Sammanställning av KFU:s 4-årsuppföljning av institutionernas ansvar för forskarutbildningen 2025

Dnr 1-848/2024
Ingeborg van der Ploeg

Innehåll

Bakgrund

Institutionerna har instruerats att utifrån underlag från institutionens Exit Poll rapport 2021-2024, uppgifter i VIS, statistik rörande tid till fastställande av ISP och erhållna självvärderingsfrågor, genomföra en självreflektion kring sitt ansvar för forskarutbildningen. Dessutom att svara på en fråga om vilket inflytande grönt ljus-processen har haft på utnämningen av handledare. Självreflektionerna har dokumenterats i institutionsrapporter vilka skickats in till KFU.

Huvudsyftet har varit att reflektionerna ska ligga till grund för det fortsatta kvalitetsarbetet vid institutionen. Det har även varit en möjlighet att föra fram synpunkter på vad KI/KFU kan göra bättre.

Denna sammanfattning har till syfte att samla inkomna förslag på hur KI/KFU kan förbättra verksamheten framöver genom ett annorlunda eller nytt tillvägagångssätt. Detta kommer att utgöra underlag vid diskussioner om KFU:s kommande prioriteringar och satsningar. Dessutom finns en sammanställning av svaren på frågan rörande grönt ljus.

Det var valfritt för institutionerna att rapportera på svenska eller engelska och avgöra strukturen för rapporteringen.

Allmänna kommentarer

Ambitionsnivån varierar, men de flesta institutioner har tagit uppgiften mycket seriöst och har intygat att det har varit mödan värt att reflektera över frågorna, inte minst för den egna verksamheten. Några institutioner har genomfört enkät(er) på institutionen eller/och har skickat ut självvärderingsfrågorna till enheterna och sammanställt svaren med eller utan generell reflektion. Särskilda möten har organiserats och i några fall har det funnits avstämningar på institutionsdagen. Anvisningen till institutionerna att gärna vara kortfattad verkar ha varit svårt för ett antal institutioner och detta oberoende av institutionens storlek.

Det framgick inte alltid om svaret på frågan ”Vad skulle institutionen/KFU/KI kunna göra annorlunda?” handlade om institutionen eller om KFU/KI eller båda institutionen och KFU/KI. I sammanställningen nedan separeras inte KFU och ”KI” även om KFU endast har ett begränsat ansvar.

Svar på frågan ”Hur har införandet av grönt ljus påverkat vilka som utses till handledare?”

C1 – MTC: Approval of green lights is high, generally positive. Discussion with prefect and AC beforehand, sometimes meeting with applicants.
C2 – MBB: It’s good to have as a tool to work with, towards securing good doctoral education for all new students, although it’s not 100% fail proof.

C3 – FyFa: Previously, in many institutions, there was little formal accountability or clear structure around PhD supervision. Supervisors were rarely evaluated based on the quality of their supervision and how they treated their doctoral students. Instead, academic promotion is typically tied to research output, publications, and grant acquisition. This creates a system where there is minimal institutional pressure or reward for investing time and energy into student supervision. The “green light” system serves as more than just an administrative checkpoint; it is a powerful tool of behavioral regulation and quality assurance. By necessitating formal approval before an academic can act as a principal supervisor, the departments motivate supervisors to maintain best practices in mentorship. One of the key behavioral effects of the green light mechanism is that it reinforces the notion that supervision is not an automatic privilege, but a role that must be earned and maintained through demonstrated competence and ethical conduct.

C4 – Neuro: Inget svar.

C5 – CMB:

a. Increased awareness of the need for well-organized doctoral studies environment including supervisors that are competent supervisors.
b. The green light has been a great improvement for the department, signalling that supervision of doctoral students is not a right but a privilege.

C6 – IMM: Inget svar.

C7 – LIME: The Green Light initiative has significantly improved the appointment process for supervisors. This positive impact has been emphasized by the Head of Department, the Board of Doctoral Education, and supervisors through feedback on the Padlet platform. Despite being somewhat cumbersome and adding an administrative burden, the initiative is considered highly valuable.

C8 – MEB: Lite meckigt med en till administrativ åtgärd, men kanske bra att systematiskt tänka igenom detta vid varje antagning.
D1 – KI DS: Inget svar.

H1 – NVS:

a. Supervisors should feel better prepared for their tasks, especially knowing it could lead to a red light. Transparency about who receives the green light is essential; however, it appears that almost anyone can become a supervisor, which raises questions about the purpose of the green light.

b. While the green light may prevent undesirable hires, it appears overly complicated. Simplifying the process and providing earlier notifications for key deadlines would greatly benefit divisions.

H5 – LabMed: Inget svar.

H7 – MedH:

a. Assess supervisors' ability and suitability carefully.
b. Help say no.
c. Limit the number of doctoral students per supervisor.
d. Unit heads, who know the researchers' qualifications best, should understand:
    - Recruitment plans.
    - Appropriateness of supervision at the time.

H9 – CLINTEC: Svar från enheterna (*borttagna är svar som verkade vara riktade till de ansvariga för forskarutbildning på institutionen*):

a. Inte
b. Har nog gjort det svårare.
c. Det har sannolikt sållat bort några mindre lämpliga handledare. Den processen fungerar också mycket bra.
d. Inte alls. Det är enbart de mest drivna forskarna hos oss som tar på sig handledaransvar.
e. Svårt att säga för min del, jag var inte så inblandad dessförinnan, men sannolikt är nyordningen till fördel för alla parter, kanske framförallt för doktoranden och enheten/institutionen.
f. Ingen positiv påverkan för kliniska doktorander men bättre process för andra PhD-kandidater.
g. Nej
h. På just vår enhet har det egentligen inte ändrat något, men principen med förfarandet är bra.
i. Bättre koll på de som vill vara handledare.
j. It is an important step, but we should have this as a blankett rather than signed specifically for each project.
k. Inte

K1 – MMK: Inte alls. Vi tittar på handledningslämplighet, handledningsutbildning, pågående handledning, även utan grönt-ljus dokumentet. Den är dock värdefull vad gäller att se informationen sammanställd, i synnerhet vid KID-ansökan. Vi har ej avslagit

någon ansökan men bett om förtydliganden, informerat om krav gällande handledning samt pratat med doktorandkandidat.

K2 – MedS: Vi gjorde redan innan införandet av grönt ljus en sådan helhetsbedömning som vi uppfattar att det gröna ljuset innebär. Införandet har dock gjort att vi har ytterligare ett tydligt verktyg att markera problem och mana till förbättring. Framförallt bedömningen av nya, oprövade handledare har förbättrats eftersom själva ansökan uppmanar de sökande och deras avdelningschefer till eftertanke kring miljön och lämpligheten. Utan en handledares tidigare ”track record” är det dock svårt att bedöma ett grönt ljus och därför svårt att neka. För nya, oprövade handledare som söker grönt ljus inför t ex KID-ansökan försöker vi göra en bredare bedömning för att minska risken att mindre bra forskningsmiljöer uppstår, dock utan att överdriva.

K6 – KBH: The Green Light process has had some influence on strengthening and improving the supervision and research environment quality.

K7 – OnkPat: Not specified.

K8 – CNS: We have never in the past five years signed a green light and crossed the box denying green light. But there have been several instances where supervisors have contacted the director of research education and asked if they can have green light for another student and it has been communicated verbally or via email that it will not be approved and why. A few supervisors who have been involved in conflicts and have been aware that they are unlikely to get green light have simply not applied for green light.

Supervisors seem to know what their responsibilities are as a supervisor, and that clear descriptions of responsibilities are available. Most supervisors also seem to agree that green light is helping with ensuring that students get a good supervision, although there are supervisors who do not at all agree with this (Note: *see Fig 7 in the CNS report. The report includes extensive information on page 6 and 7*). There is also a complaint among supervisors that too much administration is involved in registering new students.

K9 – GPH: The impact the introduction of the Green Light has had on GPH: provides an overview of the number of doctoral students each supervisor has and whether they have completed the required courses for supervision and could serve as a starting point for a discussion about how many doctoral students one has time for. However, we have not denied any green light so far, as we have not found it necessary.

OF – DentMed: The green light process has several positive aspects to the process. It has clarified the procedure and highlighted that the supervisor is one of the two key figures in doctoral education, alongside the doctoral student. This has also provided the Board with a tool to evaluate the supervisor and their contributions clearly when a new doctoral student is admitted. This means we have a quality control mechanism that would otherwise have been more difficult to ensure. The green light process also allows doctoral representatives on the Board to express any concerns or doubts about the supervisor,

based on feedback from previous doctoral students. This is a strength. Additionally, the supervisor must clearly declare whether they are up to date with supervisor courses and other relevant training, and if there is a need for any updates regarding advanced courses. The downside is that still the green light process is still relatively easy to pass. However, we have interpreted it at Dental Medicine, as a method to verify the supervisor's competence rather than to criticise. This process also provides opportunities to address and manage concerns more easily than before, when we did not have the green light process. At Dental Medicine, we believe that the implementation of the green light has led to an overall improvement.

S1 – KI SÖS: I samband med ansökan om Grönt-ljus skickar vi ut skriftliga beslut med motivering i de fall vi inte kan godkänna ytterligare huvudhandledarskap vid den aktuella tidpunkten.

Svar på frågan ”Vad skulle institutionen/KFU/KI kunna göra annorlunda”?

Ansvarsområde 1. Forskarutbildningsmiljöer och handledarskap

C1 – MTC: Student participation in supervisor monitoring would help. Not sure exactly how to achieve this in a meaningful way.
C2 – MBB: For trial period see above (i.e.: The fact that some supervisors work very well with some students, while they don’t work well at all with other students – there’s always a couple working together. How can we know whether a new doctoral student recruited by such a supervisor is one of those working well with the supervisor, or one that doesn’t work well? We try to assess this during the recruitment interview, but it’s hard to guarantee that the “match” will become a good one.)

C3 – FyFa: The Committee for Doctoral Education at Karolinska Institutet plays a central role in ensuring the quality and consistency of doctoral education. In order to further strengthen the doctoral training environment, it is essential that the committee becomes more stringent and transparent when it comes to the rules and regulations governing doctoral education. Clarity and consistency in the application of rules are fundamental to maintaining high academic standards and ensuring that all doctoral students receive an equitable and well-structured education. Currently, there may be areas where guidelines are interpreted differently or where expectations are not fully communicated, which can lead to confusion among both doctoral students and supervisors.

C4 – Neuro: What we hope that KFU can help with is to facilitate for student and supervisor to have a trial-period before registering. We also suggest that KFU demands that supervisors explain how a good training environment can be achieved before recruiting a new student. KFU can also demand that the web supervisor course is re-taken at least every second year, and that a mentor is assigned early-on in the project.

C5 – CMB: Allow the establishment of a doctoral school (biomedical) at Campus Solna.

C6 – IMM: Inget specifikt.

C7 – LIME: Inget specifikt.

C8 – MEB: Inget specifikt.

D1 – KI DS: Inget specifikt.

H1 – NVS: Co-supervisors who are new in the field of doctoral supervision try to sign up to the KI course Introductory Doctoral Supervision Course but are rejected because they do not have priority. Increasing the number of course occasions would be beneficial to prepare novel co-supervisors to develop into efficient main supervisors.

H5 – LabMed: Minimize regulatory processes. Initiate stress-reducing activities. Decrease “schooling” of students and increase practical work. Connect PhD Students, facilitate a closer doctoral community.

H7 – MedH: Inget specifikt.

H9 – CLINTEC Svar från enheterna (*borttagna är svar som verkade vara riktade till de ansvariga för forskarutbildning på institutionen*):

a. Förenkla strukturen för doktorandregistrering och uppföljning för kliniska deltidsdoktorander. Det är stor skillnad om doktorandarbetet/ handledning är en persons huvudsakliga arbetsuppgift eller mer en krydda vid sidan av kliniken.
b. Öppna för samarbete med andra universitet för co-finansiering och Double degree (PhD), flexibilitet i rekrytering av studenter utanför EU.
c. Streamline the registration process.
d. Bättre förståelse om kliniska doktorander och deras förutsättningar hos KI.

K1 – MMK: Inget specifikt, men se också ansvarsområde 3.

K2 – MedS:

a. KFU kan bli än mer aktiv i samarbetet med regionen och än mer hävda forskarutbildningens plats i universitetssjukvården och i avtal (ALF).
b. KFU skulle kunna delta mer i strategiska diskussioner om forskarutbildningens dimensionering och finansiering med syfte att höja kvaliteten.
c. KFU skulle också kunna diskutera handledares incitament till att ta sig an doktorander samt öka kraven för att få inrätta en doktorandplats!
d. Fakultetsstödet (KID) skulle kunna tydligare användas i strategiskt syfte som till vetenskapligt yngre handledare, riktat till särskilt angelägna forskningsområden eller områden där särskilt stöd kan göra nytta (ex. primärvård).
e. KFU skulle kunna införa en förtroendeingivande central forskarutbildningsombudsman eller en nämnd som ger stöd eller tar beslut vid särskilt svåra fall. (Gärna en psykolog!)
f. KI skulle kunna motverka att intern konkurrens inom organisationen kan ha blivit en alltför stark verksamhetsstyrande faktor och därigenom kan motverka övergripande strategiska samarbeten mellan campus, institutioner och forskningsverksamheter.

K6 – KBH:

a. KBH would benefit from more access to supervisor training and development, including explicit material on discrimination, career planning, time management, and supervisor responsibilities, as well as a clearer framework for the role and expectations of co-supervisors.

b. KBH requests more doctoral supervisor education courses, seminars, and reflection groups to aid in the development of the supervisors.
c. KBH requests that future supervisor training and doctoral student introduction programs include a dedicated component on working environment, equal treatment, available support structures, and guidance for career planning.
d. Provide a tool for analyzing the exit poll results for subsets of answers to understand the results better.
e. KBH suggests a short guidance document for mentors to discuss the working environment and career plans.

K7 – OnkPat: Not specified.

a. K8 – CNS: It would be very helpful if KI and the region could come to an agreement that the region will support clinical students properly so that they will be able to get time off from clinical duties to perform their research. Currently many clinical students complete their thesis in much less than equivalent to 4 years of full-time studies and use a lot of their spare time to do it. This does affect the quality of the education. If a PhD is a requirement for promotion to "överläkare", then proper conditions for carrying out this education must be given to clinicians. The new form for financial plan for clinical PhD students will make it much clearer for clinical heads what it is they are committing to when agreeing to support a clinically active PhD student.
b. We think that the situation for PhD students and supervisors would improve if there was more support from KI centrally. For example, KID funding could be given to fewer supervisors but cover a larger proportion of the cost for the studies. Another improvement could be to have a central PhD program, with central admission and rotations in different groups before students select project to focus on, similar to what is done in some American Universities. A formal MD/PhD and psychology/PhD program may also be a good solution.
c. Some supervisors may take on PhD students to meet requirements for academic advancement, which could result in limited interest or time for effective supervision. It may be worth reconsidering the requirement to have supervised PhD students as a criterion for promotion.
d. Earlier decision about acceptance on research education course would help planning for clinically active students.
e. Consider administration connected with any changes that are suggested so that administration does not increase for PhD students and supervisors.
f. Feedback from supervisors in our survey suggests that the introductory course in supervision could be improved, including making it easier to be admitted. The advanced course is highly appreciated. The course and it´s organisation should be evaluated.

K9 – GPH: To ensure we are effectively measuring unequal treatment, discrimination, degrading behavior and/or harassment by way of the Exit poll , we suggest adding questions on where the incident(s) occurred and who the perpetrators were (as in supervisors, other faculty, students etc), and whether any action was taken from the department. Also, since the percentage is rather high at KI total as well (12.6%), this would get some clearer insights into where and how these issues arise, so we all can address them properly.

OF – DentMed: Not specified.

S1 – KI SÖS: Not specified.

Ansvarsområde 2. Individuella studieplaner

C1 – MTC: Better technical help, improved UX/UI. The ISP layout has improved significantly

C2 – MBB: Don't know…

C3 – FyFa: By helping administration and directors of studies to clarify to supervisors and doctoral students that there will be consequences if their ISP is not determined within three months. Otherwise, this rule is useless. The type of consequences can be discussed

C4 – Neuro: No answer

C5 – CMB: In the long run, develop the ISP system so that it is more logical and contains less of the bizarre obstacles that we have to tackle now. The present system is a very clumsy system, at best.

C6 – IMM:

a. ISP-systemets påminnelser kan vara lite irriterande många. Skickas dessa även till doktorander som är sjukskrivna? Om så, går detta att påverka då man kan vara sjukskriven för anledningar som stress etc. och då kan dessa påminnelser vara problematiska.
b. Mentorsskapet - ska det vara obligatoriskt när uppföljning saknas samt krav saknas på mentorn. Om obligatoriskt mentorskap ska kvarstå bör förväntningar klargöras. Det känns dessutom extra märkligt nu när man inte ens namnger sin mentor på grund av GDPR utan enbart kryssar i att man har en mentor.

C7 – LIME:

a. To improve the ISP, KI could enhance the platform's technical functionalities by creating a more user-friendly interface that is intuitive for both students and supervisors, and ensuring seamless integration with other academic and administrative systems. Additionally, KI could promote the ISP as a living document, fostering a collaborative process where both the doctoral student and supervisor work on the ISP simultaneously, interactively and repetitively, followed by a streamlined process for all signatures and acknowledgments.

b. Regular workshops and training sessions could emphasize the importance of maintaining the ISP as a dynamic document that evolves with the student's progress. This approach would ensure that both doctoral students and supervisors are actively engaged in updating and refining the ISP, making it a more effective tool for tracking academic development.

c. Providing a strong centralized support would also help students and supervisors understand and utilize the ISP effectively. Thus, by establishing a robust feedback mechanism would allow continuous improvement of the ISP process based on user experiences and suggestions.

C8 – MEB:

a. Systemet är inte optimalt.
    - Svårt att följa upp förändringar (blå markeringar). För studierektor var förra systemet bättre med att doktoranden fick beskriva statusen på de olika delstudierna
    - Se till att vår administratör kan gå in och göra förändringar även när ISP ligger hos tex handledare.
    - Vore bra om KIs gamla blankett med progressen för de (4) olika studierna låg inne i systemet som en tabell.
b. Å andra sidan
    - Det är ett stöd om något går fel
    - Doktoranderna gillar den legala aspekten
    - Doktoranderna tycker att det är ett bra sätt att följa upp

D1 – KI DS: Inget svar.

H1 – NVS: Tell the administrators of the national ISP system to introduce some flexibility in the system.

H5 – LabMed: Allow student to access (editing) all parts of the ISP. Improve info on course requirements/availability to help students make informed ISP decisions. Simplify the process of creating and updating ISPs, make it easier for changes in research direction, supervision, and other requirements.

H7 – MedH:

a. Urge the PhD students to submit their ISP earlier, although it is recognized that the delay is often because the supervisor does not have time to complete their parts.
b. Instructions for the ISP could be clearer, e.g. the Board of doctoral education MedH often comments on i) to include a timeline for the research projects, ii) to detail the student's role in each project, the learning outcomes, and who will supervise each project.
c. Include how principal supervisors and co-supervisors participate in evaluating progress. Including descriptions of annual meetings with all supervisors and providing a summary of participants and topics discussed. This will reinforce the continuous monitoring the progress of PhD students.

d. That there are explanations in the ISP system for the various items that must be filled, a hands-on guide (in line with appendix 1).
e. A better communication between ISP and LADOK (e.g. checkboxes for data that could automatically be transferred).
f. A checkbox to fill in about basic education, that certain requirements are met (e.g., human physiology).

H9 – CLINTEC: Svar från enheterna (*borttagna är svar som verkade vara riktade till de ansvariga för forskarutbildning på institutionen*):

a. Minska antalet frågor. Vissa frågor var bra när man startade det hela men det finns en viss redundans.
b. Jag kan tänka mig att en översyn över ISP-plattformens användarvänlighet skulle kunna vara bra.
c. Radikalt minska omfattningen på ISP för deltidsdoktorander som har sin anställning och lön från annan arbetsgivare än KI. Observera att ISP i dagens form nog är bra för heltidsdoktorander med lön från KI, men det stjäl tid från de andra.

K1 – MMK: KFU/KI får gärna lyfta frågan om **kvalitetskrav på kliniska avhandlingar** i kontexten av kravet på doktorsexamen för att få en överläkartjänst. Är det rimligt att registrera 80% forskarutbildningsaktivitet när man arbetar heltid kliniskt? Alternativet (doktoranden ges mer finansierad tid att faktiskt forska) blir möjligen att finansieringen tillåter färre kliniska doktorandprojekt.

K2 – MedS: KFU kan ta ett större ansvar över support och utveckling och inte lämna över till GVS vars handläggare arbetar väldigt långt ifrån verksamheterna som förväntas använda de olika systemen. KI bör avhålla sig ifrån att skapa ”stuprör” och separera det administrativa stödet från universitetets verkliga kärnverksamheter genom att skapa en egen administrativ kärnverksamhet. KI (och KFU) bör även avhålla sig från att skjuta för mycket praktisk administration på institutionerna, särskilt om administratörerna organisatoriskt inte hör till institutionerna.

K6 – KBH: From central KI, the department would welcome the development of the ISP model in the mandatory introductory course, ensuring that all students receive uniform information and guidance on using the ISP effectively. A similar extended version should be added to the supervisor course. As noted, a tool for career planning discussions would be beneficial and could be implemented within the ISP follow-ups.

K7 – OnkPat: *Include the review of the ISP as part of the application for defence process*.

K8 – CNS: A less complicated ISP system would help. While frequent changes to new systems are also not good, especially now that the current one is established, badly designed tools should not be acceptable. It has helped that the central support for ISP has been improved.

K9 – GPH: Regarding the electronic ISP, we recommend giving the administrator increased authority to make small adjustments. This is something central KI needs to take with ISP. As it stands, if a student forgets to attach a document, the ISP must go through the administrator, the student, the supervisor, the administrator again, and then to the director of doctoral education. It should be sufficient for the process to go only between the administrator and the director of doctoral education for minor issues.

OF – DentMed: Not specified.

S1 – KI SÖS: Not specified.

Ansvarsområde 3. Uppföljning av doktorandernas progress

C1 – MTC: A thesis committee of 3-4 PIs and researchers that follows students throughout the entirety of their thesis projects, could ensure that all aspects of the PhD are going well. Will help in early problem-detection and likely in finding viable and practical solutions.

C2 – MBB: Revise the rules on thesis contents and/or the reviewing time for applications for defence (see prior point: *Currently there are two conflicting regulations at KI that make it difficult for many doctoral students at MBB – the very hard requirements of four years of studies (possibly with one year prolongation) and two papers accepted for publication at time of application for defence, with one paper having the student as first author (for newer students). Many doctoral students at MBB cannot meet these requirements, meaning that they need to defend with a monograph thesis – and the monograph thesis takes much longer to write and much longer to review. Why can the manuscripts under preparation not be taken as appendices in the monograph thesis? The new regulations are highly stressful for many of our students (and their supervisors), and hard to handle. The regulations are furthermore counterproductive if high-quality publications are to be published (usually taking very long to prepare and work on))*.

Consider whether Examination Board committees couldn't include also knowledgeable committee members in the field, who are not necessarily docent or professor. We've had several cases of suggested perfectly adequate and knowledgeable Examination Board committee members that were declined by the Dissertation Committee.

Try to make sure that the Dissertation Committee does not overrule the credits previously endorsed by the study director. Very annoyingly, the study director-endorsed credits have been overruled quite many times…

C3 – FyFa: Explain for the supervisors that they have to adapt to the requirements for being approved by the Dissertation Committee, e.g. having at least two accepted papers, time to accomplish all the courses, etc.

Some specific issues have recently caused problems very late when students apply to the Dissertation Committee and get a negative response. For preclinical students that have been about handling human material, even though they have not been in contact with the patients and even if data are pseudonymized, they are obliged to have a GCP course. This information is described in an appendix with a very small font. If not noted by the student, it generates a "too late" and serious problem with risk of postponing an already planned dissertation. A suggestion is to skip this rule or at least inform about this in a more noticeable way, alternatively make this course mandatory for all PhD students at our department.

A second problem is related to the clinical PhD students. Many of them are attending research schools for clinicians in which there are moments of teaching in GCP. However,

this is not enough according to the rules of KI, a fact that is often not understood by these students. This has also created “too late” problems when applying for dissertation. A solution would be to expand GCP teaching in the research schools or to inform the research schools to inform the students that what they teach is not enough. Alternatively (as already said above), skip this rule or make this course mandatory for all PhD students at our department.

C4 – Neuro: Inget specifikt

C5 – CMB: Develop an ISP system that is much less frustrating to use

C6 – IMM: Bättre uppföljning och konstruktiv länkning mot lärandemålen där lärandemål för forskarutbildningen, läraktiviteter och bedömning (examination) ska hänga ihop och vara samstämmiga.

C7 – LIME: The exit poll survey currently lacks explicit questions about doctoral students' progression, aside from whether outcomes have been achieved. To address this, KI could include specific items that track key milestones such as talks with the director of studies and half-time control. These additions would provide a more comprehensive understanding of the students' journey and help identify areas for improvement. Furthermore, it would be beneficial to differentiate between doctoral students employed at KI and those employed elsewhere, such as in the region (clinical doctoral students) or in the industry. This distinction could enhance the interpretation of the survey results.

C8 – MEB: Förbättra ISP-systemet.

D1 – KI DS: Inget specifikt.

H1 – NVS: The half-time committee members from outside KI may not be fully familiar with the process during the half-time review. However, KI researchers should be trained to participate in half-time (and possibly defence) committees, enabling the best possible and fair review of students’ work, course activities, work environment, and supervision.

H5 – LabMed: More accessible transparent system for tracking progress, where both students and supervisors can easily monitor milestones and deadlines and see what is missing.

H7 – MedH: Inget specifikt.

H9 – CLINTEC: Svar från enheterna (*borttagna är svar som verkade vara riktade till de ansvariga för forskarutbildning på institutionen*):

a. Ha tolerans med långsam progress hos kliniska doktorander.
b. Bättre krav för beskrivning och uppföljning av bihandledares input.

K1 – MMK:

a. Ökad tydlighet från KFU/KI om vad som verkligen gäller så att vi kan återge det till institutionen på ett trovärdigt sätt. Dvs kommunicera ut alla förändringar, inkl detaljer, till studierektorer och admin, inte enbart ändra på hemsidan. Samt försöka att undvika frekventa småändringar. Detta gäller tex kraven för disputation gällande delarbeten. Syftet med ändringar av regler bör tydliggöras i samband med att ändringarna införs (då vi får höra från forskare att vissa ändringar upplevs onödiga).
b. Eftersom fokus har skiftats från delarbetena till den samtliga kunskapen som doktoranden tillgodogjort sig under forskarutbildningen bör kappan ingå i granskningen inför disputation.
c. KFU/KI: Tydliggör på hemsidan om man kan bli underkänd baserat på innehållet av Reports on development. Doktorandens text i detta dokument är av oklar betydelse. Vi anser att det är mer motiverat att i stället granska kappan (se ovan).

K2 – MedS: KFU kan avhålla sig från att skapa ytterligare krav på kontroll av progress. Halvtidskontrollen räcker gott och väl! KI bör fortsätta det redan påbörjade arbetet kring klinisk forskarutbildning.

K6 – KBH: From central KI, KBH would benefit from clearer policies and tools to track and support students at risk of delayed completion, and training for halftime committees to ensure the consistent application of KI's rules and expectations.

K7 – OnkPat: Inget specificerat.

K8 – CNS: Simplify the electronic ISP – make it clearer what should be updated in the yearly updates.

K9 – GPH: Inget specificerat.

OF – DentMed: Inget specificerat.

S1 – KI SÖS: Inget specificerat.