 Research Action Plan HLK 2021-2025

The main goals in HLK's Research Action Plan 2021-2025 are as follows:

1. Work towards consolidating research institutes in Building A to strengthen basic, translational, and clinical research and facilitate cross-departmental and clinic-wide synergies.
2. Ensure that leaders are assessed in research on par with other statutory duties, including:
	1. Number of published articles (especially level 2)
	2. Number of doctoral degrees
	3. Number of granted applications
	4. Number of new clinical trials in the clinical departments

The clinic's key goals for the next period are outlined as follows:

### Strengthen the focus on clinical research in collaboration with users, industry, and the public sector.

From the strategy:

1. Increase the number of clinical trials and patients included in all relevant fields—both investigator-initiated and industry-funded studies. Ensure high-quality and treatment-related research across all fields and build multiple excellent clinical research environments.
2. Expand national and international collaboration on clinical multicenter studies.

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| **Key Measures:** | **Primary Responsibility** |
| **1a**Follow up on the [National Action Plan for Clinical Studies](https://www.regjeringen.no/contentassets/59ffc7b38a4f46fbb062aecae50e272d/207035_kliniske_studier_k6_b.pdf) 2021-2025:1. Departmental leaders should plan for sufficient protected time so that physicians and healthcare professionals have the necessary flexibility to participate in and conduct clinical trials, and they should be evaluated on this.
	1. Prioritize clinical trials as an integrated part of patient care.
	2. In resource planning for industry-funded studies, HLK should account for costs before revenue.
2. Improve processes and expertise for investigator-initiated studies—allocate space and research nurses in the clinic. Researchers should not bear the cost for expertise centrally provided by OUS research support, etc.
3. Improve processes for industry collaboration and commissioned research—identify and build on existing environments.
4. Facilitate pragmatic studies, [please see definition](https://www-norcrin-no.translate.goog/blog/pragmatiske-studier-endelig-i-gang/?_x_tr_sl=auto&_x_tr_tl=en&_x_tr_hl=no&_x_tr_pto=wapp), including Registry-based Randomized Clinical Trials (RRCT) - requires access to registries and collaboration with ICT.

**Result Indicators:*** Increased number of ongoing clinical treatment studies—sum of investigator-initiated and industry-initiated studies, with measurement by departmental leaders (including the number of published articles and doctoral degrees).
 | Dep. HeadsHead of Clinic |
| **1b**1. Apply for grants for national multicenter studies, including the Clinical Treatment Research (KLINBEFORSK) scheme, and international multicenter studies.

**Result Indicators:*** Number of granted applications during the period
* Number of published articles (especially at level 2) and doctoral degrees
 | Research Group Leaders |

### Strengthen translational research as a crucial link between basic research and clinical practice.

From the strategy:

1. Encourage good interaction, such as good meeting places and combined positions, between basic research and clinical practice.
2. Facilitate the further development of general biobanks and associated research registries to ensure optimal material and data access for translational research.
3. Support curiosity-driven, long-term research by creating good and predictable frameworks for excellent environments.
4. Ensure infrastructure and core facilities that make advanced and resource-intensive methodology quickly accessible for both basic and clinical research.

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| **Key Measures:** | **Primary Responsibility** |
| **2a**1. Encourage good interaction, such as good meeting places and combined positions, between basic research and clinical practice.
2. Develop a common long-term plan/roadmap for combined positions dedicated to the combination of basic research/translational research and clinical positions.
3. Increase interaction between basic research and clinical research in the clinic by establishing regular fixed meeting places, such as monthly physical or digital seminars.
4. Work towards consolidating the two research institutes at HLK in Building A at Rikshospitalet with an overall plan for the establishment of a comprehensive cardiovascular and pulmonary research center.

**Result Indicators:*** Establishment of a long-term plan/roadmap for combined positions.
* Consolidation of research institutes in Building A in plans for **newOUS.**
 | Research Group LeadersHead of ResearchHead of Clinic |
| **2b**1. Facilitate the further development of general biobanks and associated research registries to ensure optimal material and data access for translational research.
2. Facilitate the organization of all research biobanks under a broad consent and in clinic-specific/clinic-wide biobanks.
3. Establish a dedicated biobank council under the clinic to organize and operate the clinic's biobank. A broadly composed council with members from both clinical departments and research institutes (department heads?).

**Result Indicators:*** Establishment of new biobanks available to multiple research groups.
* Number of publications involving biobank material.
 | Dep. HeadsHead of ClinicHead of Research |
| **2c**1. Support curiosity-driven, long-term research by creating good and predictable frameworks for excellent environments.
2. Work to strengthen the research institutes by prioritizing the recruitment of accomplished researchers engaged in basic research.
3. Ensure good infrastructure for basic research with adequate support personnel (engineers, etc.). Stimulate an innovation culture in the clinic. Ensure visibility and exposure of innovation projects.
4. Place greater emphasis on merits in innovation and commercialization of innovations when recruiting new research group leaders to the clinic.

**Result Indicators:*** Number of permanent researcher/technician positions in HLK.
 | Dep. Heads |
| **2d**1. Ensure infrastructure and core facilities that make advanced and resource-intensive methodology quickly accessible for basic and clinical research.
2. Ensure good infrastructure for the clinic's core facilities and ensure they can maintain leading expertise.

**Result Indicators:*** Number of users and projects where the clinic's core facilities have been used.
 | Dep. HeadsHead of ClinicHead of Research |

### Further develop opportunities for data management, data analysis, and data sharing (significant level 1 task)

From the strategy:

1. Work towards an overarching plan for the use of health data for research.
2. Facilitate open research and develop systems for data sharing that protect privacy.
3. Facilitate the development and use of high-performance computing, including artificial intelligence, in both clinical and translational research and as a tool for treatment.
4. Facilitate the automation of data flow between patient records and registries to the greatest extent possible.
5. Contribute to national quality registries achieving their goals of complete and representative data collection, analysis, feedback to users, and research and quality improvement.
6. Support researchers with practical, better, and secure ICT systems for research, including solutions for data extraction and storage, as well as online solutions for national and international collaboration.
7. Implement electronic, dynamic patient consent.

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| **Key Measures:** | **Primary Responsibility** |
| **3**1. Support level 1 efforts to facilitate the use of registers and journal systems for research.
2. Ensure resources are obtained to operate mandatory registers in the clinic and implement this as an integrated part of daily operations.
3. Complete the electronic consent solution in collaboration with users.
4. Ensure effective communication between researchers and privacy, e.g., by having a privacy officer in each clinic.
 | Dep. HeadsHead of ClinicHead of Research |

### Systematically follow up on the careers of researchers and targeted recruitment for research

From the strategy:

Establish support schemes for the career development of young researchers across all professions.

1. Facilitate shared positions between research and clinic post completion of the Ph.D. degree.
2. Encourage greater internationalization, the establishment of international research networks, and researcher mobility.
3. Increase international recruitment of researchers.

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| **Key Measures:** | **Primary Responsibility** |
| **4a**1. Allocate time for research for selected doctors/healthcare workers post-Ph.D. based on application and reporting schemes, along with a commitment to actively recruit researchers, e.g., through applications for Ph.D. or postdoc scholarships.
2. Support and actively contribute to existing and new meeting places for researchers in the region. Facilitate motivated researchers' participation in UiO's postdoctoral and UiO/OUS research leadership programs.
3. Seek external funding and establish internal funding schemes for clinical personnel in shared positions between research and clinic (cf. 4a, i).

**Outcome Indicators:*** Establishment of a buyout scheme.
* Number of presentations and participants at local, regional, and international research events.
* Number of participants in postdoctoral and leadership programs from HLK.
* Number of funding applications from HLK employees in clinical positions.
 | Dep. HeadsHead of Research |
| **4b**1. Encourage research stays abroad - Facilitate externally funded research stays at leading international universities through an application- and reporting-based scheme (including having a position to return to).

**Outcome Indicators:*** Number of HLK researchers with research stays abroad.
 | Dep. HeadsForskningsgruppeledere |
| **4c**1. Advertise researcher positions internationally and professionalize the recruitment of the best research talents.

**Outcome Indicators:*** Number of international researchers in HLK.
 | Dep. Heads |

### Ensure Research Activities in and Towards New Buildings at OUS and the Life Science Building at the University of Oslo

From the strategy:

1. Ensure good research facilities and sufficient research space in new hospital buildings at Rikshospitalet, and in relocation and reshuffling projects during the construction period, with involvement of researchers.
2. Review the current organizational form of research laboratories at the hospital in preparation for research in future buildings, including collaboration with the new Life Science Building at the University of Oslo.
3. Establish appropriate infrastructure, including storage facilities, for research biobanks.
4. Ensure good interfaces between research environments located at the hospital, including environments at the University of Oslo located at Oslo University Hospital.

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| **Key Measures: (outcome indicators are directly derived from the measures and are not listed here** | **Primary Responsibility** |
| **5**1. Work towards co-locating the clinic's research institutes with other institutes in building A, including the placement of a new PET-MR. Ensure that experimental research and core facilities are in close proximity to the clinic to strengthen translational research.
2. Actively participate in the pre-project phase's involvement groups for research and education, MVG 19.
3. Contribute to planning with sufficient clinic-proximate areas for clinical research posts and teaching.
4. Ensure that the pre-project and reshuffling projects plan for small, clinic-proximate lab areas for biobanking.
5. Plan the design, shared use, and effective shared resource utilization of research and teaching areas in new buildings and facilitate shared use with other departments/clinics.
 | Head of ClinicHead of ResearchDep. Heads |