

Evaluation of Life Sciences 2022-2024

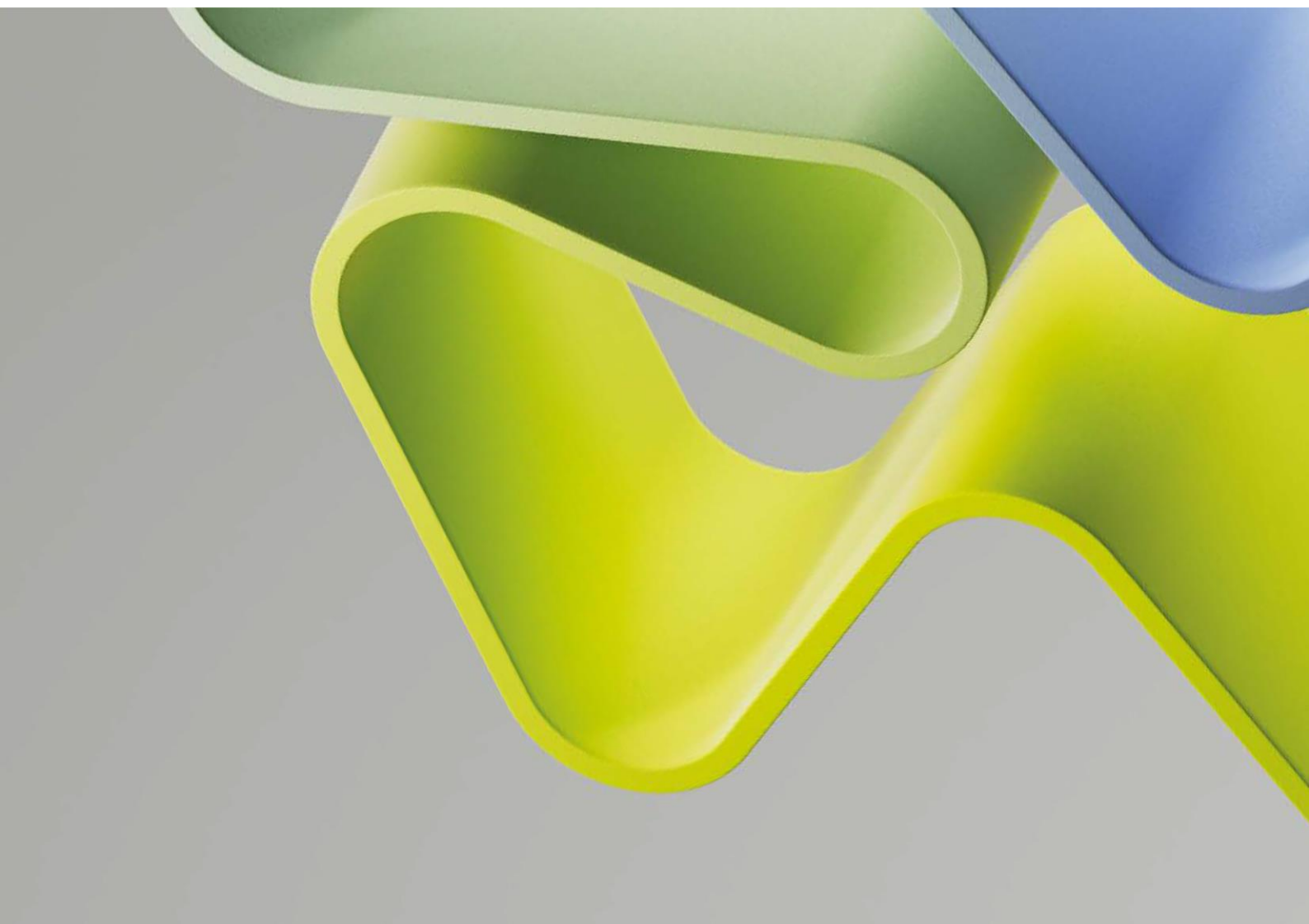
Evaluation of medicine and health 2023-2024

Evaluation report

ADMIN UNIT: Division of Mental and Physical Health

INSTITUTION: Norwegian Institute of Public Health

December 2024



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Statement from the Evaluation Committee for the Institute Sector

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

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

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

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

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

Professor emerita Ingalill Rahm Hallberg (chair)
Lund University

Associate Professor Joachim
Boldt
*Albert Ludwig University of
Freiburg*

Professor Walter
Bruchhausen
Bonn University

Professor Sarah Purdy
Bristol Medical School

Bregtje Kamphuis, Technopolis Group, was the committee secretary.

Oslo, December 2024

Profile of the administrative unit

The Division of Mental and Physical Health at the Norwegian Institute of Public Health (NIPH) coordinates research strategy and practical tasks across the institute. The director oversees this through the Research and Innovation Committee, which ensures alignment of research with institutional goals, and the Department for Research Administration Management (FAS), which supports project execution and funding applications. FAS also manages research infrastructure tasks like Data Protection Impact Assessments. In terms of research staff, the administrative unit is comprised of 60 senior researchers, 20 researchers, 31 PHD students and postdocs, 13 advisors, nine department directors, two research directors and one executive director. Among the categories women represent 48% of senior researchers, 0% of executive directors, 65% of researchers, 71% of PhD/postdocs, 62% of advisors, 78% of department directors and 100% of research directors.

Nine of ten research groups from the administrative unit participate in this evaluation: Centre for Disease Burden, Centre for Evaluation of Public Health Measures, Centre for Genetic Epidemiology and Mental Health (PsychGen), Department of Child Health and Development, Department of Childhood and Families, Department of Chronic Diseases, Department of Health Promotion, Department of Mental Health and Suicide, and Department of Physical Health and Aging.

The administrative unit's strategic goals for research and innovation align with the NIPH's overarching strategies. They focus on addressing societal challenges, evaluating public health measures, responding to crises, and obtaining timely health data. The nine research groups included in the evaluation aim to produce high-quality research on public health issues, including mental health and somatic diseases, quantifying disease burden, identifying risk factors, establishing causal links, and assessing interventions. Additionally, the increasing share of open access publications reflects the unit's commitment to sharing knowledge in line with NIPH's mission.

The work of the administrative unit in its sector can be illustrated in several ways, such as recruiting researchers from diverse disciplines with varied methodological expertise. They identify key public health challenges and use innovative tools, like those from the Centre for Disease Burden, to address them, focusing on social inequality in health, including immigrant health and socioeconomic disparities. They coordinate national indicators for non-communicable diseases (NCDs) and mental health, emphasising scientific collaboration, while also supporting municipalities in evaluating public health measures and disseminating knowledge through reports and public engagement. Their goal in coordinating the mental health field is to address emerging challenges by gathering and discussing research findings, as well as identify knowledge gaps and address research needs. Network meetings, data exchange, and sharing results with policymakers have been outcomes of their collaborations.

Based on the self-assessment, in the future, the division might take advantage of its national and international networks which bolster their position as a leading research entity. Engaged employees contribute to a dynamic work environment and continued development of expertise. In turn this may lead to securing substantial external funding. They may also take advantage of external opportunities such as the proximity to decision-makers as this offers a unique advantage, presenting a considerable potential for influencing policies and creating a significant impact. By leveraging their strengths in numerous areas that have yet to be fully explored opens up possibilities for enhanced cross-disciplinary collaborations. By maximising each other's resources and tapping into the robust data available in Norway,

also through various registers outside of NIPH, they can further strengthen their research endeavours. There are also external threats which may impact the future situation of the division. One such threat is the financial unpredictability, encompassing both funding from the national budget and external sources.

Overall evaluation

The broad range of research fields addressed by the unit is impressive. The share of third-party funding is high, and the quality of research in terms of publication record is often very good or excellent, depending on the research group. At the same time, small groups and many research fields may lead to unfocused research with less strong evidence. In addition, some of the groups' research areas overlap (for instance regarding the groups "Childhood and Families" versus "Child Health and Development" and "Chronic Diseases" versus "Physical Health and Aging"). As a result, the specific research priorities as referred to in the ToR, are not clearly mirrored in the research groups' thematic foci.

The complex nature of the problems and challenges addressed by the unit's research groups will often require and profit from broad interdisciplinary approaches. The unit does include researchers from a variety of disciplinary backgrounds, but social scientists are apparently gathered in separate research groups. The Committee highly endorses establishing a researcher school, as planned, to provide research related training and knowledge to researchers at all career stages. This platform could be developed further. The unit has a large number of research cooperations with diverse actors (policy makers, citizens, research institutions) and across borders (EU and US). Many of these cooperations are part of research projects with limited funding periods, though.

The unit plays a pivotal role in the organisation of research across the NIPH. This role strengthens the unit's organisational standing, but might hinder open communication and decision-making on research strategies and research allocation between all units.

Recommendations

The committee recommends that:

- Overarching research areas and goals for the administrative unit are more clearly defined by the unit's research groups to strengthen a sense of research identity of the unit.
- The structure of departments and research groups and their thematic foci more clearly mirror the unit's specific research aims (as described in the unit's strategic plan 2022-2024 and referred to in the ToR) to facilitate effective execution of the strategic aims.
- A long-term strategic plan be set up, including a description of measures how to identify research gaps and how to prioritise them. KPIs or benchmarks should be developed to enable evaluating the unit's sectorial and societal impact.
- The administrative unit and the institute take a more active role to promote patient and public involvement and engagement (PPIE) and involvement of other relevant stakeholders at all stages of the research process to ensure societal relevance of research results.
- Researchers be recruited from the full range of relevant disciplines, including - besides social sciences - ethical and legal studies and the humanities. Research groups should always consist of interdisciplinary teams.
- The Researcher School could be further developed to provide new methodological knowledge, knowledge on patient and public participation, dual use research of concern, and FAIR principles.
- The initiation of a discussion at NIPH to evaluate whether assembling cross-unit responsibilities and services regarding all the units' research (FIU, FAS, Library Services, Researcher School) in institutional core facilities independent from specific units may be better suited to supply a level playing ground for all units.

1. Strategy, resources and organisation of research

1.1 Research strategy

The unit's nine research groups included in the research evaluation address main challenges of primarily non-communicable diseases in public health, including epidemiological research on mental health and somatic disease, quantifying disease burden, identifying and monitoring key risk factors, establishing causal inferences, examining public health consequences, and assessing and evaluating public health interventions at both local and national levels. The research foci follow the main strategic goals to tackle major societal challenges, evaluate public health measures, be strong in crisis and acquire timely health data. These goals are aligned with the overarching strategies and scientific priorities of the Norwegian Institute of Public Health (NIPH). The administrative unit has also furthered the NIPH's emphasis on social inequality through several research projects, the development plan on structural means in public health work and strategic initiatives toward topics like immigrant health and quality of life, and differences in health related to socioeconomic measures. Since the administrative unit is part of a government agency, it must balance research strategies with the need to address immediate and pressing societal issues, such as those related to generating knowledge during the pandemic. Regarding the latter, it is a strategic goal of the administrative unit to develop systems to quickly collect data on mental and physical health during crises and emergencies.

The unit's five strategic goals, as outlined in the unit's "Division Plan 2022-2024", are as follows:

Firstly, the administrative unit maintains its national role within the public health field through conducting relevant and impactful research. The unit's approach to taking a national role includes identifying main public health challenges, using innovative research tools, and conducting high-quality research related to these challenges.

Secondly, the administrative unit strengthens knowledge production within selected areas (comorbidity and shared risk factors, work and health, quality of life, mental health and prevention in children and young people, structural tools in public health work).

Thirdly, the administrative unit takes on a clearly defined role in emergency preparedness. It continues its work to build up a robust monitoring system for mental and physical health and lifestyles, build up research on psychological consequences of pandemics and other health crises, summarise the unit's efforts in relation to handling the corona pandemic, and clarify the unit's role in preparedness work at NIPH.

Fourthly, the administrative unit establishes good products / systems for the dissemination of knowledge to decision-makers and the public. A main tool is the Public Health Report which from 2021 onwards include annual thematic reports addressing current topics. Many people throughout NIPH are contributing to the Report. In addition, dissemination products will be further developed to better meet user needs.

Fifthly, the administrative unit acquires and disseminates knowledge that to a greater extent covers the entire population. This includes strengthening knowledge about social inequality in health, immigrants' health, and health of the elderly.

Within the general field of public, environmental and occupational health, the main scientific focus areas of the administrative unit have been evaluation of structural public health measures and describing populational health and well-being in general through innovative research methodologies like those used by the Global Burden of Disease Project. Within

the fields of psychology and psychiatry research focusses on how the interplay between genes and environmental factors affects neurodevelopmental and psychiatric conditions, quality of life research, and trends and causes of mental distress among children and adolescents. Regarding general medicine and endocrinology, a research focus is on effects of both established and novel health determinants on non-communicable diseases, including cardiovascular diseases, diabetes, lung diseases, chronic pain, and prescription drug use. In the field of pharmacology, the administrative unit contributes to vaccine safety studies. Another main scientific area since 2020 has been the impact of the COVID-19 pandemic on mental health, especially for children and adolescents.

The NIPH and the administrative unit ensure that research findings have immediate relevance to the public health agenda by conducting research that directly addresses policy gaps and supports evidence-based decision-making. For example, in line with the parliamentary White Paper on public health the NIPH aims to facilitate acquiring high-quality data on public health by establishing an infrastructure for surveys such as The Norwegian Counties Public Health Survey. These surveys provide data to be used in public health work for county municipalities. The unit's Centre for Evaluation of Public Health Measures plays a crucial role in advancing knowledge about effective public health interventions. The Centre evaluates measures and provides evaluation support to municipalities.

The implementation of the administrative unit's strategic priorities is executed through internal governance documents and systems, as well as through the everyday practices of the unit's leaders and researchers.

A significant share of the administrative unit's funding derives from external sources like the EU, The Research Council of Norway, and others. Externally funded research and innovation within the administrative unit aim to supplement and expand on the topics and areas outlined by the Ministry of Health and Care Services in NIPH's allocation letter and through parliamentary White papers. The administrative unit works systematically with each research group to explore opportunities for external funding of research projects.

The committee's evaluation

- The committee recognises, as a common characteristic of all NIPH units, the need to balance time and efforts related to research strategies, on the one hand, and immediate and pressing political and societal issues and tasks set by the allocation letter on the other hand.
- The committee notes that the strategic plan provided in the material for evaluation covers the period 2022 - 2024. A long-term plan covering the years ahead was not provided. The committee's evaluations and recommendations regarding research strategy refer to the information provided.
- The broad range of addressed research fields is impressive. At the same time, small groups with many research fields may lead to unfocused research with less strong evidence.
- In addition, some of the groups' research areas overlap (for instance regarding the groups "Childhood and Families" versus "Child Health and Development" and "Chronic Diseases" versus "Physical Health and Aging").
- Research fields in the administrative unit overlap with, e.g., research fields of the Division of Climate and Environmental Health and Division of Infection Control

(regarding pandemic research), and also STAMI (regarding the thematic initiative “work and health” (cf. the unit’s strategic plan 2022-2024 as referred to in the ToR).

- “Social inequality in health” is invoked as an overarching research focus. This is only partially convincing. While social inequality does figure as a subtask in many of the research projects described, it does not appear to supply a uniting frame for the different and diverse research fields of the unit, as of now.
- The committee notes a lack of intervention studies.

The committee’s recommendations

The committee recommends:

- Initiating a discussion exploring how to strengthen inter-institutional platforms (such as the platform initiated by the RCN), discuss and delineate research areas and promote research group communication and cooperation across the 12 national institutes to enable mutual learning as an alternative to the current organisation of information exchange.
- Initiating an NIPH assessment of options to strengthen discussion of research areas and their delineation at the institute across units and to promote cross-unit research group communication and cooperation. The Research and Innovation Committee (FIU) may be a platform well-suited to facilitate these efforts.
- Clearer definition of overarching research areas and goals for the administrative unit by the unit’s research groups to strengthen a sense of research identity of the unit.
- Clearer delineation of research groups / departments and their respective thematic foci. This can result in restructuring into fewer and larger groups that represent broader research areas. The structure of departments and research groups and their thematic foci should more clearly mirror the unit’s specific research priorities (as described in the unit’s strategic plan 2022-2024 and referred to in the ToR) to facilitate effective execution of the strategic aims.
- Developing additional research fields that facilitate well-prepared response in times of immediate and pressing societal concerns, following the unit’s strategic goal to develop better systems to collect timely data on mental and somatic health during crises and emergencies (cf. ToR request to provide a qualitative assessment of the Division of Mental and Physical Health as a whole in relation to its strategic targets).
- Further develop research fields within the administrative unit to address this research priority more directly if social inequality is to become an overarching research focus (cf. ToR request to provide a qualitative assessment of the Division of Mental and Physical Health as a whole in relation to its strategic targets).
- Exploring whether intervention studies can contribute to the unit’s research and impact goals, and developing the necessary methodological skills.

1.2 Organisation of research

The administrative unit plays a central role within the research environment at NIPH as a whole. The unit’s director has the overall responsibility for coordinating research at the NIPH. For institute-wide research purposes, the administrative unit hosts the Research and Innovation Committee (FIU). FIU represents all divisions, coordinates research and oversees strategic follow-up of the institute's research and innovation efforts. The administrative unit also hosts the Department for Research Administration Management

(FAS). FAS supports research projects across departments regarding project related administrative tasks, advises research groups on relevant grants and assists in writing applications. Finally, the administrative unit is home to the institute-wide Library Services. Internally, the administrative comprises 10 departments, including Library Services and Research Administrative Support, and three research centres (numbers taken from the unit's website, <https://www.fhi.no/en/ab/niph/divisions/mental-and-physical-health/>, accessed 11/18/24). According to the self-assessment, two of the departments are engaged in social science research and are not part of this evaluation (Department of Alcohol, Tobacco and Drugs and Department of Child and Adolescent Health Promotion Services). Six research groups, each belonging to a department, and the three research centres participate in the evaluation. The unit's main tool for research project management is the activity catalogue. The catalogue consists of approximately 200 registered research activities, descriptions of research portfolios and focus areas of each research group. The tasks of researchers include both working with externally financed research and tasks related to the allocation letter and other government assignments. This ensures flexibility within the research groups, allows the administrative unit to distribute resources across research groups when needed, and fosters methodological diversity and cross-collaboration between research groups.

Research personnel at the administrative unit is characterised by diversity regarding position and gender. 60 persons are employed as Senior Researchers (48% women), 20 persons are employed as Junior Researchers (65% women). 31 persons are PhD students / PostDocs on fixed-term contracts. Both the positions of Department Director and Research Director are dominated by women (78% and 100% women, respectively). To achieve a more balanced gender diversity, the administrative unit actively seeks to recruit male research leaders.

PhD students and PostDocs at the NIPH are invited to take part in research grant applications and are recruited for research projects. They are supervised by senior researchers. The NIPH has a professional career development plan for PostDocs and has established a network for PhD students.

A new researcher school offers opportunities for skills and career development for all researchers at NIPH. Teaching modules at the researcher school include literature search and knowledge summaries, open research, and being a researcher at NIPH (focussing on, e.g., most significant public health challenges nationally and globally, NIPH's social mission, priorities in the institute's strategy and development plans, legal provisions relevant for conducting research projects, funding agencies' requirements and rules, open publication policy, literature search, science communication, etc.)

Most researchers contribute to tasks related to government assignments in addition to their research projects. The number of working hours devoted to research versus governmental tasks varies individually.

NIPH encourages and supports researcher mobility. Researchers often travel abroad as part of research projects with international collaboration.

The committee's evaluation

- The administrative unit is, on the one hand, a division on par with the other NIPH units. On the other hand, the administrative unit plays a pivotal role in the organisation of research across the NIPH. For example, the administrative unit hosts The Research and Innovation Committee (FIU), the Department for Research

Administration Management (FAS), and the unit's director has the overall responsibility for coordinating research at the NIPH. This double role might hinder open communication and decision-making on research strategies and research allocation between all units.

- It is a strength of the administrative unit that researchers from a variety of relevant disciplines with diverse methodologic competence are recruited. The potential of multi-disciplinarity might not be exploited fully, though, since, e.g., social scientists are gathered in their own research groups.
- The complex nature of the problems and challenges addressed by the unit's research groups will often require and profit from broad interdisciplinary approaches, including, besides social science expertise, ethical and legal studies and the humanities. For example, HTAs by default include social and ethical expertise in their assessment schemes to fully address the issues at stake.
- The Committee highly endorses establishing a researcher school, as planned, to supply research related training and knowledge to researchers at all career stages.
- The committee notes that two of the unit's departments covering important public health issues, namely, "Alcohol, Tobacco and Drugs" ("Rusmidler og tobak") and "Child and Adolescent Health Promotion Services" ("Helsestasjons- og skolehelsetjenesten") are not part of the research group evaluation.

The committee's recommendations

The committee recommends:

- Initiating a discussion at NIPH to evaluate whether assembling cross-unit responsibilities and services regarding all the units' research (FIU, FAS, Library Services, Researcher School) in institutional core facilities independent from specific units may be better suited to supply a level playing ground for all units, allow efficient access of all units to these resources, and encourage open communication and decision-making on research strategies and research allocation than the existing organisational structure.
- Recruiting researchers from the full range of relevant disciplines, including - besides social sciences - ethical and legal studies and the humanities.
- Building research groups that represent the broad range of relevant interdisciplinary expertise. The committee is in doubt whether "social science only" research groups (and research groups without social science expertise) are providing the best possible pool of expertise to deliver highest quality public health research.
- Reassess why the research groups / departments on Alcohol, Tobacco and Drugs, and Child and Adolescent Health Promotion Services were not included in the evaluation. Health promotion and lifestyle are key components in preventing physical as well as mental health diseases.
- Use of the Researcher School also as a platform for disseminating new methodological knowledge and tools, such as machine learning, register based RCTs, complex interventions etc.
- Establishing lecture series or similar formats, or inviting guest researchers to profit from external knowledge on new research methods and infrastructures (if such formats are not existing, yet).
- Regarding delineation and organisation of the research groups at the unit, cf. the Committee's recommendation under "1. Research strategy".

1.3 Research funding

The total basic funding from the Ministry of Health and Care Services for the nine research groups is 286 MNOK for the period 2018 - 2022. In the same period, the total external funding for the 9 research groups amounts to 365 MNOK. This includes projects where the administrative unit is in charge of the project lead as well as projects where the administrative unit is partner in national and international collaborations. External funding sources include EU, The Research Council of Norway, the US National Institutes of Health, private charity organisations and the private sector (PASS studies). Since 2022, the downsizing of NIPH and restructuring of the health administration has led to cuts in basic funding. In 2024, cuts in the administrative unit amounted to approx. 20 percent budget reduction in basic funding. The unit expects to obtain additional external funding in the years to come.

The committee's evaluation

The committee is impressed by the share of more than 50% externally funded research and by the variety of external research funding sources.

The committee's recommendations

The committee recommends:

- Discussing with ministries (and possibly RCN), whether basic funding could be granted for longer periods to safeguard the ability to follow important longer-term research areas independent of the availability of third-party funding.

1.4 Use of infrastructures

The NIPH was represented in the NorBOL council, participated in "the Health registries for research" and is one of 12 partners in "Biobank Norway 4" (BN4). However, within the NIPH, these partnerships are located in other NIPH divisions.

NIPH does not participate in any of the mentioned international infrastructures (CERN, EMBL/EMBC, ESA, ESRF, IARC or OECD Halden).

NIPH participates in BBMRI-Eric through its partnership in Biobank Norway led by NTNU. However, within the NIPH, this partnership is located in another NIPH division.

The most important (e-)research infrastructures used by NIPH researchers are:

- TSD (Services for Sensitive Data)
- HUNT-Cloud (Linked to the HUNT Biobank, HUNT-Cloud serves as a national e-infrastructure for cloud computing)
- National biobanks
- SAFE (Sikker Adgang til Forskningsdata og E-infrastruktur)
- Datashield (a digital infrastructure facilitating privacy-preserving analyses across multiple datasets)

Data Management Plans at the NIPH follow open research data standards and protocols and comply with European policies and Open Research Europe. This includes early and open sharing of project protocols and results, measures to ensure reproducibility, and open access to project outputs. NIPH's projects are 'as open as possible, as closed as necessary'.

The committee's evaluation

The committee considers the use of infrastructures to be appropriate. FAIR principles ensure that research is “as open as possible”. In some cases, though, research and research results should be “as closed as necessary”. Dual Research of Concern (DURC) is such a context and should be addressed by NIPH and the unit. The committee notes that the administrative unit refers to difficulties regarding timely access to data for research purposes, also from within the organisation.

The committee's recommendations

The committee recommends

- Wider dissemination of knowledge of infrastructures and acquaintance with FAIR principles among all researchers at the administrative unit and at the Institute, for example via teaching modules at the researcher school.
- Initiate a discussion at the Institute to assess whether implementing DURC guidelines and a DURC committee at the Institute would be appropriate, Following, for example, the Dutch Rijksinstituut voor Volksgezondheid en Milieu and the German Robert-Koch-Institute.
- Dissemination of knowledge about DURC resources and guidelines among all researchers at the administrative unit and the Institute, for example via the Researcher School.
- Encouragement efforts at the Institute and at the national political level to implement infrastructures and procedures that ensure efficient access to health data for research in accordance with GDPR requirements and the Norwegian Personal Data Act (possibly in coordination with the European Health Data Space initiative).

1.5 Collaboration

The administrative unit participates in several international research and innovation projects to address health challenges that extend beyond national borders.

Collaboration with the university sector in Norway and beyond in the NCDNOR research project have been crucial to link data sources and perform studies on the development of non-communicable diseases to identify plausible underlying causal mechanisms. Relevant findings have been made accessible to policy makers.

The administrative unit collaborates with local-, regional- and national government and other actors on these levels. For example, the partnership with counties in the Norwegian Counties Public Health Survey (NCPHS) has led to a customised survey for formulating local and regional health policies.

The administrative unit has included user groups in its research to ensure relevance of the research for targeted groups and to develop innovative means, such as practical and ethical frameworks for collaboration with children and adolescents in research projects. Several research of the unit's research projects have involved NGOs, patient organisations and student organisations.

Finally, the administrative unit has worked with private research institutions, such as the Norwegian centre for violence and traumatic stress studies and Stine Sofie Stiftelsen, which has encouraged the administrative unit to include violence as a perspective in its research on mental health and suicide.

The committee's evaluation

- The administrative unit has a large number of research cooperations with diverse actors (policy makers, citizens, research institutions) and across borders (EU and US). Many of these cooperations are part of research projects with limited funding periods.
- Only one cooperating research institution from the global south is mentioned (from Cape Town / South Africa, as mentioned in the list of projects and project partners).

The committee's recommendations

The committee recommends:

- Establishing cooperation with international partners beyond cooperation in research projects, for example in the form of researcher exchange programs or internships / job shadowing at public health sister institutions in other countries to facilitate mutual learning, get to know and implement best research practice, and for benchmarking.
- More cooperation with institutions in the global south should be established (cf. research on vaccines, immigration, social inequality), depending on research project and research area.

1.6 Research staff

Researchers are recruited from several disciplines and possess diverse methodologic competence. Research staff at the administrative unit comprises permanent senior and junior researchers and temporary PhD/postdoc positions. 60 individuals are Senior Researcher (48% female), 20 individuals are Junior Researcher (65% female). 31 individuals are employed on temporary positions as PhD candidate or postdoc (71% female). The positions of Department Director (78% female) and Research Director (100% female) are dominated by women. To achieve a balanced gender ratio, the administrative unit actively tries to recruit male research leaders.

Early career researchers are encouraged to take part in research grant applications (including ERC grants) and are recruited for externally funded research projects. The NIPH has established a network for PhD students and a plan for professional career development for postdocs. Senior research staff supervises early career researchers.

The NIPH encourages and supports researcher mobility. This is often part of externally funded research activities.

The committee's evaluation

The Committee welcomes the fact that the NIPH has important structures in place to assist young researchers (targeted assistance for upcoming ERC grant applications, plan for professional career development for postdocs, network for PhD-students).

The committee's recommendation

- Encouragement of researchers at the administrative unit and the institute to make use of guest researcher programs at international research institutions (in addition to visiting project partners in third-party funded research projects).

1.7 Open Science

NIPH researchers are encouraged to publish in reputable open-access journals, and the institution actively participates in agreements to cover costs for open access publications. Three paths to open publishing are described on the NIPH intranet: Gold Open Access (reputable open access journals, recommended), Hybrid Open Access (discouraged due to potential double payments), Green Open Access (subscription journals with subsequent archiving in the open knowledge archive). The NIPH acknowledges the increased use of preprint servers for rapid dissemination of research findings. Code or scripts made in R are shared on, for example, GitHub. The open and reproducible science working group aims to develop best practice guidelines regarding open science, which the institute later can adopt.

The administrative unit strives to include user groups and stakeholders such as patient groups, adolescents, families, and third sector organisations in all parts of the research process. The administrative unit has contributed to the NIPH main goal of increasing open access publications. In 2022, only a minimum of the unit's publications was not open access. In a recent project, tools have been devised to include adolescents in policy decision making: a dialogue forum tool, a change toolkit developed by adolescents, and a Youth Task Force declaration written by adolescents.

At NIPH, data management plans (DMPs) follow open research data standards and protocols in compliance with European policies and Open Research Europe. NIPH's projects are 'as open as possible, as closed as necessary'. Project employees have a duty of confidentiality in accordance with forvaltningsloven §§13-13f. regarding personal information, and in accordance with helsepersonelloven §21 regarding personal health information.

The committee's evaluation

It is a remarkable success that only a minimum of the division's publications in 2020 was not OA. It is to be welcomed that researchers are encouraged to publish in reputable open-access journals, and that the institution actively participates in agreements to cover costs for open access publications. The committee welcomes the fact that the administrative unit supports the research groups' efforts to expand collaborations with user groups and other partners outside the research sectors.

The committee's recommendations

The committee recommends:

- Developing guidelines and recommendations, at the level of administrative unit and institute, for no fee open access publishing (e.g., a whitelist for no fee journals / platforms.) No fee OA can help to reduce the dependency of the public research system on commercial publishers.
- Initiating a discussion at the institute whether it is feasible to build a publication platform for peer-reviewed reports / public health papers, possibly in cooperation with other public health institutes, to provide a world-wide network and publication platform.
- Taking a more active role to promote patient and public involvement and engagement (PPIE) and involvement of other relevant stakeholders at all stages of the research process (e.g., the value, different forms, and best practice examples of PPIE could be communicated to researchers via the researcher school).

2. Research production, quality and integrity

The research groups within the administrative unit publish widely on topics related to the main public health challenges. Within the general field of public, environmental and occupational health, the unit's main scientific focus areas have been evaluation of structural public health measures and describing the population's health and well-being in general through innovative research methodologies like those used by the Global Burden of Disease Project.

Within the field of psychology and psychiatry, the administrative unit has conducted research on how the interplay between genes and environmental factors affect neurodevelopmental and psychiatric conditions, quality of life research, and trends and causes of mental distress among adolescents. Regarding the field of general medicine and endocrinology, population trends in non-communicable diseases are a focus area of the unit's research, elucidating the effects of both established and novel health determinants on NCDs, such as cardiovascular diseases, diabetes, lung diseases, chronic pain, and prescription drug use.

Further research includes pharmacoepidemiology and vaccine safety studies, and, since 2020, the impacts of the COVID-19 pandemic on public health, focusing on mental health implications, especially for children and young people.

The NIPH has an Ethical Committee that is mandated to advise the leadership of the administrative units and the institute's leadership on ethical issues, including matters concerning research integrity. The NIPH has a set of ethical guidelines, including a specific guideline on how ethical concerns related to research integrity should be managed. The institute is also one of 12 institutions that have established a Joint Committee on Research Integrity. The Joint Committee is mandated to handle cases of possible scientific misconduct on the request of its member institutions.

2.1 Research quality and integrity

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

Centre for Disease Burden

The Centre for Disease Burden is a young, but growing, research group. They appear to be highly collaborative and are already generating important, high quality, research. To strengthen their strategy, it would be useful for them to consider not only how they can quantify disease burden but also how they can produce high quality translational research that can help to reduce it. In addition, as some members of their team are also affiliated with other research groups, it would be useful to provide further information about the unique contribution for the Centre in its aim of quantifying disease burden.

Centre for Evaluation of Public Health Measures

The panel considered the research group's organisation and composition to conduct research activities as outstanding. It has a clear strategy, and a strength of the research

group was the clear policy relevance of its research programme. It would have benefitted from measurable benchmarks that could be evaluated and provide a clear path going forward. Its collaborations, both nationally and internationally, were considered excellent and describe collaborations at all levels from municipalities to international research institutes, to WHO. The resources provided by the host institution to the research group were sufficient. The evaluating panel was impressed with the success the research group has had in attracting external research funding. The panel considered the research quality of the group to be very good. The group has a prolific output, and its collaborations and profile nationally are excellent while internationally good as well. Its research and publications were considered by the panel to be at the forefront of science as it has been using high quality methodologies and data for evaluations but considered its contribution to monographs and scientific books to be of national relevance only which is appropriate for such publications in the current context. The panel considers the societal contribution of the research group to be very good, and the examples it provided of tools and reports are likely to have (had) direct societal impact and be making a sound societal contribution. User involvement was meaningful, substantial and integral to the group's activities; this aspect could be consolidated further.

Centre for Genetic Epidemiology and Mental Health (PsychGen)

The group is performing at an exceptional level relative to primary research organisation and quality dimensions. The research funding and publication profile of the group is of the highest international standard relative to primary areas of research focus. Evidence of societal impact could be enhanced, but relative to scoring criteria, the group is performing adequately in this area. Involvement of users in the research process could be improved.

Department of Child Health and Development

A strength of the Child Health and Development research group is the PhD visiting internship scheme. The group also shows evidence of some international recognition in terms of scientific publications and appears to be involved at all stages of the research process and have driven the projects as evidenced by members of the research group being first or senior authors of the publications. The group has also compiled several government reports on public health related to child health. Weaknesses are the strategic direction of the group, which was decided by the group head and was a little top heavy in terms of structure though considering the size of the group this seemed acceptable. Regular seminars and workshops are held to support research but little information on training and mentoring PhD students was included and there was little specific mention of the involvement of stakeholders in the full research process. In terms of grant capture, several grants are listed though as the Norwegian Institute of Public Health is listed as the owner of all specified grants, it was hard as a reviewer to tell which members of the team were involved in the grants and/or whether they had a leading role.

Department of Childhood and Families

Strengths of the Childhood and Families research group are its performance in terms of grant capture, particularly given the small size of the group and a range of principal investigators bring in new funding. Weaknesses constitute the quality of research outputs, which showed some international recognition, but the number of citations was low and some papers, for instance the results of a randomised controlled trial, were written up only as a government report and not as a peer-reviewed publication. Considering that most

projects are related to government practice and societal impact, this information was not captured clearly in the self-assessment and the value of the research was not clearly articulated and accessible summaries for practitioners were not made available. This could be an area for improvement.

Department of Chronic Diseases

The research group's organisation and composition seem very suitable for conducting its activities. The research group has very good strategies for its research activities but lacks a clear overarching goal which could be of great value for its future development. The contribution to teaching on basic and advanced level is rather small, depending on the fact that the host institution is not a higher teaching institution. However, the research group has contributed to a great number of PhD projects in other such institutions. The research group has a well-developed network of national research collaboration, which is interdisciplinary. The resources for administration and access to infrastructure for research is very well-provided by the host institution. The research group has been very successful in securing external funding from national sources and somewhat successful regarding international contributions. They seem to perform very well in their important role in its host institution. The work of the research group has made important contributions to the advancement of international knowledge in their field of work. They have contributed significantly to quality of the national and international collaborations behind the published research. The research group states that they involve representatives of many types of non-academic stakeholders in their research, but no explicit description is given regarding the practical implementation of this.

Department of Health Promotion (PF)

The panel evaluated the quality of the group's research as internationally excellent and considered this to be a strength of this group. The evaluating panel also concluded that the group's contribution to societal and health development in Norway and internationally is very considerable given what is expected from groups in the same research field. The panel considered the organisational dimension adequate for production of research in the chosen area. A relatively low user involvement was identified as a weakness.

Department of Mental Health and Suicide

Strengths of the Mental Health and Suicide research group are the use of large databases and the strong support from NIPH. Weaknesses are: The performed research needs to be closely linked to the expectations of NIPH, which might restrict the possibilities for external funding and limit the focus of the research; Due to the close link to NIPH the group might need to change focus quickly (e.g., COVID-19 response), this can be problematic in deprioritising other research; Considering the focus of the group's research, there is a need to use population-based data that can be difficult to achieve; and the research covers a wide field, which might make it difficult to achieve high-quality and novel findings.

Department of Physical Health and Aging

The Department of Physical Health and Ageing (NIPH) is a strong research group that supports the production of excellent research. The continued and growing success in attracting competitive research funding and the quality of the research outputs are

indicators that the group is important nationally with some recognition internationally. The group is also achieving societal impacts at the national and international levels.

3. Diversity and equality

The goal of NIPH's Gender Equality Action Plan is to facilitate gender equality and prevent discrimination at the NIPH. This plan specifically focuses on promoting gender equality and preventing discrimination and harassment based on gender. A zero-tolerance policy for bullying and harassment applies to all activities at NIPH, including research projects involving national and international partners and individuals with other affiliations than the NIPH. The plan will be reviewed by the Institute's Management Group every second year and will be communicated to employees and managers after each review.

The committee's evaluation

The committee welcomes the fact that NIPH provides a regularly updated and communicated Gender Equality Action Plan.

The committee's recommendations

The committee recommends:

- Initiating a discussion at NIPH to amend the Action Plan regarding ethnic discrimination.
- Establishing / appointing a point of contact / contact person for gender related and/or ethnic discrimination.

4. Relevance to institutional and sectorial purposes

Functioning as an administrative institution under the Ministry of Health and Care Services, the principal role of the NIPH is to cultivate a research platform for informing public policy decisions in the expansive field of public health. This includes generating and facilitating high-quality research that substantiates NIPH's overarching societal mission and fulfilling obligations outlined in annual allocation letters. NIPH also pinpoints knowledge gaps regarding public health challenges and contributes actively to the production of essential knowledge to close these gaps. The research areas of the administrative unit are part of this overarching mission.

For example, NIPH coordinates knowledge concerning the development of mental health among young people, elucidates the reasons behind increasing trends, and explores the consequential impacts. This involves unifying pertinent research environments within the institute sector and universities, thereby fostering a more cohesive approach to producing knowledge, and optimising resource utilisation.

The administrative unit's innovation efforts over the last years have concentrated on new ways of disseminating knowledge to different user groups, in line with the NIPH's overall communicative mission. The research groups in the administrative unit ensure that research initiatives are relevant to end-users by engaging with community members, patients, and public health stakeholders. The administrative unit may explore opportunities for collaboration with the private sector in alignment with the objectives of the central health administration in the future.

The opportunity to see the direct impact of their work on public health and societal well-being is a powerful motivator for the administrative unit's research staff. The interdisciplinary environment and expertise within the administrative unit and external collaboration opportunities provide a stimulating setting that encourages creative thinking and problem-solving.

External funding sources are the main financial source for innovation and commercialisation efforts. The administrative unit's research support administration plays an important role in securing funding and managing innovation projects and thus supports innovation. In addition, the research centres, as organisational structure, provide a basis for innovation. The centres must demonstrate innovative approaches to the main public health challenges to secure support from the administrative unit, through user involvement, cross-sectoral approaches to specified research areas, or other innovative strategies.

The committee's evaluation

The committee is convinced that the administrative unit's research is in line with the institute's tasks and sectorial purposes and that the administrative unit and the institute can effectively identify knowledge gaps.

The committee's recommendations

The committee recommends:

- Including citizens, patients and other relevant stakeholders in the research process at all stages is an important measure to safeguard relevance and uptake of research results. More efforts should be made to implement these measures into research projects (cf. 1.7 and 2.1).

4.1. Research institutes

The administrative unit's comprehensive approach to knowledge production drives innovative approaches to studying developmental processes across different life stages and understanding the causes and consequences of various health-related issues. Innovative ways of communicating this knowledge have been part of many of the innovations. Providing the local and national government, the health sector, and the public with accessible tools to shape policy- and decision making contributes to transforming societal approach to public health. For example, the administrative unit's participation in the NIPHs research on the consequences of the COVID-19 pandemic, and continuous efforts in building knowledge and systems crucial to tackling future health crises, highlight these efforts and represent a proactive stance towards societal challenges.

Some of the most impactful research activities within the administrative unit are rooted in collaborations with partners outside research organisations, mainly municipalities and counties. Research groups establish and maintain strong ties with local and regional government representatives, enabling a collaborative approach to address public health challenges at the community level. This ensures that research outcomes are directly applicable to the specific needs and contexts of municipalities, promoting effective public health interventions and policies.

For example, collaborative projects provide evidence-based evaluations that help assess the effectiveness of interventions and guide future decision-making. Working with the local health sector has contributed to making evidence-based psychological treatments more available at the primary care level and improving the fidelity and quality of the service. The unit's collaborations with counties through The Norwegian Counties Public Health Survey (NCPHS) aim to gather information relevant to local communities about quality of life and mental health, thereby informing effective policies and actions for county authorities and municipalities.

The committee's evaluation and recommendation

The committee notes that the information provided here (in 4.1) is in line with the information under section 4, above. The committee has no further comments and refers to the evaluation and recommendations to section 4.

5. Relevance to society

The Norwegian long-term plan for research and higher education 2023–2032 outlines priorities that are in line with NIPH main strategy and the division plan for the administrative unit: high quality research related to main public health challenges, better use of health data, and more value added from investment in research. The White Paper on public health introduces as priorities, firstly, acquiring better data on public health, and secondly, evaluating health benefits and cost-effectiveness of public health interventions. Initiatives such as The Norwegian Counties Public Health Survey and the activities of the unit's Center for Evaluation of Public Health Measures support these priorities.

The unit's research is in line with UN Sustainable Development Goals, particularly those related to well-being, health, and reducing inequality. Increasing knowledge about interventions to mitigate social inequality is a pronounced objective.

Comments on impact case 1: Disease Burden Analyses

Disease burden analyses report directly to the ministries and other policy makers at various levels of Norway on the state of public health and burden of disease from fatal or non-fatal causes and risk factors. Disease burden analyses include forecasts of future disease burden as well. This resource informs policy plans, strategy programs and reforms at various national or county levels, i.e. public health plans and national health and hospital plans. Translating disease burden analyses into action is the responsibility of other authorities. No information as for interventions is reported apart from the health directorates recommendation for interventions to reduce disease burden, incorporated in the governmental plan for public health. The findings are reported in high impact journals addressing the international science community, and in publications in Norwegian. Findings are based on global burden of disease data allowing also international comparison. In essence the impact is mainly through political and policy directives and recommendations. The translation of these observations into practice and interventions is the task of the recipients of the reports.

Comments on impact case 2: CO_CREATE Confronting Obesity: Co-creating policy with youth

“CO-CREATE – confronting obesity: Co-creating policy with youth” is in terms of public involvement an original research project funded by the EU. The project included 5 countries and was coordinated by NIPH. Starting point was the observation, based on a systematic review, that there was low youth involvement in research directed at preventing obesity or overweight. The project has led to the development of several means to ensure youth involvement in processes to prevent obesity (e.g., a dialogue forum tool, youth involvement in policy making, youth-led change toolkit and a youth task force declaration). The project has also inspired other policy databases. Findings have been disseminated through publications in international journals with good impact factor, conferences, symposia, policy briefs, etc. The tools have been used in other contexts as well. Thus, the reported impact is mainly in terms of establishing policy, but the project also serves as a role model for public and patient involvement and engagement as well as for policy development.

Comments on impact case 3: Evaluation of prompt mental health care

“Evaluation of prompt mental health care” is a translation and adaptation of an UK-model for improving access to psychological therapies, especially anxiety and depression. The model also includes using health care teams as providers of low-intensity cognitive-behaviour therapy (CBT) (e.g., guided self-help, group-based psychoeducation). Internationally, CBT and inference-based CBT (I-CBT) have been evaluated for effectiveness and shown positive outcome in several mental health conditions, anxiety, depression, agoraphobia etc. An original element of the research as described here is improving accessibility by training mediators from professional backgrounds other than psychologists to provide the therapy. In the case of the research described here, RCT showed positive outcome that lasted over 3 years (the follow up time). Findings have been reported in journals with moderate (for the field) impact factor and thus have been disseminated to the international research and health care community. Results have also been disseminated in reports in Norwegian language, at conferences and collaboration with municipalities and government to further the implementation of this form of intervention in Norway. Further development of the intervention as an internet-based service is ongoing and so is collaboration with employment advisors to facilitate collaboration with employers. Building a national outcome register is ongoing as well. Thus, this research has demonstrated an evidence-based model for prompt treatment of mental health problems that now is implemented in a broader national context and further developed to fit public health care needs.

Comments on impact case 4: Real-time surveillance of covid-19 immunisation programme in Norway

“Real-time surveillance of covid-19 immunisation programme in Norway” is an excellent example of research that in real-time provided evidence-based knowledge that changed policy recommendations and clinical practice to manage the pandemic and protect the public from severe complications related to immunisation for covid-19. The ability to, in real-time, monitor and adapt the immunisation programme would not have been possible without the long history of building registers, having access to scientific resources and experiences, and the political mandate to monitor, analyse and pass on the latest knowledge to those taking it to national decision making and into practice. An excellent element of this research is inclusion of circular communication between practice, reporting observations, register, real time analysis of data, and reporting to authorities and back into practice. The research had impact on the scientific community via publications in high impact journals, and international and European organisations responsible for dealing with the pandemic. Real-time recommendations on which vaccine to use, on handling of risk or side effects of different vaccines, etc., had a highly important impact on the public. The research also had public impact as a measure to counter rumours and inform societal debate regarding vaccine safety by providing evidence-based knowledge. Another lesson to be learned is the importance of investing in infrastructure and international collaboration to handle public health threats in real-time.

Comments on impact case 5: The Dynamics of Family Conflict Study (FAM-C) [FamilieForSK]

This research is at an early stage, rendering it difficult to assess impact on health and social care. The scale used in the study captures the complexity of family dynamics and needs to be tested for its ability to effectively inform treatment and predict outcomes of interventions. Given the large cohort and the link to register data, it appears possible to prove effects.

Dissemination is taking place through Norwegian and international journals with low or moderate impact factor. Thus, international dissemination could be stronger. Studies are ongoing, which is important to further develop and evaluate evidence-based interventions. It is not clear if the large cohort from 2017-19 is being followed longitudinally. Doing so would be useful to explore family dynamics over time, the predictive validity of the scale and any long-term effects stemming from the pandemic, especially regarding vulnerable families, as well as to establish the usefulness of the approach in family counselling.

Appendices

Evaluation of Medicine and health 2023-2024

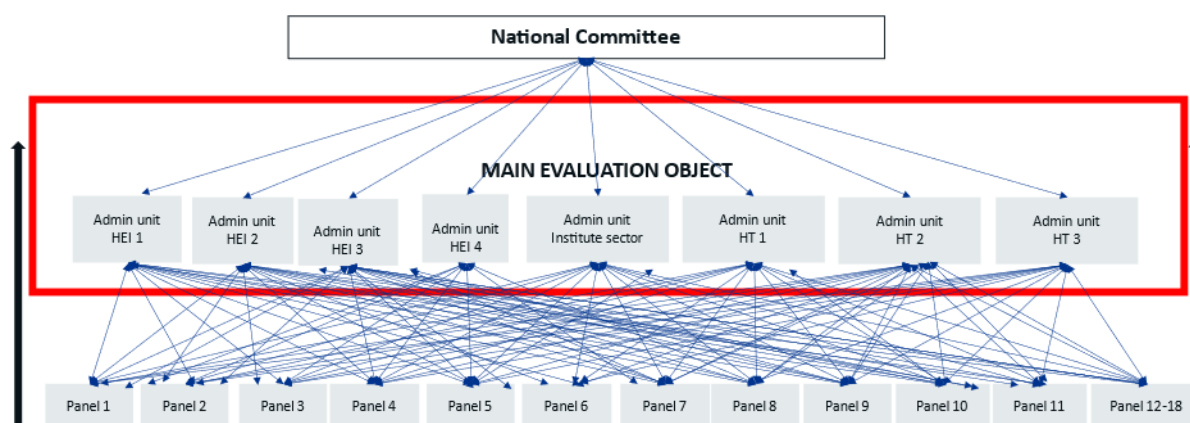
By evaluating Norwegian research and higher education we aim to enhance the quality, relevance, and efficiency. In accordance with the statutes of the Research Council of Norway (RCN), the RCN evaluates Norwegian professional environments to create a solid and up-to-date knowledge base about Norwegian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

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

Evaluation of medicine and health (EVALMEDHELSE) 2023-2024

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

Organisation of evaluation of medicine and health 2023-2024



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

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

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

The web page for the evaluation of medicine and health 2023-2024: [Evaluation of medicine and health sciences \(forskingsradet.no\)](https://forskingsradet.no/evaluering-av-medisin-og-helsevitenskap)

Se vedlagte adresseliste

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

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

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

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

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

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

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

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

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

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

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

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

Administrative enheter (hovedevalueringsobjektet i evalueringen) – skjema 1

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

Forskergrupper – skjema 2

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

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

Invitasjon til å foreslå eksperter – skjema 3

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

Obs. Det er to faner i regnearket:

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

Utfylte skjemaer (3 stk):

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

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

Tilpasning av mandat – frist 30. september 2023

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

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

Digitalt informasjonsmøte 15. mai 2023, kl. 14.00-15.00.

Forskningsrådet arrangerer et digitalt informasjonsmøte for alle som ønsker å delta i EVALMEDHELSE.

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

Nettsider

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

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

Med vennlig hilsen
Norges forskningsråd

Ole Johan Borge
avdelingsdirektør
Helse

Hilde G. Nielsen
spesialrådgiver
Helse

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

Kopi

Helse- og omsorgsdepartementet
Kunnskapsdepartementet

Vedlegg

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

Evaluation of life sciences in Norway 2022-2023

LIVSEVAL protocol version 1.0

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

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Oslo, 5 April 2022

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1 Introduction

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

1.1 Evaluation units

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

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

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

1.2 Minimum requirements for research groups

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

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

1.3 The evaluation in a nutshell

The assessment concerns:

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

The Research Council of Norway (RCN) will:

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

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

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

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

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

1.4 Target groups

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

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

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

2 Assessment criteria

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

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

2.1 Strategy, resources and organisation

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

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

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

2.2 Research production, quality and integrity

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

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

2.3 Diversity and equality

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

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

2.4 Relevance to institutional and sectoral purposes

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

Higher Education Institutions

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

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

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

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

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

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

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

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

Research institutes (the institute sector)

Norway's large institute sector reflects a practical orientation of state R&D funding that has long historical roots. The Government's strategy for the institute sector³ applies to the 33 independent research institutes that receive public basic funding through the RCN, in addition to 12 institutes outside the public basic funding system.

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

The institutes should:

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

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

The hospital sector

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

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

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

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

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

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

2.5 Relevance to society

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

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

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

3 Evaluation process and organisation

The RCN will organise the assessment process as follows:

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

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

3.1 Division of tasks between the committee and panel levels

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

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

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

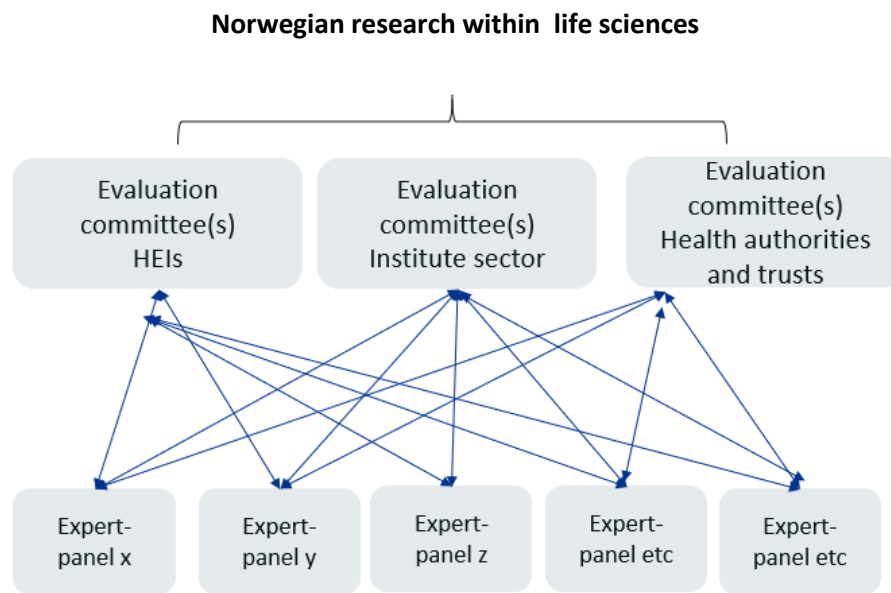


Figure 1. Evaluation committees and expert panels

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

3.2 Accuracy of factual information

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

3.3 National level report

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

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

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

Appendix A: Terms of References (ToR)

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

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

Assessment

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

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

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

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

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

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

Documentation

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

The documents will include the following:

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

Interviews with representatives from the evaluated units

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

Statement on impartiality and confidence

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

Assessment report

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

Appendix B: Data sources

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

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

National registers

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

Self-assessments

1) Administrative units

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

2) Research groups

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

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

Table 1. Types of evaluation data per criterion

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



Evaluation of Medicine and Health (EVALMEDHELSE) 2023-2024

Self- assessment for administrative units

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

Institution (name and short name): _____

Administrative unit (name and short name): _____

Date: _____

Contact person: _____

Contact details (email): _____

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Introduction

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

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

Deadline for submitting self- assessments to the Research Council of Norway – 31 January 2024

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

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

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

Thank you!

Guidelines for completing the self-assessment

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

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

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

1.Strategy, resources and organisation

1.1 Research strategy

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

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

Table 1. Administrative unit's strategies

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

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

1.2 Organisation of research

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

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

1.3 Research staff

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

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

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

Table 2. Research staff

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

1.4 Researcher careers opportunities

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

1.5 Research funding

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

Table 3. R&D funding sources

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

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

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

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

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

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

1.6 Collaboration

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

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

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

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

National collaborations

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

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

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

International collaborations

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

Impacts and relevance of the collaboration	
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1.7 Open science policies

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

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

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

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

1.8 SWOT analysis for administrative units

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

Internal	Strengths	Weaknesses
External	Opportunities	Threats

2. Research production, quality and integrity

2.1 Research quality and integrity

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

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

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

2.2 Research infrastructures

a) Participation in national infrastructure

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

Table 5. Participation in national infrastructure

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

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

b) Participation in international infrastructures

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

Table 6. Participation in international infrastructure

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

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

c) Participation in European (ESFRI) infrastructures

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

Table 7. Participation in infrastructures on the ESFRI Roadmap

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

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

d) Access to research infrastructures

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

e) FAIR- principles

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

3. Diversity and equality

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

Table 8. Administrative unit policy against discrimination

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

No.	Name	Valid period	Link
1			

4.Relevance to institutional and sectorial purposes

4.1 Sector specific impact

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

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

4.2 Research innovation and commercialisation

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

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

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

No.	Name	Valid period	Link
1			

Table 10. Administrative description of successful innovation and commercialisation results

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

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

4.3 Higher education institutions

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

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

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

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

4.4 Research institutes

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

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

4.5 Health trusts

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

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

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

5.Relevance to society

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

5.1 Impact cases

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

Impact case guidelines

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

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

Timeframes

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

Page limit

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

Maximum number of cases permitted per administrative unit

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

Naming and numbering of cases

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

Publication of cases

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

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

Please write the text here

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

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

1. Summary of the impact (indicative maximum 100 words)

This section should briefly state what specific impact is being described in the case study.

2. Underpinning research (indicative maximum 500 words)

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

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

3. References to the research (indicative maximum of six references)

This section should provide references to key outputs from the research described in the previous section, and evidence about the quality of the research. All forms of output cited as underpinning research will be considered equitably, with no distinction being made between the types of output referenced. Include the following details for each cited output:

- Author(s)
 - Title
 - Year of publication
 - Type of output and other relevant details required to identify the output (for example, DOI, journal title and issue)
 - Details to enable the panel to gain access to the output, if required (for example, a DOI or URL).
- All outputs cited in this section must be capable of being made available to panels. If they are not available in the public domain, the administrative unit must be able to provide them if requested by RCN or the evaluation secretariate.

4. Details of the impact (indicative maximum 750 words)

This section should provide a narrative, with supporting evidence, to explain:

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

The following should be provided:

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

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

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

Institution	Administrative unit	Name of research group	Expert panel
FHI	Division of Mental and Physical Health	Centre for Disease Burden	Panel 4e
FHI	Division of Mental and Physical Health	Centre for Evaluation of Public Health Measures	Panel 4a
FHI	Division of Mental and Physical Health	Centre for Genetic Epidemiology and Mental Health (PsychGen)	Panel 5a
FHI	Division of Mental and Physical Health	Department of Child Health and Development	Panel 5b
FHI	Division of Mental and Physical Health	Department of Childhood and Families	Panel 5b
FHI	Division of Mental and Physical Health	Department of Chronic Diseases	Panel 4e
FHI	Division of Mental and Physical Health	Department of Health Promotion (PF)	Panel 4a
FHI	Division of Mental and Physical Health	Department of Mental Health and Suicide	Panel 5b
FHI	Division of Mental and Physical Health	Department of Physical Health and Aging	Panel 4e

Scales for research group assessment

Use whole integers only – no fractions!

Organisational dimension

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

Quality dimension

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

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

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

Societal impact dimension

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

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

Methods and limitations

Methods

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

The documentary inputs to the evaluation were:

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

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

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

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

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

Limitations

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

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

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

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