



NETHERLANDS FEDERATION OF  
UNIVERSITY MEDICAL CENTRES

# Shaping the health of tomorrow together

Strategy of the umcs of the Netherlands 2025-2030

2025-2030

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### Strategy of the umcs of the Netherlands 2025-2030

The world we are living in is changing rapidly. The pressure on the healthcare system keeps increasing, and society is faced with enormous challenges. If we want to ensure that everyone can still get the care that they need in the future, then change is essential. Our healthcare system must become a health system. That will only be possible when we strengthen our collaboration – with parties both inside and outside the healthcare sector.

The umcs are doing their utmost to improve the healthcare and health of the future. We remain pioneers of innovative care, education and science. We are bundling our innovative strength so complex treatments remain available for everyone. Concurrently, we accept our responsibility for closing the health gap, because health must not depend on where you live or who you are.

That is why we are working together with partners on a future-proof care industry in which healthcare is smarter, better and more accessible. We are countering fragmentation and creating a sustainable healthcare system in which each person receives the appropriate care. We want to ensure a healthy present and a healthy future – for everyone. We can only realise this together: with current and new partners, patients, students, educators, researchers, residents and caregivers. It demands trust, courage and creativity. Together we can shape the health of tomorrow.

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## Preface

Anyone walking into one of the seven umcs of the Netherlands on any random day enters a special world. There is a colourful collection of people, a cacophony of voices and other noises, swirling colours, shapes and movements. It resembles a city inside a city, with people sitting with a cup of coffee, a scooter whizzing softly past, a friendly volunteer helping a visitor find their way with a cheerful balloon. There are also people waiting tensely, or calling or messaging. Students tap on their laptop. Someone rushes past carrying a tablet in their hand.

Joy, relief and grief, sometimes they occur close together. The realisation dawns that some of these people would rather be anywhere else than here. Unfortunately, something has happened to them, and they cannot do anything else, because they or a loved one needs highly complex care.

The 87,000 employees of the umcs of the Netherlands see 1,260,000 patients annually. We are currently training 35,000 students, plus 4,000 medical specialists and 6,200 nurses and medical support staff. Every year, 1,000 general practitioners start their training with us. The highly complex care is provided by our medical specialists, together with our other professionals. Annually, about 1,800 doctoral students are awarded their doctorate, producing around 40% of the total scientific research output in the Netherlands. These figures are impressive. But for me as chair of the seven umcs of the Netherlands, I am primarily interested in the people behind the figures, and their stories.

And I am referring to our employees as well as the patients. In their teams, they support and heal patients. Or try to force a scientific breakthrough with a societal impact. Our people are the ones who make the difference, if only because they keep looking for new possibilities to improve people's health. They generate knowledge and develop innovations to realise the greatest health gains possible, both for individuals and for society as a whole. So that umcs can do this, we train healthcare professionals and talented scientists. We share our knowledge with society and scale up meaningful interventions.

As the umcs of the Netherlands, we are aware of our immense societal responsibility. By combining the innovative strength of the seven umcs, we augment the societal impact. This allows us to build on the durable collaboration we already have in place. By combining forces, we can employ our specific strengths optimally. Our strategy shows how the umcs of the Netherlands want to contribute as a collective to a healthier, more vital and sustainable society.

We are committed to groundbreaking healthcare, equal health opportunities and a future-proof care industry. Naturally, we are not doing this alone. We generate the greatest impact together, in close collaboration with existing and new partners in healthcare, health, education, government and business, whether national, international, regional or local. Get inspired by our strategy. And consider it an invitation to collaborate with the umcs of the Netherlands on meaningful, appropriate healthcare and better health.

**Helen Mertens, chair**

Also on behalf of Bertine Lahuis (Radboudumc), Stefan Sleijfer (Erasmus MC), Ate van der Zee (UMCG), Douwe Biesma (LUMC), Carina Hilders (UMC Utrecht) and Hans van Goudoever (Amsterdam UMC).



# 1. Starting from societal challenges

The Netherlands is faced with major societal challenges to keep healthcare accessible, affordable and high quality, let alone improve the health of existing and future generations. Although we are living longer on average, we are also spending a larger portion of our lives ill (sometimes chronically) and dependent on often expensive medicines or costly medical technology. The health disparities in society are growing. We are increasingly aware of how our physical surroundings, the environment and a changing climate affect our health; the climate crisis is a health crisis. Poor health costs the Netherlands tens of billions of euros every year. It puts increased pressure on the healthcare sector, reduces labour productivity and impedes the enjoyment of being alive. Given the increasing demand for healthcare and growing shortage of staff, it is unmistakably evident that we all have to change course.

## Innovation and reorganisation

Since we want to keep healthcare accessible, we shall have to keep innovating and organising healthcare differently, paying a lot of attention to sustainability in our ideas and actions. Plus we have to keep a close watch on effectiveness and the human dimension. This means putting the patient first and taking into account the wishes and needs of current and future generations of employees more than we do now. More collaboration is needed that crosses domain boundaries, so we can work together on revolutionary concepts and innovative solutions, including automation and the use of artificial intelligence (AI). Developing new medicines and technological and biomedical innovations offer great opportunities to keep healthcare affordable and accessible. That also applies to innovations in preliminary, primary and secondary care. A permanent focus on prevention is essential, to prevent overloading of the healthcare sector and ensure that people can live and work with more enjoyment and in good health.

**Innovating with a focus on sustainability, effectiveness and the human dimension.**

## Towards a broader perspective

Umcs innovate for the healthcare and health of tomorrow. They contribute to every field mentioned above. But the answers the future needs are not to be found in medical innovations alone. Health concerns more than just physical functioning, and a broader perspective on healthcare and health is needed. The umcs' knowledge is invaluable to get all those involved to collaborate on appropriate care and a healthy society. It is also crucial to link up with the healthcare already being implemented locally in neighbourhoods. We also need to keep taking into account the differences between people, to ensure that healthcare, support and prevention are truly inclusive.

## Prioritise vitality and quality of life

The necessary major changes require a transition from a healthcare system to a health system in which vitality, quality of life and sustainability take priority. We umcs of the Netherlands, in our role as academic centres, accept our full responsibility to contribute to this transition. There is enormous power to be found in the integration of our core tasks: complex patient care, scientific research, academic education and valorisation. We can use it to make scientific insights useful for society. With our knowledge and expertise, we want to help promote and protect the health of society.

## Do what society needs

The demand is clear: do what society needs and what is expected of the umcs. Our joint activities can shift in the coming years towards themes like vitality and productivity of society, reining in the growing demand for healthcare and its cost, dealing with shortages in the job market and keeping academic healthcare accessible. We must respond to the consequences of the global developments that affect health. This concerns not only the environment and climate (planetary health), but also the ecological footprint left by healthcare and science, and for example the effects of different lifestyles, underlying mechanisms, and the interaction between the social and physical surroundings and health/ill-health.

**The demand is clear: do what society needs and what is expected of the umcs**

## Using our common strength

To work on the societal challenges, the umcs of the Netherlands are jointly committing to realising groundbreaking healthcare, equal health opportunities and a future-proof care industry. These are the three ambitions that we are elaborating in our joint strategy for the period 2025-2030 (Chapter 3). The collective acceleration agenda we have prepared shows how we as umcs of the Netherlands will use our common strength (Chapter 4). Of course, we need to involve our existing and new partners, with whom we collaborate in local, regional, national and international networks. The innovative strength of the umcs is worthless if it cannot find its way to the people who ultimately do the work: the ones on the workforce, the hands at the bedside and in the neighbourhoods. Only together can we successfully innovate, for everyone's health.

## The 7 umcs of the Netherlands

The seven umcs of the Netherlands work hard every day to improve health for everyone. Every umc has four core tasks: care of specialist referral patients, conducting scientific research, training (healthcare) professionals of the future, and valorisation: making new scientific insights useful for society. The umcs of the Netherlands have decided on innovative training and putting people first in work and training.

### Position in the care industry

Umcs occupy a non-standard position in the care industry. An umc combines a hospital with a medical faculty, where a range of professionals are trained: medical physicians of all specialisms, nurses and supportive healthcare professionals. Within an umc, training and science – with plenty of space for fundamental research and the development of innovative treatments – are embedded in the most complex care. The umcs distinguish themselves from specialist clinical and general hospitals in that way. The interweaving of tasks makes umcs exceptionally capable of translating findings from science into practice via the clinic and fostering scientific research in turn with questions from the practice. Thanks to the increasing regional collaboration, there is a comparable cycle in place for the entire healthcare domain, including extramural healthcare, prevention and public health.

### Source of groundbreaking innovation

The umcs occupy a unique societal position to work together with their partners on the societal challenges regarding healthcare and health. Scientists work on groundbreaking research, both within their own umc and outside it. In their region, they stimulate, initiate and coordinate research and innovation, in close collaboration with other parties. The chosen themes reflect the demands and needs of patients and citizens. The umcs of the Netherlands deliver knowledge about healthy living, research diseases, develop diagnostics and treatments, and are thus an indispensable source of innovation in healthcare and health.

### Top-quality organising and researching

The umcs have a huge organising capacity. They work together with other healthcare and scientific organisations in regional, national and international collaborations to contribute to the knowledge and health infrastructure of society. With their large share of the total scientific output, the umcs make an important contribution to the Netherlands' reputation as a knowledge leader. In scientific fields, the umcs are counted among the world's best.

### Addressing knowledge needs with impact

The umcs are among the biggest employers in the Netherlands, and their economic impact is consequently huge. They also have a significant influence on healthcare and the public health by helping to improve health policy with knowledge. They are responsible for spin-offs, startups and other innovative developments. Together with patients, businesses, universities, specialist clinical and general hospitals, universities of applied science, societal organisations, healthcare providers, local, provincial and national governments, the umcs address society's knowledge needs.

## 2. Towards a joint multi-annual strategy

Although the umcs of the Netherlands have worked together intensively for many years, we have never formulated a joint multi-annual strategy. The urgency of the societal challenges concerning healthcare and health makes the explicit elucidation of our strategic choices as a collective an indispensable step. A joint strategy provides direction for our activities and the content of the discussions we conduct. This helps us to optimally utilise our resources and the employment of experts from the umcs, the office and the board of our association.

### A collective acceleration agenda

We are therefore taking the clear decision to focus more by undertaking some of our activities from now on as a collective, from a communal sender: the umcs of the Netherlands. We work as a collective on our acceleration agenda because a umc cannot act alone. The agenda also provides direction for all our people – healthcare professionals, researchers, educators, students, doctoral students, support personnel, volunteers – to intensify our contribution to healthcare and health together. A joint story of the umcs is an invitation to our partners to strengthen the existing networks. Putting societal challenges first means that we have to collaborate more with each other and with other parties.

**We bring focus by undertaking some of our activities from now on as a collective.**



### The common strength of the umcs

Each umc in the Netherlands has its own unique strengths. For the core tasks – that apply to every umc – there is an evident concentration of knowledge and expertise, a huge innovative strength and a strong organising ability to combine reforms in the region together for better healthcare and health. But what exactly is our common strength? It is too simple to state that we are more than the sum of our separate parts. That is why we have asked ourselves the question of what is the umcs' 'common uniqueness'. For what theme does our joint effort have added value? That embodies the reason that we want to contribute to the societal challenges as a collective.

**As academic actors we combine our innovative strength to shape the health of tomorrow.**

### Shaping the health of tomorrow together

As umcs of the Netherlands, we want to combine our innovative strength to shape the health of tomorrow. We accomplish that by sharing knowledge as a team and working closely with each other and with partners locally and further afield. As academic actors, the seven umcs of the Netherlands form a source of innovation for a healthy society and are key players in the designing of the future care industry. Our innovation derives from today's challenges and the demands and needs of patients and citizens. Or from issues arising in the clinical practice, at other healthcare organisations and from our regional partners.



### Strengthening and complementing each other

With our knowledge we generate new ideas, products, projects and processes that contribute to a healthier Netherlands and elsewhere. Precisely because of this innovative function, we are raising up future care as well as the care for today's patients to a higher level. By doing so, we strengthen and complement each other. Which choices we make as a result and how we want to approach this as the umcs of the Netherlands in the coming years shall be elaborated in the next two chapters.





The Netherlands is faced with major societal challenges to keep healthcare accessible, affordable and high quality, let alone improve the health of existing and future generations. That is why the seven umcs of the Netherlands join their innovative strength in a collective strategy. Together with each other and with parties both inside and outside the healthcare sector we want to shape the health of tomorrow.



### Ambitions



Groundbreaking healthcare



Equal health opportunities



Future-proof care industry

### Our collective acceleration agenda

Up to 2030



Knowledge generator for appropriate care



Flywheel for an action plan for accessible and affordable medicines



Driver for prevention with impact



Realising optimal accessibility of academic healthcare



Building an authoritative research infrastructure



Renewing the education and training of healthcare professionals and making them more flexible



Pioneers in AI, data-driven healthcare, health & research

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## 3. The three aims of the umcs of the Netherlands collective

The umcs of the Netherlands work jointly on solutions for societal challenges. To bring focus into the collaboration, we have decided on three aims as a framework for our strategic choices.

### 1. Groundbreaking healthcare

**Our aim is to realise high-quality, groundbreaking healthcare. We accomplish this together by developing and applying new medical and biomedical technology, diagnostics and academic healthcare. We work together in excellent research facilities. We innovate appropriate and sustainable healthcare.**

As umcs we are constantly searching for the latest insights and innovations to treat and prevent diseases better. We build on our strong foundation of knowledge, expertise and previously developed infrastructure. With our acceleration agenda, we are strengthening our collaboration and investing more jointly in our research facilities and in the development and application of the latest medical and biomedical technologies, AI and diagnostics. We are also intensifying the collaboration to accelerate the implementation of appropriate care. We are fortifying our role for accessible and affordable medicines. We strive for our collective effort as umcs to remain international, national and regional leaders in the field of innovative, high-quality and sustainable care, with academic healthcare being our unique expertise.

### 2. Equal health opportunities

**Our aim is to shrink the health gap in the Netherlands. We accomplish this together by developing and applying new knowledge and expertise for more healthy years of life for everyone. We are drawing more attention to the health gaps in healthcare provision, including a focus on people who have a lower health literacy, and generating more knowledge about a healthier living environment.**

Our acceleration agenda is focussing our efforts on prevention in the coming years. This concerns the individual (patient) level, for example providing lifestyle medicine, as well as the population level, for example via the living environment, paying attention to health disparities between existing groups and future generations. We shall continue our intensive collaboration with partners on the neighbourhood, local, national and international levels. We shall train more extramural healthcare professionals to provide better healthcare and prevention in the immediate living environment. To develop, use and apply data integrally for healthcare, health (including prevention) and research, we want as umcs to realise a data infrastructure covering the entire country.



### 3. Future-proof care industry

**Our aim is a future-proof care industry. Together we are positioning ourselves powerfully in the societal debate and tearing down barriers that are putting pressure on healthcare. We accomplish this by working more intensively together and by investing in our people and committing to training the professionals of the future.**

Our acceleration agenda directs our actions for the coming years towards a common vision of a future-proof, accessible academic healthcare. By collaborating more specifically – with each other and with our partners – on knowledge development for and application of appropriate care in all domains, we want as umcs to accelerate its potential. We shall ensure that our employees are trained in AI skills to contribute optimally to data-driven care, health and research.

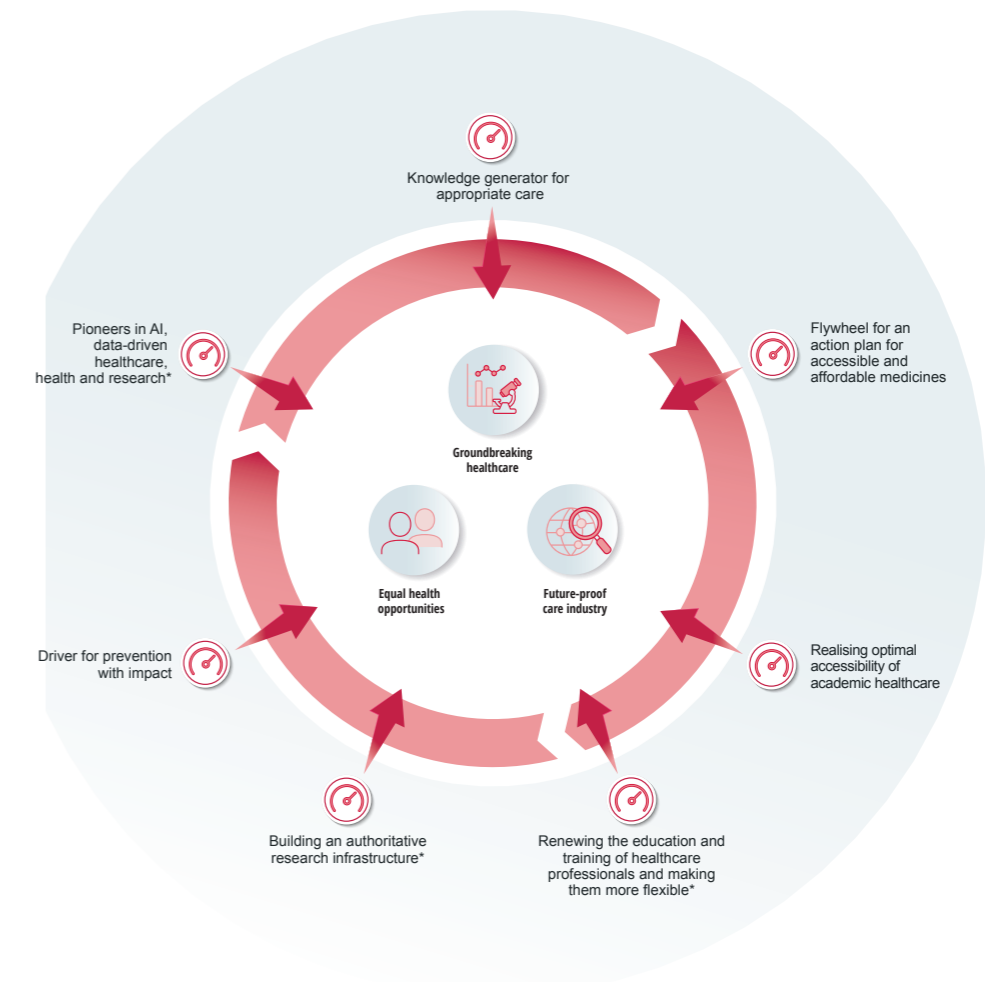
**The societal challenges require teamwork from the umcs as a collective.**

#### Proud to learn from each other

The societal challenges concerning healthcare and health require teamwork that emphasises the added value of the umcs as a collective. Each umc will shape the acceleration agenda we elaborate in Chapter 4 in its own region. In the meantime we shall create synergy through coordination, exchange and sharing each other's knowledge and lessons learned. By renewing our mutual inspiration together, we can say: 'proudly adopted from'. Only by bringing focus in our collaboration and allocating tasks better can we accelerate the learning and development process and let our individual efforts count effectively.

## 4. Our collective acceleration agenda up to 2030

To foster concrete ideas of where we shall take more action in the coming years to realise the three aims, the umcs of the Netherlands have decided on a collective acceleration agenda with seven points. This agenda builds on our experiences and expertise in collaborating, and we shall advance this further in the coming period. To make a visible impact, we are intensifying and accelerating this movement with concrete initiatives.



#### The umcs of the Netherlands:

- form a knowledge generator for appropriate care
- are a flywheel for an action plan for accessible and affordable medicines
- are a driver for prevention with impact
- are realising optimal accessibility of academic healthcare
- *are building an authoritative research infrastructure*
- *are renewing the education and training of healthcare professionals and making them more flexible*
- *are pioneers in AI, data-driven healthcare, health and research\**

\*Bullet points in italics are crucial components and prerequisites for the other components of the acceleration agenda.

There are no readymade solutions for any of these initiatives. These are major challenges that demand more effort from many parties. As umcs of the Netherlands, we address them together and invite our partners to create relevant collaborations.



## Knowledge generator for appropriate care

A common movement towards human-centred and future-proof healthcare

### What action have we taken so far?

The umcs develop, generate and implement knowledge and innovations that can contribute to appropriate care. Although each umc has a great deal of knowledge and expertise in house regarding appropriate care, there is still insufficient synergy between their efforts. Because we do not sufficiently share each other's expertise, joint implementation does not work well enough yet.

### What do we want to achieve?

Appropriate care is accessible and affordable, effective and practical, and given in the right place while retaining its quality standards. The care is organised as close to the patient as possible, and the patient is involved in the implementation. By working in a more targeted way on knowledge development for and application of appropriate care, the umcs accelerate its potential. In this way, we contribute to better treatments and healthcare for patients.

### What are we going to do?

- Inventory knowledge gaps and prepare a joint knowledge agenda. We shall also share our existing knowledge better. Appropriate care will be given more priority as a result, so we can bind knowledge from science more strongly with knowledge and expertise from the daily healthcare practice.
- Formulate an implementation strategy and ensure that appropriate care is more evident in our networks. We learn from our regional partners and collect demands and needs.
- Adopt good practices from each other and set up learning networks between healthcare organisations to promote promising practices.
- Make the impact of appropriate care evident. We are going to develop methodology to measure and evaluate the transition to appropriate care.
- Commit to a fair distribution of initiatives so everyone's effort becomes the best it can be.

### What will be the outcome?

Patients will notice that our healthcare matches their values and needs better. The healthcare will be organised in a more customised, effective and labour-saving way, which will lead to societal value and health. This will allow us to compensate for the increasing demand for healthcare. In addition, it will yield practical knowledge, applicable innovations and clear policy recommendations, from which system parties and partners in the Integral Care Agreement can profit.



## Flywheel for an action plan for accessible and affordable medicines

Accelerated innovation for improved availability of medicines

### What action have we taken so far?

The access to medicines in the Netherlands is under pressure. The delivery time is not optimal, the price is sometimes unacceptable, and legislation is not always helpful. The government and healthcare sector have too little influence on the development and availability of medicines.

### What do we want to achieve?

As umcs we are striving for wider access to new and existing medicines for everyone who needs them. We want to accelerate and develop the aspects impeding this access that we can influence. We can thus contribute to getting pharmacotherapeutic innovations into practice faster, augment the health opportunities for everyone and lower the pressure (including financial) on healthcare.

### What are we going to do?

- To accelerate the movement towards affordable and accessible medicines, we are going to work more intensively together, by sharing our facilities, knowledge and experience.
- As academics, we want to be involved more in the medicine development process.
- Promote the appropriate use of medicines.
- Strive for socially responsible licensing by developing socially responsible valorisation, because we feel that 'socially responsible' applies to all aspects of valorisation.
- Communicate with patients and the general public to inform them about the role of umcs in the availability of new and existing medicines.

### What will be the outcome?

This ensures that patients who need new or existing medicines have access to them. In addition, our partner organisations will realise that the umcs are accepting their role and responsibility for this issue.



## Driver for prevention with impact

Targetted action for a healthier society

### What action have we taken so far?

The umcs have long generated a great deal of knowledge about prevention. They also play an instrumental role in the creation of local, regional and national prevention agendas. Nevertheless, as a society we are experiencing a growing health gap and noticing that an effective prevention policy is not managing to take root.

### What do we want to achieve?

As knowledge and innovation centres, the umcs want to help make society healthier. Therefore, it is essential that our knowledge about prevention is applied better both within and outside the healthcare sector. By influencing policy developments (both local and national) more specifically, we can have more impact and contribute to equal health opportunities, more healthy years of life and the further integration of prevention as part of appropriate care. Prevention ensures in addition a healthier working population and retention of job market potential, which are indispensable for a future-proof healthcare.

### What are we going to do?

- We are preparing a joint, specific prevention agenda, drawing on current collaborations.
- As the academic driver we shall strengthen the national and other knowledge infra structures for prevention. We shall choose innovative ways to research and work on knowledge synthesis of the results. We shall also apply our new knowledge about prevention directly in the training of our healthcare professionals of the future.
- Show that our knowledge supports local, regional and national policy through targeted knowledge exchange.
- In the societal debate we are promoting a stronger emphasis on the importance of health promotion (for example, from another policy area: Health in All Policies) and we are talking to politicians to argue for a widely supported approach to prevention.

### What will be the outcome?

The possibilities for a healthy life can be organised better, creating value for citizens, caregivers and politicians. This will provide specific knowledge and subsequent policy recommendations, from which partners on both the local and national policy levels can profit. Ultimately, existing partnerships with regional parties in healthcare, prevention and research will be strongly stimulated.

## Our permanent foci

The seven umcs of the Netherlands are united in the Netherlands Federation of University Medical Centres (NFU). Under the auspices of the NFU, the umcs have been working together for years to fashion their unique role in the care industry. They respond to important trends and developments. A few illustrative examples are given below.

### Investing in healthcare professionals now and in the future

All of our employees are driven by their curiosity to work on health for today and the future. The umcs are also experiencing the consequences of a tight labour market. We note that the wishes and needs of new generations of healthcare professionals differ from those of the current generation. umcs are the educators of a wide range of nursing and medical professionals in the region and offer a workplace with many opportunities and development possibilities. Based on a clear vision, we want to invest in our employees and in modern leadership. With technological innovations, interprofessional training and flexible training, we continue our collaboration for future-proof training and tomorrow's labour market. By organising the work more intelligently, with a lower administrative burden, we can continue to attract and retain talent. We are developing a vision of the future of work and focus on innovation in the cao for umcs. We are also working together to resolve the shortages in healthcare, especially in preliminary and primary care. With more regional collaboration we hope to promote the mobility within the healthcare sector.

### Sustainable healthcare as guideline

Sustainable health guides our thoughts and actions. This means that we take action to ensure that people do not become ill in the first place. When people are ill and need treatment, then we provide treatment with the smallest impact on the environment, nature and climate. By signing the Green Deal Sustainable Care 3.0, the umcs of the Netherlands have committed themselves to trendsetting sustainability ambitions. We follow on from this with our joint commitment to accelerate the greening of healthcare in the Citrienfonds programme 'Samen de zorg vergroenen' [Greening healthcare together]. The aim here is to use fewer single-use products, thus reducing the amount of waste produced, and prescribe fewer medicines (especially unnecessary ones). Our commitment in this is and remains huge.

### Appropriate financing

It is an enormous task to keep healthcare affordable. The umcs of the Netherlands have an important say in discussions about the organising and financing of healthcare. We shape the regional collaboration and are partners in the Integral Care Agreement. The shift towards appropriate care has been agreed in it, and requires an appropriate organisation of healthcare and appropriate financing. We are developing models for this. It is important to create an effectively organised care industry that rewards collaboration. We are continuously brainstorming with partners and the government about how to realise this together.

### About the NFU

The Board of the NFU consists of the chairs of the executive boards of the seven umcs. In the NFU managers, nurses, medical specialists, educators, researchers and numerous other professionals collaborate in dozens of work groups and committees. They handle current issues and translate the knowledge of the umcs into concrete policy proposals, projects and products. They are supported in their efforts by a federation office with 50 employees, most of whom are advisors and project leaders.



## Optimal accessibility of academic healthcare

### Solutions for appropriate tertiary and specialist referral healthcare

#### What action have we taken so far?

The umcs are responsible for providing tertiary and specialist referral care. It is one of our core tasks to provide academic healthcare – including last-resort care – to patients with a highly complex, non-standard demand for healthcare. Each umc has developed a specific expertise through the unique way in which knowledge and innovation go hand in hand in the umcs. The collaboration between the umcs regarding this aspect could be better.

#### What do we want to achieve?

To realise future-proof and innovative specialist referral appropriate care – and safeguard equal access for everyone – we are developing a common vision for highly complex, low-volume healthcare. We want to learn from the approach in the Integral Care Agreement, which strives for an optimal organisation of healthcare through spreading and concentration. We are also learning from earlier concentrations between the umcs and building on our approach to healthcare and research into, for example, paediatric surgery and rare disorders. Concentration of healthcare occurs not only between umcs, there is also extensive specialisation within the centres. Network formation – for example, the oncology networks – is essential for the collaboration. By producing our common vision, we are ensuring the accessibility of academic healthcare.

#### What are we going to do?

- Take action to document what is already optimally organised in academic healthcare and what the effective elements of this are.
- Explore the possibilities for optimising paediatric healthcare, followed by other forms of highly complex, low-volume healthcare.
- Realise a broadly supported approach to rearranging this part of the care industry and involve our natural (regional) partners in this. They could be the relevant patient organisations, the general and specialist clinical hospitals, independent treatment centres (ZBC's), the expertise centres for rare disorders and the European Reference Networks (ERN's) they are associated with.

#### What will be the outcome?

Academic healthcare remains accessible, affordable and of high quality, and the patients will notice that. Because the patients only enter the umc for part of their healthcare journey, the regional and other partners can contribute as equal parties to the highly complex, low-volume healthcare. In addition, this results in a bundling of knowledge and experience that both policy and the practice will profit from.



## Authoritative research infrastructure

### Continuous innovation with a common research infrastructure

#### What action have we taken so far?

Each umc conducts its own policy regarding the research infrastructure. We compete on financing

#### What do we want to achieve?

By combining our strengths, we want to work together on an efficient and accelerated technology development and build on common facilities for groundbreaking research. This ensures the continued development of new (bio)medical technology, diagnostics and treatment and more knowledge about health.

#### What are we going to do?

- Strengthen our research infrastructure by setting common priorities for renewal and continued development, and with advance planning, keep continuous innovation possible in healthcare, research and education.
- Agree among ourselves which key technologies we want to prioritise for continued development to ensure renewal and/or acceleration. We do this in close coordination with universities and business.
- Approach financiers as a collective.
- Utilise each other's facilities more and simplify this access by harmonising procedures better.
- Employ our infrastructure better in response to regional issues. Thus, we facilitate current research questions.

#### What will be the outcome?

This will lead to the sustainable safeguarding of the availability of our common research infrastructure, including for partner organisations. We will use resources more efficiently. There will be more focus on the development of key technologies, making research more specific.



## Making the education and training of healthcare professionals more flexible

Accelerating future-proof training in the centre of healthcare

### What action have we taken so far?

The umcs have been working for some time on a cohesive and flexible training system. Despite improvements, there is still a high work pressure in the advanced training, and a lack of autonomy, authority and control is experienced. Our training could reflect better the health issues in society. More attention is needed to ensure employees are retained, and an acceleration to effectively ensure enough competent healthcare professionals for the healthcare and prevention of tomorrow.

### What do we want to achieve?

In the changing care industry, there is a need for more extramural physicians, for primary care, prevention and healthcare in the immediate living environment, with an emphasis on societal participation. We can jointly contribute to reducing health disparities. More versatility is also needed, along with room for a flexible employment of healthcare professionals. The region is the setting in which the social domain and preliminary through tertiary care work together in an interprofessional and transmural manner. Future-proof education and training follow on from this, over all of the levels. We commit to working in vital teams, with a focus on the human dimension and dialogue. With a good work-private life balance and more authority and control, talented healthcare professionals will remain in the healthcare sector.

### What are we going to do?

- Work with our partners to continue implementing the Training Continuum Vision for medicine students, new style medical school graduates, broader talent development of healthcare professionals and lifelong learning.
- Accelerate making the training/advanced training of nurses and support professionals more flexible and realise with partners a new training system for the different medical specialist trainings.
- Scale up interprofessional training, including the use of digital training concepts and other innovative education applications.
- Commit together with partners on innovative training in an open and stimulating environment, with continuous learning and improvement and paying attention to sustainability as starting points.
- Evaluate our approach and scientific research to teach us what we can improve.

### What will be the outcome?

The culture shift to working in vital teams will impact the work and learning environment of healthcare professionals – medical, nursing and medical support. Cross-boundary collaboration will ensure a better connection between training in primary care, social medicine and hospital specialisms. The training as a medical specialist will have a different design, enabling more flexible career paths. There will be medical specialists with a range of profiles – education, quality, technology – and more extramural healthcare professionals. This will all lead to a better match with the societal demand for healthcare and more sustainable healthcare.



## Pioneer in AI, data-driven healthcare, health and research

Building groundbreaking, future-proof healthcare and equal health opportunities with data and AI

### What action have we taken so far?

There are few developments that have as huge an impact on the functioning of healthcare as digitalisation. Now that artificial intelligence (AI) is going through an enormous advance, we believe there are many opportunities to employ data technology for healthcare and health. With the Cumuluz programme, for example, we are contributing to an optimal availability of data. But the integral development, use and application of data to healthcare and research on the one hand and healthcare and health (prevention) on the other are still not good enough. Although the umcs have been developing and validating AI for a long time, applications are done primarily within one umc.

### What do we want to achieve?

As umcs we want to realise a nationwide data infrastructure for healthcare, health and research. Along with creating data platforms for healthcare (CumuluZ) and research (Health-RI), we are bringing regional and national health data together. The European Health Data Space serves here as a springboard and legal framework. With AI we want to achieve better and faster diagnostics and treatment. By employing AI to improve the work processes, we lower the administrative pressure on our employees.

### What are we going to do?

- We are initiating a national coalition of healthcare, research and prevention parties to create a nationwide data infrastructure that harmonises with the European one where possible. We shall focus on regions where the current cover is inadequate.
- Unlock the most relevant data sources from healthcare organisations, research institutions, medical registers, (decentralised) governments, companies and other parties.
- With our cohort studies and biobanks as a basis, we shall explore the possibilities of a National Biomonitoring Programme.
- Combine our strengths to obtain data and make them available for AI development (both predictive and generative AI) and validation. We shall work more intensively on the accelerated integration and upscaling of AI in healthcare.
- Ensure that our employees are trained in AI skills.
- For a responsible and explicable development and application of AI, we shall implement the ethical and legal preconditions together. In our communications with patients, we are clear and transparent about the use of AI in healthcare.

### What will be the outcome?

Combining strengths for better and available health and healthcare data provides added value for partners in prevention, the social domain, research parties and policy organisations. This will lead to better collaboration with healthcare and knowledge partners. Caregivers and researchers will profit from this, and patients can count on improved healthcare. A more efficient and effective manner of working also ensures higher productivity and more enjoyment of work among the scarce healthcare personnel. Data and AI contribute to different policy aims, like accessibility and affordability of care and responsible use of data.

## Conclusion

This document is the result of an intensive process, involving many partners we work with, key players from the seven umcs and the NFU office. We asked our important external and internal stakeholders about the impact and contribution that they would like to see from the umcs in relation to the societal challenges we are facing. By taking only 6 months to formulate this collective acceleration agenda, not everyone was able to provide their input optimally. Therefore, the content of this strategy document was produced by assembled groups of representatives from every umc. We wanted to create as broad a support base as possible for our strategic choices and shall continue to commit expressly to them in the next phases.

'Shaping the health of tomorrow together' is a result that we are proud of. We are not only proud of the content, the process that we went through together to get here is also noteworthy. Thanks to a broad engagement, a shared vision arose about the path we need to tread together. We are also grateful to the Young Care Innovators (Jonge Zorgveranderaars), a group of young employees from the seven umcs, who contributed critical and constructive ideas about the direction the umcs should take.

**Let's continue consulting each other and challenging ourselves to take new steps.**

By setting the strategy for the period 2025-2030, the umcs of the Netherlands are taking an important joint step towards more focus in the collaboration to address societal challenges concerning healthcare and health. Now that we know the 'why' and the 'what', we can get started on the 'how': how can we ensure that our aims and our acceleration agenda will be realised in an effective and broadly supported manner? What is needed to ensure the success of our strategy with all involved partners? This will be a process of continuous attention and evaluation, to reveal whether and how we succeed in realising the intended acceleration.

Previously, we stated: the societal challenges regarding healthcare and health require a common commitment of all parties in the field, and an intensive collaboration with the real people concerned: the residents of the Netherlands, patients, clients, family members. Commitment is also needed from the government and in policy – local, regional and national. We shall have to take action for a healthier Netherlands. That will require trust and courage and creativity to do things differently. Let's continue consulting each other and challenging ourselves to take new steps, to shape the health of tomorrow together.





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