



Forsknings- og innovasjonsdirektør Helge Røsjø

Akershus universitetssykehus HF

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Vår ref

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Kjære Helge,

Takk for invitasjonen til å bidra med en faglig vurdering av forskningen på Ahus på overordnet nivå (nivå 1), som bidrag til sykehusledelsens evaluering av forskningen i sykehuset. Mine vurderinger er basert på oversendt rapport med vedlegg, samt sykehusets internettsider og den kjennskap jeg har til forskningen og forskningsadministrasjonen ved Ahus fra perioden 2015-17 da jeg var viseadministrerende direktør ved sykehuset.

Med vennlig hilsen

Tone Ikdahl

Adm. dir. dr med

Evaluation of the research at Akershus University Hospital (level 1) - 2019:

1. General

Akershus University Hospital (Ahus) has been a university hospital since 2001, and in the first research evaluation, back in 2011, the evaluating panel got the impression of a hospital that was still in a very early phase as a research institution. Since then several improvements, in particular on the research administrative level, have resulted in increased research activity and quality. However, both vary significantly between research groups as well as between clinics.

2. Organization

Ahus has increased the number of clinical divisions by two since 2011: Division of orthopaedics and The Kongsvinger hospital. Research responsibility is harmonised with the organization structure of the hospital. The directors hold overall responsibility for research in their respective clinical divisions, and each division has a dedicated scientific staff member (forskningsleder). Ongoing research activities at Ahus are closely linked to Institute of clinical medicine, Faculty of medicine, University of Oslo (UiO). At Campus Ahus Institute of clinical medicine has three "clinics", which are not overlapping with the clinical divisions of the hospital. Although the majority of the senior researchers are having an affiliation with the university, none of the leaders of the three Campus Ahus university clinics has a combined position as director or scientific staff member of a clinical division. The organizational link between the Ahus divisions and the UiO clinics is taken care of by regular meetings. An alignment of the two organizations with central leaders in combined positions would have strengthened the integration between the hospital and the university, the clinic and the academia.

Since 2017, Ahus has a Director of research and innovation on level 2 in the organization. He is in charge of a new Division of Research and Innovation (2019) that provides research-, innovation- and regulatory support across the hospital. Section for Clinical Molecular Biology, EpiGen, another valuable research infrastructure, collaborates with most of the clinical divisions in the hospital. EpiGen was appointed Regional Infrastructure for Translational Research in South-Eastern Norway Regional Health (HSØ) in 2016.

3. Training

The new Section of Research Support and Innovation provides comprehensive research support including individual supervision and courses. Following an internal revision (2016) that revealed a need for improved systems to make sure that research was organised and carried out according to laws and regulations, the department introduced regular and highly relevant educational seminars on these topics. All clinicians and nurses involved in clinical trials moreover need training in GCP (Good Clinical Practice).

4. Collaboration

The majority of the research groups have long lists of national collaborators, in particular with research groups at Oslo University Hospital and UiO. Department for health services research has a close collaboration with other Norwegian health services research groups in The Norwegian health services Research Network. There is a potential for stronger research collaboration with research groups at The OsloMet University. This moreover would be beneficial for recruiting nurses and other health professions into research.

The EpiGen-laboratory is a driving force for internationalization, and several of the larger and most productive research groups, particularly in Division of Medical, has extensive collaborative networks with leading investigators, nationally and internationally. Ahus has good examples of interdisciplinary research collaborations within the hospital; one is the collaboration between cardiologists and oncologists in “PRADA”, a clinical study with results published in high impact journals.

5. Research activity and scientifically quality

Since the research evaluation in 2011, the research activity and quality at Ahus has improved significantly. The quality and annual number of scientific publications have increased, and so has the number of annual number of PhDs and the number of clinical trials, industry initiated as well as investigator initiated. When adjusting for the increasing number of full time equivalent (FTE) research active employees, the productivity as measured by scientific publications per research active FTE was 0,57 (323/568) in 2018, which is not very high.

Today, all researchers at Ahus belong to a research group. The activity and quality of research vary significantly between the research groups as well as between the clinical divisions in the hospital. Ahus has a limited number of excellent and highly productive senior researchers. There is no ongoing specific programme to support them and their strong research groups. One should be beware of that senior researchers as well as young researchers tend to gravitate towards the large neighbour university hospital in Oslo. It is just as important to take good care of the excellent PIs and their research groups, as to recruit research active clinicians and identify, develop and cultivate young research talents following their PhDs. It is of importance to develop the research group structure further, and might be wise to terminate or restructure research groups that have not delivered high quality research for years. The number of researchers from other health professions than medicine is limited. Talented young nurses, physiotherapists etc should be identified and encouraged to make a research career.

External funding is basic for developing Ahus as research institution. According to the information in the “Report regarding research at the hospital level (level 1)” it seems worrying that the annual increase in external funding has not continued following the good result in 2016. The allocation of research funding from HSØ in December 2019, however, seemed to be very positive for Ahus. This might be the result of the Grants@ahus.no initiative where researchers get profession feedback on their grant proposals.

6. Recommendations

- Ahus would benefit from better integration between university and hospital, between research and clinical medicine. An alignment of the hospital and UiO organization with central leaders in combined positions would have been positive.
- Keep up with the good work with developing your comprehensive research infrastructure on the hospital level as well as in the divisions!
- Take good care of the unique EpiGen translational research laboratory in the middle of the clinic. Give priority to upgrade their equipment park.
- Continue the cultivation of your research groups and research group structure. Terminate or restructure groups that have not been delivering high quality research for years, and stimulate young talents to establish new groups. Establish a strategy to prevent your best senior and junior researchers from “gravitating” to positions in Oslo University Hospital.

- Stimulate nurses and other health professions to go into research. Develop your research collaboration with OsloMet further. Establish shared academic positions for other groups than physicians.
- Prioritize internal funding for research infrastructure, start up help for young research talents as well as for initiatives to prevent senior researchers from
- Encourage international collaboration.

7. Grading: Very good.