

Evaluation of Life Sciences 2022-2024

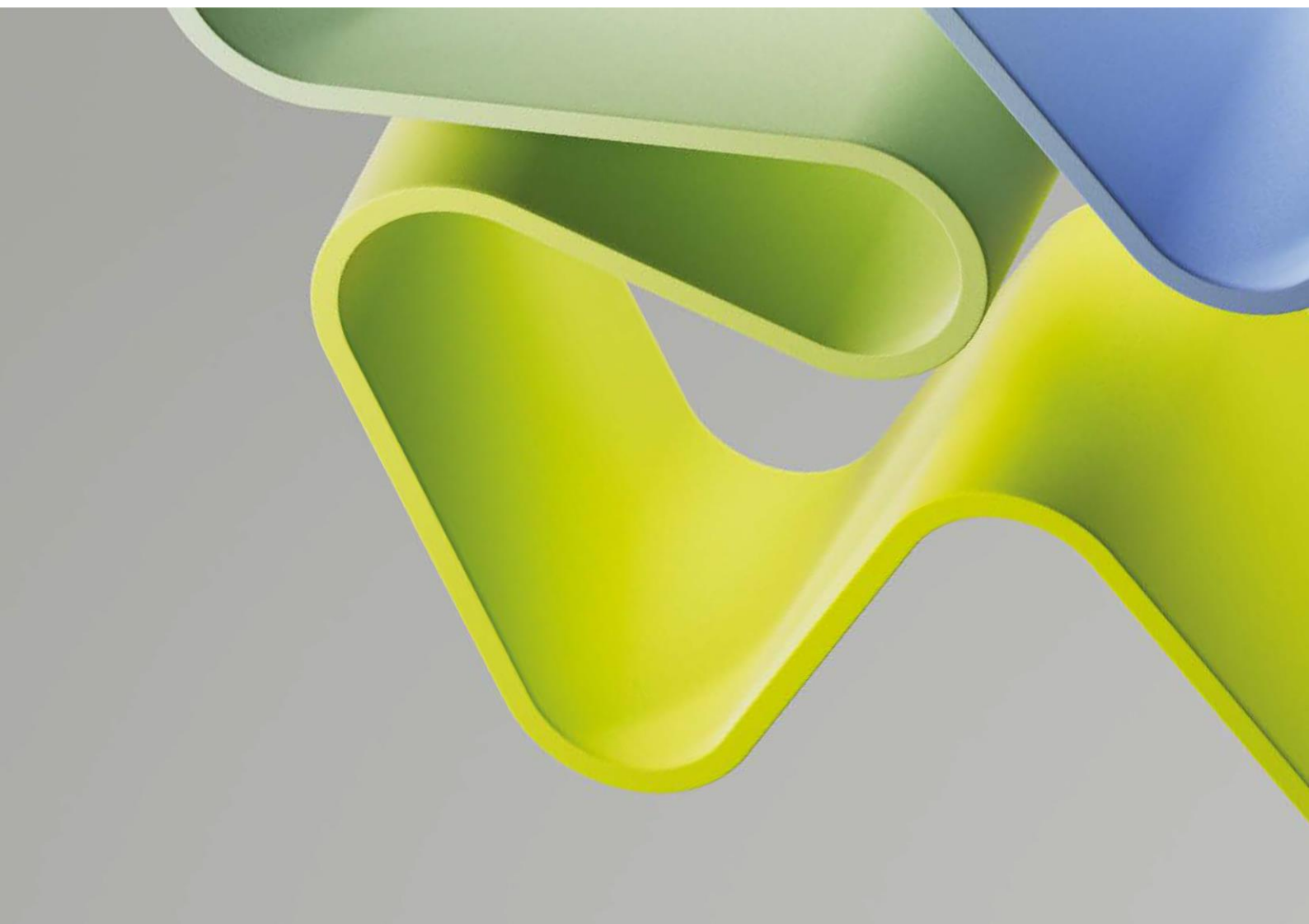
Evaluation of medicine and health 2023-2024

Evaluation report

ADMIN UNIT: Faculty of Nursing and Health Sciences (FSH)

INSTITUTION: Nord University (Nord)

December 2024



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Statement from Evaluation Committee Higher Education Institutions 1

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

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

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

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

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

Professor Falko Sniehotta (Chair)
Heidelberg University

Professor Lars Göran Kecklund
Stockholm University

Professor Joakim Öhlen
University of Gothenburg

Professor Maria Kristiansen
University of Copenhagen

Professor Nicola Shelton
University College London

Professor Annette Boaz
King's College London

Professor Stephanie Taylor
Queen Mary, University of London

Ivette Oomens, from Technopolis Group, was the committee secretary.

Oslo, December 2024

Profile of the administrative unit

At the Faculty of Nursing and Health Sciences (FSH) at Nord University it is the dean who is the managing director. In turn, research groups are established on the initiative of tenured research staff and are formally constituted on the discretion of the Dean, who mandates the groups to address the faculty's research strategy. In terms of research staff, by 31 October 2024, FHS consists of 27 professors and adjunct professors, 56 associate professors, three postdocs and 29 PhD students. Women represent a majority in all groups with 52 percent of professors, 77 percent of associate professors, 100 percent of researchers/postdocs and 86 percent of PhD students.

FHS is comprised of 10 research groups. However, only six were included in the evaluation due to the requirements stipulated in the protocol: Equitable Community Participation and Marginalised groups; Mental Health; Epidemiology, Health Care and Population-based Studies, Drug use and Management, Caring in Health Care; and Ethics and Interaction in Nursing and Health Sciences.

FSH's research strategy serves as an action plan to implement the objectives of Nord University's 2030 strategy. The strategy outlines four core areas that leverage regional strengths and align with national priorities: Blue and Green Growth, Sustainable Innovation and Entrepreneurship, Health, Welfare and Education, and Public Security. FSH focuses both on education and research, with a particular emphasis on Health and Welfare. The unit aims to be a hub of knowledge, encouraging interdisciplinary collaboration to advance health, innovation, and service development. Working closely with service providers and recipients, the focus includes public health and public health initiatives, digital communication and health technology, patient safety, and crisis management.

The faculty pursues collaborations to elevate their research and educational programmes, engaging with local, national, and international partners in public health. They encourage researchers to join and create national and global research networks, emphasising international collaboration in PhD projects. The partnerships aim to support their mission to impact health services and meet society's need for a sustainable workforce. The faculty's research strategy also targets increased external funding through collaboration. They also aim to enhance mobility for students and staff through the SEA-EU alliance, expanding partnerships in Europe, the USA, India, Africa, and Australia. Their collaborations with national health services and regional authorities, including Helse Nord RHF and Helse Midt RHF are also addressing issues like the aging population and eHealth innovation.

In the future, FSH may take advantage of internal strengths such as their collaborative opportunities for employees. Researchers at the faculty have allocated time for research: professors dedicate 50 percent of their time, while associate professors allocate 40 percent. Additionally, researchers have fixed annuum for research-related activities. Based on the self-assessment, FSH does however have a relatively low research expertise with a significant proportion of faculty members lacking research proficiency. They may also take advantage of external opportunities such as the Nord University's participation in the SEA-EU alliance which may offer potential for international collaboration. Another external opportunity is the upward trend in the number of international students, particularly from Europe, choosing FSH for comprehensive study programmes and shorter internships. An

external threat mentioned by FSH is the uncertainty related to the future governmental support to the university sector.

Overall evaluation

The FSH at Nord university is a young research unit that is increasingly building research capacity. The overall strategy for the research is to contribute with knowledge 'in, about and for professions' as related to the educational programmes at FSH. The research has focus areas within health care with a clear sectorial relevance; however, no focused research profile. The research collaborations span from local to national, and international collaborations.

Overall, the FSH has a volume of expertise, research time and increasing success in competitive international publications and external funding constitutes a quarter of the research budget. Successful faculty members provide a special internal resource to support all research groups in building capacity and expertise in developing competitive research projects and proposals. There is a comparatively large number of research groups, which may hinder the building of strong research groups that contribute with competitive and societally relevant research and knowledge utilisation.

The FSH is geographically spread across five campuses with municipality connections in rural areas. This provides special conditions for its research, which include resources for unique collaborative rural community research of international relevance, as well as challenges for research requiring expensive equipment. Extended collaborations are considered as part of the research strategy.

The overall organisation and leadership of research at FSH is appropriate. Its divisions, campuses and research groups with large distances for travel involve special challenges, which are primarily mitigated with digital modes for communication and collaboration. The match between the divisions and the knowledge fields of special relevance for the research and educational programmes is not clear.

FSH has a policy and financial support in place for open access publication. Still, open science may be strengthened and explicitly expanded on user and public involvement. Ethnicity is not included in the description of faculty members, and it is unclear to what extent it is included in the research.

Recommendations

The evaluation committee wishes to extend the following recommendations to the administrative unit:

- To further build on the successful research development achieved over the last ten years, and to strengthen its research strategies including research–education links.
- To further develop and concretise the overall research strategy, and especially to direct the research strategy to local knowledge interests of national and international relevance.
- To utilise the local collaborations established at all five campuses to further develop local practice fields that at the same time could be of international relevance for rural, mountain, archipelago and northern pole communities.
- To combine such local practice fields with efforts to build collaborations with similar international research groups.
- To explore patient safety as a potential research profile.
- To consider such a research profile to also become a profile for the planned interdisciplinary PhD programme within FSH.
- To organise such a programme at the faculty level and link doctoral students to the research groups related to the specific topics of their thesis projects.
- To build larger and more competitive research groups with specific research programmes related to the FSH overall research strategy.
- To further develop and build a strong research culture
- To develop research specific diversity and equality strategies that include and goes beyond gender and ethnicity.
- To increase external funding through building and expanding on the faculty members who already are successful in developing competitive research projects and proposals.

1. Strategy, resources and organisation of research

1.1 Research strategy

The FSH is one out of five faculties at Nord University that was founded in 2016 through a merger of previous primarily teaching led higher education institutions.

The overall research strategy is to operationalise the goals of the Nord University's 2030 strategy, which consists of four strategic core areas that incorporate regional advantages and national strategies. For FSH, a special focus is on health and welfare related to: Blue and Green Growth; Sustainable Innovation and Entrepreneurship; Health, Welfare and Education; and Public Security. These foci are especially related to the development of knowledge in, about, and for professions, and to advance research-based education within nursing and health. Currently, the FSH has ten research groups and is considering having fewer but stronger research groups.

Priority is given to establish a culture for research, building on the research experience gained and publication track records; the faculty's research is cited above the world average. International collaboration, student exchange and research mobility are also a priority.

In the Terms of Reference, the FSH especially seeks comments on to the extent the research is in line with strategies at the university and the FSH. The special needs and challenges in recruiting nurses and paramedics in the region is also highlighted. Presently, the PhD programme is at a cross-faculty level and the FSH is in the process of developing it into an interdisciplinary programme and asks for guidance within which research area in the faculty to locate a new programme. Structure of the administration to support research, for example grants, project support, are also mentioned, and the situation with the research divisions and locations at five campuses.

The main focus is to develop research in health and welfare that is closely linked to the educational programmes at FSH. The focus areas are practical research within mental health work, drug use and management, care and nursing, health management, patient safety, pedagogy, and public health.

The NIFU field distribution report on the NSH publications shows that 'nursing' is the field with the highest modified author shares during all of the years from 2013 to 2022, and this is followed by 'public, environmental and occupational health' and 'social work'.

FSH states there is no focused research profile in place. In the interviews, representatives said that building on the established research patient safety is a potential research profile. If so, the aim is to build on the research culture established, further increase specialised and deepened research and strengthening the research groups, while keeping a practice and education relevant research focus combined with a strengthened research-based education.

The planned impact is to provide international recognised higher education and disseminate research aligning with the four overall research areas (same as the university's research goal).

Financial support to research groups is based on the number of members and publications in the group. Research time for employees is based on research metrics and quality indicators, and impressive track records are prioritised. To increase the number of associate professors and full professors, emphasis is given to train and promote talented lecturers and assistant professors. Special support is secured for exceptionally talented master's or PhD graduates through internal funding for a PhD students and postdocs.

The most important priorities are related to the follow up of the strategies stated above.

The committee's evaluation

The committee recognises the Nord university is young and the FSH is on its way to building research capacity with research strategies, collaborations and culture. Merging higher education institutions takes time.

Linking the FSH overall research strategy to the one at the university is a favourable strategy given it is a young institution. However, the overall research strategy at FSH does not appear to be related to 'blue and green growth' as stated in the self-assessment, and it is unclear in what way it relates to 'sustainable innovation and entrepreneurship' and 'public security'.

Undertaking research 'in, about and for professions' is highly relevant. However, research 'together with' different interest groups could be added, and it could be clarified that this includes such as informal care, community support and needs in the larger welfare sector.

The research groups included in this evaluation are primarily related to the FSH focus areas. Still, the comparatively large number of research groups may challenge the establishment of strong research groups contributing with competitive and societally relevant research and knowledge utilisation. Allocating research time for employees based on research metrics and quality indicators is a relevant strategy.

The FSH appoints approximately five PhD students within strategically important areas; however, clarity thereof may be hampered by the lack of a focused research profile.

The committee's recommendations

- The committee agrees with the possibility stated in the self-assessment to relate the overall research strategy, and possibly concretise it, to local practice fields in rural, mountain, archipelago and northern pole communities including Sami and indigenous perspectives. This would be a way to direct the research to local knowledge interests and increase the uniqueness of the FSH knowledge contribution internationally. In doing so, the committee suggests exploring patient safety as a potential research profile that is clearly related to both collaborative partners' needs for knowledge/innovation and each of the focus areas at the FSH. It is also suggested to concretise the desired societal impact including for policy development.
- The committee supports the goal at FSH to have fewer and stronger research groups (through increased collaboration between and/or merging of groups) with increased national and international collaborations, and to clarify in what ways these are related to, and will contribute to, the overall research strategy. Clarifying in what ways the five divisions within FSH are related to and support the overall research strategy would also be desired.
- The committee suggests clarifying how duties related to education and research are balanced by the FSH leadership, by managers and by individual faculty members.
- The challenges stated in recruiting nurses and paramedics to the region might be turned into an innovation problem, and through the development of such innovation strategies linked to further development of related research strategies. This would relate to the Nord University's 2030 strategy 'Sustainable Innovation and Entrepreneurship'. This should create opportunities for cross-faculty collaboration and inclusion of the group behind the impact case on 'Working hours and working time organisation for nursing staff' and the research group 'Ethics: Relationships and actions in nursing and health sciences' (see below).

1.2 Organisation of research

FSH has a vice dean for education and one for research, and a faculty research board that serves as an advisory body to the dean, offering guidance on research-related matters. There are five divisions, and the heads respectively decide on research time. There are 10 (recently 12) research groups mandated by the dean. These are collectively funded with 1 MNOK annually and distributed based on members and publications. There is a PhD programme established at the university and considerations in process to establish an interdisciplinary PhD programme within FSH.

Collaboration with the Centre for Research Mid-Norway is considered especially important to strengthen practice-based research and development, disseminate research to municipalities and educational institutions, and contribute to the development of skills and competence in municipal health and care services, including library service.

FSH has in total 70 positions, of which 15 are full professors, 19 PhD students and 4 postdocs/researchers. Four of the employees have dual employment with healthcare services, and there are regular meetings between heads at the FSH and the healthcare services to enable bottom-up driven research. PhD students are involved in the research groups in various ways, including meetings, journal clubs, networks, conferences organised by the group, and research seminars organised by FSH. Special career days are offered for newly graduated PhDs. Writing workshops, courses in review writing and in project development are organised by both the university and the FSH. To retain talented researchers and strengthen research groups, up to six months of funding can be provided by FSH. There are two different two-year programmes: one for associate professors to target teachers without a PhD, and another to support associate professors to achieve the requirements for promotion to full professors; the first is organised by the FSH and the latter at the university level.

All associate professors and full professors used to get 30-50% research time. Since 2023 the research time is allocated based on research metrics and quality indicators. However, the newly hired get research time based on fixed percentages; professors 40-50%, associate professors 30-40%, assistant professors 10%, and other teachers 10%. The FSH have annual calls for research mobility grants, and these are eligible for researchers and PhD students.

The committee's evaluation

The overall organisation and leadership of research at FSH is appropriate, especially with a dean dedicated to research leadership. It is less clear how research leadership is secured among the heads of the five departments. Special funding for the research groups provides important foundational resources for the development of the research groups. The Centre for Care Research Mid-Norway is described as integral to the faculty, and further development of this collaboration would be merited.

The programmes to support career development in combination with principles to allocate research time for the faculty members seems to be relevant and well-developed. Maybe the mobility grants could be prioritised in relation to the future focused research profile for the FSH.

The committee's recommendations

- The committee suggests strengthening the means to facilitate research collaboration across the research groups, the campuses and the divisions within FSH as well as interdisciplinary collaboration outside FSH; within the university,

nationally and internationally. Special strategies to avoid unintended silo effects within FSH should be specified.

- Related to the plan to establish an interdisciplinary PhD programme within FSH, the committee suggest considering organising it at the faculty level, and linking doctoral students to the research groups as related to the specific topics of the thesis projects.
- To further strengthen the research capacity within FSH, it is suggested to complement the existing programme to support talented associate professors to achieve the requirements for promotion to full professorship.
- The committee suggests considering how talented faculty members without a PhD can be supported to apply to the PhD programme instead of limiting the support enabling them to become promoted to associate professors. Maybe the two-year programme for associate professors targeting teachers without a PhD could be changed into doctoral student positions, or postdoc positions.
- For newly hired faculty members it is recommended to secure strategies for them to be linked to a research group and get support to develop research proposals and completing research within the stipulated research time.
- Furthermore, the research capacity could be strengthened through giving priority to independent (not junior) researchers for dually employed faculty member positions. In that way, possibly the research collaboration with healthcare services within the region could be strengthened and deepened through having researchers that can initiate and complete practice relevant research in close collaboration with the services and other stakeholders.

1.3 Research funding

During the evaluation period, the national grants during the last five years were 10,4 MNOK, the international grants were 1,3 MNOK (primarily EU grants). The national contract research constitutes 0,5 MNOK. National funders include the Research Council Norway, the Norwegian Directorate for Higher Education and Skills, and various foundations. In addition, the FSH received basic research financing from the Ministry of Education and Research of 28,6 MNOK.

The FSH research strategy includes to increase external funding, and especially through extended collaborations.

The committee's evaluation

External competitive funding consists of a quarter of the total research budget, still; in the FSH self-assessment, the internal experience and expertise is valued as limited. This raises questions about how the successful cases obtaining external funding are used to increase the capacity and expertise in the larger FSH faculty group.

The international grants obtained are competitive, while it is unclear to what extent the national grants are competitive. Considering the volume of expertise, research time and success in increasing competitive publications, it would be reasonable to increase the external funding.

The committee's recommendations

- The committee recommends further developing strategies to become even more successful in obtaining external funding. Then, to build on the faculty members who already are already successful in developing competitive research projects and proposals.

- In connection to this, ensure that FSH research groups and faculty members make use of the research support available at the university level.

1.4 Use of infrastructures

Supportive research infrastructures are related to pharmaceuticals, medical chemistry, drug development and medication safety as well as to national population registers.

Among research infrastructures, the Centre for clinical education and research within the FSH is highlighted, and this is built up over all of the five campuses. In the interview, the need for access to external laboratories for the basic research related to drug and medication was mentioned. FSH do not utilise any national or international research infrastructures.

An institutional policy is in place for the implementation of FAIR data principles.

The committee's evaluation

It is not clear to what extent the national research infrastructures are appropriate for all of the research areas at FSH, or if existing infrastructures are lacking applicability or accessibility. Especially, the FSH appears to lack explicit national infrastructures for research related to nursing.

The committee recognises that participating in infrastructure related research often requires a financial commitment, and financial constraints may limit participation. It is not clear if this is the case.

Given the challenges to set up laboratories for basic research related to drugs and medication, considerations to focus even stronger on applied research might be a strategy combined with national and international collaborations for basic research.

The committee's recommendations

- The committee recommends increasing the use of the FSH education centre/lab for simulation research purposes, and especially how such a resource (including the VR technology) can support undergraduate and/or continuing education for health professionals in rural areas and educational needs in rural healthcare services.

1.5 Collaboration

The FSH research collaborations span from local to national, and international collaborations in Europe and beyond. FSH is active in collaboration to enhance quality in research and higher education. Extended collaborations are considered as part of the research strategy.

The collaborations include authorities, professional organisations, healthcare services and civil society. Collaborations to build partnerships with healthcare services are highlighted as especially important for the research to be in line with practice knowledge needs. A special strategy are the established joint committees for research and education between the FSH and regional health authorities. Collaboration with civil society focuses on patient representatives, and patient participation (user involvement) in the research is emphasised as important.

The committee's evaluation

The five campuses imply special resources for local collaboration with several rural municipalities. The joint committees with regional health authorities for research and education could be a strength to increase local and regional research relevance.

Some of the collaboration examples listed in the self-assessment appear to be based on individual researchers' projects and some focus on education with no clear impact on research.

The committee's recommendations

- Consider the development of specific research collaboration partners – local, regional, national as well as international partners – as related to the northern Norway society and its rural, mountain, archipelago and polar geography. This could preferably be linked to build collaboration with similar research groups internationally.
- Furthermore, explore in what ways deepened collaboration with regional health authorities and local municipalities and communities can strengthen collaborative research initiatives, and increase the utilisation, nationally and internationally, of the regionally and locally relevant FSH research.
- To achieve this, the committee suggest strengthened prioritisation of different collaborations to build research capacity at the FSH.

1.6 Research staff

According to the NIFU-analysis (Statistics Norway) the number of researchers (all academic positions) at FSH increased since 2013. By 31 October 2024, FSH consists of 27 professors and adjunct professors (of these 52% are women), 56 associate professors (77% women), three postdocs (100% women) and 29 PhD students (86% women). According to the Statistics Norway analysis of research personnel, this is an increase from in total 6 research positions in 2013. In 2021, among the professors and associate professors 87% and 97% respectively had a PhD degree, and among the researchers 50%. Among the professors and associate professors 40% and 19% respectively had a foreign PhD degree. The average age for professors was 59 years and of these 53% were 62 years and older. The average age of the associate professors was 50 years.

All staff involved in research have designated research time, but it is reported they often find it challenging to use that time due to administrative and educational working loads. In the self-assessment it is stated that the research time is 'poorly' managed, and that a distinct research identity is lacking within the faculty. In the interviews, it was emphasised that efforts are given to cluster research and teaching, and to plan for focused research time.

The committee's evaluation

Several of the faculty members have up to 30-40%, or 50%, research time, and all newly hired staff have at least 10% research time. The share of professors with a foreign PhD-degree is above the average in Norway. In spite of a growing research expertise, success in obtaining external funding and number of publications, the FSH states in their self-assessment that the research expertise is 'low' within the faculty. This raises questions about what strategies and activities are in place to leverage and learn from the expertise among the successful faculty members, and if there are staff involved in research without supervision or maybe lacking relevant research backgrounds and/or training.

Further questions raised are related to the scholarly culture within FSH, and its divisions and research groups. Strategies to support and follow-up research time in similar manners as education time are not visible. The committee recommends re-organising working loads to increase high quality outcomes in both education and research.

The committee's recommendations

- To counteract challenges for staff in using designated research time for research, further development of the faculty culture that equally values education and research commitment is desired.

- Clustering research and teaching is a relevant strategy as well as to secure focused and cohesive research time. An additional strategy may be that both education and research are followed up by managers/heads with the necessary expertise.

1.7 Open Science

An institutional policy is in place for the implementation of open research data and open access publication principles, including archiving peer-reviewed articles in the institutional repository and making research data openly accessible when possible. Publication in journals with open peer review is encouraged. Financial support is offered for open access publication. Open science courses are offered regularly.

The most important contribution for Open Sciences at the FSH is open access publishing. Publications in Gold Open Access has increased from 33% in 2013 to 53% in 2022, and in total 91% (including both Gold and Green open access) in 2022. The university has the ownership of research data if not regulated by funding contracts. There is a policy in place for data management plans.

The committee's evaluation

If there is a policy and financial support in place for open access publication, it should be possible to increase the already high proportion of open access publications. Consider how to increase the overall open science approach through user and public involvement in the research.

The committee's recommendations

- Although the FSH is doing very well in open science, the committee suggest further strengthening the awareness among faculty members of the importance of open science.

2. Research production, quality and integrity

Introduction

Health and welfare are mentioned as the strategic area for the FSH. At the end of the self-assessment report, it is said that digital collaboration and eHealth will be a priority area within both research and education.

The number of publications has more than tripled from 2013 to 2022 (from 36 to 150) with a peak of 173 publications in 2021, and during the same period the share of open access publications has increased from 50% to 91%. During this period, the share of publications with national co-authorship increased from 25% to 44%, and the share of international co-authorship increased from 44% to 58%. The mean normalised citation score varied greatly over the period with an average of 100. The share of the most cited publications varied between 2.2% to 10.8%.

The bibliometric report shows that the research publications are primarily in the domains of nursing, and public environmental and occupational health. This has a good match with the educational programmes at FSH, although the educational breadth is wider. In addition, the FSH also publish in social work, multidisciplinary social sciences, psychology and psychiatry. The most frequent journals published in are BMC Nursing, Global Qual Nursing Research, and Scandinavian Journal of Caring Sciences. Edited volumes in Norwegian and English are also common.

The university has guidelines for research ethics that are in line with national guidelines, and also policy for misconduct in research. In addition, there is policy for data privacy and protection.

Six out of ten research groups within FSH submitted self-reports and participated in the specific research group evaluation.

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).

Caring in health care

CARING contributes to the faculty's long-term strategies by focusing on practice-related research within health and welfare services. This group focuses on caring practice, leadership, and education and has integrated participatory action research with applied and practice-oriented topics. It has a lean management structure, but as its members are geographically dispersed, their in-person interaction is very limited. This inhibits a sense of belonging and creative discussion on research and pedagogical issues, and more importantly it restricts multidisciplinary cross-fertilisation. The group is heavily involved in teaching in two Master programmes and appears to have been less active in research in general and in grant applications in particular.

The group is heavily dependent on internal faculty funding (for PhD students) and needs to generate more external national and international funding. The lack of an

internationalisation strategy limits the group's diversity of perspectives and insights potentially gained from global partnerships, and the global relevance of its research. It also threatens the sustainability of partnerships that are currently restricted to individual members.

The close collaboration with key stakeholders in different sectors enhances the relevance and applicability of the group's research outputs. Members of CARING are active in public discourse, and they interact with practitioners and users. The self-assessment describes how the research of CARING has contributed to nursing curricula, healthcare practice, and national ethic recommendations, though its broader societal impacts are yet to be quantified, and there is no description of how the research has been disseminated and communicated to the relevant communities of practice.

Drug and drug management

The contribution of the research groups research to practice improvement is not very clearly stated, nor how research contribute to raise the quality of health services in the Norwegian municipals and hospitals. However, many of the research projects includes collaboration with practitioners and other stakeholders and partners in municipalities and hospitals and non- academic stakeholders are involved as co-researchers in co-creation research projects. But it is not clear how stakeholders and service users are involved and if they have an impact on e.g. discussion of research questions, research priorities, or discussion of results.

This is a small research group, but it holds a breath of special competencies within pharmaceuticals, medicinal chemistry and oncology, and competences within applied methodologies (quantitative and qualitative methods) in health services research, and pharmacoepidemiology within medication safety research which shows a particular focus and specialization of relevance around health research.

It is a small research group with only nine permanent positions: 2 Professors and 7 Associate Professors since 2017, and currently 3 PhD students take part in the groups research production. The organisational support is modest for supporting the research group in production of excellent research, as the necessary laboratories for drug development are sparse and the group is dependent on access to laboratories from other institutions.

Epidemiology Healthcare- and population-based studies

The variety in research competence and occupational backgrounds represent important strengths for the group (e.g. social sciences biology, medicine, psychology, nursing, biostatistics, pharmacology and pedagogy). The use of population-based datasets is a very useful method to do research on important topic areas, minimising costs and maximising impact from the data already collected. A strength of the group is the development of the research group. Further, encouraging mobility and networking is evidence of good practice. This research group has yet to establish its research signature. The projects that they are involved in span adolescent mental health, the elderly and service use. Each of these topics have societal value but given the small size of the group it may wish to consider how to ensure that the group reaches a critical mass regarding delivering on its ambitions ensuring that the group has a research identity. Although the strategy is focused, it is not delivering on its ambitions. Although the activity and number of publications has increased in the research group, they are spread across many research projects and therefore have lacked one or two "common" projects where the group could collaborate closer. This speaks

directly to the lack of a research signature for the group. Lack of explicit user involvement is a weakness. Further, academic research activity and publications are quite unevenly distributed between the members. In addition, the societal impact of the group needs development and a coherent plan of implementation. The research group collaborates with leading researchers in infectious diseases (sepsis), adolescent mental health, health services and computer science. They apply new and novel designs including experimental designs like instrument variable analysis (IVA), serial entry cohort designs in large population cohorts with embedded family linkages, and National registries securing valid endpoints for a wide range of health services, sociodemographic and clinical conditions. The research contributes to the education at the host institution as course coordinators, teachers and advisors for Master- and PhD students, as well as guests lectures at other universities (e.g. NTNU, UiO). The group is well supported by the host institution. The central administration provides support with regard to grant applications, quality assurance, ethics, data protection, data management plans, safe storage of data. The faculty has a Senior Advisor dedicated to supporting PhD students in administrative matters relating to their research and education, including matters concerning admission and progression. The university library provides subscriptions to most journal publishers and extensive access to databases; they also supervise research staff in terms of publication schemes, intellectual property, rights and licenses.

Equitable community participation and marginalised groups (EQUALITY)

This small research group focusses on marginalised populations and has undertaken research on and with populations with intellectual disabilities (ID) and local Sami populations. However, it has a broad focus and the panel recommended that the research group revisit its strategy to consider the opportunities of having a sharper focus and of linking up further with other research groups and with wider stakeholders. The panel recommended discussions with the university about its sustainability and the balance of research and teaching imperatives. The panel also recommended discussion of building the research group's PhD cohort. The panel commended the activities surrounding user involvement and recommended the research group take these further. The panel considered publications and societal impact could be further developed but recommended these are set in the context of overall planning and strategic development.

Ethics: Relationships and actions in nursing and health sciences.

This is a small group focusing on a relevant and highly debated topics. It seems collaboration with other research groups, e.g. in teaching in the professional programs, is not strong. The group has not really the organisation needed in terms of staff, funding, infrastructure for high quality research.

They list only 5 publications, 4 of these 5 papers are in Nursing journals though the topics merit wider dissemination in medical, social science and other journals. The projects are very much centred around nurse-patient interaction, patients and providers experiences and ethics in care. Important topics, but hardly innovative research. Collaboration with other disciplines related to ethics is lacking. There is no documentation that any of the staff is involved in national debate on ethical issues, although some of the projects do address important societal health problems. They have produced textbooks with focus on teaching in caring sciences. There are no publications or material directed to a more general audience.

Mental Health

This research group's strategies are being developed through plans to increase funding, publications and societal impact. It has already made good progress in researcher mobility and the building of strong connections with key stakeholders/research users. It is conscious of the challenges it faces in being located in a university with limited research experience and strengths, and which covers three sites. Other challenges include its members' substantial teaching commitments within its Nursing and Health Sciences Faculty. The research group, although small, is ambitious and has already developed in the core areas of capacity, collaborations and narrative. The group is also building up the quality of its publications. It is embarking on other dissemination routes to achieve societal impact and provides evidence of this. The group has built up international collaborations and networks in furtherance of its ambitions with a rationale for the relationships being developed. The group's self-assessment report indicates its understanding of the current challenges it faces and the necessary decisions that could help it reach its objectives, these include having a sharper focus for its research. The research group appears well on track to meeting its strategic ambitions to becoming a national centre and making international contributions. It engages well with a variety of research users or stakeholders. The self-assessment report was completed comprehensively and with good quality evidence to underpin the claims made. Necessary options have been identified and conversations with the university are reported to be in hand.

3. Diversity and equality

The university has a regulation in place for discrimination and diversity stating to actively promote gender equality, equal status, opportunities and rights, and to prevent discrimination and eliminate barriers to discrimination and to disabled people. Furthermore, a reference to a brochure is made in the unit's self-assessment; however, the brochure speaks to students with educational examples and lacks research policy related to diversity and equality. Furthermore, it is stated in the self-assessment that "FSH is aware of gender imbalance within the academic positions."

The committee's evaluation

The gender imbalance among the faculty members should be related to the gendered knowledge areas focused at the FSH; care and nursing knowledge are societally coded as female. The professional programmes within FSH are dominated by women. Notably ethnicity is not included in the description of faculty members, and it is unclear to what extent it is included as variables in the research. However, the committee was unclear whether or not the unit could legally collect data on ethnicity.

The committee's recommendations

- The descriptions and reasoning about strategies against discrimination and to promote diversity is primarily focusing on working culture. How these are related to research strategies should be articulated, and especially strategic means including an action plan that takes into consideration how diversity and equality is structurally shaped and ensure that talent thrives regardless of background.
- Considering the societally unique region where FSH is located, the committee suggest the inclusion of diversity and equality strategies that goes beyond gender (dichotomous notions) and to include people with indigenous/Sápmi or migration background, and/or people within functional variation. To achieve this, the FSH can build on the tradition of including and collaborating with people living with vulnerabilities, which is a strength.

4. Relevance to institutional and sectorial purposes

Sector specific impact is described as providing internationally recognised higher education and conducting and disseminating research of high international calibre. This is summarised as research-based education in the FSH's knowledge and practice fields. Given the four goals in the Nord University's 2030 strategy, the sector impact is primarily related to Health, Welfare and Education. The impact is further described through the organisation of divisions pertaining to specific subject areas within the FSH.

Intellectual properties have a special university regulation, and the university has a special company for innovation and commercialisation. An emphasis on integrating innovation and entrepreneurship in the educational programmes is made.

Innovation results are exemplified in a range of fields such as rehabilitation for older people living at home, detecting early signs for sepsis, ultrasounds device applications, and facilitating a full-time working culture in healthcare services.

The committee's evaluation

The sectoral relevance of the research impact at the FSH is appropriate. However, the match between of the divisions and the knowledge fields of special relevance for the research and educational programmes is not clear. It appears that the innovation and commercialisation support company at the university is focusing on products and not services. If so, could the scope given by this company be widened to also supporting researchers for service innovations in the welfare sector? Possibly, an increased match between the company and service innovation and development in health and healthcare practices could strengthen the research and innovation at the FSH.

The committee's recommendations

- Considering and/or articulate in what ways the organisation into divisions within the FSH reflect the knowledge fields of special relevance for the research and educational programmes within the faculty.
- Including relevant strategies and actions for the integration of innovation and entrepreneurship in the PhD education.
- Strengthen the development of innovative research dissemination packages tailored for service innovations.

4.1 Higher education institutions

Within the institution, research-based education, and the use of research-based 'curriculum materials' is promoted. Beyond the institution, some faculty members supervise master and PhD students at other national institutions. Participants in courses for PhD students are enrolled both at the FSH and other institutions nationally. There are 7 PhD students and 3 alumni from FSH at the research school PROFRES, and 3 graduates participated.

Around 70-110 master students complete degree projects annually (30 to 45 credits). The majority of the master students 'define' their own projects. All are invited to link their degree projects to one of the research groups and participate in the research groups activities, but only a few do so. Some master students publish or co-publish in international journals. Furthermore, the university has a research school for master students and this started in 2024, and 15 students from FSH are included.

The committee's evaluation

The research schools PROFRES and Muni-Health-Care are described as important, and these are also mentioned in relation to the research infrastructure and how strategies at the FSH have contributed to the research infrastructure at the FSH. For this reason, maybe the benefits thereof can be further strengthened, such as building on national higher education networks especially to facilitate research with municipalities.

The committee's recommendations

- Further develop and make use of the links between research and education that already are in place. Especially to increase the interest among master's students to do their degree projects within on-going research in closer collaboration with the research groups at FSH. Here, digital participation may facilitate increased participation for those living outside the campuses.

5. Relevance to society

Research at the FSH addresses staffing challenges in healthcare services. The geographical spread into five campuses gives special prerequisites to foster close connections with a large number of municipalities in rural areas. Contribution to the region is also related to collaboration with the Centre for Care Research.

The specific challenges addressed of importance for healthcare services are: pervasive shortage of healthcare professionals, increase in health inequality, medication management deficiencies, insufficient mental health services, and health decision involvement deficiencies. Thus, the FSH contributes to the UN Sustainable Development Goal Number 3; Health.

The committee's comments on impact case 1: Venous air embolism – research impact on clinical training, practice and guidelines.

This impact case includes a series of research identified pathophysiological mechanisms, symptoms and effective preventive and therapeutic interventions related to iatrogenic air embolism; both invitro and in vivo. Early warning signs of possible air embolism were identified with open thorax as a significant risk factor.

Knowledge was disseminated through research publications, presentation at conferences and contribution to revised national clinical guidelines. Since that implementation, there has been no new case of air embolism at the Nordland Hospital Trust.

The local impact is clear and convincing; however, the national and international impact is less unpacked and clarified. Impact has primarily been reached through conventional knowledge dissemination strategies.

The committee's comments on impact case 2: Ethics studies and impact on the code of ethics for nurses.

This impact case concerns a professor at NHS who is leading research into clinical ethics in nursing care became invited in revision of the International Code of Ethics for Nurses and proposed the inclusion of 'Nurses and global health'. The result is a series of empirically informed studies in nursing ethics in relation to nurses' work situation, reflection groups about ethics, and ethical challenges in patient care.

The argument is convincingly made for significant national impact of the specific research conducted. The revision of the International Code of Ethics for Nurses is described to be informed by the research described. Participation of a FSH researcher in the revision of the International Code of Ethics for Nurses is undoubtedly important, and the inclusion of 'Nurses and global health' is of high global significance. However, it is unclear how the specific research referred to has informed the revision, since this research has not focused global health in nursing. Rather, it can be assumed that the specific expertise in ethics merited the NSH professor to work with the contribution to the code of ethics. For this reason, the potential worldwide impact is implicitly informed by the research, not explicitly. Still, participation in the revision of the ICN code is undoubtedly of great importance, and indicates an international impact by NSH.

The committee's comments on impact case 3: Working hours and working time organisation (staffing) for nursing staff.

This impact case concerns research into nursing staffing and working-hour models has contributed with implications of shift-working conditions and organisation of work in healthcare services. A series of studies have cumulatively ascertained how various nursing staff working time practices emerge and evolve, and how different methods of organising working time for nursing staff can have consequences for employees, patients, and employers.

The research has been disseminated in edited volumes and research reports in Norwegian and in international peer-reviewed journals as well as opinion texts and lectures locally and regionally. The research has been recognised by national policy makers, in reports underpinning governmental decisions and in a white paper. This impact case clearly exemplifies research with local, regional and national impact, while less international impact.

Appendices

Evaluation of Medicine and health 2023-2024

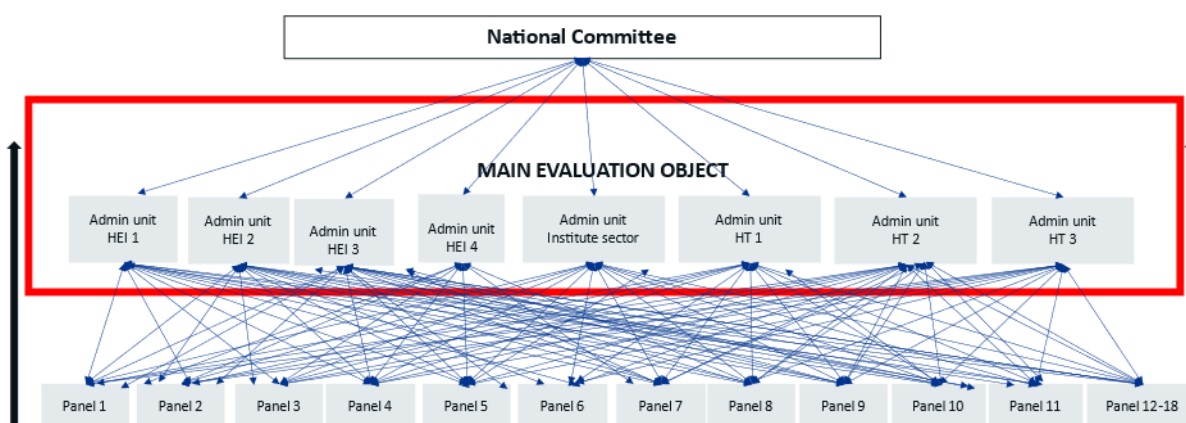
By evaluating Norwegian research and higher education we aim to enhance the quality, relevance, and efficiency. In accordance with the statutes of the Research Council of Norway (RCN), the RCN evaluates Norwegian professional environments to create a solid and up-to-date knowledge base about Norwegian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

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

Evaluation of medicine and health (EVALMEDHELSE) 2023-2024

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

Organisation of evaluation of medicine and health 2023-2024



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

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

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

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

Se vedlagte adresseliste

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

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

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

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

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

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

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

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

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

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

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

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

Administrative enheter (hovedevalueringssubjektet i evalueringen) – skjema 1

Forskingsrådet 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

Forskingsrådet 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).

Forskingsrådet 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

Forskingsrådet 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

Forskingsrådet 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

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2. Nye fagevalueringer – varsel om oppstart november 2021
3. Erfaringer med oppfølging av fagevaluering av biologi, medisin og helsefag 2010/2011
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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.

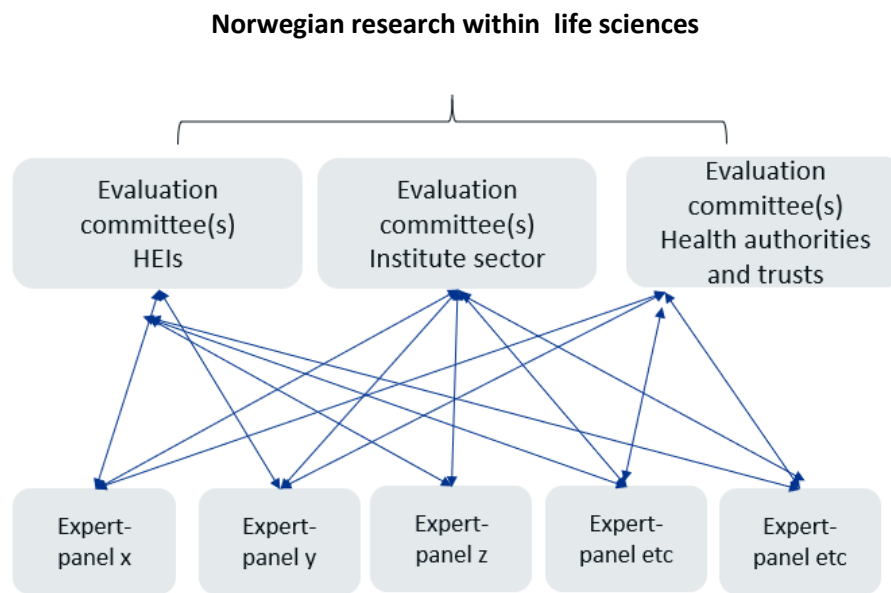


Figure 1. Evaluation committees and expert panels

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	
--	--

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
Nord university	Faculty of Nursing and Health Sciences	Caring in Health Care	Panel 4d
Nord university	Faculty of Nursing and Health Sciences	Drug use and Management	Panel 4c
Nord university	Faculty of Nursing and Health Sciences	Epidemiology, Health Care and Population-based studies	Panel 4c
Nord university	Faculty of Nursing and Health Sciences	Equitable Community Participation and Marginalised groups	Panel 4a
Nord university	Faculty of Nursing and Health Sciences	Ethics and Interaction in Nursing and Health Sciences	Panel 4f
Nord university	Faculty of Nursing and Health Sciences	Mental Health	Panel 4a

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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