

# Doctoral students' ombudsperson's report - the fiscal year 2019

Åsa Samuelsson Ökmengil

Medicinska Föreningen i Stockholm  
Box 250, 171 77 Stockholm  
Nobels väg 10, KI Campus Solna  
Alfred Nobels Allé 8, KI Campus Flemingsberg  
Tel: 08 – 524 830 79

[www.medicinskaforeningen.se](http://www.medicinskaforeningen.se)



## Background - role and working method

Medicinska Föreningen (MF) has an employed Doctoral Students' Ombudsperson (DO) to whom all who are admitted<sup>1</sup> to doctoral studies at Karolinska Institutet (KI) can turn to with various problems/issues, not dependent on membership at MF. The DO has a duty of secrecy and is subject to confidentiality. DO's main tasks are the following, in order of importance/priority

1. Ombudsman in individual doctoral students' matters
2. Information to doctoral students
3. Strategic work and feedback to MF and KI
4. External monitoring of the area

DO's primary work task is individual meetings/contacts with doctoral students and their department in question. DO also regularly informs about its role and function on the compulsory introduction day for all newly admitted doctoral students (4 times per semester) and concurrent with the supervisor training (2 times per semester). A focus area for the supervisor training is to inform about the problems 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 has a standing invitation to meetings with the Work Environment Council (AMN), the Student Health Centre, the Doctoral Students' Association (DSA), and to internal meetings at MF. Besides these meetings the DO has regular contact with employees at KI. Above all, these are contacts with study directors, heads of departments and administrators at each department, but also contacts with the central administration. The latter concerns, in particular, cooperation with the central study director for doctoral education, Ingeborg Van Der Ploeg and vice director for doctoral education, Robert Harris.

Finally the DO shall, if time is available, attend to external monitoring of the area. For example through staying updated on new national rules/guidelines, reports, etc. but also through keeping in touch with other SO's (Students' ombudspersons) and DO's in Sweden. The latter includes, among other things, participation in national and international conferences<sup>2</sup> for ombudspersons.

---

<sup>1</sup> Or those who aspire to be doctoral students

<sup>2</sup> Under 2019 the DO participated in the national conference for SO's/DO's in Karlstad the 3rd-4th of April, including the pre-conference for DO's 2nd of April, and the Scandinavian conference for SO's in Kristianstad 18th-19th of October.

## Reporting to the Committee of Doctoral Education

DO is yearly presenting a report over its activity to the Committee of Doctoral Education (KFU). The report summarizes the past year's cases in numbers, broken down by department, gender and origin. The latter is new to the last 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.

## Case Management

Issues that arrive at the DO are of a different nature, all though some themes are recurring. They can vary in time from a few weeks to years and vary in workloads because the contact can be more intense in some periods. It is also dependent on what type of 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 2019

This year's report is a compilation of the cases that the DO has worked on during the fiscal year 2019. For the year 2019, there are a total of 42<sup>34</sup> cases, of which 34 were new cases and a further 8 cases remained from the year 2018. The majority of the doctoral students who contacted the DO were women (71%) (see Table 1), and/or had foreign origin<sup>5</sup> (71%) (see appendix)<sup>6</sup>. The average handling time for the cases that were finished in 2019 were 73 days (minimum 1 day, median 50 days, maximum 378 days).

In addition to those that are defined as a case, the DO has via e-mail and telephone calls registered 32 questions from doctoral students or others who are connected to the doctoral education. It also happens that doctoral students, during training/lectures and such, make personal contact. However, the DO has decided not to maintain statistics regarding these questions. The questions concern e.g. the local rules for doctoral studies, employment contracts, scholarships, vacation and terms and conditions for clinically active doctoral students, etc.

---

<sup>3</sup> 28 (66%) of these cases were definitively finished during 2019.

<sup>4</sup> Whilst writing this report it appears that 10 have defended their thesis.

<sup>5</sup> Definition of foreign origin: "communicates in English".

<sup>6</sup> The corresponding statistics amongst all active doctoral students fall 19 are 60% women and 33% of foreign origin.

Table 1 – Number of cases, respectively amount of women and men, 2015 – 2019

<b>Year</b>	<b>2015</b>	<b>2016<sup>7</sup></b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
Number of cases (n)	64	28	27	44	42
Amount of women (%)	64	82	63	75	71
Amount of men (%)	36	18	37	25	29

If one is to look at how the cases were distributed by department, it was 15 of 22 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. However, if one chooses to present the number of cases in relation to how many active doctoral students there is in each department, the pattern looks a bit different (see Table 2). LabMed is the department with the highest number of cases in relation to the amount of active doctoral students in that department (7,8%), second in place is GPH (5,3%), followed by MEB (4,0%) and MedH (3,9%).

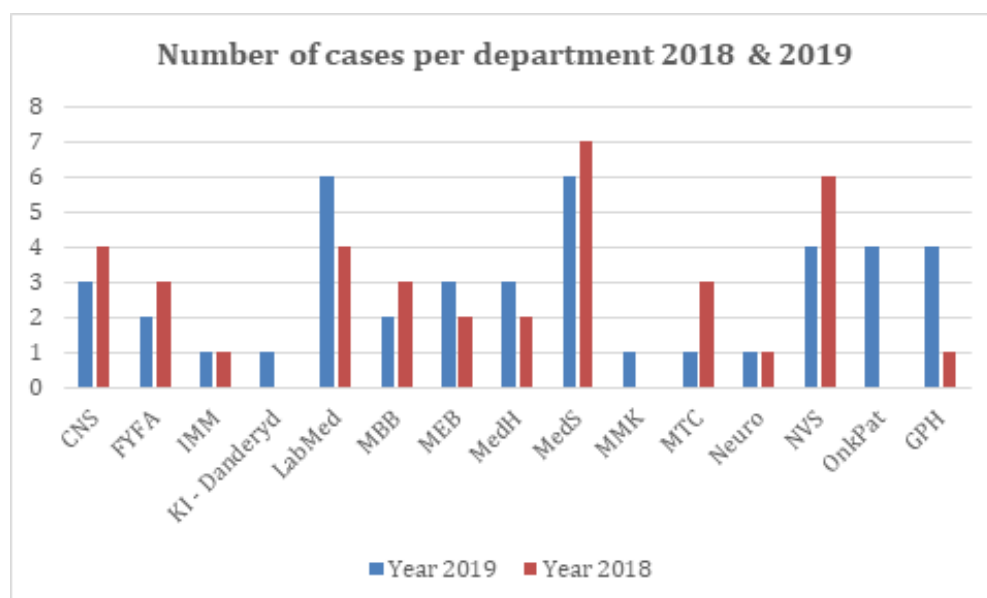
Compared to the previous year some departments have had more (e.g. LabMed and GPH<sup>8</sup>), whilst other have had less (e.g. MTC and CNS), cases. There are still some departments that haven't had any cases at all since 2018, when the current DO started her employment, e.g. LIME, KI SÖS and CLINTEC (Diagram 1). If one is interested this statistic is also available broken down into categories of gender and origin in the appendix to this report.

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. Furthermore, the DO experiences that reoccurring contact with one particular department makes the DO's role and function more visible and that doctoral students/administration thereby become more inclined to contact/ask for assistance from the DO.

<sup>7</sup> 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.

<sup>8</sup> Department of Global Public Health, earlier Department of Public Health sciences (PHS).

Diagram 1 - Number of cases per department 2018<sup>9</sup> and 2019



Tabell 2 - Number of cases in relation to number of doctoral students per department 2019

Department	Number of cases	Number of active doctoral students <sup>10</sup>	Number of cases/ Number of doctoral students
CNS	3	234	1,3
FYFA	2	89	2,2
IMM	1	50	2,0
KI - Danderyd	1	79	1,3
LabMed	6	78	7,8
MBB	2	79	2,5
MEB	3	76	4,0
MedH	3	77	3,9
MedS	6	189	3,2
MMK	1	119	0,8
MTC	1	70	1,4
Neuro	1	48	2,1
NVS	4	138	2,9
OnkPat	4	104	3,8
GPH	4	75	5,3
<b>Totalt</b>	<b>42</b>	<b>1505</b>	<b>2,8</b>

<sup>9</sup> 2018 also BioNut had 2 cases, CMB 1 case and KBH 4 cases.

<sup>10</sup> Source: Data from Ladok, HT19. Activity is counted as at least 1%.

## Category of cases

Under this heading the most common types of problems are described. In this year's report there's an intention to make a more thorough categorisation of cases (see Table 3). E.g. the category "administration" has been added. In spite of this, it's still supervision that stands for the most common problems for the doctoral students (22 out of 42 cases<sup>11</sup>). Also financing, work environment (called "organizational problem" in last year's report) and co-authorship/scientific misconduct/research ethics are continuing common categories of cases. It is important to remember in this context that many of these cases may have elements of several of these categories, and sub-categories.

Table 3 – Categories of cases 2019

Category of case	Amount	Example
Supervision	22	Poor supervision, doctoral student wants to switch group/project, bad communication with the supervisor
Administration	12	Poor follow-up (e.g. late half-time), undefined work place and/or affiliation, supervisor quits – the doctoral student is unable to defend thesis
Financing	10	Undefined financial situation at the end of doctoral studies
Work environment	9	Unsuitable supervisor/group/management, elements of master suppression techniques/bullying
Mental ill-health/ Sick leave	9	Mental ill-health connected to either work environment/private life or both, in some cases leading to sick leave
Co-authorship/scientific misconduct/ethics	5	Doctoral student doesn't get credit for co-authoring a manuscript. Supervisor/other research staff steals research idea/data
Migration case	4	Problem regarding prolonging of temporary residence permit/approval of permanent residence permit
Departmental duty	2	Doctoral student helps out with research applications, participate in other research projects alongside one's own doctoral project.
Disciplinary case	2	Doctoral student helps other doctoral student with answers to a home examination assignment
Parental leave	2	Doctoral student is forced to work during parental leave
Shadow doctoral student	2	Doctoral student is verbally promised a doctoral student position that is later given to another applicant

<sup>11</sup> The corresponding number in 2018 year's report is 20 out of 44 cases.

## General observations and recommendations

The recommendations that DO gave KI in last year's report still remain on the list over desired improvements, as follows:

1. Adoption of a central routine about how a supervisor change can take place
2. Clarification regarding KI's policy concerning financing after four years of full time studies
3. Clarification regarding employer responsibility for the doctoral student<sup>12</sup>

Since the background of these subjects already have been presented in the 2018 report, the DO instead wants to focus on other areas in this year's report where the DO sees a need of improvements/clarifications. These are, not mentioned in a significant order, clinically active doctoral students, interruption of studies/termination of doctoral studies and extracurricular activities for doctoral students.

### Clinically active doctoral students

Given KI's medical profile they are keen to have doctoral students and scientists with a clinical background<sup>13</sup>. A clear example of this is the differential level of wages for doctoral students with our without clinical degree/experience<sup>14</sup>. The preconditions surrounding combining clinical duty with doctoral studies can however, in some cases, differ greatly from those who are doing their doctoral education full time. As a result of the involvement of an additional responsible organisation (Region Stockholm or such), it's both unclear how setup and financing should be planned, and bothersome to decide who should have the last word regarding the doctoral student's possibilities to engage in doctoral education. The DO has knowledge of doctoral student cases where, for example, the student in question works 150% (100% clinic, 50% doctoral education). It's obvious that this isn't a sustainable solution in the long run, neither for the individual, nor for the quality of the doctoral education. The DO would therefore wish that KI, together with Region Stockholm, would agree upon a strategy for how to best facilitate doctoral studies for clinically active people. KI would furthermore benefit from gathering information on what applies to this group on the website/in a document. A concrete question that has reappeared on the DO's table during the last two years is how to proceed practically if you want to do your medical internship/residency at the same time as you're employed as a doctoral student at KI.

---

<sup>12</sup> Contact with Previa should be highlighted in this context. Who should be contacted and who finances visit number 3 and forward?

<sup>13</sup> Doctors and other medical hospital staff. According to Ladok fall 19 27% of the active doctoral students stated that they had this background based on type of provision/income.

<sup>14</sup> Quick Guide doctoral students edition 19-10-30

## Interruption/termination of doctoral studies

The DO gets a lot of questions from doctoral students who, for different reasons, want to take a break from, or permanently end their doctoral studies. For studies on Bachelor or Master levels' this process is still relatively uncomplicated, but for doctoral studies it so far seems like there's no clear routine to follow. When the DO e.g. has asked for forms for interruption/termination of doctoral studies, the answer from KI is that they don't exist. Today most of the doctoral students are also employed, so alongside an application for interruption of doctoral studies, an application for leave of absence needs to be filled out. But to be granted a leave of absence a valid reason should be stated according to Swedish labor laws, e.g. other studies, testing another job in the public sector, parental leave etc. In those cases, where a person wants to permanently end their doctoral studies the doctoral student, with a doctoral employment, also needs to quit their employment. Here there are uncertainties concerning how long the period of notice will be for the doctoral student. In conclusion, there are a lot of questions on how this is administered.

## Extracurricular activities

Under this last heading the DO aims to point out the importance of extracurricular activities for the doctoral students as a group. The DO has noticed tendencies that some supervisors/research groups are negatively inclined towards their doctoral students, for example, wanting to be student representatives in different central/local councils, institutional bodies at KI; taking courses in career service regime and/or teaching. All these activities are something that, if solid motivation is presented, benefits the individual doctoral student's future career. The student representation per se also strengthens the group of doctoral students' opportunities to improve the quality of their own and other doctoral students' education. Therefore KI should promote the benefits with these activities out in the research groups. KI should also make sure that the doctoral students, who want to be active as student representatives on different levels, get compensated for their engagements.



## Appendix

Diagram 1a - Number of cases per department broken down on gender 2019

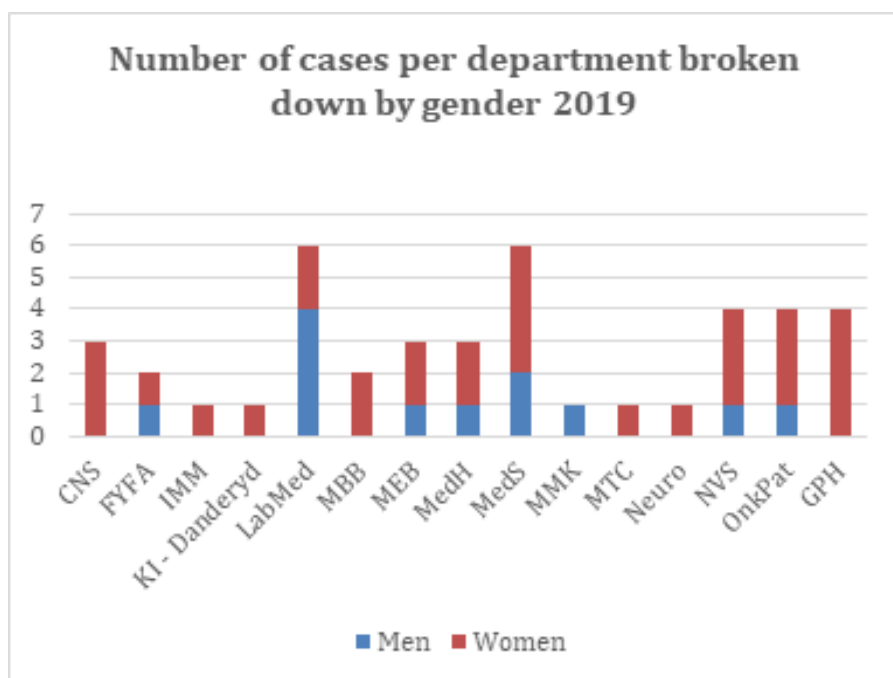


Diagram 1b - Number of cases per department broken down on origin 2019

