

AGREEMENT

between the Swedish State and certain county councils on cooperation in the education and training of physicians, clinical research, and the development of the healthcare system.

Parties to the Agreement

This Agreement has been entered into between the Swedish State and Stockholm County Council, Uppsala County Council, Östergötland County Council, Skåne County Council, Västra Götaland County Council, Örebro County Council and Västerbotten County Council.

This Agreement replaces the 2003 Agreement between the Swedish State and the relevant county councils on cooperation in first-cycle education and training of physicians, medical research, and the development of the healthcare system.

The Agreement is supplemented by regional agreements between the county councils and universities concerned.

What the Agreement regulates

In this Agreement, hereinafter 'ALF', the Parties agree to cooperate in the education and training of physicians, clinical research, and the development of the healthcare system. In addition, the Parties agree to the Swedish State's compensation for the county councils' performance of their contractual obligation to contribute to the education and training of physicians and clinical research, referred to as ALF compensation.

Declaration of intent of the Parties

The county councils are the responsible authorities for healthcare. The State is the authority responsible for universities in Sweden and is therefore responsible for the education which leads to a Degree of Master of Science in Medicine, for doctoral education, and for the research carried out at the university concerned.

With this Agreement, the Parties agree to jointly promote the development of the healthcare system through enhanced and expanded cooperation in research, education and development. The Parties further agree to strive for greater coordination and concentration of the resources made available as part of this cooperation.

To create good conditions for research and education, the Parties agree that the university concerned will participate in the organisation and management of the activity in that part of the healthcare system designed with particular attention to the needs of research and education. This activity is known as university healthcare and is a common concern for affected county councils and universities.

In light of the above, the Parties agree to the following.

Cooperation between county councils and universities

Section 1

University hospitals play a central role in today's clinical research and education and are very important for university healthcare under this Agreement.

Along with providing healthcare, the core activities of university healthcare are to be clinical research and education, as well as applying and sharing knowledge for the development of the healthcare system.

University healthcare is to:

- carry out research of high national and international quality continuously
- provide high-quality education
- monitor international developments in medical research, education and healthcare
- contribute to healthcare being evidence-based by translating research findings (own and those of others) into care in practice and continuously evaluating established and new methods
- communicate the results of its activities to other parts of the healthcare system, and
- collaborate with business and industry and patient organisations.

University healthcare's environments are to feature high quality healthcare, the healthcare authority's express task for research and education, an innovative culture and a structured incentive system for knowledge development. University healthcare places special demands on organisation design, scientific leadership, infrastructure and financing.

In order to optimise the utilisation of research, education and development resources, only limited parts of the healthcare system can constitute university healthcare. The county council and the university specified in Section 16 shall, based on quality requirements set at a high level, agree on which organisational units are to be included in university healthcare.

To successfully pursue the activities described above, the contracting county councils will consult with other parts of the healthcare system. A broad partnership creates opportunities for all actors to expand access to training environments, satisfy the need for patient data, and assure patient participation and involvement in clinical research and education. The contracting county councils' healthcare information systems are to support this.

A county council that enters into a contract with a private healthcare provider is to ensure that high-quality education and training and research can also be performed within that healthcare provider.

Section 2

The regional cooperation is to be based on jointly developed visions and objectives for the work-integrated education of physicians, clinical research, and the development of the healthcare system. The county council and university specified in Section 16 must jointly develop strategies for achieving these objectives.

For the partnership, each county council and university must form a joint management body in which the management levels of the county council and university are represented and act on equal terms.

The management body is to deal with issues of fundamental common importance for university healthcare as well as the work-integrated education of physicians and clinical research. In addition, the management body must decide on how to structure the subordinate levels in the partnership organisation.

In accordance with Section 16, each county council and university must agree in the management body on what resources for education and training, research and development, in addition to the ALF compensation, are to be prioritised jointly and how these resources will be used.

Section 3

In order to support the development of university healthcare, university healthcare will be evaluated every four years with regard to structure, process and results in matters pertaining to research, education and development. In this context, particular attention should be paid to the role of university hospitals in university healthcare.

The first evaluation, which initially focused on structure and process, took place in 2017/2018. The results of the evaluation are in the form of national comparisons and should clarify the high demands on university healthcare as set out in Section 1.

University healthcare is evaluated as specified in the guidelines from the national steering group for ALF as set out in Section 15. The Parties bear the cost of conducting the evaluation.

The evaluation must establish a minimum level to be achieved by university healthcare. A county council that does not reach this minimum level must, in collaboration with the university concerned, address this within the specified time frame recommended in the evaluation. If this does not happen, the State may terminate this Agreement with the county council concerned in accordance with the provisions in Section 17.

Financial compensation to county councils

Section 4

The education and training of physicians and clinical research may be carried out in healthcare financed by county councils. The county council contributes by making premises, staff and other resources available among other things, as specified in regional agreements as set out in Section 16.

For this contribution, which enables universities to carry out research and education and training in healthcare, the State provides compensation as specified in Sections 6, 8-10 and 12.

The payment must be used for the expenses arising from this contribution in clinical research and education and training.

Education of physicians

Section 5

Universities and county councils have a common responsibility for the design and implementation of the work-integrated education of physicians. The aim is to achieve the best possible conditions for this education.

In order to ensure that future physicians have the clinical experience required in the occupation, it is of great importance that medical students receive appropriate instruction, relevant training and good supervision in order to achieve the learning objectives of the study programme. This requires healthcare environments that are adapted for students' learning and training, and supervisors with research and teaching skills who are well aware of the learning objectives that the students are expected to achieve during their study programme.

Section 6

The State pays county councils SEK 72,337 per full-time equivalent for their contribution to the work-integrated education of physicians.

The compensation provided for each year is determined by the funds appropriated by the Riksdag and for the number of full-time equivalents established by the Riksdag. The minimum number of full-time equivalents per university and year that the State expects the county councils to receive for the work-integrated education of physicians is shown in *Table 1*.

Table 1 Planned number of full-time equivalents and compensation for their education, 2015

County council	Planned number of full-time equivalents, 2015	Estimated compensation, 2015, SEK thousand
Stockholm County Council	1700	122,973
Uppsala County Council	1035	74,869
Östergötland County Council	968	70,022
Skåne County Council	1242	89,843
Västra Götaland County Council	1094	79,137
Örebro County Council	261	18,880
Västerbotten County Council	1062	76,822
Total	7362	532,546

Clinical research

Section 7

Based on the task of university healthcare as set out in Section 1, the university and county council must create the best possible conditions for clinical research.

Clinical research means research that requires the structures and resources of healthcare and has the objective of solving a health problem or of identifying factors that lead to better health.

Section 8

The State provides compensation to county councils for their contribution in clinical research. To promote high-quality clinical research, a quality-based allocation model for a certain portion of the annual compensation for clinical research has been introduced. A specific allocation model was applied in 2016–2018. A new compensation model will be introduced from 2019.

For 2015, planned compensation is according to *Table 2*.

Table 2 Planned compensation for clinical research, 2015.

County council	Compensation, 2015, SEK thousand
Stockholm County Council	465,381
Uppsala County Council	203,112
Östergötland County Council	139,607
Skåne County Council	334,168
Västra Götaland County Council	352,687
Örebro County Council	35,000
Västerbotten County Council	181,942
Total	1,711,897

As of 2016, a certain percentage of the compensation for clinical research is allocated in the form of a floor amount. The floor amount for each county council is calculated on the basis of a fixed percentage of the total floor amount for the county councils according to *Table 3*. During 2016–2018, this percentage allocation will be the basis for calculating the county councils’ annual floor amounts.

Table 3 Floor amount for each county council 2016–2018

County council	Share	Floor amount SEK thousand, 2016–2017	Floor amount SEK thousand, 2018
Stockholm County Council	27.03%	418,843	395,574
Uppsala County Council	11.80%	182,801	172,646
Östergötland County Council	8.11%	125,646	118,666
Skåne County Council	19.41%	300,752	284,043
Västra Götaland County Council	20.48%	317,418	299,784
Örebro County Council	2.61%	40,500	38,250
Västerbotten County Council	10.57%	163,748	154,651
Total	100.00%	1,549,708	1,463,614

For 2016 and 2017, 90% of the compensation for clinical research is allocated as floor amounts as shown in *Table 3*. The figure for 2018 is 85%. For 2016 and 2017, 10% of the compensation for clinical research is allocated on the basis of an annual bibliometric evaluation of the quality of clinical research in accordance with the model set out in the Annex to this Agreement. The figure for 2018 is 15%.

To give the county councils time to adapt to the new quality-based model, additional compensation will be provided in 2016–2018. The additional compensation is distributed among the county councils in proportion to the size of each county council’s reduction in compensation for clinical research as a result of the quality-based model for the allocation of resources.

The additional compensation for clinical research amounts to SEK 11 million in 2016. SEK 10 million in 2017 and SEK 5 million in 2018 will be added to this compensation, which will then total SEK 26 million.

Model for resource allocation based on evaluation of clinical research

Section 9

As of 2019, a new resource allocation model based on an evaluation of the quality of clinical research will be introduced. The model will include peer review of various documentation and indicators such as the conditions for the research, the clinical significance of the research carried out, and a bibliometric evaluation.

As of 2019, 80% of the compensation for clinical research will be allocated in the form of a floor amount. The floor amount for each county council is calculated on the basis of a fixed percentage of the total floor amount for the county councils according to *Table 4*. This proportional allocation will subsequently be the basis for calculating the county councils' annual floor amounts. The remaining 20% of the compensation for clinical research is allocated on the basis of an evaluation of the quality of the clinical research done.

Table 4 Floor amount for each county council, 2019

County council	Share	Floor amount SEK thousand, 2019
Stockholm County Council	26.63%	372,305
Uppsala County Council	11.62%	162,490
Östergötland County Council	7.99%	111,685
Skåne County Council	19.12%	267,335
Västra Götaland County Council	20.18%	282,150
Örebro County Council	4.06%	56,800
Västerbotten County Council	10.41%	145,554
Total	100.00%	1,398,319

By the end of 2016 at the latest, the Parties must have concluded negotiations on the new resource allocation model. The national steering group for ALF as set out in Section 15 is to submit data on which to base the Parties' negotiations.

A first independent evaluation of the quality of the clinical research will be carried out in 2017/2018. The basis for the evaluation will be determined by the national steering group for ALF. The State carries out the evaluations and bears the costs of carrying out the evaluations.

Payment of the ALF compensation

Section 10

One twelfth of the total ALF compensation calculated for each year in accordance with Sections 6, 8 and 9 is paid to the county councils each month. How these resources are to be utilised is specified in the regional agreements as set out in Section 16.

Redistribution of ALF compensation

Section 11

In the joint management body specified in Section 2, the county council and the university may agree that funds for clinical research under Sections 8 and 9 are to be allocated to the ALF compensation for the education and training of physicians.

The ALF compensation must be used in the year for which the Riksdag decided the allocation. Funds not spent during the year must be repaid within three months of the end of the calendar year.

Recalculation of ALF compensation

Section 12

All compensation amounts as set out in Sections 6, 8 and 9 are specified at the price level for 2015.

In the same way as for direct government funding to universities and university colleges, these compensation amounts to county councils must be recalculated to reflect the current year's price level, taking into account savings or reductions in expenditure decided by the Riksdag for the said direct government funding.

Collaboration between county councils

Section 13

If the county council and the university agree, they may enter into agreements on collaboration in education and training and research with another county council. The county council in which the university is located acts as the intermediary for ALF compensation for activities covered by such collaborations.

Reporting of ALF compensation

Section 14

The county council prepares a financial and activity-oriented report on the use of ALF compensation, apportioned between education and research. The report must state how the ALF compensation is apportioned between premises expenses, payroll expenses and other expenses. The report must be submitted to the university early enough that it may be included in the university's annual report.

The national steering group for ALF is to develop a reporting template with the aim of providing an overall picture of the resource utilisation. It must include a joint report by the county council and university specified in Section 16 on resources where they have agreed to collaborate, in addition to the ALF compensation. Other matters agreed by the Parties in the national steering group must also be reported.

National steering group for ALF

Section 15

The Parties agree to set up a joint national steering group for ALF. The steering group is to monitor the application of the Agreement and, if necessary, propose adjustments to the Agreement.

The steering group must also:

- specify guidelines for the design and implementation of regular evaluations of university healthcare as set out in Section 3,
- submit proposals for the design and implementation of regular evaluations of the quality of clinical research as set out in Section 9, and
- develop a reporting template as set out in Section 14.

The steering group is to consist of a maximum of 14 members, of which the county councils appoint a maximum of seven and the Swedish State a maximum of seven. The chair is to alternate between the county councils and the State.

The term of office is to be four years starting in 2015.

Regional agreements

Section 16

Regional agreements must be entered into between:

County council	University
Stockholm County Council	Karolinska Institutet
Uppsala County Council	Uppsala University
Östergötland County Council	Linköping University
Skåne County Council	Lund University
Västra Götaland County Council	University of Gothenburg
Örebro County Council	Örebro University
Västerbotten County Council	Umeå University

The regional agreements are to regulate inter alia the following circumstances:

1. How and on what basis units in university healthcare are to be appointed, and how research, education and development activities are to be organised, managed and funded in the healthcare system at the units that constitute university healthcare.
2. How units that are to conduct work-integrated education of physicians are appointed. This applies to units operating within and outside of university healthcare, including units in other county councils.
3. Establishment of a joint management body for cooperation between a county council and university on equal terms as set out in Section 2. Establishment of the structure, tasks and composition of such an organisation at various levels and its working models.
4. How the ALF compensation for the education and training of physicians and clinical research is to be jointly prioritised and allocated on the basis of the requirements for the Degree of Master of Science in Medicine, shared visions and objectives, and the resources that the county council makes available as set out in Section 4. Furthermore, it must be determined how the other financial resources for education, research and development, which are to be subject to joint prioritisation as set out in Section 2, will be used.
5. The previous regional agreements based on the agreement entered into on 13 June 2003 between the Swedish State and certain county councils which no longer apply.
6. How to deal with differences of opinion.

Termination of the Agreement

Section 17

This Agreement ceases to apply at the end of the calendar year which falls three years after notice has been given to terminate the Agreement. However, the State has the right to terminate this Agreement with immediate effect in relation to a county council that has not remedied shortcomings in university healthcare as set out in Section 3 fourth paragraph.

Term of the Agreement

Section 18

This Agreement shall enter into force on 1 January 2015. This Agreement is subject to approval by:

- the Riksdag,
- the Swedish Government, and
- the county councils concerned by means of a decision of the county council administrative board.

Section 19

Regional agreements are to be entered into before 1 May 2015. If this has not occurred, this Agreement will cease to apply to the county council concerned.

This Agreement has been drawn up in eight identical copies, of which each Party has taken one.

For the Swedish State

State Secretary Peter Honeth
11 September 2014

For the above-mentioned county councils
through the joint negotiations' delegation of the
county councils

County Council Commissioner Stig Nyman
2 September 2014

County Council Commissioner Erik Weiman
2 September 2014

County Council Commissioner Marie Morell
5 September 2014

Member of the Regional Administrative Board
Ingrid Lennerwald
3 September 2014

Region Commissioner Jonas Andersson
4 September 2014

County Council Commissioner
Marie-Louise Forsberg-Fransson
8 September 2014

County Council Commissioner Peter Olofsson
11 September 2014

Bibliometric model for allocation of ALF compensation for clinical research

A bibliometric index of the scope and quality of clinical research is the basis for the allocation of a certain proportion of the ALF compensation for clinical research. The index is calculated for each county council based on data relating to the healthcare region to which the county council belongs.¹ The calculation is based on the number of publications over a three-year period and the number of citations of these publications.

The data for the calculations is retrieved from the Swedish Research Council's database, which is based on the same material as Web of Science (Thomson Reuters). Each journal in the database is classified by Thomson Reuters in one or more of about 250 subject area classes, and a publication in a journal inherits the journal's subject class.² The calculation only includes publications of the types *Article* and *Review*.

In the model, a bibliometric index is calculated per county council from the indicator *Field normalised citation rates*. Field normalised citation rates compare the number of citations for a publication with the average number of citations for publications of the same type of document, with the same year of publication, classified in the same subject area. The number of citations is calculated using an open citation window, which means that all citations for a publication are counted. However, self-citations are excluded.

The number of publications and citations is calculated in fractions, i.e. the publications are divided into fractions, each fraction having only one address and one subject area. The selection is all publication fractions with author addresses from university hospitals and other healthcare units within each healthcare region and the publication fractions from each university that is classified by journals in the field *Clinical research*. The field Clinical research consists of about 60 of Thomson Reuters' total of about 250 subject classes, according to Noria-NET's aggregate subject classification Health Sciences.³

The bibliometric index for each county council is the share of the total sum for all county councils concerned of the indicator *Field normalised citation rates*.

The data produced in 2015 for the allocation of ALF compensation for 2016 is based on publications from the three-year period 2012–2014.

¹ The data for the Uppsala-Örebro region, which is the basis for calculations relating to Uppsala County Council and Örebro County Council, is managed under a separate procedure.

² Publications in the journals classified by Thomson Reuters as multidisciplinary, for example Nature and Science, have largely been included in the Swedish Research Council's database under other subject classes. This reclassification is based on the subject category of the publications cited in the relevant publication and on the subject category of the publications that cite the relevant publication

³ Comparing Research at Nordic Universities using Bibliometric Indicators, NordForsk Policy Brief 4, May 2011.

Affected county councils, universities, university hospitals and other care units

County council	University	University hospital	Other care units within the healthcare region
Stockholm County Council	Karolinska Institutet	Karolinska University Hospital	Stockholm Healthcare Region
Uppsala County Council	Uppsala University	Uppsala University Hospital	Uppsala-Örebro Healthcare Region
Östergötland County Council	Linköping University	Linköping University Hospital	South-Eastern Healthcare Region
Skåne County Council	Lund University	Skåne University Hospital	Southern Healthcare Region
Västra Götaland County Council	University of Gothenburg	Sahlgrenska University Hospital	Western Healthcare Region
Örebro County Council	Örebro University	Örebro University Hospital	Uppsala-Örebro Healthcare Region
Västerbotten County Council	Umeå University	Norrland University Hospital	Northern Healthcare Region