

Research strategy 2021– 2025

Clinic for cancer treatment and rehabilitation HMR-HF

Background

The research strategy for the Cancer Treatment and Rehabilitation Clinic (KKR) is anchored in KKR's and Helse Møre og Romsdal's (HMR-HF) governing documents. It is based on the organization's overall research strategy, described in "Strategy – and action plan for research, innovation, education and competence 2018-2022 Helse Møre og Romsdal", <https://helse-mr.no/Documents/FIU-seksjonen/FIUK-planen%20web%20pr%2016.05.2018.pdf>.

The overall goal of the research strategy is:

"Research in HMR- HMR must be internationally competitive and strengthen clinical practice and patient treatment".

Central strategic sub-goals that must be worked on in order to achieve the overall goal, are:

- research culture
- personnel resources
- financial resources
- research groups
- interdisciplinary collaboration
- user participation
- high quality research

Purpose

KKR's research strategy shall contribute to ensuring that research is a natural part of the departments' clinical activities and thereby:

- raise the quality of diagnostics, treatment and follow-up of our patients
- contribute to the disclosure of research-based knowledge to professionals, patients and relatives
- increase understanding of research and contribute to increased research interest
- recruit staff
- strengthen collaboration with the organization's internal and external partners.
- promote collaboration with university departments nationally and researchers nationally and internationally

In sum, this should strengthen the research culture and contribute to high research quality.

Priorities

Research project, in prioritized order

- Self-initiated studies
- Researcher-initiated multi-center studies, most often studies initiated at university hospitals or in own organizations, and where the funding is through external research funds

- Externally initiated studies, typically studies initiated and funded by the pharmaceutical industry, and where HMR-HF is a collaborative partner

Choosing research project

It is important to have a balance between self-initiated studies and participation in studies that are coordinated elsewhere, in order to achieve an even resource load on support functions and researchers. The possibility of co-authorship is emphasized when participation in researcher-initiated studies from other centers is assessed. Studies initiated by the pharmaceutical industry (commissioned research) are relevant after a thorough assessment of overall utility. We want the subject areas within KKR to participate in at least one researcher-initiated multi-center study at all times.

Translation

Translational research and collaboration with basic research environments is considered a natural part of clinical research at KKR. This can take place through collaboration on analyzes of biobank material collected in the individual study or in combined basic academic and clinical projects where clinical material and/or biobank material is included.

Innovation and medical technology

KKR uses and depends on modern, advanced technological equipment in its daily clinical operations. Participation in studies with the intention of contributing to innovation and development of medical technology is a natural focus area. For the specialist area of cancer, this particularly applies to radiation therapy. Within rheumatology, ultrasound is an important tool in diagnostics and treatment. Besides, innovation and medical technology that contribute to user participation, better resource utilization and interaction, are relevant research areas for KKR.

Development and use of patient-reported data, both outcome measures (Patient Reported Outcome Measures – PROM) and measures of patients' experiences with the healthcare service (Patient Reported Experience Measures – PREM) are examples of innovation where the goal is to increase user participation.

User participation

User participation must be a natural and central part of research and innovation at KKR. User participation must be ensured in all projects where this is appropriate, from the planning phase to publication and other disclosure of results.

Research competence and guidance

A higher proportion of employees with research qualifications (master's or PhD) is important for anchoring, running and legitimizing research. The clinic will make it possible for both doctors and other professional groups to take a PhD.

It is a prerequisite that employees who receive the clinic's support for entering a master's/PhD course, make a plan in advance in consultation with their immediate manager for how this competence will benefit the department, the very employee and the health organization. It is natural that those who take such a course, have an additional responsibility for contributing to teaching, clinical supervision, researcher supervision, protocol writing, co-authorship, etc. The prerequisite is to take time to solve these tasks. The manager must make arrangements for those with research competence to use their competence in clinical work, and also in that way contribute to raising quality in the specialist area. Employees with scientific competence must pass on knowledge of the scientific method, contribute to increasing the knowledge base within the relevant field and contribute to the rapid implementation of new knowledge in the clinic.

KKR will seek support to achieve researcher competence and supervisor competence through collaboration with natural partners such as NTNU, colleges, the FIUK section (research, education, innovation and competence) in the Academic Department, St Olavs Hospital and other university hospitals.

Strategic means

The specialist areas within KKR must participate in clinical studies locally, regionally, nationally and internationally. Research at the clinic must be interdisciplinary with the greatest possible involvement of employees.

KKR must strengthen research infrastructure by allocating time and resources to research work. Important partners within the hospital include the laboratory, X-ray and pharmacy.

Efforts must be made to fund part of these resources through external research funds.

KKR wants to build up the research competence in the clinic by using the staff employed in its own section in the patient-oriented research work. Increased research competence will over time give an increased level of knowledge, better interaction, more efficient patient processes and a more predictable working day for the employees. It will also make it easier for the clinical staff to participate in and initiate subsequent studies.

At the same time, the staff can provide good information to the patients, not only about the research project, but also disease-specific factors, which contributes to self-mastering in the patients.

Priority is given to including patients in national and nationwide registers within the specialist areas within KKR. Good data quality in the registers contributes to a higher quality of register research.

The research committee in KKR should help to ensure that employees with scientific competence are suitable for side positions at the relevant research institution – especially NTNU. Shared positions that include both clinic and research are important means to stimulate increased and clinically relevant research and innovation. It is an overall wish that such shared positions in sum do not amount to more than 100 % of the position, so that research and clinical work can be integrated within an overall normal working time.

This presupposes that the employee is released from his clinical position corresponding to the proportion of scientific positions. Work is going on in HMR-HF with an aim to find a common salary policy for clinical work and research work, and KKR should work to equalize salary differences.

Anchoring

All research projects that are planned and that involve KKR's resources in the form of personnel, equipment, capacity and/or logistics must be anchored in the clinic management and the research committee. The research committee consists of representatives from various professions and subject areas at the clinic, a user representative, a researcher representative and a secretary. The members are responsible for informing the clinic about the research strategy and the work to fulfill it.

Before a research project can be started, scientific content and academic relevance must be presented to the research committee. The committee assesses feasibility and possible consequences for the clinic (financially and in terms of resources). The clinic manager, with the research committee as an advisory body, decides whether the project can be carried out and supported by KKR. The main person responsible relates to HMR-HF's current proceedings for research projects at all times, including notification to the data protection representative for research (PVO) and notification to the FIUK section in the Academic Department with the necessary quality assurance of formal requirements.

The clinic manager, with the research committee as an advisory body, assesses whether applications for external funding for research projects should be anchored at KKR. As a general rule, a clinician at KKR should be co-applicant and co-responsible/supervisor for the project to be anchored at the clinic.

In addition, the research committee is an advisory body for the clinic manager for internal calls for proposals relevant to research and innovation.

KKR must comply with international, national and local/regional legislation and guidelines for research disclosure. All research results, to which KKR has contributed, must be disclosed in high-quality professional journals.

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Sources

Strategy and action plan for research, innovation, education and competence 2018-2022 Helse Møre og Romsdal, <https://helse-mr.no/Documents/FIU-seksjonen/FIUK-planen%20web%20pr%2016.05.2018.pdf>

Research strategy Cancer department HMR-HF 2018-22

Research strategy Rheumatology section HMR-HF 2020-25