



# Research strategy 2021–2025

Our research shall generate new knowledge – to the benefit of patients

***Vision: Our research shall generate new knowledge – to the benefit of patients***

## **Research – one of our main tasks**

Oslo University Hospital is Norway's biggest health trust in terms of patient treatment as well as research, innovation and education. Research is defined as one of the hospitals' main tasks. Every year, we contribute to more than 2 000 scientific articles and 100–120 PhDs are completed at the hospital. The University of Oslo is our biggest and most important scientific partner. Going forward, we also wish to further develop our research partnerships with other institutions, including Oslo Metropolitan University. We are engaged in extensive international cooperation, with co-authors from other countries involved in almost 60 per cent of the articles we contribute to. We also have broad involvement of users in our research.

## **Our continuous aims and goals**

1. Research, education and innovation shall be integral elements in our day-to-day work and form the basis for treatment of our patients. We shall conduct outstanding *research and patient treatment with a mutually beneficial effect*. Research shall generate new knowledge that leads to better diagnostics, treatment and prevention of disease.
2. A *good research culture* shall prevail in the organisation, where research and research collaboration are facilitated by the management and staff. Equality and an inclusive working environment are other important preconditions for developing good research environments and results. All research at the hospital will be conducted in accordance with national legislation, the European Code of Conduct for Research Integrity (ALLEA), and a high standard of research ethics and data protection.
3. We shall focus on the broad involvement of *users* in different aspects of research. The users shall be clearly and explicitly informed about the results of studies to which they have contributed.
4. We shall contribute to more *evidence-based practice* in the health service and apply the results of research, and this includes discontinuing diagnostic and treatment practices that have been documented to be inexpedient.
5. We shall *set aside time* and *protect resources* for research and make targeted efforts to increase external funding, including revenues from the commercialisation of research results and cooperation with business and industry.
6. We shall *communicate* and share research results – as well as publish them in scientific journals – and communicate the results to patients and society at large in language that is fit for purpose. We shall be a clear and evidence-based voice in social debate. We will strive for *open research* in publication through open access to articles, and by sharing data where possible.
7. We shall strive for *quality over quantity* in research, and peer reviews and evaluations shall serve as important quality indicators. We will assess the quality of research and researchers' contributions based on a broad range of assessment criteria in line with the [San Francisco Declaration on Research Assessment \(DORA\)](#).

8. We shall deliver *high-quality research throughout the full range* of our disciplines, while also focusing on selected strategic research areas.
9. We shall contribute to *regional and national collaboration*, including developing synergies between health research and the natural sciences. International research collaboration shall be strengthened. Collaboration with the university and university college sector shall be strengthened and further developed. We shall also increase collaboration with the primary health service, including through better data sharing.
10. We shall increase our *international collaboration* through, among other things, network cooperation and researcher mobility.
11. We shall play a leading role in research-driven *innovation*.
12. We shall contribute to good and predictable *researcher training in cooperation with the academic institutions*, actively recruit talented researchers, and provide good realistic career guidance to researchers throughout their research careers.
13. We shall ensure access to advanced *infrastructure* for researchers through the co-use of costly and complicated equipment and core facilities.

## **Specific main goals 2021–2025**

### **Oslo University Hospital will:**

- 1. Increase its focus on clinical research in cooperation with users, business and industry, and the public sector**
  - a. Increase the number of clinical trials and patients in all relevant fields, both investigator-initiated and industry-funded trials.
  - b. Implement new models for clinical trials that take developments in personalised medicine into account, and include more interdisciplinary aspects in clinical trials.
  - c. Ensure good treatment-focused research in all fields and develop more outstanding clinical research environments.
  - d. Increase national and international collaboration on clinical multicentre studies.
  
- 2. Strengthen translational research as an important link between basic research and clinical practice**
  - a. Encourage good cooperation, such as good meeting places and combined positions between basic research and clinical practice.
  - b. Facilitate the further development of general biobanks and pertaining research registers to ensure translational research has the best possible access to biological material and data.
  - c. Support curiosity-driven, long-term research by creating good predictable framework conditions for outstanding research environments.
  - d. Provide infrastructure and core facilities to ensure basic and clinical research rapid access to advanced resource-intensive methodology.

### **3. Further develop data management, data analysis and data sharing possibilities**

- a. Work on an overriding plan for the use of health data in research.
- b. Facilitate open research and develop data sharing systems that safeguard data protection.
- c. Facilitate the development and use of high-performance computing, including artificial intelligence, in both clinical research and translational research, and also as a treatment tool.
- d. Facilitate the automation of data flow between patient records and registers as far as possible.
- e. Contribute to national medical quality registers achieving their goal of complete and representative data collection, analysis and feedback to users, as well as research and quality improvement.
- f. Support researchers by providing better, practical and secure ICT systems for research, including solutions for retrieving and storing data and web-based solutions for national and international collaboration.
- g. Implement electronic, dynamic patient consent.

### **4. Conduct systematic career follow-up for researchers and targeted research recruitment**

- a. Establish career development support schemes for young researchers in all professions.
- b. Facilitate combined post-PhD research and clinical positions (following the completion of a PhD).
- c. Encourage more internationalisation, the establishment of international research networks and researcher mobility.
- d. Increase international recruitment of researchers.

### **5. Secure research activity in and pending the completion of new buildings at OUS and the Life Science Building at the University of Oslo**

- a. Ensure that good research facilities and sufficient research areas are available in new hospital buildings at Aker and Rikshospitalet, and in reorganising and moving projects during the construction period that involve researchers.
- b. Review the current organisation of research laboratories at the hospital in preparation for research in future buildings, including the cooperation axis with the new Life Science Building at the University of Oslo.
- c. Establish expedient infrastructure, including storage facilities, for research biobanks.
- d. Ensure good interfaces between research environments located at the hospital, including environments at the University of Oslo and OsloMet located at Oslo University Hospital.

#### **About the strategy**

The strategy was adopted on 4 January 2021 and will be followed up through rolling action plans.

Front page: Benedicte A. Lie, Department of Medical Genetics, Oslo University Hospital. Photo: nyebilder.no