

HCERES

High Council for the Evaluation of Research
and Higher Education

Research units

HCERES report on research unit:

Soins Primaires, Santé Publique et Registre du
cancer de Bretagne Occidentale

SPURBO

Under the supervision of
the following institutions
and research bodies:

Université de Bretagne Occidentale - UBO

CHRU de Brest

HCERES

High Council for the Evaluation of Research
and Higher Education

Research units

In the name of HCERES,¹

Michel Cosnard, president

In the name of the experts committee,²

Jean-François Chenot, chairman of the
committee

Under the decree N^o.2014-1365 dated 14 november 2014,

¹ The president of HCERES "countersigns the evaluation reports set up by the experts 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)

Evaluation report

This report is the sole result of 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.

| | |
|--|---|
| Unit name: | Soins Primaires, Santé Publique et Registre du cancer de Bretagne Occidentale |
| Unit acronym: | SPURBO |
| Label requested: | EA |
| Current number: | |
| Name of Director (2015-2016): | M. Jean-Yves LE RESTE |
| Name of Project Leader (2017-2021): | M. Jean-Yves LE RESTE |

Expert committee members

| | |
|---|--|
| Chair: | M. Jean-François CHENOT, Universitätsmedizin Greifswald, Germany |
| Experts: | M ^{me} Anne-Marie LEHR-DRYLEWICZ, Université de Tours (representative of the Board of French Universities) |
| Scientific delegate representing the HCERES: | M. Emmanuel LAGARDE |
| Representatives of supervising institutions and bodies: | M. Remy BRAJEUL, Centre Hospitalier Régional Universitaire de Brest M. Pascal GENTE, Université de Bretagne Occidentale M ^{me} Marie-Hélène LALLIER, Centre Hospitalier Régional Universitaire de Brest |
| Head of Doctoral School: | M. Jacques-Olivier PERS, Doctoral school n° 373, SICMA |

1 • Introduction

History and geographical location of the unit

The unit is located in Brest, as part of the Université de Bretagne Occidentale (UBO), and hosted at the Brest Regional University Hospital (CHRU).

The department of general practice (“Département Universitaire de Médecine Générale” - DUMG) was founded in 1990 and was initially only active in teaching. In 2005, the department started research in primary care in close collaboration with the European General Practice Research Network (EGPRN). This has created an increased demand for supervision of professional theses (“thèses professionnelles”). Since 2012, the department is responsible of 300 residents and a network of 208 clinical teachers (representing 25% of all General Practitioners GPs in the area), with 69 involved in research activities.

In April 2014, the DUMG was merged with the Department of Public Health and the Cancer Registry to form the new unit SPURBO. The cancer registry is specialized in gastrointestinal tumours and was created in 1984. The register is part of FRANCIM (“France incidence mortalité”) network. In 2012, it was successfully audited by the CNIL (“Commission nationale de l’informatique et des libertés”). The register cooperates with ADEC (“Association de dépistage de cancers dans le Finistère”).

The section of Public Health is specialized in addiction medicine and infectious disease. This has added epidemiological expertise to the unit.

This combination of Public Health and Primary Care / General Practice has some models in France and elsewhere, e.g. the Netherlands institute for health services research (NIVEL).

At the time of the report the unit has been in place for less than two years.

Management team

Mr Jean-Yves LE RESTE is the head of the unit.

HCERES nomenclature

SVE6

Scientific domains

Unlike in the Northern European countries, the UK, Canada, the United States of America and Australia, research in Primary Care / General Practice in France has been neglected for a long time. Therefore, research skills and academic staff able to do research in this field is still in an early developmental stage, either at local or national level, with few exception. However, primary care research in France has made a great leap forward in the past 10 years.

Preventive medicine at the population level of common health problems is in the focus of past and planned research projects of the unit. The main scientific objective is to develop models to describe disease pattern and identify underserved and excluded patients groups. The ultimate goal is to design intervention studies based on these models to address these issues. The approaches are both quantitative and qualitative. The section of General Practice has developed methodological expertise in qualitative research and in the conduct of consensus processes.

Unit workforce

| Unit workforce | Number on 30/06/2015 | Number on 01/01/2017 |
|---|----------------------|----------------------|
| N1: Permanent professors and similar positions | 12 | 12 |
| N2: Permanent researchers from Institutions and similar positions | | |
| N3: Other permanent staff (technicians and administrative personnel) | | |
| N4: Other professors (Emeritus Professor, on-contract Professor, etc.) | | |
| N5: Other researchers from Institutions (Emeritus Research Director, Postdoctoral students, visitors, etc.) | | |
| N6: Other contractual staff (technicians and administrative personnel) | 2 | |
| N7: PhD students | 4 | |
| TOTAL N1 to N7 | 18 | |
| Qualified research supervisors (HDR) or similar positions | 3 | |

| Unit record | From 01/01/2010 to 30/06/2015 |
|---|-------------------------------|
| PhD theses defended | 1* |
| Postdoctoral scientists having spent at least 12 months in the unit | |
| Number of Research Supervisor Qualifications (HDR) obtained during the period | |

*at the University of Antwerp

2 • Overall assessment of the unit

Introduction

SPURBO is an emergent unit that exists for less than 2 years and wishes to become a permanent research unit. It is composed of three groups, General Practice, Public Health and the Cancer Registry of Finistère, which have merged in April 2014.

Global assessment of the unit

The group in General Practice (“soins primaires”) succeeded in shifting from exclusive educational activities to first steps in research over the past years. The unit managed to organize a network of local General Practitioners and to get them involved in research. This is additionally supported by the help of residents in primary care (étudiants en médecine du troisième cycle) supervised by the department contributing to patient recruitment. The close network of practices involved in teaching activities was a key element for this development. This allowed access to data and to recruit physicians interested in pursuing a part-time research activity. The members of the unit strongly benefited from their active collaboration with EGPRN (European General Practice Research Network). Although there is a noticeable gap between the publication output and the ongoing projects, this has resulted in successful national and international collaboration and eventually publications together with a first success in a national research grant application. A particular strength of the group is qualitative research. They have conducted several pilot studies on subjects relevant to General Practice that have the potential to lead to further funded research projects. Currently, there are three PhD students who are co-supervised by the University of Antwerp and one thesis was recently successfully defended. This small number of PhD students is partly related to structural problems obtaining thesis supervision for qualitative research in General Practice, since the field does not benefit from a well-established tradition in France unlike in Belgium and most Northern European countries. External thesis supervision allows transfer of research knowledge from foreign research team with higher skill and expertise in the domain.

The group in Public Health includes only two members but appears to be very productive. One major field of research activities is addiction medicine, another is infectious diseases. The publication output is excellent. They are collaborative research projects with the group in General Practice that resulted in joint presentations at conferences.

The group on Cancer Registry has two researchers and one administrative staff. The research is focused on gastrointestinal disorders. The publication output is high but it is noticeable that the senior scientist of the group is neither listed as a lead nor as a leading author in any paper published in the past 5 years. Common research projects with the group in General Practice are ongoing but did not result so far in joint presentations.

From the international point of view it seems noticeable that none of the staff of all three groups is working full time in research. All researchers have substantial clinical duties and teaching duties, which are not addressed and evaluated in this report.

Strengths and opportunities in the context

The potential added value of the merger of the three groups includes the exchange of research skills, improved data access and collaborative research projects.

The unit has managed to create a considerable research network of practices involved in research activities, recruited from their teaching network and covering the entire region. As a consequence, a large proportion of residents in General Practice (50%) decided to prepare their professional theses under the supervision of the unit. Those residents are strongly involved in research projects and very helpful for large and rapid patient recruitment. This is a considerable strength, making the unit attractive as research partner for other clinical specialties, and is an opportunity to expand collaboration with local and international partners. This is also the basis for ongoing and anticipated collaboration with addiction medicine and cancer prevention.

Additional favourable factors are the strong connections with many European and Non-European university departments. Applications to European funds are in preparation (Horizon 2020) with European partners. The section of General Practice has developed good experience in qualitative research methods, and has support for quantitative research from the hospital’s clinical research unit (“Direction de Recherche Clinique et Innovation” - DRCI).

The Cancer Registry is well connected at national level, as demonstrated by the high number of publications to which the senior scientists contributed.

Weaknesses and threats in the context

A common research strategy for all three groups of the unit is visible but needs to be refined. The projects presented and anticipated cover a large area but lack a profile building internal coherence. Although there is support from the hospital clinical research unit (DRCI), there is a lack of internal epidemiological and biostatistical research expertise. The committee has been, however, informed of the planned employment of an epidemiologist in the near future.

Among the publications from the group in General Practice there are few original research articles. Two of the articles evolve around consensus of definitions (multimorbidity) or translations and only few research articles with clinical data. Among the listed 5 most important publications, two are only research protocols, not original research, of so far unpublished research projects.

Despite the statement that systematic reviews according to international standards (PRISMA, AMSTAR) are part of the research strategy, only one systematic review has been published and another one presented at a conference. A better systematic literature search and publications of systematic, or even narrative, reviews in the area might help focusing the research profile and strategy. The next step, moving from models based on qualitative research to quantitative epidemiological and intervention studies, has a broad scope. The group will need the support and the experience of other units and of the clinical research unit (DRCI).

The publication list from the Cancer Registry group does not list any group members as first or senior authors, indicating that they mainly provided data. The registry is limited to gastrointestinal cancers, which reduces the scope for joint research projects and international collaborations. Ways to expand the registry to all cancers should be pursued actively.

Recommendations

The unit should come up with a description of its common mission.

The unit research topic should be more precise than the vast field of preventive medicine. A more focused common research topic would enhance the profile of the unit, and allow excellence and leadership in the research field.

To identify research areas where the unit could contribute to science, beyond being the first in France addressing a research question, more systematic reviews should be conducted.

The supervision of professional theses should lead to more numerous published articles and help increasing the production of systematic reviews.

The unit should strive for more visibility.

The group in General Practice should continue its involvement with EGPRN, but should widen its scope and gain experience with more competitive organisations like the Nordic Federation of General Practice, the Society for Academic Primary Care (SAPC) and the North American Primary Care Research Group (NAPCRG). Additionally, the group should initiate research in primary care relevant to specialists and target specialized congresses and journals. A start could be national and international meeting in addiction medicine.

The projects should become more clinically relevant for the GPs in the network that are providing access to data and patients for research projects.

The group in General Practice should continue doing qualitative research and provide expertise to the rest of the unit. However, the unit needs to develop and share more skills in quantitative research.

The unit should increase its involvement in the international scientific community.

The HDR qualified researchers should supervise PhD students, and the 5-year plan should include the defence of PhD theses and HDR.

More involvement of researchers in master programs, or even the creation of a master program, in research in primary care would be an asset.