

Comments

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Lansering av nasjonal rapport for
fagevaluering av medisin og
helsefag (EVALMEDHELSE)

National evaluations are extremely valuable

- Recommendations from the two previous evaluations of medical research in Norway have been very helpful in the health sector, both at the institutional, regional and national levels.
- This evaluation is of particular importance internally in our two institutions with regard to the **extensive feedback to administrative units (n=14) and evaluated research groups (n=50)**
 - Oslo University Hospital (OUS) and the University of Oslo, Institute of Clinical Medicine (KLINMED) jointly evaluated, close organizational collaboration/common research groups.

Some concerns

- **Most non-university hospitals DID NOT participate**, making it less valuable for conclusions regarding the whole health trust sector (might be obligatory as commented on in the report)
 - **Helse Sør-Øst**: Sykehuset Innlandet HF, Sykehuset Telemark HF, Sykehuset i Vestfold HF, Sykehuset Østfold HF, Sørlandet sykehus HF, Vestre Viken HF **did not participate**
- Terminology and organization adapted to universities – not hospitals (especially re. personell and funding systems)
- Personell overview and economical data difficult to interpret
 - HEIs: prof/ass prof/Post docs/ PhDs: 1: 1: 1:1,5
- Lack of site visits a concern (commented on by Oslo University Hospital's external Scientific Advisory Board), but Web meetings generally appreciated and well prepared

Some concerns/surprises, continued

- Recommendations could have been more directly addressed to the three sectors if differences:
 - For instance: low user involvement is a general statement
 - Difference between sectors? Health sector surprised as patient involvement has been extensively addressed and implemented.
 - Cooperation with industry – differences between the sectors and how this develops? A lot of experience and increased cooperation between hospitals and industry when it comes to clinical studies (NorTrials etc.)

Lacking

- A more comprehensive evaluation of clinical studies and specific recommendations, given the national action plan and focus on this topic from the Ministry of Health
 - Now limited to comments on lack of time for clinical personell to perform clinical research

General recommendations

- Most of the recommendations and comments are important, but many rather general
- Strongly supported;
 - Strengthen career paths
 - Implement incentives to reduce tension between clinical practise and research
 - Better data sharing possibilities/coordinated registry system, we strongly support real-time data and extraction of standardised, structured data from journal system (also important for quality improvement of patient care)
 - External funding from EU (NIH?)
 - More collaboration with industry
 - More implementation, strengthen societal impact

Debatable recommendations:

- More program vs project funding?
 - .. but we support collaborations between different funding institutions
- Increased basic funding of smaller institutions? If so, it should be combined with organisational requirements and wider strategies for building of robust milieus.
 - Should we spread funding among to many competing and small research environments in a small country as Norway (as also commented in earlier evaluations)