

## Establishment of new CAGs

### Establish or participate in a CAG

Anyone who meets the criteria for becoming CAG can apply.

If you are interested in applying for admission to one of the current CAGs, please contact the presidency of the CAG directly or contact the secretariat to hear more.

### What is a CAG?

#### Close Integration of Research and Clinical Practice

A CAG is a collaboration constellation facilitating cooperation between clinicians and researchers in hospitals and researchers and lecturers in universities. In CAGs knowledge flows freely, and new ideas for research, innovation, education and competency development initiatives are developed by the parties together, just as they influence each other's professional agendas.

The CAG constellation helps create a flexible cooperation structure ensuring fast implementation of new research in clinical practice, among other things by involving relevant clinical and department managements, and thus creating value for patients and citizens faster.

A CAG is headed by a CAG chairman and a CAG vice chairman. The CAG chairmanship must ensure that clinical and department managements as well as heads of department and centre are involved in CAG activities, and that the CAG is rooted in managements across the participating organisations. Through the strengthened collaboration, researchers in the universities and hospitals influence clinical practice activities, just as clinical practice influences research agendas.

#### Strengthening the Research Conditions

The CAG collaboration influences research agendas, making it easier for research to address clinical issues and solve societal challenges. Similarly, researchers gain optimal access to data and patients, raising the quality of the research. The CAG raises the research to a higher international standard, just as it becomes more relevant and implementable. Thus, the CAG may also function as a framework through which it is easier to attract research funding, both at national and at international level.

#### Practice-Oriented Education and Competency Boost

The CAG must ensure more practice-oriented education and a competency boost based on the latest new knowledge. It is vital to the success of the CAG that the professional knowledge – both new and existing – is disseminated and utilised by healthcare personnel in the hospitals and by researchers and lecturers in the universities. Therefore, teaching activities represent a main part of the activities conducted in the CAG. This requires cooperation across organisational boundaries.

#### Involvement of External Parties

Involving external parties such as other regions, universities, hospitals, private enterprises and international environments may be conducive to the success of the CAG. External parties should be involved in the CAG to the extent relevant.

Hence, central to the CAG is both clinical practice, research and innovation as well as education and competency development. All of these must form part of the activities of the CAG.

### Criteria for Being Considered for a CAG

Denne webside benytter cookies. Du kan [læse om vores cookies her](#).  
Klik her for at acceptere vores cookies. Hvis du fortsætter på siden antager vi, at du accepterer vores cookies.



The overall criteria for CAG applications are documented excellent research within the given discipline and a clear goal regarding clinical impact.

The CAG must have a strategic aim and professional focus that cut across environments in both universities and region hospitals and, where possible, involve several environments in each organisation.

Each CAG must have a chairmanship consisting of a CAG chairman and a CAG vice chairman. The two persons making up the chairmanship must have different main employments (regional and academic, respectively). All four partner organisations must be represented in the CAG, either in the CAG chairmanship or through key members. Deviation from this rule may in exceptional cases be granted by the chairmanship of the Executive Board before the CAG application is submitted.

In addition to the overall criteria, the CAG must in connection with the individual call meet a series of more specific criteria.

## Goal

- Promote education and excellent research. This may in different CAGs take place within all health science disciplines and relevant technical scientific fields
- Create value for research, patients/citizens and society
- Pursue a strong, shared ambition able to withstand international revision
- Facilitate a clear clinical outcome

## Organisation

- Proven excellence or potential for excellence
- Concrete activity plan for consolidation of the CAG, including knowledge dissemination, education and competency development, outreach and innovation
- Clear and realistic description of the governance structure of the CAG and in relation to both university/universities and hospitals
- Strong international network

## Practicability

- Concrete and realistic activity plan detailing what the CAG aims to achieve in the first year within research, clinical practice and education
- Concrete suggestions for innovative education and competency development initiatives within the area of the CAG
- Concrete financing plan for attracting the required funding of CAG activities
- Specification of own goals and criteria for success within the first two years

Furthermore, the assessment of the individual applications takes into account whether the area in question needs the organisational boost that will follow from the selection of the CAG. Thus, a mature and professionally strong environment may not necessarily be appointed a CAG, if the joint CAG organisation and professional content will not lead to a marked professional boost of the area of benefit to patients, citizens and society.

### Selection of CAGs

CAGs are selected on the basis of open calls and by the Executive Board chairmanship in close cooperation with an international panel.

Initially, the secretariat and Executive Board chairmanship scan applications to determine whether they meet formal requirements. The secretariat then forwards the applications to an international panel, which determines whether the applications are CAG qualified. Subsequently, the international panel selects from the pool of CAG-qualified applications a number of applicants for an interview. Following the interviews, the international panel ranks the applications according to the criteria, professional quality and the conducted interviews. The ranking is submitted to the chairmanship of the Executive Board. The chairmanship of the Executive Board then produces, on the basis of the ranking and other strategic and organisational considerations, a recommendation, which is submitted to the Board of Partners. The recommendation contains a list of applications recommended for CAGs. If the recommendation is approved by the Board of Partners, it is forwarded to the two regional councils for political approval.

### Advantages of Establishing a CAG



A well-functioning and mature CAG that has documented its ability to run the partnership and professional development is expected to become the pivot of larger strategic prioritisations in the area in the future.

## Opportunity to Realise a Professional Ambition

Many researchers and clinicians in the hospitals and researchers and lecturers in the universities have difficulties meeting professional and altruistic ambitions single-handedly. This often requires collaboration of a form which the traditional organisational framework does not sufficiently support.

A CAG is the mutual obligation of researchers and clinicians in hospitals and researchers and lecturers in universities. They commit themselves to realising a shared professional ambition together with a concrete clinical impact in view, while GCHSP, the regions and the universities commit to supporting the realisation of this ambition.

## Access to Organisational, Administrative and Managerial Support

A CAG occupies a key position in the regions' and universities' future research and health strategic collaboration and can expect to receive a high degree of organisational, administrative and managerial support.

- Political, organisational and administrative support of the CAG's development strategy, including, among other things, the production of an overall funding strategy through easy access to the four organisations' support functions (financing, legal advice etc.)
- Administrative support by the GCHSP secretariat for establishing and running the partnership
- Visibility, both externally and internally, through strategic communication efforts
- Support of and access to the top management of the four organisations through the director of GCHSP

At the same time, closer collaboration between hospitals and universities within the framework of a CAG increases the opportunities to benefit from each other's resources and infrastructure.

## Internal and External Funding

CAG nomination comes with basic funding in the form of funding for free research and PhD projects. The individual CAG is subsequently expected to be capable of attracting a high degree of external funding for its continued activities.

In the long term, the well-functioning and mature CAG is expected to constitute a basic structure that will become the pivot of future strategic prioritisations in GCHSP.

### Organisation of the CAG

The organisation may differ widely from CAG to CAG. A CAG in GCHSP presupposes official recognition of the collaboration and its importance to the organisations. The CAG must have a clear professional management willing to assume responsibility for organisational aspects of the collaboration. This means that, in addition to the internal organisation of the CAG, it is necessary to organise and manage adjacent functions that may not be directly involved in the CAG. In addition to ensuring the development and progress of the CAG, the CAG management must safeguard the collaboration across organisational boundaries.

The CAG management consists of a CAG chairman and a CAG vice chairman, who are strong professional profiles. These must cooperate closely with the director of GCHSP. Together with the director of GCHSP the chairmanships of all CAGs form a management group, which discusses knowledge sharing of a more strategic and organisational nature in GCHSP and serves as Advisory Board to the GCHSP Executive Board.

Furthermore, a CAG can have up to 10 key members, each of which represent an environment/organisation that contributes to the activities of the CAG. The CAG may include key members from regions and universities outside of GCHSP as well as companies, as long as they take an active part in the running and development of the CAG.

### Professional Content of the CAG

The CAG is solely responsible for planning and implementing its professional initiatives. Ordinarily the CAG is self-managed and assumes committed responsibility for the cross-disciplinary development of the given discipline.

The CAG submits documentation of its results and makes them available to others in order to thus stimulate increased collaboration in general between the Capital Region of Denmark, UCPH, DTU and Region Zealand.

In a mature CAG the full potential within the given discipline has been realised, meaning that both research and innovation, implementation in clinical practice as well as education and competency development are at a high international level. Seamless cooperation across the organisations and prioritisation of new initiatives are based on thoroughly prepared development plans.

### Funding of the CAG

Denne webside benytter cookies. Du kan [læse om vores cookies her](#).  
Klik her for at acceptere vores cookies. Hvis du fortsætter på siden antager vi, at du accepterer vores cookies.



## The funding of the CAG follows a three-step plan

**First step:** The CAG receives basic funding from UCPH, the Capital Region of Denmark, DTU and Region Zealand under the auspices of GCHSP. This consists of funds for free research and funds earmarked for PhD projects. The funding must help create the foundation for the professional development of the CAG.

**Second step:** The CAG must attract a high degree of external funding. This funding must ensure the progress of the CAG, thus facilitating the realisation of its goals within research, education and competency development as well as clinical impact. The CAG will receive support from GCHSP for developing an overall funding strategy, just as GCHSP at a more strategic level will promote the CAG among various national and international foundations.

**Third step:** A well-functioning and mature CAG showing a high level of self-management can be expected to become the pivot of larger strategic prioritisations among the four GCHSP partnership organisations.

### Evaluation of CAGs

All established CAGs are evaluated regularly to ensure that the CAG is progressing successfully from its starting point and to identify possible obstacles across the partner organisations. GCHSP performs the evaluation based on dialogue with the individual CAGs and progress reports completed by the CAGs.

Each CAG must, cf. the application criteria, establish a series of concrete goals and criteria for success for the first two years. The goals are established within the CAG's own description of goal, organisation and practicability. The evaluation takes into consideration the CAG's position in the value chain (from basic research to clinical impact). All CAG progress reports are discussed by the Executive Board once a year. The Executive Board will determine whether the CAG continues to have the potential to be a CAG.





