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CIC - Centre d'investigation clinique Robert Debré

Rapport Hcéres

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Research evaluation

REPORT ON THE CIC:

Centre d'Investigation Clinique Robert Debré
(CIC 1426)

UNDER THE SUPERVISION OF THE FOLLOWING INSTITUTIONS AND RESEARCH BODIES:

Institut National de la Santé et de la Recherche
Médicale – INSERM

EVALUATION CAMPAIGN 2017-2018
GROUP D



In the name of Hcéres¹:

Michel Cosnard, President

In the name of the expert committee²:

Catherine Cornu, Chairwoman of the
committee

Under the decree No.2014-1365 dated 14 November 2014,

¹ The president of Hcéres "countersigns the evaluation reports set up by the expert committees and signed by their chairman." (Article 8, paragraph 5);

² The evaluation reports "are signed by the chairman of the expert committee". (Article 11, paragraph 2).

This report is the sole result of the CIC's evaluation by the expert committee, the composition of which is specified below. The assessments contained herein are the expression of an independent and collegial reviewing by the committee.

CIC PRESENTATION

name:	CIC Robert Debré
number:	CIC 1426
Requested label:	
Application type:	Renewal
Head of the CIC (2017-2018):	Ms Evelyne JACQZ-AIGRAIN
Project leader (2019-2023):	Ms Corinne ALBERTI
Number of modules:	2

COMMITTEE MEMBERS

Chair:	Ms Catherine CORNU, CHU de Lyon
Experts:	Ms Nelly AGRINIER, CHRU de Nancy Mr Laurent BEGHIN, CHRU de Lille Ms Anne METZINGER, CHU de Lyon Mr Michel TSIMARATOS, CHU de Marseille

HCERES scientific officer:	Mr Serge BRIANÇON
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Representatives of supervising institutions and bodies:

Ms Hélène ESPÉROU, Inserm
Ms Florence FAVREL-FEULLADE, APHP
Mr Gérard FRIEDLANDER, Université Paris Diderot
Mr Nicolas HINCELIN, DGOS
Ms Anne MOAS, APHP
Ms Fabienne Thoraval, Inserm

INTRODUCTION

HISTORY AND GEOGRAPHICAL LOCATION OF THE CIC

The present CIC was created in 1992, the first ever CIC in France, at the hospital group (GH) Robert Debré. This hospital is exclusively dedicated to mothers and children, and has about 500 beds and cradles, and over 3,000 births and 35,000 admissions per year.

In 2014, the two CIC modules became CIC 1426, which offers a research infrastructure clinical and research support available to investigators to carry out their research projects.

MANAGEMENT MODULE

The CIC head is Ms Evelyne Jacqz-Aigrain.

The CIC-P head is Ms Evelyne Jacqz-Aigrain, and the deputy head is Ms Florentia Kaguelidou

The CIC-EC head is Ms Corinne Alberti, and the CIC-EC deputy head is Ms Sophie Guilmin-Crepon

The CIC head proposed for the next 5 years will be Ms Corinne Alberti.

The CIC-P head will be Ms Florentia Kaguelidou, but the exact date of her taking office is not clearly defined.

Ms Corinne Alberti will temporarily remain head of the CIC-EC, but this will change with the arrival of a Public Health MCU-PH expected in September 2018, potentially Ms Aurelie Bourmaud. The date of transfer of responsibilities at the head of the CIC-EC, however, is not defined.

HCERES NOMENCLATURE

SVE6_3 Recherche Clinique

SCIENTIFIC DOMAIN

The CIC takes care of research projects devoted to future mothers and to children, from newborns to teenagers.

CIC consists of two modules: CIC-Plurithematic (CIC-P) and CIC-Clinical Epidemiology (CIC-EC). The CIC-P was first created in 1992, to respond to the demand for paediatric investigation needs, particularly in the field of pharmacology and therapy. It was enriched by a clinical epidemiology module in 2004 to offer a methodological support for the organization of cohorts and clinical trials carried out in mothers and children.

Its research topics include the evaluation of the medicinal products for mothers during pregnancy, development pathologies, rare and chronic diseases of children. CIC1426 also develops own research on the evaluation of the effects of age (CIC-P) in clinical pharmacology and the development of methods adapted to pediatric research (CIC-EC).

CIC WORKFORCE

CIC workforce	Number 30/06/2017	Number 01/01/2019
Permanent staff		
Full professors, assistant professors and similar positions	4	5
Clinicians (PH)	2	2
Full time research directors (Directeurs de recherche) or Research associates (chargés de recherche) EPST , EPIC and similar positions	0	0

Full professors, associate professors and clinicians (PH) affiliated to a CNRS, INSERM or EA research CIC	0	0
Other permanent staff involved in research: health professionals, supporting personnel etc.	26	27
TOTAL permanent staff	32	34
Non-permanent staff		
Non-permanent professors and associate professors, including emeritus,)	28	
Non-permanent full time scientists, including emeritus, post-docs	5	
Non-permanent supporting personnel	9	
PhD Students	7	
TOTAL non-permanent staff	49	
TOTAL CIC		
	81	

GLOBAL ASSESSMENT OF THE CIC

The scientific production of the two modules (CIC-Plurithematic (CIC-P) and CIC-Clinical Epidemiology (CIC-EC)) is outstanding, including very high levels of both publications and research projects. The CIC deals with a very specific domain, and holds a unique position in its research field. The integration of the CIC in the local context, the reputation and appeal are also outstanding. However, CIC-P and CIC-EC are still operating quite independently. The CIC leading scientists are involved in teaching and training by research, receive many trainees coming from various sources (medicine, pharmacy, Masters, CRA trainings ...); they built - and are responsible for - 3 diplomas, and teach in many others. For the next five years, this CIC is facing 2 important challenges: firstly the announced retirement of the since 2003 head of the CIC, who is a pivotal person in the structure and in the field of pediatric pharmacology; secondly the creation of a unique and common management process supervising both CIC-P and CIC-EC modules. Both challenges have been anticipated, and two young researchers are involved in the upcoming management; however, there is still some uncertainty about the exact modalities. There is a contrast between the very high production of the CIC and the smallness of premises. Job insecurity for research staff has improved, as 50% have long-term contracts, but there are still many iterative very short-term contracts, which leads to possible loss of highly skilled staff.

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