

## Clinical Academic Groups – a tool to strengthen cross-sectoral collaboration for healthcare

The Disciplinary Domain of Medicine and Pharmacy, together with Uppsala University Hospital and Region Uppsala aim to enhance the collaboration between clinical and basic scientists by creating Clinical Academic Groups – CAGs. CAGs aim to develop new knowledge addressing specific problems in healthcare. The CAGs are funded by the Disciplinary Domain of Medicine and Pharmacy at Uppsala University, Uppsala University Hospital and Region Uppsala, jointly called *U-CAG partners*.

The objective of this program is to stimulate professional interactions between academia and healthcare. The CAG-model is strongly inspired by similar successful initiatives in the UK, Denmark and Norway.

The overall goal in creating CAGs is to improve clinical practice and patient care through high quality research, innovation and cross-sectoral training, and to build interdisciplinary connections. Closer interdisciplinary interactions between clinicians and researchers will enhance both knowledge exchange and professional development. Thus, the collaborations will also enrich the research activities across the sectors and strengthen the interaction between academia and clinical practice.

For the second time the U-CAG partners invites applicants to apply for CAGs. In 2025, U-CAG partners announce funding of up to two CAGs.

### What is a CAG and who can apply?

#### Close integration of research and clinical practice

A CAG is a model for collaboration to facilitate the professional interactions between clinical and basic scientists. In a CAG, new ideas for research, innovation, training and competence development evolve through collaboration. The CAG model should contribute to a more flexible structure for collaboration and provide faster translation of new research-based knowledge to clinical practice, and thus promote implementation for the benefit of patients and society.

#### Who can apply?

Each CAG is headed by two main applicants, a CAG leader and a CAG co-leader, one being a clinical researcher and the other a researcher from a basic/translational research environment. Both must be qualified professionals with a good standing in their own organisation, experienced managers and with strong collaborative skills. Both leaders have to be either employed by or associated/affiliated to the Disciplinary Domain of Medicine and Pharmacy, Uppsala University. Furthermore, the leaders must have a permanent position at either Region Uppsala or Uppsala University. The expected

academic level of the CAG leader and the co-leader should be equivalent to associate professor or professor. The CAG must be clearly embedded in the collaborating departments, in which the managements commit to support and facilitate the professional collaboration in the CAG. The heads of the involved departments, both at the hospital/region Uppsala and Uppsala University, should be committed through binding letters of support. An individual researcher may only participate in one application as CAG leader or CAG co-leader.

There must be a clear added benefit of the CAG formation, meaning that the CAG status should have a significant positive impact on collaboration, ultimately benefiting healthcare, patients, and society. The CAGs should address new questions and explore ideas that cannot be effectively addressed without the full CAG constellation. This approach is particularly suited for groups forming around innovative concepts, rather than already well-established ongoing collaborative groups, which may not necessarily qualify for CAG status.

### **Content of a CAG**

A CAG is not a grant for one specific research project, rather the CAG is a collection of planned professional activities that develop and strengthen an area or theme. The funding is given to build a cross-sectoral professional group to solve the challenges within the specific area / theme that has been identified by the team. The CAG should be an arena for activities and initiatives to develop new knowledge and translate this into new practice and competence in the healthcare sector.

It is important for the U-CAG partners that the area/theme of the CAG responds to healthcare needs and challenges of the region. This will be an important element in the evaluation of applications, after a prior quality assessment. Priority may be given to areas addressing an unmet need within one of Region Uppsala's assignments for National Highly Specialized Care.

### **Internal and external funding**

The U-CAG partners will allocate basic funding to each CAG. The grant includes an annual amount of up to 2 million SEK for four years. The CAG is financed by faculty money (1 million SEK) and ALF-money (1 million SEK). The general rule is that the faculty money should be used at the university department and that the ALF money should be used within Region Uppsala.

A CAG proposal develops new knowledge, innovations and expertise to strengthen the selected area/theme. It is expected that costs for scientific equipment or consumables needed for the project and potential subprojects within the CAG should be mainly funded by external grants. The grant from the U-CAG partners is expected to be used primarily to train the next generation of scientists in interdisciplinary and translational research. Recruitment of PhD students, Postdocs or researchers is a priority, and the candidates must start their employment no later than by the end of the CAG's first year. A minor amount can be used to build and operate the CAG, for example through meetings,

workshops, networking, salary for a part time CAG administrator, clinicians, and application support.

Clinical and university departments are expected to contribute with administrative and technical support, as well as with research premises needed. This must be described in the letter of support.

It is expected that a well-functioning CAG will be at a top professional level within its field, and that participating researchers are internationally well-recognized and able to attract external funding at the national or international level. Once established, a CAG should be actively applying for external funding to ensure the realisation of the long-term goals. It is expected that the CAG will position itself towards applications as coordinator or partner in EU-projects. The CAG will receive support, through support systems available at the university and the hospital/region, both for preparing applications and to develop financial plans when applying for major national/international grants.

The CAG-application should, in addition to a budget for the basic funding provided for the CAG, include information regarding any existing external funding that will be part of the CAG, and a plan for securing future external funding.

### **Sharpening the research focus**

The CAG model should contribute to sharpen the research focus on current clinical issues and healthcare challenges. The healthcare challenge should be delimited and precisely defined, this will contribute to increase quality and make the results more relevant and easier to transfer to clinical practice. The challenge addressed should be reasonably expected to be implemented in the clinic within 8 years. Projects that may have a potential impact in the clinic at a later stage are not eligible to apply for a CAG.

### **Practice-oriented training and competence development**

As part of the knowledge development in a CAG, training and competence development across organizational boundaries is an important aspect, and should be described in the application.

### **External partners**

The CAG can consist of several collaborating partners within and outside the U-CAG partners. Involvement of external partners such as other Regions, universities (as well as other disciplinary domains at Uppsala University), hospitals (as the Centres for Clinical Research in Västmanland, Dalarna, Gävleborg och Sörmland), private companies and international partners will strengthen a CAG. A CAG is expected to build an international network within its area of expertise/theme. However, the funding obtained by the CAG is mainly intended for the costs associated with group members employed at the funding bodies.

## To consider when applying for a CAG

### Relevance and quality

- The CAG's quality is closely linked to the expected effect in healthcare. The planned impact on the healthcare, based on the activity, should be described in concrete terms.
- The overall criterion for the CAG application is documented excellent research quality and a clear question addressing an unmet need in healthcare with goals to affect clinical practice.
- The research plan should include a justification for the chosen area/theme, a brief background, a description of the planned activities and goals as well as the expected benefits from the project and a plan for their implementation. The CAG's success criteria and own expectations of results, implementation and impact on the healthcare should be included.
- An activity plan describing how to connect the groups within the CAG and the benefits expected from their collaboration is mandatory. It may involve different professional groups both internally and externally. The professional approach should be broad and multidisciplinary, while the healthcare challenge addressed should be focused. A plan for competence building and the implementation of new knowledge, training and dissemination, should be clearly described.

### Organisation of the CAG

A clear description of the organisation and governance structure of the CAG, including how the interaction between the various groups will be directed and strengthened is required. How a CAG is organised may vary based on the composition of partners, professional goals and needs. However, there are some given factors:

- A CAG requires a formal recognition from the heads of the participating parties, and an official approval through the application process where the parties commit to prioritize and support CAG activities
- The management team must include at least the CAG leader and the CAG co-leader. Both must be qualified professionals with a good standing in their own organisation, experienced managers and have strong collaborative skills, one being a clinical researcher and the other representing translational/basic science.
- In addition to the management team, each CAG can have several collaborating partners both within and outside of the U-CAG partners. The partners should be central and active and represent core competencies that are important for the area/theme of the CAG.
- The CAG management team is responsible for promoting the CAG's professional role and the recognition of the CAG.
- A strong international network strengthens the application.

### **User involvement**

- The application should include information on how the end users (patients, their relatives or healthcare staff) of the outcome from the CAG activity are involved in planning and implementation of the activity.
- If user participation is considered not relevant, this must be justified.

### **Professional content**

The CAG is responsible for describing, planning, implementing and evaluating its professional activity, and a clear description of these activities are needed in the application. The main project(s) should have subprojects/work packages, as well as associated activities to ensure implementation and competence development in the healthcare. The scientific approach should be broad and involve different disciplines. The healthcare problem to be solved should be an identified unmet need and described concretely with a patient perspective. The overall goal of the activity is improvement in patient care.

In a fully developed CAG, it is expected that both research and innovation, implementation in healthcare, as well as competence development and education are at a high international level.

### **Assessment criteria**

All the below aspects of assessment criteria should take into account the impact on expected effects on healthcare and for patients.

#### **Quality**

- To what extent the proposed CAG is ambitious, innovative and future-oriented.
- The quality of the proposed academic activities.
- The quality of the CAG management and collaborating partners.

#### **Impact and effect**

- Potential effects of the planned professional activity.
- How results from the CAG activity are translated into competence development, training, dissemination and innovation.

#### **Feasibility**

- The quality of the CAG's organisation and governance.
- National and international network.
- Anchoring and support of the CAG from collaborating departments and their managements.

### Relevance to the call

- To what extent does the application correspond with the purpose of the call? How will it affect healthcare and professional interaction between the sectors? Is it likely to increase quality of research, innovation and competence development?
- To what extent will the applicants need and benefit from CAG status? This implies an assessment of whether the call suits the group in such a way that it will have a significant positive effect on collaboration with an impact on healthcare, patients and society.

### Evaluation of applications

A CAG is selected by a step-by-step assessment:

1. The University Medical Board Executive Committee (Universitetssjukvårdsnämnden [USN]) assesses whether the application meets all formal requirements. Applications which do not meet the formal requirements are rejected. The Dean of the Faculty of Pharmacy will be co-opted to the Medical Board Executive Committee in matters concerning CAGs.
2. Formally accepted applications are sent to an international panel. The panel first assesses the applications according to specified criteria for quality, impact and effect, feasibility and relevance to the call (see above). The best applicants are then invited to an interview with the panel. On the basis of the assessment on the criteria and interview, the panel ranks the applications and sends the ranking and the evaluation to the Medical Board Executive Committee.
3. Medical Board Executive Committee prepares a recommendation to the University Medical Board (Universitetssjukvårdsstyrelsen [USS]).
4. The University Medical Board makes the final decision and selects up to two CAGs.
5. Decisions on which of the applicants that are awarded can be expected in May 2026.

### Progress reports

All established CAGs are evaluated by the University Medical Board Executive Committee through a progress report after two years. The report should contain a scientific part as well as a part including performed outreach activities and a financial report. The progress reports are also important tools for identifying possible obstacles to the cooperation, both of professional, technical and administrative nature. The collaborating parties are committed to try to solve such challenges if possible. A final report has to be submitted after four years containing the same items.

### The content of the application in short

The application should contain the following descriptions and appendixes:

- Abstract (maximum 2000 characters).
- The research plan should include a justification of the unmet need in the healthcare and for the chosen area/theme, a brief background, a description of the planned

activities and goals as well as the expected benefits from the project and a plan for their implementation. The CAG's success criteria and own expectations of results, implementation and impact on the healthcare should be included. Furthermore, a description of the end users of the results from the CAG activity, and how the users are involved in planning and the implementation should be included. Five pages plus references.

- Brief CV (2 pages) and selected publications relevant for the application for the CAG leader and CAG co-leader (up to 15 publications each).
- A description of all included researchers and parties and their competences, including a description on how the interaction between the various participating parties will be directed and strengthened, as well as a description of the synergies within the CAG. A description of competence building and the implementation of new knowledge, training and dissemination should be included. Two pages.
- A budget consisting of two parts: (1) A plan for the applied amount (up to 2 MSEK per year). (2) A description of existing financing for ongoing projects that will be part of the CAG and planned applications for funding of the various activities in the CAG.
- Letter of support from the management for the CAG leader and the co-CAG leader. The clinical researcher should be supported both by the head of the clinical department and the university department.
- Letter of support from all, if any, external collaborating parties outside the U-CAG parties committing to prioritize and support the CAG activities.

## Submission of the application

The application is submitted through the application system Researchweb:  
<https://www.researchweb.org/is/alfuppsala/>

To apply, you need an identity card (profile) in Researchweb. You create the identity card by clicking on the link above and on the “log in/register new user” tab. If you already have a profile in the system, you can use that. The email address that you provide will be the one we use when contacting you throughout the application process.

You can change your application until the application deadline.

International experts will be involved in the assessment of the applications; therefore, all parts of the application should be written in English.

Deadline for the application: **14 November 23:59, 2025**

Questions about the call can be emailed to:

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