

# **Evaluation of Life Sciences 2022-2024**

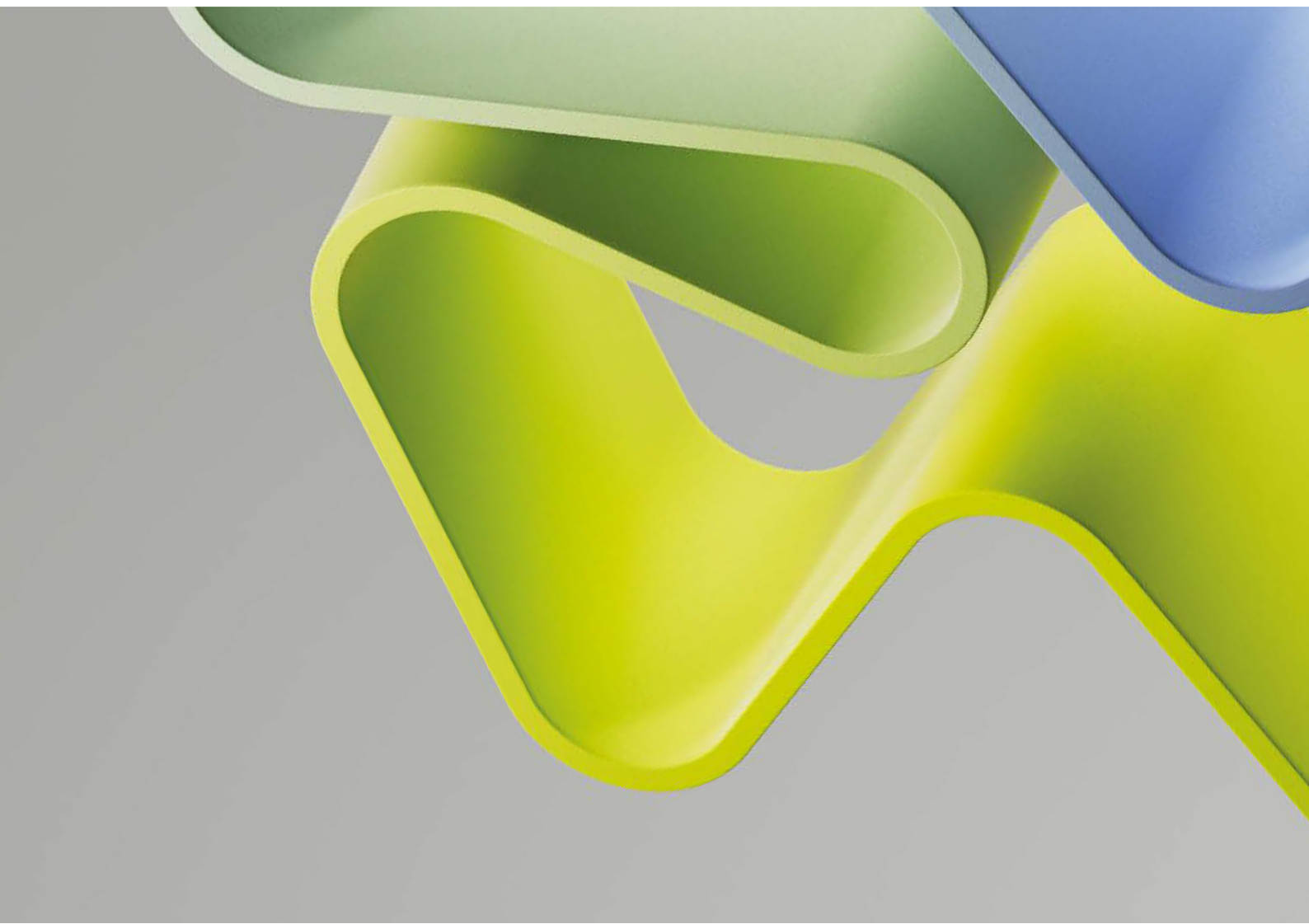
## **Evaluation of medicine and health 2023-2024**

### **Evaluation report**

**ADMIN UNIT: Department of Research**

**INSTITUTION: Sunnaas Rehabilitation Hospital**

December 2024



# Contents

STATEMENT FROM EVALUATION COMMITTEE HEALTH TRUST 1 .....	3
PROFILE OF THE ADMINISTRATIVE UNIT .....	4
OVERALL EVALUATION .....	6
RECOMMENDATIONS .....	7
1. STRATEGY, RESOURCES AND ORGANISATION OF RESEARCH .....	8
1.1 RESEARCH STRATEGY .....	8
1.2 ORGANISATION OF RESEARCH .....	9
1.3 RESEARCH FUNDING.....	10
1.4 USE OF INFRASTRUCTURES .....	12
1.5 COLLABORATION .....	12
1.6 RESEARCH STAFF .....	14
1.7 OPEN SCIENCE.....	14
2. RESEARCH PRODUCTION, QUALITY AND INTEGRITY .....	16
2.1 RESEARCH QUALITY AND INTEGRITY .....	16
3. DIVERSITY AND EQUALITY .....	18
4. RELEVANCE TO INSTITUTIONAL AND SECTORIAL PURPOSES .....	19
4.1 HEALTH TRUSTS.....	20
5. RELEVANCE TO SOCIETY .....	21
APPENDICES .....	23

## Statement from Evaluation Committee Health trust 1

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

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

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

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

Evaluation committee Health trust 1 consisted of the following members:

Professor Johan Hellgren (Chair)

University of Gothenburg

Professor Oskari Heikinheimo  
Helsinki University Hospital

Professor Nick Hardiker  
University of Huddersfield

Professor Fiona Gaughran  
King's College London

Professor Claudi Bockting  
Amsterdam University Medical Centre

Professor Li Felländer-Tsai  
Karolinska Institute

Professor Ertan Mayatepek  
University Hospital Düsseldorf

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

Oslo, December 2024

## Profile of the administrative unit

The Department of Research (SUNDepResearch) at Sunnaas Rehabilitation Hospital is led by the Director of Research, who reports directly to the CEO. It is organised into three units: the Research Unit, Rehabilitation Technology Unit, and the National Resource Centre for Rare Disorders (TRS). The department includes among others senior researchers, senior advisers, testbed coordinator, education coordinator, administration consultant, guest professors, and adjunct professors, all reporting to the Director of Research. Research activities are organised into five thematic groups, each led by a group leader.

SUNDepResearch also oversees university partnerships, internships, and innovation-oriented activities. In terms of research staff, SUNDepResearch consists of eight senior physicians, six psychologists, 13 researchers and postdocs and 12 PhD students. Women represent a majority within all categories. The share of women among the previously mentioned categories are: senior physicians (75%), psychologists (67%), researchers and postdocs (92%) and PhD students (83%).

The Department of Research is comprised of one research group, the Department of Research.

The administrative unit follows the long-term-plan-research-sunnaas-rehabilitation-hospital-2022-2025, focusing on five main goals. First, strengthen national and international collaboration by encouraging multicentre studies, fostering PhD and researcher projects with external partners, and establishing the Sunnaas Rehabilitation Cluster (SRC). Second, enhance interdisciplinary and clinically oriented research by creating meeting spaces and integrating research with clinical practice, ensuring patient involvement. Third, promote lifelong learning by supporting evidence-based education in health sciences and strengthening university collaboration. Fourth, recruit and support researchers through relevant research training. Finally, make rehabilitation research accessible by publishing in Open Access journals and adhering to national guidelines.

To be a significant contributor to rehabilitation research both nationally and internationally is part of the long-term strategy of Sunnaas. Among other things they aim to be an active driving force in regional and national research collaborative efforts, including developing synergies between different environments, health care levels, institutions, and disciplines within rehabilitation. National collaborations include also the international spinal cord injury survey – Norway (InSCI-Nor) where they, among others, collaborate with the St. Olav's Hospital and Haukland University Hospital in building sustainable collaboration network and interdisciplinary competence within the spinal cord injury field in Norway. In the field of brain injuries there is widespread national and international collaboration, but particularly strong with the regional trauma centre at Oslo University Hospital and Monash University in Melbourne Australia. Additionally, TRS has with their research among others contributed to the development of international guidelines for the treatment and follow-up of Achondroplasia, a rare bone disorder. Moreover, Sunnaas researchers present their scientific findings at both national and international conferences. Key platforms include the American Congress of Rehabilitation Medicine, World Congress of Neurorehabilitation, Nordic Spinal Cord Society, International Spinal Cord Society, International Brain Injury Association, the International Skeletal Dysplasia Meeting, International and European

Neuropsychological Associations, and the European Society in Movement Analysis in Adults and Children (ESMAC).

Based on its self-assessment, in the future, Sunnaas might use internal strengths such as the relatively stable internal budget allocations throughout the years to research and the steady recruitment of employees that want to start an academic career through Master and PhD studies. The future situation of Sunnaas might also be impacted by internal weaknesses such as the increasing share of older key research personnel and the relatively few senior researchers which limit the success in funding of larger well-funded studies.

## Overall evaluation

The Terms of Reference for the Department of Research include:

- Sunnaas Rehabilitation Hospital is a significant contributor to rehabilitation research and innovation both nationally and internationally.
- Sunnaas Rehabilitation Hospital continuously improves evidence-based rehabilitation, through clinically oriented research linked to the hospital's rehabilitation programmes.
- Sunnaas Rehabilitation Hospital develops new rehabilitation services and improves the effectiveness of existing services through research-based innovation.
- Sunnaas Rehabilitation Hospital involves user organisations and user representatives in all aspects of the research activity.

Within the context of these Terms of Reference, from its evaluation of the Department of Research, the committee has a number of observations:

- There is strong institutional commitment to research within Sunnaas Rehabilitation Hospital (supported by a generous internal funding allocation), and good strategic alignment for activities within the Department of Research (supported by a connection into the Sunnaas Rehabilitation Hospital senior leadership team).
- Named leaders, with clear responsibilities, provide accountability and help to maintain strategic direction for the main areas of research, although there may be a lack of oversight and cross-fertilisation for the overall research enterprise.
- The Department of Research is very well-connected, both internally and externally.
- The Department of Research has had significant success in securing external funds, particularly from national sources although there may be capacity to secure more; these funds remain a stable but relatively modest proportion of overall funding. International sources of research funds remain underexplored.
- The Department of Research has not historically engaged with external research infrastructures.
- The Department of Research has a rich publishing profile considering the specialist nature of Sunnaas Rehabilitation Hospital and stands out from other health trusts for its engagement with open access publishing. The unit appears to be less engaged with wider aspects of open science and data management.
- There is a lack of clarity on the policy drivers and practical steps taken by The Department of Research a) to address diversity and equality in its broadest sense, and b) to identify and overcome barriers to progression across a broad range of protected characteristics.
- The Department of Research appears to have a good handle on reach and other pathways to impact, but there is little evidence within the self-assessment of tangible benefit arising from its research and research-related activity.
- There appears to be a clear commitment to user involvement; however, it is unclear the mechanisms by which users are engaged and how meaningful this engagement might be.
- The Department of Research is well-placed to be able to identify novel approaches to rehabilitation, to engage students in its work, and to help foster an evidence-based culture within Sunnaas Rehabilitation Hospital.

## Recommendations

The committee has several recommendations arising from the evaluation. The Department of Research should consider:

- Playing a more significant and active role in institutional research planning, resourcing and monitoring.
- Reviewing periodically structures that underpin research (including an oversight group) to ensure that they continue to be fit for purpose.
- Increasing external bidding activity (not least to support staff recruitment).
- Utilising and developing infrastructure and resources to support the entire research lifecycle.
- Fostering good working relationships with a range of partners while elevating its own status.
- Developing an engagement strategy to maximise the potential of external relationships.
- Introducing formal mentoring through defined career pathways to support advancement.
- Developing a policy for data management that supports fully the principles of open science and a framework for research quality and integrity.
- Developing a policy and procedures to guide proactive support for diversity, equality and inclusivity (covering the full range of protected characteristics).
- Developing an impact strategy to ensure that any anticipated benefits are realised and tracked.
- Introducing, as part of a new innovation strategy, incentives to open up possible pathways to commercialisation.

# 1. Strategy, resources and organisation of research

## 1.1 Research strategy

For the purposes of this evaluation, the self-assessment presents as the Administrative Unit the Department of Research at Sunnaas Rehabilitation Hospital. The Department of Research was also presented in the associated evaluation of research groups as a research group within Sunnaas Rehabilitation Hospital.

The terms of reference for the Department of Research include:

- Sunnaas Rehabilitation Hospital is a significant contributor to rehabilitation research and innovation both nationally and internationally.
- Sunnaas Rehabilitation Hospital continuously improves evidence-based rehabilitation, through clinically oriented research linked to the hospital's rehabilitation programmes.
- Sunnaas Rehabilitation Hospital develops new rehabilitation services and improves the effectiveness of existing services through research-based innovation.
- Sunnaas Rehabilitation Hospital involves user organisations and user representatives in all aspects of the research activity.

The self-assessment acknowledges research as one of four statutory tasks for health trusts in Norway, and the Department of Research views itself as a key contributor to activity within Sunnaas Rehabilitation Hospital and to the long-term strategy of the hospital.

Research and innovation for the Department of Research is closely linked to patient care and to the development of potential new treatment options.

The main objective for research within the Department of Research is to continuously improve evidence-based rehabilitation through clinically oriented research. This objective is explicitly linked to rehabilitation programmes within Sunnaas Rehabilitation Hospital, and it feeds into two major strategic aims:

- to offer and develop highly specialised rehabilitation for the benefit of patients and society.
- to contribute to the overall improvement and competence development in all professional disciplines.

Implicit in these aims are potential positive societal impacts i.e. improved rehabilitation services and a skilled rehabilitation workforce; potential policy impacts are perhaps less clearly identifiable. The aims also serve to focus research activity at the Department of Research on specialised rehabilitation.

According to the self-assessment, the main objective for research also links with a set of strategic goals for research and innovation, which are drawn from the Sunnaas Rehabilitation Hospital long-term plan for research (2022-25):

- Strengthening national and international collaboration
- Strengthening interdisciplinary and clinically oriented research
- Lifelong learning
- Researcher recruitment and career development
- Making the rehabilitation research visible and accessible.

For each of these strategic goals, the self-assessment presents specific examples that are linked explicitly to numbered terms of reference.



The main source of funds (approximately 75% of the annual average) for the Department of Research is a strategic internal allocation from the basic funding of Sunnaas Rehabilitation Hospital, with a smaller proportion accruing from external competitive research grants. The allocation seeks to strengthen the culture of research and innovation, for example to support doctoral students, senior researchers and guest academics. While the self-assessment provides examples of how internal and external funds are distributed within the Department of Research, the mechanism for allocation of those funds is less clearly described.

### **The committee's evaluation**

Sunnaas Rehabilitation Hospital appears to acknowledge its statutory obligation as a health trust towards research. The Department of Research, as both an administrative unit and as a research group, appears to understand its role in as a key contributor to strategic activity within Sunnaas Rehabilitation Hospital, with a clear emphasis on research and innovation.

Research and innovation activity within the Department of Research appears to be well-aligned with the aims and objectives of the long-term strategy of Sunnaas Rehabilitation Hospital, although it is unclear from the self-assessment the degree of influence that the Department of Research might have on the development of these aims and objectives. Nor is it clear how these aims and objectives are monitored and how progress towards these is evaluated.

The strategic intent towards research is supported in practical terms through significant and relatively stable internal funding, although once again it is unclear from the self-assessment how internal funds are allocated.

### **The committee's recommendations**

- While the overall strategic plan for Sunnaas Rehabilitation Hospital runs through to 2035 (and the Department of Research should work within the plan), the long-term plan for research appears to be for review in 2025. The committee recommends that the Department of Research plays a significant active role (ideally with stakeholders) in the formulation of the next iteration of the plan and includes as part of the plan a framework for monitoring progress, with tangible measures of success along the way. The committee also urges the Department of Research to inform or contribute in some other way to the allocation of internal funds by Sunnaas Rehabilitation Hospital.

## **1.2 Organisation of research**

Sunnaas Rehabilitation Hospital is according to the self-assessment the largest hospital in Norway specialising in physical medicine and rehabilitation (with 780 employees i.e. 574 WTEs, 153 beds and 3100 discharged patients per year). Research at Sunnaas Rehabilitation Hospital is localised within the Department of Research. The Department of Research is led by a professorial Director of Research who is a member of the Sunnaas Rehabilitation Hospital management team and reports directly to the hospital's CEO. Research within the Department of Research is organised around projects. In order to foster transparency and oversight, all projects are located within one of five themed groups (intended to encourage research-based clinical practice). The Department of Research is supported by eight senior advisors, who are drawn from among the hospital teams. Additional personnel include international guest faculty, and external adjunct and associate

faculty. The Department of Research also coordinates a number of undergraduate and postgraduate internships.

Including the senior advisors, but excluding adjunct, associate and guest faculty, the total headcount of the Department of Research is 39 (23.5 whole time equivalent) of which nearly a third are doctoral candidates. Part of the Sunnaas Rehabilitation Hospital strategy over the past decade has been to increase the number of doctorally-prepared staff, and a number of actions and incentives have been put in place, with some success. Periodic sabbaticals are available for senior physicians and psychologists, and PhD candidates and researchers are encouraged to take advantage of external visits and secondments. The new Sunnaas Rehabilitation Cluster further maximises these synergies by intentionally leveraging research, education and innovation activity to feed into the next generation of programmes and technologies. According to the self-assessment, full-time 'regular' staff work 37.5-40 hours per week on research, while most research staff work part-time on research, which is often combined with a position in the clinic.

### **The committee's evaluation**

The Department of Research appears to have a functioning organisational structure that provides a degree of stability in leadership, with a connection both into the senior leadership team of Sunnaas Rehabilitation Hospital, and into its clinical practice environments, thereby helping to meet the strategic aims of the unit. The identification of named leaders, with clear responsibilities, for each of the research groupings will provide a degree of accountability; the stability of these roles will help to maintain strategic direction for the main areas of research. It is unclear from the self-assessment the mechanisms for maintaining oversight of the entire research function and for cross-fertilisation between the research groupings. Synergies between the major functions of the Department of Research are well-supported and there appear to be effective links into relevant national and international networks. Although the size of the Department of Research has remained largely unchanged over the past decade, the development actions and incentives put in place through this time appear to have successfully increased both capability and capacity to conduct a wider and deeper range of research. Sunnaas Rehabilitation Hospital is not a university hospital, although the implications of this are not clear.

### **The committee's recommendations**

- The committee recommends a periodic review of the organisational structures that underpin research and innovation activity at Sunnaas Rehabilitation Hospital to ensure that these remain optimal over time. The committee would also recommend, if such a structure does not yet exist, the establishment of some form of steering group to a) maintain oversight of research activity b) to ensure that performance within individual groupings is aligned with expectations and c) to maximise opportunities for cross-fertilisation.

### **1.3 Research funding**

The self-assessment indicates that Sunnaas Rehabilitation Hospital, unlike the majority of health trusts, falls outside the established performance-based general funding system for research activity in specialist health services, although it does not go into detail of why this might be the case.

In the absence of general funding, as indicated in section 1.1 of this report, the main source of funds (approximately 75% of the annual average) for the Department of Research is a strategic internal allocation from the basic funding of Sunnaas Rehabilitation Hospital (there are some inconsistencies in the self-assessment, but this appears to total NOK 157.7m for the period 2018-2022), with a smaller proportion (NOK 54.7m or approximately 25%) accruing from external competitive research grants. The basic funding allocation has supported internal doctoral positions, an unspecified number of senior researchers, senior advisors, unit leaders, the Director of Research and the administrative manager.

National sources of external funding over the same period (totalling NOK 52.4m) include the Dam Foundation, South-Eastern Norway Regional Health Authority, and the Research Council of Norway (it should be noted that currently, for every NOK 1 that is granted to health trusts by the Council, Universities receive NOK 10), with a fairly even spread across the three organisations. International external funding is modest in comparison, comprising less than 3% (NOK 1.3m) of the total external grant capture. External funds tend to be intended to support specific projects rather than infrastructure or collaborations.

### **The committee's evaluation**

The committee congratulates the Department of Research on sustaining significant basic funding from Sunnaas Rehabilitation Hospital through the evaluation period. This internal source of funding supports a relatively large number of research and research-related staff, while helping Sunnaas Rehabilitation Hospital to fulfil its statutory obligations towards research. The committee also congratulates the Department of Research its success regarding the capture of external funds. These funds have been derived from three key research funding bodies. While this may represent a small number of funding streams, and only a proportion of total research and innovation income for the unit, this diversity of income will be enhancing ongoing sustainability for the research and innovation activity. In comparison with income from national sources, international research funding has been relatively modest. External income has tended to be project based.

### **The committee's recommendations**

- While external funds provide a significant subsidy, the great majority of funding for the Department of Research is derived from internal sources. Although internal funding has been consistently generous through the evaluation period, any dependence on discretionary funding poses a risk to sustainability. The self-assessment does not require units to present information on bidding activity, or on success rates and details of specific grants. It is difficult therefore for the committee to advise in this regard, but the Department of Research should continue to find ways to submit a greater number and variety of external bids, to a diversity of national and international funding bodies, and to maximise the relevance and quality of those bids, in order to increase grant capture, perhaps releasing a portion of the internal funding for infrastructure or collaboration development. Drawing on research infrastructure and resources and on external partnerships will likely enhance success in this regard.

## **1.4 Use of infrastructures**

According to the self-assessment The Department of Research does not currently participate in national, European or other international research infrastructures. The reasons for the lack of engagement are unclear.

Although the focus of this evaluation is on engagement with national, European, and other international research infrastructures, researchers within the Department of Research do have access to a range of regional research support services (including tools, advice, guidance and support), which are offered by University of Oslo to health service employees that work within the catchment of the South-Eastern Norway Regional Health Authority (Helse Sør-Øst RHF). Helse Sør-Øst RHF also delivers data and computing services to the region. Locally, the self-assessment introduces the newly established Sunnaas Quality Register, although the utility of this resource within a research context is unclear from the description.

The self-assessment (in sections 2.2 and 1.7) presents the FAIR (findable, accessible, interoperable and reusable) principles as being 'not yet fully implemented' but does not elucidate further.

### **The committee's evaluation**

Although researchers have access to local and regional resources relating to research and innovation, the Department of Research does not currently engage with a) national research infrastructures listed in the Norwegian roadmap, b) international research infrastructures funded by the Norwegian government or c) European research infrastructures covered by the European Strategy Forum on Research Infrastructures (ESRI). It is unclear the reason for this lack of engagement, but it might include a lack of knowledge about the resources available, lack of perceived relevance to the foci of research, structural or functional barriers on either the Sunnaas Rehabilitation Hospital side or the host side, etc.

### **The committee's recommendations**

- The Department of Research should seek actively to explore and leverage the full range of resources that might be available locally and regionally to support the research and innovation lifecycle. The committee also recommends that the Department of Research should actively investigate all national, European and other international research infrastructures for their relevance to research and innovation within Sunnaas Rehabilitation Hospital, and work to address barriers to engagement with useful resources. In the longer-term, the Department of Research might consider collaborating with partner organisations on the development of useful shared resources, such as access to bibliographic tools, and lobbying regionally and nationally for any resources that it perceives may be missing or exclusionary.

## **1.5 Collaboration**

The Department of Research rightly regards research collaboration as strategically important and seeks to be a driver of regional and national efforts. In practical terms, it strives for national and international involvement in all new projects and publications, and for the establishment of productive working relationships with leaders in relevant disciplines. A number of concrete actions, previously promoted by Sunnaas Rehabilitation Hospital,

have helped the Department of Research realise these ambitions, such as the engagement of guest professors, the involvement of international partners in PhD supervisions, and the building of stronger ties with local academic institutions (University of Oslo, OsloMET and the Norwegian School of Sports Sciences) and university hospitals (Oslo University Hospital). These actions have resulted in a number of guest professorships, drawn from Denmark, Sweden and Australia, and connections with a number of research partners, drawn from a range of disciplines to reflect the interdisciplinary nature of rehabilitation, and from a range of universities and hospitals (in addition to industrial partners). Several examples are provided in the self-assessment of productive relationships with a wide range of local, national and international partners that are instantiated through a range of different resources (the regional trauma centre at Oslo University Hospital), networks (the Sunnaas International Network), fora (European Achondroplasia Forum), projects (aphasia rehabilitation after stroke), participations (International Spinal Cord Injury Survey), coalitions (Key4OI – osteogenesis imperfecta), etc. The establishment within the Department of Research of the Sunnaas Rehabilitation Cluster is a further sign of the strategic commitment to collaboration. The self-assessment also presents as evidence of collaboration, the impressive share of published output from the Department of Research that demonstrate co-authorship with national and international partners. Although the proportion of publications that have external co-authors (nearly 93%) has not changed significantly over the past decade, the proportion of publications that have international co-authors (compared to national co-authors) appears to have nearly doubled over the same period (from under 33% to over 57%).

### **The committee's evaluation**

The Department of Research maintains an impressive network of external public-, private-, and third-sector partners, both national and international. The commitment of both the Department of Research and the broader Sunnaas Rehabilitation Hospital to collaboration have helped to position the unit and foster good working relationships. Active ongoing engagement with these partners through various initiatives has without doubt helped to keep these collaborations alive.

### **The committee's recommendations**

- The Department of Research clearly sees value in its partnerships, and the unit should continue to foster and fuel good working relationships while advancing its own work and further establishing itself on the international stage. Several of the key benefits that accrue from collaborative working are already being realised by the Department of Research such as broadening expertise, enhancing quality, increasing reach, multiplying effort and enhancing reputation. There are other potential benefits of collaboration that are not so apparent within the self-assessment such as maximising tangible benefit, cross-cultural working, enhancing diversity, equality and inclusivity. The Department of Research should consider the development of a strategy for engagement to ensure that existing ties are sustained and strengthened, new productive ties are made, and that the range of positive reasons for collaboration are fully exploited.

## **1.6 Research staff**

The Department of Research comprises 39 researchers, fairly evenly divided into three groupings: clinicians, researchers and doctoral candidates. While there has been an increase in headcount of 26% since 2013, as most research staff are employed part-time in research, often combined with a clinic position, the increase in whole time equivalency has been more modest over the same period (from 20.4 to 23.5 i.e. an increase of less than 1% per year). Over three quarters (82%) of the staff identify as female, with only marginal differences between more senior and less senior levels.

### **The committee's evaluation**

There appears to be a good mix of staff, and at different levels, within the Department of Research. Many of the research staff appear to be supported through the annual internal allocation of basic funds, which may be a limiting factor for growth in the research workforce (the SWOT analysis presents as a strength the steady recruitment of employees that want to start a research career, although it is likely that this refers to recruitment to MSc and PhD programmes). It is unclear from the self-assessment what proportion of the external funds received have been allocated to staffing costs. One of the weaknesses identified in the SWOT analysis is an 'increasing share of older key research personnel' although few details are given to formal mentoring and career progression through the Department of Research.

### **The committee's recommendations**

- Any growth in staffing, if this is seen as desirable, is likely to be as a result of, and in response to, increased external grant capture. Such growth, assuming the recruitment of less-experienced staff to service projects (possibly through positive action, while obviously avoiding positive discrimination), may serve to rebalance the age profile of the Department of Research and provide a potential pipeline for research career progression. Formal mentoring and defined research career pathways may also support advancement.

## **1.7 Open Science**

Sunnaas Rehabilitation Hospital has, as a key objective for its research, to make knowledge about evidence-based rehabilitation openly and widely accessible. To support this objective, the Department of Research strives to publish results as open access, as demanded by certain funding streams. Starting from a fairly modest baseline a decade ago, nearly 2/3rds of its outputs are now published as gold open access. Other resources generated by the unit are made freely available via the Sunnaas Rehabilitation Hospital web pages. Regarding open science more generally, the self-assessment refers to restrictions on the disclosure of sensitive data but does not consider how the principles that underpin open science are accommodated as part of its research activities. The approach taken to ownership of research data, data management and confidentiality appears to be governed by the specifics of ethical review (structured data management plans are not routinely implemented across research projects).

### **The committee's evaluation**

The Department of Research should be congratulated on its approach to publication and the importance it places on open access (the Department of Research would rank very highly against other health trusts in terms of proportion of gold open access publications). However, less attention is paid within the self-assessment to wider aspects of open science. This has the potential to reduce possibilities for knowledge sharing to a wider community of interest and opportunities for collaboration. There appears to be a relatively informal approach taken to the ownership, management and security of research data, which may pose potential risks to the organisation and to research participants.

### **The committee's recommendations**

- The committee recommends that the Department of Research maintains its commitment to openness and accessibility to knowledge about evidence-based rehabilitation. To this end, the committee recommends that the Department of Research should continue to work towards open access publication whenever practicable. The committee also recommends that it should also consider ways in which it might introduce the principles of open science more generally, particularly in its approach to safely sharing research data, to ensure that it maximises the value and benefit of that data. Finally, the committee recommends that the Department of Research should consider introducing a greater degree of formality in its handling of data, for example through the development of a policy for research data management that supports the full implementation of FAIR principles and mandates the introduction of data management plans for all research projects.

## **2. Research production, quality and integrity**

### **Introduction**

According to the self-assessment, the volume of published output from the Department of Research has nearly doubled over the past decade (from an annual mean of 34 in the first half of the decade to 62 in the second half). This is an impressive achievement for a relatively small research unit and it follows the general picture nationally for rehabilitation research which, according to a survey conducted by NIFU in 2021 cited in the self-assessment, as a discipline has also nearly doubled in terms of a) total published output over the same period, b) the share of total published output generally, and c) the share of output specifically for medicine and health sciences. It is important to note that rehabilitation as a discipline is considered to be highly specialised (i.e. publishing significantly more than the world average) across all Nordic countries except Finland. The same NIFU survey ranked Sunnaas Rehabilitation Hospital higher than any other included university hospital in terms of publishing over a 10-year period (although its volume of publishing is admittedly considerably lower than international comparator organisations). According to the compilation report made available by NIFU to support EVALMEDHELSE, when compared to other participating health trusts, Sunnaas Rehabilitation Hospital appears to rank towards the higher end for interdisciplinarity, and for national and international co-authorship (although international co-authors do not appear to be from highly regarded universities), but towards the lower end for publication volume and for share of the most cited publications. Much of this variability in performance could be explained by the fact that Sunnaas Rehabilitation Hospital is highly specialised in rehabilitation. Sunnaas Rehabilitation Hospital appears to employ a relatively informal approach to assuring research integrity. Researchers follow accepted good practice, and prior to commencement, the project manager or responsible researcher is tasked with ensuring that the project is anchored within one of the thematic research groupings, and has the necessary external approvals in place. Research processes are outlined in a document 'Research – Procedures for Research'.

### **2.1 Research quality and integrity**

This part includes one overall evaluation for 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 evaluated the registered research groups in EVALMEDHELSE. The expert panels are solely behind the evaluation of the research group(s). The evaluation committee is not responsible for the overall assessment of the research group(s) presented in this section.

### **Department of Research**

This administrative unit is complex and serves the larger research community. The information reported is heavily focused on the organisation, research integrity, and quantity of output. The self-assessment does not provide important details to allow for an evaluation of either the quality of scientific publications produced or the group's contributions to these. The unit seems to be actively engaged in both national and international collaborations, but their level of contribution to these is unclear.



The self-assessment discusses ethical ways of working within the Department of Research and the need for research to be located within one of the thematic research groupings. However, there is little further consideration of research quality and integrity, apart from an acknowledgment of the need for prior approvals by REK and SIKT and a reference to the organisational Procedure for Research. The committee would recommend the development of a specific policy or framework for research quality and integrity to introduce and enforce preventative measures to mitigate risk and to prescribe actions to be taken in the event of any violation of expected quality or integrity.

### **3. Diversity and equality**

The approach taken by the Department of Research to ensure diversity and equality is covered briefly in the self-assessment. All work at Sunnaas Rehabilitation Hospital is underpinned by the three key values of professionalism, commitment and joy, and all employees are expected to 'act in line with general ethical norms and applicable legislation'. A member of the Department of Research acts as a 'verneombud' or safety representative and, guided by national strategy, part of the role is to ensure an environment free from harassment and discrimination.

Although this information might be more relevant to section 1.3 of the self-assessment, a brief summary is presented under diversity and equality of selected demographics within the Department of Research, with an indication that the age and sex profile for staff within the unit reflects the overall profile for Sunnaas Rehabilitation Hospital.

#### **The committee's evaluation**

There is an assumption in the self-assessment that, in accordance with organisational values and expectations, staff will act in a non-discriminatory way, and that a single safety representative is sufficient to ensure an inclusive culture. It is appropriate that the sex and age profile of the staff within the Department of Research is in line with the same profile within the wider trust (although this in itself may be an issue) and this may be an indication of progressive recruitment practices, which is laudable.

However, there is a lack of clarity on these practices and on the policy drivers and practical steps that are taken by the Department of Research a) to address diversity and equality more generally e.g. in the choice of research topics and in the way the research projects are managed, and b) to identify and overcome barriers to progression also along other legally protected characteristics, such as race, religion, sexual orientation, gender reassignment, mental status, disability, and being pregnant or being on parental leave.

#### **The committee's recommendations**

- The committee recommends that the Department of Research, in collaboration with Sunnaas Rehabilitation Hospital, develops, implements and monitors a comprehensive policy and accompanying procedures to guide proactive support for diversity, equality and inclusivity (covering the full range of protected characteristics that apply not only in Norway but also in the countries of its partners), and implement these both in the context of human resource management i.e. recruitment and progression, and in the context of the overall research function.

## 4. Relevance to institutional and sectorial purposes

Activities of Sunnaas Rehabilitation Hospital that impact positively on its sector include:

- contributing nationally and internationally to rehabilitation research and innovation e.g. participation in national and international collaborative networks, projects, and open access publications, and organisation of and presentations at relevant conferences
- continuously improving evidence-based rehabilitation e.g. alignment with strategic goals, and a close association with clinical practice
- developing new and improved rehabilitation services e.g. maintaining a culture of innovation, playing to existing strengths
- involving users and user organisations e.g. emphasising user participation, maintaining personal links with users.

A dedicated long-term plan provides a policy framework to support innovation activity. Innovation at Sunnaas Rehabilitation Hospital builds on its existing competencies (examples of successful innovations (services and testbed projects) for the Department of Research are listed in the self-evaluation). Innovation at Sunnaas Rehabilitation Hospital covers service innovation, user-driven innovation and research-based innovation, and is supported by a dedicated innovation unit (there is no equivalent support unit for research). Ideas are generated by staff, patients and other stakeholders. The test bed delivers a number of innovation-related services such as discussing ideas, evaluating prototypes, facilitating workshops, etc. There is limited information provided in the self-assessment on the approaches taken to motivate staff to engage with innovation, although it does state that researchers and clinicians may be released from their regular duties, subject to sponsorship funding.

### The committee's evaluation

The self-assessment presents a comprehensive account of the reach (via publications and presentations), relationships (via co-authorships and networks) and service to the discipline (via peer review and editorial board activities) for the Department of Research within the rehabilitation sector. However, there is little evidence within the self-assessment of any tangible positive impact or benefit arising particularly from its research and research-related activity. Similarly, there appears to be a clear commitment to user involvement, with links to user organisations and a will to engage. However, it is unclear the mechanisms by which users are engaged and how meaningful this engagement might be e.g. does it extend to involvement and even participation as members of the team in research activities?

### The committee's recommendations

- While the Department of Research appears to have considered the potential impact of its research and has identified a number of robust pathways to impact, the committee recommends that the unit explores the development of an impact strategy to ensure that any anticipated benefits are realised and tracked (ideally through a robust set of metrics). The committee also recommends that the unit includes as part of an engagement strategy (as suggested by the committee in section 1.5) the means to ensure that the Department of Research stakeholders are meaningfully engaged in the work of the unit, and to mitigate any risks associated with interpersonal links between individual researchers and users. Finally, the committee also recommends the

introduction of incentives to open up possible pathways to commercialisation for suitable research artifacts.

#### **4.1 Health trusts**

The Department of Research demonstrates its engagement with and contribution to novel approaches to rehabilitation by linking into a number of exploratory projects, covering the potential use of humanoid robots, and new rehabilitative and assistive technologies. Due partly to the size of the hospital, but also to the connectedness of its research activities and staff, research at Sunnaas Rehabilitation Hospital appears to benefit from relatively clean implementation pathways, the incorporation into clinical services of findings from the Department of Research's telerehabilitation research being just one example.

Due in part to the increased proportion of staff who hold a PhD, the academic base of Sunnaas Rehabilitation Hospital may have been strengthened which would have a positive impact on onboarding, preceptorship and development of new staff. Each professional group comprises a number of active researchers, and there are close relationships between researchers and clinicians, which may make it more likely that practice will be rooted in best-available evidence.

Although Sunnaas Rehabilitation Hospital does not appear to run its own educational programmes, staff at the hospital have supported the engagement in research projects of undergraduate and post-graduate students from local academic partner institutions, and Sunnaas Rehabilitation Hospital has supported students, through access to research participants, access to patient data, or supervision by research staff in their Masters' theses.

#### **The committee's evaluation**

Possibly due to the enthusiasm of staff within the Department of Research, its proximity to practice and the needs of patients, its connectedness regionally, nationally and internationally, its track record and the multidisciplinary nature of its research activities, it is in a good position to identify novel approaches to rehabilitation. Similarly, a close working relationship with academic partners is likely to reveal opportunities for engaging students in its work. And finally, just as success breeds success, research engagement appears to breed research engagement and, anecdotally at least, an increasing proportion of staff with PhDs appears to have elevated the academic base of the unit.

#### **The committee's recommendations**

- The engagement and contribution of the Department of Research to novel approaches to rehabilitation, to educational programmes, and to student involvement is laudable, but appears to be largely serendipitous, which may mean that important opportunities are missed. To avoid this, the committee recommends the introduction of a degree of formality to these important aspects of its work in order to provide direction, to identify routes to innovation and to capitalise on the appetite of students to engage. The committee therefore suggests the development of an innovation strategy or plan to catalyse innovation, and an educational strategy or plan to maximise the potential of external student engagement but might also cover continuing education within the Department of Research and across Sunnaas Rehabilitation Hospital.

## 5. Relevance to society

### Introduction

WHO has long recognised the potential role that rehabilitation could play worldwide. And yet a national survey commissioned in 2019 exposed a need within Norway for more knowledge and knowledge sharing around rehabilitation. The Department of Research and Sunnaas Rehabilitation Hospital were already responding to this need through their long-term strategies and continued to respond over the evaluation period. The self-assessment cites two Sustainable Development Goals (SDGs) as being particularly relevant in its work and associates these (and goals within the Norwegian long-term plan for research and higher education) with several projects and initiatives of the Department of Research: SDG 3 'Ensure health lives and promote well-being for all at all ages', SDG 10 'Reduce inequality within and among countries'. It also refers to two further SDGs: SDG 4 'Ensure inclusive and equitable quality education and promote lifelong learning for all' and SDG 5 'Achieve gender equality and empower all women and girls. Although, there is some value in making these connections, particularly from a strategic perspective, it would be a valuable exercise (perhaps as part of its impact strategy) for the Department of Research to consider also how, in practical terms, its activities contribute to the achievement of these goals and the societal challenges that underpin them.

### The committee's comments on impact case 1 - Aphasia Rehabilitation

A series of projects have been conducted at Sunnaas Rehabilitation Hospital over the past decade to support the delivery, via videoconference, of speech and language therapy for people with aphasia following stroke. It is claimed this has resulted in the implementation of aphasia telerehabilitation services by a number of providers, provided guidance, led to the establishment of a national network, and contributed to international guidelines. Three projects provide the basis for the claimed impact: a successful feasibility study with funding from the DAM foundation involving four patients, a PhD-project funded by South-Eastern Reginal Health Trust and the University of Oslo that included a comparatively large randomised controlled trial (RCT) with encouraging results, and an innovation project to support aspects of implementation which was also funded by South-Eastern Reginal Health Trust. There are four references to the research in the self-assessment, two project reports in Norwegian and two international academic sources relating to the PhD study. The work that underpins this case has contributed to the implementation of aphasia telerehabilitation by four providers (including Sunnaas Rehabilitation Hospital), and an unspecified number of other SLT providers. It has also supported, through the demonstration of feasibility, and through information and guidance, the general move in the sector towards this modality. Service users have been involved in the work from the outset, and the results of the work have been disseminated, both to professional audiences, but also via user-facing outlets e.g. social media, newspapers, etc. In association with an aphasia user organisation, the Department of Research helped to establish a national aphasia telerehabilitation network, and the work has been referenced in stroke rehabilitation guidelines in the UK, Australia and New Zealand. As a marker of esteem, the RCT was selected for inclusion in the 'National research and innovation report 2019'.

### **The committee's comments on impact case 2 - The Child-In-Context-Intervention (CICI): A randomised controlled trial addressing chronic symptoms of Paediatric Acquired Brain Injury**

The case claims that a single (albeit complex) study, the Child-In-Context Intervention (CICI), has contributed new knowledge about treatment for paediatric acquired brain injury (pABI), enhanced qualifications for staff, and the establishment of collaborative relationships within health care and education, and with international partners. The research that underpins the impact is a single ongoing complex and innovative RCT, funded by the Research Council of Norway for NOK 15.5m. CICI builds on a previous study involving adults with acquired brain injury. The principal investigator for CICI was a co-principal investigator for the previous study and several members of staff at Sunnaas Rehabilitation Hospital, including senior clinical staff, have been involved in CICI with other collaborating organisations. There are four references to the research in the self-assessment, presenting interim findings such as: the study protocol, the feasibility, acceptability and approach to participation within the project, and details and findings from a survey used within the study. At the time of writing, the CICI had yet to report its findings, although there is a stated potential for the project to add to the knowledge base regarding rehabilitation around pABI, to fuel further research in the field, to and to integrate the research findings into clinical practice, both locally and more widely via national and international collaborating partners.

### **The committee's comments on impact case 3 - International Spinal Cord Injury survey (InSCI)**

The InSCI survey seeks to provide a comparative analysis of the national and international societal response to spinal cord injury (SCI) with a view to informing recommendations for improvement. InSCI was established as part of a wider international multi-partner initiative to implement the recommendations of a previous (2013) WHO report on spinal cord injury (SCI). The report identified a need to obtain a comprehensive overview and description of the experiences of people with SCI living in different circumstances around the world. According to the self-assessment, InSCI forms the basis of an international Learning System for SCI. The overall objective of the survey is to 'identify the factors that explain functioning and well-being of people living with SCI'. The first wave of the survey was conducted in 2017-2019 in 22 countries and is to be repeated every five years (the second wave is already underway). The Norwegian contribution has involved six partner organisations, together representing the entire Norwegian SCI community. A total of 610 Norwegian participants responded to the survey (as part of a project total of more than 12500), making InSCI the largest SCI study of its kind in Norway. There are six references to the research in the self-assessment, drawn from credible international sources. The self-assessment indicates that there are over 35 publications associated with InSCI. The cited references include a description of the study protocol, and a series of country comparisons of experiences for people with SCI across a number of different axes e.g. age, physical health, socioeconomic status, health inequalities and environmental factors. The findings of the first wave of InSCI have been relatively positive for people living with SCI in Norway, in terms of functioning, wellbeing, satisfaction with health services, long term follow-up, and management of secondary health conditions. The study itself has engaged the entire Norwegian SCI community in what is viewed as a sustainable network for collaborative research and for sharing interdisciplinary knowledge and skills and has increased its presence among the international SCI research community.

## Appendices

# Evaluation of Medicine and health 2023-2024

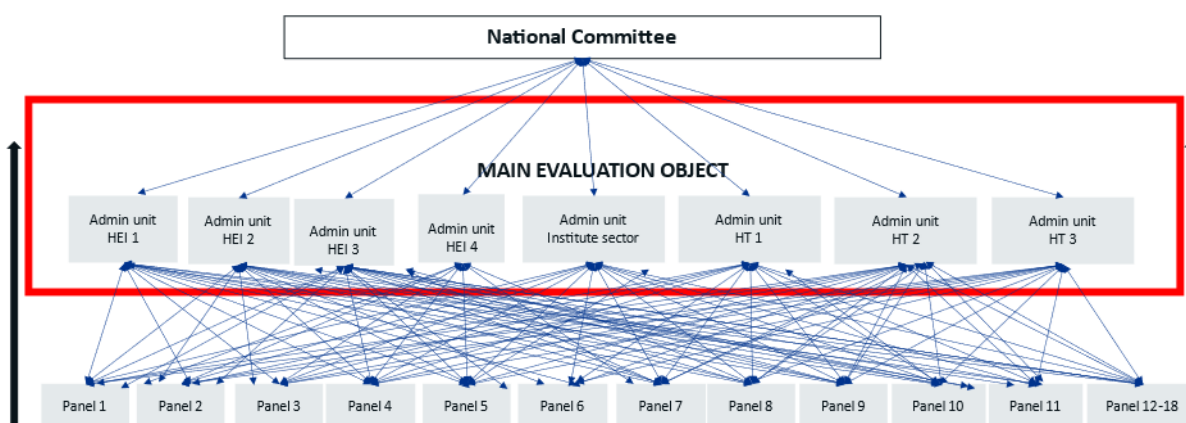
By evaluating Norwegian research and higher education we aim to enhance the quality, relevance, and efficiency. In accordance with the statutes of the Research Council of Norway (RCN), the RCN evaluates Norwegian professional environments to create a solid and up-to-date knowledge base about Norwegian 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 (hovedevalueringsobjektet i evalueringen) – skjema 1***

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

### ***Forskergrupper – skjema 2***

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

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

### ***Invitasjon til å foreslå eksperter – skjema 3***

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

Obs. Det er to faner i regnearket:

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

Utfylte skjemaer (3 stk):

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

sendes på epost til [evalmedhelse@forskningsradet.no](mailto:evalmedhelse@forskningsradet.no) **innen 6. juni 2023.**

## **Tilpasning av mandat – frist 30. september 2023**

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

Tilpasningen gjøres ved å fylle inn de åpne punktene i malen (Appendix A). Utfylt skjema sendes på epost til [evalmedhelse@forskningsradet.no](mailto: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](http://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](mailto:hgn@forskningsradet.no) eller mobil 40 92 22 60.

Med vennlig hilsen  
Norges forskningsråd

Ole Johan Borge  
avdelingsdirektør  
Helse

Hilde G. Nielsen  
spesialrådgiver  
Helse

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

### **Kopi**

Helse- og omsorgsdepartementet  
Kunnskapsdepartementet

### **Vedlegg**

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

# **Evaluation of life sciences in Norway 2022-2023**

---

**LIVSEVAL protocol version 1.0**

---

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

© The Research Council of Norway 2022

The Research Council of Norway  
Visiting address: Drammensveien 288  
P.O. Box 564  
NO-1327 Lysaker

Telephone: +47 22 03 70 00

Telefax: +47 22 03 70 01

[post@rcn.no](mailto:post@rcn.no)

[www.rcn.no](http://www.rcn.no)

The report can be downloaded at  
[www.forskningsradet.no/publikasjoner](http://www.forskningsradet.no/publikasjoner)

Oslo, 5 April 2022

ISBN 978-82-12-Klikk her for å fylle ut (xxxxx-x). (pdf)

# 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 Reference<sup>1</sup> 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)

---

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

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

#### **1.4 Target groups**

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

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

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



## 2 Assessment criteria

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

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

### 2.1 Strategy, resources and organisation

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

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

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

### 2.2 Research production, quality and integrity

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

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

## **2.3 Diversity and equality**

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

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

## **2.4 Relevance to institutional and sectoral purposes**

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

### Higher Education Institutions

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

The purposes of Norwegian HEIs are defined as follows in the Act relating to universities and university colleges<sup>2</sup>

- 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

---

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

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

#### Research institutes (the institute sector)

Norway's large institute sector reflects a practical orientation of state R&D funding that has long historical roots. The Government's strategy for the institute sector<sup>3</sup> 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.<sup>4</sup> 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,

---

<sup>3</sup> [Strategy for a holistic institute policy \(Kunnskapsdepartementet 2020\)](#)

<sup>4</sup> 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.

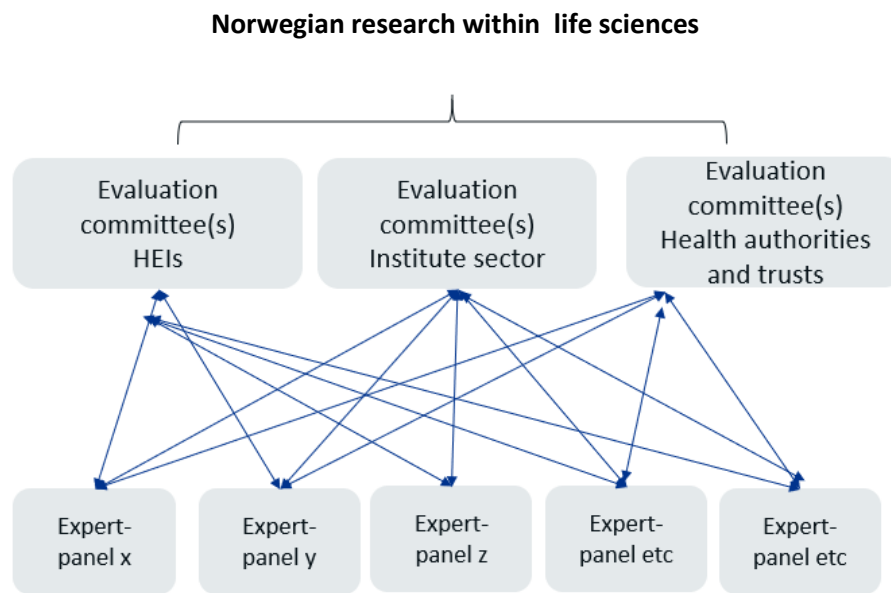


Figure 1. Evaluation committees and expert panels

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
<b>Strategy, resources and organisation</b>	Self-assessment Administrative data	Self-assessment National registers Administrative data SWOT analysis
<b>Research production and quality</b>	Self-assessment Example publications (and other research results)	Self-assessment National registers
<b>Diversity, equality and integrity</b>		Self-assessment National registers Administrative data
<b>Relevance to institutional and sectoral purposes</b>		Self-assessment Administrative data
<b>Relevance to society</b>		Self-assessment National registers Impact cases
<b>Overall assessment</b>	<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): \_\_\_\_\_

# Content

Introduction.....	3
Guidelines for completing the self-assessment .....	4
1. Strategy, resources and organisation.....	5
1.1 Research strategy .....	5
1.2 Organisation of research .....	7
1.3 Research staff .....	7
1.4 Researcher careers opportunities .....	8
1.5 Research funding.....	8
1.6 Collaboration .....	9
1.7 Open science policies .....	11
1.8 SWOT analysis for administrative units.....	11
2. Research production, quality and integrity .....	12
2.1 Research quality and integrity.....	12
2.2 Research infrastructures .....	12
3. Diversity and equality .....	13
4. Relevance to institutional and sectorial purposes .....	14
4.1 Sector specific impact.....	14
4.2 Research innovation and commercialisation .....	14
4.3 Higher education institutions.....	15
4.4 Research institutes .....	15
4.5 Health trusts .....	15
5. Relevance to society .....	16
5.1 Impact cases .....	16

# 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](mailto:evalmedhelse@forskningsradet.no) within 31 January 2024.

For questions concerning the self-assessment or EVALMEDHELSE in general, please contact RCN at [evalmedhelse@forskningsradet.no](mailto: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](mailto: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
<b>No. of Personell by position</b>	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 <sup>1</sup> 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	
<b>Total National grants</b>	
National contract research (oppdragsinntekter) <sup>2</sup> (NOK)	
From the ministries and underlying directorates	
From industry	

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

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

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

## 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.

<b>Internal</b>	<b>Strengths</b>	<b>Weaknesses</b>
<b>External</b>	<b>Opportunities</b>	<b>Threats</b>

## 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]**

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

**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)

<b>Institution</b>	<b>Administrative unit</b>	<b>Name of research group</b>	<b>Expert panel</b>
SunnaasRehabilitation Hospital	Department of Research	Department of Research	Panel 3b-1

## Scales for research group assessment

---

Use whole integers only – no fractions!

### Organisational dimension

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

### Quality dimension

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

Score	Research and publication quality	Supporting explanation
5	Quality that is outstanding in terms of originality, significance, and rigour.	<b>The quality of the research is world leading</b> 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.	<b>The quality of the research is internationally excellent.</b> 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.	<b>The quality of the research is sufficient to achieve some international recognition.</b> 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 <sup>1</sup> .	<b>The quality of the research</b> is well below international level, and is unpublishable in legitimate peer-reviewed research journals.

---

<sup>1</sup> 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.

**Norges forskningsråd**

Besøksadresse: Drammensveien 288  
Postboks 564  
1327 Lysaker

Telefon: 22 03 70 00

Telefaks: 22 03 70 01

[post@forskningsradet.no](mailto:post@forskningsradet.no)

[www.forskningsradet.no](http://www.forskningsradet.no)

Publikasjonen kan lastes ned fra  
[www.forskningsradet.no/publikasjoner](http://www.forskningsradet.no/publikasjoner)

Design: [design]

Foto/ill. omslagsside: [fotokreditt]

ISBN 978-82-12-04059-5 (pdf)

