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1. Introduction

As part of the Dutch national research evaluation system, UMC Utrecht invited a 10-person international committee of scientific experts, early career researchers, and non-academic experts in 2025 to evaluate the quality, relevance and viability of our research according to the Strategy Evaluation Protocol (SEP 2021-2027). The period under review was 2019-2024. As additional element of this evaluation, a dedicated committee of patient representatives assessed patient involvement in research and societal impact. Both the SEP Committee and the patient representatives received a self-evaluation report and conducted a site visit to UMC Utrecht in November 2025. Their assessment report was submitted in December 2025

The UMC Utrecht Executive Board expresses its appreciation to the SEP Committee and the patient representatives for their thorough, thoughtful and constructive recommendations following the site visit. The Executive Board discussed the SEP report with the research community at UMC Utrecht, including the chairs of the Strategic Programs and the head of the research office.

Here, the Executive Board provides a response to the recommendations included in the SEP report. Overall, the observations of the Committee are recognized, and the recommendations are welcomed. Action plans will be developed to initiate the required changes at different organizational levels. In accordance with SEP principles, these action plans and follow-up will be embedded within existing research management and government processes.

This document is structured as follows. First, a response is provided to the general recommendation for UMC Utrecht. Subsequently, concise responses are presented for each Strategic Program. The text is structured around the prioritized and thematically grouped recommendations, as interpreted by UMC Utrecht following careful consideration of the SEP report. This structure does not necessarily reflect the order in which the recommendations are presented in the original report.

2. General

2.1 Transformation of the governance and the position of research

UMC Utrecht is currently undergoing a major governance transformation, in which divisions, Strategic Programs, and directorates will be replaced by Themes, Centers, and Services. The transformation aims, in particular for research, to improve strategic decision-making and streamline and centralize support.

The Executive Board recognizes the importance of maintaining an outward view despite internal changes, in line with the 'Connecting Worlds' strategy. For many employees and researchers, the day-to-day practical implications of the transformation remain limited, and they continue to deliver scientific and societal impact in accordance with UMC Utrecht's mission. However, the transformation process and the uncertainties that go with it affect many people. The expectation is that with most of the new management in place, including most of the Theme directors ('kwartiermakers'), our outward view will be more pronounced and explicit. The Executive Board will ensure that new leadership promotes openness and social safety during and beyond the transition.

Protected research time

We appreciate the recommendation to 'protect' research funding during the transformation. While the multiplicity of missions and funding sources means that fine-grained financial transparency is not always feasible, the Executive Board recognizes the potential risk of healthcare-related, financially-driven decisions unduly influencing research capacities. The new dual leadership of the Themes, consisting of a scientific and a medical director, will ensure that strategic decisions are balanced in the UMC Utrecht missions.

2.2 Human capital and academic careers

Social safety & diversity

UMC Utrecht's most valuable asset is its people. We welcome the recommendations regarding academic careers and diversity and inclusion. The Executive Board will continue to promote social safety and a positive academic culture. The new governance structure will contribute to greater transparency in career decisions.

We share the conclusion that the 'diversity and inclusion' theme deserve more attention and resources within UMC Utrecht. While there are significant achievements, such as the increase in female professors and the UMC Utrecht-wide 'This is us' campaign, further progress is required. A more integrated, vision-driven and KPI-supported approach, anchored in robust governance, is necessary.

The Human Resources Department will continue taking the lead, working closely with the Research Office and the Strategy & Policy Service. The new dialogue-based evaluation cycle for all employees will support a positive academic culture. In addition, efforts to create equal opportunities for women across all academic career phases will continue, maintaining our goal of a 50% share in all UMC Utrecht central promotions (for associate professors and full professors).

Cultural diversity requires increased attention. In the talent program we already reserve one third of available spots for researchers with a non-Western background. We will explore options to extend and further embed policies like this.

Mentorships & transparency

We take the suggestion to 'install mentorship programs for all researchers' very seriously and we will investigate ways to develop and implement such programs. Currently, mentorship programs already exist in certain departments, divisions and Strategic Programs, but their outcomes are mixed. This calls for a thorough and critical assessment of what works and what does not and a thoughtful implementation that should cater to the needs of researchers in their specific context.

We also recognize the importance of researchers having clarity about their career perspectives and that promotion processes and criteria should be transparent wherever possible. The six academic career profiles, which describe missions and criteria for six types of researchers across three career phases, provide a good framework since 2022. However, there are recurring issues related to the perception of early career researchers on what is needed to make the next step in their career; and with the expectations raised by senior management in relation to actual promotion decisions made in relevant UMC Utrecht boards.

There are no simple solutions for these issues, they will keep requiring attention. We will discuss these matters with early career researchers, including those represented in the UMC Young Academy and the Early Career Researchers Board (ECR Board), and with leadership of the new Themes and the members of the Advisory Council Promotions. The Research Office and the Human Resources Department will facilitate this.

The centralization of all researchers in the new Research and Innovation Center offers the opportunity to at least harmonize career procedures and perspectives also for early career researchers. This will be discussed with the center director and the vice-dean of research.

Clinical scientists

Regarding our clinical scientists, we appreciate that the committee acknowledges the exceptional career instrument UMC Utrecht has in place with 0.4 FTE dedicated research time for a selected number of clinical professionals who engage in translational research. As this role is of relatively recent origin and the associated recognition and evaluation procedures have developed over time, there is indeed scope for further professionalization. Recently, an evaluation focusing on governance aspects and career impact of the clinical scientist role has been conducted. The results of this evaluation will be used to further optimization of this career instrument.

The formal positioning and accountability of clinical scientists within the new UMC Utrecht governance structure, in which researchers are employed at the Research and Innovation Center and clinicians at the Clinical Center or Diagnostic Center, has not yet specifically been addressed yet. Nevertheless, all researchers, including clinical scientists, will be affiliated with the Research and Innovation Center and as such their position with 0.4 FTE research time will be monitored.

The recommendation to consider extension of the clinical scientist role to earlier career stages should be addressed jointly by the Research and Innovation Center and the Clinical Center. Recognizing clinical scientists early in their career might seem logical.

Financial limitations of the complex and diverse activities of our institution need to be balanced against the tremendous advantage of expanding and improving our clinician scientist program.

2.3 PhD supervision and well-being

The well-being of PhD candidates has been a long-term important topic for UMC Utrecht and the Graduate School of Life Sciences (GSLs) alike. To support this, we have ensured that all PhD candidates are guided by multiple supervisors, are provided with a formal training and supervision agreement, and are not placed in a position where manuscript completion extends beyond their contract. Furthermore, we are actively progressing towards assigning independent mentors to all PhD candidates. While the principle is that mentors should operate independently from the primary supervisor, it is acknowledged that prior professional relationships may occasionally exist. The role and effectiveness of these mentors will be formally evaluated in 2026.

The recently updated MyPhD system is intended to strengthen PhD guidance and monitoring by standardizing procedures and practices. We will assess mechanisms to centrally track contract extensions or potential delays, with the expectation that the new enterprise resource planning system will support this monitoring effectively.

Enrolment of all PhD candidates in GSLs remains an area requiring continued attention. The expectation is that all PhD candidates should be enrolled in an appropriate graduate school program. Ensuring timely enrolment necessitates ongoing oversight, particularly as some research trajectories do not conform to standard program templates. This is especially pertinent to medical doctors undertaking PhD research, whose trajectories may not follow a continuous, single-period format. This context explains the committee's observation that a significant proportion of PhD candidates do not complete their programs within four or even five years. In the self-evaluation report, we did not include data from other UMCs, which would have given a more complete, national picture. Together with GSLs, we will provide contextualized data and analysis on the duration of PhD trajectories at UMC Utrecht to inform continuous improvement efforts.

2.4 Patient engagement

The mission of the program Patient Participation has been to actively stimulate and enable researchers to engage with patients in a meaningful and structured manner. The newly appointed professor patient participation underscores the strategic importance that UMC Utrecht places on collaboration with patients in research. Through dedicated patient participation advisors in many research departments and through the academic work of the chair in patient participation this form of knowledge production will keep being promoted and embedded institutionally. UMC Utrecht's policy remains firmly committed to fostering and facilitating patient participation in research. In line with this commitment, we will explore options to formulate a policy with clearly defined, measurable objectives to further strengthen and monitor implementation.

2.5 Research support, including valorization

The ongoing centralization, professionalization, and extension of research support - especially in the field of funding and grant writing support- has been widely recognized

throughout the UMC Utrecht as highly effective. We are pleased that the SEP Committee has also acknowledged and appreciated these efforts.

Further centralization and process optimization are underway with the establishment of the Research and Innovation Center and the Cluster 'Research and Innovation Support and Expertise' (RISE) within this center. In implementing this new structure, particular attention will be given to ensuring comprehensive legal support.

UMC Utrecht fully endorses the findings and recommendations of the SEP Committee and is actively advancing a coherent valorization strategy. This strategy includes a review of the valorization landscape, as well as the governance and position of the TTO. We are capitalizing on the momentum of the organization-wide transformation to work towards a central, full-fledged KTO that provides support across the entire innovation chain. In parallel, we are taking additional measures to structurally strengthen valorization performance, including through more focused policy (with KPIs and monitoring) and through cultural interventions focused on leadership, incentives, and recognition & rewards.

2.6 Strategic Programs transitioning to Themes

In light of the ongoing transformation of research governance, the Strategic Programs - that will transform into Themes - have not formulated an extensive follow up to their previous five year strategic plans yet. We agree with the SEP Committee that the current phase provides an appropriate moment for the newly established Themes, under their newly appointed leadership, to formulate specific short-term future strategies. These priorities will also serve as guidance during the broader transformation process.

In addition, we fully endorse the Committee's recommendation to promote mutual learning and exchange between the Themes. Where feasible, best practices will be identified, shared, and implemented more broadly across the organization.

3. Responses from Strategic Programs

3.1 Response Strategic Program Brain

The Strategic Program Brain is grateful for the positive feedback of the evaluation committee. We appreciate the remarks regarding the high quality of our research and the recognition for our world-leading position in areas such as neonatal developmental disorders and neuromuscular disease research. Furthermore, we are pleased that our investment in young talented Brain researchers, by means of duo fellowships, is acknowledged. Not only by the committee but also by the researchers themselves. We endorse the importance of making this form of talent support available for the entire UMC Utrecht research community and would be willing to advise on its implementation. The Strategic Program Brain acknowledges the critical notes of the committee regarding the focus of the stroke- and personalized psychiatric research lines. As part of the upcoming transformation of the UMC Utrecht, the long-term focus of these and other research lines will be evaluated and redirected.

The program will work towards a new research strategy for the period 2027-2031, aligned with the UMC Utrecht Connecting Worlds strategy. At the same time, we will continue our efforts regarding societal relevance and public outreach, with already a novel New Scientist – Brain Diseases LIVE event being planned in 2026.

Finally, we support the general remarks for the whole UMC Utrecht on the topics of diversity and inclusion; clinical scientist implementation; security of earmarked internal research funding; and research support for valorization. The Strategic Program Brain is highly motivated to use the committee's advice to further improve its research program and community.

3.2 Response Strategic Program Cancer

The SEP evaluation confirms that Strategic Program Cancer delivers world-class research with strong societal impact and robust collaborations. To further expand its strength, we need to address the challenges that were also identified by the SEP committee. We therefore will take the following actions:

Protect Research Time

Clinical demands are increasing, which poses a real risk on time available for clinical scientists to perform translational science and thereby contribute to innovation and scientific output. We will implement structural measures to safeguard dedicated research time for clinicians that are designated clinical scientists and at the same time increase the number of clinicians involved.

Strengthening Governance and Strategy

In anticipation of the new UMC Utrecht governance model, the program will formulate a clear strategic plan for research, care, education and valorization for the years 2026–2030. Key priorities within its three main themes will be further defined in addition to measures that maintain the programs excellence in MR-guided radiotherapy, organoid technology, and AI-driven interventions. The committee noted underrepresentation of certain areas deemed as of high status (e.g., theranostics) in reporting. We will improve

internal and external communication to ensure comprehensive visibility of all high-impact research.

Utrecht Cancer Ecosystem

The committee fully acknowledges the program's strong network and environment, through Utrecht Cancer and many other collaborations, national and international. The vibrant local infrastructure at Utrecht Science Park is highly beneficial, contributes greatly to the excellence and recognition of its researchers and should be profited from at its highest level. The Cancer program will continue to strengthen this unique ecosystem.

Talent Development and Career Support

We will expand the successful OncoCareer Board (OCB) and Boost Grant-like initiatives, embedding them in a UMC Utrecht-wide framework to support early-career researchers. The mentorship program will be structurally installed in close collaboration with the OCB and HR department.

Patient Participation and Societal Impact

Building on our pioneering inclusion of patient advocates in our Advisory Boards, we will further integrate patient perspectives into research design and governance, ensuring that societal relevance remains a core driver of our science.

The Daily Board of the Strategic Program Cancer is confident that with the actions described above, the Cancer program's position as a leading hub for basic, translational and clinical research will be further enforced. In addition, valorization will as well be encouraged. As such, the program continues to produce innovative approaches that will improve patients' outcome, now and in the future. Approaches that will be designed by a continuous flow of talented professionals of all disciplines where the voice of the patient will structurally be incorporated.

3.3 Response Strategic Program Child Health

The Child Health Program Committee expresses its sincere appreciation to the SEP Committee for the comprehensive evaluation of the Child Health Strategic Program and for the positive and constructive feedback provided. The observations and findings presented by the SEP Committee are fully recognized and acknowledged.

We are pleased that the distinctive characteristics of our program have been clearly conveyed. Our researchers approach disease from a life cycle perspective, recognize the continuous interaction between physical and mental health, and a strong interdisciplinary approach is pursued. This integrated way of thinking constitutes the foundation of the Mother and Child Theme in the near future.

We acknowledge the importance of safeguarding our observational cohorts. To unlock their full potential, sustained structural financing and institutional support are essential. We are confident that the introduction of the new research governance structure will facilitate this process.

We concur with the SEP Committee that the current phase is appropriate for the development of a future strategy in close alignment with the other Themes. This process also provides an opportunity to reflect on the existing lines of research,

including pediatric oncology, and to determine the Theme in which they are most appropriately positioned.

In the coming years, we aim to further strengthen and expand our collaborations on a national and international level. In addition, we will continue to professionalize our career coaching (yearly fleet review, talent programs, coaching interviews, etc.). We are keen to share our experiences and lessons learned with colleagues from UMC Utrecht.

3.4 Response Strategic Program Circulatory Health

The Circulatory Health Strategic Program is sincerely grateful to the committee for the time and care invested in its assessment, the constructive recommendations, and positive feedback. We appreciate the recognition of our strengths, including our clear structure, translational focus, and commitment to meaningful patient involvement. We welcome the committee's reflections on research quality. We recognize that shifts in research capacity are sometimes unavoidable and appreciate the encouragement to address such developments proactively. As the organizational transformation progresses, we will strengthen our planning by anticipating staffing needs, managing risks, and investing in talent development to maintain expertise and ensure high research quality.

The committee's observations on societal relevance resonate strongly with us. Population ageing is increasing the burden of circulatory disease for individuals and the healthcare system, underscoring the urgency of this work. The future organizational model, bringing together multidisciplinary care and research within thematic structures, will ensure stronger mutual reinforcement, supported by improved strategic steering, transparent funding flows, and sustainable decision-making. We also appreciate the recommendations regarding data science, clinical trials, and the implementation of the clinician-scientist program. These areas will receive focused attention in the coming years, for example by further embedding the clinician-scientist program through protected research time and structured mentoring, building on existing initiatives to strengthen interdisciplinary collaboration and talent development. In line with the committee's broader conclusion, we will use this moment to refine our long-term strategic vision with clinical, scientific, and patient-representative stakeholders, aligning it with the new organizational framework.

3.5 Response Strategic Program Infection & Immunity

The Strategic Program Infection & Immunity (I&I) is responsible for the strategy and coordination of research in the field of inflammatory and infectious diseases and immune-mediated therapy. The SEP committee concluded that our research quality and societal relevance are strong, demonstrate high quality, and in some cases world-leading excellence. The committee recommended better exploitation of our longitudinal cohorts. We will address this by stimulating collaborations on our large, long-standing cohorts and biorepositories by increasing their visibility and thereby also increase their translational impact.

To ensure long-term viability, we will capitalize on upcoming opportunities and further develop international strategies to achieve ongoing impact, including beyond Europe. These discussions will be facilitated through PI meetings with program management and involve our dedicated grant writers. The committee proposed taking patient involvement and career development (career paths, mentorship) to the next level. While

these themes will be coordinated centrally within the Research and Innovation Center under the new governance model, we underscore their importance and note they were relatively underexposed during the site visit.

Over the past two years, I&I has employed a dedicated patient liaison to inventory, develop, and support existing and new activities related to patient participation, and we hope to strengthen inclusion of patients in the design and execution of our research. To support talent development, we have already implemented targeted internal funding and award schemes (including collaborative boost grants and awards for PhD candidates and early-career researchers), involved three early-career researchers in our governance, and organized inaugural lectures for associate professors upon appointment.

3.6 Response Strategic Program Regenerative Medicine & Stem Cells

The Strategic Program RM&SC is pleased that the 2025 SEP committee assessed the Regenerative Medicine & Stem Cells (RM&SC) program as relevant and 'very good to excellent' and recognized the collaborative and inclusive research culture we have built. Moreover, we are grateful for their constructive feedback.

We agree with the committee that reducing hurdles in valorization and company formation is essential. This requires a dual approach: a stronger, more structured UMC Utrecht-wide strategy for its fourth pillar, valorization, combined with targeted actions within the RM&SC community. As part of the ongoing transformation, we are restructuring our research lines, with leadership explicitly steering towards valorization KPIs. We will also organize activities to foster an integral valorization culture and continue to advocate for improved structural financial incentives for inventors at the UMC level, and structural investment in business infrastructures (TTO and alike) and research infrastructures and associated human capital (e.g. towards functional cell therapy facility).

We appreciate the committee's recognition of the challenges related to limited space and the need to safeguard research quality and job satisfaction. Initial steps are underway, including expansion into Ombion's (The Center for Animal-free Biomedical Translation) lab facilities. Additional solutions are being explored within UMC Utrecht and with partners at the Utrecht Science Park, while preserving the benefits of our close-knit community.

Finally, we are committed to deepening collaborations with patient organizations. This too will be monitored more explicitly on the program level in the future research lines. Strengthening direct patient involvement throughout research development and implementation will develop in line with the UMC Utrecht-wide approach.