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INTRODUCTION

The Alliance of Health Research Institutes (Alliance of IIS - ISCIII Web Portal) establishes a stable space for collaboration and joint work between the Institute of Health Carlos III (hereinafter ISCIII) and accredited Health Research Institutes (hereinafter IIS). Established by ISCIII in November 2019, after this five-year period it has consolidated its position as a hub for reflection, shared learning, and cooperative innovation in biomedical R&D&I, with a special focus on the National Health System, and as such forms part of the Spanish Science, Technology, and Innovation System (SECTI).

Its main objectives are as follows:

- Address the needs of the IIS in the dynamic R&D&I environment.
- Guide the scientific policies of IIS, aligning them with the strategic lines of the European regulatory framework.
- Promote cooperation among IIS, creating synergies that increase their competitiveness.
- Strengthen the participation of IIS in defining the ISCIII's lines of action.

One of the main spaces for developing these objectives are the working groups (hereinafter WGs) of the Alliance of IIS. These groups analyze the situation, development, and limitations of those aspects of particular interest for the strategic planning and scientific development of IIS.

This results in the creation of reflection documents, available on the ISCIII website in the Reports from the Alliance of IIS series.

Continuing the work carried out in previous years, in March 2024, WGs were set up to address five priority topics within the Alliance. The composition of each group was based on the priorities of interest communicated by the 35 IIS, respecting the order expressed as far as possible.

Each WG is made up of 9 to 12 IIS, two of which are responsible for coordination to facilitate the progress of the work. Participation of each IIS in each WG is established at the level of Scientific Management.

The documents prepared by each WG are submitted to all IIS, which provide their considerations, contributions, and suggestions after reviewing them. Once this process is complete, the final document is approved in a plenary session of the Alliance of IIS, at which point it becomes a definitive report.

This second issue of the Reports from the Alliance of IIS series compiles the documents drafted and approved in 2024.

WORKING GROUPS OF THE ALLIANCE OF IIS. 2024 Reports

WG1. Patient engagement in IIS.

Coordinated by the IIS IRYCIS and ibs.GRANADA management teams.

WG2. Comparative analysis of the permanent incorporation of Juan Rodés and Miguel Servet researchers and proposed actions.

Coordinated by the IIS HMIRB and IIS i+12 management teams.

WG3. Impact metrics.

Coordinated by the IIS IDIBELL and BIOBIZKAIA management teams.

WG4. Mapping of accredited IIS capacities.

Coordinated by the IIS IDIS and IDISNA management teams.

WG5. Implementation of the HRS4R seal in IIS: maturity status, audit results, and reports on the situation in Spain.

Coordinated by the IIS FJD and IMIBIC management teams.

PATIENT ENGAGEMENT IN IIS

WG1. Alliance of Institutes. 2024.

Coordination: IRYCIS and ibs.GRANADA

Responsible parties: Dr. LAURA GARCÍA BERMEJO and Dr. MARÍA JOSÉ SÁNCHEZ PÉREZ

EXECUTIVE SUMMARY

This report analyzes the current state of Patient Engagement (PE) in Health Research Institutes (IIS) in Spain, with the aim of proposing recommendations for its development and effective implementation.

Key findings:

- **Importance of PE:** PE is crucial for improving the quality and effectiveness of health research, ensuring that the results are relevant and focused on patients' needs.
- **Challenges to implementation:** There are challenges in holistic patient engagement, proxy selection, training, effective communication, and measuring the impact of PE.
- **Situation analysis:** A review of the IIS accreditation guide was conducted, along with an analysis of the visibility of PE on IIS websites, and a survey of IIS regarding their PE initiatives.
- **Survey results:** Most IIS reported PE initiatives, but there are areas for improvement in quantifying impact, conceptualizing PE, and allocating resources.
- **Strategic lines:** Four key strategic lines were identified: 1) organizational culture, 2) education and training, 3) resources and initiatives, and 4) communication and dissemination. The education and training and resources and initiatives lines require the most attention.

Conclusions and Recommendations:

- **Increase participation in the survey:** Encourage more IIS to participate in the survey to obtain a more complete picture of the PE in Spanish IIS.
- **Deepen understanding of the concept of PE:** Ensure that IIS understand the concept of PE and carry out activities that promote active patient participation.
- **Strengthen impact measurement:** Develop objective indicators to measure the impact of PE initiatives.
- **Prioritize strategic lines 2 and 3:** Promote education, training, resource allocation, and initiatives for more effective PE.
- **Implement the PE strategy developed by the Spanish node of EATRIS:** The PE strategy developed and agreed upon within the Spanish node of EATRIS can be useful as a guide for planning and implementing PE in IIS.

INTRODUCTION

The Alliance of Health Research Institutes (IIS) aims to establish a stable space for collaboration and joint work between the ISCIII and accredited IIS to address the needs of the IIS, guide their scientific policies

within the strategic lines of the European framework, promote cooperation among IIS, creating synergies that increase their competitiveness, and strengthen participation of IIS in defining the ISCIII's lines of action.

A working group on Patient Engagement has been established within the framework of the Alliance. Patient Engagement in health research represents a transformative approach that not only enriches the research process, but also ensures that the results are more applicable and focused on the real needs of patients. Advances in this field highlight its importance for the continuous improvement of healthcare and the creation of more inclusive, people-centered health systems, but significant challenges remain in the effective implementation and execution of patient engagement.

To establish the objectives of the current working group, ibs.GRANADA and IRYCIS, as co-coordinators of the group, have held several preparatory meetings to define the objectives of this working group. Subsequently, on June 17, both coordinators met with the IIS that are members of WG1 and agreed with them on the objectives of this group (Annex 1).

The main objective of the working group was defined as proposing recommendations and support measures for the design and development of activities to involve patients in the different phases of research carried out at accredited Health Research Institutes, subsequently analyzing their impact on the development and effective implementation of effective patient engagement strategies.

THEORETICAL FRAMEWORK

The concept of Patient Engagement (PE), has gained relevance in the field of health research because of its potential to improve the quality and effectiveness of health services. PE refers to the active participation of patients in their own care and in decision-making related to their health. In the context of health research, this approach promotes the inclusion of patients not only as study subjects, but also as collaborators in the planning, execution, and evaluation of research. This active participation has been linked to better health outcomes, greater patient satisfaction, and advances in more people-centered health policies.

Definition and key concepts

Patient Engagement is defined as the process by which patients and their caregivers are actively involved in decision-making and knowledge creation in the field of healthcare. According to Carman *et al.* (2013)[1], PE involves a spectrum ranging from passive participation (where patients receive information) to active participation (where patients collaborate and have decision-making power in the design and implementation of projects).

In the context of research, PE takes on a particular connotation by involving patients not only as recipients of care, but as active partners. This includes their involvement in study design, prioritization of research questions, and interpretation of results. The World Health Organization (WHO) and other international bodies have emphasized the importance of PE in creating more people-centered health systems.

Related theories

The patient-centered engagement model (Carman *et al.*, 2013)[1] is one of the most cited theories in the context of PE. This model posits that patient participation should occur at different levels: individual, organizational, and political. At the individual level, patients are active collaborators in their treatment; at the organizational level, they are consulted and participate in decision-making about services; and at the political level, they are involved in the formulation of health policies.

Another key theoretical framework is Self-Determination Theory (Ryan and Deci, 2000)[2], which highlights the importance of individuals feeling autonomy, competence, and relatedness in their interactions with the health system. In the context of research, this theory supports the idea that patients should feel competent and autonomous in their roles as collaborators, which in turn facilitates greater engagement and more meaningful outcomes in health research.

Literature review

Research on PE in the healthcare field has grown significantly over the last decade. Studies such as that of Brett *et al.* (2014)[3] have shown that including patients in research improves the relevance of studies and enhances the translation of findings into clinical practice. These studies suggest that patients can offer unique perspectives that enrich the research process, highlighting areas of need that may be overlooked by professional researchers.

The review by Domecq *et al.* (2014)[4] found that PE in research improves the methodological quality of studies, as patients help identify research questions that are more relevant to their needs. They also point out that involving patients in the interpretation of results contributes to better dissemination and practical application of the findings, as patients better understand how these relate to everyday healthcare.

Impact of Patient Engagement in health research

The active participation of patients in health research has multiple documented benefits. According to Boivin *et al.* (2018)[5], PE improves the acceptability and effectiveness of health interventions, as the proposed solutions are often more aligned with the real experiences and needs of patients. In addition, PE reinforces the external validity of studies, facilitating the implementation of results in broader populations.

However, there are challenges. Researchers often face difficulties in effectively including patients due to barriers such as lack of training and power inequalities between researchers and patients (Shippee *et al.*, 2015)[6]. The need to develop tools that enable meaningful patient participation in all stages of the research process has also been pointed out.

METHODOLOGY

To achieve the group's objectives, the following methodology was developed:

First, an initial meeting of the working group was held on June 17, 2024, at which the working group's objectives were defined and it was agreed to use as a reference document the document entitled: "Building an efficient Patient Engagement strategy in Health Research Institutes (IIS)", generated with the active participation of 25 accredited Spanish IIS, which has been developed as part of a pilot in the Spanish node of EATRIS (European Infrastructure for Translational Medicine), under the umbrella of the European project EATRIS Plus (871096) (IIS (see document in Annex 4)).

Next, an analysis of the situation of "Patient Engagement" in the IIS was carried out by reviewing the PE-related criteria of the technical guide for the evaluation of the accreditations of IIS. In addition, an analysis of the visibility of PE on the websites of the IIS was carried out, and a consensus survey was subsequently drawn up with the aim of identifying the main initiatives and actions carried out by the different IIS in this area, and the degree of satisfaction and impact of these initiatives and actions on IIS (Annex 2).

The information collected in the survey is structured on the basis of the strategic lines (and their specific objectives) defined in the document "Building an efficient Patient Engagement strategy in IIS".

Finally, taking into consideration the analysis of the technical guide for the evaluation of the accreditations of IIS, the document "Building an Efficient Patient Engagement strategy in Health Research Institutes (IIS)" and the responses collected in the surveys, conclusions have been drawn that have led to recommendations for the development and implementation of an effective PE strategy in IIS.

DEVELOPMENT AND RESULTS

1.1. Review of the Patient Engagement-related criteria in the technical guide for evaluation of the accreditations of IIS

Based on the work carried out in WG3 of the Alliance of Health Research Institutes on *Incorporation of Non-scientific Key Stakeholders* in the activity of the IIS (see document in Annex 4), in 2022, a review was carried out of the criteria in the guide that are in some way related to one of the dimensions of the RRI (Ethics, Gender Equality, Governance, Open Access, and Science Education), according to the dimension of the RRI to which they refer or are related and on which Patient Engagement may have an impact.

After analyzing the results, it can be seen that Patient Engagement has a particular impact on the dimensions of **citizen participation**, **science education** and, to a lesser extent, governance.

Area of RRI	Number of associated criteria	% of associated criteria
Ethics	11	22%
Gender equality	6	12%
Governance	**30**	**61%**
Open Access	10	20%
Citizen participation	**11**	**22%**
Science education	**12**	**24%**
Total RRI criteria	**49**	

1.2. Analysis of the visibility of Patient Engagement in IIS

Of the 35 accredited IIS, it has been verified which have public information on patient participation in research on their website. Most accredited institutes include information on different forms of citizen participation in the section dedicated to RRI, although the focus is not on patients, but on society in general.

It should be noted that some institutes, within the Clinical Trials Platform, articulate channels for patient participation.

1.3. Situation analysis of Patient Engagement in IIS

In the Alliance of Health Research Institutes (IIS), the active involvement of patients faces various challenges and profound reflections on the current reality, which must be the starting point for paths and strategies toward more effective participation.

1. Difficulties in holistic participation.

- The comprehensive participation of patients in the mission, planning, and management of IIS is a challenge. Ambiguity persists regarding the role of patients and their participation in the decision-making bodies of Institutes, such as the Governing Council, and raises questions about their effective coordination.

2. Selection of patient proxies.

- Finding suitable patient proxies is a recurring challenge. The proposal for specialized referral platforms and the rotation of proxies could bring diversity and strength to citizen participation.

3. Representation and active participation.

- Representation becomes an indispensable tool for generating solutions that take into consideration all possible points of view, where it is necessary to include criteria of diversity and inclusion.

4. Training and empowerment.

- Both patients and IIS professionals need training in Patient Engagement. Institutes should offer training programs to empower both parties and foster effective collaboration.
- The lack of tools for effective communication between clinical personnel, researchers, and patients highlights the need for training activities.
- The disclosure of and accessibility to information are emerging as fundamental elements.

5. Definition of objectives: importance of communication and participation from the outset.

- Effective communication, whether through social media or specific channels, is a key pillar. The differentiation between Patient Engagement processes in hospitals and IIS highlights the importance of adapting strategies to particular structures.
- The proposal to involve patients from the outset of the research process seeks to address the need for earlier and more active participation. Feedback and society's participation in defining priorities are essential.
- The importance of clearly establishing objectives and expectations prior to patient participation highlights the need for transparent and aligned communication.

6. Active participation in projects and effective tools.

- The discussion on specific projects and tools such as focus group highlights the importance of concrete and practical approaches to encourage interaction and active participation.
- The need to incorporate patient participation strategically in hospital projects, rather than limiting it solely to recruitment, reflects the importance of a more comprehensive approach.

7. Centralization of contact and training.

- The proposal to centralize the point of contact and have experts in Patient Engagement highlights the importance of having efficient structures to facilitate participation.

8. Emphasis on Ethics and Data Protection.

- The consideration of ethical issues and collaboration with the Spanish Bioethics Committee underscores the importance of maintaining high ethical standards in all interactions.

9. Rewards and recognition.

- The debate on rewarding patients and the professionalization of patients led by Patient Engagement highlights the importance of recognizing and properly assessing the contribution of patients.

10. Impact measurement.

- Measuring and standardizing the impact of patient participation is a complex task. The need for effective communication and the creation of information repositories stand out as key tools in this process.
- Reflection on the difficulty of measuring the level of Patient Engagement underscores the need to develop standardized surveys and indicators to meaningfully evaluate patient participation.
- The current state of Patient Engagement in Institutes described above clearly highlights the need to develop a strategy that helps these Institutes to carry out effective Patient Engagement, which is strictly required to fulfill **the mission of all Health Research Institutes: to have an impact on patients and society.**

1.4. Analysis within the framework of the European EATRIS PLUS project working group

Annex 4, within the document "*Building an efficient Patient Engagement strategy in Health Research Institutes (IIS)*", **details the main lines of the strategy of the Spanish node of EATRIS**, which can be used by IIS for their strategic planning of Patient Engagement over the next 3 years, from 2024 to 2026, as well as a proposal for activities to develop these lines and answer basic questions: why, who, where, how and when to carry out effective Patient Engagement.

1. Strategic Line 1 – Organizational Culture

1. Cultural change in IIS is essential to achieving effective Patient Engagement. This involves a more patient-centered approach to the life of the Institute and its daily activity, where patients become active partners in decision-making related to research and medical care and in the planning of both. Some key aspects of this cultural change should include:
2. Recognizing the value of the patient: It is essential that research institutes recognize the knowledge and experience of patients as valuable. Patients should not be viewed simply as research subjects, but as equal collaborators.
3. Effective communication: Communication between researchers, health professionals, and patients must improve. This involves clear and accessible language, as well as a willingness to listen and respond to patients' concerns.
4. Active participation: Patients should be invited to actively participate in the planning and execution of research. This may include reviewing study protocols, identifying relevant research questions, and disclosing results.
5. Transparency and access to information: Research institutes must be transparent about their objectives, processes, and results. In addition, they must provide patients with access to relevant information in an understandable manner.
6. Training and support: Both patients and healthcare professionals need training in Patient Engagement. Institutes should offer training programs to empower both parties and foster effective collaboration.
7. Recognition and rewards: It is important to recognize and reward the contribution of patients to research, and each Institute can define the forms of reward.

8. In order for this necessary cultural change in the Health Research Institutes to take place, it is necessary to set objectives and actions that enable results to be achieved, as well as to define the indicators that will estimate the achievement of these results.

Objective 1.1. Patient participation is integrated into the structure of IIS
Results: 1.1.1. Establishment of a Patient Engagement Policy.

Objective 1.2. Patient participation is structured and organized
Results: 1.2.1. Development of instruments to evaluate the progress of Patient Engagement (organizational control tools). 1.2.2. Identification and establishment of lines of collaboration with patients. 1.2.3. Formation of a reference group on Patient Participation. 1.2.4. Preparation of an annual action plan for Patient Engagement for period of 2024 to 2026.

2. Strategic Line 2 - Education and Training

The strategic line focused on education and training emerges as a fundamental pillar. With the aim of strengthening collaboration between various stakeholders, from research and technical personnel to patients and associations, a productive training plan will be designed. This plan, once approved by the competent governing bodies, will seek not only to guarantee the availability of educational resources, but also to ensure their effective implementation. This comprehensive approach to education and training aims to consolidate a strong and collaborative Patient Engagement ecosystem.

Objective 2.1. Availability of a training plan aimed at all stakeholders (research, technical, and management staff, patients, patient associations, etc.).
Result: 2.1.1. The plan is approved by the competent governing bodies and disseminated to all stakeholders.

Objective 2.2. Implementation of the training plan
Results: 2.2.1. Personnel at health institutes are trained to involve patients in a meaningful way. 2.2.2. Patients are trained and empowered to collaborate in an active and meaningful way.

3. Strategic Line 3 - Resources and Initiatives

At the forefront of patient engagement, Strategic Line 3 for Resources and Initiatives stands as a beacon for innovation in patient collaboration. With the central objective of making patient participation the norm within IIS, an ambitious path has been charted. This path includes the availability of documents and tools designed to facilitate the active involvement of patients at all levels. In addition, the aim is to integrate patient participation as an essential evaluation criterion in calls for proposals, thus ensuring that the patient's perspective is an intrinsic component of decision-making. In this context, the aim is no not only to include

patients in the development of research projects at IIS, but also to establish specific budget items earmarked for activities related to Patient Engagement. This strategic line is positioned as a catalyst to transform the way we conceive and execute research, ensuring that the voice of patients is not only heard, but provides a comprehensive contribution in every stage of the process.

Objective 3.1. Patient participation is the norm
Results: 3.1.1. Availability of documents and tools to facilitate patient involvement. 3.1.2. Patient participation is an evaluation criterion in calls for proposals. 3.1.3. Patients are an active part of the development of research projects in IIS. 3.1.4. Establishment of budget items for activities related to Patient Engagement. 3.1.5. Specific activities to ensure the effectiveness of the procedure.

4. Strategic Line 4 - Communication and Dissemination

Strategic Line 4, dedicated to Communication and Dissemination, stands out as the vital bridge between information and its effective reach. With the firm intention of strengthening the understanding and participation of the stakeholders involved, a comprehensive approach to internal communication has been outlined. This approach seeks not only to ensure that stakeholders are fully aware of their roles and responsibilities in relation to Patient Engagement in the RRI, but also to raise the visibility and understanding of the associated policy. In parallel, a path has been charted for the professionalization of external communication, with the aim of securing the necessary resources to guarantee the quality and effectiveness of the transmission of messages related to Patient Engagement. This strategic line also addresses the need to systematize the dissemination of reports and results of participation in Patient Engagement, ensuring effective external communication that strengthens the connection between research and the community.

Objective 4.1. The stakeholders involved are familiar with information on Patient Engagement in the RRI (Internal communication)
Result: 4.1.1. Stakeholders are aware of their roles and responsibilities regarding Patient Engagement in the RRI.

Objective 4.2. Drawing attention to the Patient Engagement Policy in an effective manner (Internal communication)
Result: 4.2.1. Increased awareness and understanding of the Patient Engagement Policy.

Objective 4.3. Professionalization of communication on Patient Engagement (External communication)
Result: 4.3.1. Availability and provision of necessary resources for communication on Patient Engagement.

Objective 4.4 Systematization of the dissemination of reports and results of participation in Patient Engagement (External communication)
Result:
4.4.1 Systematized dissemination of reports and results of participation in Patient Engagement.

1.5. Identification of good practices in IIS: analysis of surveys

The survey was answered by 22 of the 35 accredited Health Research Institutes, anonymized with a four-digit code and with their corresponding initiative numbers in parentheses:

Accredited Health Research Institutes that have responded to the survey			
IIS - 9755 (5)		IIS - 1510 (4)	
IIS - 2649 (4)	IIS - 8990 (4)	IIS - 6495 (2)	IIS - 2344 (6)
IIS - 4777 (6)	IIS - 8910 (5)	IIS - 5702 (1)	IIS - 3984 (4)
IIS - 3825 (3)	IIS -1163 (4)	IIS - 5481 (5)	IIS - 9350 (7)
IIS - 4788 (5)	IIS - 1524 (4)	IIS - 7326 (10)	IIS - 9518 (3)
IIS - 6032 (4)	IIS - 3157 (7)	IIS - 6533 (3)	IIS - 8881 (3)

Below are the responses to the survey received from the 22 IIS:

IIS - 9755				
Initiative	Strategic line within which it falls	Has the impact been measured?	Objective measurement	Subjective perception
Creation of a Patient Engagement group at the Health Research Institute	Line 1 - Organizational Culture	No		8
Conference for cancer patients and their families	Line 4 - Communication and Dissemination	No		9
Patient schools	Line 3 - Resources and Initiatives	No		9
Participation of patient organizations in internal scientific committees	Line 1 - Organizational Culture	Yes	Creation of "useful tools for the Institute" (Impact Guide), branding activities of the IIS itself, scientific dissemination and outreach activities, evaluation of patient involvement in projects	

IIS - 9755				
Coordination of the pilot and development of the Spanish EATRIS Patient Engagement Node Strategy within the framework of the European EATRISPlus project	Line 1 - Organizational Culture	No		9

IIS - 1510				
Initiative	Strategic line within which it falls	Has the impact been measured?	Objective measurement	Subjective perception
Outreach course for research staff	Line 2 - Education and Training	Yes	9.5	
Conference with patient associations from the province of the IIS	Line 2 - Education and Training	No		
Conference with patient associations from the province of the IIS	Line 4 - Communication and Dissemination	No		
Incorporation of testimonials from patients and/or patient associations into the scientific programs of the conferences of the institution's research areas	Line 2 - Education and Training	No		

IIS - 2649				
Initiative	Strategic line within which it falls	Has the impact been measured?	Objective measurement	Subjective perception
Creation of the IIS patient commission	Line 1 - Organizational Culture	No		
Training activities in Patient Engagement for stakeholders involved in IIS	Line 2 - Education and Training	No		
#SomRecerca Conference	Line 4 - Communication and Dissemination	Yes	No. of attendees	

IIS - 8990				
Initiative	Strategic line within which it falls	Has the impact been measured?	Objective measurement	Subjective perception
Citizen Commission of the Institute	Line 1 - Organizational Culture	No		10
Participation in the institute's advisory bodies	Line 1 - Organizational Culture	No		9
Participation in communication and dissemination.	Line 4 - Communication and Dissemination	No		9
IIS human resources to support citizen participation.	Line 3 - Resources and Initiatives	No		9

IIS - 6495				
Initiative	Strategic line within which it falls	Has the impact been measured?	Objective measurement	Subjective perception
Social Partners Advisory Council.	Line 1 - Organizational Culture	Yes	35% of professionals are familiar with this body	
Participation in activities organized by/ for civil society	Line 1 - Organizational Culture	No		7

IIS - 2344				
Initiative	Strategic line within which it falls	Has the impact been measured?	Objective measurement	Subjective perception
Incorporation of patient associations in advisory bodies	Line 1 - Organizational Culture	No		7
Open house for patient associations	Line 4 - Communication and Dissemination	No		9
Sensogenomics Project	Line 3 - Resources and Initiatives	No		10
Pathology awareness days	Line 4 - Communication and Dissemination	No		9
Solidarity race	Line 4 - Communication and Dissemination	No		10

IIS - 2344				
Solidarity exhibition	Line 4 - Communication and Dissemination	No		10

IIS - 4777				
Initiative	Strategic line within which it falls	Has the impact been measured?	Objective measurement	Subjective perception
Conference on 'Humanization and Excellence in Healthcare Management'	Line 4 - Communication and Dissemination	No		8
14th Conference on Quality and Patient Safety	Line 4 - Communication and Dissemination	No		8
Care4Diabetes	Line 4 - Communication and Dissemination	No		8
MENTTE Therapeutic Mentoring Project	Line 4 - Communication and Dissemination	No		8
Communication Plan	Line 4 - Communication and Dissemination	No		8
Usability studies with patients	Line 3 - Resources and Initiatives	Yes	9	

IIS - 8910				
Initiative	Strategic line within which it falls	Has the impact been measured?	Objective measurement	Subjective perception
Participation of citizen representatives in the institute's bodies	Line 1 - Organizational Culture	Yes	Interviews and work session	
Outreach sessions between the IIS and associations	Line 2 - Education and Training	Yes	Surveys	
Training in Citizen Participation	Line 2 - Education and Training	Yes	Surveys	
ADINPART: roadmap for effective citizen participation in aging	Line 3 - Resources and Initiatives	Yes	Group session	
Scientific-citizen meeting spaces	Line 3 - Resources and Initiatives	No		9

IIS - 5702				
Initiative	Strategic line within which it falls	Has the impact been measured?	Objective measurement	Subjective perception
Meetings with non-scientific stakeholders	Line 1 - Organizational Culture	No		6

IIS - 3984				
Initiative	Strategic line within which it falls	Has the impact been measured?	Objective measurement	Subjective perception
Issues document and evaluation template for Spanish Health Research Fund (FIS) projects	Line 4 - Communication and Dissemination	No		10
Conference: "Society and Science Join Hands"	Line 1 - Organizational Culture	No		9
Seminar: "Success stories from a research project involving key non-scientific stakeholders"	Line 1 - Organizational Culture	Yes	Survey with a positive result	
"14th Course on the diagnosis of celiac disease"	Line 1 - Organizational Culture	Yes	Survey with a positive result	

IIS - 3825				
Initiative	Strategic line within which it falls	Has the impact been measured?	Objective measurement	Subjective perception
Incorporated into the 2022-2026 Strategic Plan	Line 1 - Organizational Culture	No		
Communication with Patient Forum	Line 1 - Organizational Culture	No		9
Scheduled to start up in the second half of 2024	Line 1 - Organizational Culture	No		

IIS - 1163				
Initiative	Strategic line within which it falls	Has the impact been measured?	Objective measurement	Subjective perception

IIS - 1163				
Organizational culture	Line 1 - Organizational Culture	Yes		8
Education and training	Line 2 - Education and Training	Yes		7
Resources and initiatives	Line 3 – Resources and Initiatives	Yes		8
Communication and dissemination	Line 4 - Communication and Dissemination	Yes		8

IIS - 5481				
Initiative	Strategic line within which it falls	Has the impact been measured?	Objective measurement	Subjective perception
MenteScopia - Raising awareness about mental illness	Line 2 - Education and Training	Yes	Online views	10
Drawing attention to science	Line 3 - Resources and Initiatives	Yes	Satisfaction survey	10
Open House Day	Line 2 - Education and Training	Yes	Satisfaction survey	10
Outreach Activities Contest	Line 3 - Resources and Initiatives	Yes	Satisfaction survey	10
Active participation in events with society	Line 3 - Resources and Initiatives	Yes		10

IIS - 9350				
Initiative	Strategic line within which it falls	Has the impact been measured?	Objective measurement	Subjective perception
Participation of three patient associations in drawing up the Strategic Plan.	Line 1 - Organizational Culture	No		9
Internal Scientific Committee has a member of the Spanish Association Against Cancer (AECC)	Line 1 - Organizational Culture	No		9
"Health is more" meeting: Do new obesity drugs really work?	Line 4 - Communication and Dissemination	No		8

IIS - 9350				
World No Tobacco Day	Line 4 - Communication and Dissemination	No		8
2nd Charity 7-a-side Soccer Tournament	Line 4 - Communication and Dissemination	No		9
Patient participation in the development of research projects	Line 3 - Resources and Initiatives	Yes	Satisfaction survey	

IIS - 4788				
Initiative	Strategic line within which it falls	Has the impact been measured?	Objective measurement	Subjective perception
Patients included in committees and working groups	Line 1 - Organizational Culture	Yes	Indicator of number of agreements and activities	10
Patient Participation in Research Day	Line 2 - Education and Training	Yes	Number of attendees at activities and participation in the media	10
Training in the Social Communication of Science	Line 2 - Education and Training	Yes	Number of attendees at activities and participation in the media	10
Availability of documents and tools designed to facilitate active patient involvement.	Line 3 - Resources and Initiatives	Yes	Number of participants, degree of satisfaction with the activity, media coverage, viewing of materials or videos	10
Dissemination of the "Agenda for Patient Participation in Research" and events related to Patient Engagement	Line 4 - Communication and Dissemination	Yes	Social media metrics	9

IIS - 1524				
Initiative	Strategic line within which it falls	Has the impact been measured?	Objective measurement	Subjective perception
Citizen Commission for the evaluation of research projects.	Line 1 - Organizational Culture	Yes	Participant surveys. Very positive assessment	

IIS - 1524				
Your hospital investigates Workshops	Line 2 - Education and Training	No		10
Presence on the Ethics Committee for Drugs Research	Line 1 - Organizational Culture	No		9
Proposal by Scientific Management to include patient associations in governing bodies (Board of Trustees) and in the Unit for Clinical Research and Products with Biological Activity (UICAB) of the IIS	Line 1 - Organizational Culture	No		9

IIS - 7326				
Initiative	Strategic line within which it falls	Has the impact been measured?	Objective measurement	Subjective perception
Patient Engagement Policy	Line 1 - Organizational Culture	No		7
1st edition of the call for grants for Associations of Patients with Rare Diseases.	Line 1 - Organizational Culture	No		9
Training in Patient Engagement	Line 2 - Education and Training	No		8
Training activities aimed at professional stakeholders.	Line 2 - Education and Training	Yes	Survey with very positive results	
Training activities aimed at patients.	Line 2 - Education and Training	Yes	Survey with very positive results	
Professional Informative Videos	Line 4 - Communication and Dissemination	No		8
IIS exhibition of scientific activity	Line 4 - Communication and Dissemination	Yes	Survey with very positive results	
Science and Innovation Week	Line 4 - Communication and Dissemination	No		8
European Researchers' Night	Line 4 - Communication and Dissemination	Yes	Survey with very positive results	

IIS - 7326				
Informative Videos on Clinical Trials	Line 4 - Communication and Dissemination	No		8

IIS - 9518				
Initiative	Strategic line within which it falls	Has the impact been measured?	Objective measurement	Subjective perception
Patient in Science Project	Line 2 - Education and Training	No	Predicted through the use of questionnaires	
Patient Protagonist	Line 3 - Resources and Initiatives	No		
Building an efficient Patient Engagement strategy in Health Research Institutes	Line 1 - Organizational Culture	No		

IIS - 6032				
Initiative	Strategic line within which it falls	Has the impact been measured?	Objective measurement	Subjective perception
"Research and Health" lecture series	Line 2 - Education and Training	Yes	Attendance (100 people on average) and YouTube views (170 views on average per video)	8
Training in Patient Engagement and other pillars of RRI	Line 2 - Education and Training	No		8
Creation of the Patient Engagement guide	Line 3 - Resources and Initiatives	No		
Ongoing collaboration with patient associations	Line 1 - Organizational Culture	No		9

IIS - 3157				
Initiative	Strategic line within which it falls	Has the impact been measured?	Objective measurement	Subjective perception
Participation of key non-scientific stakeholders in the institution's committees	Line 1 - Organizational Culture	No		10

IIS - 3157				
Promoting the participation of patient associations in projects submitted to the strategic action in health.	Line 1 - Organizational Culture	No		9
Organization of scientific outreach courses.	Line 2 - Education and Training	No		9
Annual citizen participation meeting	Line 4 - Communication and Dissemination	No		10
Outreach activities within the "science on the street" program.	Line 4 - Communication and Dissemination	No		10
Citizen participation laboratories	Line 4 - Communication and Dissemination	No		9
Bilateral Conference - The path to sustainability in the healthcare system	Line 4 - Communication and Dissemination	No		8

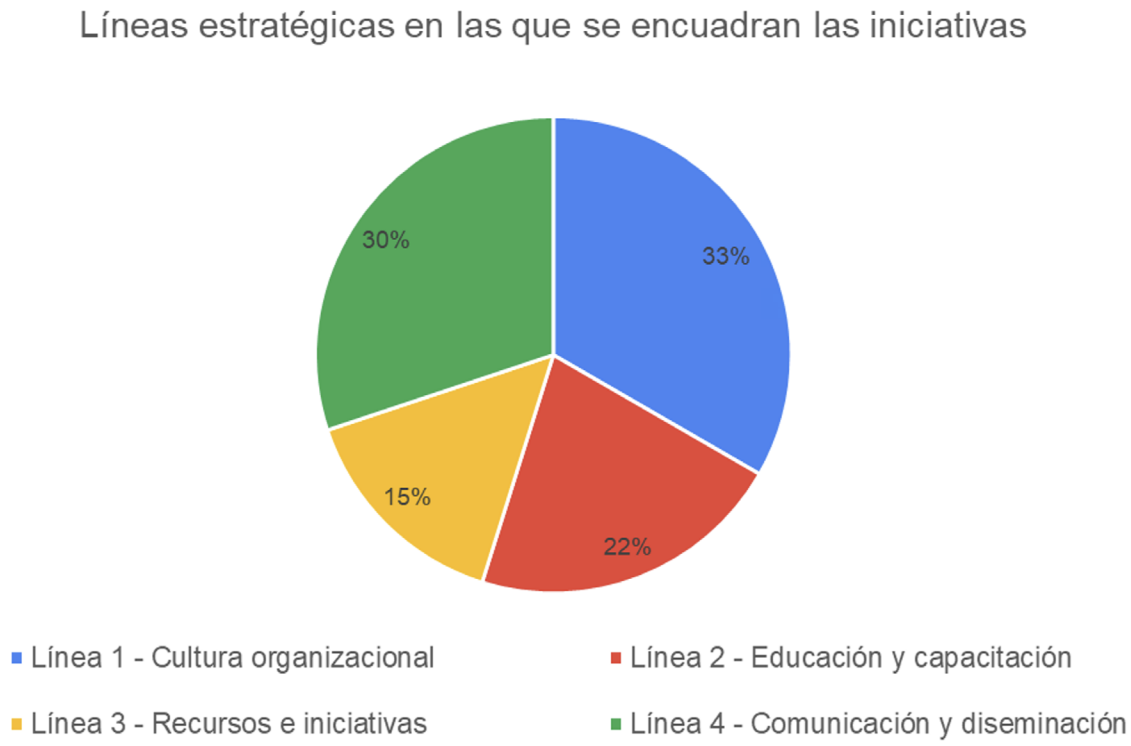
IIS - 6533				
Initiative	Strategic line within which it falls	Has the impact been measured?	Objective measurement	Subjective perception
Patient participation in the CEIm	Line 1 - Organizational Culture	No		10
Co-creation sessions for women's health projects with patient participation	Line 3 - Resources and Initiatives	No		10
Participation of the Spanish Patients' Association in the External Scientific Committee	Line 1 - Organizational Culture	No		10

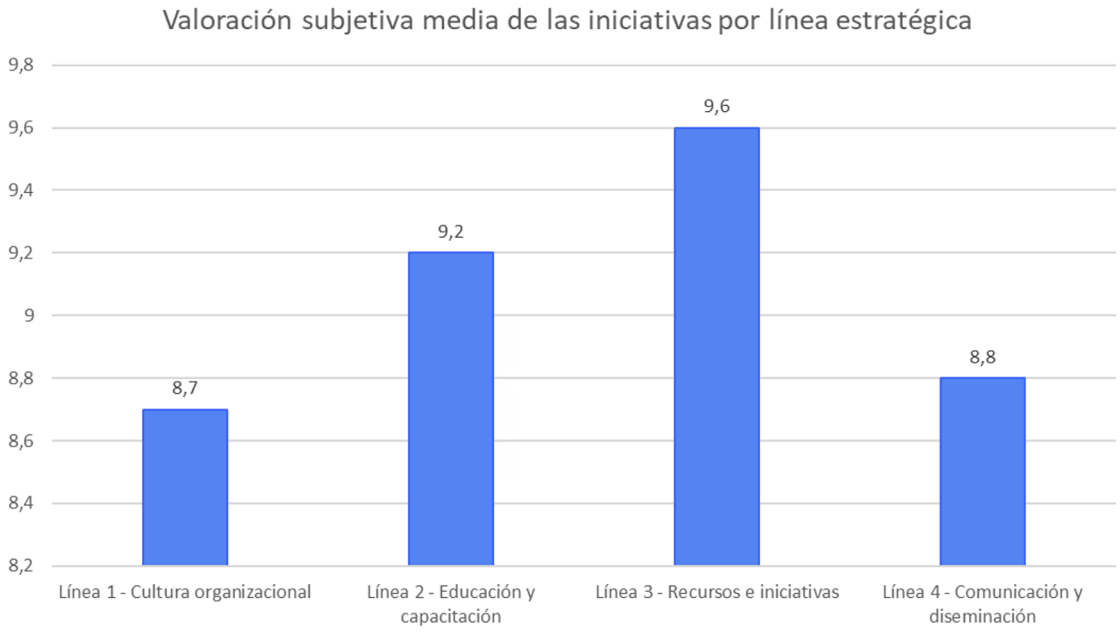
IIS - 8881				
Initiative	Strategic line within which it falls	Has the impact been measured?	Objective measurement	Subjective perception
Patient Advisory Board (PAB)	Line 1 - Organizational Culture	No		8

IIS - 8881				
Institutional visits by patients and patient associations	Line 2 - Education and Training	Yes	Satisfaction surveys	10
Outreach training for the research community.	Line 2 - Education and Training	Yes	Satisfaction surveys	10

The above responses have been analyzed, yielding the following results:

Number of IIS that responded	22
Number of valid initiative responses	93
Average number of initiatives per institute	4.23





CONCLUSIONS AND RECOMMENDATIONS

- 63% of accredited institutes responded to the survey. This is an acceptable percentage, although it would be desirable to increase this percentage, and it would be advisable to analyze why a higher percentage of responses was not obtained.

- Valid responses have been received from 21 of the 22 institutes, indicating that the survey was understood by the vast majority of IIS. It would be important to consider whether the items included in the survey allow the collection all the PE initiatives carried out in the IIS.
- A total of 93 initiatives in all the IIS were recorded. All IIS with valid responses reported initiatives, with an average of 4.33 initiatives per IIS. This indicates that all IIS carry out PE initiatives, but given that the time frame in which the initiatives could have been carried out has not been specified, perhaps a greater number of PE initiatives per IIS would be expected and desirable.
- Initiatives have been recorded that do not directly involve patient participation or engagement, but rather citizen participation or bringing science closer to society. This could indicate that the PE concept should be worked on to develop more efficient activities for more effective PE strategies in IIS.
- The impact has been quantified in 33% of the initiatives launched, indicating that there is significant room for improvement in the quantification of impact. It would be important to discuss with the IIS whether they consider that agreeing on objective indicators for quantifying the impact of PE initiatives could contribute to greater efficiency of this engagement.
- The initiatives implemented by the IIS are preferably framed within strategic lines 1 and 4, organizational culture and communication and dissemination, respectively (33% and 30%). Strategic line 3, resources and initiatives, shows the lowest number of activities (15%). Line 2, training and education, accounts for 22% of initiatives. These data indicate that there is considerable room for improvement in the implementation of training and education activities and in the allocation of resources to PE, which will undoubtedly have a significant impact on engagement efficiency. In addition, it is suggested that carrying out initiatives within line 1 (organizational culture), which involves patient participation in governance, may help the institute as a whole to have a clearer orientation on how to deploy PE, and thus be able to assist researchers and patients.
- The analysis of the subjective assessment of the impact of the initiatives included in each of the 4 strategic lines indicates that the initiatives that would have the greatest impact on the effective implementation of PE in IIS are those included in strategic line 3: resources and initiatives, followed by those included in strategic line 2: education and training. These results would suggest a greater effort by IIS in the implementation of activities along these lines, as they would ensure a more effective PE. It is also advisable to reinforce the importance of educating patients in scientific methodology, its impact, and the potential and relevance of their participation in research management.

COMPARATIVE ANALYSIS OF THE PERMANENT INCORPORATION OF RESEARCHERS JUAN RODÉS AND MIGUEL SERVET AND PROPOSED ACTIONS

WG2. Alliance of Institutes. 2024.

Coordination: HMIRB and IIS i+12

Responsible parties: Dr. JOAQUÍN ARRIBAS and Dr. JAQUÍN ARENAS

EXECUTIVE SUMMARY.

Based on the provisions of the Law on Science, Technology, and Innovation, a benchmark analysis of the different systems for awarding permanent positions to Juan Rodés and Miguel Servet researchers in the different Autonomous Communities has been carried out by consulting public information sources, consulting the members of the working group, and directly requesting information from the Autonomous Communities not represented in the group. Based on the information obtained, a series of conclusions and recommendations have been formulated and are set out below. The analysis carried out prior to formulating these conclusions provides valuable information for the Public Administration and IIS to move forward in defining appropriate systems for the awarding of permanent positions.

INTRODUCTION.

The work was carried out by Working Group 2, "Permanent incorporation of Juan Rodés and Miguel Servet researchers". Based on the objective defined for this WG, an analysis of the current situation of awarding permanent positions to Juan Rodés and Miguel Servet researchers has been carried out as a basis for a proposal for lines of action aimed at adapting to the regulatory framework following the amendment of the Law on Science, in the effective incorporation into centers belonging to the National Health System (SNS), taking into consideration the specific characteristics of each territorial area.

THEORETICAL FRAMEWORK.

Law on Science, Technology, and Innovation

With regard to the objective of this report, it is important to note the approval in September 2022 of "*Law 17/2022, of September 5, amending Law 14/2011, of June 1, on Science, Technology, and Innovation*" [1], which establishes a series of new developments, among which the following stand out:

- Incorporation of elements to award permanent employment positions to research staff with the aim of ending job insecurity and the successive chain of temporary contracts. Two specific measures should be highlighted in this regard:
  - Incorporation of the position of a tenure track researcher, which is permanent and subject to external evaluation in the fourth year. This position provides greater job stability and promotes the professional development of research staff.
  - Redesign of the incorporation policies and proposal for a new system of scientific consolidation grants.

[1] Law 17/2022, of September 5, amending Law 14/2011, of June 1, on Science, Technology, and Innovation https://www.boe.es/buscar/act.php?id=BOE-A-2022-14581

- Promotion of innovation through a new specific regulation in the field of research activity transfer:
  - Specific references are made so that the implementing agents of the Spanish Science, Technology, and Innovation System (SECTI) promote structures dedicated to transfer, enabling performance through dependent or affiliated entities.
  - Extension of the deadline for incorporating temporary leaves of absence, thus facilitating mobility and professional development opportunities for research staff.
  - Possibility of participating in the profits obtained by the entities for which the researchers provide services through the exploitation of the results of R&D&I activities, amounting to at least one third of the total.
- Implementation of organizational measures to improve collaboration between the State and Autonomous Communities:
  - Development of new complementary programs.
  - Carrying out regulatory reforms to promote the creation of research centers and infrastructures between the State and Autonomous Communities.
  - Administrative streamlining for the development of new research infrastructure projects.
- Strengthening gender equality in the R&D&I System:
  - Incorporating the gender perspective as a cross-cutting category in the development of the State Strategy for Science, Technology, and Innovation (EECTI).
  - Promoting gender and women's studies.
  - Promoting specific measures aimed at stimulating and recognizing the presence of women in research and innovation teams.

The provisions of the Science Act that are closely related to the objective of the report are highlighted below.

1. On the one hand, this reform amends Law 14/2007, of July 3, on Biomedical Research through the first final provision. Article 85 "Research activities in centers belonging to the National Health System" is amended, highlighting the following new developments:
   - It establishes that Public Administrations, within the framework of their human resources planning, shall incorporate research staff into the health services under a statutory regime through specific professional categories that will allow a stable and structural dedication to research functions of between 50 and 100% of the ordinary working day. For healthcare personnel who enter these specific professional categories, it indicates that they may dedicate the rest of the working day to functions in the areas of healthcare, teaching, clinical management, prevention, and health information and education, as determined in the corresponding area of competence. It also states that the incorporation of research staff in Foundations and Institutes will be carried out under the corresponding legal regime, guaranteeing that the remuneration conditions will in no case be lower than those established for equivalent statutory professional categories in the corresponding health service.

- As explained below, it indicates that the R3 certificate regulated in article 22.3 of Law 14/2011, of June 1, on Science, Technology, and Innovation, may be considered in the selection processes for access to the statutory categories of research staff and for access to permanent employment positions for research staff, for the purposes of the provisions of Article 22 bis.1 of said law.
- In line with what has already been set out, in the case of research staff, systems will be established to allow the evaluation of the performance of their activity for professional career purposes, including vertical and horizontal promotion components, generating in turn the corresponding remuneration supplements, at least equivalent to the corresponding specific statutory professional categories of research staff or, failing that, under the terms of Article 25 of Law 14/2011. These evaluations shall be in accordance with criteria of transparency, objectivity, impartiality, and non-discrimination, guaranteeing the principle of equality between women and men, and shall be accompanied by mechanisms to eliminate gender bias in the evaluation. Systems will also be established to regulate the professional careers of other research staff in the same terms as the corresponding statutory professional categories.

2. Moreover, in relation to "Juan Rodés" and "Miguel Servet" research staff, the amendment of article 22 "Doctoral research staff access contract", which includes a new certification to facilitate awarding permanent positions to experienced doctoral research staff, should be noted. In this regard, the most important new developments are as follows:
   - Individuals holding a doctorate degree have access to a type of contract, covered by Law 17/2022, of September 5, on Science, Technology, and Innovation, called "Doctoral research staff access contract." The purpose of this contract is primarily to carry out research, development, knowledge transfer, and innovation tasks, aimed at providing research staff with a high level of professional improvement and specialization, leading to the consolidation of their professional experience.
   - The Law itself indicates that the term of this contract shall be at least three years and may be extended up to a maximum of six years. Research staff recruited under this type of contract may carry out teaching activities up to a maximum of one hundred hours per year, subject to agreement with the department involved, and with the approval of the entity for which they provide services.
   - Article 22.2 states that research staff recruited under this type of contract by Public Universities, Public Research Bodies of the General State Administration (AGE), or research bodies of other Public Administrations, including centers belonging to or affiliated with the National Health System (SNS), and public sector foundations and public research consortia, may, at the end of the second year of the contract, opt for an evaluation of the research activity carried out which, if positive in accordance with previously established requirements, may be recognized for the purposes of promotion and recognition throughout the postdoctoral pathway of stable access to the Spanish Science, Technology, and Innovation System within which the contract is framed. In the case of staff recruited by centers belonging to or affiliated with the National Health System, or by health research institutes, the evaluation may be carried out by the Institute of Health Carlos III (ISCIII).
   - Article 22.3 states that, once this evaluation has been passed, research staff may obtain certification as an established researcher (R3 certificate). This certificate will be awarded by the State Research Agency (AEI) and having passed the previous evaluation may be considered a

sufficient requirement to obtain it, provided that, in accordance with the AEI's technical criteria, the quality and uniformity of the criteria for such evaluations are guaranteed.

3. Finally, this amendment also modifies the "Sixteenth Additional Provision. Research staff in the Ramón y Cajal, Miguel Servet, Juan Rodés, and other postdoctoral grant programs and subprograms." In this regard, it states that the effects established by the aforementioned Article 22 bis shall apply to research staff who have participated in postdoctoral grant programs or subprograms and who have obtained the R3 certificate or passed an evaluation similar to that regulated in said Article 22.3 or an evaluation equivalent to that of the Incentive Program for the Incorporation and Intensification of Research Activity (I3). The R3 certificate as an established researcher will be recognized in selection processes for new permanent staff announced by the contracting entities. In this regard, the doctoral research staff access contract will terminate from the moment that permanent employment becomes effective.

The R3 certificate will be taken into consideration for the purposes of assessing research merits in these selection processes, and will be reflected in the assessment tests or phases of the curriculum vitae of the research staff involved in these processes.

In the Public Employment Offer, within the limit of the replacement rate corresponding to the positions for entry into the research staff levels of Public Research Organizations, a reserve of at least 25% of positions will be established for the incorporation of doctoral research staff who have participated in postdoctoral grant programs or subprograms and who have obtained the R3 certificate. Furthermore, in the Public Employment Offer, within the limit of the replacement rate corresponding to university teaching staff and contracted doctors or equivalent job positions or those that may replace them, a reserve of at least 15% of positions will be established for the incorporation of doctoral research staff who have obtained the R3 certificate.

4. The Sixteenth Additional Provision, "research staff in the Ramón y Cajal, Miguel Servet, Juan Rodés, and other postdoctoral grant programs and subprograms," establishes that the effects set forth in Article 22 bis, and by sections 4 and 5 of Article 26 (which regulates the selection system for access to public employment in Public Research Bodies of the General State Administration for research staff, which shall be by public tender), to research staff who have participated in postdoctoral grant programs or subprograms and who have obtained the R3 certificate in accordance with Article 22.3 or have passed an evaluation similar to that regulated in said article or an evaluation equivalent to that of the Incentive Program for the Incorporation and Intensification of Research Activity (I3).

METHODOLOGY

The final objective of this report is to propose an optimal model for a system to award permanent positions to the beneficiaries of Miguel Servet and Juan Rodés contracts. To this end, information on the current procedures applied in the Autonomous Communities/Health Research Institutes has been compiled, seeking to address the following key points whenever possible:

- Evaluation. How the decision to award permanent positions is made and under what criteria.
- Contracting entity (Institutes through their foundations/associations, Health Services, other entities, etc.).
- Who bears the cost of the contract (Health Services, Institutes).
- Current status regarding the regulation of this process of awarding permanent positions.

Information on these key points was requested by consulting members of the working group and by extending the request for information to the Autonomous Communities and institutes not represented in said group when it was considered that the model for awarding permanent positions could vary within the same Autonomous Community. Public information was also consulted when available.

DEVELOPMENT AND RESULTS.

The results obtained by Autonomous Community and Health Research Institutes are presented below, where it has been possible to obtain the information.

ANDALUSIA

Modality of awarding permanent positions/Program/Call for applications. The Andalusian Public Health System (SSPA) has launched the Program for the Development of Human Capital in Research[2] with the aim of incorporating R&D&I as a line of production in the health system. The program has two main objectives:

- To increase human capital in health research, achieving a sufficient critical mass of researchers and support staff dedicated to solving citizens' health problems through research.
- To promote talent and professional development in the field of biomedical research, establishing appropriate mechanisms for professional development, recognition, and specific assessment of research activity in the SSPA as elements of personal and professional motivation and encouragement, integrating them into the SSPA's existing strategies.

In order to achieve these main objectives, various grant programs and calls for proposals aimed at research staff have been implemented, including:

1. Consolidation of researchers in the SSPA (Nicolás Monardes Program)[3].

Data from the last call for proposals for year 2023

Objective: To promote translational research in the Clinical Units (UCs) in the Andalusian Health Service (SAS) through two modalities:

- C.1. Affiliation of researchers to UCs of the SAS.
- C.2. Promotion of clinical-translational research activities in the UCs through collaborative programs.

Researcher requirements. The following criteria, as assessed by the Evaluation Commission, shall be given priority in the call for applications:

- Researchers from previous competitive HR programs, such as the Marie Curie Program, ERC Starting and Advanced Grants, Miguel Servet, and the Juan de la Cierva Program, among others. Priority shall be given to researchers from the 2018 call for applications for the Miguel Servet Type I program for whom the Institute of Health Carlos III has not published a Miguel Servet Type II call for applications for the continuation of their contracts.

[2] Program for the Development of Human Capital in Research. Andalusian Health Service (SAS). https://www.sspa.juntadeandalucia.es/fundacionprogresoysalud/investigamas/solucion/serviciosDesarrolloProfesional/1160

[3] Nicolás Monardes Program. https://www.sspa.juntadeandalucia.es/fundacionprogresoysalud/investigamas/solucion/serOportunidadesFinanciacionId/1116/DET/11262

- Researchers who have contributed to the achievement and development of the scientific objectives of a UC (only for Mod. C.1).
- Researchers who carry out their activities in the lines of research given priority in section THREE of these requirements.
- The criteria for promoting gender equality.

Duration. 4 years

Evaluation criteria:

Modality C.1:

- Curriculum vitae of the proposed researchers, covering the last five years (2018-2023) (up to 35 points):
  - Resource mobilization, up to 10 points.
  - Scientific publications, up to 10 points.
  - Technology transfer, up to 6 points.
  - Clinical applicability, up to 5 points.
  - Researcher training, up to 2 points.
  - Other scientific merits, up to 2 points.
- Scientific curriculum of the UC applying for affiliation, in the last 5 years (2018-2023) (up to 35):
  - Resource mobilization, up to 10.5 points.
  - Scientific output, up to 17.5 points.
  - Other scientific merits, up to 7 points.
- Assessment of the Research Program to be developed in the next 4 years (up to 20 points):
  - Scientific program, up to 8 points.
  - Expected results after four years, up to 12 points.
- Suitability and interest of the application in relation to the strategic lines of the Regional Ministry of Health and Consumer Affairs of the Regional Government of Andalusia (up to 10 points).

Regardless of the competitive process, the minimum scores required for a UC to be selected for funding will be:

a. In the Researcher's CV: 19/35p.

b. In the Research program to be developed: 15/20p.

c. Overall result of the evaluation: 60/100p.

Modality C.2:

- Curriculum vitae of the proposed researcher, covering the last five years (2018-2023) (up to 45 points):
  - Resource mobilization, up to 13.5 points.
  - Scientific publications, up to 13.5 points.

- Technology transfer, up to 9 points.
- Researcher training, up to 4.5 points.
- Other scientific merits, up to 4.5 points.

• Scientific merits of the Research Group in the last 5 years (2018-2023) (up to 20 points):
- Resource mobilization, up to 6 points.
- Scientific output, up to 10 points.
- Other scientific merits, up to 4 points.

• Collaborative program signed with the UC for the next four years (up to 15 points):
- Novelty, relevance, and scientific quality of the program, up to 4.5 points.
- Transferability to clinical practice, up to 3 points.
- Expected results after four years, up to 7.5 points.

• Research activities and scientific results expected from the researcher proposed by the Research Group (up to 15 points).

• Suitability and interest of the application in relation to the strategic lines of the Regional Ministry of Health and Consumer Affairs of the Regional Government of Andalusia (up to 5 points).

Regardless of the competitive process, the minimum scores required for a Group to be selected for funding (Mod. C.2) will be:

a. In the Researcher's CV: 24/45p.

b. In the Group's CV: 12/20p.

c. In the Collaborative program to be developed: 10/15p.

d. In Activities and scientific results expected from the candidate: 10/15p.

e. Overall result of the evaluation: 57/100p.

2. Actions to strengthen and consolidate the research activity of Clinical Management Units.

2. Action B. Incorporation of clinical-research professionals into the Andalusian Health Service Clinical Units 2023[4].

2. Objective. To establish long-term contracts for specialist medical staff with proven track records and specific formal training in research who have uniquely focused their post-specialization careers on clinical research. There are two modalities:

• CI.1. SAS Clinical Units that meet the requirements of the call for applications.

• CI.2. All SAS Clinical Units that do not have any reinforcement of research activity with long-term human resources and meet the requirements of the call for applications.

[4] Incorporation of clinical-research professionals into the Andalusian Health Service Clinical Units 2023 https://www.sspa.juntadeandalucia.es/fundacionprogresoysalud/investigamas/files/agenda-pdf/fichas/11700-ACCION%20B_%20INCORPORACION%20A%20LAS%20UNIDADES%20CLINICAS%20DEL%20SERVICIO%20ANDALUZ%20DE%20SALUD%20DE%20PROFESIONALES%20CLINICOS_INVESTIGADORES%202023.pdf

Researcher requirements.

Requirements to be met by the research professional(s) proposed by Healthcare Units:

- Have completed the Río-Hortega post-specialization training program or equivalent research training program, or be in the final year of such a training program. In the latter case, professionals may be proposed by the Units, and if selected, they would join after completing the Río Hortega program or equivalent with a favorable evaluation. Those who have completed the Juan Rodés incorporation program or equivalent program, or who are in the final year of such a program, may also be proposed by the Units. In the latter case, and if selected, they would join after completing the Juan Rodés program or equivalent with a favorable evaluation.
- Hold a degree as a Specialist in Health Sciences in a specialty consistent with the area of knowledge of the specialty of the Unit with which they would be affiliated.
- Be a doctor.
- Have, at the time of the call for applications, at least one line of research consistent with the Clinical Unit with which they propose to be affiliated.
- Possess the following minimum levels of scientific activity:
  - Research projects in the last five years: Have been part of the research team of at least one research project with funding from a competitive call for proposals from a public funding agency.
  - Knowledge generation in the last 5 years:
    - Q1 publications ≥ 2
    - Q1 publications as first, last, or corresponding author ≥ 1

If the candidate researcher has I3/R3 certification as an established researcher, issued by the competent body of the State Administration, it will not be necessary to prove compliance with the minimum levels of scientific activity.

Duration. 4 years.

Evaluation criteria.

- Scientific merits of the Healthcare Unit in the last 5 years (2018-2023), 30 points:
  - Scientific publications (up to 12 points).
  - Other elements of scientific output (up to 3 points).
  - Competitive fund-raising (up to 9 points).
  - Other scientific merits (up to 3 points).
  - Advances in healthcare resulting from the Unit's research (up to 3 points).
- Curriculum vitae of the healthcare professional proposed for reinforcement covering the last 5 years (2018-2023), 30 points:
  - Publications indexed in JCR (up to 18 points).
  - Research projects (up to 7.5 points).

  - Clinical applicability (up to 3 points).
  - Other scientific merits (up to 1.5 points).
- Research Program to be developed by the Unit in the next 3 years (20 points)
- Recognized research profile of the Unit and type of Center to which it belongs (20 points):
  - Unit with a recognized research profile (10 points).
  - Unit belonging to a Health Management District or Area (except Hospital de Jerez and Hospital de Valme) (10 points).

ARAGON

With regard to the Autonomous Community of Aragon, it should be noted that the awarding of permanent positions to Juan Rodés research staff has not yet taken place. In the case of Miguel Servet research staff, the awarding of permanent positions is carried out through the Aragon Health Research Institute Foundation according to the corresponding salary and professional category based on current salary schedules, taking into consideration that this salary and professional category is the one that most closely approximates that of Miguel Servet researchers in their last year of contract under the Miguel Servet program.

In the case of Juan Rodés researchers, negotiations are currently underway to include these profiles in the future in the Public Employment Offer (OPE) of the Aragon Health Service and thus proceed with awarding permanent positions through this service. This is still a preliminary proposal pending finalization. The possibility of awarding permanent positions to these researchers through contracts with the university in the modality of contracted doctors affiliated with the health system is also being evaluated.

Modality of awarding permanent positions/Program/Call for applications. The awarding of permanent positions to Miguel Servet researchers is carried out through the Aragon Health Research Institute Foundation.

Evaluation / Criteria. The criteria established in the ISCIII's own calls for proposals are taken into consideration, as there is currently no defined evaluation system per se.

Recruitment. This is carried out through the Institute Foundation, as mentioned above. The corresponding amounts are reserved for this purpose in the entity's budgets and annual accounts. The Government of Aragon transfers funds for the operation of the Institute, which can allocate the cost of awarding permanent positions to Miguel Servet contract holders to these funds. These contracts for awarding permanent positions are included in the entity's payroll.

Other information of interest. Another possible route for the awarding of permanent positions to these researchers is through the University of Zaragoza, using the percentage of existing positions for the incorporation of researchers in programs of excellence.

ASTURIAS

With regard to the Autonomous Community of Asturias, it should be pointed out first of all that the experience accumulated so far refers only to "Miguel Servet" research staff. In this regard, FINBA, the foundation that manages the Principality of Asturias Health Research Institute (ISPA), has carried out specific actions within the framework of awarding permanent positions to Miguel Servet research staff

in coordination with the regional government. As long as there are no specific regulations on awarding permanent positions to researchers, actions of this type are being addressed by FINBA (in fact, the Foundation has recruited a Miguel Servet researcher whose contract ended in December 2023).

The procedure for creating and filling Miguel Servet and Juan Rodés research positions will be stipulated once the strategies for awarding permanent positions to research staff have been defined, and may be subject to procedures of other entities belonging to the Institute, in the event that they propose to undertake such awarding of permanent positions. The intention is that the creation of these permanent positions will be carried out through public calls for applications tailored to the strategic interests of the Institute.

Modality of awarding permanent positions/Program/Call for applications. To date, FINBA is the entity responsible for awarding permanent positions to research staff in this specific case.

Evaluation / Criteria. The suitability of the candidate is taken into consideration and evaluated according to the strategic interests of the Institute through the governing bodies of ISPA/FINBA.

Recruitment. Recruitment is carried out through FINBA, but funds are provided by the Regional Ministry of Science and the Regional Ministry of Health through registered grants that, to date, cover the costs of this type of recruitment.

Other information of interest. In the initial cases of I3-Miguel Servet researchers currently consolidated through FINBA, it should be noted that the contracts were originally requested, executed, and subsequently became permanent in another foundation (FICYT), although they were subsequently transferred to FINBA after its creation.

BALEARIC ISLANDS

At the regulatory level, the decree on research careers[5], which regulates the various specific characteristics through which research staff must be awarded permanent positions, stands out. There is an adequate definition of awarding permanent positions to researchers, especially in the case of Miguel Servet researchers.

Modality of awarding permanent positions/Program/Call for applications. With regard to the form of awarding permanent positions, IDISBA will be the entity responsible for recruitment, using the replacement rate for positions provided by the Balearic Islands Health Service.

Evaluation / Criteria. The evaluation criteria to be used are still pending definition.

Recruitment. Recruitment costs will be covered by IDISBA.

Other information of interest. With regard to the system for evaluating and awarding permanent positions to staff, they are currently working on defining criteria so that they can also become research professors.

CANARY ISLANDS

The Canary Islands do not currently have "Juan Rodés" research staff. In the case of "Miguel Servet" researchers, the awarding of permanent positions is carried out through the Canary Island Health Service.

Modality of awarding permanent positions/Program/Call for applications. The current process

[5] http://www.caib.es/eboibfront/es/2019/10956/619724/decreto-17-2019-de-15-de-marzo-por-el-que-se-aprue

consists of awarding permanent positions to Miguel Servet contract holders through the Canary Island Health Service.

Evaluation / Criteria. There is no clearly defined evaluation system prior to awarding permanent positions at present.

Recruitment. Recruitment is currently being carried out by the Canary Island Health Service as indicated above. The system may be modified based on the conclusions of this report.

CANTABRIA

Firstly, it should be noted that there is currently no specific procedure established for awarding permanent positions to "Miguel Servet" and "Juan Rodés" research staff. There is currently no "Juan Rodés" profile. To date, two different paths have been followed for those recruited by Miguel Servet: awarding permanent positions through an OPE as staff researchers of the Cantabrian Health Service (SCS) and awarding permanent positions as workforce staff of the IDIVAL Institute Foundation.

Public Employment Offer (OPE)

Modality of awarding permanent positions/Program/Call for applications. These profiles are evaluated by the IDIVAL Board of Trustees under the guidance of Scientific Management and with the evaluation passed by the ISCIII when this is carried out. Once the profiles have been defined, discussions are held with the SCS to configure the specific OPE. For example, in the call for applications for the regular public employment offer for statutory personnel in the health institutions of the Autonomous Community of Cantabria for 2021, two positions for senior research graduates, group A1, were included for awarding permanent positions to two researchers whose Miguel Servet contracts were ending. The results of the selection tests for the recruitment of these profiles[6]have recently been published.

Evaluation / Criteria. The evaluation criteria taken into consideration for awarding permanent positions are as follows: Competitive examination phase (60 points) and Merit-based phase (40 points):

- Professional experience (28 points)
  - Services provided in Public Health Institutions of the SNS or other States, including services provided in "Miguel Servet" postdoctoral programs or equivalent European programs.
  - Services provided in development cooperation programs.
- Other activities (12 points)
  - Training activity (1 point)
  - Teaching activity (1 point)
  - Research activities (9 points)
  - National and international mobility for research purposes (1 point)

Recruitment. Recruitment is carried out by the Cantabrian Health Service as new permanent statutory staff, in the statutory category of Senior Research Graduate (Biologist) of Health Institutions of the Autonomous Community of Cantabria (classified as Management and Services Staff, Group A, Subgroup A1), corresponding to the 2020 ordinary OPE.

[6] https://boc.cantabria.es/boces/verAnuncioAction.do?idAnuBlob=397680

Awarding permanent positions as workforce staff of the IDIVAL Institute Foundation.

Modality of awarding permanent positions/Program/Call for applications. Another way to award permanent positions to these profiles is to recruit them as workforce staff of the IDIVAL Institute Foundation. Internal regulations are currently being drawn up in this regard, taking into consideration the latest legislative changes that have taken place since 2018. To date, two researchers have been awarded permanent positions in this way (workforce staff).

Evaluation / Criteria. The evaluation of these researchers is carried out by the IDIVAL Board of Trustees and under the guidance of Scientific Management, once the ISICII evaluation for Miguel Servet type II contract holders has been passed.

Recruitment. Recruitment is carried out through the Foundation, which covers the entire salary from its own funds.

Other information of interest. A preliminary document is currently being drafted to define the beneficiaries, requirements, and method of awarding permanent positions, with the aim of establishing it as the standard to be followed in the coming years. It will also include a continuous evaluation system for these profiles once they have been awarded permanent positions.

CASTILE AND LEÓN

There is currently no defined procedure for awarding permanent positions to Miguel Servet and Joan Rodés researchers.

Modality of awarding permanent positions/Program/Call for applications. As a noteworthy initiative, the Salamanca Biomedical Research Institute (IBSAL) has recently announced a bridge contract for the incorporation of a professional with research experience who has completed the Juan Rodés program[7], without this contract implying any type of prioritization when it comes to applying for subsequent employment in the health system.

Evaluation / Criteria. Applicants must have completed the Juan Rodés grant by 2024.

The selection process will be carried out by an Evaluation Commission according to the candidate's suitability (15 points) and the merits of their curriculum vitae (15 points).

Recruitment. The contract will be for one year, with a total gross annual salary of €45,000. The research activity to be performed will be carried out at the University Hospital of Salamanca, in the Primary Care Research Unit of Salamanca, or in other IBSAL facilities.

Funding. This call for applications is part of a special call for applications under the IBSAL Aid Plan and will be funded from the Institute's budget.

CASTILE-LA MANCHA

It has not been possible to obtain updated information for this Autonomous Community.

[7] https://ibsal.es/images/stories/documentacion/extraordinarias/2024/2024_Ayudas_Contratos_puente_Juan_Rodes_vdef.pdf

CATALONIA

IDIBAPS

The model implemented at Hospital Clínic of Barcelona - IDIBAPS is described first. The institution has a defined research career model that establishes the standards for each of the main research categories[8].

They have a research career model based on the European model (R1, R2, R3, R4) with two tracks, one for basic researchers and another for clinicians.

For clinical profiles, they encourage specialists to pursue a research career once they have completed their residency. It should be noted that professionals at Hospital Clínic donate 1.5% of their salary to promote research among these professionals, which is used to fund 16 two-year contracts and a program of stays for professionals to travel to other centers for training.

They also have specific programs for doctoral theses in collaboration with several centers in Barcelona and the European Union (Emerald).

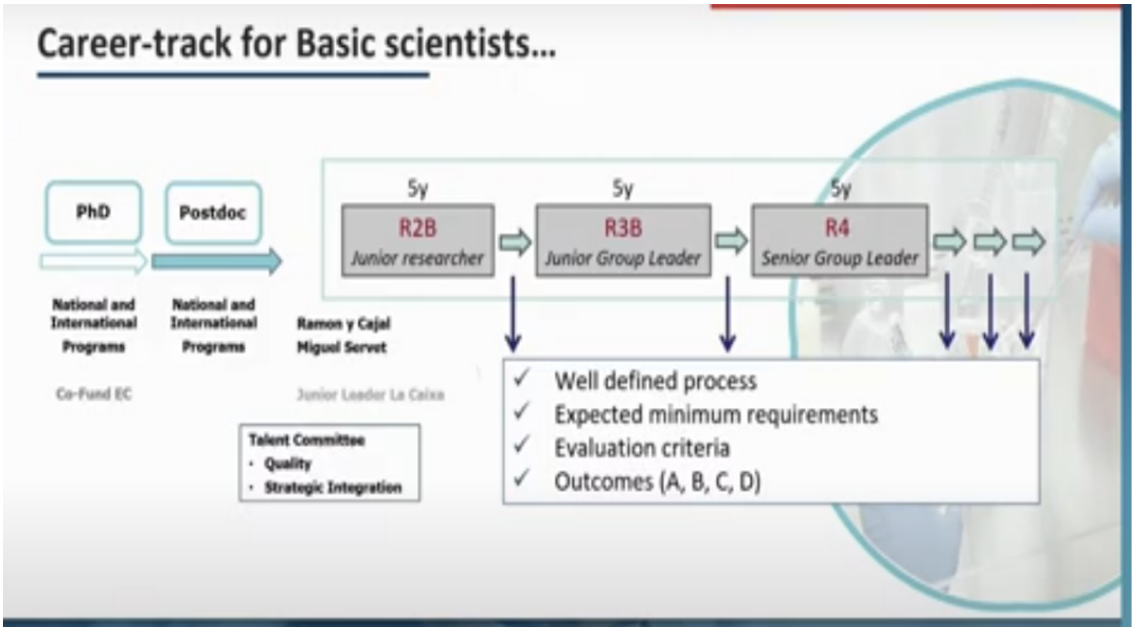
Those who have already obtained their doctorate can benefit from the BITRECS, Juan Rodés – Josep Baselga, and Estella Matutes programs. They also have a 50/50 program to award permanent positions to these researchers who are recruited by the hospital, with the Foundation covering 50% of the cost.

Finally, there is an 80/20 program for leaders, in which the Institute provides 80% of the funding and the Hospital covers the remaining 20%.

The professional career of researchers with a more basic profile focuses on the beneficiaries of Miguel Servet and Ramón y Cajal contracts, as R2B junior researchers. To enter the corresponding program, there is a Talent Commission that evaluates the quality of the candidate and the strategic lines of the center. There are

[8] https://www.clinicbarcelona.org/uploads/media/default/0004/75/d4428f696f30df1576fc9ba49d583d6f6ef3ac6f.pdf
https://www.clinicbarcelona.org/idibaps/trabajar-idibaps/carrera-investigadora

criteria for the subsequent transition of these researchers from the R2B category to the R3B category (junior group leader), which is evaluated by an external panel.[9]



IRB LLEIDA

1. Incorporation of Miguel Servet research staff

IRBLleida has one researcher awarded a permanent position who received a Miguel Servet grant and hopes to award permanent positions to six more people who received the same grant in the coming years. IRBLleida's management believes that the incorporation of tenured research staff should be limited so as not to compromise the institute's financial sustainability in the medium/long term. In addition, strategic criteria must be taken into consideration in order to recruit talent that will add value to the institute. In both 2023 and 2024, only one application was accepted for the Miguel Servet call for applications. Applications were accepted after passing a prioritization process, which is available on the institution's website[10].

2. Tenured staff monitoring and advisory program

IRBLleida has a program called "Tenure Track" the main objective of which is to advise Miguel Servet and Ramon y Cajal research staff in order to identify their shortcomings and suggest proposals for improvement, so that they can develop professionally and become tenured research staff with the ability to lead their own lines of research and/or research groups.

The program includes a panel of internal and external experts from IRBLleida to evaluate in detail the research, scientific output, and interactions of research staff with their colleagues and industry at the local, national, and international levels. With this data, the panel members will be able to advise program participants on how to improve in areas where they have shortcomings. The program consists of 2 phases:

[9] https://www.youtube.com/watch?v=3d_seW6JP6o

[10] IRB Lleida selection process - Tenure Track Position. https://www.irblleida.org/media/upload/arxius/OPEN%20CALLS/IREP/2024/MIGUEL%20SERVET/Selection_process_to_apply_for_a_MS_tenure_track_position_2024_public.pdf

- in the first phase, program participants provide the panel with written information about their scientific activity;
- in the second phase, the panel interviews the participants to briefly learn about their activities over the past year, followed by an open discussion with the panel members.

3. Awarding permanent positions to research staff and contracting entity

Permanent positions are awarded once the Miguel Servet program has been completed and after successfully passing the final evaluation carried out by the Institute of Health Carlos III (ISCIII). Once this phase has been completed, the person is offered a permanent position and the Institute covers the cost of recruiting them.

4. Coverage of recruitment costs

During the first year after having been awarded a permanent position, a grant of €66,100 is awarded by the ISCIII, with IRBLleida covering the corresponding portion. From the second year onwards, IRBLleida covers all recruitment costs. The funds to cover this personnel expense come either from the structural contribution of the Department of Health of the Generalitat de Catalunya or from the institute's overheads.

5. Talent promotion and retention

IRBLleida has a Tenure Researcher Promotion and Retention Program currently aimed at "Miguel Servet" research staff. This program establishes salary supplements linked to passing the five-yearly evaluations carried out by the Scientific Council of the Catalan Health Institute (ICS).

Depending on the outcome of this evaluation, researchers may receive a pay rise, remain on the same salary scale, or, if the result of the evaluation is not positive, measures may be implemented to help researchers improve their results and avoid termination of their contract.

The funds to cover supplements come either from the structural contribution of the Department of Health of the Generalitat or from the institute's overheads.

6. Professional Career

IRBLleida has adopted the European career model (R1, R2, R3, R4). Tenured research staff are classified at levels R3 and R4, and their promotion is linked to the skills defined for each level.

The change from level R3 to R4 is made at the request of scientific management to the Board of Trustees. To be eligible for promotion, research staff must be employed on a permanent contract of a structural nature.

If these criteria are met, they must pass an evaluation in which their CVN is analyzed, along with a descriptive report of the work carried out and a plan for the future. Indicators associated with the candidate's research activity and a report from the group leader are also included. All of this will allow for an assessment of the candidate's abilities, merits, and potential, which are elements that should be promoted in any change of level.

Given IRBLleida's adherence to DORA, the evaluation of the scientific track record of research staff and the relevance of their contributions is approached in a comprehensive manner and not solely focused on the metrics of scientific publications. This methodology also promotes drawing attention to the merits of women and younger researchers, contributing to the elimination of inequalities, including gender inequalities.

IDIBELL

IDIBELL has a Model for Development of Professional Research Career, which stipulates that only R3 and R4 researchers who are successful in calls for applications such as Miguel Servet or Ramón Cajal can obtain permanent positions. [11] The selection panels for choosing candidates for tenure track positions (tenured researchers) are made up of the Director of Management, the Scientific Director, and the coordinator of the scientific program in which the candidate will be appointed. It should be noted that tenured researchers are pre-selected at IDIBELL, but the final selection is made by external members (from different disciplines, other institutions, other countries), as recommended by the GEARING-Roles consortium to minimize unconscious bias.

Tenure track researchers (R3-TT) may be promoted to a tenured position (R3) provided they have passed the evaluations carried out by the funding agencies and, upon completion of the program, the evaluation carried out by the Catalan Health Institute (through a committee made up of the directors general of Catalonia's health research institutes). Prior to evaluation by the Catalan Health Institute Committee, IDIBELL will evaluate R3-TT researchers (Spanish Research Agency, AEI). This evaluation process ensures that the researcher meets IDIBELL's requirements and will establish the criteria for promotion to an R3 position and future progression.

VHIR

In the case of the Vall d'Hebrón Health Research Institute Foundation (VHIR), work is currently underway to update the research career path based on the European R1, R2, R3, and R4 model, which is scheduled to be implemented by 2025. At present, the entity's applicable collective agreement covers the following professional research categories: permanent senior researcher, non-permanent senior researcher, associate researcher, clinical researcher, postdoctoral researcher, and predoctoral researcher.

Permanent senior researchers are defined as personnel with a doctoral degree who, given their experience and scientific quality, assume the supervision and coordination of one or more lines of research as principal investigators within a research group recognized by the institution. These researchers coordinate a group of people and report to scientific management of the institution. They must also supervise and coordinate doctoral theses and sign as last author or corresponding author in publications related to the lines of research they supervise.

Programs for awarding permanent positions

The VHIR has a new talent promotion program called Tenure Track aimed at postdoctoral research staff of excellence, who are offered a five-year contract. During this time, the institution supports the selected candidates with the aim of obtaining, after this period, a Miguel Servet, Ramon y Cajal, Research Consolidation, ERC, or equivalent contract for awarding permanent positions.

In addition, in recent years, VHIR has offered another institutional program called Seniority aimed at researchers in the tenure phase, with the aim of awarding permanent positions to these staff members.

The other direct routes for awarding permanent positions considered by the institution up until now are exclusively through external competitive calls such as Miguel Servet, Ramón y Cajal, Research Consolidation, and ERC.

11 https://idibell.cat/wp-content/uploads/2021/03/OTM-R_checklist_202131229.pdf

Evaluation of staff awarded permanent positions

Once the Miguel Servet or Ramon y Cajal programs have been successfully completed, the institution covers recruitment costs of these staff members. From that moment on, every five years, the Scientific Committee of the Catalan Health Institute (ICS) will evaluate the research staff awarded permanent positions. Depending on the result of this evaluation, research staff may receive a financial incentive, remain on the same salary scale, or, in the case of an unfavorable evaluation, actions will be implemented to help improve their results and the ICS will propose another evaluation after two years.

Recruitment of staff awarded permanent positions

Recruitment of individuals awarded permanent positions is carried out by VHIR with the funds available in the institution's annual budget.

IIB SANT PAU

The Sant Pau Research Institute has a researcher evaluation policy, set out in the Institute's Internal Regulations (RRI), and a specific evaluation policy for the Miguel Servet and Ramón y Cajal groups, both approved by the IIS Governing Council.

Scientific management holds quarterly meetings with the MS and RyC groups to analyze their progress, identify and resolve any challenges, provide constructive feedback, and ensure that they are aligned with the institution's objectives. In addition, a follow-up evaluation is carried out annually.

Once the program is completed, a final evaluation is carried out. To this end, two complementary documents are used: a CV-format form and an automated Excel document with the score established by criteria and blocks.

Once the cut-off mark established for this group has been passed and at the request of Scientific Management and the Internal Scientific Committee, the External Scientific Committee is responsible for approving the awarding of permanent positions to staff who have successfully passed the evaluation.

Recruitment

MS and RYC program: The contracts for staff awarded permanent positions are given by the Institute using its structural funds.

Over the last five years, five female researchers and three male researchers have been awarded permanent positions, consolidating five research groups and three new lines of research at the Institute.

Joan Rodés: In the case of Joan Rodés staff, it is the Hospital de Sant Pau that is responsible for awarding a permanent position to the candidate.

Contract funding

Once the Miguel Servet or Ramón y Cajal contract has ended, and based on the results obtained in the final evaluation, there are three possible scenarios for this group:

- Excellent evaluation: IR Sant Pau is in charge of awarding permanent positions and covers the related costs. An evaluation is performed after four years.
- Good evaluation: IR Sant Pau co-funds 50% of the awarding of permanent positions and the research group covers the other 50%. Another evaluation is performed after three years.
- Deficient evaluation: IR Sant Pau will not cover costs of awarding permanent positions. If the professional

is the head of a recognized group, the closure of the group and the discontinuation of the professional will be considered. If they are a researcher in a group, the group will have to cover 100% of the cost or their discontinuation.

In any of the possible scenarios and regardless of who covers the cost of awarding permanent positions, the contracting company is the Institute.

Other information of interest

Based on the latest changes made to the MS and RYC programs, the policy that applies to this group has been updated and approved by the Internal Scientific Committee and the External Scientific Committee.

The new criteria introduced in the Institute's policy for these profiles revolve around the number of positions offered and candidates to be incorporated into the Institute, which must be in line with the institution's scientific strategy, to be established jointly by the Internal Scientific Committee and Scientific Management. Likewise, the co-responsibility of the groups at the time of incorporating new candidates with regard to the employer's contribution has been introduced, since during the program 50% will be covered by IR Sant Pau and the other 50% by the research group where they are incorporated.

Moreover, a requirement regarding future awarding of permanent positions has also been incorporated. This will be based on the evaluation and will be conditional upon the submission of an application in the ISCIII's call for awarding permanent positions to research staff.

The commitment to awarding permanent positions once the contract has ended will be made through a public call, following the IR Sant Pau's staff recruitment procedures, as set out by HRS4R: Open, Transparent, and Merit-based Recruitment.

It should also be noted that all researchers recruited by the Research Foundation are evaluated individually on a regular basis. In the case of continued poor evaluations, the contracts of group leaders may also be terminated.

HOSPITAL DEL MAR RESEARCH INSTITUTE

HMRI has an active policy of attracting and retaining talent through annual calls for R3 positions. These are open and competitive calls aimed at co-funding with structural funds the salary of an established researcher who has obtained a grant for recognized leaders (Miguel Servet, Ramón y Cajal, etc.). To help the group get established in the institute, a starting package is offered during the first five years. At the end of their grant, researchers have the opportunity to apply for an R4 position to establish their position at the institute.

This institute has three main routes for awarding permanent positions to Joan Rodés, Miguel Servet, and Ramón y Cajal researchers.

- When it comes to doctors and there is availability, the corresponding position is filled at the Hospital del Mar. This formula has the drawback of the difficulty of guaranteeing subsequent relevant research activity due to the workload.

- Announce a specific position for a researcher. These are biannual calls for applications funded by the foundation that manages the Institute's R4 positions. These are open and competitive calls aimed at funding the salary of an established researcher through structural funds. To help the group get established in the institute, a starting package is offered during the first five years. These calls also make it possible to attract

other types of established researchers with their own funding (e.g., ICREA). Candidates are evaluated by an external committee chaired by the Institute's External Scientific Committee chairman.

- ICREA. Researchers who complete the Miguel Servet or Juan Rodés programs are eligible for an ICREA research professor position, although it is a very competitive process.

Finally, it should be noted that the Institute has an internal policy of supporting recognized and competitive groups in order to prioritize the distribution of structural resources to recognized groups (R3) and groups with an A rating.

I3PT - PARC TAULÍ

I3PT has a professional career policy for research staff.

The evaluation is carried out every six years. The evaluation criteria are based on the European model (R1, R2, R3, R4).

The awarding of permanent positions to staff coming from the Miguel Servet or Ramón y Cajal programs is carried out by the institution, following a positive evaluation of the candidate by the Executive Commission. The evaluation requirements are agreed upon by the Institute's Research and Innovation Committee and the Scientific Advisory Committee.

In most cases, research staff are awarded permanent positions by the groups, or by the institution if the group is considered strategic, subject to prior authorization by the Executive Commission. Currently, the institute has awarded permanent positions to three researchers who have been considered and who lead strategic lines of research and have been positively evaluated, occupying the category of Group Leaders. The rest of the cases, as indicated, are funded with the groups' own funds.

GERMANS TRIAS I PUJOL RESEARCH INSTITUTE (IGTP)

In the case of the IGTP, the research career policy under HR4SR[12]was approved by the Board of Trustees in 2023. This policy identifies professional categories from R1 to R4, deploying two subcategories in both the R2 category (A and B) and the R3 category (A, associates and recognized, B established as tenure track).

Monitoring / Evaluation: Recognized researchers (R3A) enter an annual monitoring process by a recognized researcher monitoring committee. In the third year, they are evaluated by the ESAB-IGTP and in the fifth year, they undergo a final evaluation by the ESAB-IGTP and by the scientific council of the Catalan Health Institute, of which the IGTP is a member. This process aims to ensure the professional development of recognized researchers and the joint development of the scientific strategy to establish research teams. These are mainly Miguel Servet and Ramon y Cajal researchers, but also those researchers who, due to their track record, have the potential to create new research groups aligned with the institutional scientific strategy.

Depending on the result of the evaluation, they may be promoted and established or remain in the same category, with a re-evaluation after two years. If the evaluation is not passed, the contractual situation will be reviewed.

Established research staff (R3B to R4) are evaluated every five years until the age of 60.

Recruitment. The IGTP covers 100% of the recruitment costs from its annual budget.

[12] Information about the procedure. https://www.germanstrias.org/es/transparency/02-gestio-rrhh/

VALENCIAN COMMUNITY

In the Valencian Community, the process of awarding permanent positions to research staff is carried out through the Health Research Institutes and the Foundation for the Promotion of Health and Biomedical Research in the Valencian Community (FISABIO). At the regional level, in April 2024, a new collective agreement was signed regulating the professional categories and remuneration conditions of research staff at Biomedical Research Foundations. They also state that there are plans to establish a model for recognizing seniority, career, and professional development, which will be implemented progressively. [13] A decree-law has also been published, i.e., "3/2024, of March 20, of the Consell on urgent measures regarding professional categories and remuneration conditions for research staff at biomedical research foundations and institutes in the public sector of the Generalitat," which establishes the different professional categories. [14]

Modality of awarding permanent positions/Program/Call for applications. Each center follows specific guidelines, prioritizing the awarding of permanent positions to "Juan Rodés" research staff through the Valencian Health System and "Miguel Servet" research staff through foundations. In the first case of awarding permanent positions to "Juan Rodés" staff, the call for the provision of various basic positions with specific characteristics for statutory healthcare staff in the professional category of specialist medical staff in healthcare institutions dependent on the Regional Ministry of Health on April 30, 2024 should be noted. In this competition for the provision of positions, which is carried out through a merit-based system, the different positions aimed at "Juan Rodés" researchers are indicated, highlighting, for example, La Fe Hospital and the University Clinical Hospital, taking into account that they are the applicant IIS (IIS La FE and INCLIVA).

With regard to the merit scale, the score is divided into:

- Services provided. Up to a maximum of 50 points.
- Professional career level or development. Up to a maximum of 8 points.
- Assessment of time spent in the same permanent position at the center and in the category and specialty from which the candidate is applying. Up to a maximum of 10 points.
- Training. Up to a maximum of 20 points. In this regard, 4 additional points are added to candidates who have completed the Juan Rodés or Miguel Servet Programs.
- Other activities. Up to a maximum of 6 points.
- Valencian. Up to a maximum of 6 points. [15]

Evaluation / Criteria. With regard to the selection of candidates to be awarded permanent positions, each center follows specific standards and requirements. In the case of INCLIVA, these standards are as follows:

- In the final year of the program (4th year in the case of Juan Rodés and 5th year in the case of Miguel Servet), research staff are evaluated by INCLIVA's External Scientific Committee so that they can set up their new group as PI or remain as established research staff within their original INCLIVA group.
- The awarding of permanent positions requires approval from the External Scientific Committee as well as the R3 certificate. This evaluation is based on merit and strategy, and the R3 certificate is also required

[13] https://comunica.gva.es/es/detalle?id=381197324&site=373422400

[14] https://dogv.gva.es/datos/2024/03/22/pdf/2024_2482.pdf

[15] https://dogv.gva.es/datos/2024/05/03/pdf/2024_3910.pdf

as a guarantee of staff quality and will be requested from all entities under the new collective agreement signed to access the R3 "Established Researcher" level.

In the evaluation and categorization processes of FISABIO staff, researchers who have obtained a Miguel Servet contract are automatically categorized at the R2B level of the Euraxess category implemented at FISABIO. These professionals can rise through the ranks to reach level R3 in two main ways:

- By obtaining the R3 certificate awarded by the Ministry of Science and Innovation.
- Passing an internal evaluation process carried out by the FISABIO Foundation, using a system equivalent to the ministerial R3 procedure, but with criteria adapted to the specific circumstances and particularities of the Foundation. However, the evaluation criteria maintain the blocks required for R3 certification: Scientific and technical contributions; Leadership and independence; Internationalization.

Recruitment. Recruitment is therefore carried out by the Valencian Health Service in the case of Juan Rodés and by the Institute Foundations in the case of the Miguel Servet researchers, who are given permanent positions as foundation staff.

With regard to the Alicante Institute for Health and Biomedical Research (ISABIAL), the procedure for recruiting Miguel Servet and Joan Rodés follows these steps:

1. Opening of a call for expressions of interest.
2. Evaluation of candidates by the Research Commission.
3. Transfer of the Research Commission's evaluation to the External Scientific Committee.
4. Approval by the Institute's Governing Board of the External Scientific Committee's proposal as a preliminary step to the presentation of candidates' proposals for the corresponding competitive public call for proposals.
5. To award permanent positions to "Juan Rodés" staff, ISABIAL considers the call for the provision of various basic positions with specific characteristics for statutory staff in the professional category of specialist medical staff in healthcare institutions dependent on the Regional Ministry of Health on April 30, 2024. ISABIAL plans to join the initiative of the other two research institutes in the Valencian Community and indicate in the tender for the provision of positions—which are carried out through the merit-based provision system—the different positions aimed at "Joan Rodés" researchers. ISABIAL shall request that the standard and evaluation criteria established above be followed for the other two health institutes in the Valencian Community.
6. For researchers who have obtained a "Miguel Servet" contract and are automatically categorized at the Euraxess R2B level, ISABIAL is developing an internal evaluation to help professionals rise through the ranks to level R3. Miguel Servet researchers may apply for this in two ways: a) by obtaining the R3 certificate awarded by the Ministry of Science and Innovation; or b) passing an internal ISABIAL evaluation process using a system similar to that used for the ministerial R3, which maintains the main blocks (scientific and technical contributions, leadership and independence, and internationalization), but with criteria adapted to the specific characteristics of ISABIAL.

An internal evaluation procedure for Miguel Servet profiles is currently being drawn up.

EXTREMADURA

With regard to the Autonomous Community of Extremadura, the process for awarding permanent positions to research staff is still pending definition and implementation.

Modality of awarding permanent positions/Program/Call for applications. The Extremadura Health System (SES) itself will be in charge of carrying out the evaluation and awarding of permanent positions to research staff when necessary.

Evaluation / Criteria. The evaluation shall follow the guidelines to be defined at the time.

Recruitment. In principle, the contract would be drawn up through the Health System, although it would be the FUNDESALUD Foundation that would transfer the necessary funds to the Health System for such purpose.

GALICIA

With regard to the Autonomous Community of Galicia, it should be noted that a Royal Decree has recently been approved regulating the organization, promotion, and professional career of non-established public research staff employed by the research bodies of the Autonomous Community of Galicia[16].

Modality of awarding permanent positions/Program/Call for applications. The Galician Health Service (SERGAS) is responsible for awarding permanent positions to Miguel Servet and Juan Rodés research staff. In this regard, a call has been published on January 5, 2023 "Resolution of December 27, 2022, of the Directorate General of Human Resources, making an exceptional call for applications in the section process for the awarding of permanent position, by means of the merit-based system, for entry into the categories of research staff."[17]

Evaluation / Criteria. With regard to these criteria of the merit-based phase, the following is generally indicated:

- Training. Up to a maximum of 3 points.
- Experience. Up to a maximum of 28 points. I2SNS, I3SNS, EMER, Miguel Servet, Juan Rodés, Ramón y Cajal, or similar positions are taken into consideration here.

Recruitment. As indicated above, recruitment is carried out directly by the Galician Health Service (SERGAS). The call includes specific positions for the different candidates: "Health researcher subgroup A1," "Non-health researcher subgroup A1," and also "Health researcher subgroup C1."

It should also be noted that in January 2024, SERGAS published the sectoral commission agreement on the future statutory relationship of staff with Río Hortega and Juan Rodés contracts and their extraordinary classification in the professional career, with the main objective of promoting research in health sciences and technology[18]. Although this is a temporary measure, this agreement means that specialist staff selected by the Institute of Health Carlos III for research contracts under the Río Hortega and Juan Rodés programs will be affiliated with the Galician Health Service through statutory appointments, instead of using the employment

[16] https://www.xunta.gal/dog/Publicados/2024/20240125/AnuncioG0692-170124-0002_es.html

[17] https://www.xunta.gal/dog/Publicados/2023/20230105/AnuncioG0003-281222-0001_es.html

[18] https://www.xunta.gal/dog/Publicados/2024/20240125/AnuncioG0003-170124-0002_gl.html

contracts used to date. It was also agreed that the more than 20 employment contracts currently in force will be converted, with the consent of the persons concerned, to statutory appointments. This measure is justified, fundamentally, by the fact that these are specialist staff who combined research with hospital care in their respective specialties, fully integrated into the hospital services organization. As an additional measure, these staff members may join the professional career system immediately, based on their seniority and under the conditions that were recently applied to other specialist medical staff. As a result, the most senior staff members of the Río Hortega and Juan Rodés programs may access a professional career level this year, with a corresponding salary increase of more than €3,000 per year. The rest of the staff, depending on their seniority, will benefit from this measure in the coming years. Finally, the agreement includes as a priority for future negotiation the definition of specific professional categories for statutory research staff.

MADRID

Modality of awarding permanent positions/Program/Call for applications.

In the Community of Madrid, the process of awarding permanent positions to "Juan Rodés" clinical-research staff is pending definition, although the Autonomous Community is signing up to the corresponding commitment to create permanent positions for this type of staff in the latest ISCIII calls for applications.

With regard to "Miguel Servet" researchers, the procedure for awarding permanent positions is carried out through the positions offered by the Community of Madrid's Public Employment Offers.

Modality of awarding permanent positions/Program/Call for applications. The successive Budget Laws of the Community of Madrid since 2017 establish the replacement rates allowed for the recruitment of personnel by public sector foundations in the Community of Madrid and enable the Madrid Health Service to transfer a number of positions from its replacement rate to these foundations for the recruitment of permanent workforce staff.

In this regard, the Public Employment Offers published annually include a series of positions for doctoral researcher staff to be filled through a consolidation process, which will be obtained through recruitment under the modality of distinguished researcher provided for in Article 23 of Law 14/2011, of June 1, on Science, Technology, and Innovation, aimed at doctoral researchers who have passed an evaluation equivalent to the I3 certificate in public research bodies.

Taking into consideration the above and with the aim of selecting the research staff of the highest scientific and technical quality to give continuity to the lines of research developed in the different Biomedical Research Foundations of the Community of Madrid, the selection process must be governed by the principles of equality, merit, capacity, and transparency. The evaluation of the people who participate in these processes must include all those actions that allow the assessment and prioritization of the different candidates from both a quantitative and qualitative point of view.

Evaluation / Criteria. With regard to the selection of candidates, the Regional Ministry of Health provided the centers with a form containing the Terms and Conditions of the call for Applications, including recommendations on the evaluation criteria to be used:

- The evaluation process will take into consideration the merits obtained by the candidates over the last 7 years (including the year of the call for applications), or for longer periods if it can be accredited that during that period the candidate has taken maternity or paternity leave in accordance with the protected situations set out in the General Social Security System, in which case the period to be evaluated will be extended by one year for each of the accredited situations.

- The application of the evaluation criteria and the assessment of each of the dimensions considered is intended to evaluate the degree of excellence as senior researchers of the candidates participating in the selection process.
- The evaluation of the research work must be adapted to the recommendations of the San Francisco Declaration on Research Assessment (DORA).
- A Selection Commission comprising five experts shall be established to select candidates. The Foundation shall select two experts from among the four proposed by the Directorate General for Research and Teaching of the Regional Ministry of Health and shall select one expert from among the two proposed by the National Association of Hospital Researchers. The remaining two experts shall be freely appointed by the Foundation itself.

Recruitment. Recruitment is performed by the Biomedical Research Foundations in the case of Miguel Servet researchers.

These positions must be approved by the Regional Ministry of Finance by means of an Order signed by the Regional Minister, and the call for applications must be published by the Biomedical Research Foundations in the Official Gazette of the Community of Madrid. They will therefore have full authorization from the Regional Ministry of Finance and, as they are permanent contracts, will have a corresponding impact on the Foundation's payroll.

The recruited staff will be recruited in the category of Tenured Researcher with a Distinguished Researcher contract.

The position of Tenured Researcher in the Biomedical Research Foundations of the Community of Madrid is the highest professional category covered by the Collective Agreement of the Group of Companies of the Biomedical Research Foundations of the Health Institutions attached to the Madrid Health Service (SERMAS) [BOCM 12/22/2020].

Funding. The contracts are funded by Biomedical Research Foundations. However, the foundations receive annual income from the Regional Ministry of Health in the form of registered grants, which are intended to fund their activities indiscriminately and can therefore be used to fund these contracts. In fact, the distribution of this registered grant among the different Foundations takes into consideration, among other aspects, the number of tenured researchers, with the intention of ensuring that this income covers their salary costs.

MURCIA

With regard to the Autonomous Community of Murcia, the awarding of permanent positions to Juan Rodés researchers shall be carried out through the Murcian Health Service. With regard to Miguel Servet research staff, there have been few cases so far.

Modality of awarding permanent positions/Program/Call for applications. The awarding of permanent positions to "Miguel Servet" researchers to date has been carried out by the Foundation for Healthcare Training and Research, the entity that manages the Murcian Pascual Parrilla Bio-health Research Institute.

Evaluation / Criteria. The suitability of the candidate and the strategic interest for the institution have been assessed.

Recruitment. Recruitment has been carried out by the Foundation through the hiring of permanent

workforce staff with a workforce staff position of the Foundation, paid for out of the entity's normal budget. The Murcia Health Service makes a fixed and stable transfer for the operation of the Institute, and the Foundation can allocate the cost of recruiting Miguel Servet researchers to this transfer.

Other information of interest. It is considered essential that Miguel Servet researchers who have been awarded permanent positions through permanent employment contracts be considered permanent staff for all purposes in the various ISCIII calls for proposals, even if they are not listed as part of the Foundation's structural staff, so that they may compete on equal terms.

NAVARRE

With regard to the Autonomous Community of Navarre, the process for awarding permanent positions to "Juan Rodés" and "Miguel Servet" clinical-research staff is still pending definition.

Modality of awarding permanent positions/Program/Call for applications. With regard to the model for the awarding of permanent positions in the selection of Río Hortega / Juan Rodés candidates, the University Hospital de Navarre (HUN) is working on defining the maximum number of contracts that will be allowed to be formalized, if awarded by the ISCIII. In this regard, the Department of Health and the SNS have expressed their willingness to co-fund contracts of this type.

Evaluation / Criteria. The evaluation criteria followed are those established in the calls for grants published by the ISCIII.

Recruitment. "Juan Rodés" researchers are expected to be awarded permanent positions by the Navarre Health Service through the HUN. In the case of "Miguel Servet" researchers, they will be awarded permanent positions in the research center where they have developed their research activity, i.e., each of the centers (CIMA, Navarrabiomed) that have researchers of this type must carry out this process of awarding permanent positions with the funds available in their own budget.

Other information of interest. The specific procedure to be followed in Navarre is currently being drawn based on best practices in other Autonomous Communities.

BASQUE COUNTRY

With regard to the Autonomous Community of the Basque Country, the awarding of permanent positions to Miguel Servet research staff in accredited institutes (Biogipuzkoa and Biobizkaia) is carried out through the research groups in which they are integrated, either by means of a funding commitment by the group in question or through Ikerbasque (Basque Foundation for Science), a reference entity for attracting scientific talent that has about 373 people from 35 different countries working in different fields of knowledge.

Ikerbasque's 2024 Strategic Plan [19] includes within the strategic objective 2 "Strengthening the Basque Science System through the incorporation of established research staff", a line of action focused on offering the establishment of the research career of Ramón y Cajal and Miguel Servet researchers of the Basque Science System, as well as launching specific calls for the incorporation of the necessary established profiles.

In the case of Biobizkaia, there is a second way to award permanent position to Miguel Servet staff through a funding commitment by the research groups, although these profiles must be submitted to the appropriate Ikerbasque call in each case.

[19] https://www.ikerbasque.net/sites/default/files/files/Estrategia%20Ikerbasque%202024(1).pdf

Modality of awarding permanent positions/Program/Call for applications. The modality for the awarding of permanent positions to researchers of this type in the case of Biogipuzkoa consists of the recruitment of these people by the Ikerbasque Foundation. Sometimes, as in the case of Ramón y Cajal contracts, they are also awarded permanent positions through the University of the Basque Country (UPV-EHU). Biobizkaia carries out its recruitments through the Institute, with funding from calls to which these researchers apply, with funds obtained by the group in public or private calls and, in cases where a strategic interest is detected, with co-funding from the Institute itself.

Evaluation / Criteria. There is no single uniform procedure or protocol. The selection of candidates with a strategic profile is carried out either directly by the management teams of the institutes themselves, or at the request of the group leaders who wish to award permanent positions to certain collaborators. They are then checked to ensure that they meet the criteria set by Ikerbasque, which conducts a triennial evaluation of its professionals.

Recruitment. Recruitment is carried out through Ikerbasque in the specific case of Biogipuzkoa. Expenses derived from these contracts for awarding permanent positions to "Miguel Servet" staff are co-funded by the Health Research Institute itself. In the case of Biogipuzkoa, the same system is applied, although direct recruitment by the Institute is also applied.

As for Juan Rodés contracts, Biobizkaia has cases in which, once the contract funded by the ISCIII and the subsequent contract through Ikerbasque have ended, it has been possible to obtain a temporary position in the Health Service (Osakidetza) and maintain a contract with 80% dedication to research and 20% to healthcare.

LA RIOJA

With regard to the Autonomous Community of La Rioja, it should be noted that a research career model is being developed, led by the Rioja Health Foundation, which brings together the main ISCIII contracts. This model is at a fairly advanced stage and is currently being negotiated with employees. It includes different professional levels within the R2-R4 categories. The proposal suggests the awarding of permanent positions from R4 onwards, subject to performance evaluation and compliance with activity indicators.

La Rioja does not currently have any "Juan Rodés" researchers. At present, and until the new research career comes into force, there is no specific procedure for awarding permanent positions to "Miguel Servet" research staff, with two different ways of proceeding having been identified: through the University of La Rioja and through the Rioja Health Foundation.

Modality of awarding permanent positions/Program/Call for applications. In May 2023, the Rioja Health Foundation published the terms and conditions for the extraordinary process of regularizing temporary positions at the Foundation. Among these positions was that of a researcher who had been the beneficiary of a Miguel Servet contract. The Rioja Health Foundation offered a permanent contract in accordance with a series of established requirements. [20]

Evaluation / Criteria. The evaluation criteria included in this process for awarding permanent positions are as follows:

- Merit-based evaluation (maximum 40 points).

20 https://www.fundacionriojasalud.org/files/rrhh/ofertas-empleo/20230516/Bases_Proceso_Extraordinario_Investigacion.pdf

- Selection interviews (maximum 60 points).
  - Professional experience accredited in the personal curriculum vitae (maximum 40 points).
  - Candidate's degree of adaptation to the position and general attitude (maximum 20 points).

Recruitment. Recruitment is carried out by the Rioja Health Foundation taking into consideration the salary schedules of the entity's Collective Bargaining Agreement and under the permanent employment regime.

CONCLUSIONS AND RECOMMENDATIONS.

The following conclusions can be drawn from the analysis:

- There has been little progress to date in implementing the provisions of the Science Act, although most Health Research Institutes/Autonomous Communities are currently defining formulas for awarding permanent positions to and evaluating the performance of Miguel Servet and Juan Rodés researchers.
- The awarding of permanent Juan Rodés contracts is proving easier in several Autonomous Communities, as it is relatively easy to fill the corresponding positions through the Health Services, since they are healthcare personnel, which is not always the case with Miguel Servet contract holders.
- In the case of the latter, there are various models for the awarding of permanent positions in the Autonomous Communities, ranging from integration into the Health Services, employment through foundations in the healthcare sector (whether or not they manage Health Research Institutes), or support from other regional entities for the promotion of R&D&I.
- Most Health Research Institutes do not have stable funding from their Autonomous Communities for the awarding of permanent positions to these researchers, and must therefore cover the cost themselves or obtain annual funding from Governments, which creates a certain degree of uncertainty for the Institutes.
- In some cases, this is creating the undesirable effect of limiting initial applications for grants to recruit Miguel Servet and Juan Rodés profiles.
- In most cases, although there are notable exceptions, the evaluation of the performance of these professionals once they have been awarded permanent positions is poorly defined. There is a lack of predefined indicators, which results in evaluation formulas that can be excessively subjective. Moreover, work must be done to implement horizontal and vertical career promotion systems.
- It is significant that various Health Research Institutes are relying (or wish to rely) on complementary formulas for the awarding of permanent positions through entities other than the Health Services (universities, regional senior researcher programs) or the entities that manage the Institutes, which is considered positive in order to achieve the awarding of permanent positions to as many researchers as possible.
- There are difficulties in terms of the recognition of research activity among clinical staff, despite the incorporation of the position of the research physician under the Science Law. Typically, the period of recruitment funded by external grants does not count towards their seniority, which penalizes their career advancement as clinicians.

Based on these conclusions, the working group proposes the following cross-cutting actions, with the aim of ensuring that they are compatible with and complementary to the different realities of the Autonomous Communities:

1. First, it should be noted that the heterogeneity of models, with different degrees of stability for researchers, combined with the general lack of permanently guaranteed funds for contracting entities, may result in only some autonomous communities being attractive to researchers, to the detriment of the rest. In this regard, it is considered that the first measure to be adopted should be to reach an agreement in the Interterritorial Council of the Ministry of Health in which all the autonomous communities commit to providing aid to the different Health Research Institutes (or to their Regional Ministries of Health/ Health Services, where appropriate) to ensure the awarding of permanent positions to this staff. Within this framework, work should also be done to consolidate the role of researchers with degrees other than medicine in the job catalogs of Health Systems.
2. Moreover, and in line with ensuring territorial equity, it would be advisable to develop a unified model for evaluating candidates within the Alliance of Institutes, both for eligibility for permanent positions (based on a specific evaluation by the ISCIII or on obtaining the R3 certificate) and for measuring subsequent performance. Having a proposal in this regard is considered to be of particular help to Health Research Institutes/Autonomous Communities, which are currently immersed in defining the corresponding procedures. The proposed evaluation must be technical in nature and compatible with the current final approval procedures established by the Health Research Institutes (final approval by an External Scientific Committee, Governing Councils, or equivalents, etc.).
3. Another very relevant aspect that emerges from this work is the need for the Institute of Health Carlos III to consider as valid for all purposes the formulas for awarding permanent positions through entities that, while forming part of the Health Research Institutes, are not the Foundations or Associations that manage them (e.g., universities) or through parallel regional entities/programs (e.g., Ikerbasque), thus prioritizing the awarding of permanent positions to researchers over specific contracting entities.
4. In the case of research staff who combine healthcare tasks with research, and in accordance with the provisions of Article 85.1 of the Biomedical Research Law, healthcare services must create specific categories of research staff, which may include, among others, individuals who complete the Miguel Servet and Juan Rodés programs. In the case of research staff who complete the Juan Rodés program, this is even more necessary in order to promote the continuity of their healthcare activity. It is considered necessary for the different Administrations to work on the creation of these specific categories, which should be uniform across all of them in order to promote the mobility of these researchers. For this reason, it is considered that the definition of these categories should be developed within the Interterritorial Council.

IMPACT METRICS

WG3. Alliance of Institutes. 2024.

Coordination: BIOGIPUZKUA AND IDIBELL

Responsible parties: Dr. ITZIAR VERGARA and Dr. GABRIEL CAPELLÁ MUNAR

EXECUTIVE SUMMARY

This work will continue to be developed in the 2025 fiscal year.

INTRODUCTION

The impact of research can be defined as the influence or effect of research on the health system, academia, and society in general. It can be positive or negative, intentional or unintentional, direct or indirect, short-term or long-term, and tangible or intangible. The impact of research can be measured at different levels, such as individual, project, program, institutional, sectoral, or national levels. There is no single approach to measuring the impact of research, as it depends on the context, purpose, and scope of the evaluation.

THEORETICAL FRAMEWORK

Faced with the challenge of measuring impact, consideration of current approaches to measuring research activity is an interesting starting point. The current approach, based mainly on quantitative metrics related to scientific journals and publishers, is limited and often misleading. Impact factors, which are so relevant in current evaluation and are considered synonymous with scientific quality, were originally created as a tool to help librarians identify journals worth purchasing. It is an indicator that measures the average number of citations received by a journal in a specific category. It is, therefore, a value that may coincide with the publication being evaluated, but the content of the publication may be far above or below that average. For this reason, it is increasingly considered by many groups to be a biased indicator, lacking in transparency and arbitrarily determined by the publishing world. Research activity and its resulting products are varied, going beyond scientific articles managed by publishers.

This reality and the pernicious impact it is having on the development of individual scientific careers and research centers led to various initiatives in the last decade aimed at proposing an alternative to evaluation. The DORA declaration, San Francisco 2012, recommended, among other things, eliminating the use of journal-based metrics, such as impact factor, in funding, appointment, and promotion considerations, or evaluating research on its own merits rather than based on the journal in which the research is published.

DORA https://sfdora.org/read/read-the-declaration-espanol/

In 2021, in response to the international movement aimed at reforming research evaluation practices, the European Commission promoted a participatory movement involving all stakeholders with expertise in research evaluation, called the Coalition for the Reform of Research Assessment (CoARA), which resulted in the Agreement on the Reform of Research Assessment (ARRA, 2022), published on July 20, 2022, which remains open for signatures. Numerous Spanish institutions have done so, including the Institute of Health Carlos III (ISCIII) and some accredited Health Research Institutes (IIS).

CoARA aims to maximize the quality and impact of research and, to this end, proposes a series of principles that, while safeguarding the independence of organizations, allow for the structuring of the general conditions to be taken into account in evaluation processes. These include the need to recognize the diversity of research activities and practices, results, the promotion of collaboration, and the exchange of data and knowledge. It also favors the use of evaluation criteria and processes adapted to the profiles and stage of the research career to which they apply, all while guaranteeing principles of equity.

To this end, evaluation institutions must dedicate resources to modifying their evaluation procedures and reviewing their current tools, criteria, and procedures. The proper implementation of this approach requires training, awareness-raising, and the promotion of opportunities for sharing best practices in this field. Finally, this new approach must be evaluated and modified according to the results of these critical evaluation processes.

COARA https://coara.eu/

This process of reflection and remodeling of evaluation processes inevitably raises a question that is the main objective of this document: **What is the impact of research? What should be assessed when evaluating research activity?**

This document, prepared by Group 3 (WG3) of the Alliance of Institutes, brings together the reflections and conclusions derived from the collaborative work carried out in recent months on this topic.

METHODOLOGY

The WG3, the composition of which can be found in Annex 1 of this document, began its work by holding several meetings. The first of these meetings (June 5) was based on the thematic script shown in Annex 2, which had been prepared by the group coordinators.

1. These discussion meetings identified the need to address three lines of work:
2. Defining the impact of research in the field of work of accredited IIS
3. Identifying the current situation and existing barriers to systematizing the measurement of impact as defined

Proposing actions to facilitate the implementation of a new way of measuring impact in the centers participating in the Institutes' structure

To advance these lines of work, a questionnaire was created and completed by all the Institutes participating in the group.

The results obtained during this period were presented in preliminary form at the alliance meeting held as part of the Menéndez Pelayo International University (UIMP) summer course. This presentation highlighted the interest that this topic aroused among all the Institutes present, as well as issues related to impact definition and measurements. For this reason, and thanks to the collaboration of the alliance's coordinating team, access to the survey was provided to all the Institutes included in the alliance.

The set of results described in the following section was shared with the members of the group, and the conclusions of this document are based on their analysis and consideration.

RESULTS

A survey (Annex 3) was made available in July 2024 and remained open until September 8. A total of 26 Institutes of the alliance responded to the survey. The results were organized according to the lines of work defined above.

What is impact in the field of health research?

When addressing the need to improve the measurement of impact in the field of health research, it is clear that a shared definition of the topic under consideration is necessary. When exploring this concept among the Institutes, it is clear that there is not much variation in the definitions. This is one of the proposed definitions:

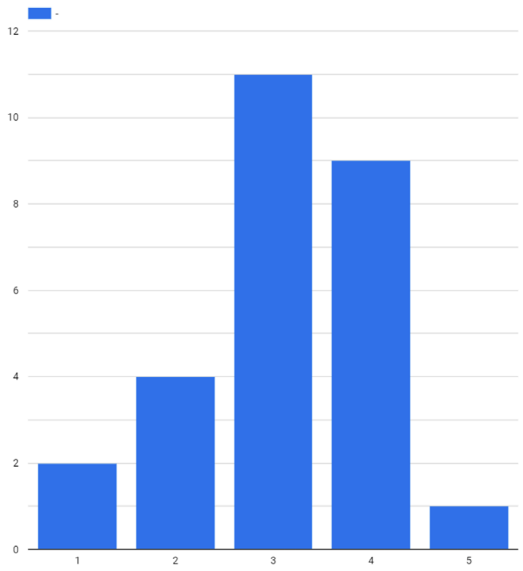
"the ability to generate significant and measurable changes in clinical practice, in the health of the population, in knowledge and technology transfer, and in the strengthening of health policies: improvements in diagnosis, treatments, new devices, and disease prevention; optimization of health resources; and in the creation of socioeconomic value through the implementation of innovative solutions that benefit both patients and health professionals and society in general."

This definition, which could be considered aspirational, highlights the complexity of establishing a causal relationship between research and its impact.

Starting situation: What impact indicators do we typically use, and how have the indicators requested by the ISCIII in its scientific monitoring of Institutes evolved?

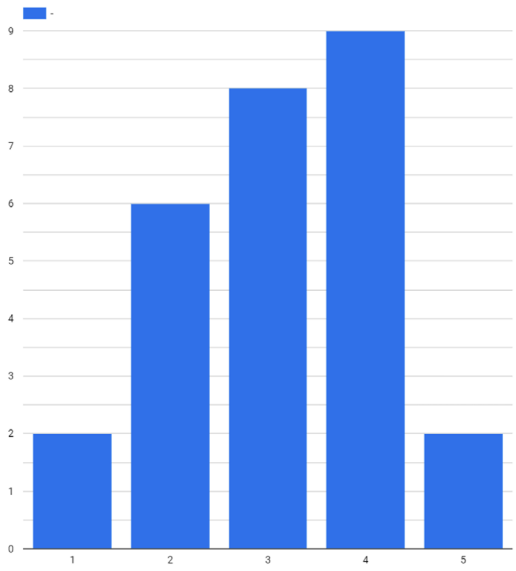
In the latest editions of the Institute Accreditation Guide published by the ISCIII, there has been an evolution in the indicators related to impact. In the 2019 edition, information on the number of GPCs published and institutional documents in which the IIS has participated, as well as the identification of research results of potential interest for healthcare activity were requested. With regard to the impact in the productive sphere, the number of industrial property/know-how registrations licensed, or the number of intellectual property registrations licensed, or the number of new health products or medical devices licensed was requested. And as for citizens and society, training activities on mechanisms for translating research into healthcare practice and outreach activities carried out by the IIS aimed at citizens were considered. In the 2020 guide, in the same section on the impact on the health system, this indicator is addressed under the following definition: Main actions applied to clinical practice, either in diagnosis or treatment, implemented in 2019 as a result of research carried out by the IIS. There are no changes regarding transfer to the production system. However, with regard to citizens, a dimension of participation is added, exploring participation in commissions with non-scientific stakeholders. In subsequent editions of the guide, there are no notable changes in the definition of the dimensions or in the indicators proposed for their measurement.

When asked about the consideration of impact in this guide with the question, *"Do you consider that the ISCIII Institute Accreditation Guide includes relevant dimensions or indicators for measuring IMPACT?"*, these were the responses obtained, with 5 being the highest consideration:



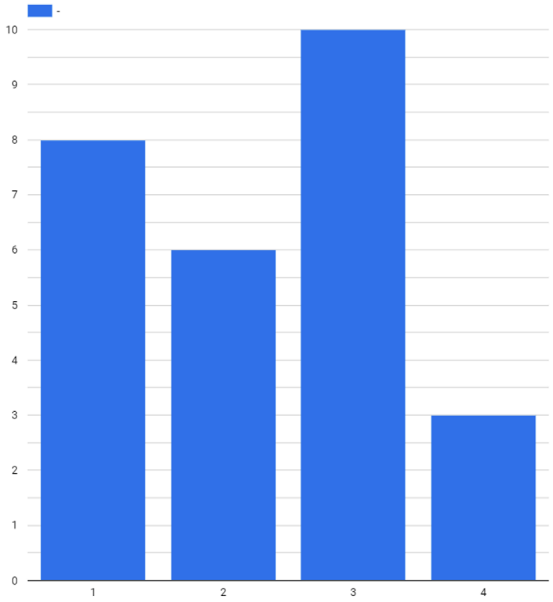
As for the institutes themselves, the dimensions of impact they usually evaluate vary greatly, but most include the following aspects: Preclinical research projects, Clinical research projects, Scientific output: citable and JCR-indexed publications, Scientific output: any type of document, both citable and non-citable, Doctoral theses, Industrial and Intellectual Property Results, Training activities for the academic research community, Scientific training and education activities for society, Outreach sessions and activities, Creation of start-ups and spin-offs, Participation in cooperative networks and consortia, Organizational/healthcare changes, Creation of new jobs, External collaborations.

As for the current measurement of impact in the Institutes and from a quantitative perspective, this is the situation when asked if they currently evaluate this type of result on a scale of 1 to 5, with 5 being the highest score:



There is considerable variability in the resources used by the Institute to address this need. These range from those who report having no resources at all (5%) to those who have units or teams specifically dedicated to this task, with the majority having scientific coordination teams, innovation units, and communication and dissemination teams.

When asked about the suitability of these resources, most respondents consider them to be insufficient (scores of 1 and 2).



Having made this initial assessment of the situation, we seek to move towards a scenario in which it is possible to achieve a suitable definition of the impact of health research, accompanied by the tools and resources necessary for its systematization.

These are the main elements identified by the Institutes as necessary to incorporate the measurement of the impact of health research and innovation, and which relate to the following dimensions:

DEFINITION

- Have a robust definition of impact, accompanied by its dimensions and measurement indicators, that could be adopted by all institutions with competence in health research policy, funding, implementation, and adoption.
- Identify intermediate indicators (proxies).
- Include research-related objectives in Clinical Practice Guidelines.
- Ensure that indicators are simple to guarantee their systematic and unbiased application.

DATA: STRUCTURE AND GOVERNANCE

- Generate or adapt databases, repositories, and other information management structures so that they meet the necessary openness criteria and facilitate the use of data for these measurement objectives.
- Facilitate interoperability between IIS databases, ISCIII databases, and other research-related structures.
- Build governance models and data infrastructures shared with Health Systems in such a way as to facilitate

the joint measurement of research and healthcare activity and enable progress towards a comprehensive assessment of the impact in terms of health and efficiency.

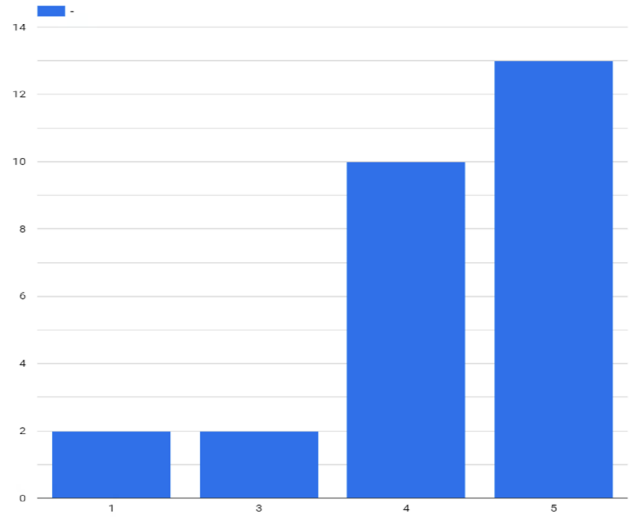
CAPABILITIES FOR IMPACT ANALYSIS

Identify opinion leaders and mentors.

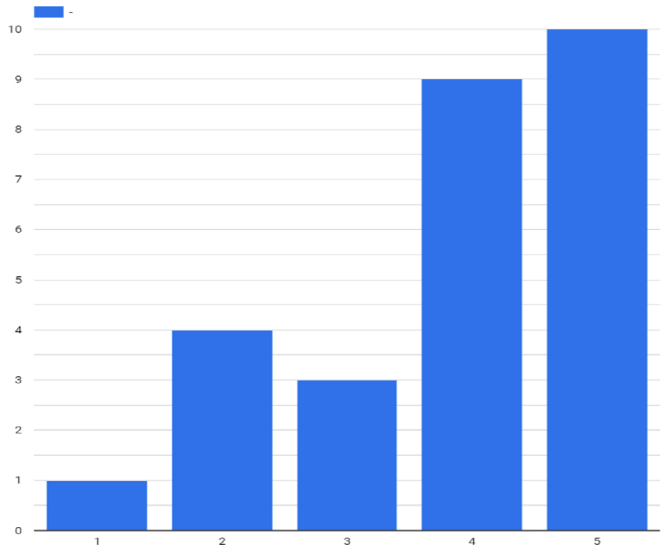
Include new profiles in teams that facilitate the multidisciplinary approach required for this task.

However, returning to the initial definition of impact, there was a certain consensus that impact was not produced exclusively in the healthcare field. Aware of the challenge of assessing impact in other areas and in order to prioritize activities aimed at improving this activity, an assessment of the importance of impact measurement in a number of areas of potential interest was requested. These are the results observed, with 5 being the highest score in all cases:

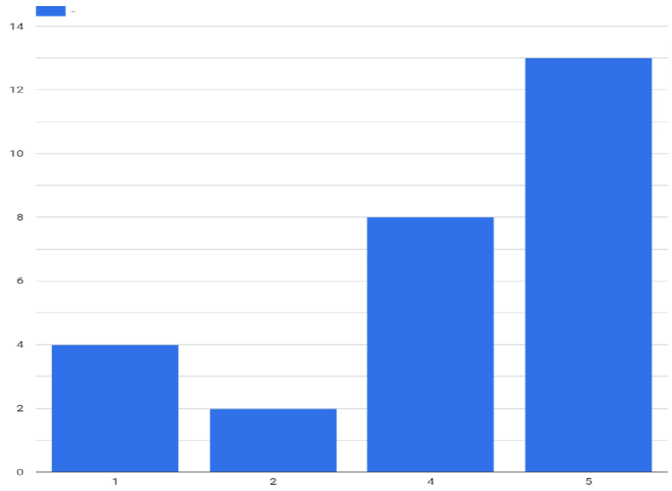
Importance of impact measurement in the healthcare field.



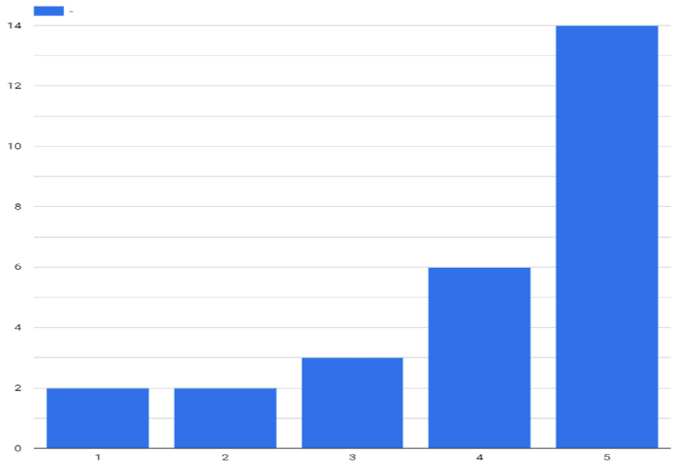
Importance of impact measurement in public health.



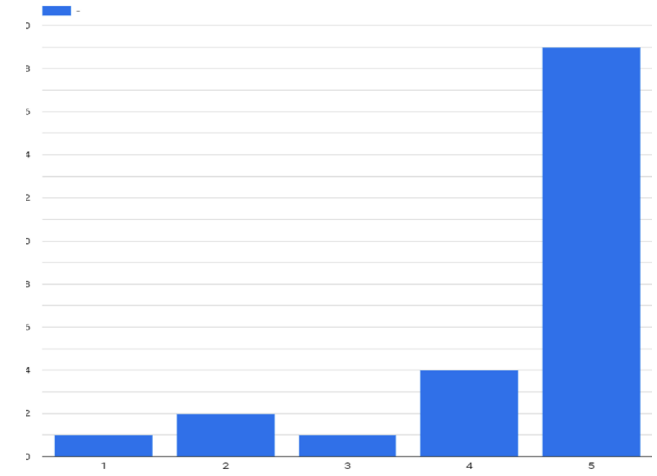
Importance of impact measurement in academia and the scientific community.



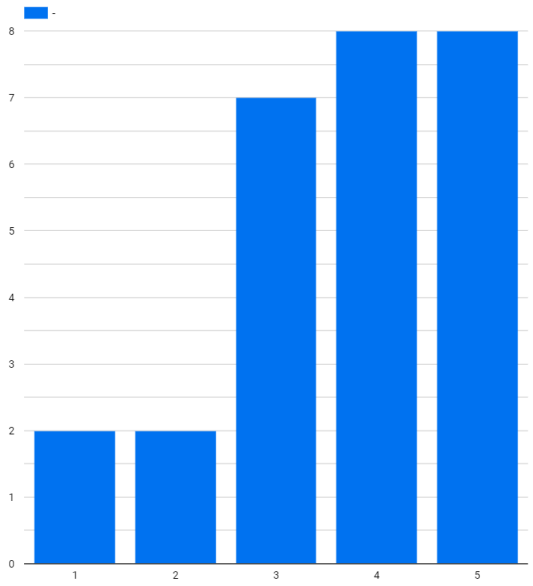
Importance of impact measurement in the social and healthcare sector.



Importance of impact measurement in the community sector.



Importance of impact measurement in the industrial sector.



CONCLUSIONS AND RECOMMENDATIONS

Measuring the impact of research is necessary because it can help justify investment and resource allocation for research, and it allows the relevance and value of research to be communicated to different stakeholders, such as policymakers, professionals, the media, the public, and industry. Finally, it can help improve the quality and accountability of research by encouraging researchers to consider the potential implications and applications of their work.

When measuring the impact of research, it is important to take into consideration the variety of types of research and innovation activities carried out by Institutes and, therefore, the variety of types of impact that this will have in a number of areas, including, but not limited to, healthcare.

Measuring the impact of research presents a number of challenges, such as the complexity of isolating and attributing causal links between research and impact, the diversity of results and results across disciplines, fields, and sectors, the uncertainty of indirect effects, and related ethical issues.

In order to move towards the incorporation of impact measurement of research and innovation activities carried out by the Institutes, a series of recommendations are proposed, both to the Health Research Institutes and to Institute of Health Carlos III itself. In order to address these recommendations, a robust and shared definition of impact, together with its dimensions and measurement indicators, must first be adopted by all institutions with competence in health research policy, funding, execution and adoption.

These are the recommendations put forth by this group for the Health Research Institutes, and their implementation is subject to the shared definition of impact:

- Include impact measurement among their strategic objectives and provide instrumental and human resources to facilitate its implementation.
- Improve information recording systems to facilitate the use of data for the purpose of impact measurement.

- Educate, train, and highlight impact measurement through training activities and workshops, conferences, and other communication activities, and by encouraging good impact results, beyond bibliometric ones.
- Establish task forces with representatives from the areas in which impact is to be measured, as defined in each Institute, in order to facilitate adequate access to the data that will enable this.
- Below are the recommendations proposed by this group for the ISCIII:
- Highlight the impact measurement in its broadest sense among researchers, institutions, and evaluators.
- Provide accredited training and action guides for researchers and evaluators.
- Define, in collaboration with the Alliance, a set of dimensions and associated indicators to be incorporated into the accreditation guide and other evaluation instruments of the alliance's centers and other collaborating entities.
- Encourage the implementation of impact-generating activities in the evaluation processes, ensuring equity and avoiding arbitrariness in their evaluation.

CAPABILITIES MAP OF IIS

WG4. Alliance of Institutes. 2024.

Coordination: IDIS AND IdISNA

Responsible parties: Dr. MARÍA LUZ COUCE AND Dr. NICOLÁS VELILLA

EXECUTIVE SUMMARY

The Institute of Health Carlos III has created a working group to propose the structure of an information system that will enable the identification of the R&D&I capabilities of the IIS, infrastructure, human capital, areas of leadership, know-how, existing collaborations, etc. The distribution of this information allows for the creation of a database that represents a Capabilities Map of IIS in Spain, with the aim of promoting synergies between the Institutes, optimizing resources, and paving the way for collaboration, in accordance with the strengths of each research center.

To this end, the task force held meetings to define the structure of a questionnaire, establishing core areas of capabilities, as well as the relevant strategic lines and sub-lines in each of these core areas, with the aim of obtaining information that is as concise, organized, and complete as possible. After receiving responses from 33 of the 35 accredited IIS, the results were analyzed and the strengths of the Spanish R&D&I system in the defined cores were identified, as well as areas requiring greater attention or improvement. In the first case, the area of Precision Medicine stands out as a strength, and some deficient lines and technologies that could be strengthened were identified.

This work will continue to be developed in the 2025 fiscal year.

INTRODUCTION

The Institute of Health Carlos III has created a task force to establish a Capabilities Map and the potential existing in Spanish Health Research Institutes (IIS). This map seeks to promote synergies between Institutes and pave the way for collaboration by identifying and showing the strengths of each research center.

The aim is to create a Capabilities Map of accredited health research groups, identifying both the consolidated capabilities and the R&D&I potential of research groups and research support platforms. To this end, detailed information on the areas of expertise, resources, and activities of each Institute must be collected and then presented in a clear and visually appealing manner. This tool is intended to be useful for establishing an information system that allows for the identification of the research capabilities of the IIS, infrastructure, human capital, areas of leadership, know-how, existing collaborations, among others. Its objective is to enhance synergies between IIS, promote cooperation, and facilitate complementary actions that strengthen areas of strength and opportunities for growth, as well as to communicate the experience and resources available to potential partners, funders, the scientific community, and society in general.

The purpose is to establish a proposed database structure that provides more detailed and in-depth information on the capabilities of research groups and more effectively promotes the participation of the entire health ecosystem in R&D&I programs, optimizing the use of available resources in accordance with the strengths and interests of health research institutes.

THEORETICAL FRAMEWORK

A literature review on the subject has been conducted to develop a strategy and prepare a questionnaire that will provide the information needed to prepare the report. Thus, the Spanish Strategy for Science, Technology, and Innovation (2021-27); the State Plan for Scientific, Technical, and Innovation Research (2024-27); and the criteria of the technical guide for the evaluation of the accreditation of IIS have been taken into account. Some definitions included in the Ministry of Science and Innovation's Map of Unique Scientific and Technical Infrastructures (ICTS) 2021-2024 have been discussed and agreed upon with the task force.

METHODOLOGY

In order to draw up this report, the following were taken into consideration:

1.1 Pathway to follow with the following steps:

- Firstly, a series of meetings were held between the coordinating centers in order to structure the work to be carried out.
- Subsequently, a draft questionnaire was jointly drawn up in order to obtain information from each of the Health Research Institutes involved in this project.
- Meetings were held with the centers participating in the working group in order to assess and work on the aspects included in the draft survey, producing a final document.
- The Institute of Health Carlos III distributed the questionnaire to all accredited Health Research Institutes.
- Thirty-three out of thirty-five questionnaires were completed. The information was compiled and the results of the survey were analyzed in order to prepare this report.
- Meetings were held between the coordinating centers to jointly assess the results obtained and draw conclusions.
- A first draft has been sent to ISCIII and the centers participating in the surveys.

1.2 Characteristics of the questionnaire

The aim is to identify and present the different areas of knowledge, available resources and technologies, the capability to transfer results, and the ability to collaborate with other centers, whether national, international, and/or companies, in each institute. A questionnaire has been developed for accredited IIS to complete, focusing on four main types of capabilities:

- Scientific capabilities: representation of the subject areas in which the institutes specialize.
- Equipment and technology: indication of the equipment, unique platforms, and technologies available at the institutes.
- Capabilities for transferring research results to society.
- Collaborations within Health Research Institutes.

The questionnaire is structured around four main core areas:

CORE AREA 1. Scientific capabilities. Human capital and areas of leadership. In the following section, each center must show its potential and main areas of leadership within the strategic lines of research

described in the 2021-2027 State Plan for Science, Technology, and Innovation, so that a map can be drawn up showing the main strengths of each center.

This core area establishes four strategic lines subdivided into several topics as multiple-choice questions:

Strategic line 1. Precision medicine

- Personalized medicine, beyond omic techniques;
- Integration of genomics, epigenomics, metabolomics, and other technologies;
- Sociological, psychological, economic, and ethical aspects, artificial intelligence, and digital health in personalized medicine;
- Personalized nutrition and diet;
- Personalized medicine in cancer, rare diseases, mental health, and other pathologies.
- Other

Strategic line 2. Infectious Diseases

1. Immune response
2. Emerging and re-emerging diseases caused by fungi, bacteria, and viruses
3. Zoonoses
4. Vaccines
5. Antibiotic resistance, diseases caused by multidrug-resistant bacteria
6. Environmental effects (climate change, migration, globalization) on the emergence and spread of infectious diseases
7. New methods of prophylaxis, detection, and treatment
8. Health surveillance and epidemiology
9. Other

Strategic line 3. New diagnostic and therapeutic techniques

1. Biomedical engineering
2. New imaging-based diagnostic techniques
3. Pharmacology, pharmacogenomics, new drugs, and therapies
4. Gene therapy
5. Regenerative medicine
6. New biomedical materials
7. Artificial Intelligence
8. Nanotechnology applied to biomedicine
9. Implants and artificial organs
10. New surgical techniques
11. Digital health

12. Car-T
13. Other

Strategic line 4. Cancer and geroscience: aging and degenerative diseases

1. Molecular profiles of healthy aging
2. Impact of aging on disease (neurodegenerative, cardiovascular, metabolic, cancer)
3. Interaction of environment, nutrition, and psycho-sociological factors in healthy aging
4. Integrated development of multidisciplinary programs from cellular and molecular biology of aging to systems biology and medicine
5. Frailty and disability prevention_
6. Other

CORE AREA 2. Technological capabilities/services. The objective is to show the infrastructure, equipment, platforms, or general services of each IIS and identify unique infrastructure, equipment, or services. The group is based on the Ministry of Science and Innovation's Map of Unique Scientific and Technical Infrastructures (ICTS) 2021-2024 to define unique infrastructure, extrapolating this definition to equipment and preferably adding a link to the equipment to include on the map.

Unique infrastructures are defined as those that are one of a kind, which may be:

- Large equipment that allows for the observation, analysis, and interpretation of phenomena of interest.
- Complex experimental infrastructures designed to create, reproduce, and study physical, chemical, or biological phenomena of interest.
- Large experimental infrastructures for engineering and for the development of new technologies for application in various fields.
- Infrastructures necessary to facilitate scientists' access to natural environments that offer and present unique characteristics for research.

On the other hand, it has been agreed to define general equipment as useful equipment that is available for sharing with other centers.

Technological capabilities and services are divided into several areas of technology that are relevant to health research:

- Omic technologies
- Imaging technologies
- Animal experimentation units
- Cell Biology Units
- Services and infrastructures of interest in clinical research
- Unique services or equipment for methodological support, bioinformatics, statistics, or AI
- Other equipment, units, or infrastructures
- Accredited infrastructures, units, or platforms

CORE AREA 3. Capabilities for transfer to society/patients. The following section seeks to identify the units existing in each center for the management of transfer and innovation, the management of clinical trials, channels of communication with patient associations, data management, etc.

Questions are asked in relation to the following institutional units and services:

- Transfer and innovation units
- Clinical studies units
- Channels of participation
- Data management
- Open document repository

With regard to know-how and intellectual property, a multiple-choice question is established according to types and areas of knowledge in which the IIS has generated intellectual property.

- Diagnostic techniques
- Therapy
- Devices
- Prevention
- Cardiovascular
- Oncology
- Rheumatology
- Nutrition or metabolism
- Genetics
- Infectious diseases
- Surgery
- Epidemiology
- Other

CORE AREA 4. Collaboration capabilities. The objective is to identify the main existing collaboration networks.

1. Thematic collaborations. Participation in CIBER consortia
2. Thematic collaborations. Participation in RICORS
3. Participation in ISCIII platforms: Itemas, Biobanks and Biomodels, and Scren
4. Participation in clusters
   - Health cluster
   - Technology cluster
   - Other

5. International collaborations. European project partnerships.

6. International collaborations. International networks.

7. Collaboration with technology-based companies

RESULTS

Thirty-three responses to the questionnaire were received. In alphabetical order of Autonomous Community: IBIMA Platform BIONAND, ibs.GRANADA, IMIBIC (Andalusia), IIS Aragon (Aragon), ISPA (Asturias), IDISBa (Balearic Islands), IDIVAL (Cantabria), IBSAL (Castile and León), I3PT, IDIBELL, IMIM, IR Sant Pau, IRB Lleida, FRCB-IDIBAPS, VHIR (Catalonia), IIS La Fe, INCLIVA, ISABIAL, (Valencian Community), IDIS , IIS GALICIA SUR, INIBIC (Galicia), i+12, IDIPAZ, IDIPHISA, IdISSC, IIS FJD, IiSGM, IIS Princesa, IRYCIS (Madrid), IMIB (Murcia), IdiSNA (Navarre), IIS Biobizkaia, IIS Biogipuzkoa (Basque Country).

Below is a summary of the multiple responses in aggregate form:

CORE AREA 1. Scientific capabilities. Human capital and areas of leadership.

The responses obtained from each IIS to the strategic lines proposed are indicated below:

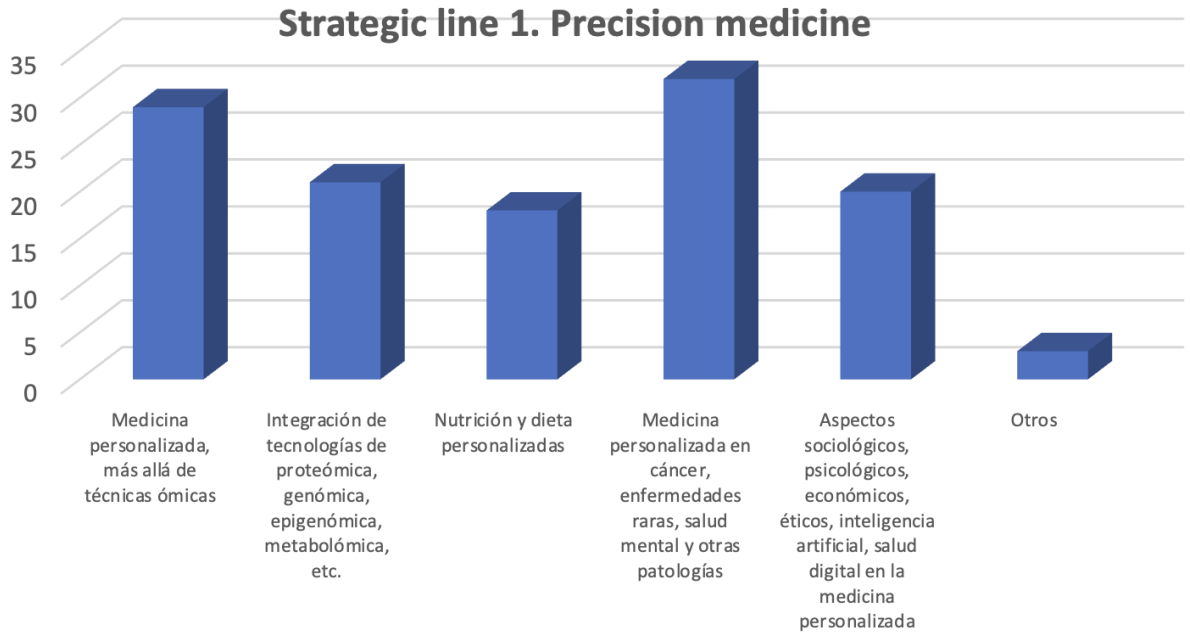
STRATEGIC LINE 1. PRECISION MEDICINE

1. **Personalized medicine, beyond omic techniques**
2. **Integration of genomics, epigenomics, metabolomics technologies, etc.**
3. **Sociological, psychological, economic, and ethical aspects, artificial intelligence, and digital health in personalized medicine**
4. **Personalized nutrition and diet**
5. **Personalized medicine in cancer, rare diseases, mental health, and other pathologies**
6. **Other:**

a. Precision and personalized medicine in critical patients and systemic autoimmune diseases – I3PT

b. Advanced technologies in personalized medicine: Robotics, Neuroimaging, Virtual Reality, 3D, etc. - IIS Biobizkaia

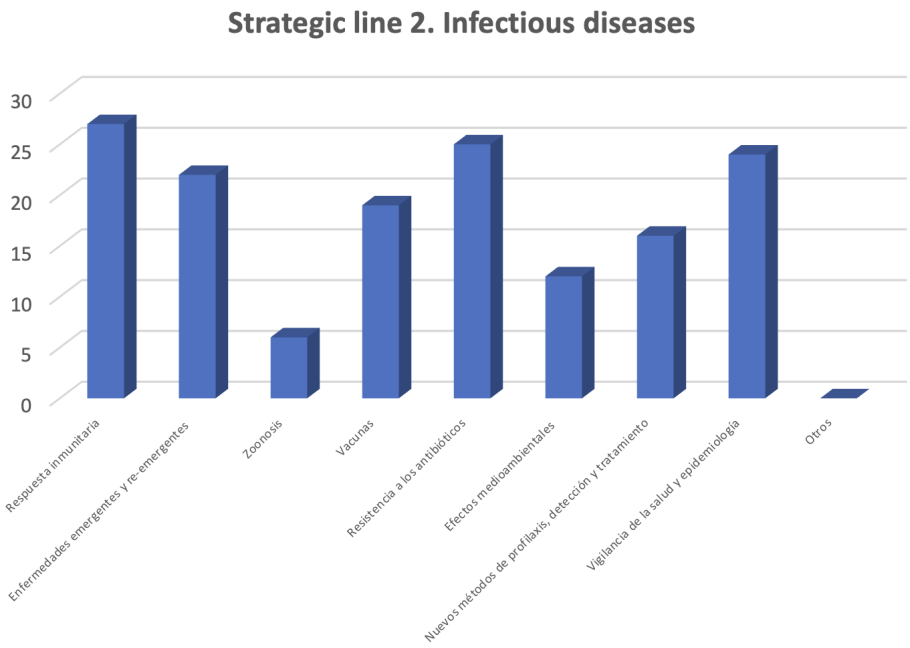
c. Personalized Medicine in Rare, Cardiovascular, and Endocrinological Diseases - IRYCIS



Precision Medicine stands out as an area of leadership in the Spanish R&D ecosystem, as 18 Institutes (more than 50% of the Institutes that responded to the survey) are dedicating their research efforts to all of the strategic sub-lines presented. In particular, **Personalized medicine in cancer, rare diseases, mental health and other pathologies is the sub-line in which the most IIS (32) are working, making it a major area of leadership in our country's scientific capabilities.**

STRATEGIC LINE 2. INFECTIOUS DISEASES

1. Immune response
2. Emerging and re-emerging diseases caused by fungi, bacteria, and viruses
3. Zoonoses
4. Vaccines
5. Antibiotic resistance, diseases caused by multidrug-resistant bacteria.
6. Environmental effects (climate change, migration, globalization) on the emergence and spread of infectious diseases
7. New methods of prophylaxis, detection, and treatment
8. Health surveillance and epidemiology
9. Other:
   a. Sepsis- IBSAL
   b. Infectious diseases in children and newborns – IIS Biobizkaia

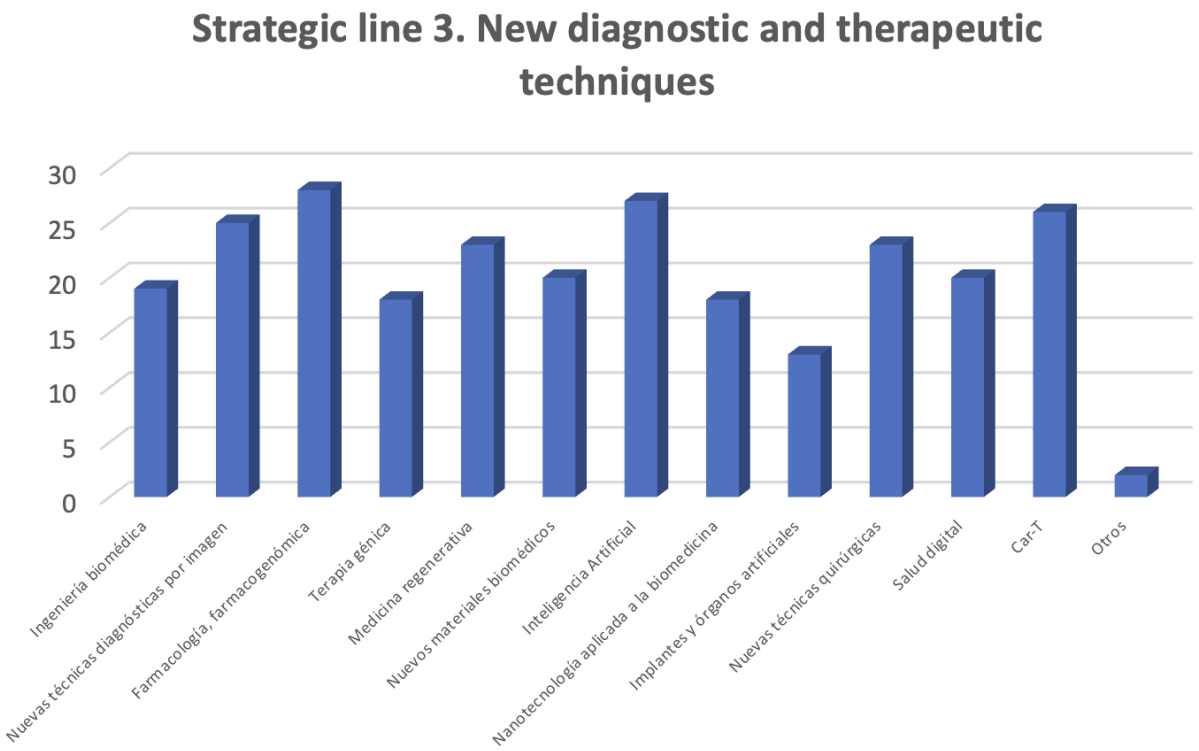


In infectious disease research, studies related to *Immune Response* (27) and *Antibiotic resistance, diseases caused by multidrug-resistant bacteria* (25) stand out, followed by *Health Surveillance and Epidemiology* (24), *Emerging and re-emerging diseases caused by fungi, bacteria, and viruses* (22) and *Vaccines* (19).

On the other hand, *Zoonosis* (6), followed by *Environmental effects (climate change, migrations, globalization) on the emergence and spread of infectious diseases*, are presented as areas with shortfalls in human capital within the Spanish R&D&I system.

STRATEGIC LINE 3. NEW DIAGNOSTIC AND THERAPEUTIC TECHNIQUES

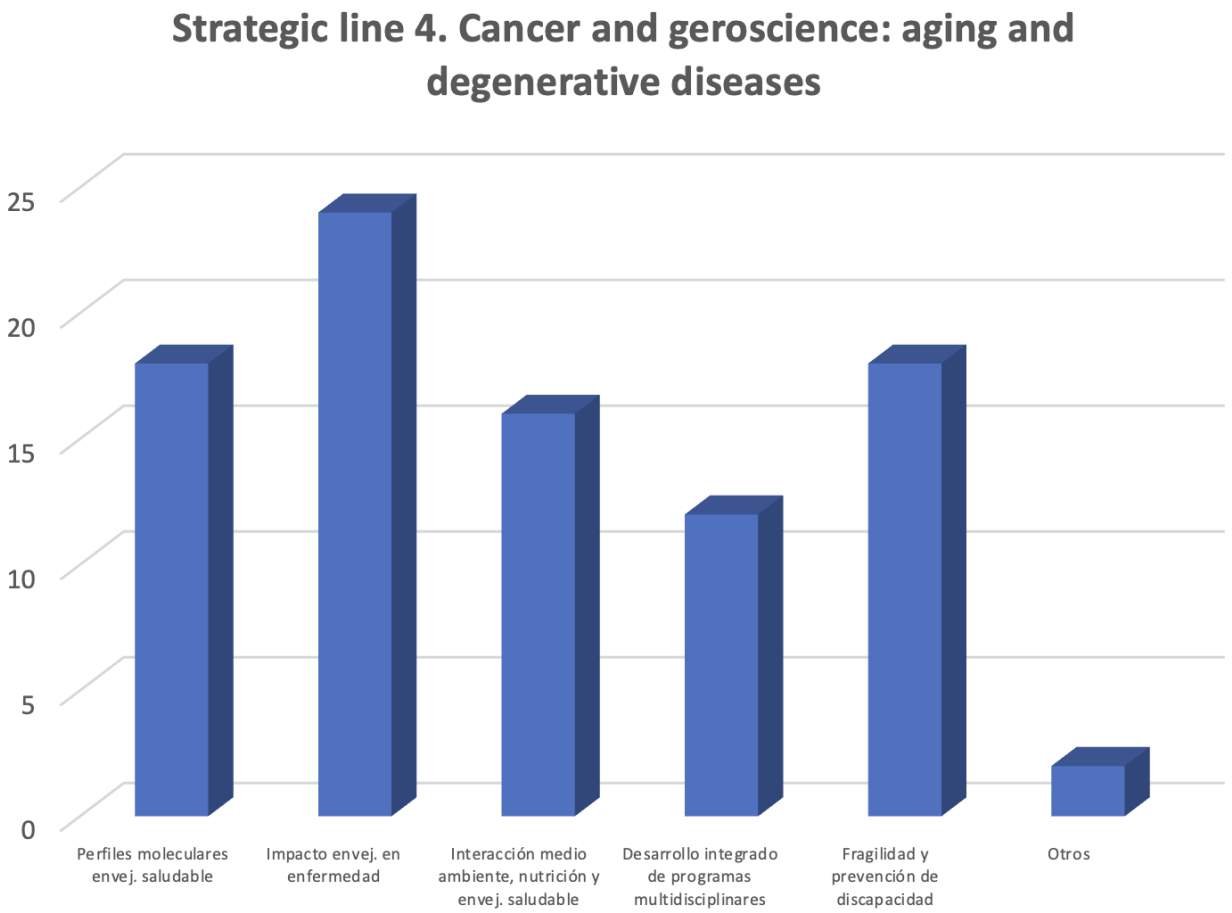
1. Biomedical engineering
2. New imaging-based diagnostic techniques
3. Pharmacology, pharmacogenomics, new drugs, and therapies
4. Gene therapy
5. Regenerative medicine
6. New biomedical materials
7. Artificial Intelligence
8. Nanotechnology applied to biomedicine
9. Implants and artificial organs
10. New surgical techniques
11. Digital health
12. Car-T
13. Other



Among the 12 lines into which Strategic Line 3 is subdivided, 17 or more IIS are dedicated to 11 of them. *Pharmacology, pharmacogenomics, new drugs, and therapies* (28) and *Artificial Intelligence* (27) stand out as major areas of knowledge, while *Implants and artificial organs* (13) is the area with the least specialization of those represented.

STRATEGIC LINE 4. CANCER AND GEROSCIENCE: AGING, DEGENERATIVE DISEASES

1. Molecular profiles of healthy aging
2. Impact of aging on disease (neurodegenerative, cardiovascular, metabolic, cancer)
3. Interaction of environment, nutrition, and psycho-sociological factors in healthy aging
4. Integrated development of multidisciplinary programs from cellular and molecular biology of aging to systems biology and medicine
5. Frailty and disability prevention
6. Other:
   a. Development of biomaterials for use in implants and prosthesis - IIS FJD
   b. Neurodegenerative diseases - IMIB

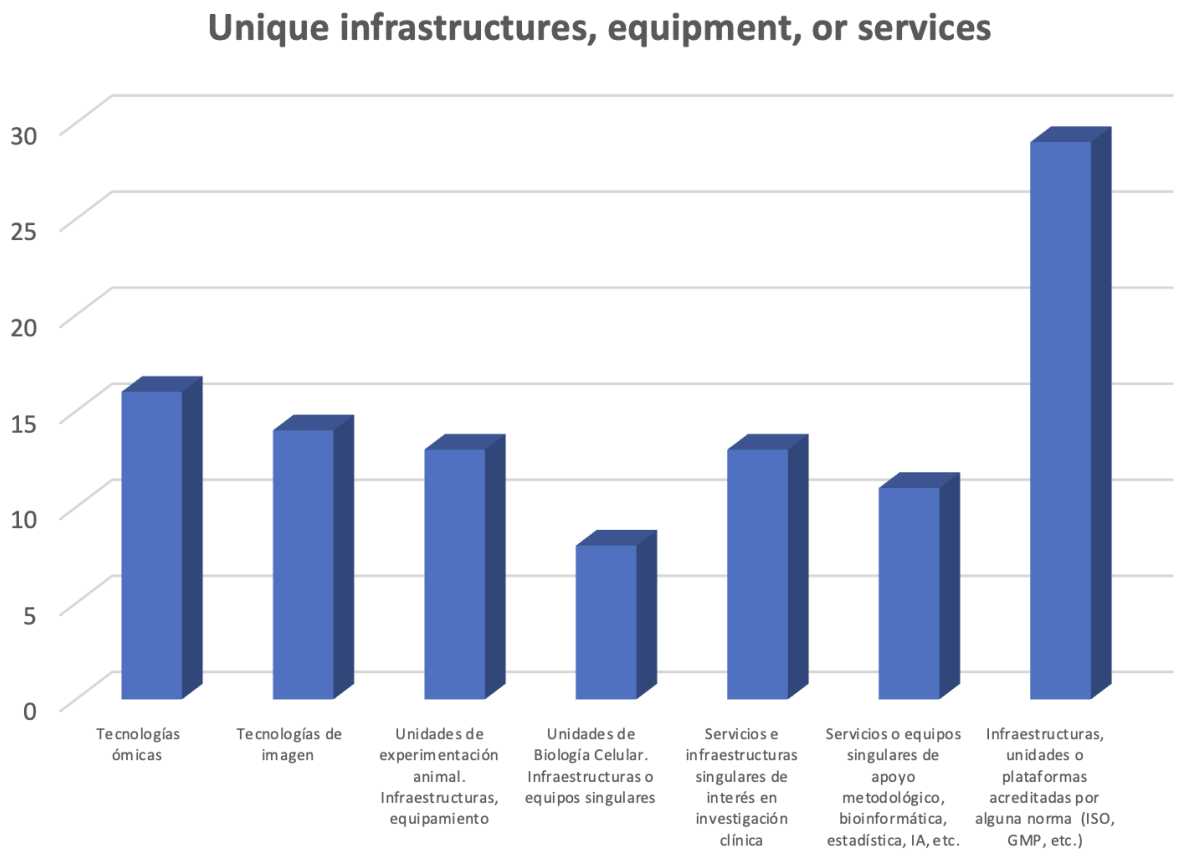


Impact of aging on disease (neurodegenerative, cardiovascular, metabolic, cancer) is the line most studied by accredited IIS (24), followed by *Molecular Profiles of healthy aging* (18) and *Frailty and disability prevention* (18).

CORE AREA 2. Technological capabilities/services

The questionnaire covered both general and unique infrastructure. However, we consider unique infrastructure, equipment, and services to be of greater importance when assessing strengths and collaborations.

The number of IIS that have some type of unique infrastructure, equipment, or service in each of the classifications is shown below.



Firstly, 26 of the 33 IIS that responded have units, platforms, or laboratories accredited by a recognized standard, which demonstrates the Spanish research ecosystem's interest in service quality. However, having more accredited platforms to enable greater expansion is an area to be improved.

Spanish health research has unique infrastructures in all the areas in which they have been classified, with *Omic technologies* standing out, with 16 unique teams or services, followed by *Imaging technologies* (13). On the other hand, there are 7 unique *Cell Biology* units or teams.

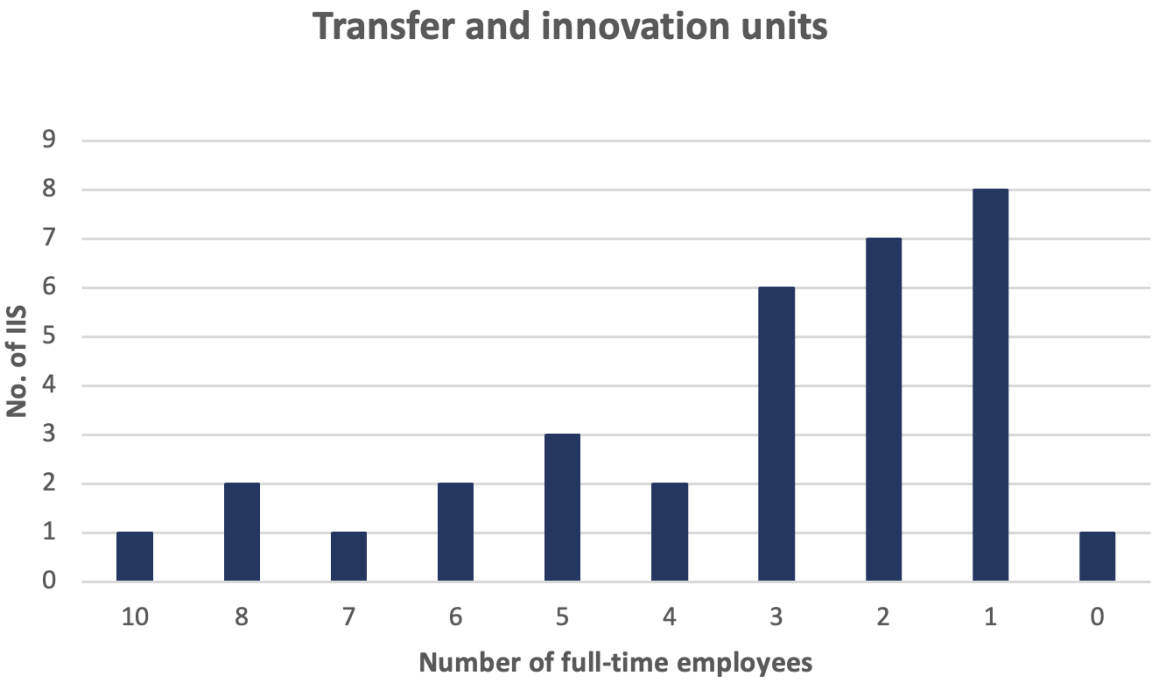
Full details about these unique infrastructures can be found in the Annex to this document.

CORE AREA 3. Capabilities for transfer to society/patients

A. TRANSFER UNITS

All IIS have staff dedicated to Transfer and Innovation. One IIS points out that it does not have full-time staff dedicated to these services.

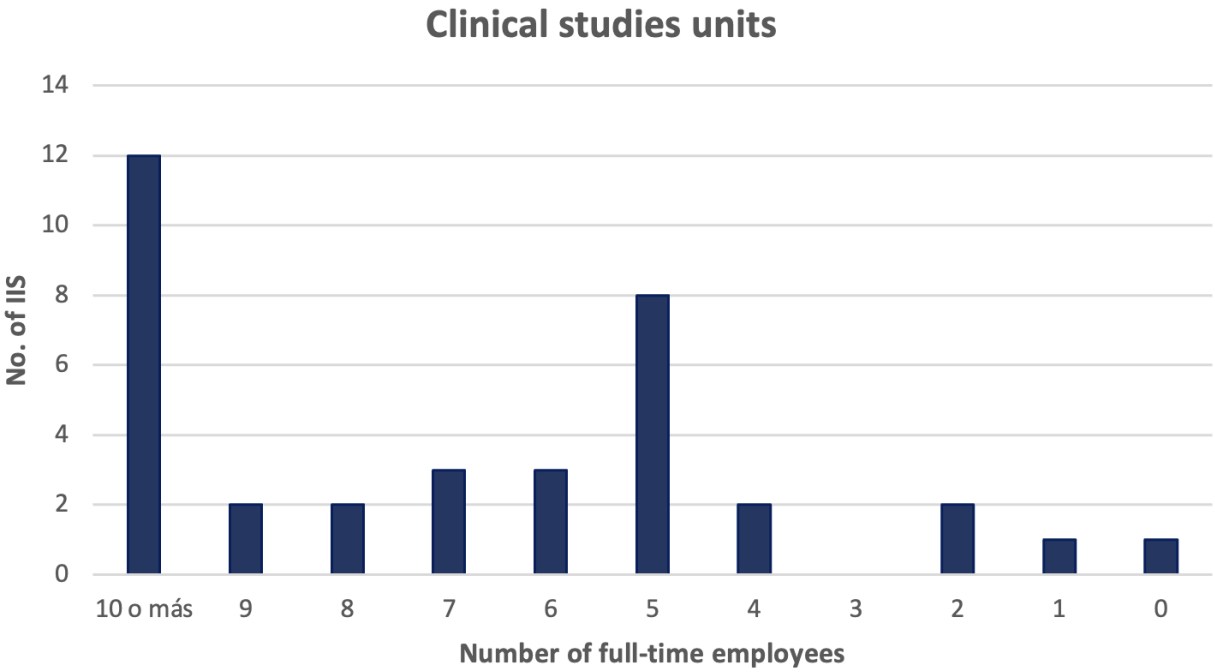
The following figure represents the number of IIS that have the number of people indicated on the x-axis dedicated full time to Transfer and Innovation



B. CLINICAL STUDIES UNITS

32 IIS have staff dedicated to Clinical Studies. One institute points out that it does not have full-time staff dedicated to these services.

The following figure represents the number of IIS that have the number of people indicated on the x-axis dedicated full time to Clinical Studies. Some IIS may have more than 10 people on staff..

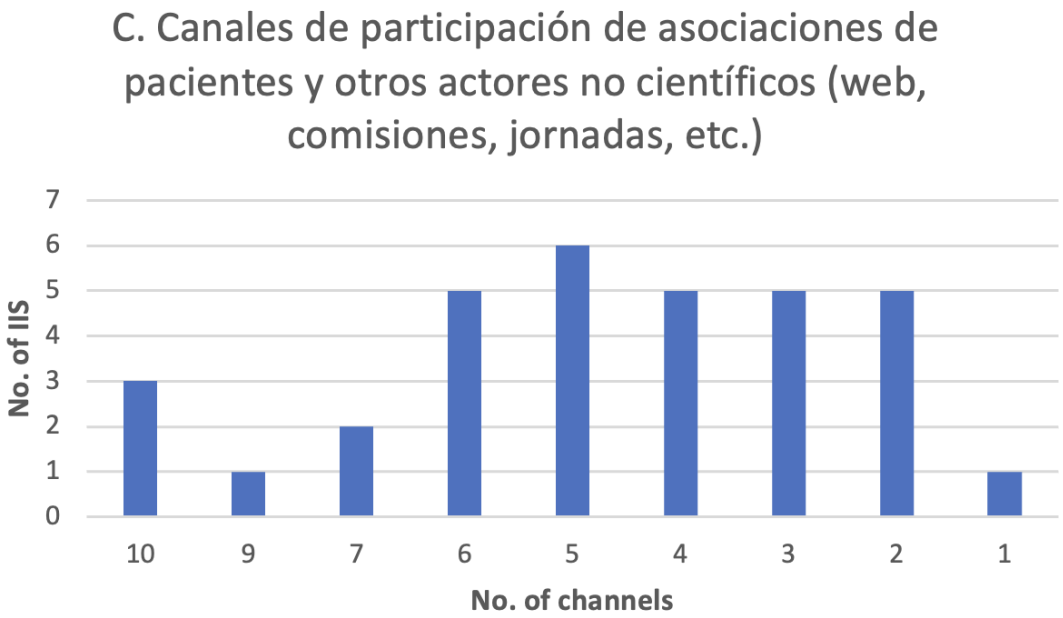


The results therefore demonstrate the considerable effort and dedication of the IIS in clinical research.

C. CHANNELS FOR THE PARTICIPATION OF PATIENT ASSOCIATIONS AND OTHER NON-SCIENTIFIC STAKEHOLDERS (websites, commissions, conferences, etc.)

All IIS have at least one channel of communication with patient associations and non-scientific stakeholders. Among the responses, communication through websites, the organization of specific conferences, and the participation of key non-scientific stakeholders in Commissions or Committees stand out.

The figure shows the number of IIS that have the number of channels indicated on the x-axis.

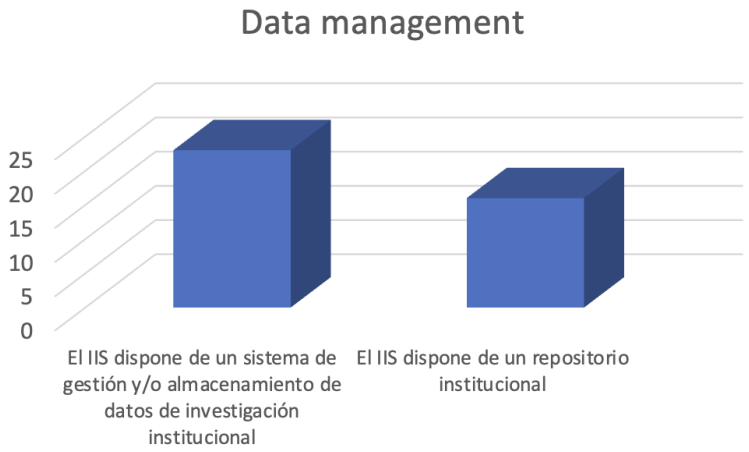


The channels used by each IIS are described in Annex IV.

D. DATA MANAGEMENT

With regard to the results obtained, 23 out of 33 have an institutional data management and/or storage system. With regard to institutional repositories, almost half (16) also have an institutional repository.

The following figure shows the number of IIS.

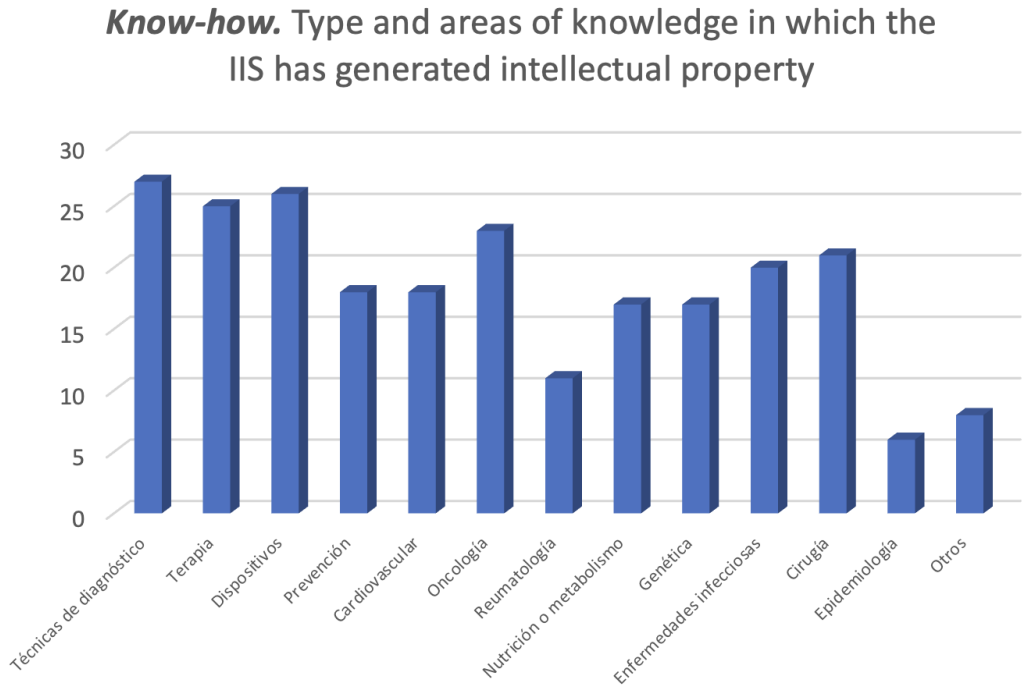


KNOW-HOW. Type and areas of knowledge in which the IIS has generated intellectual property.

The types and areas of knowledge that generate intellectual property in the IIS are classified as follows:

1. Diagnostic techniques
2. Therapy
3. Devices
4. Prevention
5. Cardiovascular
6. Oncology
7. Rheumatology
8. Nutrition or metabolism
9. Genetics
10. Infectious diseases
11. Surgery
12. Epidemiology
13. Other

In the healthcare R&D&I ecosystem, *Diagnostic techniques* generate the most innovation (27), followed by *Devices* (26) and *Therapy* (25). *Oncology* stands out in areas of knowledge.



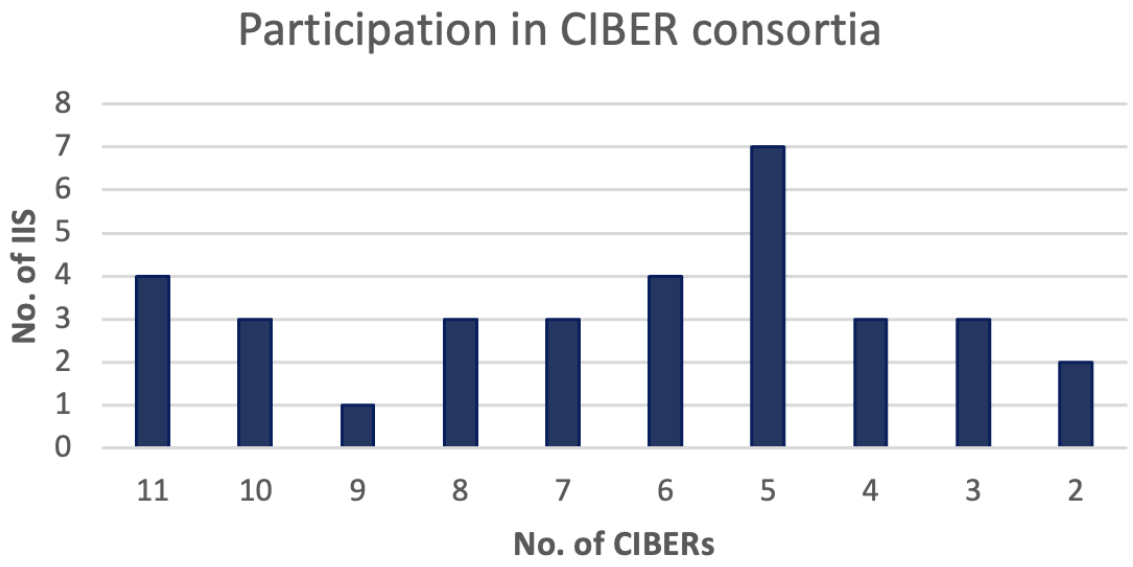
CORE AREA 4. Collaboration capabilities.

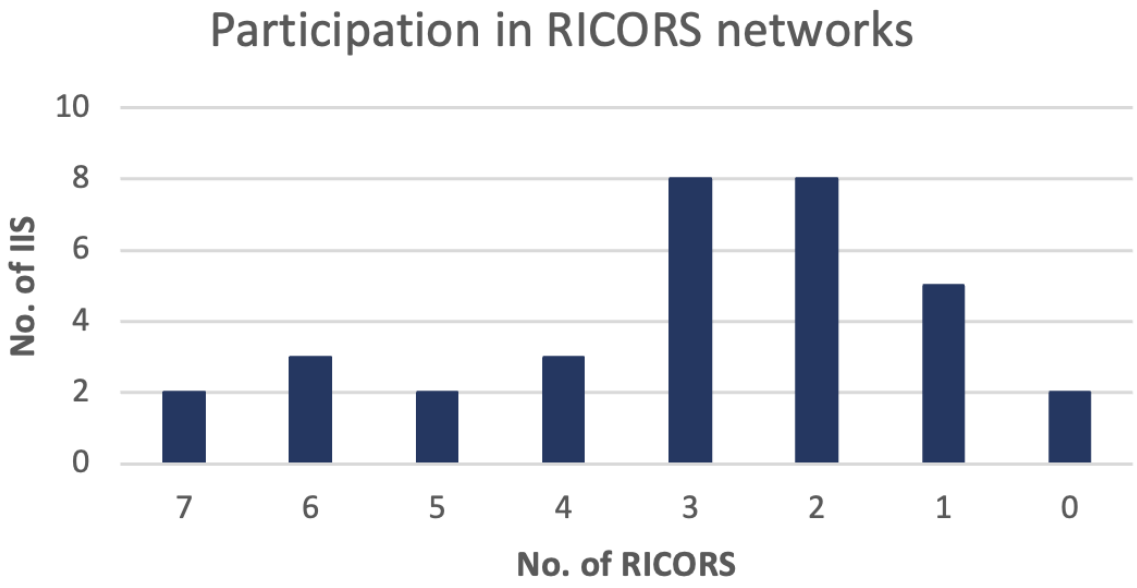
The types of collaboration for each IIS are classified by theme (CIBER, RICORS, etc.), international, and with relevant companies in the sector.

THEMATIC COLLABORATIONS

All IIS participate in CIBER consortia. Of these, 4 institutes participate in 11 of the 13 existing CIBERs. Regarding RICORS networks, 2 IIS participate in the 7 existing ones, while two others do not participate in any of them.

The following figure depicts the number of CIBER thematic consortia and RICORS networks in which each IIS participates.

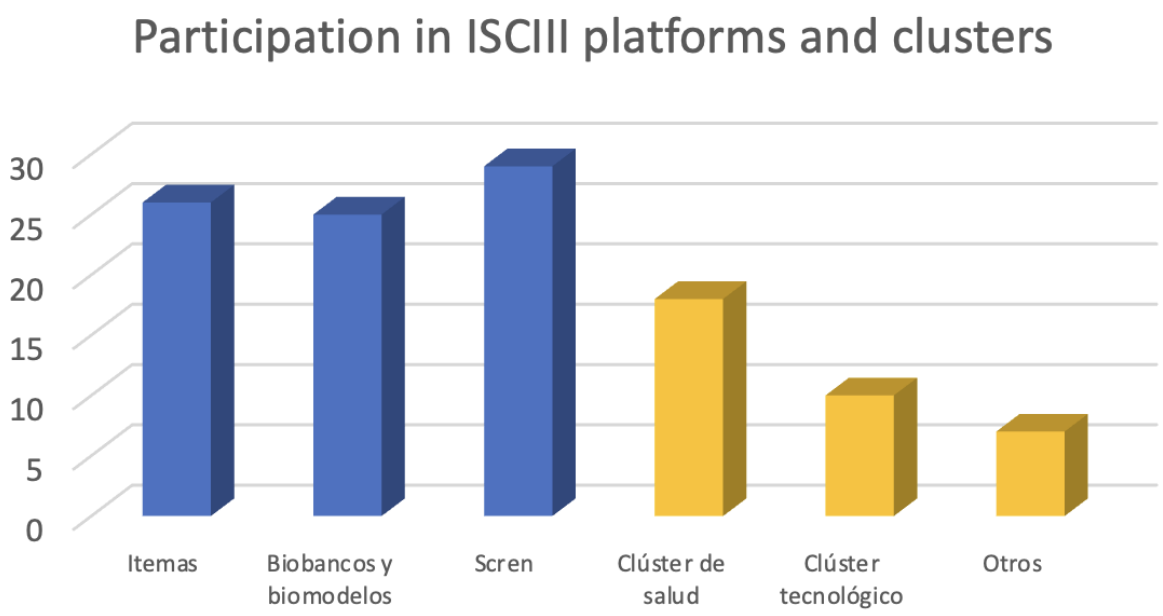




PARTICIPATION IN ISCIII PLATFORMS AND CLUSTERS

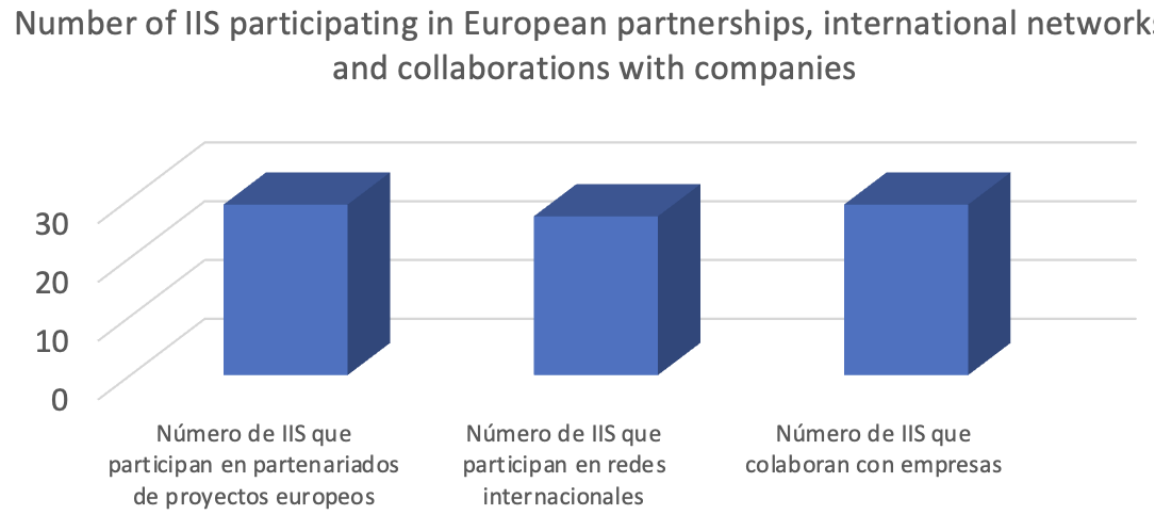
All accredited IIS participate in at least one ISCIII platform. Scren stands out as the platform with the most IIS (29), which once again highlights the great interest of the healthcare scientific community in Clinical Research.

On the other hand, most IIS (18) participate in health clusters, as shown in the following figure.



INTERNATIONAL AND BUSINESS COLLABORATIONS

Of the 33 IIS that participated in the survey, 29 are part of European project partnerships and 29 have collaborations with companies. The number of IIS participating in international networks is also notable (27).



CONCLUSIONS AND PROPOSED ACTIONS

The following conclusions can be drawn from the analysis:

Strengths in the R&D&I ecosystem are identified in all of the defined Capability Core Areas, as detailed below.

Scientific Capabilities, including human capital and areas of leadership (CORE AREA 1)

- The dedication of the IIS to line 1, Precision Medicine, stands out; of the five major themes analyzed, at least 18 IIS participate in each of them, reaching a participation of 95% in at least one of the fields of study proposed based on the 2021-2027 State Plan for Science, Technology, and Innovation.
- Line 2, New Diagnostic and Therapeutic Techniques, is a major strength in the Spanish R&D&I ecosystem. Most IIS (17 or more) are involved in 11 of the 12 sub-lines proposed, with IIS participation between 68% and 80% in three of them.
- In the field of Infectious Diseases (line 3), more than 50% of IIS are involved in five out of the eight topics, with three topics showing participation rates of between 68% and 77%. Line 4, Cancer, Geroscience: aging, degenerative diseases, has five main sub-lines, with three of them showing strength with 51 to 68% participation.
- There is room for improvement in various sub-lines of lines 2, 3, and 4, where participation does not exceed 34%, reaching 14% in zoonosis (strategic line 2).

Technological capabilities/services

- A large number of IIS have at least one unit, platform, or service accredited by a recognized standard, which demonstrates the IIS's interest in Quality issues.
- The technologies for which most IIS have some unique infrastructure, equipment, or service are Omics, followed by Imaging Technologies.
- There is room for improvement in IIS infrastructures, provided that they need such technology for their studies.

Capabilities for transfer to society/patients

- 29 of the IIS have five or more people dedicated exclusively to Clinical Studies.
- The vast majority of IIS have full-time staff dedicated to Transfer and Innovation tasks (32 out of 33).
- Most IIS have a system for managing and/or storing research data.
- The areas in which the most intellectual property is generated are Diagnostic Techniques, Therapy, and Devices. The most notable area of knowledge in innovation is Oncology.

Collaboration capabilities

- All IIS participate in CIBER consortia and the vast majority participate in a RICORS network.
- Scren is the ISCIII platform with the highest participation among respondents. Participation in these platforms is good (more than 20).
- Most IIS have international collaborations, participate in international networks, and collaborate with companies in the sector.

The following aspects have been identified as proposals for action and should be considered areas for improvement:

1. Of the research sub-lines included in the 2021-2027 State Plan for Science, Technology, and Innovation, the following are considered deficient:
   - a. in strategic line 2 (Infectious Diseases), the study of *Zoonosis, Environmental effects (climate change, migration, globalization) on the emergence and spread of infectious diseases, and New methods of prophylaxis, detection, and treatment*;
   - b. in strategic line 3, *Implants and Artificial organs*; and
   - c. in strategic line 4, *Interaction of the environment, nutrition, and psychosocial factors in healthy aging and Integrated development of multidisciplinary programs from cellular and molecular biology of aging to systems biology and medicine*.
2. In the field of Cell Biology technologies, only eight unique teams or services have been identified throughout the national territory.
3. The availability of institutional repositories is limited.
4. Although the accreditation of IIS laboratories, units, or services is notable, it would be advisable to continue the commitment to quality services by increasing the number of accreditations.
5. There is room for improvement in the personnel dedicated to innovation in 37% of IIS, given that they include the dedication of one or two people full time, whenever necessary for the needs of the IIS.
6. The institutional repository section could be optimized by organizing consortia for several IIS to use the same institutional repositories, through cooperation agreements and joint funding. This would improve the capabilities of the set of institutes, being able to have more common repositories than ISCIII's REPISALUD.
7. It is proposed that the Institute of Health Carlos III provide support in areas where most IIS share common weaknesses, as summarized in the previous points, such as research data management and its deposit in institutional repositories, or support in laboratory accreditation.
8. As for Collaboration Capabilities, the participation of all IIS in research networks should be encouraged.

CONCLUDING REMARKS

Identifying the strengths of each IIS will increase their visibility and facilitate closer collaboration between IIS within the Spanish R&D&I system, establishing synergies that will lead to better proposals for both national and international collaborative projects, while also promoting the mobility of researchers at different stages of their careers.

Furthermore, showcasing the capabilities of the most established IIS will serve as inspiration for younger, smaller, or more recently accredited IIS.

IMPLEMENTATION OF THE EUROPEAN HRS4R SEAL IN IIS: MATURITY STATUS, AUDIT RESULTS AND REPORTS ON THE SITUATION IN SPAIN

WG3. Alliance of Institutes. 2024.

Coordination: IISFJD

Responsible parties: Dr. CARMEN AYUSO GARCÍA and Dr. GABRIEL CAPELLÁ MUNAR

EXECUTIVE SUMMARY

Within the framework of this Alliance, various working groups were set up in 2024. These include the Working Group for the "implementation of the HRS4R seal in IIS: maturity status, audit results, and reports on the situation in Spain" (WG5), whose findings are presented in this report.

The IIS participating in this Working Group are as follows: INIBIC, IRBLleida, IiSGM, IGTP, LA FE, IBIMA, IIS PRINCESA, IIS ARAGON, and IIS-FJD and IMIBIC as IIS coordinators of WG5.

The Seal of Excellence in Human Resources is a distinction awarded to organizations that demonstrate a high level of quality in the management of their human resources. This recognition seeks to promote and reward best practices in talent management, organizational culture, and human capital development.

OBJECTIVES OF THE SEAL:

- Recognition of Good Practices in Research: Assess and certify companies that implement effective and efficient practices in the management of their human resources.
- Continuous Improvement: Promote continuous improvement in people management through standards of excellence.
- Attracting Talent: Increase the appeal of the organization to attract and retain highly qualified talent.

EVALUATION CRITERIA:

The Seal is based on a series of criteria covering different aspects of human resources management, such as:

- Human Resources Strategy: Consistency and alignment of the HR strategy with the overall strategy of the organization.
- Organizational Culture: Promotion of a culture that favors the inclusion, development, and well-being of employees.
- Talent Management Processes: Effectiveness in staff selection, training, development, and evaluation.
- Compensation and Benefits: Equity and competitiveness in compensation and benefits policies.
- Internal Communication: Effectiveness of internal communication channels and organizational transparency.

PROCESS OF OBTAINING THE SEAL:

The process for obtaining the Seal includes:

- Self-evaluation: The organization conducts an internal self-evaluation of its human resources practices.
- External Evaluation: A panel of experts reviews and evaluates the company's practices in relation to the established criteria.

- Audit and Certification: An audit is conducted and the Seal certification is issued if the standards of excellence are met.

The Seal of Excellence in Human Resources represents a commitment to excellence in people management and contributes to the sustainable development of organizations. By obtaining this seal, companies not only validate their internal practices, but also position themselves as leaders in the field of talent management.

INTRODUCTION

The HRS4R (Human Resources Strategy for Research) supports research institutions and funding organizations in implementing the Charter & Code Principles (1) in their policies and practices.

The application of the principles of the Charter and Code by research institutions makes them more appealing to researchers seeking a new employer or host for their research project.

The European Commission recognizes institutions that are making progress in adapting their human resources policies to the 40 principles of the Charter and Code with the "HR Excellence in Research Award," based on a customized HR action plan/strategy.

The HRS4R Human Resources Strategy for Researchers promotes recognition by national institutions of the relevance and timeliness of applying the guidelines set out in the Charter and is supported by the inclusion of criteria that ensure compliance with this European Human Resources Strategy in the Guide on the Criteria and Indicators for the Evaluation of the Accreditation of Health Research Institutes (IIS) of the Institute of Health Carlos III (ISCIII). Specifically, the Guide provides that:

- IIS adhere to the European Charter for Researchers and the Code of Conduct for the Recruitment of Researchers (currently replaced by the European Charter for Researchers). Section 2.2.2.6 of the Guide
- that the IIS have a plan for complying with the principles defined in the C&C approved by the governing bodies. Section 2.2.2.7 of the Guide

Below is an image from the Accreditation Guide, showing both criteria and the evidence that supports them.

Criterios e indicadores para la Evaluación de la Acreditación de IIS

2.2.2 Recursos humanos y masa crítica		
Nº / Código	**Criterio de calidad**	**Observaciones**
Verificación: Plan de recurso humanos aprobado por órganos de gobierno. Evidencias de su implementación. Documentos de adhesión y acreditación.		
2.2.2.6	El IIS está adherido a la Carta Europea del Investigador y al Código de conducta para la contratación de investigadores (C&C).	Debe existir un documento de adhesión con registro oficial de la DG europea correspondiente. Periodo de evaluación en acreditación: 3 años anteriores al de solicitud. Periodo de evaluación en renovación de acreditación: 2 años anteriores al de solicitud. RRI
2.2.2.7	El IIS tiene un plan de cumplimiento e implantación de los principios definidos en la C&C aprobado por los órganos de gobierno.	Disponen de indicadores para seguimiento de la implantación del C&C y se aportan resultados de la evaluación periódica de los mismos (anual). Revisar qué acciones han realizado. Periodo de evaluación en acreditación: 3 años anteriores al de solicitud. Periodo de evaluación en renovación de acreditación: 2 años anteriores al de solicitud. RRI

Other consequences and advantages:

In addition, in line with the ISCIII accreditation strategy, there are reasons justifying IIS to adhere to the European HRS4Rstrategy:

- Advocating for a favorable and stimulating work environment for research staff.
- Actively supporting a change in work culture that promotes quality and well-being in the research field.
- Being part of a pan-European network of researchers and research centers.
- Concern for work culture, referring to improving specific aspects such as the work environment, work-life balance, and working conditions, which are key elements for a healthy and productive environment.
- Providing international visibility.

In addition, IIS that have the seal of excellence in HR can enjoy the following advantages:

- Improved organization of the recruitment process in line with European regulations.
- Positioning of the institutional image with the aim of increasing the attraction of talent, guaranteeing the best working conditions for our researchers.
- Increased possibility of fund raising.

THEORETICAL FRAMEWORK

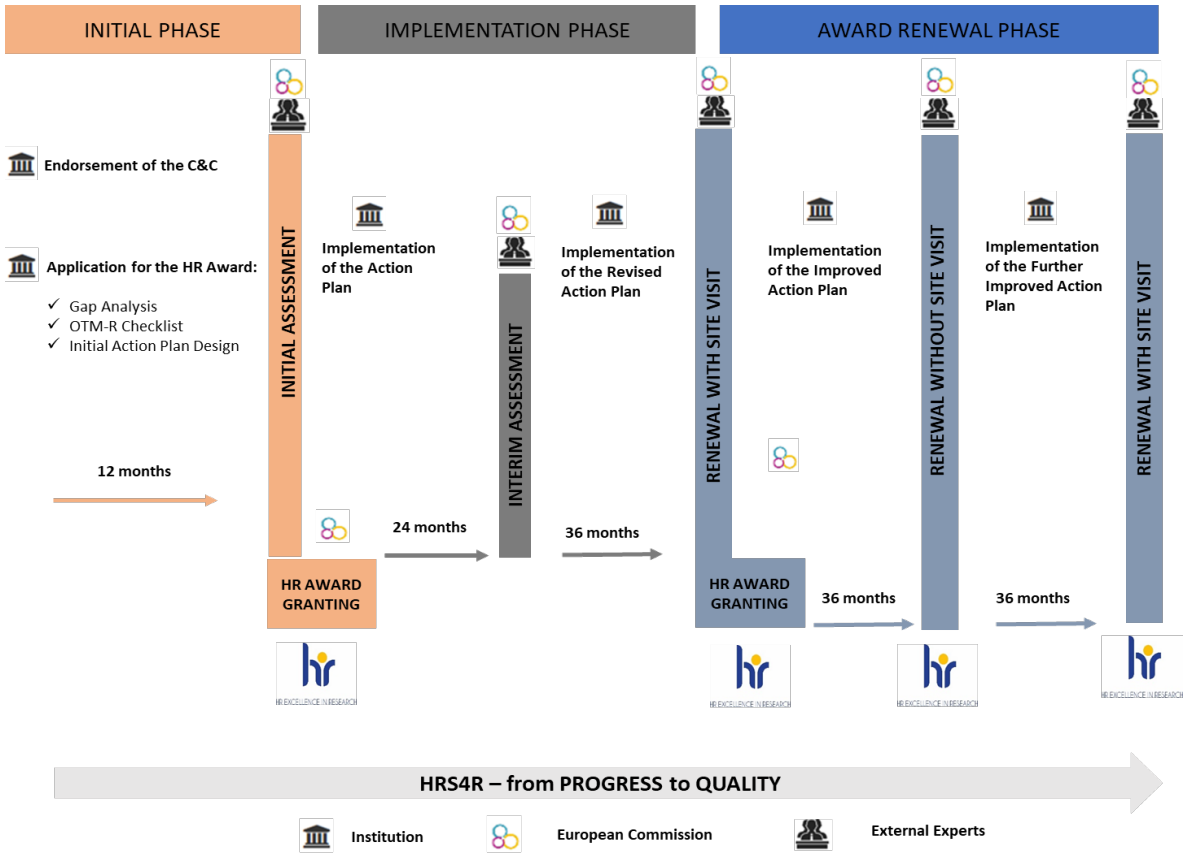
In 2005, the European Commission adopted a European Charter for Researchers https://euraxess.ec.europa.eu/jobs/charter/european-charter (2) and a Code of Conduct for the Recruitment of Researchers https://euraxess.ec.europa.eu/jobs/charter (3). These two documents set out a set of general principles and requirements for researchers, employers, and research funders in the public and private sectors, defining their responsibilities. They are key elements of EU policy to promote the careers of researchers. Very recently, the Council of the European Union reviewed the Charter and Code, establishing a recommendation on a European framework for attracting and retaining research talent in Europe (published in the Official Journal of the European Union C/2023/1640, 12/29/2023; EUR-Lex - 32023H01640 - EN - EUR-Lex (europa.eu) (4)). The Recommendation seeks to retain research talent in the European Union and make it attractive globally. It revises the definition of "researcher" and their activities to cover diverse career paths, promoting intersectorality, interdisciplinarity, entrepreneurship, and innovation in universities, businesses, public administration, and the non-profit sector. Finally, the Recommendation categorizes researcher profiles into four distinct groups and proposes examples of occupations for each of these profiles. It also highlights the significance of the career paths of research managers and research technicians, emphasizing their fundamental role in promoting excellence in research and innovation. The Recommendation also updates the European Charter for Researchers and the Code of Conduct for the Recruitment of Researchers, which date back to 2005, urging all institutions that employ or fund researchers to adopt the new "European Charter for Researchers" that has been introduced as a result of this revision.

The Human Resources Strategy for Researchers supports research institutions and funding organizations in adopting the European Charter for Researchers in their policies and practices , as the application of these principles by research institutions makes them more appealing to researchers, improving the attraction of talent both nationally and internationally.

The European Commission recognizes with the HRS4R label those institutions that make progress in adapting their human resources policies to the principles of the European Charter for Researchers, based on a customized HR action plan/strategy. According to the latest Recommendation, the European Charter for Researchers consists of 20 key principles (formerly 40), which fall into four groups:

- ethics, integrity, gender, and open science;
- evaluation, recruitment, and progression of researchers;
- working conditions and practices;
- research and talent development careers.

The HRS4R seal of the European Commission is a dynamic certification system with five clear phases representing progress towards quality in Human Resources over 12 years. The following chart defines the different phases:



Retrieved from https://euraxess.ec.europa.eu/jobs/hrs4r#hrs4r-tabs-hrs4r-procedure (5)

METHODOLOGY

In this context, the ISCIII has proposed the creation of a working group on "*Implementation of the HRS4R seal in IIS: maturity status, audit results, and reports on the situation in Spain, "*, with the following objectives:

- to study the degree of implementation of the HRS4R seal in different institutions, and

- to identify the progress and impact of its implementation, as well as the difficulties encountered.

This group, co-led by the Jiménez Díaz Foundation Health Research Institute (IISFJD) and the Maimónides Biomedical Research Institute in Córdoba (IMIBIC), also includes the following IIS: Biomedical Research Institute of A Coruña (INIBIC), Lleida Biomedical Research Institute, Dr. Pifarré Foundation(IRB Lleida), Gregorio Marañón Health Research Institute (IiSGM), Germans Trias i Pujol Health Sciences Research Institute (IGTP), La Fe Health Research Institute (IIS LA FE), Malaga Biomedical Research Institute (IBIMA), Princesa University Hospital Health Research Institute (IIS PRINCESA), and Aragon Health Research Institute (IIS ARAGON).

To achieve the objectives proposed by the group, the following actions have been taken:

- Joint work by both coordinating institutes to organize and develop working meetings, surveys, and drafts V1 and V2.
- Survey to determine the degree of implementation of the HRS4R seal in their IIS, initially transferred only to WG5 (draft v1) and recently transferred to all IIS.
- Working meetings to discuss and correct documents.

DEVELOPMENT AND RESULTS

The coordinating IIS of this working group, IIS-FJD and IMIBIC, have designed a short questionnaire to ascertain the maturity status of IIS in this process of implementing the HRS4R seal and to be able to carry out an initial analysis. The questionnaire has been disseminated to all accredited IIS and the results are shown in Annex I I of this document.

As indicated above, the process of implementing the HRS4R seal in research centers, from its application to its final phase of renewal, consists of five blocks (Figure 1):

1. Initial phase
2. Implementation of the Action Plan
3. Implementation of the revised Action Plan
4. Implementation of the Improved Action Plan
5. Implementation of the Final Action Plan

Based on this information, and after identifying the participating institutes, the next question in the questionnaire was whether they had applied for the seal (affirmative response of 100%; Annex II, Question 2) and, accordingly, what phase of implementation they were in. Figure 1 shows that the responding IIS are already in the last three phases of implementation, with most being in phase 3, *Implementation of the revised Action Plan*, i.e., they are in the phase prior to the EC face-to-face interview to move on to the next phase (Annex II, Question 3).

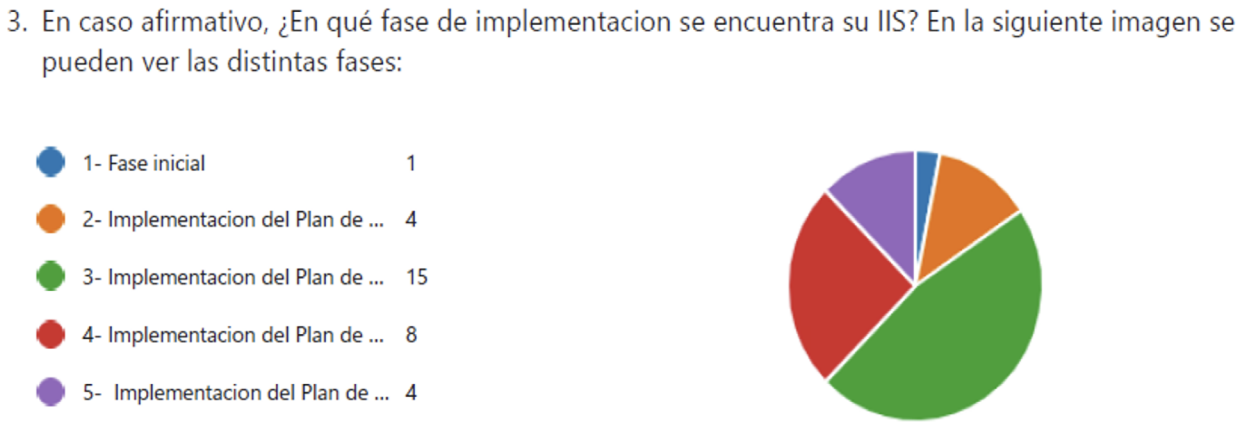


Figure 1.- Phases of implementation of the HRS4R seal of the IIS participating in WG5.

Next, a question was asked to gather information about the IIS staff knowledge about the HRS4R seal. As shown in Figure 2, most IIS had little knowledge of the process prior to their application.

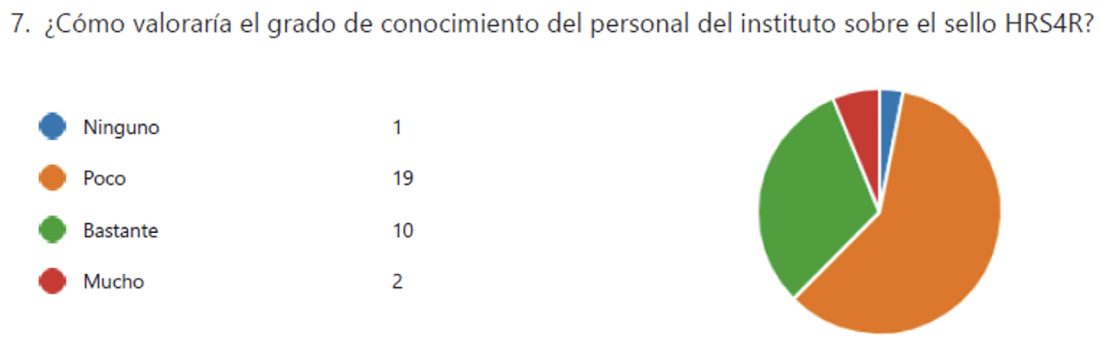


Figure 2.- Degree of IIS staff knowledge about the HRS4R seal.

As mentioned above, at the end of phase 3: *Implementation of the revised Action Plan*, the EC visits the center to check on the progress of its implementation. For this reason, the group was asked about the level of information they had about the in-person visit. In this case, the results are quite heterogeneous, although IIS with little or no information predominate (Figure 3).

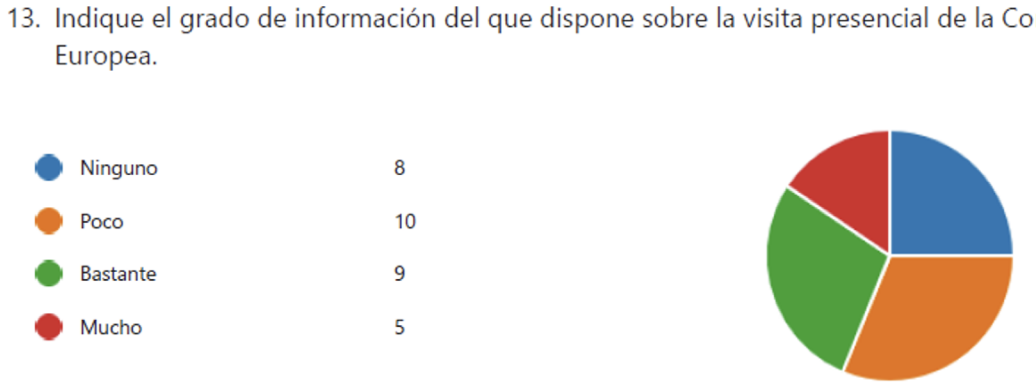


Figure 3.- Degree of knowledge of the IIS about the EC's in-person interview

The requirements demanded by the EC include the implementation of a plan to promote the seal among the institute's staff. In this context, approximately half of the IIS that responded do not have a specific dissemination plan, but rather it forms part of the general dissemination of each institute's activities, although their websites dedicate a specific space to the seal (Annex II, Question 8).

Another requirement for the EC is to have an open science policy, to which the majority of the IIS surveyed responded that they have a plan in this regard, although to varying degrees of implementation (Annex II, Question 9). Only three have not yet addressed this issue.

As this is a European seal of excellence, it is very important for the IIS to promote the internationalization of the institution, encouraging international exchange between professionals. To this end, language barriers must be eliminated, starting with having a website in English, as well as all documents related to the HRS4R seal, such as those relating to staff recruitment, welcome dossiers, etc. The survey asks the IIS which documents related to the seal they have translated into English (Annex II, Question 10). Most IIS have translated documents related to labor recruitment, code of responsible practices and research integrity, or two welcome dossiers; only two IIS have all the institution's documents translated and four institutes have none translated.

The European Seal requires the implementation of a career path in accordance with the principles of the European Charter for Researchers, described above, for the recruitment of research staff. The questionnaire reveals that around 60% of the IIS that responded to the survey have a career path, only four are developing one, and seven do not yet have one (Annex II, Question 11).

In conjunction with this career path, the institution is required to provide support to researchers in the early stages of their research career (R1 and R2) with a mentoring plan. Most of the centers consulted are developing a plan to have a mentor figure to offer this advice to young researchers, although some of them (seven) already have a plan fully in place (Annex II, Question 12). As an example, t he IIS-FJD is developing a mentoring plan based on the principles of the seal and an analysis of the environment of other IIS, as shown in Annex II . This Annex also provides information on the pilot mentoring program of the IIS LA FE and the IiSGM, among other ongoing projects.

Specifically, the members of WG5 are consulted on the most important areas for improvement reported to them by the European Commission in the mid-term evaluation at the end of Phase 2 of the Implementation of the Action Plan. Most responded that they suggested improvements in the application and dissemination of the HR policy (OTM-R), the implementation of the career path and the Mentoring program, the translation of key documentation into English, and the internationalization of job postings (Annex II, Question 14).

Finally, they are asked why they applied for the HRS4R seal of excellence. Most agree on two main points: it is a requirement for European calls for proposals and for accreditation as an IIS, which implies continuous review and improvement of scientific excellence (Annex II, Question 15). This ties in with the last question asked about the advantage of having the HRS4R seal, on which they agree on continuous improvement and the image of excellence that it conveys (Annex II, Question 16).

CONCLUSIONS AND/OR RECOMMENDATIONS

The following are a series of recommendations for Health Research Institutes:

1. Promoting the Seal Internally
   - Internal Communication: Announce the achievement to all staff through internal newsletters, meetings, and events. Explain what the seal means and how it reflects values and quality in human resources management.
   - Training and Awareness Raising: Provide training sessions for employees to understand the benefits and impact of HRS4R in their work environment.
2. Integrating the Seal into the Branding and Communication Strategy
   - Use in Communication Materials: Inclusion of the HRS4R logo on the company's website, in annual reports, marketing materials, and in email signatures to increase visibility.
   - Success Stories: Publication of success stories and testimonials on how HRS4R has contributed to improving human resources management in your organization.
3. Strengthening the Employer Brand
   - Attracting Talent: Use of HRS4R as a tool to attract talent by highlighting the organization's commitment to excellence in human resources management.
   - Reputation Development: Leverage recognition to improve how the company is perceived in the labor market and positioning it as a benchmark employer.
4. Maintaining and Improving Excellence in Human Resources
   - Continuous Review: Implement a system for continuous review of human resource policies and practices to ensure compliance with HRS4R standards.
   - Periodic evaluations: Perform periodic self-evaluations and adapt human resource practices as needed to maintain the required level of excellence.
5. Documenting and Sharing Best Practices
   - Publications and Blogs: Create content, such as articles or blogs, detailing the best practices and benefits of HRS4R, and share it on relevant platforms.

- Participation in Networks and Events: Participate in human resource conferences and events to share your experiences and learnings with other organizations.

6. Leveraging Feedback from the Evaluation Process
   - Implement Improvements: Use the feedback received during the HRS4R evaluation process to identify areas for improvement and develop action plans to address them.
   - Update Policies: Update and strengthen human resource policies based on the recommendations received during the evaluation process.
7. Fostering a Culture of Inclusion and Development
   - Diversity Promotion: Ensure that diversity and inclusion practices are aligned with HRS4R principles.
   - Professional Development: Invest in the continuous professional development of employees and in creating a work environment conducive to growth and well-being.
8. Preparing for re-evaluation of the Seal
   - Planning for reassessment: Prepare for the HRS4R re-evaluation process, which occurs every three years, ensuring that all policies and practices are kept up to date and aligned with the assessment criteria.

This leads to the conclusion that the Human Resources Seal of Excellence (HRS4R) is not only an important recognition, but also a valuable tool for improving talent management and strengthening the organization's reputation. By following these recommendations, companies can maximize the benefits of the seal and continue to move towards excellence in human resources management.

ANNEXES

ANNEX I. MEMBERS OF THE WORKING GROUP .

I. GdT 1 PATIENT ENGAGEMENT

	Dirección científica	Dirección de gestión	Personal técnico delegado	
ibs.GRANADA (coord)	María José Sánchez Pérez	Sarah Biel Gleeson	Francisco J Salcedo Avilés	Responsable Secretaría Técnica. Calidad, Evaluación y Gestión del Conocimiento
IRYCIS (coord)	María Laura García Bermejo	Laura Barreales Tolosa	Eduardo Barrio Ferrero	Gestor I+D+i
IBSAL	Luis García Ortiz	Raquel Carnicero Izquierdo	Laura González Guerra Olaya Tamayo Morales	Gestión científica IBSAL
IdISBA	Antonia Barcelo Bennasar	Miguel Fiol Sala	Maria Antònia Llopis Grimalt Maria del Mar Ferrà Cañellas	Gestión científica
IIS-FJD	Carmen Ayuso García	Alberto Montero Manso	Ana Rubio Araiz	Gestor I+D+i apoyo Dirección Científica
IdISSC	Elena Urcelay García	Joana Modolell Aguilar	Laura Espino Paisán	Responsable Secretaría Técnica
ISABIAL	Cristina Alenda	Elena Bertomeu	Enrique de Madaria Andreu Campos	Subdirector científico Director técnico
IdiPAZ	Javier de Castro	Ana Coloma		
INIBIC	Mª del Mar Castellanos Rodrigo	Patricia Rey Pérez	Juan A. Pérez Longueira	Responsable de UCC+i
IRBLleida	Diego Arango del Corro	Joan Sayós Ortega	Meritxell Soria Yenez Anna Belén Castilló Pérez	Responsable de Comunicación Técnica de la Unidad de Innovación Participantes en la Comisión de pacientes

II. GDT 2 ANÁLISIS COMPARATIVO DE LA INCORPORACIÓN ESTABLE DE INVESTIGADORES JUAN RODÉS Y MIGUEL SERVET Y PROPUESTA DE ACCIONES

- Joaquín Arribas. HMRIB.
- Joaquín Arenas. i+12.
- Elías Campo. IDIBAPS.
- Marcos López. IDIVAL.
- Guillermo Muñiz. ISPA.
- Julia García. IGPT.
- María Luz Couce. IDIS.
- Itziar Vergara. IIS BIOGIPUZKOA.
- Mariano Provencio. IDIPHISA.
- Andrés Cervantes. IIS INCLIVA.
- Ángel Lanas. IIS ARAGÓN.
- Ismael Buño. IiSGM.

III. GDT 3 MIEMBROS DEL GRUPO METRICAS DE IMPACTO

- Itziar Vergara; Olatz Arrizabalaga - IIS BIOGIPUZKOA (Nodo co-coordinador)
- Gabriel Capellá; Beatriz Pinilla - IDIBELL (Nodo co-coordinador)
- María López Berlanga; Isabel de Mier – i+12
- Anna Ullastres; Marta Ariza – I3PT
- José Antonio Castilla; Sandra Valentín; Fran Salcedo - Ibs. GRANADA
- Isidoro González; María Chaparro - IIS LA PRINCESA
- Jordi Surrallés; Miriam Ors; Montse Campmany; Mª Rosa Ballester - IR SANT PAU
- Mar Mendibe; Álvaro Sánchez; María Luz del Valle - IIS BIOBIZKAIA
- Álvaro Granados; Estefanía Azcona – IMIBIC
- Laura García Bermejo – IRYCIS

IV. GDT 4 COMPOSICIÓN DEL GRUPO DE TRABAJO MAPA DE CAPACIDADES

Centros coordinadores:

- Instituto de Investigación Sanitaria de Santiago de Compostela (IDIS)- María Luz Couce Pico, Isabel Lista García, equipo de Coordinación Científico-Técnica.
- Instituto de Investigación Sanitaria de Navarra (IDISNA) – Nicolás Martínez Velilla, Natalia Cal Purriños.

Centros participantes:

- Instituto de Investigación e Innovación Parc Taulí (I3PT) - Loli Prados Cazorla, Anna Ullastres.

- Instituto de Investigación Sanitaria Hospital La Paz (IdIPAZ) – Paloma Gómez Campelo.
- Instituto de Investigación Sanitaria Galicia Sur (IIS GS) - Eva Póveda, Beatriz Gil De Araújo.
- Instituto de Investigación Biomédica de Málaga y Plataforma en Nanomedicina (IBIMA Plataforma BIONAND) - Francisco J. Tinahones, José Miguel Guzmán.
- Instituto de Investigación Sanitaria (IIS La Fe) - Guillermo Sanz Santillana, Adriana Sandoval Duarte, Daniel Lurbe.
- Instituto Maimónides de Investigación Biomédica de Córdoba (IMIB) - María Fuensanta, Pablo Ramírez.
- Instituto de Investigación Hospital Universitari Vall d´Hebron (IR-HUVH) – Meritxel Álvaro Costa.
- Instituto de Biomedicina de Sevilla (IBIS) – José Cañón Campos.

V. GDT 5. INTEGRANTES GDT HRS4

Persona/s participante/s	IIS
Susana Junquera Juan A. Pérez Longueira	INIBIC
Elena Moscatel Sara Palau	IRBLleida
Ana Bravo Paula Camareña Silvia Rueda	IiSGM
Jordi Barretina Ginesta Montserrat Gonzalez Girol	IGTP
Rita Diranzo Ana Penadés Blasco	IIS_LA_FE
José Miguel Guzmán de Damas	IBIMA
Mª del Rosario Ortizurbina	IIS PRINCESA
Oscar López Lorente Angel Lanas Arbeloa	IIS ARAGON
Carmen Ayuso García Victoria del Pozo Abejón Alberto Montero Manso Ana Rubio Araiz	IIS-FJD (Coordinadores)
Mª del Mar Malagón Poyato Marisa Escabias Parejo	IMIBIC (Coordinadores)

ANNEX II. SURVEY TEMPLATE OR FORM(S).

ANEXO II.1. PLANTILLA DE LA ENCUESTA PATIENT ENGAGEMENT

En el siguiente enlace se puede consultar la encuesta a ser cumplimentada por los IIS para el estado de situación del PE en los IIS: https://docs.google.com/forms/d/e/1FAIpQLScKhU1IZzpTL11_zPVgl9UxRJCIT71yoR2SMHOXYZ3yBLZH0w/viewform

La encuesta incluye bloques de contenido que se repiten tantas veces como iniciativas se vayan a enviar a la encuesta.

1. Título y descripción de la iniciativa
2. Línea estratégica en la que se enmarca
   - Línea 1 – Cultura organizacional
   - Línea 2 – Educación y capacitación
   - Línea 3 – Recursos e iniciativas
   - Línea 4 – Comunicación y diseminación
3. ¿Se han medido el impacto o la satisfacción?
   - Sí
   - No
4. En caso afirmativo, ¿con qué herramienta y cuál fue el resultado?
5. En caso negativo, ¿cuál ha sido la percepción subjetiva de la iniciativa? (*Puntuación de 0 a 10)*

ANEXO II. 2 DOCUMENTO GUIÓN INICIAL METRICAS DE IMPACTO

1. Análisis de la situación actual
   - a. Benchmarking de iniciativas en el ámbito internacional con especial atención al europeo
   - b. Repaso de los indicadores propuestos por el ISCIII y su evolución en los últimos años
   - c. Identificación de otros indicadores de agencias estatales y del ámbito autonómico
2. Descripción de las limitaciones del sistema actual
   - a.La medida del número de GPC no es indicador de impacto ya que debería medirse la implantación de su uso y el impacto producido por estas
   - b. Hay otros productos de traslación que no se están tomando en consideración por la dificultad para su registro y verificación. Deberíamos vencer estas dificultades e introducir su valoración. Por ejemplo, planes, protocolos, rutas asistenciales y otros elementos que guían la práctica habitual en las organizaciones asistenciales (ámbito hospitalario y AP) y también en el ámbito socio-sanitario, el comunitario y otras áreas con competencia en salud, como salud pública.
   - c. Encontramos dificultades para sistematizar el impacto en la ciudadanía y el tejido social en general
   - d. La consideración de la valoración cualitativa del impacto de las publicaciones está generando rechazo entre los investigadores porque lo consideran arbitrario

3.Áreas a considerar para la medida del impacto de la investigación

- a. Sistema de salud
    - Salud pública: Sistema asistencial: AP, H. comarcales, H terciarios, Programas transversales: cribados, trasplantes…
    - Sistema socio-sanitario
- b. Ciudadanía
    - Asociaciones de pacientes
    - Tejido social y Ciudadanía en general
- Académico-científico
    - Artículos
    - Estudios clínicos

4.Productos a considerar como medida de impacto

- a. GPC acompañadas de sus indicadores de implementación y de resultado en salud
- b. Planes, protocolos, rutas, procedimientos y otros
- c. Documentos, acciones y campañas para la promoción de la salud y recomendaciones
- d. Indicadores de resultados en salud
- e. PROMs y PREMs
- f. Indicadores de coste/impacto económico

5.Acciones a considerar

- a. Configuración de un mapa de ámbitos/productos/indicadores/metodología de valoración
- b. Construcción de una plataforma para el registro de
    - los productos considerados como medida de impacto
    - las actividades de trabajo con la ciudadanía
    - las acciones de difusión y divulgación científica
- c. Elaboración de herramientas para la integración de resultados en salud, PROMs, evaluación económica
- d. Oferta de formación en evaluación cualitativa de impacto
- e. Confección de guías y procedimientos para la evaluación del impacto empleando metodología cuanti y cualitativa

ANEXO II. 3 CUESTIONARIO IMPACTO

A continuación, encontrarás varias preguntas relacionadas con la medición del IMPACTO en los IIS. Se han creado tres dimensiones de análisis:

1. EL CONCEPTO DEL IMPACTO

2. ALCANCE DEL IMPACTO

3. MIDAMOS EL IMPACTO

Agradecerte de antemano tu colaboración.

* Indica que la pregunta es obligatoria

7/10/24, 10:25. Alianza IIS - GT 3 MEDIDA DEL IMPACTO

https://docs.google.com/forms/d/1dJ98T7rId7vz1429T-bJO1k5Ev5y3loyu8sZPRkbdk4/edit

1.Correo

*

2. 1.0 ¿Qué es para ti el IMPACTO?

*

3. 1.1 ¿Qué consideras que contribuye al IMPACTO en salud?

*

Marca solo un óvalo.

- o La investigación
- o La innovación
- o La investigación y la innovación

4. 1.2 Cuando hablamos de IMPACTO en los Institutos de Investigación Sanitaria, ¿con qué tipo de actividades lo relacionas?

*

Selecciona todos los que correspondan.

- o Proyectos de investigación preclínicos
- o Proyectos de investigación clínica
- o Producción científica: publicaciones citables e indexadas en JCR
- o Producción científica: cualquier tipo de documento, tanto citable como no citable
- o Tesis doctorales
- o Resultados de Propiedad Industrial e Intelectual
- o Actividades de formación al colectivo académico investigador
- o Actividades de formación y capacitación científica a la sociedad

- o Sesiones y actividades de divulgación
- o Creación de start ups y spin offs
- o Participación en redes y consorcios cooperativos
- o Cambios organizativos/asistenciales
- o Otro:

5. 1.3 ¿Consideras que tu organización mide actualmente el IMPACTO?

*

Marca solo un óvalo.

- o No
- o 1
- o 2
- o 3
- o 4
- o 5
- o Sí

6. 1.4 ¿Con qué recursos cuentas actualmente en tu organización para medir el IMPACTO?

*

7. 1.5 ¿Crees que estos recursos que has indicado son suficientes?

*

Marca solo un óvalo.

- o Nada
- o suficientes
- o 1
- o 2
- o 3
- o 4
- o 5
- o Muy suficientes

8. 1.6 En caso de que no sea así, ¿qué necesitarías?

*

9. **1.7 ¿Consideras que la estructura actual de los IIS es adecuada para medir elIMPACTO?**

*

Marca solo un óvalo.

Nada

adecuada

- o 1
- o 2
- o 3
- o 4
- o 5
- o Muy adecuada

10. **1.8 ¿Cuentas con algún referente en la medición del IMPACTO?**

*

ALCANCE DEL IMPACTO: ámbitos

11. **2.0 ¿Cuáles consideras que son los ámbitos en los que se mide actualmente el IMPACTO en salud en los IIS?**

*

Selecciona todos los que correspondan.

- o Sistema asistencial
- o Salud Pública
- o Academia
- o Sistema socio-sanitario
- o Comunidad
- o Industrial
- o Otro:

12. **2.1 ¿Cuáles consideras que deberían de ser los ámbitos en los que se debería de medir el IMPACTO en salud en los IIS?**

*

Selecciona todos los que correspondan.

- o Sistema asistencial (Hospitalaria y Atención Primaria)
- o Salud Pública
- o Academia-Comunidad Científica
- o Sistema socio-sanitario

- o Comunidad
- o Industrial
- o Otro:

13. 2.2 Puntúa por favor del 1 al 5 la relevancia de los siguientes ámbitos de análisis e IMAPCTO en salud para tu organización (siendo 5 muy relevante y 1nada relevante).

*

Selecciona todos los que correspondan.

- o Sistema asistencial (Hospitalaria y Atención Primaria)
- o Salud Pública
- o Academia- Comunidad Científica
- o Sistema socio-sanitario
- o Comunidad
- o Industrial

14. 2.3 Para cada uno de los ámbitos listados a en la pregunta anterior, ¿podrías indicar ejemplos de indicadores que actualmente se utilizan en tu organización para la medición del IMPACTO?

15. 2.4 ¿Consideras que la Guía de Acreditación de Institutos del ISCIII incluye dimensiones o indicadores relevantes para la medición del IMPACTO?

*

Marca solo un óvalo.

- o Nada
- o relevantes
- o 1
- o 2
- o 3
- o 4
- o 5

Muy relevantes

16. 2.5 ¿Existe algún ámbito al que los IIS no lleguen y deberían de apoyarse en otro tipo de organizaciones? ¿Cuáles?

*

17. **2.6 ¿Qué otro tipo de organizaciones consideras que podrían dar soporte a los IIS a medir el IMPACTO en salud de ámbitos más complejos y por qué?**

*

MIDAMOS EL IMPACTO

18. 3.0 ¿Cuáles consideras que son las 3 debilidades principales que impiden a tu organización llevar a cabo una medición efectiva del IMPACTO en salud?

*

19. 3.1 ¿Cuáles consideras que son las 3 principales fortalezas que permiten a tu organización llevar a cabo una medición efectiva del IMPACTO en salud?

*

20. 3.2 ¿Qué consideras que necesitaría un Instituto como el tuyo para iniciar/mejorar la capacidad de medir el IMPACTO de la I+D+i llevada a cabo en tu organización?

*

Selecciona todos los que correspondan.

- o Formación
- o Recursos humanos
- o Tiempo
- o Recursos económicos
- o Otro:

21. **3.4 ¿Cuál consideras que debería de ser el rol del Instituto de Salud Carlos III en el fomento de la medición del IMPACTO en salud a nivel nacional?**

*

ANEXO II. 4 PLANTILLA DE LA ENCUESTA Mapa Capacidades de los IIS

Se pretende crear un Mapa de Capacidades de los grupos de investigación sanitaria acreditados,en el que se identifiquen tanto las capacidades como el potencial de I+D+i de los grupos de investigación y plataformas de apoyo a la investigación, del ecosistema de salud nacional.

Este Mapa se convierte en una base de datos que permite conocer con mayor detalle y profundidad las capacidades de los grupos de investigación y promover con mayor eficacia la participación de todo el ecosistema de salud en programas de I+D+i optimizando el uso de los recursos disponibles, de acuerdo las fortalezas e intereses de los institutos de investigación sanitarios.

1. IIS al que hace referencia

_____

EJE 1. Capacidades científicas

Capital humano y áreas de liderazgo. Preguntas de respuesta múltiple.

En el siguiente apartado, cada centro debe mostrar las potencialidades y sus principales áreas de liderazgo, dentro de las líneas de investigación estratégicas descritas en el Plan Estatal de Ciencia y Tecnología e Innovación 2021-2027, de forma que se pueda componer un mapa con las principales fortalezas de cada centro.

2. Línea estratégica 1. Medicina de precisión

Selecciona todos los que correspondan.

- □ Medicina personalizada, más allá de técnicas ómicas
- □ Integración de tecnologías de proteómica, genómica, epigenómica, metabolómica, etc. Nutrición y dieta personalizadas
- □ Medicina personalizada en cáncer, enfermedades raras, salud mental y otras patologías
- □ Aspectos sociológicos, psicológicos, económicos, éticos, inteligencia artificial, salud digital en la medicina personalizada
- □ Otro: _____

3. Línea estratégica 2. Enfermedades infecciosas

Selecciona todos los que correspondan.

- □ Respuesta inmunitaria
- □ Enfermedades emergentes y re-emergentes causadas por hongos, bacterias y virus
- □ Zoonosis
- □ Vacunas
- □ Resistencia a los antibióticos, enfermedades por bacterias multirresistentes
- □ Efectos medioambientales (cambio climático, migraciones, globalización) sobre aparición y difusión de enfermedades infecciosas
- □ Nuevos métodos de profilaxis, detección y tratamiento
- □ Vigilancia de la salud y epidemiología
- □ Otro: _____

4. Línea estratégica 3. Nuevas técnicas diagnósticas y terapéuticas

Selecciona todos los que correspondan.

- □ Ingeniería biomédica
- □ Nuevas técnicas diagnósticas basadas en imagen Farmacología, farmacogenómica, nuevos fármacos y terapiasTerapia génica
- □ Medicina regenerativa
- □ Nuevos materiales biomédicosInteligencia Artificial
- □ Nanotecnología aplicada a la biomedicinaImplantes y órganos artificiales
- □ Nuevas técnicas quirúrgicasSalud digital
- □ Car-T
- □ Otro: _____

5. Línea estratégica 4. Cáncer y gerociencia: envejecimiento, enfermedades degenerativass

- □ Perfiles moleculares del envejecimiento saludable
- □ Impacto del envejecimiento en la enfermedad (neurodegenerativa, cardiovascular, metabólica, cáncer)
- □ Interacción del medio ambiente, nutrición y factores psico-sociológicos en el envejecimiento saludable
- □ Desarrollo integrado de programas multidisciplinares desde la biología celular y moleculardel envejecimiento a biología de sistemas y a la medicina
- □ Fragilidad y prevención de la discapacidad
- □ Otro: _____

6. Observaciones (inserte cualquier aclaración que considere en relación a los apartadosanteriores)

_____

_____

_____

_____

EJE 2. Capacidades tecnológicas / servicios

El objetivo es mostrar las infraestructuras, equipos, plataformas o servicios **generales** de cada IIS e **identificar las infraestructuras singulares.** Preferiblemente añadir un enlace de los equipos para incluir en el mapa.

Según el Ministerio de Ciencia e Innovación, se definen ***infraestructuras singulares*** *como aquellasque son únicas en su especie, pudiendo ser:*

- -Grandes equipamientos que permitan observar, analizar e interpretar fenómenos de interés.

- -Infraestructuras complejas de experimentación destinadas a crear, reproducir y estudiar fenómenosfísicos, químicos, o biológicos de interés.
- -Grandes infraestructuras de experimentación para la ingeniería y para el desarrollo de nuevastecnologías de aplicación en diversos campos.
- -Infraestructuras necesarias para facilitar el acceso de los científicos a entornos naturales queofrecen y presentan características únicas para la investigación.
- Fuente: Mapa de Infraestructuras Científicas y Técnicas Singulares (ICTS) 2021-2024 del Ministeriode Ciencia e Innovación.

Equipos generales *se refiere a equipos de utilidad y disponibles para compartir con otros centros.*

7. 1a. Tecnologías ómicas. Equipos generales

_____

_____

_____

_____

8. 1b. Tecnologías ómicas. Equipos singulares

_____

_____

_____

_____

9. 2a. Tecnologías de imagen. Equipos generales

_____

_____

_____

_____

10. 2b. Tecnologías de imagen. Equipos singulares

_____

_____

_____

_____

11. 3a. Unidades de experimentación animal. Infraestructuras o equipos generales

_____

_____

_____

_____

12. 3b. Unidades de experimentación animal. Infraestructuras, equipamiento o características singulares

13. 4a. Unidades de Biología Celular. Infraestructuras o equipos generales (p.ej. sala blanca)

14. 4b. Unidades de Biología Celular. Infraestructuras o equipos singulares

15. 5a. Investigación clínica. Servicios e infraestructuras generales (p. ej.: biobanco)

16. 5b. Servicios e infraestructuras singulares de interés en investigación clínica, p. ej. fabricación de radiofármacos y acelerador de protones (protonterapia)

17. 6a. Servicios generales de apoyo metodológico, bioinformática, estadística, IA, etc.

18. 6b. Servicios o equipos singulares de apoyo metodológico, bioinformática, estadística, IA, etc.

_____

_____

_____

_____

19. 7. Otros equipos, unidades o infraestructuras que no encajan en las descripciones anteriores

_____

_____

_____

_____

20. 8. ¿Dispone el IIS de infraestructuras, unidades o plataformas acreditadas por alguna norma (ISO, GMP, etc.). Indicar cuáles y la norma correspondiente

EJE 3. Capacidades de traslación a la sociedad / paciente

En el siguiente apartado se trata de identificar las unidades existentes en cada centro de cara a lagestión de la transferencia e innovación, la gestión de ensayos clínicos, los canales de comunicación con asociaciones de pacientes, la gestión del dato, ...

21. A. Unidades de transferencia e innovación

Marca solo un óvalo.

	0	1	2	3	4	5	6	7	8	9	10	
Hay unidad	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	No hay

Personas a tiempo completo activas en 2024

22. B. Unidades de estudios clínicos

Marca solo un óvalo.

	0	1	2	3	4	5	6	7	8	9	10	
Hay unidad	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	No hay

Personas a tiempo completo activas en 2024

23. C. Canales de participación de asociaciones de pacientes y otros actores no científicos (web, comisiones, jornadas, etc.)

Marca solo un óvalo.

	0	1	2	3	4	5	6	7	8	9	10	
Hay unidad	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	No hay

Número y tipo de canales de comunicación

24. Observaciones (describir canales del apartado anterior)

_____

_____

_____

_____

25. D1. Gestión de dato. El IIS dispone de un sistema de gestión y/o almacenamiento de datos de investigación institucional

Marca solo un óvalo.

- o Sí
- o No

26. Observaciones.

En caso de existir alguna en el apartado anterior, indicar cuál/es.

_____

_____

_____

_____

27. D2. Repositorio documental en abierto. El IIS dispone de un repositorio institucional

Marca solo un óvalo.

- o Sí
- o No

26. Observaciones.

En caso de existir alguna en el apartado anterior, describirlas.

_____

_____

_____

_____

29. E. Know How. Tipología y áreas de conocimiento en las que el IIS ha generado propiedad intelectual

Selecciona todos los que correspondan.

- □ Técnicas de diagnóstico
- □ Terapia
- □ Dispositivos
- □ Prevención
- □ Cardiovascular
- □ Oncología
- □ Reumatología
- □ Nutrición o metabolismo
- □ Genética
- □ Enfermedades infecciosas
- □ Cirugía
- □ Epidemiología
- □ Otro:_____

EJE 4. Capacidades de colaboración

En el siguiente apartado se trata de identificar las principales redes de colaboración existentes.

30. Colaboraciones temáticas

Selecciona todos los que correspondan.

- □ CiberSAM
- □ CiberOBN
- □ CiberDEM
- □ CiberBBN
- □ CiberESP
- □ CiberEHD

- □ CiberER
- □ CiberES
- □ CiberFES
- □ CiberCV
- □ CiberONC
- □ CiberNED
- □ CiberINFEC

31. 1.2. Colaboraciones temáticas. Participación en RICORS

Selecciona todos los que correspondan.

- □ RIAPAd
- □ RICAPPS
- □ RICORS REI
- □ RICORS2040 (KIDNEY DISEASE)
- □ RICORS-ICTUS
- □ RICORS TERAV
- □ RICORS-SAMID

32. 1.3. Participación en plataformas del ISCIII

Selecciona todos los que correspondan.

- □ Itemas
- □ Biobancos y biomodelos
- □ Scren
- □ Clúster de salud
- □ Clúster tecnológico
- □ Otros _____

33. 2.1. Colaboraciones internacionales. Partenariados de proyectos europeos.

Número departenariados en los que participa el IIS (indicar web en su caso)

_____

_____

_____

_____

34. 2.2. Colaboraciones internacionales. Redes internacionales.

_____

_____

_____

_____

35. 3. Colaboración con empresas de base tecnológica.

Empresas que colaboran enproyectos con el IIS

_____

_____

_____

_____

ANEXO II.5 PLANTILLA DE LA ENCUESTA SELLO HRS4R

2. ¿Tienen solicitado el Sello HRS4R?

Más detalles

Si	32
No	0

3. En caso afirmativo, ¿En qué fase de implementacion se encuentra su IIS? En la siguiente imagen se pueden ver las distintas fases:

Más detalles Información

1- Fase inicial	1
2- Implementación del Plan de Acción	4
3- Implementación del Plan de Acción revisado	15
4- Implementación del Plan de Acción Mejorado	8
5- Implementación del Plan de Acción Final	4

4- ¿Qué dificultades han encontrado para implementar el Plan de Acción?

ID	Respuestas
1	El trabajo que conlleva y la poca participación del personal investigador
2	Incertidumbre general e la primera vez
3	Interferencias de la Representación Legal de los Trabajadores, introduciendo cuestiones ajenas al Plan de acción del Sello.
4	La implantación de medidas que cuya responsabilidad o recursos corresponden a terceros
5	Cambio cultural. Falta de RRHH para llevarlo a cabo
6	Desarrollo carrera investigadora, comunicación con investigadores
7	Aquellas acciones que por la naturaleza de la organización no dependen exclusivamente de la institución
8	El principal problema ha sido recabar información de otros departamentos e incluso saber en algunas ocasiones a quién había que solicitar dicha información
9	La parte del mentor es la que más dificultades hemos tenido para implementar

ID	Respuestas
10	Falta de tiempo para poder abordar todas las acciones, junto a las demás tareas que exige ser IIS y/o la diferente normativa
11	Hay un par de acciones que no hemos podido desarrollar en los últimos 5 años. Una es la implementación de un plan de mentoring y la otra es la implantación de elementos de carrera profesional.
12	Exige tiempo por parte del personal de la institución
13	Difícil encajar las "peculiaridades" y legislación que se aplica al funcionamiento de los Institutos de Investigación Biomédica en el marco del HRS4R. Por ejemplo, el HRS4R está muy orientado a personal investigador mientras que en nuestro Instituto la mayoría del personal contratado es Científico-Técnico
14	La participación del personal y el desarrollo de la documentación y los procedimientos
15	Desde su inicio, ha habido una gran rotación en el personal de la unidad de encargada de implementar y hacer el seguimiento del Plan de Acción, lo que ha dificultado su implementación.
16	(1) Participación proactiva por parte del personal. (2) Escases de recursos y tiempo (3). Faltarían más herramientas que permitieran unificar las formas de implementación. (4) Falta de acompañamiento de estamentos próximos.
17	Mucho desconocimiento de lo que supone entre la comunidad investigadora y escaso interés por sumar a nuestras propuestas.
18	El seguimiento de los indicadores que no dependen del Instituto y dependen de terceros, por ejemplo de la administración pública.
19	En determinadas ocasiones, se requieren de recursos extraordinarios para realizar un sistema de monitorización y de seguimiento óptimo. Asimismo, respecto de los indicadores de impacto de las acciones, sería útil ofrecer herramientas y medidas de seguimiento del impacto.
20	1. Nuestra ambición a la hora de definir el actual Plan de Acción es un valor añadido para la mejora continua de nuestro centro, pero también puede resultar una dificultad a la hora de conseguir implementar todas las acciones previstas en el tiempo establecido. 2. Los cambios legislativos y los requerimientos de las entidades acreditadoras/financiadoras, así como el hecho de ser un centro de gestión pública, pueden ser una oportunidad, pero también pueden enlentecer el desarrollo del Plan o requerir la adaptación de algunas acciones. 3. A nivel de la estrategia HRS4R propiamente dicha, el desajuste temporal entre el Plan y las visitas y correspondientes resoluciones, nos ha llevado a tener que prever una extensión del Plan para reducir el desajuste. Esto añade mayor dificultad a la hora de planificar la próxima revisión. 4. La necesidad de trabajar acciones de las 4 áreas que establece la HRS4R, definir con qué principios del C&C está relacionada cada acción y tener que trabajar en paralelo con los principios OTM-R. 5. La voluntad y necesidad de informar al personal de todas aquellas acciones que se llevan a cabo en el marco de la estrategia HRS4R.
21	La comunicación con los investigadores/ Que respondan a las encuestas/ Que acudan a las sesiones de sensibilización/ Que le pongan atención a lo que supone el Sello y sobre todo que lo interioricen
22	Especialmente la relacionada con normativa legal que impide poder mejorar condiciones de los investigadores y hacernos más atractivos como destino.

ID	Respuestas
23	La implicación de toda la institución ya que son acciones muy transversales que afectan tanto al colectivo de investigadores como a la estructura de soporte
24	Falta de consolidación de un grupo de trabajo
25	Compromiso de la dirección y disponibilidad de recursos específicos
26	Mantener la implicación en los planes de acción a lo largo de los años, haciendo partícipes a todos
27	Adaptación de los procesos internos.
28	I) El enfoque europeo de la estrategia HRS4R no siempre encaja idealmente con la estructura nacional en términos de descriptores, objetivos, etc. II) La vida de un IIS es cambiante y trasladar esa realidad al Plan de Acción no siempre es automática. III) En algunos de los requerimientos de contratación en caso de los IIS no son 100% potestad de los IIS y sus Fundaciones, las CCAA tienen un rol importante.
29	Conflicto en la negociación con la junta de personal
30	Falta de personal para realizar su seguimiento. Resistencia al cambio en cierto ámbitos.
31	Es un proceso complejo que necesita la implicación y compromiso institucional y de diferentes departamentos. Además, la evaluación de necesidades y la diagnosis es un proceso que necesita recursos y tiempo, sobre todo en una institución tan grande como el IDIBAPS.

5- ¿Qué posibles puntos le preocupan más de cara a la entrevista para la revisión del Plan de Acción?

ID	Respuestas
1	ya lo hemos hecho
2	Perfiles que suelen entrevistar, duración, la documentación objeto de revisión…
3	Como comentario general: Poder cumplimentar a tiempo y con recursos limitados todos los requerimientos.
4	Cumplimiento real del Plan de Acción propuesto
5	Se desarrollan acciones para los investigadores, pero a veces cuesta que las visualicen como parte de un plan de RRHH
6	Esta fase la pasamos en 2022. el aspecto que más nos preocupaba era el buen conocimiento de la política HRS4R por parte de todos los trabajadores de la organización.
7	Me preocupa no tener suficiente tiempo para prepararlo y por tanto no ser capaz de reflejar bien lo que se ha estado haciendo
8	La parte que más nos preocupa es la del conocimiento que puedan tener del sello HRS4R el personal investigador.
9	Desconocer que preguntas van a realizar a las/los profesionales, no disponer aún de un plan de carrera investigadora bien definido e implantado,...
10	Entendemos que la "entrevista" se refiere a la auditoría por parte de la CE. Los que más nos preocupa es que no todo el personal de la instituciones conoce el sello
11	Visibilidad del sello entre el personal investigador

ID	Respuestas
12	limitada capacidad del IdISSC para la estabilización de personal, debido a la legislación vigente
13	Los retrasos que hemos ido acumulando.
14	Ha faltado tiempo y recursos para hacer una permeabilización del plan a todo el personal. (2). Cierta preocupación frente a la comprensión por parte de los evaluadores de la situación actual de los Institutos de Investigación en España. (3) Cumplimiento con la puesta en marcha de todo el plan de acción dentro de los plazos establecidos para la reevaluación.
15	No está muy claro el grado de detalle que requiere la justificación de cada una de las acciones, ni cómo explicar el cambio de prioridades para la siguiente fase o la reevaluación mediante una nueva encuesta...
16	El conocimiento del plan por parte de los investigadores y aquellas acciones plasmadas en el plan de acción no iniciadas.
17	Nos podrían preocupar cambios que se han podido tener que realizar a lo largo del plan alterando alguna acción y subsanadas con planes de contingencia.
18	1. Disponer del tiempo suficiente para el cierre de todas las acciones previstas. 2. Conseguir transmitir con claridad la evolución y proceso de cambio que está viviendo nuestro centro. 3. Disponer de herramientas para la monitorización de todos los indicadores vinculados al Plan. 4. Garantizar la participación de todos los perfiles de la institución en la definición del próximo Plan.
19	Que la gente haya interiorizado lo que significa y supone tener este sello
20	Ninguno
21	Uno de los puntos débiles que tenemos en el instituto es la falta de carrera profesional que no está definida.
22	Las respuestas del personal
23	El grado de conocimiento real de la estrategia de HRS4R entre el colectivo de investigadores
24	La implementación del Plan de Mentorización
25	La presentación de evidencias suficientes.
26	Transmitir bien que nuestro trabajo diario se alinea con la estrategia HRS4R y explicar aquellos puntos en los que estamos más alejados fundamentalmente porque escapan a nuestro control, debido a la legislación laboral y la coyuntura de empleo en nuestro país.
27	Intereses de personal altamente influyente para dirigir las estrategias a aspectos particulares, y no generales.
28	Poder justificar de forma clara la implantación de las acciones desarrolladas en el Plan de Acción
29	La nuestra institución ya pasó la auditoría en el 2022. Durante la entrevista fue importante la coordinación con el equipo auditor, la preparación meticulosa de toda la información y la implicación de la comunidad investigadora.

6- ¿Tienen alguna sugerencia para este GT5?

ID	Respuestas
15	No, particularmente.

ID	Respuestas
16	1. Intentar unificar al máximo posible los principios y requerimientos que se solicitan a los centros desde los distintos organismos a nivel nacional e internacional. 2. Intentar simplificar al máximo posible los procedimientos y herramientas necesarias para la aplicación y seguimiento, en este caso, de la HRS4R con el fin de que la gestión administrativa no obstaculice o enlentezca el trabajo y el avance de los centros hacia la excelencia. 3. Desarrollar documentos, guías o puntos de contacto de consulta.
17	Quizá que podamos compartir lo que hemos hecho y las acciones y documentos que hayan sido más exitosos a los IIS que lo han renovado, porque el Sello es algo que no termina siempre habrá que seguir implementando cosas y sería de gran ayuda que del grupo saliera algún foro para compartir las cosas
18	Deberíamos establecer unas definiciones de categoría de investigadores homogéneas en todos los institutos, así como normativa de contratación y desarrollo de carrera investigadora común.
19	El proceso está cambiando. De cara al GT estaría bien poder hacer una sesión informativa de los cambios que hay en el proceso para poder adaptar los planes de acción de las instituciones,
20	Encuentro para el intercambio de buenas prácticas en la implementación de la estrategia HR
21	No.
22	Es importante tener en mente que el sello HRS4R se circunscribe a una entidad jurídica concreta y en nuestro caso, y muchos otros, esto acota a la Fundación de Investigación y no al IIS al completo. Aún así algunas sugerencias podría ser: I) La elaboración de modelos/plantillas uniformes para documentos estratégicos de carácter suprainstituto como es el caso de este Action Plan. II) Soporte en la difusión para dar a conocer la estrategia HRS4R y su relevancia entre el personal de los IIS, con la elaboración de dípticos y comunicaciones prácticas y accesibles.
23	Debería avanzarse en la transparencia en las políticas no sólo de contratación, sino también de estabilización (es tan injusta una política arbitraria de contratación como la estabilización de personal simplemente por antigüedad)
24	NO
25	El grupo es muy relevante para poder intercambiar dudas y retos comunes, así como buenas prácticas. Sería importante tener un canal de comunicación fácil y rápido entre los miembros.

7- ¿Cómo valoraría el grado de conocimiento del personal del instituto sobre el sello HRS4R?

8- ¿Tienen un plan de difusión del sello HRS4R entre el personal del instituto?

ID	Respuestas
1	No, pero hacemos acciones de difusión periódicas
2	Sí
3	La página web del INIBIC incluye un apartado específico; se difunde información al personal de investigación a través de correo electrónico sobre los principales hitos
4	Sí. Lo difunde la dirección científica en las presentaciones que hace en las reuniones de áreas del IIS, al CCE, CI, jornada de bienvenida, etc.
5	Se hace difusión por distintos canales con frecuencia
6	Está previsto para junio
7	Sí
8	No
9	Está incluido en la página web del Instituto, en la intranet, en el plan de acogida al personal de nueva incorporación, posters/anuncios por las instalaciones comunes del Instituto y se ha dado difusión en las comisiones de trabajo y en los órganos de gobierno
10	Sí, hemos difundido toda la información vinculada al mismo y, estamos pendientes de organizar alguna jornada informativa consensuada con la Comisión de Seguimiento del Sello.
11	Lo que estamos haciendo es destinar una slide sobre el sello y su repercusión en todas las presentaciones de INCLIVA que hacemos dirigidas a: residentes del ámbito de actuación del IIS, colectivo de enfermería del ámbito de actuación del IIS, Comité Científico Interno., Junta de Gobierno, Patronato de INCLIVA, etc
12	Existen acciones concretas para su difusión, no incluidas en un plan.
13	Sí, periódicamente se realizan comunicaciones al respecto del HRS4R a la comunidad IdISSC
14	Sí, dentro de la página web disponemos de un apartado específico: https://www.idipaz.es/PaginaDinamica.aspx?idPag=646&Lang=ES
15	Sí
16	Sí, a través de los canales de comunicación habituales periódicamente se envían noticias. (2) Dentro de la jornadas de acogidas de integración de personal de nueva incorporación se da información sobre el sello y el estado actual. (3) Actualmente se está trabajando en vídeos sobre el tema para toda la Institución.
17	Sí, con jornadas informativas y difusión en web y RRSS.
18	Sí, el Instituto dispone de un plan de comunicación interna y externa.
19	Sí, tenemos una campaña de difusión diseñada,
20	La institución cuenta con una intranet accesible a todo el personal en la que se informa y se hace partícipe al personal de todas aquellas acciones y mejoras que se van implementando, así como del proceso de revisión interna del sello de excelencia. Por otro lado, la institución ha ido incrementando notablemente las vías de comunicación y participación del personal con el objetivo de incrementar su grado de información, así como su nivel de participación e implicación en diferentes ámbitos institucionales.

ID	Respuestas
21	Un plan escrito no, pero lo contamos en todas las reuniones y órganos, es una cosa que hemos hecho desde el principio y aún así, cuesta que cale.
22	Sí. Además de estar en la web del Instituto, en todas las memorias aparece información y se hace mención en las sesiones informativas del Instituto.
23	No tenemos un plan. Es una de las acciones que se plantean ahora que estamos definiendo el nuevo plan de comunicación
24	Se indica su existencia en una cláusula del contrato de trabajo y está colgado en la web
25	Sí
26	Sí
27	Sí
28	Sí
29	Actualmente no disponemos de un plan de difusión del sello HRS4R como tal. La difusión se realiza de acuerdo a nuestra política interna de comunicación y difusión de hitos mediante la cual lanzamos las encuestas oportunas y notificamos los hitos alcanzados en HRS4R. Asimismo, nuestra web dispone de un espacio bilingüe español/inglés dedicado en exclusiva a HRS4R y abierto a todo el público.
30	Existen campañas de difusión e información
31	No
32	Sí. Además de noticias internas sobre las distintas acciones, difusión en documentos oficiales y reunión con un grupo de trabajo dedicado, nuestra página web recoge todas las acciones que se desarrollan: https://www.clinicbarcelona.org/idibaps/trabajar-idibaps/hrs4r

9- ¿Tiene su instituto una Open Science Policy / Política de Ciencia Abierta?

ID	Respuestas
1	No
2	si
3	SÍ
4	SI
5	Si
6	Sí
7	En desarrollo
8	Sí
9	Se está elaborando en la actualidad.
10	Si
11	Sí (https://www.incliva.es/wp-content/uploads/2023/02/POLITICA-OPENSCIENCE-...)
12	Sí

ID	Respuestas
13	Si
14	https://www.idipaz.es/ficheros/files/Adecuaci%C3%B3n%20de%20la%20normativa...
15	Si
16	si
17	No existe un procedimiento como tal, no se incluyó en las actividades de este 1er públicos sea accesible, con jornadas como nuestro ciclo "IBiSiviliza la Ciencia".
18	Sí, tenemos la política de ciencia abierta aprobada desde 2017.
19	Sí, existe una política en vías en implementación.
20	Si
21	Sí
22	SÍ.
23	NoE
24	Sí
25	SI
26	Si
27	Si
28	SÍ
29	Si
30	SI
31	Open Science Policy: https://www.clinicbarcelona.org/idibaps/trabajar-idibaps/poli...

10- Indique los documentos relacionados con el sello HRS4R que tiene traducidos al inglés (normativa interna laboral, código de prácticas responsables e integridad…)

ID	Respuestas
1	Todos
2	Análisis GAP; Plan de acción; Política OTM-R; Procedimiento de selección y contratación de personal
3	Tenemos traducido al inglés la política del sello de contratación OTM-R y las ofertas de vacantes.
4	Por el momento circunscrito al ámbito nacional
5	El apartado de recepción de candidaturas para los puestos de investigador está en inglés. El resto de documentación se está traduciendo.
6	El Plan Estratégico, el Código Ético y Deontológico, Manual de Acogida, Plan de Igualdad, Plan anual de Formación.
7	No

ID	Respuestas
8	Resumen del plan estratégico, plan de igualdad, normativa interna laboral, código de prácticas responsables e integridad en la investigación y manual de acogida al personal de nueva incorporación.
9	Gap Analysis, Action Plan, OTM-R Policy, ofertas de empleo publicadas en Euraxess.
10	Código de Buenas Prácticas, Memoria Científica, Plan de Integración, Política Institucional, Manual del Investigador
11	Proceso de descripción del sello HRS4R; Plan de acción; GAP análisis; OTM-R checklist; Documento de Carrera profesional
12	Guía de Buenas prácticas en investigación, Guía empleados, Plan estratégico, Plan de igualdad, Plan de emergencia, Política OTM-R, Formulario de recogida de datos del nuevo trabajador, Registro de la información sobre prevención de riesgos laborales recibida por el trabajador
13	Actions for the adaptation of the FIBHULP/IdiPAZ training to the HRS4R Seal of Excellence, OTM-R Policy for FIBHULP-IdiPAZ, Career development options for R1 and R2 researchers, Action Plan 2023–2026
14	Toda la documentación
15	Plan de acción, documento de alineamiento con el plan estratégico, actas del grupo de trabajo.
16	Ninguno.
17	La política OTM-R y el plan de acción HRS4R
18	Manual de acogida, Plan de Igualdad, Protocolo de Prevención del Acoso, Plan Estratégico, Política de formación y de selección, Guidelines de Entrevistas…
19	Normativa laboral; Código de buenas prácticas científicas; Guía de acogida; Plan estratégico; Plan de igualdad; Protocolo para la prevención e intervención ante el acoso laboral; Política de formación; Plan de formación; Política de reclutamiento y selección; Política de ciencia abierta; Política de acceso abierto; Política de atracción de talento externo; Política de soporte a los grupos emergentes.
20	Ninguno todavía, pero en unos 6 meses los tendremos todos traducidos.
21	Carta de adhesión, código de conducta de los investigadores, GAP Análisis, plan de acción, plan de acción revisado, política OTM-R, ofertas de empleo
22	El código de buenas prácticas, el plan de RRI, el Plan estratégico, el plan de igualdad (en curso), normativa y procedimiento de contratación, normativa de afiliación, el reglamento del comité de integridad.
23	plan de igualdad, otmr
24	Actualmente no tenemos documentación traducida
25	Política de selección de personal, Política Open Science, Planes de Acción HR, Carta de adhesión a la estrategia , Manual de Bienvenida al Investigador, resumen Plan Estratégico, Memoria Científica, resultados de la encuesta anual de satisfacción, política de afiliación.
26	Internal Review, Open, Transparent, and Merit-Based Recruitment, Letter of engagement
27	OTM-R policy
28	I) Memoria científica anual; II) HRS4R Action Plan

ID	Respuestas
29	Plan de acción, política de contratación, procesos de análisis,
30	Política OTM-R
31	Strategic Plan, Welcome booklet, Code of Good Scientific Practice, Manual of sustainability, Research career policy, OTM policy, IPR and spin-off policies, all at the following link: https://www.clinicbarcelona.org/en/idibaps/working-idibaps/institutional-policies

11- ¿Cuenta su instituto con un documento de itinerario profesional?

ID	Respuestas
1	No
2	https://ibima.eu/es/estrategia-de-recursos-humanos/
3	NO
4	NO, está en proceso de creación en colaboración con el Comité de Empresa
5	No
6	Hay un itinerario investigador, pero se está definiendo con precisión el desarrollo de una carrera investigadora.
7	Sí, comprendido dentro del Plan de Integración
8	No
9	Sí, disponemos de un documento de itinerario profesional.
10	Estamos en desarrollo del mismo con la Comisión de Formación.
11	Sí, en el Plan de Integración: https://www.incliva.es/wp-content/uploads/2024/02/PLAN-INTEGRACION_2024.pdf
12	Sí
13	Aún no, tenemos el hándicap de que estamos fuertemente condicionados a que se avance en esta materia en el ámbito de la negociación del nuevo convenio colectivo, y en coordinación con otros agentes del sector público, como la Consejería de Hacienda y la de Sanidad.
14	Sí
15	Sí, para el personal investigador.
16	Cuenta con un documento relacionado con el desarrollo de la carrera profesional dentro de la Institución.
17	Existe un Plan de Emergentes y en FISEVI, nuestra fundación gestora, que también tiene aprobado su Sello HRS4R; hay un Plan de Carrera Profesional.
18	Sí, el Decreto Personal Investigador Laboral IdISBa: Decreto 17/2019, de 15 de marzo, por el que se aprueba el Estatuto del personal investigador laboral al servicio de los institutos de investigación sanitaria de las Illes Balears.
19	Contaba con uno, que actualmente está siendo rediseñado de la mano de una taskforce multidisciplinar y alineado con el Marco Europeo de Carrera Investigadora.
20	Actualmente se está trabajando y negociando con el Comité de Empresa.

ID	Respuestas
21	Estamos trabajando en el documento de carrera investigadora del IBSAL; tenemos ya el borrador realizado por un grupo de trabajo formado por investigadores R1 a R4 y lo está revisando la dirección para continuar avanzando.
22	No por escrito.
23	No
24	no
25	Sí
26	En proceso
27	Sí, está incluida en el Plan estratégico y se han iniciado algunas acciones
28	En trámite
29	Nuestro instituto está firmemente comprometido con la mentorización de nuestro personal investigador y con el relevo generacional que esto favorece. Para lo cual existe un Plan de Apoyo a Grupos y Personal Investigador Emergente que tiene como objetivo identificar nuevos grupos de investigación y personal investigador que inicia su liderazgo y brindarles apoyo específico para que se consoliden dentro de la estructura del instituto. Además, se ha creado un Grupo de Mentoring para conocer y reconocer el talento joven de la institución y poder acompañarlo y guiarlo durante su trayectoria investigadora. Por otra parte, muchas de las comisiones y grupos de trabajo están embebidos del espíritu HRS4R.
30	No está instituida de forma sistemática (ha habido iniciativas puntuales, pero específicas para médicos especialistas en formación)
31	Se ha definido dentro del Plan de Mentoring que está pendiente de implantación.
32	Hace algunos años, los investigadores en tenure-track tenían asignado un comité de mentoring. A partir del próximo año, se quiere lanzar un nuevo programa de mentoring, incluyendo 1:1 mentoring
22	No por escrito.
23	No
24	no
25	Sí
26	En proceso
27	Sí, está incluida en el Plan estratégico y se han iniciado algunas acciones
28	En trámite
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ID	Respuestas
30	No está instituida de forma sistemática (ha habido iniciativas puntuales, pero específicas para médicos especialistas en formación)
31	Se ha definido dentro del Plan de Mentoring que está pendiente de implantación.
32	Hace algunos años, los investigadores en tenure-track tenían asignado un comité de mentoring. A partir del próximo año, se quiere lanzar un nuevo programa de mentoring, incluyendo 1:1 mentoring

12- ¿Cuenta su instituto con la figura del mentor? Explique la implantación de dicha figura en el mismo.

ID	Respuestas
1	Actualmente, asumen este rol los/las IPs
2	Sí
3	Incluido como medida en el Plan de acción. En desarrollo
4	Sí existía la figura, actualmente se están definiendo perfiles y funciones
5	En desarrollo
6	Se va a implementar
7	No, intentamos implantar la figura del Mentor, pero no salió como esperábamos. Estamos volviendo a redefinir el "Mentoring Plan"
8	No
9	Como se recoge en el Plan de Atracción de Talento y Desarrollo de Carrera del plan estratégico en curso del IMIBIC, se proponen dos tipos de mentores, en función de las características del grupo de investigación al que pertenezcan los investigadores. Así, para los grupos emergentes o asociados, el mentor es elegido por el coordinador del programa científico correspondiente. Para los grupos consolidados con una estructura multinivel de investigadores, el mentor es el tutor del investigador dentro del grupo. Estamos en fase de consolidación de estas figuras.
10	No
11	No
12	Está en proceso
13	Tenemos detectada la necesidad de desarrollar un plan de mentorización que defina la figura del tutor de investigadores nóveles, que pueda ejercer de supervisor y referencia de este tipo de profesionales.
14	Promueve el diseño y el desarrollo de proyectos de investigación en varias áreas de salud, con una alta calidad metodológica para nuestros profesionales noveles en la investigación. Además, para promover la formación y el desarrollo de los investigadores que inician su carrera de IdiPAZ.
15	La creación de esta figura está en proceso de planificación. De manera no sistemática se han identificado mentores para algunos de los investigadores tenure-track.
16	NO
17	Sí, se desarrolló una experiencia piloto en 2022 y una 2ª edición en 2023.

ID	Respuestas
18	No, es una acción a implementar en el nuevo plan estratégico del IdISBa que se está desarrollando para el período 2025–2029
19	Esta figura se está trabajando actualmente para ofrecer acompañamiento al colectivo investigador.
20	Actualmente el Instituto no cuenta con la figura del mentor, pero es una acción que el centro está contemplando incorporar en un futuro y, de ser así, constituiría una de las acciones del próximo Plan de Acción.
21	Es el que tenemos en nuestro Plan de mentoría que es un guía profesional que aconseja y guía a los predoc (de momento solo predoc) y que es el mentor de las personas que se incorporan por primera vez a la institución para que sea esta persona la que le haga el primer acercamiento a su puesto de trabajo el primer día de trabajo
22	No por escrito.
23	No
24	no
25	Sí
26	En proceso
27	Sí, está incluida en el Plan estratégico y se han iniciado algunas acciones
28	En trámite
29	Nuestro instituto está firmemente comprometido con la mentorización de nuestro personal investigador y con el relevo generacional que esto favorece. Para lo cual existe un Plan de Apoyo a Grupos y Personal Investigador Emergente que tiene como objetivo identificar nuevos grupos de investigación y personal investigador que inicia su liderazgo y brindarles apoyo específico para que se consoliden dentro de la estructura del instituto. Además, se ha creado un Grupo de Mentoring para conocer y reconocer el talento joven de la institución y poder acompañarlo y guiarlo durante su trayectoria investigadora. Por otra parte, muchas de las comisiones y grupos de trabajo están embebidos del espíritu HRS4R.
30	No está instituida de forma sistemática (ha habido iniciativas puntuales, pero específicas para médicos especialistas en formación)
31	Se ha definido dentro del Plan de Mentoring que está pendiente de implantación.
32	Hace algunos años, los investigadores en tenure-track tenían asignado un comité de mentoring. A partir del próximo año, se quiere lanzar un nuevo programa de mentoring, incluyendo 1:1 mentoring

13. Indique el grado de información del que dispone sobre la visita presencial de la Comisión Europea.

Más detalles

Ninguno	8
Poco	10
Bastante	9
Mucho	5

14- ¿Qué puntos de mejora más importantes le han reportado en la evaluación intermedia la Comisión Europea?

ID	Respuestas
1	El Plan de RH debía ser ambicioso
2	https://ibima.eu/es/estrategia-de-recursos-humanos/
3	Concreción del plan de acción; traducción al inglés de documentación; comunicación
4	• Mejoras en la aplicación y difusión de la política OTM-R • Creación de carrera profesional y escalas salariales • Plan de igualdad • Plan de tutorización • Intensificación de la difusión de información • Implementación de una política de acceso abierto
5	Publicación de las convocatorias a nivel europeo
6	El cuidado y acompañamiento a los R1, así como la comunicación entre sus dos supervisores (Universidad e IIS), la ausencia de un plan de teletrabajo y la comunicación interna institucional
7	Ninguno.
8	No hemos tenido aún.
9	Publicación de OTM-R y convocatorias en EURAXESS; existencia de indicadores mejorables para valorar; aspectos relacionados con la formación y su impacto.
10	Traducción al inglés de todos los contenidos de la página web, implicar en mayor medida a los investigadores en la realización del plan de acción
11	I). Develop KPIs to measure the AP implementation and help decision-makers to understand when corrections are needed and the AP updated; II) Engage senior researchers in training programs aiming to improve their supervision skills/methods which could prevent stress or even 'burnouts' among PhD candidates; iii) Encourage wider participation in training and try to get a better gender balanced participation; iv) Advertise all job vacancies on EURAXESS - it will be a good solution to enhance the internationalization; v) Revise the indicators in the current AP; they should be SMART indicators and allow IDIBELL to measure not only output/outcome of the action but also impact/progress, to make sure you can conclude and produce evidence that the AP (including the OTM-R policy) delivers on its objectives; vi) Involve researchers not only in monitoring the implementation of the current AP but also in drawing up new actions; vii) The survey carried out in the past had low participation, so there might be the need for more target-group specific surveys or other formats (focus groups, individual interviews) to get input from researchers of all career stages; viii) Make use of other contexts (PhD Day, Aretë training courses, International Women's Day) to get feedback on HRS4R-related issues and feed it into the HRS4R process; ix) Set up updated Action Plan 2023-2027 (same duration of the institution Strategic Plan) which could include new actions.

ID	Respuestas
12	El alineamiento con la estrategia actual, Revisión del plan de acción en función de los recursos. Reordenación y priorización del plan de acción. Establecer una estrategia de seguimiento del plan y su difusión.
13	Aún no realizada.
14	Organización documental, traducción de la documentación en inglés, reorganización del grupo de trabajo HRS4R, revisión técnica de las acciones del plan.
15	En 2021, se nos recomendó como institución 1) avanzar con EURAXESS, como portal de reclutamiento, así como fortalecer la OTM Política de Selección para los perfiles de R1 a R4. 2) Mejorar en la monitorización y seguimiento del plan. 3) Fortalecer la formación en aspectos éticos y en selección para el personal investigador.
16	Según el informe (consensus report) de la última revisión realizada por la Comisión Europea: 1. El punto débil de la estrategia de RRHH (en esta fase de la evaluación - con referencia únicamente a los documentos presentados) es que no hay tareas específicas de apoyo a la internacionalización. 2. Las diferentes secciones de la revisión interna están desarrolladas de forma desigual. Los puntos débiles de las secciones Aspectos éticos y profesionales y Condiciones de trabajo no están muy claramente descritas, pero la sección Reclutamiento y selección es muy clara. 3. Una de las líneas estratégicas de HRS4R y del Nuevo plan estratégico es la «Contribución a la sociedad», mientras que en el Plan de Acción la única acción relacionada es «Reforzar las políticas de investigación e innovación institucionalmente responsables (RRI) para aumentar y hacer visible nuestra responsabilidad social, mediante la contratación de un profesional experto.» El Responsable de RRI es una persona multitarea. Sería útil incluir sus tareas en el plan de acción: ¿qué actividades de ciencia abierta, comunicación científica, eventos abiertos? 4. En algunos casos, los indicadores utilizados parecen difíciles de alcanzar - por ejemplo, el 100% del personal investigador recién integrado conoce los principios de la C&C. Por otra parte, en los casos en que la tarea se completa y finaliza con un informe, no se incluye un enlace al documento.
17	No me constan, pero de ellos mejoraría que se comunicaran más, y no todo a través de un portal impersonal, y que facilitaran las encuestas en diferentes idiomas oficiales europeos
18	Nos ha clarificado las acciones, viendo cuáles eran realmente viables o hacia donde redirigir el enfoque.
19	No me han aportado nada. Sus sugerencias han sido mínimas en base a los documentos de evaluación interna
20	desarrollo de la OTMR
21	Reformulación del Plan de Acción, describiendo claramente el propósito de las acciones llevadas a cabo y los indicadores utilizados para evaluar su desempeño. Revisión del plan de acción distinguiendo entre acciones continuas de aquellas realmente nuevas. Actualización de la web del instituto con los resultados de las consultas/encuestas realizadas a los investigadores, y publicación de los resultados, así como de un extracto de la estrategia del instituto en inglés. Publicación de todas las vacantes de empleo en Euraxess, no sólo determinados puestos estratégicos. Aumentar el número de acciones realizadas para impulsar el networking. Implementación del programa de Mentoring. Apoyo a la movilidad de los investigadores. Incluir acciones que puedan mejorar el equilibrio entre vida laboral y privada. Desarrollo de competencias transversales a través del plan de formación.
22	pendiente de recibir el informe

ID	Respuestas
23	Evaluación pendiente.
24	Sin duda los canales de comunicación y difusión del entorno HRS4R tanto internos como externos: internos en cuanto a la comunicación entre los diferentes grupos de interés y grupos decisores, y externos en cuanto al conocimiento de HRS4R por parte del personal investigador y la publicidad que
25	Han enviado un informe sobre acciones específicas del plan a mejorar.

15- ¿Qué le ha motivado a tener / solicitar el sello de excelencia HRS4R?

ID	Respuestas
1	El Instituto ya lo tenía cuando yo me incorporé
2	Requisito para convocatoria EU
3	Tener una herramienta que permita el análisis y mejora continua de los procesos relacionados con las personas
4	Búsqueda constante de mejora y excelencia, facilita ser beneficiarios de ayudas europeas y es un requisito para acreditación como IIS.
5	1. Atender a una necesidad de máxima relevancia. 2. Cumplir con las expectativas de la UE
6	Responder a una política impulsada desde la Comisión Europea
7	Esta política mejora el posicionamiento de la institución a nivel internacional al abogar por un ambiente de trabajo favorable y estimulante para el personal investigador y siendo una fuente de mejora continua y adaptación al entorno cambiante de la investigación.
8	Que es un requisito de la guía de acreditación de IIS y que nos ayuda a clasificar a los investigadores y las funciones/tareas/requisitos que es necesario cumplir en cada una de las categorías definidas. Ayuda a armonizar la clasificación profesional en investigación.
9	El poder garantizar que INCLIVA es un lugar adecuado para trabajar y atraer/retener talento. Además, es necesario para poder mantener la acreditación como IIS.
10	Demostrar el compromiso de la organización con la mejora continua en la gestión de recursos humanos en el ámbito de la investigación; puede ayudar a atraer y retener talento, mejorar la reputación de la institución y fomentar la colaboración internacional
11	Alinearnos con una iniciativa internacional en la materia de mejora de las condiciones del personal que trabaja en actividades científicas.
12	Mejora de las condiciones laborales de nuestros investigadores y promover la carrera científica
13	Ha sido fuertemente promovido por la institución iCERCA del Departament de Recerca i Universitats de la Generalitat de Catalunya. Es una sello de calidad cuando se solicitan fondos europeos.
14	El reconocimiento a una gestión adecuada de las políticas de recursos humanos en lo que respecta a la carrera profesional del investigador. El interés por parte de la Institución de continuar en la mejora de las condiciones de trabajo y la carrera profesional del personal investigador.

15	Mejora de los procedimientos internos y certificación de calidad en RRHH.
16	Desarrollar la estrategia de recursos humanos para los investigadores del Instituto.
17	La mejora de las condiciones del personal investigador y la alineación y competitividad del centro dentro del ecosistema europeo.
18	1. Prestigio nacional e internacional de disponer de un sello de excelencia de la Comisión Europea que identifica a las instituciones que promueven un entorno de trabajo estimulante y favorable para una investigación de excelencia, y que están comprometidas con el desarrollo de políticas institucionales que estén alineadas con los principios del Charter&Code. 2. Una oportunidad de crecimiento institucional y de mejora continua que tiene como objetivo la excelencia científica. 3. Facilitar la atracción de talento y la movilidad del personal investigador con garantías y compromiso de ofrecer un entorno de trabajo adecuado y estimulante. 4. Tener la posibilidad de acceder a convocatorias competitivas.
19	La solicitud de proyectos fue el detonante, luego, cuando lo conoces, es estupendo para mejorar cosas constantemente creo que tiene un valor incalculable en RRHH
20	Mejorar la proyección del Instituto y a hacernos más competitivos a nivel de investigación y a nivel de captación de talento.
21	En el 2015 se planteó a nivel de todos los centros CERCA de Catalunya
22	Es obligatorio para ser centro CERCA en Catalunya
23	La renovación de la acreditación como IIS y la necesidad de contar con dicho sello para optar a subvenciones europeas
24	Captación y retención de talento. Mejora de las condiciones laborales de la comunidad investigadora del instituto.
25	Alinear la política interna del Instituto con los principios de la Carta y el Código Europeos del Investigador. Contribuir a mejorar el empleo y las condiciones de trabajo de los investigadores, contribuyendo de esta forma a desarrollar las carreras científicas de los investigadores
26	Mejora de los procesos de contratación y captación de talento.
27	En el IRYCIS y su Fundación creemos profundamente en el valor que aportan las personas al trabajo que se hace cada día y a los resultados que se obtienen. Por ello es prioritario para nosotros la atracción y la retención del talento, tanto nacional como internacional. Sin embargo, debido a la carga de trabajo extra que supone el sello HRS4R y las dificultades mencionadas en la pregunta 5, quizá no habríamos solicitado el sello si no fuera obligatorio para participar en convocatorias internacionales competitivas. Lo hubiéramos tenido como guía y referencia de buenas prácticas pero no destinaríamos los recursos humanos y materiales que exige por falta de tiempo.
28	La necesidad de tener una política clara y transparente de contratación.
29	Igualarnos con el resto de IIS.
30	Compromiso institucional para mejorar nuestro entorno y nuestras políticas para el desarrollo de la carrera profesional; requisito por la institución CERCA

16- En caso de tenerlo ya, ¿Qué ventajas le ha supuesto / le supondría tener el sello de excelencia HRS4R?

ID	Respuestas
1	Establecer un sistema de mejora continua
2	Visibilidad
3	Organización y optimización de procesos
4	Además de lo explicado en el punto 16, específicamente introduce análisis y transparencia en los procesos de contratación, formación, orientación y carrera profesional, así como supone mejoras en comunicación interna y externa. Además, sitúa al IIS en el panorama internacional
5	Imagen de excelencia
6	Aumenta la visibilidad de la institución, ya que hay investigadores que buscan entidades con el sello. Adicionalmente, permite tener una estrategia más específica enfocada a las necesidades de los investigadores.
7	Mayor atención a los aspectos claves relacionados con el personal, como por ejemplo, velar por la conciliación familiar, reconocer la carrera profesional de los investigadores y darle mayor visibilidad, formar parte de una red paneuropea de investigación
8	Solicitud de convocatorias, facilidad para la reacreditación del instituto
9	Cumplir con uno de los requisitos de la guía de acreditación, disponer de un sistema de clasificación de los investigadores estandarizado y reconocido a nivel internacional. Mejorar nuestra visibilidad y abrir opciones de captación de talento. Ayudarnos a establecer los procedimientos a seguir para mejorar o actualizar
10	Disponer del sello supone marcar una hoja de ruta para mejorar la institución, especialmente en materia de RRHH y condiciones laborales. Pero también establece el camino hacia la excelencia. Por ejemplo, en nuestro nuevo plan de acción hemos incluido un Plan de atracción de investigadores/as ERC o la evaluación de sexenios de investigación a través de la AVAP (agencia autorizada por la ANECA en la Comunidad Valenciana).
11	Mejora de la visibilidad y reputación de la institución a nivel internacional. Posibilidad de mayor colaboración y oportunidades de financiamiento.
12	Facilidad de cumplir con las condiciones de las convocatorias y proyectos europeos, reconocimiento de que existe en la institución una política de RRHH alineada con las indicaciones europeas
13	Una mejor gestión de los recursos humanos del instituto que ha permeado en todas las categorías profesionales.
14	Visualizar las carencias en nuestras políticas de RH con respecto a la contratación y desarrollo de la carrera profesional del personal investigador. Desde el punto de vista de posicionamiento, tener el sello aporta un reconocimiento que facilita la captación y retención de talento en la Institución.
15	Seguimiento de los procedimientos internos, evaluación continua de nuestras políticas y certificación de calidad en RRHH.
16	Ventajas en el cumplimiento de los criterios de la Guía Técnica de Acreditación de Institutos.

17	Ha supuesto ventajas muy altas respecto de la mejora de condiciones del personal investigador alineándolo cada vez más al marco europeo. El proceso de mejora continua del sello permite analizar y trabajar de forma colaborativa con todo el personal investigador en pro del avance en aspectos éticos, condiciones laborales, selección y formación.
18	1. La posibilidad de establecer un marco estratégico para trabajar hacia la excelencia científica y la mejora del entorno laboral. 2. La posibilidad de atraer talento internacional. 3. Poder acreditar ante organismos acreditadores/financiadores y ante aquellas personas que puedan estar interesadas en formar parte de nuestro Instituto, que somos un centro alineado con los principios del C&C y que trabajamos para que nuestras políticas cumplan con esos requisitos. 4. Posibilidad de acceder a convocatorias con una mayor ventaja competitiva.
19	La mejora continua sin duda y tener que estar creando cosas constantemente es muy motivador
20	Tener una presencia más internacional y ayudarnos a mejorar
21	Te permite crear un plan de acción muy enfocado a la mejora de RRHH y involucrar a personal de forma transversal. Por otro lado es una exigencia tanto en la evaluación de centro CERCA como de Instituto de Investigación Sanitaria del ISCIII.
22	Es una ayuda para hacer una autoevaluación y poder desarrollar aquellas debilidades y falta de procesos que detectas
23	Mejora de la política de RRHH
24	Captación de talento internacional y visibilidad
25	Atraer y mantener el talento científico, potenciar la movilidad de los investigadores, asegurar un adecuado ambiente laboral, desarrollar la carrera investigadora, establecer un mercado laboral científico competitivo, transparente y activo.
26	Visibilidad, atracción de talento, transparencia.
27	Por supuesto la ventaja principal es poder concurrir a convocatorias a las que no podríamos concurrir si no tuviéramos el sello, así como mantener la acreditación del IIS. También es positiva la concienciación que el sello obliga a realizar en el IIS y en la que podemos apoyarnos para impulsar todas las mejoras de RRI. Sin embargo, desafortunadamente, a día de hoy no podemos referenciar logros o mejoras que se hayan conseguido por tener el sello de excelencia HRS4R que no se hubiesen conseguido en el IIS sin tenerlo.
28	La implantación ha mejorado la transparencia de las prácticas de contratación, pero no se ha avanzado, hasta ahora, en las políticas de estabilización. Creo que este es un aspecto importante.
29	Poder auditar internamente los procedimientos asociados a RRHH, captación de talento y formación.
30	Mejora de procesos y políticas

ANNEX III. BIBLIOGRAPHY.

ANEXO III.1 BIBLIOGRAFÍAGdT PATIENT ENGAGEMENT

– Carman KL, Dardess P, Maurer M, Sofaer S, Adams K, Bechtel C, Sweeney J. Patient and family engagement: a framework for understanding the elements and developing interventions and policies. Health Aff (Millwood). 2013 Feb;32(2):223-31. doi: 10.1377/hlthaff.2012.1133. PMID: 23381514.

– Ryan RM, Deci EL. Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. Am Psychol. 2000 Jan;55(1):68-78. doi: 10.1037//0003-066x.55.1.68. PMID: 11392867.

– Brett J, Staniszewska S, Mockford C, Herron-Marx S, Hughes J, Tysall C, Suleman R. A systematic review of the impact of patient and public involvement on service users, researchers and communities. Patient. 2014;7(4):387-95. doi:10.1007/s40271-014-0065-0. PMID: 25034612.

– Domecq JP, Prutsky G, Elraiyah T, Wang Z, Nabhan M, Shippee N, Brito JP, Boehmer K, Hasan R, Firwana B, Erwin P, Eton D, Sloan J, Montori V, Asi N, Dabrh AM, Murad MH. Patient engagement in research: a systematic review. BMC Health Serv Res. 2014 Feb 26;14:89. doi: 10.1186/1472-6963-14-89. PMID: 24568690

– Boivin A, L'Espérance A, Gauvin FP, Dumez V, Macaulay AC, Lehoux P, Abelson J. Patient and public engagement in research and health system decision making: A systematic review of evaluation tools. Health Expect. 2018 Dec;21(6):1075-1084. doi: 10.1111/hex.12804. PMID: 30062858

– Shippee ND, Domecq Garces JP, Prutsky Lopez GJ, Wang Z, Elraiyah TA, Nabhan M, Brito JP, Boehmer K, Hasan R, Firwana B, Erwin PJ, Montori VM, Murad MH. Patient and service user engagement in research: a systematic review and synthesized framework. Health Expect. 2015 Oct;18(5):1151-66. doi: 10.1111/hex.12090. PMID: 23731468

ANEXO III.2 GdT 2. ANÁLISIS COMPARATIVO DE LA INCORPORACIÓN ESTABLE DE INVESTIGADORES JUAN RODÉS Y MIGUEL SERVET Y PROPUESTA DE ACCIONES

– Ley 17/2022, de 5 de septiembre, por la que se modifica la Ley 14/2011, de 1 de junio, de la Ciencia, la Tecnología y la Innovación

– Programa de Desarrollo del Capital Humano Investigador. Servicio Andaluz de Salud.

– Programa Nicolás Monardes. Servicio Andaluz de Salud.

– Decreto 17/2019, de 15 de marzo, por el que se aprueba el Estatuto del personal investigador laboral al servicio de los institutos de investigación sanitaria de las Illes Balears

– Orden SAL/58/2023, de 28 de diciembre, por la que se convocan pruebas selectivas para el acceso, mediante el sistema de concurso-oposición, a plazas de la categoría estatutaria de Titulado/a Superior - Investigación (Biólogo/a) de Instituciones Sanitarias de la Comunidad Autónoma de Cantabria.

– Carrera investigadora IDIBAPS. https://www.clinicbarcelona.org/idibaps/trabajar-idibaps/carrera-investigadora.

– Proceso de selección IRB Lleida – Tenure Track Position.

– DECRETO 12/2024, de 11 de enero, por el que se regula la organización, la promoción y la carrera

profesional del personal de investigación de carácter laboral en los organismos de investigación de la Administración de la Comunidad Autónoma de Galicia.

– DECRETO LEY 3/2024, de 20 de marzo, del Consell de medidas urgentes en materia de categorías profesionales y condiciones retributivas del personal investigador de las fundaciones e institutos de investigación biomédica del sector público instrumental de la Generalitat Valenciana.

ANEXO III. 3 BIBLIOGRAFÍA GdT 3 MAPA CAPACIDADES

– Estrategia Española de Ciencia, Tecnología e Innovación (2021-27).

– Plan Estatal de Investigación Científica, Técnica y de Innovación (2024-27).

– Guía técnica de evaluación de acreditación de los IIS.

– Mapa de Infraestructuras Científicas y Técnicas Singulares (ICTS) 2021-2024 del Ministerio de Ciencia e Innovación.

ANEXO III. 4 BIBLIOGRAFÍA GdT 5 SELLO

– Principles and requirements of the Charter and Code | EURAXESS

– https://euraxess.ec.europa.eu/jobs/charter/european-charter

– https://euraxess.ec.europa.eu/jobs/charter

– Diario Oficial de la Unión Europea C/2023/1640, de 29.12.2023; EUR-Lex - 32023H01640 - EN - EUR-Lex (europa.eu)

– https://euraxess.ec.europa.eu/jobs/hrs4r#hrs4r-tabs-hrs4r-procedure

ANNEX IV. ADDITIONAL DOCUMENTATION GDT 1 PATIENT ENGAGEMENT.

– Guía Técnica de Evaluación de Acreditaciones de Institutos de Investigación Sanitaria. https://sede.isciii.gob.es/anouncements_detail.jsp?pub=20752

– Incorporación de actores clave no científicos en la actividad de los IIS (GT3): https://www.isciii.es/documents/d/guest/3-informe-gt3-02022023_ibs-granada-cleaned

– Construyendo una estrategia eficiente de Patient Engagement en los Institutos de Investigación Sanitaria (IIS).

ANNEX V. ADDITIONAL DOCUMENTATION GDT 2 CAPABILITIES MAP OF IIS.

Respuestas recibidas del formulario por parte de los IIS acreditados ordenados por Comunidad Autónoma.