Spain’s Miguel Servet Programme, an opportunity for translational research

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Spanish science is facing tough funding cuts which are affecting the whole R&D system, and particularly younger researchers who seek to stabilize their careers. But despite economic, management and governance problems, some actions have been undertaken whose positive contribution to the development of science in Spain must be recognized.

Recently, a colleague told us how some participants in the Annual Meeting of the American Academy of Neurology showed her their interest in the situation of research in Spain, and agreed to consider positively the Spanish researchers who had gone through their groups. Some of the postdoctorals present there commented on its intention to apply to the Ramón y Cajal Program (RyC), a Spanish postdoctoral recruitment program in all science fields, widely known beyond Spain’s borders.

However, it caught our attention the lack of knowledge that exists outside our borders on the Miguel Servet Research Contract Program (MS), similar to the RyC but specifically oriented towards the recruitment of full-time researchers in hospitals and research centers of the Spanish National Health System (NHS). The MS provides postdoctoral researchers a good opportunity to perform translational research in the healthcare sector, in close connection with the clinical environment.

The MS is one of the most important strategic actions being undertaken by the Carlos III Health Institute to enhance scientific and technological capacities at Spain’s public hospitals, most of which are University hospitals to which the General Health Law assigns a threefold function: healthcare provision, education and research. The program was created in 1998 with the aims to incorporate researchers with excellent training within the NHS in order to improve the health system’s research capacity, to provide research units and groups at healthcare establishments with multidisciplinary capacity, and to promote the creation of stable research groups within the NHS. Together with a set of different measures and programs, the MS contributed to implement a transformation aimed at the professionalization of research in Spanish hospitals. After these early challenges, in its current formulation it aims to increase the number of full-time researchers in health sciences and technologies in institutions of the NHS, to promote research transferable into clinical practice and to promote researchers’ careers in biomedicine and health sciences in NHS centers.

From its startup in 1998 until 2014, the program has awarded 694 contracts, averaging more than 40 contracts per call. MS researchers typically held a doctorate in biology (about 50%), and less frequently in medicine and surgery (about 15%) and other research fields. This fact has contributed to promoting different approaches of research practice through the introduction of professionals from different areas of basic science.

The MS is in a stage of maturity and is having an appreciable contribution in promoting interactions between basic researchers, clinical researchers and healthcare professionals, and ultimately in fostering translational research and researchers’ performance. Furthermore, the recruitment of MS researchers may even be cost-effective for institutions of the National Health System. Though it faces significant challenges, as a better definition of the MS researchers’ role and position within the framework of the hospital’s organizational and operating structure, the uncertain choices for MS researchers of stabilization in hospitals after completion of their contract, the lack of a clearly defined research career track at
hospitals, and the program’s questioned salary competitiveness. In our opinion, it also lacks internationalization. Representation of foreign researchers is testimonial (5%), so we believe that wider international dissemination of the program is necessary.

Despite the cuts in Spain’s science, we must recognize the economic effort made, through the increase in the total annual funding for the program, thanks mainly to the inclusion in 2010 of an additional allocation for the recruitment of support staff, and the increase in 2011 or the allocation for the project associated with the MS contract. Even so, concerns with the likely consequences of the cuts are recursively manifested in surveys to MS researchers and the leaders of research groups and heads of the different departments and centers where MS researchers worked.

In a context of economic crisis in which orientations toward models of private management of public health proliferate in Spain, we advocate for an evolution of healthcare hospitals towards a type of operation termed the ‘entrepreneurial hospital’, through research, innovation and transfer. In this sense, the permanence of the Miguel Servet program is crucial for the consolidation of NHS hospitals as research centers and knowledge-producing institutions, and ultimately for the improvement of health research in Spain. The economic crisis must not jeopardize public healthcare, neither biomedical and health research, fundamental to improve healthcare provision and patient care.

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3 The Carlos III Health Institute is the public organism responsible for funding and managing most biomedical research in Spain. It is the managing body of the Strategic Health Action within the National R&D&I Plan. [http://www.eng.isciii.es/ISCIII/es/contenidos/fd-investigacion/planificacion-2.shtml](http://www.eng.isciii.es/ISCIII/es/contenidos/fd-investigacion/planificacion-2.shtml)


