



Research assessment of the Netherlands institute for health services research (NIVEL) 2010-2015

Report by the assessment committee,
based on the Self-evaluation NIVEL 2010-2015
and the site visit on October 13th and 14th 2016

Dit rapport is een uitgave van het NIVEL. De gegevens mogen worden gebruikt met
bronvermelding.

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Preface

This report contains the assessment by an external assessment committee of the Netherlands Institute for Health Services Research (NIVEL) that was conducted on October 13th and 14th 2016 according to the guidelines of the Standard Evaluation Protocol 2015-2021.¹

The committee wishes to thank all interviewed persons for their willingness to share their insights and opinions with the assessment committee. The open and constructive attitude that we encountered appears characteristic of the NIVEL scientific community as a whole, which strengthens our conviction that NIVEL will benefit from our recommendations.

Prof. Lex Bouter, PhD
Chair of the Assessment Committee

1 Introduction

In October 2016 the research conducted at NIVEL and the viability of the institute were assessed by an international assessment committee according to the Standard Evaluation Protocol (SEP) 2015-2021.¹ This is a protocol for research assessment in The Netherlands prescribed by the Association of Universities in the Netherlands (VSNU), the Netherlands Organisation for Scientific Research (NWO) and the Royal Netherlands Academy of Arts and Sciences (KNAW). The primary aim of the SEP assessments is to judge the quality of the research and its relevance to society, and to improve these where necessary. The secondary aim is to assess the viability of the institute for the coming years. In addition, the assessment is a way to provide feedback to the supervisory board of NIVEL and the stakeholders of the institute, such as funding agencies, health care professionals and their societies, collaborating institutes, local and national Dutch government and society at large.

Assessment committee

The assessment committee was appointed by the supervisory board of NIVEL. Prof. Lex Bouter, PhD, was appointed chairman and Kees Langeveld, MD, PhD, was appointed as its secretary. The other members of the assessment committee were: prof. Dirk Ruwaard, MD, PhD, prof. Jeremy Grimshaw, MBChB, PhD, Katherine Murphy, RN, prof. Tiina Laatikainen, MD, PhD, and prof. Jeroen Geurts, PhD. The curriculum vitae of the committee members are presented in Appendix 1.

Independence of the committee

Prior to the site visit, the members of the assessment committee all signed a statement of impartiality as required in the SEP (SEP Appendix C).¹ All professional relationships between the committee members and NIVEL were reported and discussed in the committee meeting at the start of the site visit. Dirk Ruwaard declared that he was active in health services research and as such could be considered a competitor of NIVEL, but the committee did not consider that to be a serious conflict of interest but rather a normal consequence of being an expert in the field at issue. Lex Bouter declared that he had collaborated intensively with NIVEL in the past, but since this collaboration was more than 10 years ago, the committee concluded that there was no risk in terms of bias or undue influence in the review process.

Data provided to the committee

The assessment committee received the following documentation more than one month before the site visit:

- Self-evaluation NIVEL 2010-2015, including the CWTS Bibliometric performance report and the CWTS Altmetrics report NIVEL 2016.
- Standard Evaluation Protocol 2015-2021.
- Curriculum vitae of management team, research programme coordinators, postdocs, senior researchers and PhD students interviewed during the site visit.
- Curriculum vitae of the members of the Supervisory Board and stakeholders of NIVEL that were interviewed during the site visit.

Review procedure

The committee was asked to evaluate NIVEL at the institute level and not to judge the 12 programme lines separately. The site visit of NIVEL took place on October 13th and 14th. The programme of the site visit is included in Appendix 2.

The assessment is based on the Self-evaluation Report and the interviews held during the site visit. In accordance with the SEP 2015-2021, the assessment committee assessed the quality, the societal relevance and the viability of the institute both quantitatively and qualitatively, and reflected on the PhD programme and the research integrity of the institute. The applicable evaluation categories for the first three items are presented in Appendix 3.

2 Description of NIVEL

Mission and strategy

The Netherlands Institute for Health Services Research in the Netherlands (NIVEL) is an independent national research institute specialising in health services research (HSR) that was founded in 1985. NIVEL's mission is to carry out high quality research which has a demonstrable impact upon society (www.nivel.nl/en/mission-and-activities). The scientific research is focused on the structure, quality and effectiveness of health care. Central activities concern the development and dissemination of knowledge and insights. With its research, NIVEL supports various stakeholders in the health care sector – from the Ministry of Health to patient organisations – to continuously improve the health care for patients and the sustainability of the health care system. NIVEL's dual mission, i.e. doing high quality research and having relevant societal impact, is summarised in the slogan 'bringing worlds together'.

Structure

NIVEL's research programme consists of several programme lines, each of which is managed and developed by a coordinator (www.nivel.nl/en/programm-coordinators). Every coordinator works with a small research team. The coordinators are responsible for the acquisition of new research projects in their programme line. They are active senior researchers and nearly half of them also have an academic position. By the end of the evaluation period (2015), the programme lines were:

- Professions in health care and manpower planning
- Care demand of the chronically ill and disabled
- Pharmaceutical care
- Communication in health care
- Nursing Care
- Evaluation of health law
- Health care system and governance
- General practice care
- Patient centred care
- Local organisation of care services
- NIVEL Primary care database
- Organisation and quality of health care

The research teams that execute these programme lines are clustered in three departments and are linked through their research topics. Interaction and collaboration of different research teams allow NIVEL to answer complex societal questions and challenges.

At the end of 2015, NIVEL had approximately 160 employees, of whom 100 were scientific staff, 40 performed practical functions related to research and 20 performed administrative functions (www.nivel.nl/en/organisation). The funding of NIVEL is based on several funding sources. During the period evaluated the institute received a long-term grant from the Ministry of Health for specific databases, panels and for monitoring research infrastructure, a temporary grant from the Ministry of Education. Additional project grants were received from a diversity of national and international sources. Because of its mission, scientific knowledge development is as important as societal relevance and impact. NIVEL's performance targets and indicators focus equally on both domains. This is different from most university departments, which often put a stronger emphasis on scientific indicators and the numbers of PhD students.

Appendix 4 gives an overview of NIVEL's staff, funding and publication output.

3 Assessment

Research quality

The committee was impressed by both the quantity and the quality of the research conducted by NIVEL. In general, the annual number of publications was high and had substantially increased between 2010 and 2015. The annual number of PhD-theses was also high during the years considered (2010-2015), but the number of PhD students now seems to decrease, probably due to the cessation of the grant provided by the Ministry of Education. The research infrastructure – consisting of databases and panels – is an important asset of NIVEL. This infrastructure and the research support units provide a valuable asset for carrying out high level scientific research and for responding quickly when scientific evidence is needed to make policy decisions.

Many articles were published in scientific journals that are relevant to the field of HSR. According to the bibliometric analysis, the quality of the research was at or above world average. This is very good, considering the dual aim to maintain the scientific quality while doing research that is directly relevant to the society. The institutional H-index of 80 is impressive. It's a bit worrying, however, that the normalized impact scores seem to have decreased in the most recent years and that the normalized impact of one of the core topics (primary care research) was somewhat below world average. Based on an in-depth analysis, however, it is concluded that it takes longer for the NIVEL publications to get cited than the four-year citation window which is normally used. According to this analysis, it is too early to decide whether there is indeed a decrease in normalized impact scores, since the number of citations may still increase further.

Although the committee was asked not to assess the separate programme lines, it got the impression that NIVEL must bring more focus in its research by critically looking at the quality and viability of the current programme lines, keeping in mind both the three declared priority areas of the institute– health literacy and participation; eHealth and governance; big data and primary care – and the expertise of the NIVEL researchers.

The committee was also impressed by the quality assurance procedures. There is a clear and robust focus on quality assurance, as illustrated by the fact that NIVEL is ISO certified since 2000, with the most recent re-certification in 2014. The peer review meetings, which takes place twice a week and where every publication and grant proposal is discussed, are rather unique and constitute a good example for other institutes. This undoubtedly contributes to the scientific quality of the reports and the articles that NIVEL produces. In addition, it is stimulating and helpful to the younger researchers in the institute, who learn from the input of their senior colleagues and get a good insight in the ongoing projects of the institute.

There are many collaborations, within the institute as well as outside NIVEL, with universities and other research institutions, such as the National Institute for Public Health and the Environment (RIVM). The development of the European network HSR-Europe clearly strengthens the role of NIVEL as one of the international key organizations in health services research.

As far as the methods and concepts of HSR are concerned, NIVEL could more often generalize the insights over the projects and across separate NIVEL studies. The committee invites NIVEL to make more use of this in international publications. This could be an important additional contribution to the scientific literature at world level and would place NIVEL amongst the most renowned research groups in the world in HSR.

In conclusion, NIVEL has realized remarkable results during the last 6 years. They provide convincing evidence that the quality of the research performed by NIVEL is very good.

Relevance to society

The research carried out by NIVEL originates either from requests of stakeholders (e.g. the Ministry of Health, patient organisations, the Health Care Inspectorate, etc.) or from NIVEL researchers qualified in recognizing the societally relevant areas of interest and possibilities for improvement in health care. NIVEL actively tries to engage patients in agenda-setting. This ensures that the research carried out focusses on urgent and important questions and are thus relevant to society.

The institute has large policy- and society-relevant networks with regular contacts and intensive exchange of information. The databases and panels are constructed to enable quick answers to societal relevant research and policy questions. NIVEL for example has a rapid response facility to provide the Ministry of Health and other stakeholders with fact sheets or to start monitoring general practices for specific aspects on a short term.

The results of the research are actively fed back to stakeholders, data providers and to the general public. The feedback reports and policy-sensitive reviews are good examples of dissemination of relevant research results.

The committee is aware that it is difficult to convincingly document societal relevance. The self-evaluation report provides – next to the more classical indicators like the number of press releases - a series of ‘impact narratives’ to demonstrate the societal impact of NIVEL’s research. These were helpful, but mostly seem to be a detailed description of specific research activities rather than of the impact arising from these. During the interviews, however, it appeared that the stakeholders are very satisfied with the research products of NIVEL and make full use of the information provided by the institute. Moreover, societal relevance was a strong driver for every researcher the committee interviewed, especially the young researchers, for some of whom the societal relevance of the research was a reason to do their PhD at NIVEL instead of at a university.

Although the visibility of the institute in the media and the social media as well as in governmental documents is good, there still is room for improvement. The societal relevance of the research conducted at NIVEL and the expertise and infrastructure that make this research possible are an important asset of NIVEL that deserves to become more widely known. Therefore, the committee strongly recommends that NIVEL should substantially strengthen the capacity to pro-actively communicate the societal relevance and impact of their research using multiple approaches including social media. Overall, the societal relevance of the research was judged to be very good.

Viability

The elements of the SWOT-analysis are recognizable and largely convincing. The databases and panels, the strong link between research and societal impact, and the quality systems developed by NIVEL are indeed the principal strengths of the institution. NIVEL has a 30-year track record of flexibility and successful adaptation to major changes in its environment. But success in the past does not guarantee that also the future will be bright. Therefore, it struck the committee that the SWOT-analysis has been performed internally. Since NIVEL is operating in a rapidly changing environment – for example due to the transfer of responsibilities in health care from the government to municipalities – it might be worthwhile to redo the SWOT-analysis externally with the most important stakeholders.

The 2010 evaluation of NIVEL recommended to bring more focus in the institute and to communicate that focus better. That seems to have been addressed only partly successful. NIVEL caters for many patient categories, many health care professionals, has a huge diversity of study questions and uses many different research methods. The real focus remains a bit vague in this diversity. The risk of losing focus while adapting to the manifold questions of stakeholders and society still exists. When there is overlap with other institutes in research topics, it may be better to avoid competition. More close collaboration could create a win-win-situation for both institutes. For example, to the committee doubts whether NIVEL should develop a new programme line on mental health and believes that it might be better to have a liaison officer working at NIVEL who closely collaborates with the Trimbos institute to answer relevant questions in the field of mental health care making use of the NIVEL databases and panels.

There are some concerns in the committee about the future viability of the institute when it comes to funding. It appears that NIVEL's core funding is static – resulting in a de facto budget cut in the evaluation period – but it has been less successful in securing other funding sources in 2015. Funding-related issues in the SWOT-analysis were raised as both weaknesses and threats. It seems that the funding environment has become more and more competitive. The success rate in research proposals of the institute, however, has been quite good: 40% of the grants applied for in the evaluation period were assigned to NIVEL.

The committee has noticed the cessation of the grant provided by the Ministry of Education and the increase in the number of projects with a short duration. In response to these developments NIVEL is currently trying to further diversify the sources of income, which is strongly encouraged by the committee.

The committee concludes that the strong assets of NIVEL are the national databases, monitors and panels and the expertise to use this infrastructure in answering research questions, as well as the societal relevance of the research products. The past director has done a great job in securing the quality and relevance of the research. The new director is preparing to make NIVEL fit for the future and appears already to be taking initiatives on some of the recommendations of this committee. She should be given room and support for taking the measures that are necessary to meet the changing requirements of society and the stakeholders. Considering the strong support for the director within the institute the committee encountered, we are confident that she will take NIVEL through the challenges that lay ahead. Therefore, the viability is considered to be very good.

PhD programme

NIVEL appears to have an active PhD programme. The institute has a substantial number of PhD students and provides convincing evidence that the completion rate is good. The PhD students are enthusiastic and like to work at NIVEL. They are attracted by the societal relevance of the studies conducted at the institute and by the intensive interactions with the relevant stakeholders.

As stated before, the number of PhD theses completed is remarkable. Many of the senior NIVEL staff members also have professorships in universities, improving the opportunities for collaborative research and for supervising PhDs. The collaboration with academia in the supervisory teams is intense and PhD courses are provided both within the institute and in the Netherlands School of Primary Care Research (CARE). In addition, NIVEL enables PhD students to attend international scientific conferences. The PhD students could use some more explicit career coaching and more support at the end of their PhD trajectory in order to find employment elsewhere, in particular by utilizing the network of their supervisors. The committee was reassured that a new policy that meets these needs is already being considered.

There are, however, some concerns for the future, partly because of the cessation of the grant provided by the Ministry of Education, partly because of labour legislation ('Flexwet') that prohibits repeated temporary contracts exceeding a period of two years, which is too short for a PhD study. This means that there will be fewer possibilities to complete a whole PhD trajectory at NIVEL. This could lead to an imbalance in the number of junior and senior researchers at the institute to the detriment of the juniors.

Research integrity policy

Although the description of the research process and scientific integrity and related policy was quite compressed in the Self-evaluation report, NIVEL has a long and well developed tradition in quality assurance. Especially much effort has been put to proper documentation and data storage. The institute has a well-developed internal auditing system and clearly stated principles and procedures for fostering research integrity and for acting upon allegations of major and minor research misbehaviour.

The committee found it quite impressive how NIVEL takes guidelines, support structures and internal peer review seriously. Moreover, postdocs and PhD students alike felt free to talk about their worries and dilemmas with supervisors and senior researchers.

In short, NIVEL appears to have established good internal research integrity processes.

Conclusion

The committee concludes that NIVEL in the period 2010-2015 performed at level 'very good', both in terms of the quality and the societal relevance of the research (Table 1). Considering the strategy of the institute, the committee is convinced that NIVEL is also very well capable of meeting its targets of scientific quality and societal relevance in the years ahead. Consequently also the viability of the institute is judged to be very good.

Table 1 Evaluation scores of NIVEL

Research quality	very good (2)
Relevance to society	very good (2)
Viability	very good (2)

4 Recommendations

1. The mission should be formulated more clearly and focus on the unique expertise of NIVEL to predict and evaluate the consequences of changes in health care on citizens, patients, professionals and institutions.
2. The committee suggests that NIVEL narrows its research focus predominantly to the three priority areas it has defined (health literacy and participation, eHealth and governance, big data and primary care) while maintaining the flexibility in the organisation required to answer the questions from stakeholders and society that can be answered by making use of the infrastructure of the institute.
3. Make a strategic analysis of the current complex structure of NIVEL and simplify it with a view to support flexibility within a clear and understandable focus. A matrix consisting of three departments and the three priority areas may serve well.
4. Communicate the mission and the unique expertise of NIVEL more clearly. NIVEL is encouraged to stress the importance of its societal impact to a broader public and to increase its visibility using social media. Take the communication of NIVEL's accomplishments and assets much more seriously at all levels, including at the top level of the institute. Consider to spend a larger proportion of the budget on communication and to bring the relevant expertise in the board of the institute.
5. The committee strongly recommends that the support for the research infrastructure and for the annual activities programme by the Ministry of Health is continued. More diversification in sources of funding is highly desirable, in particular because of the cessation of the grant provided by the Ministry of Education. The committee suggests to explore and pilot with new products and services, to intensify the marketing of the institute, and to also consider less traditional sources of funding, such as large municipalities, health insurance companies and other companies.
6. Improve the narratives and ask the stakeholders to tell their impact stories. Keep playing an active role in developing measures for societal relevance.
7. Involve the stakeholders more in making strategic decisions, not only by interacting with them separately but also by bringing the stakeholders together regularly.
8. Analyse the competencies of the NIVEL research staff and support staff and make optimal use of the diversity of skills and expertise. Give for example room to those who are successful in acquisition to employ their talents more broadly. Encourage and use the enthusiasm, vision and skills of young researchers. It is recommended that this younger generation is given opportunities to participate in the strategic management of the institute.

Appendix 1: CVs of the members of the assessment committee

CV of prof. L.M. (Lex) Bouter, PhD, chair of the assessment committee

Lex Bouter was born in Rotterdam in 1956. After obtaining an MSc degree in Medical Biology at Utrecht University in 1982, he lectured at teacher training colleges in Tilburg and Utrecht. In 1984 he joined Maastricht University, where he was trained as an epidemiologist and obtained his PhD. In 1988 he published a Dutch textbook on epidemiology, the seventh revised edition of which appeared in 2016.

In 1992 Bouter took up a tenured position as Professor of Epidemiology and Scientific Director of the EMGO+ Institute for Health and Care Research at the VU University Medical Center in Amsterdam. He was Editor (1996-2002) and Editor-in-Chief (2002-2006) of the Cochrane Collaboration Back Review Group. From 2001 until 2006 he additionally chaired one of the six divisions at the VU University Medical Center. He was president of the Netherlands Epidemiological Society (1996-1997), member of the Health Council of the Netherlands (2001-2013), vice-chair and methodologist of the Dutch Central Committee on Research Involving Human Subjects (2001-2013), and chair of the programme committee of the Innovative Medical Devices Initiative of the Netherlands Organization for Scientific Research (since 2009).

From 2006 until 2013 he was Rector Magnificus and member of the Executive Board of Vrije Universiteit Amsterdam. In this function he focused on combining research groups in interdisciplinary research institutes. Also as rector Lex pleaded for attention for the societal impact of research. And for attention for the dilemmas around scientific integrity.

Subsequently Lex prepared for a return to science during a sabbatical leave. In 2014 his tenured professorship was broadened to Methodology and Integrity. He is currently involved in teaching and research regarding responsible conduct of research, questionable research practices and research misconduct.

Lex Bouter is author or co-author of about 671 scientific publications contained in the Web of Science, which have been cited about 44,500 times (WoS h-index of 110). He is listed among the 400 most influential biomedical researchers and has supervised 74 PhD students, of whom to date 14 were appointed as professor.

CV of prof. J.J.G. (Jeroen) Geurts, MD, PhD, member of the assessment committee

Currently, Jeroen Geurts is professor of Translational Neuroscience (since 2012) and chair of the Dept. of Anatomy and Neurosciences (since 2013) and chair of the Section of Clinical Neuroscience (since 2010) at the VU University Medical Centre, The Netherlands.

In addition, he is member of the board of directors of Neuroscience Campus Amsterdam, CEO of the Normal Aging Brain Collection Amsterdam (NABCA) and member of the Board of Directors of VUmc MS Center Amsterdam. In 2010 he was appointed professor at the Dept. of Physiology & Pharmacology at the University of Calgary. Per January 2017, he is the Chairman of the Netherlands Organisation for Health Research and Development (ZonMw), and member of the Board of Directors of the Netherlands Organisation for Scientific Research (NWO).

Education

After obtaining an MSc degree on the main subject of Clinical neuroscience at the University of Amsterdam in 2001 he started his PhD studies at the VU University, where he obtained his degree cum laude in 2005 on the thesis: Grey matters! MR imaging and histopathology studies of the grey matter in multiple sclerosis.

CV of prof. J. (Jeremy) Grimshaw, MBChB, PhD, member of the assessment committee

Jeremy Grimshaw received an MBChB from the University of Edinburgh, UK. He trained as a family physician prior to undertaking a PhD in health services research at the University of Aberdeen. He moved to Canada in 2002. His research focuses on the evaluation of interventions to disseminate and implement evidence-based practice. Jeremy is: a Senior Scientist in the Clinical Epidemiology Program, Ottawa Health Research Institute; a Full Professor in the Department of Medicine, University of Ottawa and a Tier 1 Canada Research Chair in Health Knowledge Transfer and Uptake. He is a Corresponding Fellow of the Royal Society of Edinburgh.

CV of prof. T. (Tiina) Laatikainen, MD, PhD, member of the assessment committee

Professor Tiina Laatikainen is the Professor of Health Promotion in the Institute of Public Health and Clinical Nutrition in the Medical Faculty of the University of Eastern Finland and the Research Professor in the Health Department of the National Institute for Health and Welfare in Finland (THL).

Earlier Professor Laatikainen was the Director of the Department of Chronic Disease Prevention at the National Institute for Health and Welfare (THL) from 2009 to 2012. Before she acted as the Head of Chronic Disease Prevention Unit (2005-2008) in the National Public Health Institute (KTL), which after merger with STAKES became THL in 2009. She has had an affiliation to KTL as a researcher since her graduation in the Medical Faculty of the University of Helsinki in 1996. In 2004, Professor Laatikainen worked as a senior lecturer in the Greater Green Triangle University Department of Rural Health (Deakin and Flinders Universities) in Warrnambool, Victoria, Australia.

Professor Laatikainen's research and expert functions have concerned mainly epidemiology and prevention of main public health problems such as cardiovascular diseases, diabetes, memory disorders, asthma and allergy. She has coordinated several large population based surveys nationally and internationally and has been closely involved in the national and international working groups developing methodology of health monitoring. Also use of administrative health registers as source of research and surveillance data is very familiar for her. She has also long-term expertise in developing and conducting evidence-based lifestyle interventions. She has over 230 peer reviewed research papers.

Professor Laatikainen has, internationally and domestically, served in a number of scientific, expert and public health functions, WHO's work and multinational projects. She has since 2002 coordinated the work of the WHO Collaborating Centre on Chronic Disease Prevention and Health Monitoring in Finland. She has a MD degree and PhD in epidemiology and public health. She has title of docent in public health from the University of Helsinki in 2007. Her thesis was awarded as the best thesis on population health research in 2001 by the Väinö Kannisto Foundation.

CV of K. (Katherine) Murphy, RN, member of the assessment committee

Katherine joined The Patients Association in 2003 as Head of Communications having come from a background in Nursing. She was appointed Chief Executive in 2008. As Chief Executive, Katherine has been at the forefront of most of the recent campaigns at The Patients Association, and has initiated a number of other high profile initiatives that have featured largely in the media including: The Care Campaign, Patient Stories, Malnutrition, Pain, Reform of the NHS Complaints System, and Dignity and Compassion.

Katherine is a dedicated and tireless campaigner with a very strong interest in the rights and responsibilities of the patient and a true patient advocate. She is passionate about making sure the patient's voice is central to every decision and that the patient voice is heard and translated into genuine quality improvement for all. The co-creation of policy and partnership decision making must be present in all health and social care encounters.

She continues to set the strategic direction of the Patients Association; during her time with the organisation. She has worked with the Department of Health, NHS England, Care Quality Commission, Cabinet office, Medicines and Healthcare products Regulatory Agency (MHRA), Royal College of Nursing, Nursing and Midwifery Council and all the of Medical Royal Colleges and other health and social care regulators. Katherine sits on many Committees and Boards always representing the views of the patient and making sure the rhetoric from politicians is translated into reality for patients and the public.

She was a member of the Prime Minister's Nursing Care Quality Forum and is a member of the Equality and Diversity Forum.

In 2011 Katherine was nominated by the London Evening Standard as one of the capital's 1000 most influential people.

For the past 18 months Katherine has dedicated her time and energy working in partnership with many NHS Directors of Patient Experience, cascading good practice through joint conferences on the patient journey in the hope that this will translate to good patient experience and outcomes.

CV of prof. D. (Dirk) Ruwaard, MD, PhD, member of the assessment committee

Prof. D. (Dirk) Ruwaard, MD, PhD, is chair of the Dept. of Health Services Research of the School for Public Health and Primary Care (CAPHRI) at the Faculty of Health, Medicine and Life Sciences, Maastricht University, the Netherlands. Prior to his assignment at Maastricht University, he was director of the Public Health Department of the Ministry of Health, Welfare and Sport in the Netherlands (2006-2010) as well as deputy-director general Public Health at this Ministry. In this capacity he was responsible for a number of policy issues in the field of health promotion, disease prevention, infectious diseases policy, disaster management and policy on medical ethics.

Before that he represented the ministry in the US and Canada in the broad field of public health, health care and welfare (2003-2006). Most time of his career (1989-2003) he worked in several positions at the National Institute for Public Health and the Environment (RIVM) and was responsible for research on prevention, health and health care. He then also founded the Centre for Public Health Forecasting (VTV) making knowledge accessible to policymakers. He is a physician who obtained his medical degree cum laude in 1986. Since 1993 he has been registered as 'arts voor Maatschappij en Gezondheid'. His fields of interest are epidemiology, public health, chronic care, integrated care and health policy. He wrote a dissertation with the title 'Diabetes mellitus: from epidemiology to health policy'. He is (co-)

author of numerous publications and chair or member of several committees in the field of prevention, public health and health care.

CV of C.H. (Kees) Langeveld, MD, PhD, secretary of the assessment committee

Presently, Kees Langeveld is scientific editor of the Dutch Journal of Medicine (Nederlands Tijdschrift voor Geneeskunde, NTvG). Prior to this position, he was secretary of the Advisory Council on Health Research (Raad voor Gezondheidsonderzoek, RGO) in The Hague. In this function he wrote the texts in preparation of the final reports of the RGO. The committees he was appointed to reported on a wide range of subjects, including genomics, pain research, occupational health research, insurance medicine, the public health research infrastructure and priorities in prevention research.

Apart from his employment at the RGO and the NTvG, he was appointed external secretary of several international assessment committees that performed external research assessments at the VU Medical Centre (Amsterdam) and the Leiden University Medical Center in 2004, 2006 and 2012.

Appendix 2: PROGRAMME OF THE SITE VISIT

Programme of the site visit of the assessment committee to NIVEL, 13-14 October 2016

13 October (Location: NIVEL)

16.00 – 16.30 h.	get together for members of the assessment committee
16.30 – 17.00 h.	attendance at NIVEL's peer review meeting
17.00 – 17.45 h.	welcome and presentation of the self-evaluation by the director of NIVEL
17.45 – 18.45 h.	preparatory meeting of the assessment committee
19.00 – later	dinner of the committee, the director and heads of department of NIVEL (Location: restaurant in Utrecht)

14 October (Location: NIVEL)

08.30 – 10.00 h.	interview with 6 research programme coordinators ¹
10.00 – 10.15 h.	break
10.15 – 11.15 h.	interview with 5 researchers (post docs/senior researchers) ²
11.15 – 11.45 h.	break
11.45 – 12.45 h.	interview with 5 PhD students ³
12.45 – 14.00 h.	lunch and consultation with NIVEL director, prof. Cordula Wagner, and the former (until 2015) director of NIVEL, prof. Peter Groenewegen
14.00 – 14.45 h.	interview with the chairperson of the Supervisory Board, prof. dr. Eduard Klasen, and member of the Supervisory Board, mr. Willem Geerlings MD
14.45 – 15.00 h.	break
15.00 – 16.30 h.	interview with external stakeholders ⁴
16.30 – 18.00 h.	internal deliberation of the committee
18.00 – 18.30 h.	presentation of preliminary results of the site visit to NIVEL chairperson of the Supervisory Board, director and staff

¹ Hennie Boeije, Sandra van Dulmen, Liset van Dijk, Anneke Francke, Joke Korevaar, Robert Verheij

² Derek de Beurs, Nanne Bos, Monique Heijmans, Renate Verkaik, Lisanne Verweij

³ Anne Brabers, Tessa Jansen, Marco Moesker, Aukelien Scheffelaar, Lotte van de Steeg

⁴ Jacqueline van der Marel (MoH), Paul Robben (The Health Care Inspectorate, IGZ), Jantine Schuit (National Institute for Public Health and the Environment, RIVM), Hendrien Witte (Longfonds - <http://research.longfonds.nl/lung-foundation-netherlands>)

Appendix 3: Evaluation categories in SEP 2015 - 2021

Meaning of categories in Standard Evaluation Protocol 2015-2021

Category	Meaning	Research quality	Relevance to society	Viability
1	World leading/ excellent	The research unit has been shown to be one of the few most influential research	The research unit makes an outstanding contribution to	The research unit is excellently equipped for the future.
2	Very good	The research unit conducts very good, internationally	The research unit makes a very good contribution to	The research unit is very well equipped for the future.
3	Good	The research unit conducts good research.	The research unit makes a good contribution to society.	The research unit makes responsible strategic decisions and is therefore
4	Unsatisfactory	The research unit does not achieve satisfactory results in its field.	The research unit does not make a satisfactory contribution to	The research unit is not adequately equipped for the future.

Appendix 4: Overview of NIVEL's composition, financing and scientific output²

Table 2.1 Research staff in full-time equivalents between 2010 and 2015

	2010	2011	2012	2013	2014	2015
Tenured staff	34.2	38.0	39.6	34,53	38,94	38,5
Non-tenured staff	64.6	64.5	67.1	67,83	59,94	43,8
<i>Of which PhD students*</i>	9.3	12.8	11.9	13,05	8,78	3,78
Total research staff	98.8	102.5	106.65	102,36	98,88	82,3
Research support staff	32.8	35.7	36.9	40,3	37,8	31,7
Other support staff	19.3	19.6	19.1	19,2	18,4	18,5
Total staff	150.0	157.9	162.7	162,4	155,7	132,5
Share of scientific staff	65.9%	64.9%	65.6%	63%	64%	62%

* PhD students are those working on a project that was intended from the start as a PhD project.

Table 2.2 Funding of NIVEL's research in 2010-2015

	2010		2011		2012		2013		2014		2015	
	€	%	€	%	€	%	€	%	€	%	€	%
Funding:												
MoH subsidy	5.848.038	42%	6.064.420	37%	5.737.099	35%	5.092.754	32%	5.187.427	35%	5.835.458	48%
Scientific research grants*	2.370.991	17%	3.484.257	21%	3.868.611	24%	3.462.253	21%	3.278.138	24%	1.679.172	14%
Subsidies and contracts**	4.460.914	32%	4.970.673	30%	5.052.007	31%	5.600.156	35%	5.504.121	31%	3.863.341	32%
International	1.194.892	9%	1.779.823	11%	1.520.433	9%	1.973.817	12%	1.374.938	9%	863.880	7%
Total funding	13.874.834	100%	16.299.174	100%	16.178.150	100%	16.128.980	100%	15.344.624	100%	12.241.851	100%

* Research grants include NWO, charities, ZonMw and for 2010-2014 the MoE grant.

** This category contains all other temporary funding

Table 2.3

	2010	2011	2012	2013	2014	2015
Scientific publications:						
Articles*	122	166	152	189	192	185
- of which in journals with IF**	92	123	110	155	157	156
- of which in open access journals	38	65	60	76	85	82
Scientific books	1	2	1	3	0	0
Scientific book chapters	2	10	6	2	5	3
PhD theses						
- NIVEL PhD theses	7	2	4	6	3	10
- Other PhD theses***	2	2	0	4	0	2
Total scientific publications	134	182	164	204	200	200
Total scientific publications per FTE research staff	1,4	1,8	1,5	2,0	2,0	2,4

* Including letters, editorials etc.

** We counted all articles in journals with an impact factor instead of all articles with an ISI code. For this reason, the totals presented in this table may differ from the analysis of the CWTS.

*** These are PhD theses of non-NIVEL employees using NIVEL research data, supervised by NIVEL staff.

References

- 1 Standard Evaluation Protocol 2015-2021. Amsterdam/The Hague: KNAW, VSNU and NWO; 2014.
- 2 Self-evaluation NIVEL 2010-2015: Bringing worlds together – High quality research with an impact upon society. Utrecht: NIVEL; 2016.