

Terms of reference for NOKUT's evaluation of the Professional programme in medicine

Content

Terms of reference for NOKUT's evaluation of the Professional programme in medicine	1
About the terms of reference	2
About the evaluation.....	2
Input meetings	3
The reference group.....	5
The evaluation's expert panel	6
The expert panel's understanding of educational quality and the evaluation's remit	7
Evaluation theme and evaluation questions.....	9
Evaluation theme 1: Organisation, collaboration and staff expertise	10
Evaluation theme 2: Teaching, learning and assessment	12
Evaluation theme 3: Learning environment.....	13
Data collection.....	14
The evaluation report.....	15
Follow-up of the evaluation after the report has been published.....	15
Tentative milestone plan.....	16
Stakeholders' contact with NOKUT about the evaluation	16

About the terms of reference

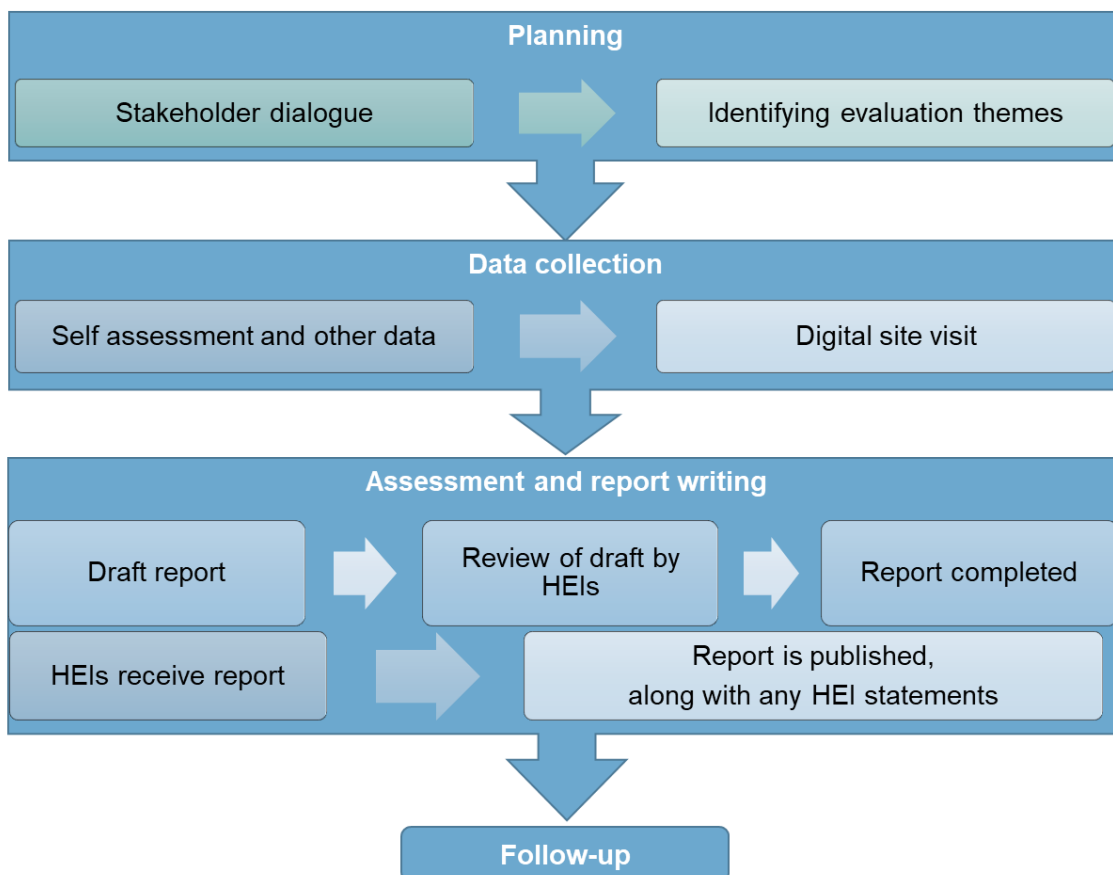
This document presents the terms of reference for [NOKUT's evaluation of the Professional programme in medicine \(2023-2025\)](#), including information about the expert panel, the evaluation topics, the data collection plan, and a tentative milestone plan.

The terms of reference are based on input from stakeholders, including representatives from the four study programmes participating in the evaluation. An earlier version of the document was discussed in the evaluation's reference group on 20 April 2023, which provided useful feedback on the delineation and communication of the evaluation topics. The terms of reference were finalised by NOKUT and the evaluation's expert panel.

This document first provides a brief overview of NOKUT's evaluations of educational quality and the work that has been done in the planning phase of the evaluation. We summarise the input we received in January and February, and the feedback on the evaluation themes from the evaluation's reference group.

About the evaluation

NOKUT is evaluating the quality of education in the Professional programme in medicine at NTNU, the University of Bergen, the University of Oslo and UiT - The Arctic University of Norway. The universities were first informed about the evaluation in the summer of 2022. The project started in January 2023 and the final report is scheduled to be launched in the first part of 2025. The figure below provides an overview of the evaluation process.



In accordance with the Universities and University Colleges Act and the Regulations Concerning Quality Assurance and Quality Development in Higher Education and Tertiary Vocational Education, NOKUT shall conduct evaluations that are important for assessing the quality of Norwegian higher education. In line with [the proposal for a national framework for the evaluation of research and higher education](#), NOKUT's evaluation of the quality of education in the Professional programme in medicine will be coordinated with [the Research Council of Norway's subject evaluation of medicine and health sciences](#).

The purpose of NOKUT's evaluation is to generate knowledge about the quality of education in the Professional programme in medicine and to contribute to quality enhancement. NOKUT emphasises that the evaluation should be of benefit to the universities. We therefore facilitate participation in the design of the evaluation, so that it can address topics that key stakeholders perceive as particularly important and about which they want more knowledge. The final report will highlight the strengths and challenges associated with these topics and advise on measures - both at national level and for each university. The evaluation process will facilitate the exchange of knowledge and experience.

The assessment work will be carried out by the evaluation's expert panel, and it is the panel that writes the final report. NOKUT is responsible for the evaluation methodology, for data collection and analysis, for dialogue with the evaluation participants, and for administrative support to the panel throughout the evaluation period.

NOKUT's evaluations of educational quality must be in line with the [Standards and Guidelines for Quality Assurance in the European Higher Education Area](#), which are operationalised in the [Principles for NOKUT's evaluations](#). You can find more information about the evaluations here: <https://www.nokut.no/en/quality-enhancement/evaluations-of-quality-in-education/>

Input meetings

In January and February 2023, NOKUT held digital input meetings with stakeholders. In the meetings, we provided information about the purpose of the evaluation and the evaluation process, and we asked for input on which topics it would be useful to investigate through the evaluation, and what kind of experience, perspectives, and expertise we should include in the expert panel. We conducted these input meetings:

Date	Input meetings
09.01.23	Representatives from the Professional programme in medicine at NTNU
16.01.23	Representatives from the Professional programme in medicine at the University of Bergen
17.01.23	Representatives from the Norwegian Medical Association. We have also received written input from doctors in scientific positions.
17.01.23	Representatives from the Norwegian Medical Students' Association, ANSA and the Student Parliament at the University of Oslo
23.01.23	Representatives from the regional health authorities Helse Vest, Helse Midt-Norge and Helse Sør-Øst. We have also received written input from Helse Nord.
24.01.23	Representatives from the Professional programme in medicine at UiT
30.01.23	Representatives from KS Health and Welfare
06.02.23	Representatives from the Professional programme in medicine at the University of Oslo

Here we summarise the themes that received the most attention across the stakeholder groups:

Organisation, collaboration, and competence

Challenges related to the organisation of the Professional programme in medicine across universities and health services were highlighted in all the input meetings. This was partly because the study programmes have a large number of teaching staff whose main position is in the health services, and partly due to the organisation of practical training in the specialist health service and the municipal health service. Most participants also mentioned the organisation of centralised and decentralised education. We received suggestions to investigate the four universities' models for organisation, collaboration, and resource distribution in the study programme to generate knowledge about different solutions.

One of the specific challenges that was often highlighted was the recruitment of enough clinical placements in the municipal health service. This was linked to the definitions of the health services' responsibility for contributing to the Professional programme in medicine, where the specialist health service has a "provide" responsibility, while the municipal health service is only "obliged to contribute to". The distinction is reinforced by different funding schemes. The specialist health service receives funding for education and clinical placements through its framework appropriations, while it is the universities that must fund clinical placements in the primary health service through negotiations with GPs and municipalities. Difficulties in recruiting clinical placements with GPs were also linked to the GP crisis. At the same time, good and sufficient clinical placements in the municipal health service is important if we want medical students to choose to specialise in general practice. Another specific challenge that was often raised was the need to develop and maintain the expertise of the academic environments in teaching, assessment, and clinical supervision. This was also about creating a professional community for a very large number of teachers who only have a secondary position at the university. Other themes that were highlighted included organising for increasing student numbers, opportunities for international student mobility and cooperation between Norwegian medical education and academic environments in other countries.

Teaching, learning and follow-up

The input under this theme was closely linked to the discussions on the organisation of education across academic environments at the university and in the services and on the development and maintenance of employees' educational expertise. Three topics recurred across the meetings. The first was about looking at continuity and progression in the study programme. Meeting participants reported that students often perceive the programme as fragmented, and that they experience a lack of variation in teaching and assessment methods and a lack of feedback. The second input was about looking at different aspects of clinical placements: Scope and understanding of clinical placements, different clinical arenas, and quality in clinical placements. The third topic concerned the need for better follow-up of medical students, particularly in relation to the learning environment, mental health, and workload.

Other topics included digital teaching and digital resources, both in relation to the development of teaching methods and the need for students to develop a critical approach to digital sources. The use of grades was also addressed.

Learning outcomes and the needs of society

The input on learning outcomes focused on the need to investigate whether the Professional programme in medicine prepares students well for the transition to LIS1, and whether it prepares

students well for a long professional life as a doctor. In these discussions, meeting participants particularly highlighted the balance between scientific and professional elements in the programme, the balance between clinical teaching and placements, the emphasis on the focus on specialist and primary care in the programme, and the training of graduates who can practice evidence-based medicine.

Other topics included the value of diversity in the student group (including gender distribution), students' need for expertise in interdisciplinary collaboration, investigation of the role and value of the master's thesis in the programme and updating the Professional programme in medicine in line with developments in medicine, society, and services.

The reference group

NOKUT's project group prepared an initial proposal for evaluation themes based on the input summarised above. We invited the participants in the evaluation's reference group to discuss the proposal in their academic and professional communities and share their feedback with us at the reference group meeting on 20 April 2023. Participants who could not attend the meeting were invited to submit written input by 21 April.

These are the members of the reference group:

Organisation	Representative
NTNU	Stig Erlend Almåsbygg, student Håkon Angell Bolkan, associate professor Guri Helmersen, senior consultant Børge Lillebo, associate professor
University of Bergen	Julie Anna Eckhoff, student Steinar Hunskaar, professor Kari Indrekvam, hospital manager at Kysthospitalet in Hagavik with a secondary position at the University of Bergen Kristin Walter, senior advisor
University of Oslo	Kåre Birkeland, Professor Karsten Engseth Kluge, student Linda Kristin Røine, senior advisor Odd Martin Vallersnes, associate professor
UiT	Daniel Ribe, student Anita Røreng, senior advisor Heidi Svanøe H. Høifødt, head of the clinical education department at UNN Katrine Wennevold, programme manager
KS Health and Welfare	Hege Lorentzen, Medical Director
Helse Vest RHF	Kristine Kloster-Jensen, special medical advisor
Central Norway Regional Health Authority	Miriam Gustafsson, Head of Regional Education Centre (Regut)
South-Eastern Norway Regional Health Authority	Tonje Tvinnereim, Special Advisor, specialist training of doctors
Norwegian Medical Association	Morten Munkvik, specialist in general practice and GP in Stavanger Xenia Cappelen, doctor in specialisation part 1, Helse Stavanger HF

We received feedback on the communication of the themes: The three evaluation themes were extensive, and although they were operationalised in evaluation questions, these questions were also large. It was therefore difficult to understand what each theme was about.

We also received feedback on each theme. This was used to adjust and clarify the delineation of each theme for the terms of reference. The feedback will also inform further work on identifying the evaluation's information needs and the development of questionnaires for surveys and self-assessment.

The evaluation's expert panel

The four universities participating in the evaluation were sent NOKUT's proposal for an expert panel on 7 March 2023. The proposal for the expert panel was based on the input we received from the stakeholders, and on [NOKUT's Principles for NOKUT's evaluations](#). The universities had the opportunity to comment on the proposal before the panel was formally appointed.

This is the expert panel:

- **Panel chair Berit Eika** is Pro-Rector at Aarhus University and Professor of Medical Education. Eika is a medical doctor and PhD (Aarhus University), with a master's degree in medical education (Maastricht University) and a master's degree in health informatics (Aalborg University). Eika has chaired the Educational Advisory Board at the Faculty of Medicine in Lund and has been an advisor to UiT and the University of Oslo. She has been a member of the Accreditation Council in Denmark and has been an expert in NOKUT's periodic reviews of institutional quality assurance practices.
- **Anette Fosse** is head of the Norwegian Centre for Rural Medicine (UiT - The Arctic University of Norway). She is a specialist in general medicine and holds a PhD (University of Bergen). Fosse has worked for 30 years as a GP, nursing home doctor and emergency doctor, she has supervised medical students on clinical placement, and she has been placement coordinator at Helgeland Hospital. She has participated in several research projects on the ALIS scheme and has chaired the expert panel for the area of expertise in geriatric and nursing home medicine.
- **Maja Elisabeth Mikkelsen** is a student in the Professional programme in medicine at NTNU. Mikkelsen headed the Norwegian Medical Students' Association in the period 2020-2022 and was in her fourth year of the Professional programme in medicine at the start of the evaluation. She represents NTNU students in the working group for the national exam for medicine and is a student representative in a working group that is working on the introduction of new learning outcome descriptions in the medical programme at NTNU.
- **Riitta Möller** is a senior lecturer at Karolinska Institutet and senior consultant at the Unit for Ear, Nose and Throat at Karolinska University Hospital Huddinge. Möller has ten years' experience from various leadership roles at the medical education programme at KI, including as programme director. She holds a PhD (KI) and a master's degree in medical pedagogy (KI). She was an expert for FINEEC's evaluation of the Finnish bachelor's degree programme in medicine (2017-2018) and has been an expert for the Swedish supervisory body UKÄ.

- **Arne Tjølsen** is a professor of physiology, head of education at the Department of Biomedicine at the University of Bergen and a specialist in neurology. At the University of Bergen, Tjølsen is responsible for fitness to practise and teaches basic medical science. He has been a senior consultant at the neurology clinic at Haukeland University Hospital, programme manager for the medical programme and deputy dean for education at the Faculty of Medicine.
- **Trond Vartdal** is the senior consultant coordinating education at Oslo University Hospital HF. He specialises in internal medicine and heart disease and holds a PhD (University of Oslo). Vartdal chairs the board of the Norwegian Association of Internal Medicine, and in addition to Oslo University Hospital, he has also worked as a doctor at Bærum Hospital, Vestre Viken HF and Helgeland Hospital Sandnessjøen HF.

NOKUT must ensure that the experts are impartial in the case in question. For example, experts may not participate in the panel's evaluation of an institution's medical education programme if they are employed by or are students at the same institution. The panel members must also not participate in their institution's own work on the evaluation. We have made the following assessments:

- **Maja Elisabeth Mikkelsen** is a student at NTNU and will not participate in the panel's assessment of NTNU's medical education programme, or in NTNU's own work on the evaluation.
- **Anette Fosse** heads the Norwegian Centre for Rural Medicine, which is administratively affiliated with UiT, and contributes some teaching at UiT. She will not participate in the panel's assessment of UiT's medical education, or in UiT's own work on the evaluation.
- **Arne Tjølsen** is employed at the University of Bergen and will not participate in the panel's assessment of the University of Bergen's medical education, or in the University of Bergen's own work on the evaluation.
- **Trond Vartdal** is employed at Oslo University Hospital HF, which is affiliated with the Faculty of Medicine at the University of Oslo. He will not participate in the panel's assessment of the University of Oslo's medical education, or in the University of Oslo's own work on the evaluation.

The expert panel's understanding of educational quality and the evaluation's remit

In this evaluation process, the assessment of the quality of medical education programmes is central to the panel's mandate. Quality is a complex concept, and it is difficult to provide a short and precise description of what quality in medical education programmes entails. It is therefore challenging both to define quality and to identify good and measurable criteria or indicators of quality. There are also many different perspectives on quality. For example, quality can be described from society's perspective, from the perspective of educational institutions and, of course, from the perspectives of researchers, teachers and students.

While quality is a complex concept, it is necessarily the lens through which educational development must be viewed. And medical education programmes are constantly subject to demands for development and adaptation.

The panel recognises that medical education programmes are in a constant state of change to adapt to societal changes, advances in relevant fields, and pedagogical and technological developments. The panel therefore believes that the evaluation work should be approached constructively and that it has the potential to provide useful input for further development and improvement work.

Approach

The panel has been tasked with evaluating the Norwegian Professional programmes in medicine, both the individual study programmes and what is common to all four programmes. The panel wants to work in a forward-looking manner, with the aim of further quality enhancement of the programmes. We will do this by identifying cases of good practice, but also by pointing out areas where there are challenges and potential for improvement - including areas with challenges that are common to all four programmes. In its work, the panel will be aware of and open to the fact that the programmes must at the same time educate students to a common national high level of competence and have room for both local conditions and local uniqueness.

The evaluation's terms of reference are based on preliminary work in which NOKUT has gathered input and feedback from key stakeholders. This has taken place both through the initial input meetings and through the evaluation's reference group. The representatives have participated in the preparation of the evaluation topic and evaluation questions, which ensures that the evaluation focuses on issues that are important to the stakeholders of the Professional programmes in medicine.

The evaluation panel represents four important actors and stakeholders in medical education in Norway: The students, the educational institutions, the specialist health service, and the municipal health service. The panel also includes a Swedish and a Danish expert with extensive experience and expertise in medical education.

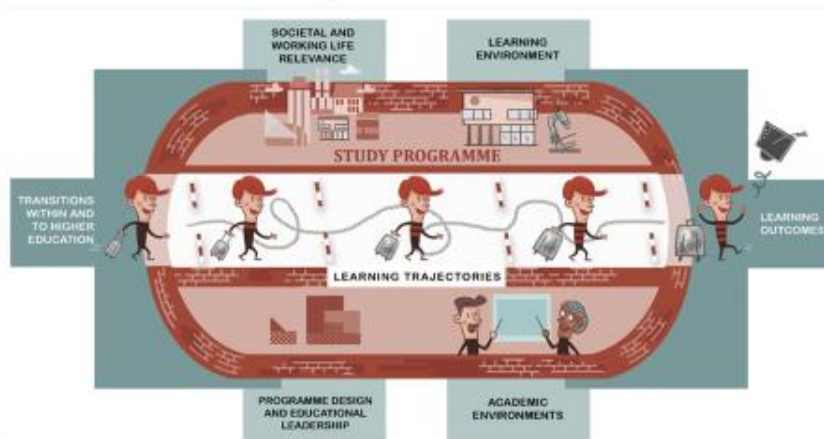
Understanding the concept of quality

Through the educational programmes, the institutions must train good doctors who provide both the individual patient and the population with good medical provision on a professional and a human level. This means that the medical education programmes must have professional relevance and provide expertise in all areas required by the medical profession ([see RETHOS](#)) that is both relevant and good enough. The panel also believes that the medical education programmes should provide a future-oriented education, in that the candidates should have expertise in change and renewal and acquire the ability to continue learning and developing in line with changes in both the profession and society. Together, these learning outcomes are crucial if today's medical students are to remain good doctors throughout their professional lives. Finally, the same quality aspects that are central to all long study programmes also apply. The quality aspects encompass several key areas, including:

- **Admission qualifications** are about ensuring that new students have the academic qualifications and motivation to complete the programme. This also includes the interaction with study preparation programmes at upper secondary level.
- **Study programme quality** includes learning outcome descriptions, teaching and assessment methods, alignment, coherence along and across the study programme and academic progression.
- **The quality of the learning environment** includes the academic, social, psychological and digital learning environment. This includes various forms of interaction in teaching and supervision situations and relationships between students, teachers and academic content.
- **Quality in the interaction** between education and society, not least the labour market.

The quality areas mentioned above cannot be viewed in isolation, but rather form part of complex interrelationships. [NOKUT has developed an illustration](#) of how the interaction between different quality areas can be presented and understood:

Quality Areas for study programmes in higher education



For the evaluation of the Professional programme in medicine, the quality area "Learning outcomes" is also about the transition to specialisation and to working life, and about the development competence that newly qualified doctors must have in order to adapt to changes in the profession. The panel sees NOKUT's illustration as a good prototype and frame of reference for the forthcoming evaluation work but has chosen an approach that concentrates on a selection of limited and relevant evaluation themes that cut across several quality areas.

Evaluation theme and evaluation questions

We present here the three themes of the evaluation. Each theme is operationalised in two questions. The evaluation themes and evaluation questions are based on the input we received in January and February, and on feedback from the reference group. We have assessed the input and feedback against the evaluation's purpose, framework, and opportunities to obtain a relevant and sufficient knowledge base.

We have also assessed the existing knowledge base and ongoing projects to ensure that the evaluation can contribute new knowledge and to avoid duplication of work. Among other things, we note the following: The Grimstad Panel (2019) has conducted a thorough investigation of study places and study models. New national guidelines for the Professional programme in medicine (RETHOS) describe the purpose of the programme, learning outcome descriptions for completed studies divided into competence areas, the structure of the study programme and practical training. The implementation of RETHOS has not been finalised, but the implementation has already been evaluated (2022). In addition, RETHOS as a management system is now being evaluated by KPMG. The Norwegian Council for Higher Education has evaluated the scope and type of practical training (2015), while the PROFMED project (2020-2023) looks at medical students' development of a medical identity through practical training. Fafo, the Norwegian Centre for Rural Medicine and Agenda Kaupang (2023) have conducted a follow-up study of the implementation of specialist training in general practice.

By "**evaluation theme**", we mean the overall aspects of quality that the evaluation is intended to generate knowledge about and help develop. To fulfil the purpose of the evaluation, we want to

go in-depth on a limited number of topics so that the panel has a good data basis for highlighting challenges and making recommendations for action. If we take a broad approach, we run the risk that the data base will be too thin to provide useful information.

By "**evaluation questions**" we mean the overarching questions or issues that the expert panel must answer through the evaluation report. The evaluation questions specify what is to be investigated and assessed under each evaluation theme. They should facilitate an evaluation that generates new knowledge about the quality of education in the Professional programme in medicine, and that results in recommendations for measures for further development. The evaluation questions must be open enough to accommodate the complexity of the programme and local variations, while at the same time it must be possible for the panel to answer the questions within the timeframe of the evaluation and with the resources that we have available.

To clarify the evaluation questions, the document also includes supplementary text for each theme. Here we justify the choice of the evaluation theme and provide more information about what the evaluation will investigate. The theme, questions and explanatory text together form the framework for the evaluation work.

The work on the evaluation themes should shed light on the quality of education from different angles. The panel will be able to use findings from one theme to shed light on another theme, and in the final report they may make recommendations that cut across the evaluation themes.

The panel's assessments will be based on data from multiple sources (see Data collection for more information on the data) but will also be informed by extant international research and by the panel's own experience from medical education and work in the health service.

Evaluation theme 1: Organisation, collaboration, and staff expertise

This theme is about how the quality of education in the Professional programme in medicine is inhibited and promoted by the organisational structure, staff expertise and collaboration between actors, including student participation.

Why have we chosen this topic?

The Professional programme in medicine is a long and complex programme. It includes academic subjects, clinical teaching and placements in several arenas in the specialist health service and primary health service. The focus on decentralised education increases this complexity. The Professional programme in medicine also has a very high number of teaching staff compared with other programmes. Many of the teaching staff mainly work clinically and only teach a small number of hours on the study programme. In addition, the study programme has a high number of supervisors for the clinical placements.

The need for a large number of teaching staff and supervisors across different learning arenas can, for example, create challenges for communication, for collaboration, for recruiting teachers and supervisors with relevant subject expertise, and for maintaining and developing expertise in teaching, assessment and supervision. This requires a high degree of coordination. In the input meetings, participants reported that students experience undergraduate education as fragmented, and stakeholders requested more knowledge about the different organisational models that the four universities have chosen. This includes knowledge about the organisation of centralised and decentralised study programmes.

Input to NOKUT and recent reports also point to challenges in ensuring sufficient clinical placements at GP surgeries, and to the need for adjustments in clinical placements in the specialist health service because of major changes in the operation of hospitals.

To shed light on these challenges, the expert panel will investigate the following questions:

Evaluation questions for theme 1

- a. How is the Professional programme in medicine organised, how do the universities work with staff expertise, and how is collaboration between different actors in the programme facilitated?
- b. How does the organisation, staff expertise and collaboration inhibit and promote quality in the Professional Studies in Medicine programme?

What can the panel investigate to answer these questions?

The expert panel's work on this topic will provide insight into the unique nature of the universities and programmes, local systems and processes, and the choices and priorities that have been made at each university. This will provide the panel with a basis for comparing the models and assessing how different structures entail strengths, challenges, and opportunities for work on educational quality in the Professional programme in medicine.

The panel wishes to map how the study programme is organised at each of the four universities, across academic environments, study location(s) and arenas for clinical placements. As part of this work, the panel may look at: Governance and communication structures; the use of teaching staff in full-time and part-time positions; the organisation of clinical placements in the specialist health service and in primary health care; models for centralised and decentralised education; important ongoing or imminent changes in the organisation of study programmes.

The panel also wants to investigate formal and informal arenas and forms of collaboration in the Professional programme in medicine. This includes student involvement and collaboration between other actors: Between university, hospitals, and municipality (including GPs); between university and supervisors in different clinical placement arenas; between educational management, administration, and teachers; and between teachers in the study programme. Here, the panel can look at collaboration on programme design and the content of clinical teaching and clinical placements, as well as collaboration on the choice of learning activities and forms of assessment.

The panel wishes to shed light on the universities' need for different types of expertise (subject-specific expertise, pedagogical expertise, and clinical expertise) among teaching staff and supervisors, and how the need for expertise is met through recruitment and promotion, and through the maintenance and development of expertise. Varying pedagogical competence was reported as a quality challenge in almost all the input meetings, and the panel would therefore like to look at how the university facilitates knowledge-based use of various methods and activities to promote learning in the Professional programme in medicine.

Finally, the panel wants to look at how the organisation, staff expertise and collaboration inhibit and promote quality in education. This includes work on developing strong academic environments and developing good coherence in the study programme. According to NOKUT, coherence includes "consistency, variation and progression in content, teaching, work and assessment methods within and between courses, and thus in the programme as a whole".

Evaluation theme 2: Teaching, learning and assessment

This evaluation theme concerns how the composition and application of various forms of learning activities, assessment and feedback correspond to the learning outcomes that the medical students are to achieve.

Why have we chosen this topic?

The Norwegian Medical Association's [report on the Professional programme in medicine](#) and the [Grimstad report](#) describe various forms of teaching and assessment used in medical degree programmes, and we know that teaching methods have changed over time in line with international recommendations. Raaheim et al. (2022) have also investigated the programme management's justification for the choice of assessment methods. However, we know less about how students, teaching staff and supervisors experience and assess the use and combination of learning activities and the use of formative and summative assessment.

In the input meetings, students highlighted experiences of little variation in teaching and assessment methods and a lack of feedback. In the National student survey, we also see that medical students give lower scores than other students on questions about whether teaching encourages active student participation, about feedback, about academic supervision and discussions with academic staff, and whether assessment has required understanding and reasoning.

The stakeholders therefore wanted the evaluation to shed light on the combination and use of learning activities, assessment, and feedback in the Professional programme in medicine, and to provide recommendations for further quality enhancement. The expert panel will examine the following questions:

Evaluation questions for theme 2

- a. How do medical students, teachers and supervisors experience and assess the use of various forms of learning activities, assessment, and feedback in the programme?
- b. To what extent does the use of various forms of learning activities, assessment and feedback facilitate the achievement of desired learning outcomes by medical students?

What can the panel investigate to answer these questions?

Under this theme, the evaluation will describe the use of various forms of teaching, supervision, and other learning activities, as well as formative and summative assessment and feedback, in the Professional programme in medicine. This may also include digital learning tools. The panel will investigate how teachers and supervisors experience and assess their own use of learning activities, assessment, and feedback, how the use is experienced and assessed by the population of medical students, and what kind of learning activities the students request.

The panel will also look at how the forms of learning activities facilitate the achievement of desired learning outcomes by medical students. Learning outcomes are understood here as what you know, understand, and can do after completing the Professional programme in medicine. It may be relevant to consider learning outcomes in the light of the seven areas of competence identified in the Regulations concerning national guidelines for medical education: Medical expertise; communication; leadership and system understanding; collaboration; public health and community medicine; research; scientific knowledge and innovation; professionalism. At the same time, learning outcomes can be understood both in the light of the transition from basic training to LIS1 and in the

light of the subsequent professional practice and professional development as a doctor in a complex healthcare system, with considerable responsibility and stress from various quarters.

The work on this theme can draw on relevant data and findings from the work on the theme "Organisation, collaboration and staff expertise". This can shed light on how, for example, student participation, the expertise of the academic communities and cooperation and communication between actors contribute to quality in teaching, clinical placements, and formative and summative assessment. Seeing these two topics in context can provide the panel with a broader knowledge base for identifying development opportunities.

The work on this theme can also draw on relevant data and findings from the work on the "Learning environment" theme. This can shed light on how the learning environment contributes to the quality of teaching, clinical placements, and assessment, and to good learning outcomes. Relevant factors may include, for example, physical or digital facilities and student motivation, study effort, time spent and participation in physical and digital learning activities.

Evaluation theme 3: Learning environment

This theme concerns the learning environment at the Professional programme in medicine. NOKUT views the learning environment as "the sum of the dimensions that have an impact on students' learning, health and well-being", and this includes organisational, pedagogical, psychosocial, physical, and digital conditions. A good learning environment is a prerequisite for good quality education.

Why have we chosen this theme?

In input meetings, both students and university staff raised concerns about the mental health of medical students and emphasised the importance of students thriving and wanting to complete their studies and enter the medical profession. Concerns included work pressure, overcrowded programme structures, experiences of a lack of coherence and cohesion, the use of forms of assessment that emphasise control rather than learning, and a lack of LIS1 positions.

Some members of the reference group suggested that this theme could be deleted because the most important factors for a good learning environment were already covered by the other two evaluation themes, while other members of the reference group suggested that the panel could also look at physical and digital aspects of the learning environment, and at students' time spent on the study programme and on part-time jobs. The prioritisation of part-time work was linked to students' expectations that work experience from the health service can give them an advantage in the competition for LIS1 positions. The panel has chosen to retain learning environment as an evaluation theme but will also look at the learning environment considering findings from the other two evaluation themes.

We want the evaluation to strengthen the knowledge base for work on the medical students' learning environment, and the expert panel will examine the following questions:

Evaluation questions for theme 3

- a. How do the medical students, teaching staff and supervisors experience and assess the learning environment in the Professional programme in medicine?
- b. What inhibits and promotes a good learning environment in the Professional programme in medicine?

What can the panel investigate to answer these questions?

Under this evaluation theme, the expert panel will examine the learning environment in the Professional programme in medicine. They will look at how the universities work for a good learning environment, how teachers, supervisors and the population of medical students experience and assess the learning environment in the study programme, and what inhibits and promotes a good learning environment in the programmes.

As part of this work, the panel wants to investigate how management, university staff and supervisors work to promote a good learning environment at different campuses and in clinical placements, how the university and the clinical placement arenas welcome and follow up medical students, and how students themselves contribute to a good learning environment in the programme. They also want to look at how students, teachers and supervisors experience and assess the learning environment in the clinical part of the study programme, and the learning environment at central and decentralised campuses.

Under this evaluation theme, it will be relevant to examine medical students' expectations of the study programme, of LIS1 and of their future work as doctors. It will also be important to investigate how students experience and assess their own well-being, motivation, workload, participation in physical and digital learning activities, and participation in social and professional communities on campus and in clinical placements.

The work on this theme can draw on relevant findings from the work on the other two themes. This can shed light on how, for example, organisational structure, collaboration, and student participation, as well as the use of learning activities, assessment (including the use of grades) and feedback contribute to inhibiting and promoting a good learning environment in the Professional programme in medicine.

Data collection

Based on the evaluation questions presented in this document, the evaluation's data basis will include

- the universities' self-assessments with documentation
- digital site visits with group interviews
- a survey of medical students
- survey of teaching staff
- interviews or focus groups with representatives from the medical education units at NTNU, the University of Bergen, the University of Oslo and UiT – The Arctic University of Norway
- interviews with supervisors of students in clinical placements
- register data from DBH
- relevant data from the National student survey

Each university submits one self-assessment. For the self-assessment work to be useful, we encourage universities to facilitate an inclusive process that involves management, teaching staff, administrative staff, students, supervisors of students in clinical placements and other important partners in the services. This provides space for dialogue around experiences of strengths, challenges, and opportunities. The self-assessment should be supported by relevant documentation where possible. To avoid the documentation work becoming an unnecessarily large workload, we ask the universities to be frugal in the selection, so that NOKUT can request additional documentation if necessary. The reference group will provide feedback on the draft form for the self-assessment.

The site visit will be digital and take place over two days. The visit will be led by the expert panel, who will interview key stakeholders associated with the Professional programme in medicine. This may include management at programme and faculty level, teachers, administrative staff, students, graduates, supervisors of students in clinical placements, and other important partners in the services. NOKUT will facilitate an observer scheme for the site visits, so that each visit includes one observer from the medical education programme at one of the three other universities. The observer will read the university's self-assessment and is invited to all meetings included in the visit.

We want to conduct two surveys as part of the evaluation: One among active medical students and one among those who teach on the Professional programme in medicine. The reference group will provide feedback on draft forms for the surveys.

We also wish to conduct interviews or a focus group with representatives from the medical education units at each of the four universities, as well as a limited number of interviews with doctors who supervise medical students in clinical placements in the primary and specialist health services.

In addition, the evaluation will include register data from DBH, relevant data from the National student survey, and other data relevant to the panel's work.

The evaluation report

The evaluation report is written by the expert panel, except for the methodology chapter, which can be written by NOKUT. The report will contain chapters discussing evaluation results at the national level and chapters on the individual university's medical education programme. NOKUT supports the panel's work on the report.

NOKUT will send the draft evaluation report to the four universities for review (this draft does not include the chapters on the other universities' medical education programmes). Each university can report any factual errors, misprints, or misunderstandings to NOKUT.

The finalised evaluation report (in its entirety) will also be sent to the universities for review. Each university may then choose to submit a public statement. The statements are presented to NOKUT's board and published together with the final report.

The universities can appeal the evaluation report on the basis of errors related to [NOKUT's principles for evaluations](#). The complaint should be sent to postmottak@nokut.no, with a copy to inger-lise.kalviknes.bore@nokut.no. The deadline for appeals is three weeks from the publication of the evaluation report.

Follow-up of the evaluation after the report has been published

As part of NOKUT's project evaluation, we will obtain feedback on the evaluation from experts and contact persons at the universities. We will use the feedback to improve NOKUT's work on evaluations.

NOKUT also follows up the results and recommendations of the evaluation. The purpose is to create room for dialogue and reflection, and to contribute to further quality enhancement through the sharing of experience and knowledge across the universities. NOKUT's follow-up of the evaluation results will be twofold:

- A digital follow-up seminar within 6 months after the evaluation report has been published. NOKUT will invite representatives from programme management, faculty management and

students. We ask the universities to report prioritised development areas and facilitate reflections on the evaluation results, the panel's recommendations, and the university's plans for further development.

- Together with the universities, NOKUT is planning a follow-up activity to be carried out within two years after the evaluation report has been published. The activity will be based on the discussion from the follow-up seminar and will address the recommendations from the report, the follow-up work that has been carried out and the quality development that has taken place since the evaluation was carried out.

Tentative milestone plan

This is a tentative milestone plan, and we would like to stress that changes may occur. Such changes will be communicated to the universities as early as possible.

Date and time	Activity
Jan 2023	Input meetings with stakeholders
March 2023	Institutions receive proposals for the expert panel
April 2023	Reference group meeting on proposed evaluation topics and evaluation questions
May 2023	Digital information meeting about the evaluation
Aug 2023	Reference group meeting on draft self-assessment form
Sep-Dec 2023	Institutions write self-assessment
Feb 2024	Experience sharing seminar
April 2024	Digital institution visits with expert panel
Dec 2024	Institutions receive draft evaluation report for review
Feb 2025	Launch of evaluation report
June 2026	Digital follow-up seminar
By Feb 2027	Follow-up activity no. 2

Stakeholders' contact with NOKUT about the evaluation

We greatly appreciate the dialogue we have with the universities and other stakeholders, and welcome questions, input, and feedback throughout the evaluation period. Such enquiries can be sent to project manager Inger-Lise Kalviknes Bore at inger-lise.kalviknes.bore@nokut.no.

[In line with NOKUT's principles for external evaluation activities \(point 3 e\)](#), educational institutions may also raise concerns related to the evaluation with NOKUT. Institutions that wish to submit a complaint or raise concerns related to the evaluation process can send an email to inger-lise.kalviknes.bore@nokut.no with copies to stein.erik.lid@nokut.no and postmottak@nokut.no.