

# Doctoral Students' Ombudsperson's report - the fiscal year 2018

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# Background - role and working method

Medicinska Föreningen (MF) has an employed Doctoral Students' Ombudperson (DO) to whom all who are admitted to doctoral studies at Karolinska Institutet (KI) can turn to with various problems/issues, not dependent on membership in MF. DO has a duty of secrecy and is subject to confidentiality. DO's main tasks are;

1. Ombudsman in individual doctoral students' matters
2. Preventive work and feedback to the student unions and KI
3. Information for doctoral students
4. External monitoring of the area

DO regularly informs about its role and function on the compulsory introduction day for all newly admitted doctoral students (4 times per semester), and participates in a lecture on equal rights on the supervisor training (2 times per semester). A focus area in the lecture is to inform about the problems/conflicts that DO has experience of and how these can be prevented/resolved. In addition, a group discussion is held around previous DO cases. Furthermore, the DO regularly participates in meetings with the Work Environment Council (AMN), the Doctoral Students' Association (DSA), the Student Health Centre and in internal meetings at MF. Between 2009 and 2018, DO participated in meetings with the Board of Doctoral Education (FUS). As of 2019, this has been replaced by other forms of cooperation[1].

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[1] Consultation meetings together with the vice president of doctoral education and the presidency of MF once a month to discuss strategic questions; meetings with the vice president of doctoral education and central study director once a month to reconcile individual doctoral cases; officers' meetings twice a semester on student-related issues at all levels; and, if necessary, thematic discussions in connection with meetings with the Committee of doctoral education (KFU).

In addition to the above meetings, DO has regular contact with employees at KI. Above all, these are contacts with study directors, heads of department and administrators at each department, but also contacts with the central administration. The latter concerns in particular cooperation with the two central study directors for doctoral education; Ingeborg Van Der Ploeg and Robert Harris [2].

## Reporting to the Committee of Doctoral Education

DO is yearly presenting its activity to the Committee of Doctoral Education (KFU)[3]. The report summarizes the past year's cases in numbers, broken down by department, gender and foreign origin. The latter is new to this year's report. Furthermore, the most common themes of problems that doctoral students turn to DO for are presented. Other observations and recommendations regarding doctoral students' situation at KI are also summarized.

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[2] In connection to Robert Harris joining as Vice-Rector for Doctoral Education in 2019, he resigned as central director of studies and local director of studies for CNS.

[3] Before 2019 it was the Board of Doctoral Education that received the report.

# Case Management

Issues that arrive at the DO are of a different nature, although some themes are recurring. They can vary in time from a few weeks to years and vary in workload because the contact can be more intense in some periods. It is also dependent on what support the doctoral student wants from the DO, be listened to and/or active support with escalating the case. The definition of a case is: "contacts with DO initiated by a doctoral student who have not been limited to simpler answers to questions, reference to other executives/function within KI or help with problems that could not be solved with advice to a lesser extent". However, this definition does not allow a clear distinction between a simpler case that can be solved with a minor information effort compared to a longer and more resource-intensive case.

## Compilation of DO's cases 2018

This year's report is a compilation of the cases that the DO has worked on during the fiscal year 2018. For the 2018 year, there are a total of 44<sup>[4]</sup> cases, of which 33 were new cases and a further 11 cases remained from previous years (10 from 2017 and 1 from 2016). The majority of the doctoral students who contacted the DO were women (75%) (see Table 1), and had foreign origin<sup>[5]</sup> (63%), respectively.

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[4] Of these cases a total of 34 (77%) were completed during 2018.

[5] Definition of foreign origin is "communication in English".

In addition to those that are defined as a case, DO has received, on average, about 5 contacts per week via E-mail and telephone calls. The topics concern for instance local rules for doctoral education, employment contracts, scholarships, vacation and leave of absence due to work/studies for e.g. medical internship or residency (AT/ST) and more.

**Table 1**

Number of cases, respectively amount of women and men, 2014-2018

Year	2014	2015	2016[6]	2017	2018
<b>Number of cases (n)</b>	63	64	28	27	44[7]
<b>Amount of women (%)</b>	60	64	82	63	75
<b>Amount of men (%)</b>	40	36	18	37	25

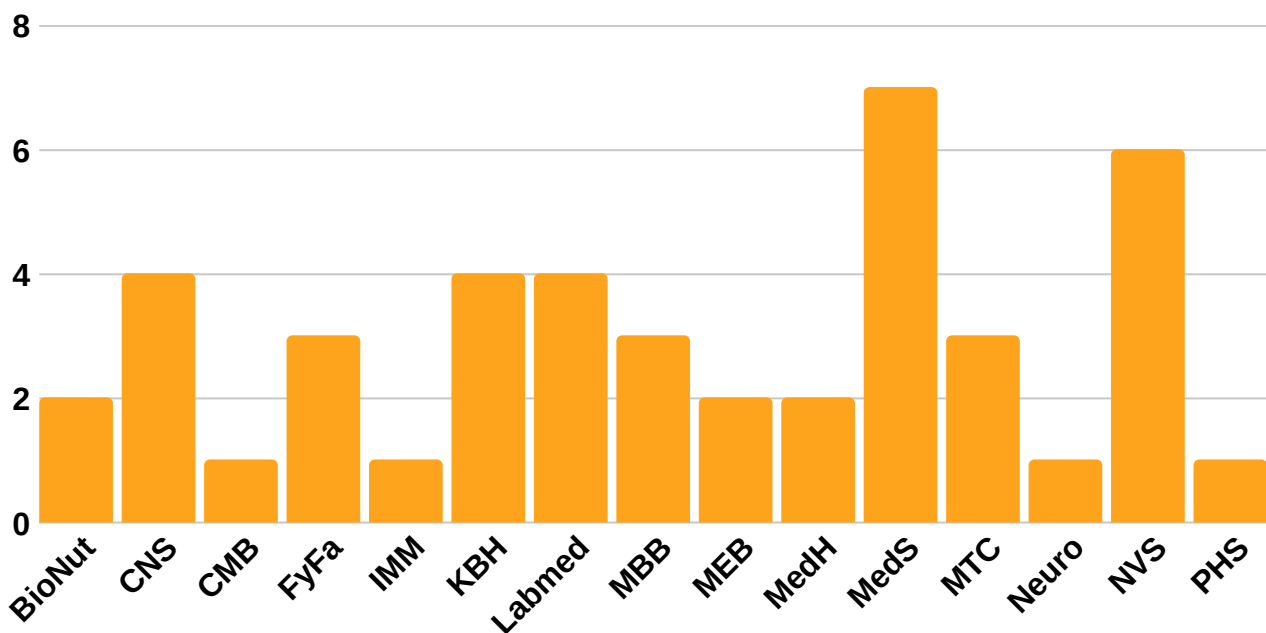
If one is to look at how the cases were distributed by department, it was 15 of 23 departments that had cases. As shown in Diagram 1, it is mainly the larger departments, such as MedS and NVS, that stand out in the statistics. If one is interested, these statistics are also available broken down by sex and origin in the appendix to this report.

[6] According to MF, when employing a new DO 2016, there has been a decline in the number of cases. This may be because the former DO's (2009 - mid-2016) defined a case in another way. It should also be added that scholarship-financed post docs are not represented in the statistics after mid-2016.

[7] Includes the cases that the DO has worked on, but not necessarily completed, in 2018.

## Diagram 1

Number of cases per department 2018[8]



If you choose to present the number of cases in relation to how many doctoral students a department has, then the pattern looks a little different (see Table 2).

The DO cannot determine whether the number of cases received from each department reflects overall problems. The DO can, however, state that when a doctoral student from a group chooses to try to solve their situation, they are often not alone in the research group about experiencing difficulties.

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[8] One of the cases for FyFa actually belongs to LIME because it was linked to a course the doctoral student took there.

**Table 2**

Number of cases in relation to number of doctoral students 2018

Department	Number of cases	Number of active doctoral students[9]	Number of cases/ number of doctoral students(%)
BioNut	2	50	4,0
CNS	4	232	1,7
CMB	1	52	1,9
FyFa	3	108	2,8
IMM	1	63	1,6
KBH	4	140	1,6
Labmed	4	110	3,6
MBB	3	90	3,3
MEB	2	76	2,6
MedH	2	117	1,7
MedS	7	210	3,3
MTC	3	77	3,9
Neuro	1	58	1,7
NVS	6	178	3,3
PHS	1	84	1,2

[9] Source: The statistics come from the respective department's doctoral education administrator.

# Category of cases

Although the majority of the cases handled often concern more than one dilemma/problem, there are some generally recurring problems. The most common problem, like the previous year, is some form of conflict/problem with the main supervisor. Almost half (20 out of 44) of the cases are mainly about this. In some of the cases, it is instead a co-supervisor who poses the problem. Under the next heading, there will be more descriptions of the type of problem that may be involved.

Of the issues concerning problems with the main supervisor during 2018, seven led to either temporary or permanent termination of the doctoral education (eg. study administrative interruption, attending AT or parental leave) or changing the supervisor in question. A couple of persons have defended their doctoral theses. The remaining are still active in the doctoral education. Other common types of problems are;

- Organizational problems, eg. "toxic" group, inappropriate study director/departmental head etc (8)
- Financing (8)
- Scientific misconduct/ethics (6)
- Disciplinary cases (2)

It is important to remember in this context that one and the same case may have elements of several of these and other problems.



# General observations and recommendations

As already stated on the previous page, supervision (person and/or process) is a common problem among the cases that the DO handles. Below is a list of examples of what it can be about. Some of the issues are those that were also included in the previous year's reporting.

- Lacking leadership in the form of non-existent management and follow-up of the project in relation to the time aspect of four years. This applies especially to (main) supervisors who are also active clinically.
- Behaviors such as offensive treatment, eg. ruling techniques, which affected the doctoral student so negatively that it led to mental illness and sick leave.
- Too high workload and poorly pronounced expectations on performance.

Many times the doctoral student tries to address the problem, but then experience that they are not being heard by the supervisor and/or the department. It is also often the case that the co-supervisor is absent. Perhaps its role needs to be more clarified in relation to the main supervisor's? Sometimes it feels as if co-supervisors are only mentioned in the individual study plan, but in reality do not contribute much.

DO agrees with the previous year's DO report that there are no formal routines at KI centrally for how a supervisor change can take place. As it is right now, it varies from department to department what the procedure looks like. What the DO sees as a problem with that is that in some cases it can become an unnecessarily extended process that ultimately does not benefit neither the individual doctoral student nor the department in question. It should not be so that it is arbitrary if the individual is in a department that has well-established routines for this. Therefore, DO's recommendation to KI is to develop routines for how this can be practically done at a central level. The procedures should include descriptions of the character "who", "what" and "when".

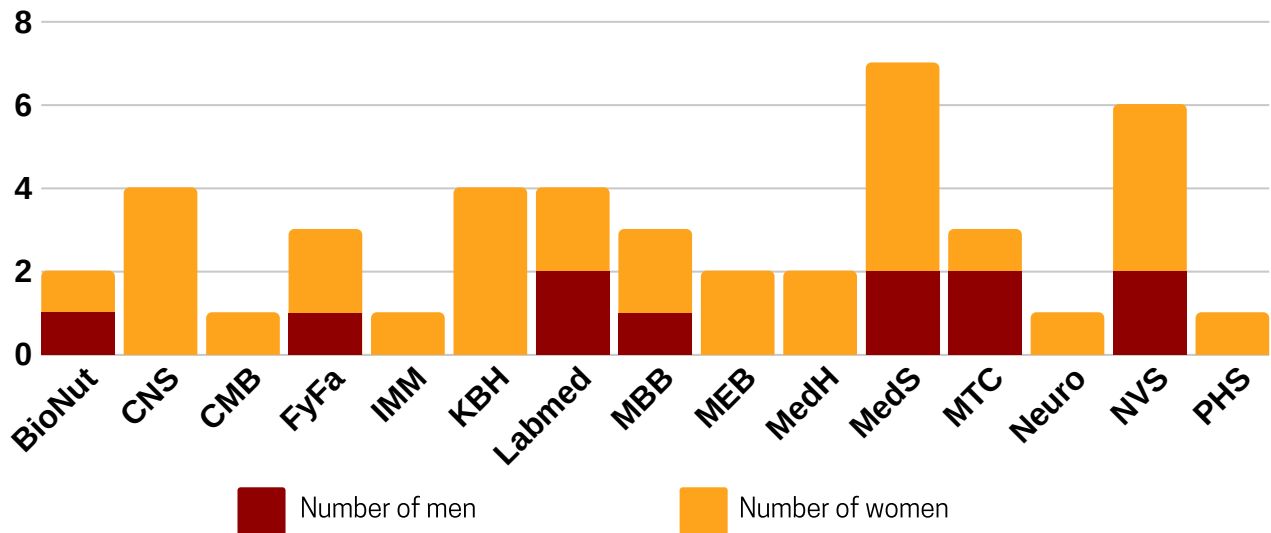
Another area where it would be desirable for KI to take a stand is how long a doctoral student may in practice be active in doctoral education while maintaining funding, preferably salary. The Higher Ordinance Act is very clear that you can be employed as a doctoral student for a maximum of four years, given that you are pursuing full-time studies. Exceptions can be granted for those who have been on leave for illness, parental leave, student union/union involvement and military service (HF, Chapter 5, 7§). DO, however, regularly meets with doctoral students who have been active for more than four years without being able to rely on the above reasons for extension. Some of them as long as six years and then they have recently done half-time controls. The DO believes that KI generally precedes a good example of how they apply wage setting for doctoral students. The same should also apply to how long a doctoral student may be financed and receive supervision from KI. In the end, it becomes a question of both quality and personal justice. However, exceptions should apply to cases where it is obvious that the doctoral student has received inadequate supervision. In those cases, it should instead be allowed to extend the training period accordingly. DO knows about cases from other universities where this has happened.

A final overall question that the DO wants to address is about how KI can become better at informing doctoral students about who has the actual employer responsibility for them. Many assume that it is the main supervisor who has it. But that is not true (apart from the cases where the main supervisor is also head of the division or equivalent), but questions such as work environment / financing etc. lie in the responsibility of the line (i.e. the head of the department). DO believes that greater knowledge among doctoral students and their supervisors about the prefect's role and responsibility could be of great help in many of the cases that DO deals with.

# Appendix

**Diagram 1a**

Number of cases per department broken down on gender 2018



**Diagram 1b**

Number of cases per department broken down on origin 2018

