



**Action Plan for alignment with the aims of the *Coalition for the advancement of research assessment*.**

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## I. PURPOSE OF THE PLAN

This document outlines the actions that the Fundación para la Investigación Biomédica del Hospital Universitario La Paz (hereinafter FIBHULP) plans to implement as part of its commitment to membership of CoARA\_Coalition for the advancement of research assessment.

In 2020, the EU, Commission and Member States, considered the reform of research evaluation as part of the policy priorities for the European Research Area (ERA) 2021-2027. The reasons for this need are fundamentally that the evaluation processes as they have been understood, based predominantly on journal-based metrics (publications), have ended up in a situation where research evaluation has become a very complex process:

- be an obstacle to the recognition of various contributions,
- negatively affect the quality and impact of research,
- contribute to an unhealthy research culture and,
- generate an unaffordable publication system.

During 2021-2022 several meetings defined the terms of the [agreement for the reform of research assessment](#) (ARRA), which was published on 20 July 2022, creating CoARA. FIBHULP has been a member of the coalition since the end of the same year.

The principles that inform CoARA, emerge from the evolution of the 2012 [San Francisco Declaration](#) (DORA), the 2015 [Leiden Manifesto](#) and the 2019 [Hong Kong Principles](#).

Their four core commitments are used as a summary:

1. Recognise the diversity of research contributions and careers, according to the needs and nature of the research.
2. Base research evaluation primarily on qualitative assessment, with peer review being essential, and supported by responsible use of quantitative indicators.
3. Abandon the inappropriate use of journal and publication-based metrics in research evaluation, in particular the inappropriate use of the journal impact factor (JIF) and the *h-index*.
4. Avoid the use of research organisation rankings for the evaluation of research.

ANECA, CRUE and CSIC have initiated the formation of a [national chapter](#) for Spain. The signatory organisations are to submit an Action Plan over the course of 2024, to be evaluated over the next five years. Most institutions are approaching the process under the leadership of their Internal Scientific Committees, with the strong collaboration, co-leadership, of the Science and Innovation management offices. In most cases, consultation with their "population", the staff, on specific elements and relative weights is foreseen.

## 2. SCOPE OF APPLICATION

This plan will be applied to the evaluation processes of the scientific activity organised internally by the FIBHULP in its work as the managing body of the *Instituto de Investigación Sanitaria del Hospital Universitario La Paz* (hereinafter IdiPAZ).

## 3. DEFINITIONS

**Associated Clinical Staff:** research staff who carry out research activity as principal investigator (PI), co-IPs or collaborating research staff in a project or EECC and who are not included in any IdiPAZ research group.

**Group leader:** The researcher who assumes the functions of coordination and marker of the research strategy in a research group.

**Principal Investigator (PI):** Researcher in charge of a team of researchers developing an EECC or a research project at IdiPAZ.

**Research Group:** A group of IdiPAZ researchers grouped around a group director who collaborate in the study of a homogeneous topic. In a group there may be several research teams, with overlapping or non-overlapping members, and research staff who perform PI functions in different projects or EECC.

## 4. INITIAL REFLECTION

IdiPAZ is currently carrying out assessment work in a variety of situations:

- classification of groups;
- "Luís Álvarez" grants;
- prioritisations for calls with quotas (Strategic Action in Health, private funders).

The evaluation of research proposals should be based only on the quality of the research (both methodological and in terms of impact). However, for the evaluation of proposers, individuals and groups, a peer review is necessary to assess the quality of the contributions presented for the general advancement of knowledge and their translation into positive impacts for society and the market.

Like most Spanish institutions, IdiPAZ is currently abusing quantitative metrics, basing evaluations of individuals on journal positions or fundraising. This generates a "Matthew effect" that feeds back on itself.

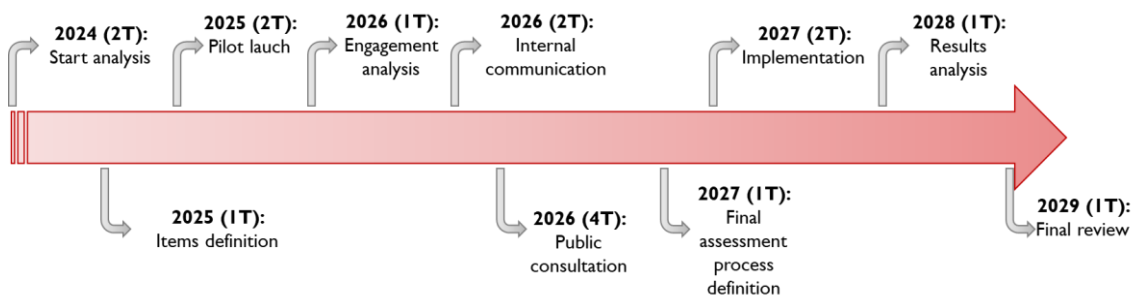
The final definition of the elements to be evaluated, the weighting between the different categories and the pace of implementation over these five years will be established sequentially thanks to this first CoARA Action Plan 2024-2029.

#### 4.1. STRATEGY FOR CHANGE

The change process was formally initiated at the meeting of the Internal Scientific Committee on 15 April 2024, with a first discussion based on the ARRA study and the previous historical process. How to adapt the general concepts to the particularities of clinical research will be key to successful change.

IdiPAZ proposes to assess the migration to a **single annual evaluation** of its research groups; collecting the information when preparing the **Institute's annual report**. The assessment received will be used for the classification and will inform the prioritisations to be made during the following year.

The migration process will be sequential over the life of this plan:



#### 4.2. IdiPAZ COMMUNITY PARTICIPATION

The IdiPAZ research community is involved from the outset, through the Institute's Internal Scientific Committee in which representatives of the research staff participate.

Within the development of the process of change, the participation of the community will be sought through the following:

- Information days;
- Specific training workshops for researchers (intramural and extramural) who are part of the evaluation pilot;
- Open community consultation on the outcome of the pilot to inform the final definition of the elements to be assessed.

### **4.3. KEY CHALLENGES**

Clinical research is an ecosystem with well-defined, legally regulated characteristics and a high degree of isolation from other disciplines.

Evaluation in a heterogeneous system with clinical and basic biomedical research, which is well advanced in terms of maturity and reflection on research results, can generate strong distortions.

In the field of clinical practice, largely influenced by the US system of private health care providers, there is an over-reliance on institutional standards. Without going into the obvious differences between the US and European systems (both in the [Bismarck](#) and in [Beveridge models](#), as is the case in Spain), these rankings are constructed in a way that does not value research activity well. However, the abandonment of their use will require work in training, as they are culturally ingrained elements.

## **5. RECOGNITION OF PROFESSIONAL DIVERSITY**

This Plan is very interested in valuing the professional diversity of our research community, being aware of our initial heterogeneity. IdiPAZ aims to produce evaluations that take into account the demands of clinical practice (which limits research work), the teaching facet of many of our researchers and the differences in access to resources between the different disciplines. Without forgetting the disadvantages that Nursing staff have to perform research, due to the demands of their professional work and the absence of tools that physicians do have.

It will work with evaluation staff and the community to find and implement the best ways to standardise evaluations so that they are not biased against certain disciplines and career paths.

## 6. MEASURES FOR QUALITATIVE EVALUATION, SUPPORTED BY THE RESPONSIBLE USE OF METRICS

As elements to be used in the evaluations, the following are proposed:

- **Publications:**
  - effective contribution,
  - number of citations and weighted citations,
  - subjective indicators of journal quality,
  - subjective self-assessment of impact.
- **Open data and materials** (measured by their accesses):
  - cohorts,
  - biobanked collections.
- **Innovation:**
  - licensed products (no. of patents),
  - creation of *start-ups*,
  - *software* made available to other researchers.
- **Dissemination:**
  - participation in activities with patient associations,
  - development of clinical practice guidelines.
- **Collaboration:**
  - participation in peer review,
  - mentoring within IdiPAZ.

Elements that are not considered to be true forms of quality performance:

- **Theses supervised:**
  - the number is not indicative of training quality but of funding and availability,
  - there are no clear ways of assessing the quality of mentoring.
- **Non-competitive fundraising / CTs:**
  - excessive disparity between subject areas,
  - is not indicative of research quality but of patient availability or third party commercial interest.



- **Unlicensed patents.**

It is proposed to adopt an eligible reverse prioritisation that favours emerging groups in those calls that they find most suitable (to improve the overall competitiveness of the institution).

## **7. MEASURES TO MITIGATE AND ABANDON THE USE OF THE IMPACT FACTOR, RANCHINES AND THE INDEX *h***

By their own cultural inertia, and because of their intrinsic value when used well, the traditional qualitative indicators will not be abandoned. But their computation and aggregation will no longer be the basis of the evaluation, and those evaluated will not be required to provide them by default. Their use should always be limited and explained by the evaluation staff in their reports.

## **8. ALLOCATION OF RESOURCES**

The present Plan does not imply the allocation of new resources to those that the FIBHULP already has in its structure. There will be a reorganisation of the work of the Technical Unit to produce the communication and training elements necessary for the evaluators (generally from the Internal and External Scientific Committees of the Institute) to be able to assume and apply the new evaluation criteria.

The templates for collecting information from the groups will be modified to allow the collection of evaluable elements in a more agnostic way and not based on the indicators to be abandoned.

## **9. PILOT PLANS**

A pilot scheme will be set up with a group from each scientific area and with the applicants to the “Luis Álvarez” programme, during which two evaluations will be carried out (one traditional and the other with the new criteria) to check that the new qualitative system does not generate biases in the evaluation.

## 10. TRAINING FOR EVALUATORS

The FIBHULP Technical Unit has extensive experience in training activities for our community. During the time of action of the present Plan, workshops will be designed and implemented for evaluation and research staff covering:

- ARRA and principles of qualitative evaluation;
- Creation and assessment of self-reporting of the impact of publications and other research results;
- Creation and assessment of narrative CVs;

## 11. EXCHANGE OF BEST PRACTICES

FIBHULP is an active member of the [Spanish National Chapter of CoARA](#). Within this framework, it will attend and participate in all possible activities for the exchange of experiences.

## 12. COMMUNICATION OF THE PLAN

This Plan will be communicated to the public through its publication in the [CoARA Community on Zenodo](#). For the IdiPAZ community, the Plan will be available on the corporate website and will be the subject of communication actions through our newsletter. The possibility of holding a specific open event will be considered, taking into account the difficulties that attending face-to-face events poses for a large part of our community.

## 13. EVALUATION OF THE PLAN

This Plan will be subject to two rounds of internal evaluation:

- In 2026, the participation data and possible deviations detected in the pilot programme will be analysed.
- In 2028, the evolution of the evaluation results and of the general perception of the impact of the institute's scientific activity will be analysed.

Both analyses will use the results of the evaluations themselves, such as community feedback from interviews, surveys or the corporate suggestion box. The Internal Scientific Committee will assess performance against the local and European context to

suggest adjustments to the evaluation system to keep us aligned with societal and funder demands.

#### **14. ASSOCIATED DOCUMENTATION**

Not applicable.

#### **15. RECORDS GENERATED**

Not applicable.