to achieve some international recognition.** It would be perceived nationally as strong and may occasionally reach an internationally recognised level in terms of originality, significance and rigour. Internationally recognised journals could publish some work of this level.
2	Quality that meets the published definition of research for the purposes of this assessment.	The international academic community would deem the research to be nationally acceptable, but below world standards. Legitimate nationally recognised peer-reviewed journals could publish work of this level.
1	Quality that falls below the published definition of research for the purposes of this assessment[1].	**The quality of the research** is well below international level, and is unpublishable in legitimate peer-reviewed research journals.

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

Societal impact dimension

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

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

Methods and limitations

Methods

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

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

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

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

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

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

Limitations

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

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

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

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