



UMC Utrecht



UMC Utrecht

Annual report 2025



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Foreword of the Executive Board

Building the best care together, for now and the future

In 2025, we once again took important steps to deliver the best possible care, conduct impactful research and train the healthcare professionals of tomorrow.

We are proud of – and grateful for – the dedication, expertise, and commitment of all our colleagues. Together, we make a difference every single day.

Patients are central

At UMC Utrecht, the person behind the patient takes center stage. For us, that is self-evident. In 2025, we strengthened this commitment by placing additional focus on the 'We would like to get to know you' questionnaire and, for example, by introducing a buddy program for trauma patients. At the same time, we continue to innovate care by organizing care at home more often, whenever possible.

We also advanced the use of artificial intelligence (AI). We use AI to reduce administrative burdens and to organize care processes more efficiently. At the same time, we are increasingly applying AI in healthcare. An example is a predictive model for patients with metastatic skin cancer (melanoma). AI can identify immune cells in tumor tissue that indicate the likelihood of success of immunotherapy. Of course, the specialist always remains ultimately responsible; AI merely supports the assessment..

Education and research on the move

In 2025, our research once again contributed to tangible progress for patients. UMC Utrecht plays a key role in the development of regenerative medicine. A promising development, for example, is bioprinting. These types of developments are important because they make us less dependent on scarce donors in the future and allow us to better respond to future healthcare demands. By closely connecting research and care, we bring innovations into practice more quickly.

With the philosophy of De Nieuwe Utrechtse School, we train healthcare professionals who are prepared for the healthcare of tomorrow. This means focusing not only on medical knowledge, but also on interdisciplinary collaboration, addressing societal challenges, and fostering resilience and wellbeing. We train professionals who can adapt to change and contribute to sustainable healthcare.

We don't do this alone. We work closely with partners in the region, nationally, and internationally – from academic institutions to social organizations and companies. Together, we increase the impact of our knowledge and innovations in prevention and care.

Sustainability

Human health and the health of our planet are inseparable. In 2025, we took further steps toward sustainable healthcare, including improving the energy efficiency of our buildings and renewing the Wilhelmina Children's Hospital (WKZ). In doing so, we take responsibility for current and future generations. We are also incredibly proud of our green teams, in which colleagues work on sustainable initiatives.

Towards the future

We do a lot of good at UMC Utrecht, and we can be proud of that. Yet we must transform, precisely so that we can continue to fulfill our societal role in a healthy and successful way in the future. Healthcare demand is growing and becoming more complex, while staff and resources are scarce. At the same time, fewer people are choosing a career in healthcare, and society expects us to keep care affordable. We are transforming to ensure that our work remains attractive, high-quality, affordable, and accessible. This is not easy, but we can do it. Because we are UMC Utrecht.

With a new organizational structure, we are working towards an agile and future-proof UMC Utrecht. We do this carefully, with an eye for our people and with attention to the way we collaborate efficiently, effectively, and with as much enjoyment as possible. Only by continuing to commit ourselves together – as one UMC Utrecht – with enthusiasm and dedication, can we continue to innovate and improve.

By making a difference today, we build the healthcare of tomorrow together.

Because every person counts.

Executive Board of UMC Utrecht



Report from the Supervisory Board

In 2025, the Supervisory Board observed strong progress on multiple fronts. In a period in which pressure on healthcare remains high and changes follow one another rapidly, UMC Utrecht continues to work step by step toward a future-proof organization. In our role as both supervisor and employer, we are closely involved in this process.

Careful financial governance

In 2025, we again devoted significant attention to UMC Utrecht's financial direction. We discussed, among other things, the annual Treasury Plan, the 2024 Financial Statements and Annual Report, the quarterly financial reports, the multi-year forecast, the budget, and the agreements with health insurers. We also reviewed all relevant documents from the external auditor, including the auditor's report and the management letter.

Targeted financial governance remains essential to create room for investments in care, research, education, and accommodation. Through our Audit & Risk Committee, we also pay explicit attention to IT and risk management.

Employer and partner to the Executive Board

As the Supervisory Board, we are not only a supervisory body but also the employer of the Executive Board. This means we appoint, assess, support, and – where necessary – guide the Board members.

In 2025, we said farewell to Arno Hoes, Vice-Chair of the Executive Board and Dean of the Faculty of Medical Sciences, upon his retirement. Arno dedicated himself to research, education, and patient care with great devotion for many years. His academic authority, calm leadership, and deep commitment have been of great value to UMC Utrecht.

With the appointment of Louis Bont as his successor, we have found a worthy replacement. Louis is a passionate pediatrician with impressive experience in both national and international research, including associated funding and valorization. His life's work – immunizing infants against the RSV virus – has now been incorporated into the National Immunization Program. Louis brings not only an integrated vision on research, education, and patient care, but also the personality and experience needed to provide direction and build connections both within and beyond the organization.

Although it did not happen in 2025, we are also taking a moment here to reflect on the departure of Carina Hilders as Chair of the Executive Board, whom we said goodbye to at the end of February. We would like to express our appreciation for Carina's dedication over the past period. Since her departure, Louis Bont, Josefien Kursten, and Remco van Lunteren have (provisionally) formed the Executive Board. Louis fulfills the role of acting Chair. Together with the Executive Board and the advisory and representative bodies, we will be considering how to fill the position of Chair of the Executive Board.

There were also changes within the Supervisory Board itself in 2025. We welcomed Michel Ruijterman, Chief Information Officer (CIO) and member of the executive committee of ASN Bank, as a new member of the Supervisory Board. His expertise in IT and digitalization will be of great value in the years ahead.

In 2025, we also said farewell to Anne-Mei The, who served the UMC Utrecht for four years with sharp insight, deep engagement, and strong societal commitment. Her perspective on person-centered care and dignity in healthcare practice enriched our discussions. We are very grateful to her for her contribution. As of March 15, 2026, Angela Maas joined the Supervisory Board as a new member.

People and organization

Within the HR & Governance committee, we discussed topics such as competencies and skills, and employee resilience and wellbeing. We also reviewed progress of the ERP tender process. The implementation of a new ERP system is a major undertaking that places significant demands on the organization. We are monitoring this closely.

The transformation of UMC Utrecht was a standing agenda item in every meeting. In addition, we held two dedicated deep-dive sessions on the high-level and detailed design of the new organizational structure and on (re)appointments. We approved the relevant decisions regarding the main and detailed design. The progress and involvement of employees give us confidence.

Strategic developments and collaboration

In 2025, we closely followed strategic developments related to national resilience, particularly within the healthcare sector. The collaboration with the Central Military Hospital (CMH) and the establishment of the Resilient Healthcare Coalition – a partnership between hospitals, the LNAZ, and GGD GHOR Nederland, chaired by Carina Hilders – underscore the social responsibility of UMC Utrecht.

The *Civil-Military Centre of Expertise for Trauma Care (CETC)*, which was established in 2024, drafted a multi-year plan in 2025 that we discussed. This collaboration strengthens trauma care and knowledge development at the national level.

Within the Research & Education Committee, we also discussed important developments, including research grants, the EWUU alliance with Eindhoven University of Technology, Wageningen University & Research, and Utrecht University, as well as professorial appointments. Newly appointed professors introduced themselves to us – a valuable moment to stay connected to the academic core of UMC Utrecht.

Accommodation and long-term planning

The challenge of suitable accommodation remains significant. The integrated strategic real estate plan (iSVP) was discussed extensively in the Buildings Committee and in the full Supervisory Board. We also approved several construction projects that exceeded the established financial threshold, including projects for the Wilhelmina Children's Hospital outpatient clinic, the Department of Reproductive Medicine, and the Pharmacy.

Themes such as the concentration and distribution of care as well as sustainability run like a common thread through these investments.

Staying connected to the organization

The Supervisory Board consists of seven members, divided across several committees: HR & Governance, Defense, Audit & Risk, Buildings, Research & Education and Quality & Safety. The breadth of these committees reflects the versatility of UMC Utrecht.

In addition to meetings, we regularly conduct working visits to departments to engage in dialogue with employees and stay in touch with practical realities.

Looking ahead at 2026

Looking ahead to 2026, we see four major priorities: the organizational transformation, the implementation of the new ERP system, the further development of the accommodation plans, and structural efficiency. It will be an exciting year in which many steps still need to be taken. The Supervisory Board recognizes that, due to the accumulation of major strategic programs running in parallel and being interdependent, the challenge and pressure on the organization are significant.

As the Supervisory Board, we are confident that UMC Utrecht will meet these challenges successfully. Especially because these major themes are supported and implemented by the (healthcare) professionals and employees themselves.

We are proud of the people at UMC Utrecht. Of the employees in the support services who faced many changes. Of the researchers whose impressive and groundbreaking work advances science and healthcare. Of the healthcare professionals who dedicate themselves wholeheartedly to patients. And of the staff in education who train new generations of professionals – skilled, competent, and committed to society.

Together, they are building the healthcare of tomorrow.

On behalf of the Supervisory Board,
Henk Broeders, Chair

Read more about [how the Supervisory Board fulfilled its supervisory role in 2025](#).

Our year in numbers

2025 in figures

Our core tasks

Our patients



233.342
patients



8,7 patient satisfaction score

75% of patients indicate that the healthcare provider has a good understanding of their life and what is important to them

Our research & valorization

- € **183** million euros recruited (registered contracts)
- 1709** PhD candidates → **261** doctorates (PhD)
- 191** professors
- 4088** scientific publications → **82%** Open Access
- Valorization: **3** start-ups | **47** intakes | **21** patents | **6** licenses

Our students

3.981 medical school students → **1.087** university degrees

249 nursing students (175 HBO and 70 MBO) → **38** graduated

1.002 Professionals in training UMC Utrecht Academy → **445** diplomas

> 80% (very) satisfied with **90%** of courses



Our colleagues



12.513
colleagues

7.849 applicants
1.155 vacancies filled



8+ **50,4%**
rate UMC Utrecht 8 or higher

Our impact on people, environment and governance



3.269
colleagues

participated in programs focused on career development, vitality, and work-life balance

Parents no longer wear disposable gowns in the OR

- ✓ 20.000 disposable gowns saved
- ✓ More than 2,500 kg less waste
- ✓ More than 80% cost savings on disposable gowns, caps, and shoe covers

Significant positive impact on emotional comfort for children and parents ♥

CO₂

reduction buildings: **20%** achieved, on track toward **55%** (2030 target)

73% of our procurement is socially responsible (61% in 2024)

We achieved this in part by increasing the temperature of our ULT freezers from **-80°C** to **-70°C**



50%
Waste-recycling (47% in 2024)



Green network grew from **547** to **650** colleagues

Our researchers succeeded in growing bladder tumors from patients' urine samples



Thanks in part to research by UMC Utrecht, babies in the Netherlands could be vaccinated against the RSV virus in 2025

Since 2025, UMC Utrecht has contributed to strengthening European knowledge on the health risks of micro- and nanoplastics (MNPs) through the **AURORA** project



Together is always better
We collaborate with partners around the world to create impact through healthcare, research, and education

Net result € 38.278.000

This enables us to continue investing in healthcare, research, and education, good employment practices, sustainability, technological innovation, and the renewal of our hospital

1 UMC Utrecht in society



Everyone deserves suitable healthcare. Healthcare that is not only good, but also appropriate for who a person is and what they need. As a leading university medical center, we train professionals of the future and contribute with groundbreaking scientific research to improving healthcare for people as well as their health in general. We do this in our region, countrywide, and abroad. Beyond the boundaries of individual disciplines, we do research, educate, and share knowledge and insights that will be the building blocks of health in the future. Because it is at the interfaces of disciplines that innovative solutions arise which will take the world further.

1.1 Social tasks

Tensions across the world demand a resilient society and resilient healthcare

Increasing geopolitical tensions in Europe and beyond highlight the growing importance of a resilient society and a robust healthcare system. Within our core tasks of care, research, and education, UMC Utrecht invests – as part of our societal role – in preparedness and continuity of care under a wide range of circumstances.

In 2025, we initiated the [Resilient Healthcare Coalition](#), through which we address this issue concretely with national partners. We are working to strengthen crisis structures, share knowledge, and develop innovative solutions that make healthcare more resilient. In this way, we contribute to a society and healthcare system that are prepared for unexpected societal and geopolitical developments, and that can continue to provide high-quality, accessible, and safe care, even in times of heightened pressure.

Growing demand for healthcare

The world is changing, and we see this in healthcare too. People are getting older, but not everyone ages in good health. More and more people are dealing with overweight, mental issues, or long-term conditions, such as diabetes and cardiovascular disease. As a result, the demand for healthcare – including specialist academic care – is growing fast. We feel responsible for contributing to solutions that really help people – now and in the future. That is why we are working on the transformation from care to health, embedded in our research, our educational programs, and the academic care we provide.

Healthcare keeps getting more expensive and less accessible

Healthcare is becoming more expensive, due for example to the fact that an increasing number of people need more or longer-term care, and due also to, often expensive, new medication and treatment technologies. At the same time, less money is available, while the [current government is implementing substantial cuts to healthcare](#). This means that healthcare is becoming less accessible for many people. In the Integraal Zorgakkoord (IZA) or Integral Healthcare Agreement, we already made agreements for appropriate care, in other words

care that is of high-quality, accessible, and affordable. And we are looking further at how we can work as efficiently and effectively as possible. This includes collaborating with regional partners in networks to deliver appropriate care. But also the development of new (transmural) care initiatives that better organize care across institutional boundaries.

Increasing pressure on scientific research and education

Budget cuts to research and education have been partially reversed by the current government, but this remains an area of concern. Our researchers and the new generations of (healthcare) professionals that we are training have to use their knowledge and expertise to develop new solutions. At UMC Utrecht, we continue to invest in innovative training and performing high-quality scientific research. This enables us to maintain and develop our position in the international academic playing field.

Health disparities are increasing

Health disparities between different groups of people are increasing. Long-term illness, access to healthcare, and people's average life expectancy unfortunately still differ from one neighborhood to the next. Someone with (more than) enough means often stands a better chance than someone with (too) little income. Based on our social role, we contribute to reducing health disparities where possible. We do this by building ties (through internships in the neighborhood) and by conducting health research in the communities. Because every person counts.

The environment we live in is becoming unhealthier

Human health and the health of our planet are inseparable. Unfortunately, the health of the planet, of our living environment, is under pressure. Biodiversity, air quality, and water quality are declining, and natural resources are becoming scarcer. The healthcare sector consumes 13 percent of all raw materials and is responsible for 7 percent of CO₂ emissions. Sustainability is essential to keep healthcare humane, affordable, and resilient, with supply chains that are less dependent on expensive disposable instruments or scarce resources and materials.



As UMC Utrecht, we take responsibility for future generations. We strive for health within planetary boundaries. We want to do more than reduce our own footprint. We want to drive the movement, change the system. This means:

- care that is appropriate and circular
- research that contributes to sustainable and inclusive solutions
- education that prepares future professionals for their role in this transition and business operations that are future-proof and resilient.

Shortage of professionals

The shortage of healthcare professionals continues to grow. Our core tasks – healthcare, research, and education – can only be performed, and our knowledge turned into real innovation in daily practice (valorization), through the input of all our colleagues. It is therefore important for us to take care of each other. For example when it comes to how people feel, how satisfied they are with their job at UMC Utrecht, and what their growth opportunities are. It also ensures that we retain our colleagues. Naturally, we focus on recruiting new colleagues too. In this regard, we cooperate actively with our colleagues in the region.

Investments needed to strengthen the prosperity and competitive position of the Netherlands

Both the EU Draghi report, and the more recent Wennink report emphasize that targeted investments in research, innovation, and talent are essential to sustainably strengthen the competitiveness of the Netherlands and Europe. UMC Utrecht actively contributed to this strategic exploration, including in the areas of biomedical innovation and medical technology (MedTech).

For us as a university medical center, this directly relates to our role as a hub where care, research, education, and entrepreneurship come together. In these ecosystems, new medical technologies, data applications, and treatment methods emerge that contribute to better healthcare and to the economic strength of the Netherlands. Through close collaboration with academic institutions, government, and industry at Utrecht Science Park, we remain a driving force for innovation and contribute to a strong, future-proof healthcare sector.

1.2 Our strategy

The challenges facing us are considerable, but so are the opportunities to tackle them. As a university medical center we have a unique role: we train professionals, perform innovative research, develop new solutions that contribute thereto, and offer care of an exceptional level. It is through this combination that we add value to people's lives. At a regional, national, and international level.

To achieve future-proof care more effectively, we must organize healthcare, education, and research differently. It means that we must think of new solutions, establish links between different subjects and professions, and embrace technology. We cannot do this alone: we must collaborate within strong networks. With colleagues, patients, and students. And with partners in the region, countrywide, and beyond national borders. In this regard, we are working daily on our Connecting Worlds strategy.

Our research is divided into six multidisciplinary programs (focal points): Circulatory Health, Brain, Infection & Immunity, Cancer, Child Health, and Regenerative Medicine. Our healthcare is integrated into these. We are accelerating our strategy by focusing specifically on content within these focal points. These are our seven 'accelerators':

- Healthy living
- Biofabrication & disease modelling
- Molecular science & therapy
- Image-guided interventions
- Integral complex care for children
- Acute complex care
- The New Utrecht School

What makes our education unique is our educational strategy called The New Utrecht School. The core elements of this strategy are: interdisciplinary and inter-professional learning, patient participation, diversity and inclusion, translational medicine and life sciences, resilience and wellbeing, and Planetary Health.

Mission

Our mission is clear: Together we improve human health and create the healthcare of tomorrow.

Vision

Our vision provides direction: together, we add value to people's lives because every person counts. Now and in the future.

View [our strategy booklet](#) for a detailed explanation of our strategy.

Transformation of UMC Utrecht

At UMC Utrecht, we are working on a [new organizational structure](#), which will enable us to realize our vision and mission as UMC Utrecht more effectively and more quickly. We do this by organizing our processes and activities in ways that make collaboration easier, more efficient, and even better. Always careful, transparent, and with attention for people. As one UMC Utrecht, working together toward a future-proof organization in which every person counts.



1.3 Our direction and approach

As UMC Utrecht, we pursue our mission through our core tasks which are healthcare, research, education, and valorization. We focus on innovating faster and responding better to changes and questions from society. With each other and with our international, national, and regional partners.

Work and learning pleasure, and future-proof teams

Good and satisfied colleagues are essential. We therefore take extra care and time to train, recruit, and retain colleagues. This starts with work and learning pleasure, good health, and a good work-life balance. But also with scope for education and development. In addition, we look for smart solutions, such as digitalization and new ways of working together. This ensures that everyone can continue to contribute wholeheartedly to the health of others.

Renewal in education

With Quality funding for education, which became available in addition to improve the quality of education, we are investing in three areas: innovation of our education, skill training for lecturers, and student wellbeing and development. Read more about what we achieved in 2025 with Quality Funding for Education.



Professionals of the future needed

We are training professionals of the future who will be equipped to tackle all of these challenges. We provide the knowledge and skills they need. Our distinctive approach for this is our educational strategy The New Utrecht School.

Continue to invest in high-level research

At UMC Utrecht, we continue to invest in the performance of high-level research to maintain and further expand our position in the international academic playing field. We distinguish ourselves by opting for research within six key areas, which we call our focal points. We concentrate on where we can truly make a difference. Within these focal points, we bring together all our research activities and organize these in close combination with our healthcare. This ensures that our research results are optimally translated into impact in practice, in other words healthcare for patients.

Working together on the healthcare of tomorrow

In 2022, we started with the Healthcare of Tomorrow program so that we can continue to offer the best in terms of healthcare, research, and education also in the future. In 2025, we advanced more than thirty concrete innovation and improvement projects within this portfolio. The portfolio is dynamic, and we continuously assess whether we are still doing the right things. Colleagues from healthcare, research, and education – and also with patients, their loved ones, and students work together on these 'Healthcare of Tomorrow' projects.

We thereby ensure that the changes we come up with, are truly in line with what people need. Good examples of this are preparing work processes for the future buildings and ensuring that the user perspective is always central to their design, monitoring patients' vital signs 24/7 with wearable sensors, and various AI projects such as reducing 'no-shows' at the outpatient clinics.

Network care: together, modernize healthcare and bring it closer

Any real transformation of healthcare can only happen if we work together: the healthcare of the future must be organized in chains or networks. In 2025, the national volume standards for complex oncological and vascular surgical care were finalized. Volume standards determine the minimum number of procedures a hospital must perform each year to maintain quality. By concentrating care in hospitals that perform certain treatments frequently, we combine expertise, strengthen outcomes, and use scarce staff and expensive infrastructure as efficiently as possible.

Together with our partners in the region — within Oncomid and the Vascular Surgery Network Central Netherlands — we established clear agreements on the concentration and distribution of eighteen complex treatments for cancer and vascular diseases. We did this in close consultation with health insurers and patient representatives. The result: clear agreements on where specific care is provided, ensuring that every patient receives care in the location where the best treatment for their situation is available.

Pre- and post-treatment remain organized as close to home as possible. The complex procedure itself takes place where the expertise is concentrated. Close to their home if possible, or in a specialized hospital if necessary.



Working together on concrete regional transformation plans

Together with partners in the region, we are also adding value by developing renewal in healthcare in the region. For example via the so-called (IZA) transformation plans. Together with general practitioners, we are working to improve palliative care. This helps ensure that people in the final phase of life are admitted to the hospital as little as possible and, if they wish, can pass away at

home in a familiar environment. We are working together on this plan with our own academic healthcare and are contributing our knowledge based on research in what we call an Academic Workplace. In this workplace, we ensure that knowledge based on research and knowledge from practice are brought together. This helps us improve palliative care.

In 2025, we also worked with the region on structuring what is referred to as transmural care paths within the 'Utrechtse Fabriek voor de realisatie van zorgtransformatie' ("Utrecht factory for bringing about healthcare transformation"). Transmural care paths are agreements and protocols that streamline care for patients across different healthcare institutions. Together with the other hospitals, we are also working on the prerequisites for future-proof healthcare in order to organize our digital support for network care.

Healthcare transformation also requires us to establish new links with existing partners, such as the healthcare insurance company Zilveren Kruis. We have signed agreements with Zilveren Kruis regarding appropriate care: what type of care we provide, at what price, and how we can make this care future-proof together – even if pressure on staff and resources increases. In 2025, we talked extensively about the future and our joint goals for the coming years to ensure that the complex care that we as a university medical center provide, also remains accessible and appropriate in the future for anyone who needs it. We defined this at the beginning of 2025.

Collaboration within the ecosystem

Our societal challenges increasingly require a multidisciplinary approach – and an ecosystem approach in which academic institutions, governments, and companies combine their knowledge and expertise to drive innovation and translate it effectively into society.

UMC Utrecht therefore works closely within the ecosystem of Utrecht Science Park (USP), where care, science, education, and entrepreneurship come together. In collaboration with partners such as Utrecht University, Utrecht University of Applied Sciences, the municipality and province and innovative companies, we are accelerating the development and application of new knowledge and technology in healthcare. This approach and vision were affirmed in the Wennink report, which highlights that regional ecosystems and innovative campuses such as Utrecht Science Park are essential for strengthening the competitiveness of the Netherlands and Europe and for increasing societal impact.

This collaboration at the USP took shape over the past year through joint development of innovative proposals in red biotechnology and MedTech, which were included in the national Wennink report. As a result, the new government designated the Life Sciences and Biotechnology domain as one of four priority areas for strategic investment. An area where we, as UMC Utrecht, are very strongly positioned based on our science and innovation.



Catalyst for a green and just healthcare system

We strive for health within planetary boundaries. Living in balance with what our planet can sustain. In 2025, we renewed our sustainability vision, as part of our organizational strategy Connecting Worlds. As UMC Utrecht, we take responsibility for the health of people now and of future generations. We aim to do more than reduce our own footprint: we want to drive the movement and initiate system change. With this commitment, we align ourselves with the Green Deal Sustainable Healthcare 3.0, the Climate Act and a sustainable and accessible Utrecht East. This also allows us to contribute to the Sustainable Development Goals (SDGs) of the United Nations.

In 2025, we worked on concrete targets such as reducing drug wastage and recycling waste, using reusable instruments, and saving energy in laboratories. We are also studying the impact that people's environment has on their health, developing education on Planetary Health, and building an active green network.

Make our buildings ready for the future

In 2025 we started with a plan that brings all our goals for our buildings together: better care, a good place to work, space for research, and education. The design was drafted to ensure that all refurbishment plans are well aligned, that we can continue to provide regular care during the construction phase, and that we are taking steps towards a sustainable healthcare environment.

In November 2024, construction started for the renovation of the Wilhelmina Children's Hospital. We are turning it into a place where children and parents can experience tranquility, space, and privacy. And where we can offer sustainable care.

Digitalization enables the realization of our strategy

Digitalization helps us address major challenges, such as keeping care accessible, strengthening regional and national collaboration, using capacity efficiently, and maintaining the quality of our care, research, and education. Well-designed information systems also support the transition to our new organizational structure. Digitalization enables us to contribute to developments and governance agreements related to the Integral Healthcare Agreement (IZA). It will also help us with the realization of a nationwide network for secure information exchange within the healthcare sector.

Data-driven working is becoming increasingly important. We are integrating separate data collections into a central data platform for all levels of our organization and for our partners. This allows us to use data optimally for existing and new applications and lays a strong foundation for making AI solutions available quickly and efficiently across UMC Utrecht. We are also modernizing our digital systems wherever possible, ensuring continuity in our current and future information and technology systems.

Funding to serve our social mission

As a university medical center, we have a particular responsibility: we are making use of society's financial resources. In 2025, we invested in healthcare, research, and education, but also in preparing for the healthcare of tomorrow. We make smart and sensible choices to ensure that we can continue in the future to offer care that suits people and the society in which we live.

Given the challenges ahead, targeted financial governance is more important than ever. With this, we can continue to work on providing sustainable care, being a good employer, restructuring our education, doing innovative research, embracing technological changes, and refurbishing our UMC Utrecht. Our approach aims at achieving a balance, being able to provide fast response, and changing in an uncertain environment.

Future-proof operational processes

It is essential that we make our operational processes future-proof. Only then can we realize more efficient workflows, reduce administrative burdens, and create more space for what truly matters: care, research, and education.

At UMC Utrecht, we manage our resources – personnel, finances, procurement, inventory, production, and logistics – using an Enterprise Resource Planning (ERP) system and related systems. The current ERP landscape is outdated and has been expanded over the years with custom solutions. This limits our agility, increases maintenance demands, and complicates further digitalization.

With new systems and optimized, standardized processes, we are taking a fundamental step toward integrated, standardized, and future-proof operations. In 2025, we completed the process from drafting the requirements program to procurement and ultimately the selection and awarding of systems. In 2026, the implementation of the various systems will take place in phases. We aim for a go-live on January 1, 2027, and a further optimization phase in 2027.

2 Our patients



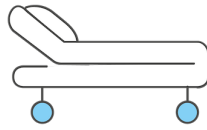
We add value to people's lives because every person counts. Now and in the future. This is our vision. And that is visible in the care we provide every day.

Patients come to UMC Utrecht for complex, often rare care that is not available everywhere. Through this care, we continuously learn how to improve. For our own patients as well as for patients in other hospitals. We improve care through research, innovation, and close collaboration with patients and their families. At the same time, we train new healthcare professionals in our daily practice. This is how we connect care, research, and education – with one goal: to create the healthcare of the future together.

Our patient care in numbers



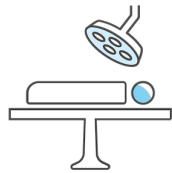
233.342
unique patients



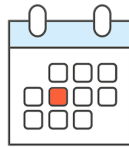
36.750
clinical
hospital intakes



91.070
first outpatient
visits



23.814
OR treatments



171.080
nursing days



5,7
average number of
days in hospital

2.1 People: our impact on patients and society

How does UMC Utrecht make sure the focus is on the person behind the patient?

Each person is different. And everyone has their own wishes, concerns, and boundaries. That is why at UMC Utrecht we look not only at the illness, but also at the person. What is important in someone's life? What gives meaning? And what does a treatment mean in daily life?

We would like to get to know you

An important tool for this is the questionnaire 'We would like to get to know you' and for children 'We would love to get to know you'. With five short questions, we invite patients to share what matters to them. For example: which activities are important? Who are the important people in your life? And what are you worried about? The answers serve as a basis for the conversation between patient and healthcare professional. This leads to care that is not only medically sound, but also fits a person's life.



In 2025, we placed additional focus on this approach. Our goal was to encourage care professionals to apply the questionnaire more consistently in their practice. To this end, we have asked colleagues to share their *good practices*.

A scientific article on the development and application of the questionnaire was also accepted for publication in [*BMC Health Services Research*](#). This contributes to the growing evidence base for person-centered care.

In addition, thanks to a ZonMw grant within the Appropriate Care framework program, we [launched the Start2Care project](#). This project focuses specifically on vulnerable older patients undergoing surgery. The goal is to structurally embed person-centered care in their treatment pathway.

Value-based care: shared decision-making with better insights

At UMC Utrecht, we have been working with patients on value-based care for many years. In this approach, patients and care professionals make decisions together, based on what matters most to the patient. We look not only at medical outcomes, but also at how patients experience their health and quality of life.

In 2025, as a leading hospital in value-based and outcome-driven care, we received a grant to launch new pilots. These include developing a blueprint for the [Patients-like-me dashboard](#) and exploring how AI can extract useful information from unstructured EPR data. We also use the grant to actively share knowledge about value-based care, both within UMC Utrecht and with other organizations.

Another important step was the integration of our PowerBI dashboards into the Electronic Health Record (HiX). This makes outcomes and insights directly available in the consultation room. This makes it easier for healthcare professionals and patients to make decisions together about the most appropriate treatment.

Reflecting and improving together

Good care also means: [evaluating together](#). In 2025, we studied experiences with care evaluation conversations on pilot wards. Around day four of admission, nurses schedule a conversation with the patient, prepared using five guiding questions. This approach helps adjust care in a timely manner and strengthens collaboration. Early experiences are positive and provide reason to continue, although it sometimes requires smart integration into daily workflows.

We also continue to learn structurally from patient experiences through our Patient Experience Monitor (PEM).

Patients gave us a score of 8.7 in 2025.

In the outpatient clinic, 7,910 adults completed the questionnaire; in inpatient care, 7,228 patients participated in 2025.

Deciding together and learning together

In 2025, together with partners, we developed a new national decision tool for people with metastatic bladder cancer. This decision tool supports patients and physicians in choosing a treatment that aligns with personal preferences and quality of life.

We also continued investing in existential care: care that focuses on what truly matters to the patient. In the Neuro-Oncology Department, we are studying how patients and families experience these conversations and what they mean for healthcare providers.

Buddy program for trauma patients to provide more support

In 2025, the buddy program for trauma patients at UMC Utrecht received a significant boost. Through a buddy system, peer-to-peer contact, and an annual reunion day, trauma patients gained more space for their own voice and mutual support. This led to structural patient participation and the establishment of the Trauma Survivor Network Utrecht foundation. In this way, in addition to medical care, we explicitly invest in psychological aftercare and social support.



Developments in digital accessibility

Person-centered care requires understandable information. In 2025, we improved the digital accessibility of our website, including through the implementation of Assist, which allows visitors to adjust the presentation themselves. For example, larger or different fonts, more or less (color) contrast, or hiding images. These adjustments can improve readability. During the Week of Reading and Writing, we once again paid extra attention in 2025 to communication with people with limited health literacy. For example, by avoiding complicated words. Instead of 'prevention', we now say 'preventing disease'. And instead of 'intramuscular', 'in the muscle'. In order to help our healthcare professionals in this regard, we launched the game 'Which word do you replace?' for and with patients in 2025.

Better understanding of antibiotic use in children through interactive booklet

In 2025, we also launched an interactive booklet designed to help reduce unnecessary antibiotic use in children with fever. Researchers from UMC Utrecht, Maastricht University, LUMC, and Erasmus MC collaborated to improve an existing booklet so that it better meets the needs of all parents, including those with limited health literacy.

Let every child be a child as much as possible

At the Wilhelmina Children's Hospital, part of the UMC Utrecht, the child is at the center. We see not only the patient, but also the child who wants to play, learn, and develop. Our healthcare professionals work together with parents as one team in the care surrounding the child, with attention to the entire family. Our care – from pregnancy to young adulthood – is organized under one roof as much as possible. Through close collaboration between specialists, we can treat children with complex or rare conditions quickly and carefully. We do this in specialized centers such as the Spieren voor Spieren Children's Center, the Center for Congenital Heart Defects and the Birth Center.

Serious Request and Spieren voor Spieren

In 2025, during 3FM Serious Request, the Netherlands mobilized for Spieren voor Spieren. An impressive amount of money was raised that can really make a difference for children with a muscle disease: the final amount was 18,848,700 euro. With this funding, Spieren voor Spieren can support research into better treatments and medications, faster diagnosis, and promoting physical activity for children with muscular diseases. The Wilhelmina Children's Hospital is the largest pediatric muscle center in the Netherlands. We expect that the proceeds will also help us conduct even more research into muscular diseases in children.



International collaboration in pediatric palliative care

Within the European project Palliakid, UMC Utrecht collaborates with international partners on better palliative care for children.

The project uses the IMPACT conversation method, developed in Utrecht. This method helps healthcare providers, children, and parents to discuss treatment goals and quality of life together.

2.2 Environment: the impact of our healthcare on a healthier world

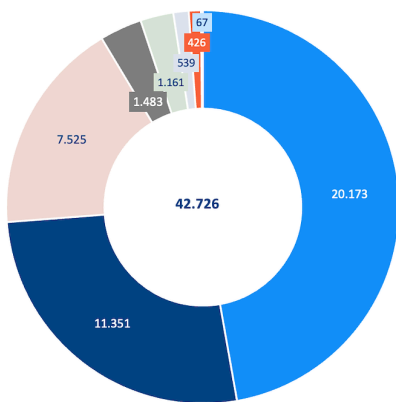
What is UMC Utrecht doing to limit CO2 emissions?

It is time to live in balance with what the planet can sustain. Health within planetary boundaries, for people now and for generations to come. With 7 percent of CO2 emissions and 13 percent of raw material consumption in the Netherlands, healthcare has a major impact on the environment. We aim to reduce that impact.

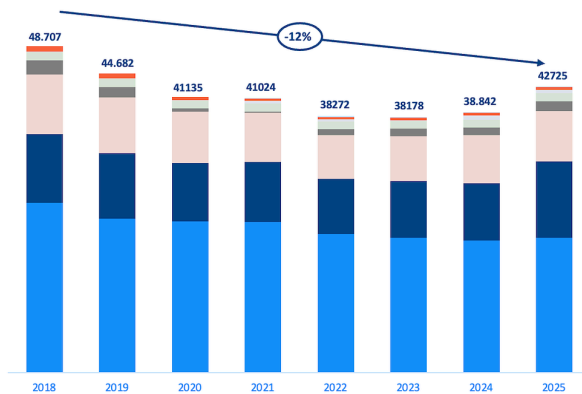
*This footprint reflects our direct emissions. Our indirect CO2 impact is not yet fully understood; based on our 2019 procurement, CE Delft estimates it at 115,485 tons.

CO₂ footprint* UMC Utrecht 2025

CO₂ footprint in 2025 (in tons CO₂)



CO₂ footprint 2018 – 2024 (in tons CO₂)



UMC Utrecht

- Buildings, gas, heat, electricity
- Commuting traffic employees and students
- Transport patients and visitors
- Work related traffic
- Waste processing
- Refrigerants
- Cleaning and transporting of textile
- Lease cars

In 2025, we saw a small increase in our total CO2 emissions. Mainly due to an increase in emissions from colleagues' commuting and patient transport. The emissions from our buildings and other categories remained virtually unchanged. The increase is partly related to higher production: in 2025, there were more admissions and outpatient treatments than in 2024. In addition, we have been registering commuting in a different way since 2025. As a result, we now have a better picture of how colleagues travel and can implement more targeted actions in the coming years.

In 2025, we continued reducing the footprint of our buildings. We optimized our Combined Heat and Power (CHP) installation and installed more than 1,000 LED lights in the ICU. We also continued sustainability improvements in our buildings. At the Wilhelmina Children's Hospital, we continued insulating the façade and installing a sustainable climate system. At the same time, we prepared new steps. Heat pumps will be installed at the Wilhelmina Children's Hospital in 2026, and we have determined how to sustainably design future renovations. In doing so, we focus not only to energy consumption, but also to circularity, climate resilience, and a healthy, green environment.



What is UMC Utrecht doing to reduce the use of raw materials?

In 2025, we launched and continued several projects to reduce our use of raw materials and increase reuse and recycling. In 2024, we began separating residual waste, allowing plastic to be filtered for recycling. In 2025, we saw the results: we now recycle more than 50 percent of our waste. We are also working on more sustainable waste collection. For example, in February 2026, we will introduce needle containers made from recycled materials.

To further reduce the percentage of residual waste to a maximum of 25 percent, we conducted several studies in 2025. We identified the 50 most commonly used disposable products. This led to research into recycling blood tubes and tissue paper, as well as finding a solution for the remaining disposable coffee cups.

We also took steps to reduce waste. For example, our cardiac catheters are now reprocessed. These catheters are normally intended for single use, but our partner Vanguard prepares them for reuse up to four times. This saves raw materials and reduces costs.

In 2025, we also stopped using disposable coveralls, caps, and shoe covers for parents accompanying their child to the operating room. This eliminates around 20,000 sets per year – reducing waste by approximately 2,500 kilograms. At the same time, this change reduces unnecessary steps in care and, above all, creates more calm and confidence for both child and parent.

2.3 Governance: our impact on fair and reliable healthcare

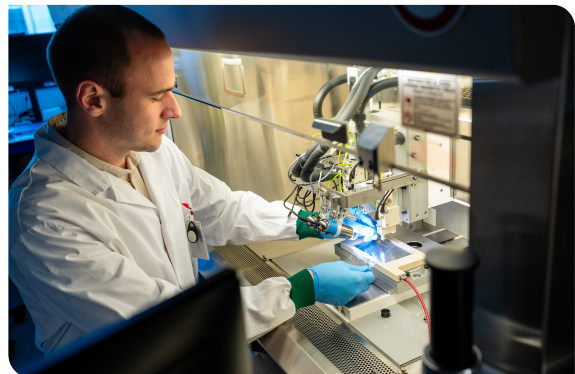
What is UMC Utrecht doing in innovation to improve care?

Innovation is essential to keeping care accessible, safe, and affordable. At UMC Utrecht, we use technology and data purposefully to improve care – always with attention to people, reliability, safety, and ethics.

From the laboratory to the patient

At UMC Utrecht, we connect care and research every day. We bring what we discover in the laboratory to practice as quickly as possible – so that patients benefit directly.

In 2025, we treated the first patients with a [new technique for cardiac arrhythmias](#). This innovative approach enables more targeted treatment while sparing surrounding tissue. It represents an important step toward safer and more precise treatment of complex arrhythmias.



In our fundamental research, we also work on solutions that bring the healthcare of tomorrow closer. In the [GRACE project](#), researchers use artificial intelligence to make 3D bioprinters smarter in developing tissue. In this way, the printer becomes a 'partner' of the researcher, as it were. This accelerates the development of new applications in regenerative medicine.

Read more about our [research with impact on patients and valorization](#).

Continuous monitoring: in the hospital and at home

With continuous monitoring, we track patients' vital signs 24/7 using wearable sensors. This allows us to detect clinical deterioration earlier and intervene more quickly. In 2025, we implemented a new care protocol to structurally embed continuous monitoring on two nursing wards. This increases patient safety and supports nurses in their daily work. Even when they are not standing directly at the bedside, they have a better view of their patient's condition.

Shortly before the summer of 2025, several technical and process-related issues emerged regarding the application of continuous monitoring. We therefore decided to temporarily pause further implementation. We will first resolve these issues fully to ensure the technology can be used safely and reliably. Implementation will resume in 2026.

HOME-ART: shifting hospital care to the home

Due to an aging population and pressure on bed capacity, we are looking for new forms of healthcare. Together with the St. Antonius Hospital and the Diakonessenhuis, we are conducting the HOME-ART study, supported by ZonMw, UMC Utrecht, and the Acute Care Network Central Netherlands.

In HOME-ART, we investigate whether patients with an acute respiratory infection can be safely treated at home with intravenous antibiotics and/or oxygen. They wear a sensor that continuously measures vital signs. This data is monitored 24/7 by the Medical Control Center of UMC Utrecht. There is daily contact with the patient, district nurse, and treating physician. In November 2025, the first patient within the feasibility study was treated at home.

Transmural referrals

In 2025, UMC Utrecht began digital transmural referrals between care providers and the hospital, with national rollout planned for 2026. This approach ensures faster and more efficient patient flow, as referrals immediately reach the right place with the relevant medical information. In addition, it reduces the administrative burden and lowers the risk of errors. Moreover, the digital transfer from the EHR provides more complete insight into the referral and its progress.

AI in 2025: from pilot to practice

In 2025, artificial intelligence (AI) at UMC Utrecht is no longer an experiment, but part of our daily practice. Within our 3AI approach – Data, Research, Implementation, and Education – we ensure that development, scientific validation, and application go hand in hand. This is the only way to ensure AI is used safely and responsibly.

Good AI starts with secure data. The collaboration with Roseman Labs within the NSK Data Workspace was awarded a [Privacy Award 2026](#). This recognition underscores our commitment to privacy-friendly data exchange. Although the award was presented in 2026, the partnership had already delivered a secure analysis environment in 2025. This environment enables responsible analysis of datasets with a high privacy risk.

Faster diagnostics

A concrete example is the use of AI during brain tumor surgeries. A model helps to identify the type of tumor during the operation. Where additional analysis used to take days or even weeks, targeted information is now available much sooner. This supports the surgeon in making treatment decisions during the procedure immediately during the operation. As a result, some patients need only one operation instead of two.

AI also supports pattern recognition in pathology and radiology. The specialist always remains responsible; AI supports the assessment but does not take decisions. One example from 2025 is a [predictive model for patients with metastatic skin cancer \(melanoma\)](#). AI can identify immune cells in tumor tissue that indicate the likelihood of success of immunotherapy. In a large UMC Utrecht study, the AI algorithm counted these cells even more accurately than pathologists. This improves the ability to predict which patients will benefit from treatment. The specialist always remains responsible; AI supports the assessment but does not take decisions.

Smarter organization of healthcare

AI also helps keep healthcare accessible. The prediction model for missed appointments (no-shows) now runs on the national HealthSage AI platform. By contacting patients in time, we use our outpatient capacity more effectively and reduce waiting times.

AI as support for administration and consultation preparation

In 2025, UMC Utrecht continued to develop and apply AI with the aim of reducing administrative burdens while maintaining the quality of healthcare. Within the Care of Tomorrow program, a pilot was conducted with the AI tool Autoscriber, which automatically transcribes, summarizes, and processes consultations into the patient file. This pilot shows that healthcare providers can pay more attention to the patient during consultations. In 2026, the tool will be rolled out more widely across outpatient clinics.

Within the AI Consultation Preparation project, we successfully tested how AI can summarize existing patient information clearly to support healthcare professionals. Steps were also taken to reduce administrative workload, including the implementation of AI-supported discharge documentation in the NICU and ICU, and preparations for broader scaling across UMC Utrecht.

AI applications also contribute to more efficient administrative processes, such as generating draft medical correspondence. Responsibility and final decision-making always remain with our healthcare professionals.

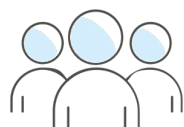


3 Our colleagues



Good healthcare starts with good people. That is why we strive every day to present UMC Utrecht as an attractive and meaningful employer. For healthcare professionals, researchers, students, and support staff. Because anyone who works with us contributes to something that truly matters.

Being an attractive employer is not only about bringing in new colleagues, but above all about ensuring that people feel safe, seen and valued. In 2025, we therefore invested deliberately in a working environment where colleagues can speak up, develop and grow.



12.513
colleagues



3.462
male



9.051
female

3.1 People: our impact on colleagues and society

How do we make it enjoyable and attractive for our (potential) colleagues to work at UMC Utrecht?

Attracting new colleagues and retaining our employees. That is a major focus for us, just as it is for many other organizations in healthcare. That is why in 2025, we took a range of initiatives to make working at UMC Utrecht appealing for current and future colleagues.

Attracting new colleagues

In 2025, we strengthened our employer brand through targeted campaigns, audience-specific communication and unique content such as *All you need is praise*. We shared real stories from colleagues that show what makes working at a university medical center special.

Two successful projects

In 2025, we worked with Utrechtzorg and five regional hospitals to attract new colleagues. Together, we developed the platform [OntdekJouwZiekenhuisbaan.nl](https://ontdekjouwziekenhuisbaan.nl), where candidates can apply to multiple hospitals at once. By collaborating regionally, we make it easier for people to choose a career in healthcare and to stay in healthcare. This unique collaboration won the Werf& Awards Public Prize 2025 for best recruitment case.

We also reached out to potential colleagues earlier in their careers. For example, we attended the Central Netherlands Study Choice Fair (Studiekeuzebeurs Midden-Nederland), where our colleagues talked about their work in the hospital. Through our participation program, we also collaborated with Emma at Work, which helps young talents with a chronic condition find suitable work. We also offered many temporary part-time jobs for students. These efforts contributed to strong inflow: in 2025, 733,274 people visited werkenbijumcutrecht.nl, we published 1,172 vacancies and received 27,849 applications. This resulted in 2,247 new colleagues, including students and researchers on temporary contracts.

Start@UMC Utrecht

A smooth start to your job at UMC Utrecht is essential for retaining new colleagues. That is why in 2025, we completely renewed our introduction morning: Start@UMC Utrecht. Our starting point: your first day at work should feel like a celebration. The new introduction program received an average score of 8 in 2025.



Internal mobility

Alongside attracting new colleagues, we invest in retaining our people. In 2025, we launched the internal website ikwerkbijumcutrecht.nl, featuring vacancies and career opportunities specifically for our own employees.

We also brought together existing initiatives into a unified traineeship for nurses. Each year, this gives 30 to 40 newly qualified nurses a strong start in our hospital.

A pleasant and safe working environment

Being an attractive employer is not only about bringing in new colleagues, but above all about ensuring that people feel safe, seen and valued. In 2025, we therefore invested deliberately in a working environment where colleagues can speak up, develop and grow.

Competencies & Skills

For our healthcare workers, we successfully completed the first phase of the Competencies & Skills program in 2025: a uniform registration of competencies and skills for reserved and high-risk procedures. Phase one resulted in future-proof policy and a system for competencies, and a new, uniform system for skills linked to training in ULearn. This strengthens professional development around skills and ensures our competency policy is ready for the future.

Social safety and development

In 2025, we strengthened social safety through dialogue training and 'coffee-talk' sessions, where colleagues discussed collaboration, addressing one another, and working with differences. We also offered low-threshold support for teams and individuals with questions or dilemmas. In this way, we build an open culture in which meaningful conversations become increasingly natural.

At the same time, we invested in development opportunities. Our academic talent and leadership programs were further developed in 2025 and highly valued by participants. With micro-learnings via GoodHabitZ, we made working on personal and professional development accessible to colleagues in their daily work.

Vitality

At UMC Utrecht, we strive for a pleasant and healthy working environment. Creating a vital work culture for our colleagues is an important foundation in this regard. In 2025, we worked together on vitality for everyone through a range of initiatives.

Extra attention for colleagues working night shifts

Healthcare never stops. Even at night, our colleagues are there for patients. During the 2025 Week of the Night Worker, we gave special attention to our night-shift colleagues. We celebrated their contribution and focused on themes that support their health and vitality. We also highlighted nutrition and sleep – essential for maintaining energy, health, and job satisfaction – so they can remain sustainably employable.

Personal advice and support for our colleagues

In 2025, we offered colleagues various programs and arrangements to support their health, financial situation, and long-term employability. Employees could receive free consultations with a financial advisor to gain more control over their personal financial future.

We also paid extra attention to employees experiencing hormonal symptoms. Through a grant from SoFoKleS – the Social Fund for the Knowledge Sector – colleagues could participate in the VitalFem lifestyle program or make use of a consultation package with a Care for Women specialist. In 2025, 43 colleagues made use of a consultation, 43 colleagues participated in the twelve-week online VitalFem program, and fifteen colleagues attended a one-time masterclass.

In addition, the collective labor agreement for university medical centers were in force in 2025, including the early retirement scheme (RVU) in combination with the 80-90-100 scheme. This allows employees to work fewer hours five years before their retirement, while largely maintaining their pension accrual. Employees can also save leave hours throughout their career through balance leave. In 2025, 87 colleagues used the scheme for physically demanding roles.

Through these initiatives, we continued building a vital organization in 2025. An organization in which colleagues feel supported in every phase of life and under all circumstances. Because only vital employees can make a sustainable contribution to the healthcare of today and tomorrow.

3.2 Environment: The impact of our work on a healthier world

How can we further embed sustainable behavior so that sustainable choices become second nature for colleagues?

How you travel to work is very personal and has a direct impact on our CO2 emissions as well as the vitality of our employees. In 2025, we took important steps to further encourage and embed sustainable travel behavior across our organization.

Long-term sustainable travel behavior after the Sustainable Transport Pilot Group

In 2024, the Sustainable Transport Pilot Group explored suitable, effective, and feasible commuting solutions with 300 colleagues. In 2025, we saw that these solutions worked: in 2025, 90 percent of the participants in the Pilot Group continued to travel sustainably to and from UMC Utrecht – for example, by bicycle or public transport. This contributes to the goals of reducing our CO2 emissions, improving our accessibility, and strengthening our attractiveness as an employer.

Driving easier public transport use together

In 2025, we took the initiative, together with other university medical centers, including Amsterdam UMC, to launch a joint tender for the NS Business Card. Our goal: make the use of public transport easier. No more separate claims or administrative hassle, but one fully reimbursed card that allows employees to travel easily. This step makes public transport more accessible.

From survey to real data

Thanks to the updated collective labor agreement – which allows employees to receive reimbursement for more than one mode of transport – colleagues could choose and declare their mode of travel per day. Occasional public transport use is now reimbursed as well. As a result, for the first time, we have real usage data from more than 12,000 employees. These data give us better insight into travel patterns and enable targeted incentives.

Targeted incentives and rewards

With these new insights, 2025 was the first year we could actively encourage and reward colleagues for sustainable travel choices. Employees who cycled more often received a 50 euro voucher for bicycle accessories. 15 colleagues also tested an e-bike for a month free of charge, without needing to purchase one. Small, practical rewards that contribute to comfort and enjoyment.



Green network

When it comes to sustainability, the future of our planet, and our health, we believe that everyone can and must take responsibility – that we achieve more together than alone, and that we must think big, but act now. Many colleagues already do exactly that.

In 2025, more than 650 colleagues were active in the Groene Netwerk (Green Network), and various Green Teams worked on sustainable initiatives and projects throughout UMC Utrecht.

Expedition Green and Healthy 2025

To inspire colleagues across UMC Utrecht and highlight impactful initiatives, we organized Expedition Green and Healthy 2025 for our colleagues. This third edition was a success with 25 activities, over 150 participants, and an abundance of stories from colleagues with a green and justice-minded heart.

Cellulose Pad Challenge: lasting reduction in the OR

From January through March 2025, colleagues in the Operating Room launched the Cellulose Pad Challenge. Many enthusiastic colleagues set to work more consciously, and with impressive results: the use of disposable cellulose pads in the operating room was reduced by 75 percent. A follow-up evaluation six months later showed that the reduction was permanent. We compared usage from April through August 2025 with the same months in 2023 and 2024 and saw an extraordinary outcome: a 79 percent reduction in cellulose pads.

Internal marketplace for reuse

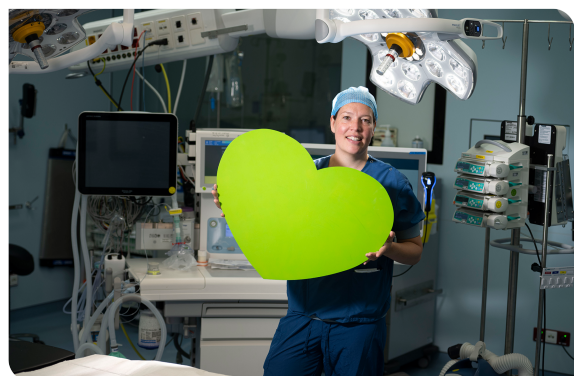
In 2025, we launched our internal marketplace, where colleagues can offer items no longer needed in their department for reuse elsewhere in UMC Utrecht. Through this platform, cabinets, sofas, binders, and equipment have already found new homes, reducing unnecessary waste and avoiding the purchase of new products.

Support for Green Teams

We support our Green Teams as effectively as possible through knowledge sharing, workshops, and tailored advice. We also collaborate with other university medical centers to strengthen Green Teams. In 2025, for example, we launched the [Green Team Checklist](#), enabling Green Teams to easily track project progress and clearly see which steps are essential for success.

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3.3 Governance: Our impact on fair and reliable working

How is UMC Utrecht approaching organizational transformation for its colleagues?

At UMC Utrecht, we are working on a new organizational structure, which will enable us to realize our vision and mission as UMC Utrecht more effectively and more quickly. We do this by organizing our processes and activities in ways that make collaboration easier, more efficient, and even better. In 2025, we made major strides in shaping this transformation.

A carefully drafted change plan, with consideration for everyone

In 2025, the new organizational design was created. Remarkably, a large group of managers actively contributed to the design. The new structure was developed bottom-up – a unique approach in the Netherlands for an organization of this size. This reflects our commitment to fair and reliable working: designing together, taking responsibility together.

Implementation of the new organizational model is phased and structured. In 2025, colleagues reporting to the Executive Board (leadership level L2) were placed in their new roles as quartermasters. Leadership levels L3, L4, and L5 will follow in 2026.

In the new matrix organization, collaboration becomes even more important. That is why in 2025 we deliberately invested in strengthening this competency. By bringing colleagues together, sharing knowledge, and creating space for dialogue, we are building, step by step, an organization where people can find one another and take shared responsibility.

Transparent processes and equal opportunities

The preparation phase for the implementation started in the second half of 2025. This had a direct impact on the second organizational level. Placements and appointments within L2 took place while the old and new structures temporarily coexisted.

To ensure this process proceeded carefully, transparently, and with equal opportunities for everyone, we worked with external guidance. Each leader received a so-called leadership profile: an integrated picture of who they are as a person and as a leader. This provided an objective basis for placement and appointment decisions and helped weigh talent, experience, and development potential fairly.



From departments to services: people follow the work

A visible change in 2025 was the transition from various departments to centralized services. Staff and support functions, such as Finance and Procurement, were merged. In doing so, we move from many separate components to greater uniformity and joint management. It strengthens our effectiveness and enables more efficient use of resources.

For many colleagues, this meant a change in their place within the organization, following the principle of 'people follow the work'. Essentially, they continue doing the same work, though they may now report to a different hierarchical leader or be part of a different service.

The starting point was clear: we are making this move while retaining our colleagues. We aim to realize the transformation with the people who already make UMC Utrecht what it is. In a limited number of cases, roles were discontinued and colleagues became redundant. The impact was greatest for colleagues in the Information Technology Department and the Information Technology and Finance Department.

Putting people first

We understand that an organizational change of this scale can create tension and uncertainty. That is why, in 2025, putting people first was a key principle. In close collaboration with the trade unions, we developed a social policy framework and a social plan. The Works Council was also closely involved.

In the social plan, we included additional safeguards to support colleagues as effectively as possible. For example, the redeployment period was extended. In doing so, we take our responsibility as an employer and show that fair and reliable working is not only about structure and processes – it is, above all, about people.

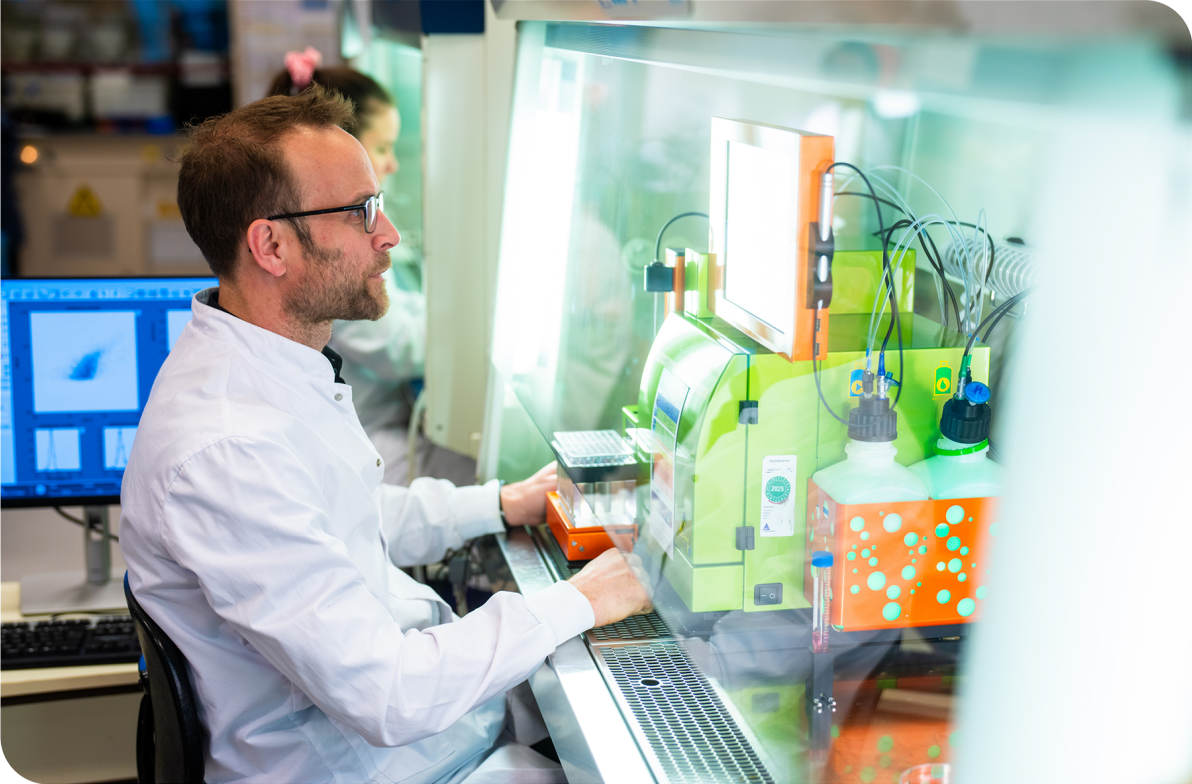
Talking together and learning together

Good communication and dialogue were essential in 2025. We created an extensive intranet page for colleagues who wanted to know more about the personnel implications or who needed support. On this page, managers and employees can find explanations of each step in the process, tools for conversations, and practical information.

Managers received weekly updates from People & Organization (Mens & Organisatie) with current information about the placement and appointment process. We also organized walk-in sessions, the so-called Question Hour, where colleagues could ask their questions directly. These sessions were well attended.

Every month, there was also a new episode of 'Bij ons in Huis' (At our home): a live broadcast by and for UMC Utrecht colleagues. Each broadcast started with an update on the transformation. We also organized strategy sessions and meetings to engage in dialogue with each other.

This is how we approach the transformation: carefully, transparently, and with attention to people. As one UMC Utrecht, working together toward a future-proof organization in which every person counts.



4 Our students



With our educational strategy [The New Utrecht School \(TNUS\)](#) we train healthcare professionals who look beyond their own field. We encourage collaboration across faculties and institutions and connect disciplines, perspectives, and people. With TNUS, we prepare students for a healthcare practice in which collaboration, innovation, and social engagement are central. This allows us to train (future) care and health professionals who can have a greater impact on patients and society.

In 2025, The New Utrecht School was formally anchored as an independent department within the UMC Utrecht Education Center. This ensures that our educational strategy is structurally embedded in the organization. In 2025, the department worked with nine impulse teams on further implementation and integration of themes such as resilience and wellbeing, diversity and inclusion, planetary health, patient participation, translational medicine and life sciences, interdisciplinary education, and interprofessional learning.

With representatives from various programs and disciplines, the impulse teams collaborated on quality and assessment, new technologies, and educational research. Through further implementation of these themes, knowledge sharing, and integration into curricula, many results were achieved in 2025.

Our students in numbers



3.981

students
enrolled in the
Medical faculty



249

nursing students
(171 HBO, 15 MBO)



1.087

university degrees



38

nurses graduated
(23 HBO, 15 MBO)



305

students
graduated in medicine
(incl. SUMMA Master's)

4.1 People: Our impact on students and society

What impact does UMC Utrecht's education have on people and society?

Education forms the foundation of tomorrow's healthcare. Our (future) care and health professionals can have a huge impact on patients and society. What students learn today shapes how they will treat patients, conduct research, and contribute to societal challenges tomorrow.

In 2025, therefore, The New Utrecht School focused not only on subject matter but also on personal development, social responsibility, and collaboration. The revised curricula are about to launch. Based on the philosophy of The New Utrecht School, these contribute directly to our mission.

Diversity & inclusiveness

In 2025, the Diversity & inclusiveness impulse team successfully completed the *Sense of Belonging* project. The aim of this project was to strengthen the sense of belonging and the 'sense of home' among students at Utrecht University. The project combined research on how students experience belonging with practical interventions for students, teachers, and staff. The interventions developed were compiled in the booklet *Belonging@UU: Five initiatives to create an inclusive and supportive space where all students belong*.

In 2025, the Supportive Classroom@UU workshop was also developed within the project. In this interactive workshop, teachers learn to develop pedagogical strategies to strengthen students' sense of belonging. The Trimbos Institute included the workshop in its knowledge base under the title [Creating Supportive Classrooms](#). As a result, its impact extends beyond UMC Utrecht alone.

Resilience and wellbeing

In 2025, the Resilience & Wellbeing impulse team developed a UMC Utrecht-wide, evidence-based vision on resilience and wellbeing. This vision provides direction for education and student support. It resulted in learning objectives and appropriate educational content for the new curricula in 2025. A practical toolkit for teachers and supervisors was also developed.

A new addition in 2025 was the 'Conversation Wheel': an accessible tool that stimulates dialogue about wellbeing and resilience in educational groups. We also actively focused on connecting people and initiatives across faculty programs, the UMC Utrecht Academy, and Postgraduate Medical Training. In doing so, we strengthened collaboration and knowledge sharing within our educational community.



Patient Participation & Community Engaged Learning

In 2025, the Patient Participation impulse team organized theater performances and film discussions for healthcare professionals, students, and patients' families and loved ones. These sessions centered on powerful patient experience stories.

The performances and discussions deepened understanding of the person behind the patient and helped participants experience what shared decision-making truly means. This enables not only discussing patient participation, but actually experience it.

Interdisciplinary education & Interprofessional learning

The challenges in healthcare require collaboration across disciplines. In 2025, we organized two interdisciplinary Health Challenges within the Faculty of Medicine: the Muscle Disease Challenge and the Heart Disease Challenge.

In the first phase of this unique educational format, more than 600 bachelor's students from Medicine, Biomedical Sciences, and Clinical Health Sciences worked together in a think-tank phase to develop innovative solutions to a relevant and complex healthcare problem. In the follow-up phase, students from seven programs jointly executed the "winning" research proposal as part of the Experimental Translational Medicine course.

Students could request expertise from professionals in six thematic hubs: Biomedicine, Biotechnology, Med Tech, AI, Entrepreneurship & Business and Medical Humanities. This teaches them to approach complex issues from multiple perspectives – an essential skill for the healthcare of tomorrow.

Translational Medicine & Life Sciences

Creative thinking and problem-solving ability are core competencies of scientific researchers. The Graduate School of Life Sciences explicitly focuses on these skills, including through the Visual Narratives workshop. In this workshop, students reflect on their creative process and translate it into their own research practice.

To increase impact, the workshop was further developed in 2025 and included in the national [Transition Makers Toolbox](#), an open source educational platform that aligns with the Inner Development Goals Framework. Through this, UMC Utrecht also inspires an international community of teachers and educational developers.

4.2 Environment: The impact of our education on a healthier world

Which Planetary Health developments were embedded in education and training at UMC Utrecht in 2025?

Human health and the health of our planet are inseparable. That is why Planetary Health is a structural part of The New Utrecht School and our educational programs.

Planetary Health training for lecturers

In 2025, we developed a training program for lecturers to integrate Planetary Health into their courses. In this training, lecturers explore the relationship between planetary and human health, learn why this topic is essential in (medical) education, and receive practical tools to incorporate it into their lessons.

A central element of the training is how to encourage students to think critically about their own actions and explore sustainable alternatives. Twenty lecturers from various academic and healthcare programs completed the training in 2025. They rated the training an average of 8.

Planetary Health in healthcare programs

Through the Planetary Health Integration Team (PHIT), we work on structurally embedding planetary health and sustainability in education. In 2025, three students joined the team as permanent members.



In 2025, Planetary Health was also further integrated into the training programs for operating room assistants, anesthesia staff, infection-prevention specialists, and oncology nursing specializations at the UMC Utrecht Academy. Four educators from these programs joined the PHIT team as permanent members. This work will continue in 2026, enabling these programs to serve as examples for other medical support and nursing (postgraduate) programs.

4.3 Governance: our impact on fair and reliable education

Which developments contribute to an even higher quality in education and training?

Quality requires continuous development. In 2025, we took important steps to keep our education and training future-proof and of high quality.

Curricula revised

For the Medicine, Biomedical Sciences, and Clinical Health Sciences programs, we worked on revising the curricula in 2025, in which the themes of The New Utrecht School are fully incorporated.

The Medicine program will launch The New Utrecht Doctor on September 1, 2026, a new bachelor's program for year 1 and a new master's program for year 1. In 2025, transition arrangements were prepared, major steps were taken to secure clinical placement capacity, and the placement procedure for the master's program was revised. We also worked on curriculum renewal with more attention to extramural fields, structural space for personal and professional development, and more formative assessment in the master's program.

A revised basic curriculum was drawn up for the Biomedical Sciences program in 2025. In this curriculum, students learn to relate to themselves, to science, and to society. The program will move to 9-week educational periods and two parallel courses based on the concept-context principle. New students will start with the revised curriculum in September 2027.

The Clinical Health Sciences program also made major progress in 2025. Final learning outcomes were formulated, the graduation profile was refined, and eight learning lines were established. Themes such as patient participation and planetary health are embedded in a learning line on 'socially responsible research'. Students will begin the revised premaster and master year 1 and 2 programs in September 2026.

Accreditation of the Medicine program

Every six years, higher education programs are assessed as part of the accreditation process by the Netherlands-Flemish Accreditation Organization (NVAO). In 2025, the Bachelor of Medicine CRU, the Master of Medicine CRU, and the Master of Science SUMMA were reviewed by an independent panel of experts. Accreditation is an important instrument for independently assessing and strengthening program quality.

The review went well, and accreditation was renewed. During the public feedback, the review committee issued the final verdict: "All three study programs meet all standards." In addition, the committee indicated: "We have had two enjoyable days where we could ask questions openly, and we are inspired by everyone we spoke to." In 2026, the programs will work with the recommendations, incorporating them into the new curriculum plans.



Top Programs

In 2025, the Medicine and Biomedical Sciences programs again received the 'Top Program' quality label. This label is awarded to programs scoring 75 or more index points. The designation appears in the [Selection guide for prospective bachelor students](#) who want to explore possible further study options. It confirms students' appreciation for content, organization, and studyability.

EPA-based training in CZO programs

Within the UMC Utrecht Academy, specific EPAs (Entrustable Professional Activities) for medical support programs were successfully developed in 2025. After completing the core program, students can follow advanced modules. These modules were positively evaluated by students and contribute to flexible, future-oriented training.

Based on a baseline assessment across all programs, the UMC Utrecht Academy received a positive evaluation from the CZO in 2025: we meet the CZO's quality requirements. The on-site accreditation visit is scheduled for spring 2026.

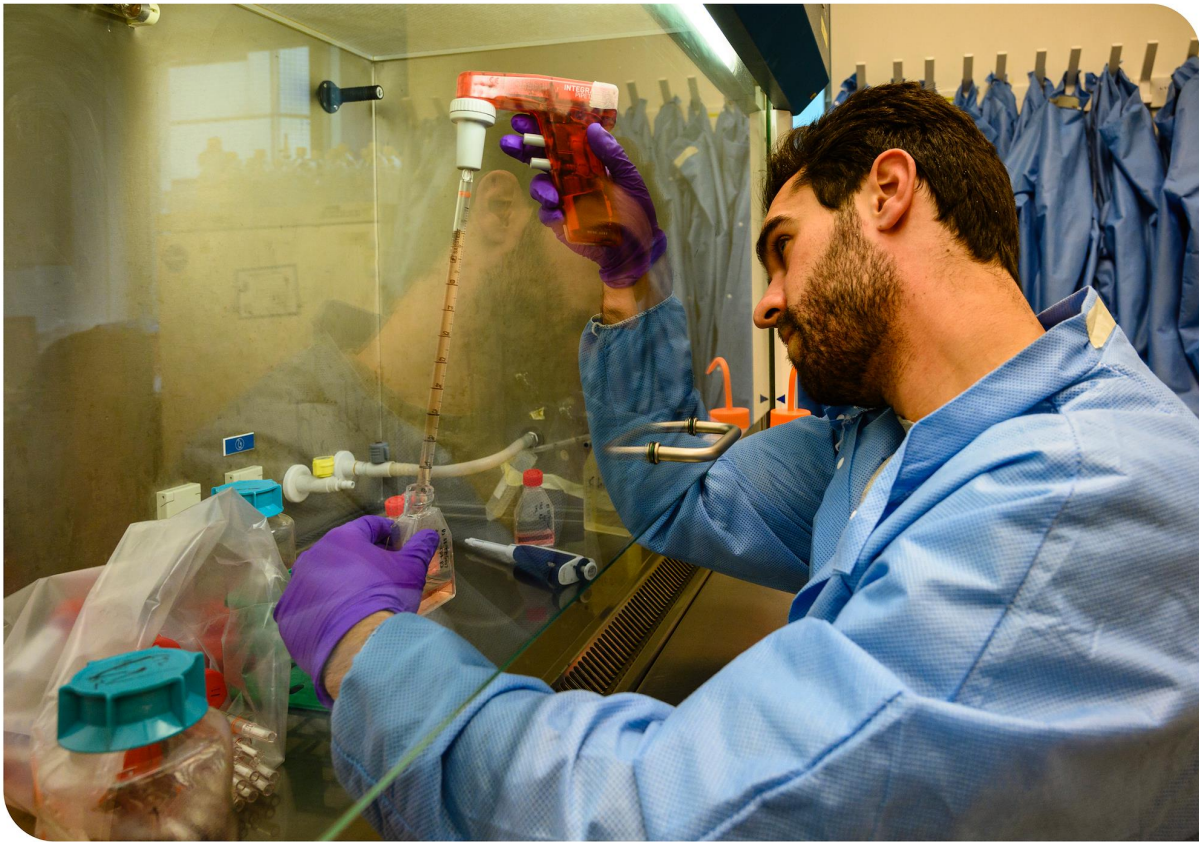
As part of our continuous quality cycle, simulation-based education gained an increasingly prominent role in 2025, and blended learning was further strengthened. We also evaluated our education through feedback from students and affiliated healthcare organizations. A practice we will continue structurally in 2026.

Faculty name change

An initiative from the Student (Representative) Council led to a remarkable decision in 2025: the name Faculty of Medicine was changed to Faculty of Medical Sciences. According to the Executive Board and the Utrecht University Board, the new name reflects the inclusive faculty we strive for and aligns with both the 'Utrecht educational model' and 'The New Utrecht School'.

The Student (Representative) Council of our Faculty of Medicine requested the name change because the faculty offers far more programs than Medicine alone – including Biomedical Sciences, Biomedical Sciences (English-language track), Clinical Health Sciences, and Medical Humanities.

5 Our research



Our research focuses on six multidisciplinary programs: Circulatory Health, Brain, Infection & Immunity, Cancer, Child Health and Regenerative Medicine. Within these focal points, we bring healthcare and research together, translating fundamental insights into practical applications as quickly as possible. In 2025 confirmed the international SEP committee that our research is of a very high quality, with strong innovative capacity and significant societal impact.

Alongside research within our focus points, we also prioritize studying how clinical trials can be organized faster and smarter, for example through our REMAP-CAP research. This ensures that patients gain quicker access to new treatments. In this way, we work as one UMC Utrecht on research that is scientifically excellent and directly contributes to better, accessible healthcare.

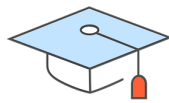
Our research in numbers



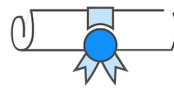
€183 MLN
funds raised
for research



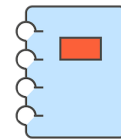
191
professors



1.709
PhD students



261
PhD completed
(graduated)



4.088
scientific publications,
of which
82% Open Access

5.1 People: The impact of our research on people and society

How does our research contribute to better healthcare for patients and a sustainable healthcare system?

We believe it is essential that knowledge does not remain in the laboratory but reaches patients. Through close collaboration between researchers, healthcare professionals, and partners, we ensure that scientific insights are translated into concrete applications in healthcare. In this way, our research contributes to better care for patients, today and in the future. Several examples of important research results from 2025 can be found below.

One-time gene therapy within reach for older children with the muscle disease SMA

Significant progress was made for children with the muscle disease SMA (spinal muscular atrophy). New insights into the recovery of brain cells and a central role for older children in treatment pathways contribute to better long-term care. In 2025, a one-time gene therapy also within reach for older children with the muscle disease spinal muscular atrophy (SMA). This treatment targets the genetic cause of the disease and can improve or stabilize muscle function.

New insights and (international) research, to which UMC Utrecht made a significant contribution, now make treatment possible for a broader group of patients. This offers new perspective for children and their families and marks an important step in translating groundbreaking research into real-world healthcare.



Hope for babies with brain injury

In 2025, UMC Utrecht researchers made an important step in the treatment of babies with brain injury around birth. By better understanding what happens in the brain after events such as oxygen deprivation, new opportunities for recovery are emerging. Early research results offer hope that brain injury may be better limited in the future. In doing so, we contribute to improved care and a better perspective for vulnerable babies and their parents.

Breakthroughs in and subsidies for cancer research

In 2025, several breakthroughs were achieved in cancer research. IN 2025, researchers at UMC Utrecht further developed a new radiation technique for men with prostate cancer that better preserves erectile function. By targeting more precisely during radiotherapy and sparing vulnerable nerve structures, side effects can be reduced without compromising treatment effectiveness. This innovation shows how technological advancement and clinical research come together to improve not only survival, but also quality of life.

In 2025, researchers at UMC Utrecht completed a study in which they succeeded in growing bladder tumors from the urine of patients. This makes it possible in the future to test which treatment works best for each individual patient. This innovation brings personalized care for bladder cancer significantly closer.

TigaTx, a spin-off of UMC Utrecht, has received substantial subsidies from, among others, ARPA-H and the American National Cancer Institute to further develop a promising IgA antibody (TIGA-001) towards clinical application in cancer. This technology, based on UMC Utrecht research, can activate neutrophils to kill cancer cells and also offers potential new therapies for infectious diseases. The funding enables the first human studies and increases the impact of fundamental research on patient care.

Progress in more targeted treatment

In an international study led by UMC Utrecht and Amsterdam UMC, researchers have developed an intervention to improve the diagnosis and treatment of urinary tract infections in frail older adults. The intervention resulted in a 50 percent reduction in antibiotic prescriptions for UTIs in older adults, with no signs of adverse effects.

Researchers at UMC Utrecht have found new clues about why kidney transplants sometimes fail. They discovered that specific donor protein fragments (peptides) play an important role in activating the recipient's immune system. These insights help to better understand which immune responses lead to kidney rejection. Over time, this may contribute to more targeted treatment and improved transplant survival.



5.2 Environment: The impact of our research on a healthier world

What Planetary Health research is UMC Utrecht conducting?

The environment in which we live has a major impact on our health. That is why UMC Utrecht conducts research in the field of Planetary Health: the relationship between human health and the health of our living environment. We study how environmental factors, such as air quality, urban design, and emerging forms of pollution, contribute to disease, and how we can use this knowledge to improve health and prevent diseases.

Exposome-NL and healthy urban living

Within the national [Exposome-NL](#) program, researchers work together to gain an understanding of how the living environment affects health. In 2025, UMC Utrecht and Amsterdam UMC researchers demonstrated within the [Exposome-NL](#) program that the living environment has a clear impact on cardiovascular disease risk. People living in neighborhoods with many unhealthy food outlets and few opportunities for physical activity have an almost five percent higher risk of cardiovascular disease. These results were published in 2025 in [The Lancet Regional Health Europe](#).

Building on these and other scientific insights, researchers developed digital twins of neighborhoods, cities, and their residents. These digital environments allow experimentation with interventions before they are implemented in real life. For example, researchers can test the effects of changes in mobility, food environments, or urban design on health. And at least as important: for whom exactly these effects occur. This enables interventions that are not only more effective but also more equitable, contributing to fairer health outcomes. To ensure broad applicability, the model was developed using open-source software, allowing cities and regions to adapt and use it in their own context. The model and initial simulation examples were published in [Environmental International](#).

In addition to simulations, the insights are also applied in practice, such as the Utrecht neighborhood [Cartesius](#). Within the [Data and Knowledge Hub Healthy Urban Living](#) UMC Utrecht, Utrecht University, Utrecht University of Applied Sciences, the Municipality and Province of Utrecht, and private partners collaborate on designing a neighborhood that promotes health and wellbeing.

In the Cartesius RAAK-PRO research project, funded by the SIA Steering Committee in 2025, partners study how neighborhood design can support healthy behavior and wellbeing among residents.



EXPANSE: the influence of the living environment on health

In 2025, the European EXPANSE project was successfully completed, demonstrating the significant impact of the living environment on health. The research shows that a substantial portion of the disease burden of cardiovascular and lung diseases is linked to urban environmental factors such as air pollution, temperature, and green space. Three papers published in 2025 highlight these findings. Importantly, the combination of environmental factors appears to have the strongest effect on health. These insights support better decision-making in prevention, urban planning, and healthcare, from general practice to specialized treatment.

These scientific, societal, and translational results – with major impact – were recognized at the European level: in 2025, the EU selected EXPANSE as a flagship example project. The project bridges environmental science and medical practice. The project has delivered tools, data, and insights that contribute to primary prevention, early risk detection, and targeted interventions, with clear relevance across the entire healthcare chain.

AURORA: understanding environmental influences on health from the very beginning

Through the AURORA project, UMC Utrecht has contributed since 2025 to strengthening European knowledge about the health risks of micro- and nanoplastics (MNPs). This is a growing and socially urgent challenge. This urgency is underscored by the recent Lancet Countdown on Health and Plastics, published in [The Lancet](#) with contributions from UMC Utrecht researchers, which estimates the global health burden of plastic pollution at more than 1.5 trillion US dollars per year.

The AURORA study focuses on exposure during pregnancy and in the early stages of life – periods that are critical for long-term health. AURORA shows that micro- and nanoplastics are detectable in human tissues, including the placenta. There are also indications that these particles may affect key biological processes such as inflammation, hormonal regulation, and early development. The project has made major advances in developing and validating analytical methods to reliably measure these particles in complex human samples. It has also developed new, scalable methods for population-level biomonitoring.

By integrating insights from toxicology, epidemiology, and exposure science, AURORA contributes to a more systematic assessment of health risks. This supports a practical European approach that can guide future regulation and prevention strategies. For UMC Utrecht, this provides a concrete foundation for better integrating emerging environmental risks into healthcare and public health – for example by increasing risk awareness and developing strategies to reduce exposure, including within fertility care and IVF pathways. At the same time, the project strengthens our position as a leader in exposome research and preventive medicine.



ExpACT: measuring exposures in real-life settings

With the recently launched ExpACT project, we are building on earlier exposome research. This NWA-ORC project focuses on the air component of the exposome and develops new ways to measure chemical and biological exposures in real time and in real-world environments. A defining feature of ExpACT is that it does not only advance technological innovation, it explicitly connects the entire knowledge chain, from measurement and data analysis to societal application, policy, and actionable perspectives for citizens, professionals, and governments. The project directly addresses urgent societal challenges related to mobility, energy, urban greening, and sustainable food systems.

UMC Utrecht plays a key role within ExpACT. Drawing on our expertise in measuring and interpreting biological exposures and allergens, we contribute substantive knowledge. We also hold a leading role in the Cartesius Living Lab in Utrecht. This is a real-life test environment in which we develop and test innovations together with residents, governments, and partners.

Through this collaboration, ExpACT is directly connected to initiatives such as the Data and Knowledge Hub Healthy Urban Living and the Cartesius Covenant. As a result, ExpACT contributes not only to better understanding environmental exposures but also to concrete applications. For instance, interventions and decision-support tools that contribute to prevention, a healthier living environment, and the further development of primary healthcare.

Circular Society: research on sustainable care and planetary health

At UMC Utrecht, we work with partners on research that contributes to a healthier world. For example, we contributed to several projects within the EWUU Institute for a Circular Society, focused on planetary health. A key milestone in 2025 was the awarding of the MECH-I project by ZonMw, led by Associate Professor Ewoud Schuit. In this project, we develop and test practical tools that help healthcare professionals incorporate the environmental impact of treatments into their clinical decisions.

We also worked on initiatives that raise awareness, such as the development of a 'Water Care' installation. This installation visualizes how much water hospitals use and how pharmaceuticals affect wastewater quality. In addition, we produced a video illustrating differences in material use during childbirth in the Netherlands and Suriname. Through projects like these, we connect research and practice and contribute step by step to more sustainable healthcare.

Making our own research sustainable: Freezer Project and Freezer Challenge

In 2025, laboratory colleagues worked intensively on a freezer project aimed at reducing energy use and costs. Phase 1 was completed, during which all freezers were registered in Ultimo and samples and boxes were reorganized. This yielded valuable insights – for example, 35 percent of freezers had already been adjusted from -80°C to -70°C . We also identified which freezers were oldest and most energy-intensive. In Phase 2, old freezers will be replaced with newer, more sustainable models.

Alongside the freezer project, UMC Utrecht participated in the [National Freezer Challenge 2025](#), together with more than 50 departments across Dutch university medical centers and eight additional institutes (Princess Máxima Center for Pediatric Oncology, Elisabeth-TweeSteden Hospital, Certe, Labmicta, Diaconessenhuis, Isala Hospital, Utrecht University, and the Netherlands Institute for Neuroscience).

5.3 Our impact on fair and reliable research

How does UMC Utrecht ensure transparent and socially responsible research?

Reliable research is the foundation of good healthcare. That is why we invest in a research culture centered on quality, transparency, and integrity. Fair and reliable research also requires clear agreements, transparency, and continuous improvement. In 2025, we made concrete progress in several areas.

At UMC Utrecht, the [Faculty Open Science Team \(FOST\)](#) plays an important role in this effort. This team encourages researchers to make their working methods more transparent, for example by better documenting research processes and responsibly sharing data and results. FOST meets regularly to exchange knowledge and experiences and to provide practical support to researchers in applying Open Science principles. This allows us to strengthen the quality, verifiability, and reproducibility of our research.

New Open Access policy: research accessible to everyone

UMC Utrecht is taking an important step towards full Open Access. Starting 1 January 2026, short scientific publications by UMC Utrecht researchers will be made publicly available through the Utrecht University Repository. This also applies to articles originally published in subscription-based journals, retroactively to 2015.

With this policy – adopted by the Executive Board of UMC Utrecht – we make publicly funded research widely accessible to other researchers and to society. Researchers may make use of an opt-out arrangement if desired. By actively sharing knowledge, we strengthen the transparency, verifiability, and societal impact of our research. This way, we contribute to open and reliable science.

Accelerating animal-free biomedical innovation together

In 2025, we continued investing in better, human-centered research models through Ombion-Center for Animal-Free Biomedical Translation (Ombion-CPBT). The primary goal is to bring treatments to patients faster and more reliably. In July 2025, the [Ombion Center for Animal-Free Biomedical Translation](#) was officially launched, supported by the National Growth Fund. The

center focuses on accelerating animal-free biomedical innovations and improving the translation of research into patient applications. More than sixty public and private partners collaborate within the center. UMC Utrecht plays a central role, including in projects related to ALS and cystic fibrosis. Through this work, we strengthen the quality, predictive value, and societal impact of biomedical research.

With our commitment to Open Science and innovative research models, we are building a research culture centered on quality, transparency, and societal responsibility. This ensures that our research is not only innovative, but also fair, verifiable, and focused on impact for patients.



Scientific Integrity

Scientific integrity is essential for both the quality of scientific research and public trust in science.

In 2025, we worked to make scientific integrity more visible and easier to discuss within UMC Utrecht. We initiated conversations at symposia and conferences based on the 'Wheel of Integrity'. For PhD candidates, training in scientific integrity is a mandatory part of their program. In 2025, the Graduate School of Life Sciences developed a complementary training for PhD supervisors, which

will become mandatory in 2026. At the end of 2025, Ghislaine van Thiel began her role as Faculty Contact Person for Scientific Integrity. She will work to strengthen an open, safe, and inclusive research culture and ensure a low threshold for reporting concerns about potential violations of scientific integrity standards.

EDI policy: UMC Utrecht Inclusive network

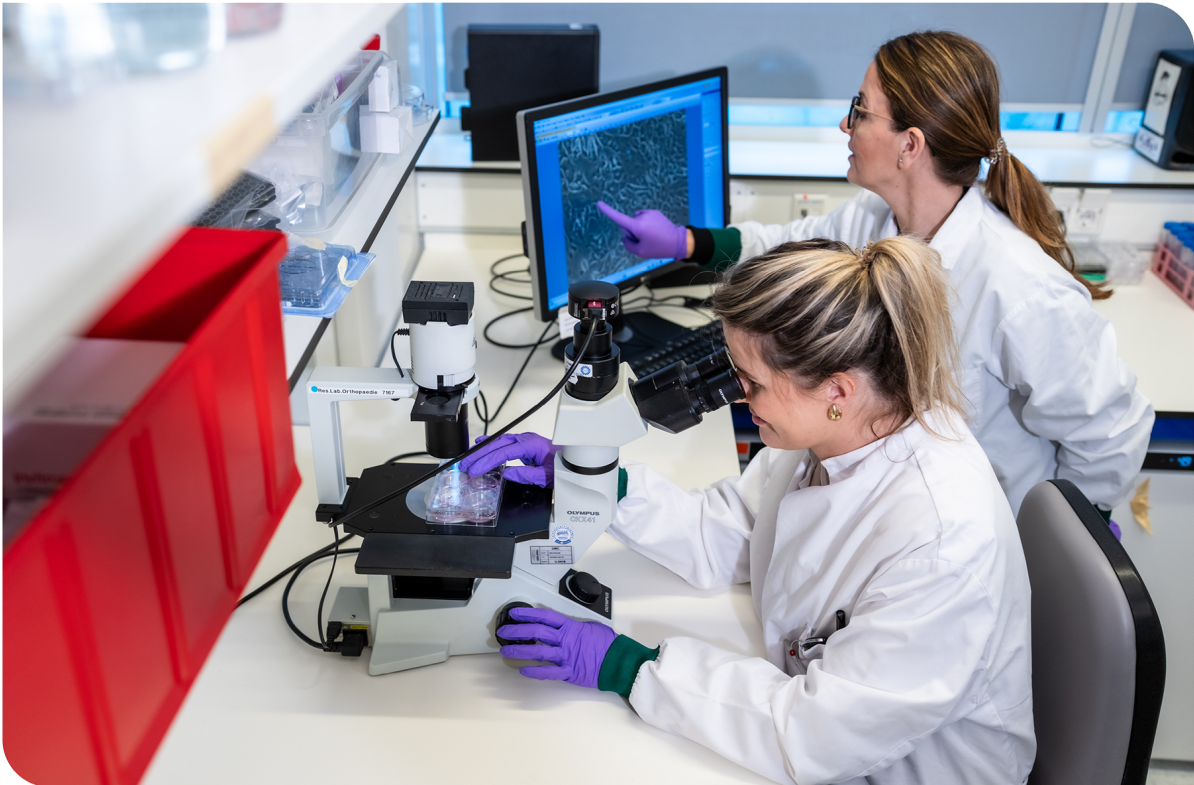
Working together toward inclusive healthcare, education, and research is essential for transparent and socially responsible science. In 2025, we established the UMC Utrecht Inclusive network for this purpose. This network is part of our broader Equity, Diversity and Inclusion (EDI) policy and aligns with the transformation of our organization. Through this network, we encourage the sharing of knowledge and experience, so that we take differences between people better into account in our work. This applies across all our core tasks: healthcare, education, and research.

In research, this means looking more consciously at who our results apply to. By paying attention to diversity – for example in gender, ethnicity, and socioeconomic background – we increase the quality and applicability of our research. There is room for dedicated research on these themes, as well as for structurally embedding diversity as a quality requirement. In the coming years, we will work to make inclusivity a natural part of everything we do.

International SEP committee: our research is of very high quality

Our daily commitment to transparent and socially responsible research was recognized in 2025 during the SEP review by an international committee. The SEP evaluation confirmed that UMC Utrecht's research is of very high quality, and in some areas excellent, with the bench-to-bedside approach and strong focus on translational and clinical research highlighted as major strengths.

The international committee expressed appreciation for how we structurally integrate Open Science, research integrity, and patient participation into our research: "The dedication of UMC Utrecht to promoting Open Science, research integrity and patient participation is laudable." These elements contribute to transparent, reproducible, and socially relevant research and strengthen trust in science and healthcare. The committee also emphasized that our strategic focus – organizing research around multidisciplinary themes closely connected to healthcare – enhances innovation and visible impact for patients and society.



The committee identified opportunities for further strengthening, including structuring and consolidating ongoing efforts in openness, social safety, diversity and inclusion, and mentoring, and increasing PhD completion rates through targeted analysis and follow-up on delaying factors. These focus points align with insights from our own self-evaluation and the development of the Research & Innovation Center, where we are working on better support, sharper choices, and more efficient processes. As an organization, we have already begun this process as part of our transformation, and we will continue to follow up on these recommendations in the coming years. Implementation lies with the relevant parts of our organization, including People & Organization, the Research Office, and the various themes and focal points. In this way, we continue to strengthen our research in a targeted manner and build further on fair, reliable, and impactful science.

6 Our partners



Many of today's major health challenges, from prevention to complex care, can only be addressed through collaboration. That is why UMC Utrecht works closely with regional, national, and international partners. Together with universities, hospitals, governments, companies, and civil-society organizations, we develop new knowledge, accelerate innovation, and ensure that solutions reach patients and society more quickly.

In 2025, these collaborations led to important progress in prevention, research, education, and healthcare.

6.1 People: the impact of our collaborations on people and society

How does UMC Utrecht work with its partners to strengthen the resilience of healthcare?

Pressure on healthcare is increasing. To keep healthcare accessible and of high quality, we need a resilient healthcare system: a system that can adapt to change. This means reducing pressure on healthcare, among other things by focusing on prevention and innovation. But also by ensuring that we train the professionals of the future. As a university medical center, we feel a responsibility to take the lead. But the challenge is too great to tackle alone. That is why we work intensively with partners in the region and beyond. Together, we are building future-proof healthcare.

Working together to prevent disease

If we can prevent people from becoming ill (again), we will reduce the pressure on our healthcare system in the long term. Therefore, we work with partners on awareness and initiatives aimed at prevention.

New research on atherosclerosis: toward tailored treatment

Arteriosclerosis is a major cause of cardiovascular disease, such as heart attacks and strokes. In 2025, the national research consortium [AtheroNeth](#) was launched, bringing together all Dutch university medical centers to gain new insights into this condition.

The consortium is led by UMC Utrecht researchers and receives 6 million euros in funding from the Dutch Heart Foundation. Researchers map differences between patients with atherosclerosis in more detail, for example in plaque types in blood vessels, biological mechanisms, and diagnostic biomarkers.

This knowledge will help stratify patients more accurately by risk and treatment in the future. The research thus contributes to more personalized care and better prevention of cardiovascular disease.

Raising awareness of heart failure together with FC Utrecht

Partnerships also help bring medical knowledge closer to society. In 2025, we again collaborated with FC Utrecht on a public campaign about heart failure. Through this collaboration, we increase awareness of cardiovascular disease and reach people beyond the hospital walls. By connecting research, practice, and societal partners, we work together for health and equal opportunities for everyone.



Alliance for Nutrition in Healthcare

Nutrition plays an important role in the recovery of patients. UMC Utrecht is therefore a core partner in the national Alliance for Nutrition in Healthcare. Through the Goede Zorg Proef Je (Good care can be tasted) initiative, we worked on a healthier and more sustainable food offering for patients in 2025. Head Chef Eric-Jan Wissink, together with his team, developed new recipes and an improved the presentation of meals. In 2025, UMC Utrecht also hosted the first national meeting of the chefs' network of Goede Zorg Proef Je.

UMC Utrecht also participated in the Top Sector project FUEL, which developed tools to better support healthcare professionals in guiding patients toward healthier food choices.

Innovations that reduce pressure on healthcare over time

In addition to preventing disease, we can also reduce pressure on healthcare by translating research findings and innovations into practice. In 2025, we made strong progress in several collaborations.

Protection against RSV for babies

UMC Utrecht researchers have worked for years with international partners on better prevention of respiratory syncytial virus (RSV), a major cause of severe respiratory infections in young children. Research by UMC Utrecht and the Wilhelmina Children's Hospital made a significant contribution to the international knowledge base and to the recommendation to include this immunization in the Dutch vaccination program.

In 2025, an important step was taken in the Netherlands: for the first time, babies received protection against RSV. With a single injection of ready-made antibodies, babies are protected during their first, vulnerable year of life. This approach can significantly reduce hospital admissions and ease the pressure on pediatric wards. In countries where this one-time injection is already used, hospitalizations have fallen by up to 80 percent. This reduction was also seen in the Netherlands in the winter of 2025.

Unique collaborations accelerate innovation in cancer research

In 2025, we further expanded 'Utrecht Cancer', our unique Utrecht-based collaboration in cancer research. UMC Utrecht and Utrecht University work together with knowledge institutions, the healthcare sector, and the business community in this effort to accelerate the translation of scientific insights into applications for patients. Examples include collaborations with companies such as Genmab and Danone. Together, we focus on developing and applying new technologies and treatments, ensuring that innovations do not remain in the laboratory but actually find their way into practice. This initiative is therefore a strong example of valorization: the conversion of knowledge and research into concrete solutions that contribute to better care for patients with cancer.

We also work on innovation in oncological care within Oncomid. In 2025, these networks continued to advance efforts to improve cancer diagnostics and treatment. We aim to approach collaboration in regional care networks for vascular surgery in a similar way, and the first agreements on this were made in 2025.

Collaboration accelerates innovation in brain research

In 2025, during Science Week, we launched Utrecht Brain, an ambitious collaborative initiative within Utrecht Life Sciences (ULS). Utrecht Brain is one of the Platforms for Societal Impact of ULS and was initiated by UMC Utrecht and Utrecht University. The initiative connects organizations at Utrecht Science Park that work from different disciplines on neuroscience research. The unique concentration of knowledge and infrastructure enables intensive collaboration, increases our understanding of the brain, and accelerates the development of innovations in brain research.

The collaboration focuses on five so-called research innovations: *Understanding & Targeting AI Models Immune, Gene & Cell Therapies Imaging & Image Guided Interventions and Quality of Life*. By strengthening these thematic areas and pooling expertise, we are working towards better diagnostics and treatment, and a higher quality of life for people with neurological and psychiatric disorders.

Faster and more accurate fungal diagnosis in children with leukemia

Researchers from the Wilhelmina Children's Hospital, the UMC Utrecht and the Princess Máxima Center took a first step towards a [new DNA test to detect fungal infections in children with leukemia](#) more quickly and more accurately. The test detects cell-free fungal DNA in lung lavage fluid and possibly also in blood, which may be less burdensome than current diagnostic methods. In an initial small test group, fungal DNA was successfully detected.

In the future, this may support better-informed decisions about targeted treatment. This is not only beneficial for the quality of life for children with cancer, but also ensures that resources are used more effectively.



EuroHeartPath: collaboration for better heart care

Cardiovascular diseases remain a major cause of illness and death in Europe. In 2025, UMC Utrecht joined forces with 35 European partners in the [EuroHeartPath project](#). This five-year program, funded with 27 million euros from Horizon Europe, focuses on innovation in cardiovascular care.

Across eighteen research studies, work is being done on applications of artificial intelligence, digital healthcare, and new diagnostic techniques. The goal is to translate innovation more quickly into concrete improvements in care and thereby strengthen the quality, outcomes, and resilience of the healthcare system. Since 2025, UMC Utrecht has held a coordinating role in the project.

Regenerative medicine: Utrecht as a driving force for innovation

UMC Utrecht and Utrecht University play a key role in the development of regenerative medicine in Europe. This field includes efforts to repair or replace damaged tissue. A promising development is so-called bioprinting: the printing of living tissue that can be used for new treatments in the future. These developments strengthen the resilience of healthcare because they reduce dependence on scarce donors and allow us to better anticipate future healthcare needs.

The European Union is therefore investing increasingly in research in this area. In the most recent funding round, the EU supported six major research projects, five of which have strong ties to Utrecht. Together, these projects provide UMC Utrecht and Utrecht University with approximately six million euros in research funding. This underscores the important position of Regenerative Medicine Utrecht in Europe and the great potential of bioprinting for patients.

Personalized treatment with organoids

UMC Utrecht works with the Hubrecht Institute on research into organoids: miniature organs grown from patient cells that can be used to test treatments. In 2025, this technique was used in, among other things, research on ovarian cancer. By replicating patients' tumors in the laboratory, treatments can be better tailored to the individual patient.

We also work with Utrecht University on regenerative medicine, such as developing a kidney from a patient's own cells. These types of innovations contribute to new treatment methods and may reduce dependence on dialysis in the future.

Through these collaborations, we accelerate the development of personalized care. At the same time, they contribute to a more resilient healthcare system, in which treatments are more effective and care better aligns with what patients need.



Reduced mortality from severe pneumonia caused by flue

Researchers at UMC Utrecht work with national and international partners on better treatment of severe pneumonia caused by influenza. In 2025, new research results were published showing that treatments previously used successfully in severe COVID-19 can also help improve survival in patients with severe influenza-related pneumonia. By combining knowledge from various international studies, researchers contribute to better treatment strategies for patients with severe infectious diseases.

Training the healthcare professionals of the future

A good inflow of healthcare professionals ensures that sufficient capacity and expertise remain available to meet the growing and increasingly complex demand for care. In doing so, we pay extra attention to how we train them.

EWUU Alliance: preparing students effectively to improve healthcare together

Within the EWUU alliance, Eindhoven University of Technology, Wageningen University & Research, Utrecht University, and UMC Utrecht combine their expertise in research and education. In 2025, 650 students participated in joint courses and inter-institutional challenges.

The four institutions collaborate across disciplinary boundaries, precisely where their expertise is complementary. This allows them to jointly contribute to solutions for major societal challenges.

The first round of EWUU education research grants produced new insights and publications on educational innovation, focused on developing flexible and future-oriented professional skills.

Collaborating on innovation

Within the DUTCH program, we are innovating healthcare education through digital and virtual simulation. In addition, we collaborate regionally on AI development through fifteen Utrecht AI labs and within Health Hub Utrecht.

Together with our partners, we are building a healthcare system that is resilient, sustainable, and innovative. By sharing knowledge and taking responsibility, we strengthen people's health – in our region, in the Netherlands, and internationally.

UPHO: training together for strong public health healthcare

In 2025, UMC Utrecht and Amsterdam UMC established the University Public Health Training Institute (UPHO), which trains physicians in the second phase of the Medical Specialist in Public Health program. As the first university medical centers in the Netherlands, both institutions launched an advanced training program for Medical Specialists in Public Health through UPHO. The first group of eleven physicians in training started in September 2025.

Working together as a training company for the region

UMC Utrecht plays an important role as a training and learning environment for students and young professionals in healthcare. Together with educational institutions and regional partners, we invest in internships, practical training, and training positions for healthcare professionals. In 2025, we again offered internship and training positions to students from various healthcare programs. By uniting education, research, and practice, we contribute to the development of new generations of healthcare professionals and strengthen healthcare in the region.

Newcomers Program: sustainable entry into healthcare

With the Newcomers Program, a new regional collaboration was launched in 2025 between UMC Utrecht, the Diaconessenhuis and the St. Antonius hospital. In this program, each hospital supports four refugees with residence status toward employment, further education, or a BIG registration pathway. Participants follow an intensive program including language training, knowledge of Dutch healthcare practice, and hands-on experience. Many participants also found jobs in Utrecht healthcare in 2025.

International knowledge exchange

UMC Utrecht works with the Eureka Institute for Translational Medicine to guide young researchers on their journey toward finding solutions to complex societal challenges. In 2025, the Eureka International Summer Course on Translational Medicine was again held at UMC Utrecht, where participants from various countries worked on personal leadership and learned to view complex healthcare problems from different perspectives.

Resilient healthcare and preparedness

A resilient healthcare system is also prepared for unexpected events. Together with the Ministry of Defense, UMC Utrecht manages the Major Incident Hospital. This collaboration makes it possible to rapidly organize large-scale medical care in the event of disasters or crises. The annual exercise was again held in 2025.



Through our coalition for resilient healthcare – together with the hospitals, the National Acute Care Network, and GGD GHOR Nederland – this collaboration is becoming more intensive.

6.2 Environment: the impact of our collaborations on a healthier world

How do we work with our partners to create a sustainable and enjoyable living and working environment?

Human health and the health of our planet are closely connected. That is why UMC Utrecht works with partners on solutions that contribute to a sustainable living environment and a healthier society.

By connecting science, policy, and practice, we develop new knowledge about the influence of living environment, climate, and lifestyle on health. We apply this knowledge in education, research, and the design of our living environment. In this way, we work with partners on sustainable choices in healthcare, education, and urban development.

Heart of Health: regional cooperation on health

Within the regional positioning [Utrecht, Heart of Health](#), knowledge institutions, companies, and governments work together to position the Utrecht region internationally as a center for health and life sciences.

UMC Utrecht contributes to this through research, education, and collaboration at the Utrecht Science Park. In collaboration with partners such as Utrecht University, the Economic Board Utrecht, and regional authorities, we are strengthening the regional ecosystem for health innovation.

Institute for Preventive Health

Within the [Institute for Preventive Health](#), Utrecht University, UMC Utrecht, and societal partners collaborate on innovative solutions for preventive health.

The institute focuses on the relationship between lifestyle, living environment, and health. In 2025, this collaboration continued to develop research programs and knowledge exchange on prevention, nutrition, and the living environment. By connecting science, policy, and practice, this collaboration contributes to new insights and applications for a healthier society.

Collaboration at Utrecht Science Park

Within Utrecht Science Park, knowledge institutions, companies, and governments work together on sustainability, mobility, safety, and a healthy living environment. This collaboration contributes to a strong Life Sciences & Health region and strengthens the economic and innovative capacity of Utrecht Science Park.



EBU Ambassador Network

UMC Utrecht is involved in the Ambassador Network of the Economic Board Utrecht (EBU). Within this network, leaders from knowledge institutions, companies, and governments work together on the development of the region.

In 2025, UMC Utrecht contributed through this network to initiatives focused on innovation, talent development, and strengthening the Life Sciences & Health ecosystem in the Utrecht region. We also worked with the Municipality of Utrecht, the Province of Utrecht, and the Regional Development Agency (EBU/ROM) on a successful proposal for the MerwedeLingelijn. This new public transport connection is important for the accessibility of Utrecht Science Park and contributes to a well-connected and future-proof region.

Planetary Health in education

UMC Utrecht leads the Knowledge Development and Awareness theme in the Green Deal Sustainable Healthcare on behalf of all academic centers. In 2025, a network of policy officers was established, with every program and academic center represented. [Read more about how we integrate Planetary Health into our education.](#)

6.3 Governance: the impact of our collaborations on healthcare of the future

How does UMC Utrecht, together with our partners, take control of health in the country?

The challenges in healthcare – such as growing demand for care, staff shortages, and rising costs – require collaboration and coordination. UMC Utrecht therefore takes active responsibility together with partners for the future of healthcare and for the places where care is delivered. By working together in regional networks, national programs, and knowledge alliances, we ensure that patients receive the right care in the right place. In this way, we work together on a future-proof healthcare system.

Academic workplaces

In 2025, UMC Utrecht worked intensively in academic workplaces with healthcare organizations, municipalities, and knowledge partners to strengthen community-based care. In these workplaces, we connect scientific research with daily practice. In this way, we jointly develop and test new working methods that better match what people need in their own living environment.

An important goal is to organize care closer to home and to better align it with the growing and more complex demand for care. By combining practical knowledge and experience directly with research, improvements can be implemented more quickly. This way of working contributes to future-proof community care and makes the healthcare system as a whole more resilient.

Cluster congenital heart care: collaboration between Leiden, Amsterdam, and Utrecht

UMC Utrecht is part of the Congenital Heart Disease Network, in which Amsterdam UMC, LUMC (CAHAL), UMC Groningen, and UMC Utrecht collaborate on highly specialized care for patients with congenital heart disease.

By pooling expertise and care capacity, complex care is concentrated and organized within a national network. This ensures that patients with a congenital heart defect receive the right care in the right place and that the centers jointly strengthen research, training, and innovation in pediatric cardiac care.



IZA and national cooperation

Within the Integral Healthcare Agreement (IZA) and collaborations such as [UMCNL](#) and the [Supplementary Care and Welfare Agreement \(AZWA\)](#), we worked in 2025 on appropriate care, concentration of complex care, and maintaining accessibility.

A concrete example of this is the further development of regional and national care networks in which agreements are made about distributing and concentrating care. By concentrating complex treatments at specific locations and organizing other care closer to home, we ensure that patients receive the right care in the right place. At the same time, we work with partners on using capacity more efficiently and organizing care pathways more effectively.

This collaboration helps keep healthcare accessible, affordable, and of high quality in the future.

7 Our finances



7.1 Look back on 2025

In the 2025 financial statements, we see a stable development without external disruptions. Healthcare, education, and research were able to continue as planned. At the same time, we further intensified our programs for operations and strategy.

We are taking steps toward a more efficiently structured organization. As of January 1, 2026, support services will be centralized. We are also preparing the introduction of new automated processes within the Business Operations Support Improvement program. The tender for the new ERP systems was successfully completed in 2025.

In addition, we continued working on our accommodation plans within the Integrated Strategic Real Estate Plan (ISVP). This plan is a further elaboration of the Integrated Structural Design, in which the phasing and scale of investments are aligned with our financial frameworks. In 2024, this already led to the start of renovations at the Wilhelmina Children's Hospital. We can fully finance this renovation and the current plans from our own resources through 2027. Additional financing will be required for later construction phases.

Rising inflation, workforce shortages, new digital developments, and stricter sustainability requirements make this task complex. That is why we make careful financial choices and planning decisions. At year-end, we held substantial bank balances reserved for future investments. The interest income on these balances partly offsets rising costs.

In 2025, an average 9,745 FTEs worked at UMC Utrecht (more than 12,000 colleagues). Of these, 8,445 FTE worked in collectively funded healthcare, education, and research, and 1,300 FTE worked in research funded through other sources such as subsidies, charitable funds, and companies.

7.2 Key figures

Below, we provide a brief summary of our financial developments and performance (amounts in millions of euros) based on financial indicators from the consolidated financial statements.

	Operating income	Salaries, social charges and pension costs	Net result
2025	1.759,00	988,9	38,3
2024	1.684,60	932,2	30,6
2023	1.631,20	873,9	57,3

	Group equity	Provisions	Total assets
2025	570,1	96,5	1.274,3
2024	531,8	92,4	1.205,50
2023	502,3	85,3	1.171,1

	Returns	Capital ratio	Liquidity
2025	2,18%	44,74%	1,76
2024	1,82%	44,11%	1,80
2023	3,51%	42,89%	1,74

7.3 Financial results

The consolidated result for 2025 amounted to €38.3 million and was therefore €8.5 million above budget. Both higher revenues and higher costs contributed to this positive result. The higher revenues were mainly related to increased healthcare revenues, partly due to tariff indexation, and to higher other revenues, including externally funded research and the outpatient pharmacy. On the other hand, there were higher expenses, particularly rising personnel costs as a result of collective labor agreement developments.

Further efficiency improvements are necessary to absorb future increases in capital costs related to the renovation and new construction, as well as the expected external budget cuts to the academic component and training programs. In this context, the long-term objective has been formulated to achieve an EBITDA of €110 million in 2029. To achieve this objective, an additional cost-saving program has been initiated.

7.4 Research funding

In 2025, the fundraising capacity for research amounted to 183 million euros. In 2024, this was 185 million euros, and in 2023, 133 million euros. This means the amount realized in 2025 is well above our benchmark of 112 million euros. This trend highlights the strong position of UMC Utrecht in the national and international research landscape.

Major research grants

In 2025, research again focused on further developing and allocating previously awarded scientific investments. In recent years, several large-scale grant projects have been submitted and awarded, with UMC Utrecht playing a prominent role. Examples include the National Growth Fund projects RegMedXB, OncoPact, and NxtGen Hightech, and the NWO project Large-Scale Scientific Infrastructure hDMT-INFRA. In addition, CPBT (NGF round 3), DRIVE-RM (NWO-SUMMIT), and IMAGINE (NWO Long-Term Program) were awarded in 2025.

Sector funding

UMCNL has developed the sector plan Accelerating Health. With this plan, the university medical centers request 50.7 million euros annually in structural funding, supplemented by 4 million euros from ten-year funds. In this context, 5.8 million euros was allocated to UMC Utrecht through Utrecht University.

The funds from the Sector Plan Medicine are used within UMC Utrecht for the themes of prevention, data-driven innovation, and the translation of fundamental research into application. These themes align with the shared ambitions within the alliance with Utrecht University, Eindhoven University of Technology, and Wageningen University & Research (EWUU).

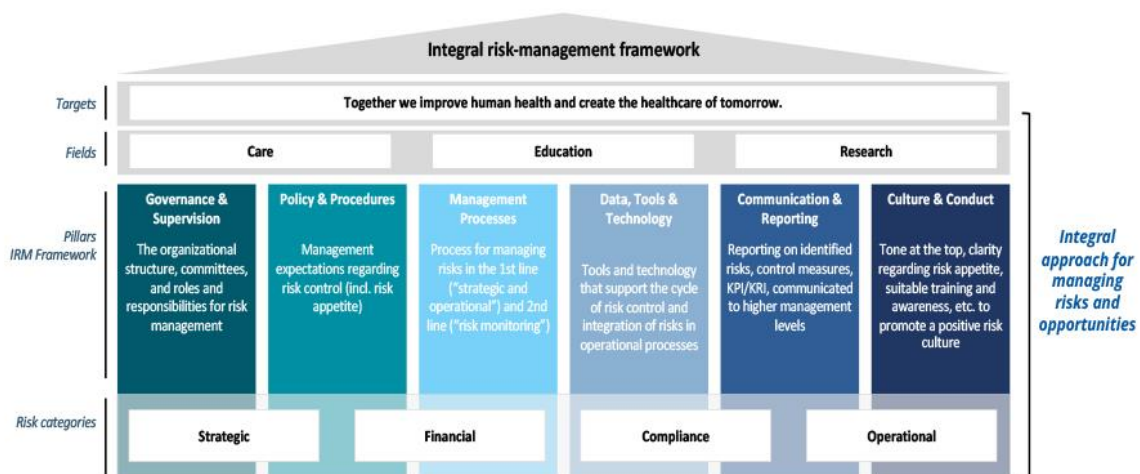
7.5 Risk management

As UMC Utrecht we have a societal role. And our core activities are financed by public money. Partly for this reason, we are obliged to manage risks effectively and to be conservative when it comes to risk appetite.

Organization & Governance

We combine all our risk-control activities at a strategic, tactical, and operational level in one comprehensive framework that is based on the COSO-ERM framework.

Integral Risk Management Framework



In accordance with the principles of our framework (comprehensiveness, uniformity, and alignment of risk management with existing procedures) and the three lines of responsibility, the responsibility for risk management lies primarily with our divisions, departments, and sections. They are assisted in the analysis and management of these risks by the relevant disciplines. For example colleagues from patient safety, labor conditions, integral safety, data security, infection prevention, and financial continuity.

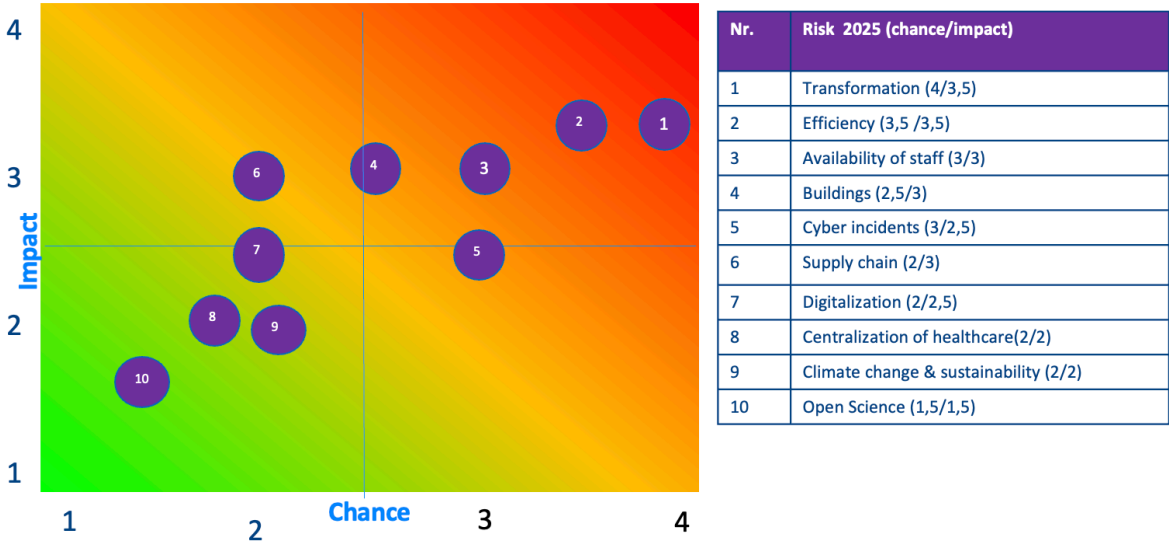
The Risk & Compliance Manager formulates policy, gives instructions, monitors the process, and makes adjustments if necessary. This enables us better to identify possible risks in the organization and combine them in order to manage them more effectively. We thus have more certainty that we can reach our strategic goals.

For the implementation of this framework, the Executive Board conducted a strategic risk analysis (for the next 3 to 5 years). Since 2023, we have also been adding a risk paragraph to management contracts that are signed between the Executive Board and the management teams of divisions and departments (for 1 year). This paragraph stipulates identified risks linked to the annual goals that the divisions and departments have to reach.

Risk overview

Strategic risks

The heat map and explanations below give an overview of the main strategic risks. The position on this heat map depends (1) on the estimated likelihood that a risk may occur, and (2) on the potential impact that the risk could have on reaching the organizational goals. These are the identified risks. Any impacts of control measures that are taken will not directly be visible here.



(Expected) impact of risks on results or financial positions

The risks as mentioned did not have a material impact on our results in 2025 and our financial position at year-end. What the impact of these risks will be in the near future is unclear. The consequences of healthcare centralization and the agreements in the Integral Care Agreement (IZA) are also still unclear. We can however say that these will only become visible in the medium term (three to five years).

Use of financial instruments

UMC Utrecht does not make use of any compound or complex financial instruments. Due to their risky nature, our treasury charter does not allow for so-called 'open positions'. Should we ever use a financial instrument, we would do so only to hedge an existing position. There were no (material) positions at the end of 2025.

Risk-control and audit system

As in previous years, we identified action owners for risk control who:

1. Identify which control measures reduce the mentioned risks to what extent.
2. Identify what additional measures are needed to reduce risks to the desired level and evaluate existing measures for effectiveness.

We continue to monitor the remaining risks for:

- The continued implementation of measures.
- The degree of mitigation of the risk in line with the desired risk appetite.
- Whether the risk estimate must be adjusted.
- Evaluating whether new risks should be added due to new circumstances.

Additionally, within our risk management framework, extra attention has been given to two areas: Cybersecurity is a clear priority within UMC Utrecht; alongside maintaining NEN 7510 compliance, we have established a NIS2 taskforce aimed at ensuring full NIS2 compliance by 2026. Internal Audit has also conducted a fraud risk analysis, the outcomes of which were discussed with the portfolio holder and incorporated into the overall audit risk assessment.

In addition, the following aspects also formed part of the internal risk-control and audit system:

Performance dialog	<p>We conduct a weekly performance dialog with each other. In it, we discuss the current state in the focal areas patient experience, employee satisfaction, productivity, quality and safety, and impact at all levels of the organization via (strategic) KPIs. Visual dashboards give us insight into the state of affairs per focal area and per KPI at central as well as departmental level, and thus facilitate monitoring and coordination.</p>
Planning & control cycle/ Management contracts	<p>Our planning & control cycle starts with an annual update of the most important internal and external likelihoods and threats, including those resulting from our strategy. Management contracts (which include a risk analysis and make actions concrete using the OGSM methodology) based on these as well as the budget form the basis for the monthly monitoring of financial and non-financial performance. This includes risk control. Based on this, we take corrective measures. Divisions and departments include KPIs in their monthly reports in areas such as quality and safety, employees, and finances.</p>
Policy and guidelines	<p>At UMC Utrecht, formal policies and guidelines exist for a variety of focal areas. These include scientific research, quality and safety of care, and ensuring the safety of data and automated systems and finances. Where possible, we embed policy in our systems. The aim is to guarantee optimal compliance with IT applications.</p>
Targeted management instruments	<p>Risks linked to quality and patient safety are controlled through SAFER (Scenario Analysis of Failures, Effects and Risks). SAFER is a method for proactive (or predictive) risk analysis. Guidelines and protocols regarding quality and patient safety have conveniently been brought together in one place and are accessible to all employees. Incident reporting is extremely relevant. We support this in various ways.</p>
	<p>For risk analysis in the area of healthcare registration, we engage in structured dialogue with our representative health insurer (VGZ) based on the Horizontaal Toezicht Zorg methodology. Together, we identify topics with elevated risk. For these risks, we implement control measures and report to the health insurer on the effectiveness of these control measures. For several topics, sample-based reviews are also performed, on which the health insurer conducts a substantive review. The external auditor subsequently performed a review of several of these items as well.</p>
Three lines of responsibility	<p>Within UMC Utrecht, we have a <u>'three lines of responsibility' system for risk control</u>. Our Internal Audit department works according to a, annually updated group-wide risk analysis and an audit year plan. Based on this risk analysis and the year plan, the department conducts audits and reports to the Executive Board and the Supervisory Board. The second-line risk-control function was formalized further.</p>

Informal controls

Risk control also means promoting and ensuring wanted and ethical behavior among employees and management. This is known as informal controls. Informal controls receive structural attention within UMC Utrecht. This includes the following areas: recruiting the most suitable employees with the right training and experience, providing on-the-job training and growth opportunities, and fostering a safe work environment. We strive to limit risks. En, if risks do occur, we learn from our mistakes. Informal controls form an implicit part of audits and recommendations from the third line (internal audit).

7.6 Looking ahead at the financial situation in 2026

The main challenges in healthcare

Healthcare in the Netherlands faces major challenges, while our ambitions remain high. The demand for healthcare is increasing, partly due to a growing number of people with multiple chronic diseases. This development is reinforced by a dual aging phenomenon: not only is the number of older people increasing, but also the proportion of older employees in healthcare. At the same time, technological and medical developments make more treatments possible, which further increases the demand for healthcare.

In contrast, there is a persistent shortage in the labor market. This makes recruiting and retaining healthcare professionals challenging and keeps the workload high. Sick leave remained stable at 5.7% in 2025, but is still above our benchmark. Financial capacity in healthcare is also under national pressure. In the Integral Healthcare Agreement (IZA), it was agreed that the growth of healthcare expenses should remain limited. This requires careful choices and a different way of organizing and funding healthcare.

Through research, we work on better care and on reducing the burden on healthcare workers, patients, and the living environment. This requires a broad transformation: of our own organization, of regional collaboration, of the services we provide, and of preventing disease. Training new professionals and applying innovations from research are also important in this context.

We will continue the planned investments in renewing our facilities, with a focus on sustainability. We can finance this from our own resources in the first years.

In the longer term, we will also attract external financing, for example in the form of loans. To achieve our ambitions, maintaining adequate staffing levels and controlling cost developments remain essential. Therefore, we remain committed to the efficient use of resources and a more efficient organization of our business operations.

Staffing development

The development of our staffing depends on the healthcare demand, our research and education activities, and developments in the labor market. In the current tight labor market, it is not always possible to keep our staffing levels optimal.

We aim to work as much as possible with employees in permanent positions and to limit the use of external hires. The combination of limited funds and a shortage on the labor market requires targeted management of staffing levels and a further downsizing of external staff.

8 Governance



8.1 Management and structure

UMC Utrecht has an Executive Board with a Chair, a Dean/Vice-Chair, and two members. The Board members jointly ensure the integral implementation of the policy on healthcare, research, and education. In addition, a Supervisory Board is in charge of overseeing everything that happens at UMC Utrecht. The tasks and competencies of the Executive Board and the Supervisory Board are defined in the administrative regulations. Within the Executive Board, we have established a portfolio allocation.

Chair

- General UMC Utrecht-wide strategy
- Strategy regarding healthcare and healthcare innovation
- Strategic partnerships
- Communication
- HRM policy
- Medical follow-up training
- Works Council/Client Council/Staff Assembly/VAR

Dean/vice-chair

- Education and research
- Academic cooperation
- Internationalization of research and education
- Valorization
- Focal points
- Education & Research Council and Student Representative Council

Executive Board Member

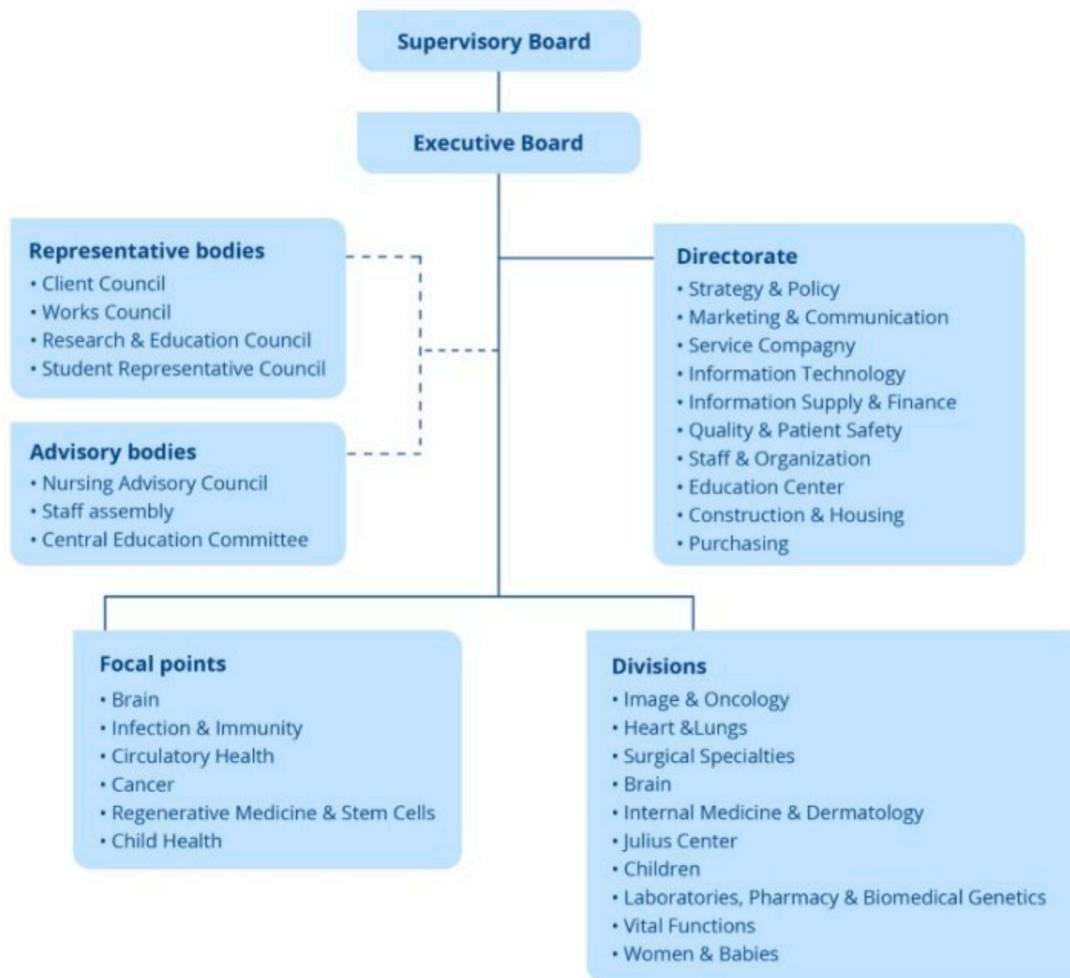
- Finance & Information Technology
- Operations
- Facilities
- Procurement
- Sustainability
- ICT

Executive Board Member

- Strategic operational management
- Integrated capacity management
- Quality & Patient Safety
- Operationalization of strategic partnerships

- Digital transformation

Organizational chart



The University Medical Center Utrecht (UMC Utrecht) is a legal entity established under Article 1.4 and Chapter 12 of the Higher Education and Research Act (WHW).

All activities at UMC Utrecht related to the commercialization of patentable inventions and the creation of spin-off companies fall under UMC Utrecht Holding B.V. UMC Utrecht Holding B.V. pioneers innovation and knowledge valorization through patent control, the licensing of knowledge or participation in BVs where knowledge is developed further, and provides services (care-related innovations that do not involve any patents or licenses). UMC Utrecht is the sole owner of UMC Utrecht Holding B.V.

The public-law entity UMC Utrecht is accredited under the Healthcare Institutions Accreditation Act (Wet toelating zorginstellingen, WTZi) and applies the Governance code for Healthcare. UMC Utrecht is registered at the Chamber of Commerce under CoC number 30244197 and company number 000023527250.

Management philosophy

The management philosophy of UMC Utrecht is based on three lines of responsibility:

1. Divisions and departments are according to the first line wholly responsible for their own operational process and risk control. Through self-monitoring they supervise how effectively they are doing it with regard to policy and strategic frameworks.
2. Directorates are in the second line responsible, together with healthcare professionals, for taking the strategic goals of UMC Utrecht, operational risks and laws and regulations that apply to their – content supporting – field, and translating it into policy. The focal points do this in the field of health care, research and education. In coordination with the divisions, they issue a backed proposal that is submitted to the Executive Board for decision. Departments and focal points advise/facilitate the first line in the implementation of policy and monitor the organization-wide execution thereof. The second line monitors implementation and reports this to the first line, including the Executive Board.
3. The Executive Board is responsible for the strategy of the organization and is wholly responsible for business operations, compliance with laws and regulations and standard frameworks, and the achievement of strategic goals. The Executive Board is supported in this by an internal audit section that, based on an annually drafted audit plan, tests whether risks in the organization are sufficiently controlled, and where there may be areas for improvement.

A number of UMC Utrecht-wide consultation structures facilitate and structure the coordination between Division Managers, Executive Board members, Strategic Consultation, Operational UMC Utrecht Consultation, Operational Consultation, Education Consultation, and Research Consultation.

Executive Board

Prof. C.G.J.M. (Carina) Hilders, Chair (until 24 February 2026)

Carina Hilders (1965) became Chair of the Executive Board of UMC Utrecht in August 2024. In this role, she gives shape to the modernization of UMC Utrecht. She is an endowed professor in Medical Management and Leadership at Erasmus University in Rotterdam.

Carina Hilders held the following additional positions in 2025:

- Board member of NFU (unremunerated)
- Member of the Supervisory Board of Sanquin (remunerated)
- Ambassador for Health Hub Utrecht (unremunerated)
- Chair of Bestuurstafel Gezond Utrecht (unremunerated)
- Chair of ROAZ Midden-Nederland (unremunerated)
- Board member of Oncomid (unremunerated)
- Member of the Advisory Board of Stichting TIME OUT (unremunerated)

Prof. L. (Louis) Bont, Dean and Vice-Chair (as of December 1, 2025)

Louis Bont (1970) became Dean and Vice-Chair of the Executive Board of UMC Utrecht on December 1, 2025. He is a non-practicing pediatric infectious disease immunologist and Professor of Respiratory Infections in Childhood.

Louis Bont held the following additional positions in 2025:

- Board Member UMC Utrecht & Wilhelmina Children's Hospital Foundation (unremunerated)
- Chair of the ReSViNET Foundation (unremunerated)
- Board member of the InFECT-NL Foundation (unremunerated)
- Member of the Supervisory Board of anDREa BV (unremunerated)
- Chair of the Supervisory Board, European Clinical Research Alliance on Infectious Diseases (ECRAID) (unremunerated)

Prof. A.W. (Arno) Hoes, Dean and Vice-Chair (until December 1, 2025)

Arno Hoes (1958) served as Dean and Vice-Chair of the Executive Board of UMC Utrecht from June 1, 2019 to December 1, 2025. He is a professor of Clinical Epidemiology and General Practice at Utrecht University.

Arno Hoes held the following additional positions in 2025:

- Member of the advisory commission, Dutch Association for Epidemiology (VvE) (unremunerated)
- Chair of the Supervisory Board, Dutch Cardiovascular Association (DCVA) (unremunerated)
- Member of the Supervisory Board of UMC Utrecht Holding B.V. (unremunerated)

- Chair of the Supervisory Board, European Clinical Research Alliance on Infectious Diseases (ECRAID) (unremunerated)
- Chair of the Supervisory Board, anDREa B.V. (digital research environment) (unremunerated)
- Member of the Supervisory Board of the Netherlands Center for One Health (position-related, unremunerated)
- Member of the Heart Failure Guidelines Task Force of the European Society of Cardiology (ESC) (work-related, unremunerated)
- Member of the editorial board, European Journal of Heart Failure (unremunerated)
- Member of the ESC Heart Failure editorial board (unremunerated)

Ms. J.C.E. (Josefien) Kursten, member for finance, buildings and operations

Josefien Kursten (1973) became member for finance, buildings and digitalization on the Executive Board of UMC Utrecht on January 1, 2022.

Josefien Kursten held the following additional positions in 2025:

- Member of the Acceleration Board in Healthcare (unremunerated)
- Member of the Supervisory Board Witte Kruis (remunerated)
- Lecturer for Erasmus Center for Healthcare Management (unremunerated)
- General Board member, Vereniging Samenwerkingsverband Uithofbeheer (unremunerated)

Mr. J.W.R. (Remco) van Lunteren, member for operational control

Remco van Lunteren (1977) became member for operational control on the Executive Board of UMC Utrecht on November 1, 2021.

Remco van Lunteren held the following additional positions in 2025:

- Member of the Supervisory Board of A15 Pharmacy (qualitate qua) until December 1, 2025
- Member of the Supervisory Board of Utrecht Science Park (qualitate qua)
- Member of the Supervisory Board of Utrechtzorg (unremunerated)
- Chair of the Supervisory Board of Stichting PALLAS/NRG (remunerated)
- Chair, Vereniging Oud Statenleden Provincie Utrecht (unremunerated)
- Member of the Supervisory Board, Oncode Accelerator (unremunerated)
- Member of the Supervisory Board of Z-CERT (remunerated)

Supervisory Board

The Supervisory Board is responsible for maintaining continuous oversight of all matters concerning UMC Utrecht. The Supervisory Board oversees the Executive Board, the policies pursued, and the societal interests of the organization. In addition, the Supervisory Board advises the Executive Board of UMC Utrecht and also acts as the employer of the board members. These tasks and competencies are described in more detail in the administrative regulations of UMC Utrecht.

Members of the Supervisory Board are appointed by the Minister of Education, Culture and Science (OCW). The Supervisory Board draws up a general profile for its composition, with attention to expertise, skills, and diversity. The Supervisory Board includes members with extensive experience and expertise in patient care, education and research, governance, (financial) operations, facilities, and digitalization.

Six committees advise the Supervisory Board in their respective fields and help prepare the Supervisory Board for its decision-making tasks. The Supervisory Board is responsible for decision-making.

The six committees are:

- HR & Governance
- Defense
- Audit & Risk
- Buildings
- Education and Research
- Quality of Care and Patient Safety

The composition of the Supervisory Board was modified in 2025. As of May 1, Michel Ruijterman joined the Supervisory Board as a general member with an IT and digitalization profile. Michel Ruijterman also joined the Audit Committee.

With her first term nearing its end, Anne-Mei The announced in early 2025 that her increasing international commitments were becoming difficult to combine with her supervisory role at UMC Utrecht. She therefore decided not to seek a second four-year term. To ensure continuity and due to her involvement in ongoing matters, she was reappointed from June 1, 2025 to January 1, 2026, a

decision approved by the Ministry of Education, Culture and Science. The Supervisory Board subsequently initiated the recruitment and selection process for her successor, with intensive involvement from the Client Council, with the aim of appointing a new member in 2026. As of March 15, 2026, Angela Maas joined the Supervisory Board as a new member.

The composition of the Supervisory Board of UMC Utrecht was as follows in 2025:

Mr. H.M.T. (Henk) Broeders, Chair (first term, ending 06-01-2027)

- Chair of the Governance and HR committee (as of December 2024)
- Member of the Defense committee

Previous main position: senior partner at McKinsey & Company

Henk Broeders holds the following additional positions:

- Vice Chair, Supervisory Board, PGGM
- Member of the Supervisory Board of the Salvation Army Foundation Wellbeing & Healthcare / Salvation Army Youth Protection and Reclassification
- Chair of the Board of Stichting Steun Amsterdam UMC Alzheimer Centrum
- Chair of the Board of Stichting Hanarth Fonds
- Member of the Board of Stichting Adore
- Member of the Advisory Board, Hersenonderzoek.nl
- Member of the Advisory Board, ABOARD consortium
- Member of the investors' advisory committee, Aescap

Mr. D. (Dave) del Canho, Vice-Chair as of 1 May 2025 (second term, end date 01-05-2030)

- Chair of the Audit committee
- Member of the Buildings committee

Primary position: managing partner at Del Canho & Engelfriet B.V.

Dave del Canho holds the following additional positions:

- Member of the Supervisory Board, Blue Sky Group
- Executive Board Member of the Cor van Zadelhoff Fund
- Member of the Supervisory Board, Verzetsmuseum (until July 1, 2025)
- Ambassador for the National Holocaust Museum
- Chair of the WKZ Fund

- Member of the Supervisory Board of BDO Netherlands (as of January 26, 2026)

Mr. J.H. (Han) van Gelder, general member (second term, ending 10-1-2028)

- Chair of the Defense committee

Previous primary post: Deputy Secretary General, Ministry of Finance

Prof. B.A.M. (Anne-Mei) The, general member (first term, ending 5-31-2025)

- Chair of the Education and Research committee
- Member of the Quality of Care and Patient Safety committee

Primary positions:

- Instigator and owner of Tao of Care B.V.
- Endowed professor of Longterm Care and Social Approach to Dementia, with a special focus on diversity, VU

Anne-Mei The holds the following additional positions:

- Regent RCOAK (Rooms Catholyck Oude Armenkantoor Foundation), an equity fund
- Advisor to the In mijn Buurt Foundation
- Advisor to Minister Ursell Arends of Transport, Integrity, Nature and the Elderly, Aruba

Ms M.B.E. (Monique) Maarsen, general member (first term, ending 09-01-2027)

- Chair of the Buildings committee
- Member of the Audit committee

Primary position: Managing Director, Maarsen Group

Monique Maarsen holds the following additional positions:

- Executive Board member, Carré Fund
- Supervisory Board member, SADC NV
- Executive Board member, Het Jeroen Pithuis Foundation
- Committee Member of Human Rights Watch - Netherlands
- Member of the Recommendation Committee, Artsen voor Kinderen Foundation
- Executive Board member, Koninklijke Hollandse Wetenschap Maatschappij (KHWM)

Prof. G.L. (Geraline) Leusink, general member (first term, ending on 10-01-2028)

- Chair of the Quality of Care and Patient Safety committee
- Member of the Education and Research committee

Primary position: Chair of the Executive Board of Rijnstate (until October 1, 2025)

Geraline Leusink holds the following additional positions:

- Member of the Supervisory Board, Pluryn
- Professor of Medicine in a Primary Care Setting, Radboudumc

Mr. Ir. C.L.M. (Michel) Ruijterman, General Member (first term, end date 01-10-2028)

- Member of the Audit committee

Primary position: CIO of ASN Bank

Michel Ruijterman holds the following additional positions:

- Member of the Strategic Advisory Board of Fontys ICT
- Board Member of Enjoycleaningup

Activities of the Supervisory Board

In 2025, the Supervisory Board was extensively briefed by the Executive Board on developments related to current themes such as the transformation of the organization, the procurement and implementation of a new ERP system, efficiency, and renovation and new construction projects. Where necessary, in-depth thematic sessions and working meetings were organized to support careful decision-making. In total, six regular meetings were held with the Executive Board. In addition, the members of the Supervisory Board attended committee meetings. In 2025, the Supervisory Board organized supervision through consultations with the external auditor and advisory and representative bodies, newsletters, team-building, work visits, and a self-appraisal. The Chair of the Supervisory Board moreover participated in Chair consultations of the joint supervisory boards of UMCs.

The Supervisory Board also focused on strengthening its composition through the recruitment and selection of a new member with an IT and digitalization profile. The Board was pleased to welcome Michel Ruijterman in May, whose expertise provides a meaningful and effective contribution to its oversight role.

In the autumn, recruitment and selection began for a new member with a Research and Education profile, in preparation for the departure of Anne-Mei The in January 2026. The Client Council of UMC Utrecht was closely involved in this process. As of March 15, 2026, Angela Maas joined the Supervisory Board as a new member.

The Supervisory Board was also involved in the farewell of Arno Hoes in December 2025. In parallel, the Supervisory Board initiated the recruitment and selection process for his successor, who was ultimately found in Louis Bont as of December 1.

8.2 Employee Representation

UMC Utrecht has the following formal employee-representation bodies:

Works Council

UMC Utrecht staff members are represented in a Works Council. The Works Council meets weekly, alternating between plenary and committee meetings. Once every six weeks, the Works Council meets with the director and Chair of the Executive Board. The Works Council reports to UMC Utrecht staff members on activities and results in an annual report on Connect, the UMC Utrecht intranet.

Works Council members at UMC Utrecht serve for a three-year term. The most recent elections took place in April 2024. Until March 1, 2025, all seats were filled. Following the departure of one member, the Works Council continued with 24 members. There were no reserve candidates. The Daily Management team (chair, vice chair, secretary and deputy secretary) coordinates the activities of the Works Council and holds agenda meetings with the director. The committees prepare documents, hold informal meetings with managers, and consult staff members. Three division and department committees handle dossiers from the divisions and departments, and four theme committees focus on specific topics. Each Works Council member sits on at least one division and department committee and one theme committee. The Works Council is supported by a Staff Representation office: an official secretary and two staff members.

The three division/department committees are:

- Committee 1: Brain division, Internal Medicine and Dermatology division, Julius Center, Image and Oncology division, Information Supply and Finance department, Information Technology department, and the Education Center
- Committee 2: Pediatric division, Laboratories division, Pharmacy and Biomedical Genetics, Women & Baby division, Strategy and Policy department, Staff and Organization department, Quality and Patient Safety department, and the Marketing and Communication department
- Committee 3: Heart and Lung division, Surgery Specialties division, and Vital Functions division, Service Company department, Buildings and Accommodation department

The four theme committees are:

- Finance and Strategic Policy

- Social Policy and Working Conditions
- Safety, Health, Welfare & Environment
- Education and Research

In preparation for the formation of the centers, services, and themes, the Works Council adjusted the establishment decisions of the permanent committees in mid-December 2025.

The Works Council is furthermore represented in a number of committees and bodies within UMC Utrecht by Works Council members or people with specific expertise. Examples include the Committee for unwanted Behavior, the UMC Utrecht staff provident fund, and the Advice Committee for Social Guidance.

The year 2025 was strongly marked by the Organizational Transformation of UMC Utrecht. The Works Council issued advice on the Draft Outline, the Main Design, the overarching Change Plan for the Organizational Transformation, and the Change Plan for Services Phase 2. The Works Council also issued advice in three phases on the reorganization of the Information Management and Finance directorate and provided advice on the Change Plan for the Technology and Management department, part of the Facilities directorate.

Another important topic in 2025 was the Integrated Structural Design for the renovation and new construction of UMC Utrecht, completion of phase 1, and the start of phase 2. The Works Council also agreed to various timetable adjustments, labor-market allowances, and action plans for Risk Inventories and Evaluations (RI&Es), the Alcohol, Drugs and Medication Policy, and an updated scheme for reimbursement of computer glasses. The Works Council was closely involved in the development of the laundry allowance and was also informed about the Sustainability Report.

The Works Council jointly completed two two-day training sessions. The Executive Committee and the committee Chairs completed additional training, and several Works Council members individually participated in training sessions and conferences on occupational health or participation.

Education and Research Council and the Medical Sciences Student Representative Council

The Education & Research Council (E&R Council) is our faculty council and is the statutory body for staff representation with regard to academic education and research at UMC Utrecht. The E&R Council's rights are based on the Law on Higher Education and Scientific Research (WHW in Dutch).

The E&R Council has eighteen seats. These include nine seats for UMC Utrecht employees (together referred to as the 'E&R committee') and nine seats for students who together form the Student Representative Council (SRC). The SRC represents students from all courses of the Faculty of Medical Sciences (until September 1, 2025: Faculty of Medicine): Medicine, Biomedical Sciences (BMS)/ Biomedische Wetenschappen (BMW), Clinical Health Sciences (CHS)/Klinische Gezondheidswetenschappen (KGW), Medical Humanities (MH), and Graduate School of Life Sciences (GSLs). Not all of the seats are filled at all times.

The Education and Research committee and the SRC meet and discuss separately every fortnight, and together every four weeks. The Education and Research committee consists of five Works Council members and four additional members (who work as university lecturers and/or researchers), sit for a three-year term. The students sit for one year. New elections took place in 2025 for the E&R council and the Works Council. A new SRC was also elected.

The daily management team of the E&R council consists of two staff members and two students and is elected annually by the council in September. The chair of the E&R council as well as the chair(s) of the SRC are students. The daily administration, together with the official secretary, coordinates the work of the E&R council and conducts agenda consultations with the dean, the vice-dean for Education, and the vice-dean for Research. There are three permanent committees, namely for Education, Research, and Strategy & Finance, which prepare dossiers, hold informal meetings with the dossier owners, and consult with staff and/or students. Each E&R-council or SRC member sits on one committee.

The E&R Council looks at UMC Utrecht's policy on academic education and research. In 2025, the E&R Council consulted at least 5 times with the dean and vice-dean of the Faculty of Medical Sciences of Utrecht University on Education and Research topics. The SRC looks in particular at educational policy.

In 2025, the Student Representative Council prioritized internship compensation to ensure that sufficient internship placements remain available and that students actually receive their internship compensation.

In 2025, the E&R Council and the Student Representative Council gave specific attention to: the wellbeing of students and PhD candidates, the honors programs within Medicine and Biomedical Sciences, the composition of program committees, the revision of the Medicine curriculum, waiting times and progression times in clinical rotations, the transformation to a new organizational structure and its impact on education and research, the Education and Examination Regulations, the main lines of the faculty budget, the UMC Utrecht budget, and the renovation and new construction plans.

The Student Representative Council proposed in the academic year 2023-2024 to change the name of the faculty to the Faculty of Medical Sciences, so that all programs can recognize themselves in the name. The Board of Governors of Utrecht University agreed to the proposal in 2024. The name change was implemented in September 2025. The Faculty Regulations were amended accordingly. The SRC Election Regulations were also updated to ensure that all five programs can be represented in the Student Representative Council.

Client Council

UMC Utrecht has its own Client Council by virtue of the Law on client representation in health-care institutions (WMCZ). The Client Council advises the Executive Board on anything that affects the interests of patients at UMC Utrecht. The Board has also been asked to help promote patient participation within UMC Utrecht. The aim is to involve hospital patients in a far broader sense than just through the Client Council in anything that happens at UMC Utrecht. The Client Council works according to a long-term plan entitled 'More person, less patient: From patient participation to person-oriented care'. The Client Council each year publishes an [annual report](#) on the UMC Utrecht website.

The Client Council meets monthly in plenary sessions, and every two months a Member of the Executive Board joins the meeting. Monthly consultations also take place with (the Chair of) the Executive Board and (the Chair of) the Client Council. The Client Council also meets twice a year with the Supervisory Board, and the Supervisory Board Member nominated by the Client Council regularly

attends plenary meetings and sometimes participates in bilateral consultations. In addition, smaller group (portfolio) consultations took place on various specific topics. Members of the Client Council participate in a large number of consultations, projects, and programs at UMC Utrecht to continuously explain and keep an eye on the patient's point of view.

Members of the Client Council serve in a personal capacity. New members are recruited by the Client Council in collaboration with the HR department of UMC Utrecht and, after a proposal from the Client Council, are appointed by the Executive Board. Each member of the Client Council may serve two four-year terms. The Chair and an official secretary are in charge of meeting agendas and ensure that all commitments are fulfilled.

In 2025, the Client Council implemented the long-term plan. This plan has 4 key priorities: communication, profiling the Client Council, contact with the constituency, and impact on decision-making. In 2025, the activities focused on, among other things:

- Improving dialog/communication with patients, with a focus on functional literacy, readable letters, and 'greeting'.
- Continuously emphasizing the PEP (patient effect paragraph) in all policy initiatives and change plans.
- Updating the Client Council's own website.
- Gathering information about what is happening among the constituency, including focus groups and the patient effect monitor.
- Research and Education, where the Client Council contributed to developing the new course program for medical training: The New Utrecht School (TNUS). The Client Council also supported the UMC Utrecht symposium on 'Patient participation in education' and the Anja Award 2025.

In addition, the long-term plan is evaluated continuously.

Staff Assembly

The Staff Assembly consists of medical specialists from all fields who come together to ensure the quality of patient care. The Council of Members, the representative consulting body of the Staff Assembly, gives the Executive Board solicited and unsolicited advice on developments in medical fields and administrative affairs that pertain thereto. The implementation of Individually Functioning Medical Specialists (IFMS) within UMC Utrecht was also discussed by the Staff Assembly. In this regard, the Staff Assembly is working closely with the People & Organization department.

The Staff Assembly meets twice a month. The Chair of the Executive Board joins the meeting once a month. In addition, the daily management of the Staff Assembly meets monthly with the Chair of the Executive Board. During meetings of the Council of Members, current topics are regularly discussed.

In 2025, the further development of the Organizational Transformation and the iSVP were discussed extensively.

On January 30, 2025, the Staff Assembly issued advice following broad consultation of the Members' Council on the Main Design, focusing on academic identity, themes, the positioning of the Medical Department Head, and the Staff Assembly. The Staff Assembly also advised the need for clear communication. In the subsequent process, the Staff Assembly actively contributed to the work sessions for the treatment centers.

On February 13, 2025, the Staff Assembly organized a retreat focused on Medical Specialist 2035 and the transformation, with the professionalization of the Staff Assembly as a key theme. Based on the outcomes of the retreat and discussions with the transformation directorate about the role of the Staff Assembly in the new organizational structure, the Staff Assembly Board was expanded with two Medical Department Heads, Karen Bijl and Mor Dickman. The further professionalization of the Staff Assembly will be further shaped in 2026 under the transforming organization.

On July 17, 2025, the Staff Assembly issued a comprehensive advice on the Detailed Design of the transformation. This advice emphasized the thematic structure of the organization, clarification of the position of the Medical Department Head, professional autonomy, and recommendations regarding the leadership required in the matrix structure. One outcome of this advice was the establishment of a working group, with participation from the Staff Assembly, to clarify the legal position of the Medical Department Head, led by Prof. Sijmons.

Another important issue alongside the transformation is the ISVP, the renovation and new construction of the entire UMC Utrecht. The Staff Assembly is represented in the Construction Steering Committee to ensure timely input from the medical specialist perspective and timely communication with the Members' Council.

In addition to these major themes, the Staff Assembly in 2025 was involved in the FMS Staff Assembly consultations on national development of training for Staff Assembly board members and further elaboration of the national legal framework. And during consultations of the National Society of Employed Physicians (LAD) regarding the Collective Labor Agreement, including involvement in the advisory group.

Other topics discussed included concentration and distribution of care, with regular consultations established with strategic alliances. The Staff Assembly was also involved in the selection process for the Dean joining the Executive Board in 2025.

Nursing Advisory Council

The Nursing Advisory Council (Verpleegkundige Adviesraad, VAR) is an advisory body appointed by the Executive Board to give advice – solicited or unsolicited – on matters that concern nursing care. The VAR includes nurses, nurse specialists, and team leaders from various divisions and departments, and is a mouthpiece for all nursing staff at UMC Utrecht. The VAR aims to expand and reinforce the impact of nursing within UMC Utrecht. Nursing leadership and representation are central here. The goal is to improve and guarantee the quality of care. The VAR also functions as a testing platform for innovations and implementations that affect the nursing profession. In addition, the VAR organizes about twelve nursing lunch forums a year where important nursing topics are presented to equip nurses. The VAR also has a weekly walk-in hour for any questions from, regarding, and for nurses.

The VAR daily management meets weekly, the broad representation with all VAR members meet monthly, and a reduced Leadership Team also meets monthly. Policy days are held twice a year for equipment and team-building. There are also two ambassador events each year where VAR ambassadors get the opportunity to inspire each other and to network. The daily management team is in contact monthly with the Chair of the Executive Board. One Member of the Executive Board also joins the plenary VAR meeting each month.

In 2025, the focus of the VAR was on advising on the transformation of our organization, in which nursing leadership and professional autonomy are key areas of focus. On May 12, 2025, we celebrated International Nurses Day. This also marked the start of the Nurse of the Year 2025 elections in the categories of care, education, and research. This award was presented to three nurses during the UMC Utrecht Team Days 2025. The VAR brings out an annual report on the UMC Utrecht intranet on activities and results.

8.3 Integrity

Integrity is an important condition for fulfilling our mission 'Together we improve the health of people and create the healthcare of tomorrow'. We are actively working on this through *This is Us*. Whether in the way we act towards each other (social integrity), how we do research (scientific integrity), how we handle business choices (business integrity), or how we act towards patients and stakeholders in research (professional integrity). Our way of working is described in our Integrity code of conduct and in our Research code. These codes also indicate to whom a (suspected) breach of (scientific) integrity can be reported.

Ombuds- and Confidential Affairs

Employees of UMC Utrecht, medical students, and students of the UMC Utrecht Academy can confidentially seek advice from the Bureau for Ombuds- and Confidential Affairs. A central confidential counselor, together with six decentralized confidential counselors, provides support and guidance to employees who experience unwanted behavior and informs them about possible solutions.

The actions and interventions of the ombuds officers are aimed at informing, advising, mediating, and referring in questions, reports, or disputes regarding employment relations, working conditions, and the application of terms of employment. Conducting investigations in response to reports is also part of their responsibilities.

The ombuds officers and confidential counselors are independent and impartial.

In 2025, the Bureau for Ombuds- and Confidential Affairs received 327 notifications (as opposed to 322 in 2024). In 176 situations, the reports were handled by the ombuds officers, and in 149 situations by the (central or decentralized) confidential counselors. In two cases, the scientific integrity contact person was involved.

As in previous years, most of the notifications in 2025 pertained to questions and issues related to problems in collaboration and/or conflict situations, legal position, unwanted behavior, and performance evaluation issues.

Interventions from the Bureau for Ombuds- and Confidential Affairs mainly consisted of offering advice, guidance or mediation, aimed at de-escalation and restoring cooperation between employee(s) and manager(s) or between employees themselves. When multiple reports were received about a specific department or supervisor, the Bureau for Ombuds- and Confidential Affairs initiated an investigation, mapping the situation through interviews (hearing both sides) and subsequently issuing recommendations. In some cases, this resulted in long-term follow-up monitoring of the situation.

Reports related to unwanted behavior decreased from 48 in 2024 to 36 in 2025. These mainly concerned issues in the category of moral and psychological intimidation, and in a very small number of cases, sexual intimidation. The latter category is particularly difficult to detect, partly due to shame and guilt, insufficient trust in follow-up, and fear of negative career consequences.

Mostly, employees who report unwanted behavior wanted to talk with a confidential counselor from the Bureau for Ombuds- and Confidential Affairs, but did not want to have it discussed with the person who is accused. To increase willingness to report, possible interventions are being explored and implemented where possible.

Regarding social safety in general, the Bureau for Ombuds- and Confidential Affairs collaborated, when possible and appropriate, with our 'This is Us' program. This included jointly contributing to components of the Connecting Leaders leadership program and referring employees to one another when needed. In addition, the Bureau for Ombuds- and Confidential Affairs organized presentations and workshops on 'Wanted behavior in the workplace' within teams and departments.

In its separate annual report for 2025, the Bureau for Ombuds- and Confidential Affairs provides anonymized reporting on reports, interventions, and results, and issues recommendations in response to signals received.

Whistleblower procedure

At UMC Utrecht we want to avoid malpractices in as far as we can. It is therefore important for (serious suspicions of) malpractices to be reported. Our Whistleblower procedure describe the procedures for reporting and investigating malpractices in our organization. All alerts are handled with care.

In 2025, no alerts were made to the Whistleblower Commission in the scope of the UMC Utrecht Whistleblower Procedures.

In 2022, Utrecht Holdings declared irregularities in which three (former) employees were involved. The criminal investigation into those involved is still ongoing. It will take some time before the outcome is known.

8.4 Healthcare Governance Code and Other Codes of Conduct

The UMC Utrecht Executive Board and Supervisory Board adhere to the principles of the [Dutch Healthcare Governance Code of 2022](#) that came into force on January 1, 2022, as well as those of the previous Healthcare Governance Code of 2017. Because good management and good supervision are of great importance to guarantee good care.

The Healthcare Governance Code is based on seven principles, which contribute to ensuring good care, reaching the community goals of healthcare institutions, and social trust. The principles furthermore serve as guidelines regarding rules, to leave more room for dialog rather than 'ticking off' little rules as in the past. The code focuses in particular on culture and behavior, values and standards, and employee-participation and dialog. These are all aspects that evolve constantly and therefore require ongoing attention.

At UMC Utrecht we also continue to focus on culture and behavior, values and standards, and employee participation and dialog. For example via our leadership program, dialog with patients, our [employee-participation bodies](#), our [Bureau for Ombuds- and Confidential Affairs](#), and our work-experience survey in which we ask employees about their experiences, also in these areas.

Credits

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