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Innovation – the final leg in the research relay race

OPINIONS

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Innovation should be an integral and recognised part of both the researcher and clinician roles. Only then can research be applied in practice to improve patient care and healthcare services.

Norway's universities and hospitals have world-leading academic communities that generate new knowledge through research. A primary motivation for this research is the improvement of patient care and healthcare services. For research to have a real impact, however, it needs to be transformed into new products, services and processes. We need to motivate more researchers, doctors and students to ensure that their ideas, data and findings contribute to actual improvements for patients, the health service and society as a whole.

A relay

Implementing medical research in practice can be compared to a relay race, in which academic communities play a pivotal role during the initial stages. As many researchers as possible should take part in this 'first leg' during their careers, to maximize the generation of ideas. However, reaching the finish line requires a trusted ecosystem of stakeholders and seamless handovers to carry the baton forward. Medical innovation cannot be achieved by any single actor alone. Universities, hospitals, primary care services, commercialisation partners, industry and government all play an essential role.

> ***«Reaching the finish line requires a trusted ecosystem of stakeholders and seamless handovers to carry the baton forward. Medical innovation cannot be achieved by any single actor alone»***

Trust is paramount in this 'innovation relay'. Stakeholders must be confident that the research conducted is rigorous and of high quality. Collaborators and society need to trust that new knowledge undergoes thorough scientific, ethical and economic evaluation before being implemented. Effective cross-disciplinary collaboration is also essential, as strong research environments become sought-after partners once they have demonstrated reliability.

Furthermore, it is vital to foster a culture that values innovation and industry collaboration, and to demonstrate the benefits for patient care and medical advancement.

Innovation and careers

At medical faculties, many researchers are not only academics but also clinicians or hold other roles, often balancing parallel careers in research, health care and education. Innovation efforts can feel like 'yet another race', impeding progress in other career paths. In addition, there is a high risk that an innovation project will not achieve its intended goals.

The most successful research cultures are those where researchers at different career stages work together to ensure that innovation is an integral part of research and career development.

Researchers report a need to better understand how research can be applied to benefit patients and society, and this should be taught through undergraduate and doctoral programmes, as well as within research groups. Institutions should recognise innovation as a valued part of the researcher, educator and clinician roles – rather than a sideline – with incentives, career pathways and recognition structured accordingly.

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Frameworks and support structures are needed to enable the development of robust innovation competence within academia, thereby fostering a culture of innovation and a reputation as strong R&D partners. Opportunities under current regulations should be maximised, without letting additional safeguards hinder developments that benefit patients. A key prerequisite for success is predictable processes for sharing health data with industry and other collaboration partners.

Value creation

As a medical faculty, we aim to foster a culture in which researchers ask: How can our research benefit patients and society? This question should be embedded in education programmes, the culture of research groups and collaborative efforts. For example, doctoral candidates should be aware of the potential impact of their research. Despite the recent requirement to consider impact (benefit to society) in research funding applications, it rarely shapes research project activities or resource use.

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The societal mission of universities extends beyond merely education and research: equally important is value creation through the dissemination and application of knowledge. We need to better communicate that research should also lead to improved patient care and public health, drive healthcare innovation and support industrial development. At the same time, a core task of universities is to conduct basic research, which will ultimately generate new value. This requires clear strategies, long-term planning and funding that safeguards the university's research culture and fosters its development.

A key instrument in this regard is the Centres for Research-based Innovation scheme, which has received significant funding from the Research Council of Norway since 2007. At the University of Oslo, the UiO Growth House was established to support researchers in the early stages of innovation and promote a stronger culture of innovation.

Norway in Europe and the way forward

The focus of Norwegian medical research has become more international, as reflected in the growing proportion of EU-funded research. Strengthened European collaboration is essential for Norway to address challenges and foster innovation. Norway still lacks key expertise in several areas within the commercialisation of medical research. Being part of a larger market not only increases the access to knowledge and expertise, but also provides capital and growth opportunities. The Norwegian health sector is dependent on such opportunities to succeed and remain viable.

Norwegian universities have a responsibility to ensure that medical research substantially boosts competitiveness, both within Norway and in Europe. This requires supportive frameworks, particularly in relation to education, facilitation, culture-building and clear expectations. Collaboration across the health and university sectors, with public and private stakeholders as well as authorities, is also essential.

We will actively promote a research culture in which innovation is an integral and recognised part of the researcher and clinician roles. Academic communities need tools, knowledge and support to translate research into innovation. We must therefore work towards simplified, effective systems in which researchers and healthcare personnel understand the benefits of, and are rewarded for, combining research, clinical work and innovation in their careers.

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