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Call for applications

Creation of a Research Chair in Social and Human Sciences

Health democracy/empowerment:

Involving citizens and people affected by cancer

DEADLINE FOR SUBMISSION OF APPLICATIONS: 17 May 2021 – 4 pm:

Online submission of electronic applications:

<https://www.e-cancer.fr/Institut-national-du-cancer/Appels-a-projets/Appels-a-projets-en-cours/ChaireSHS2021>

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1 Background

Following previous positive experiences of creating Chairs¹ to promote research in social and human sciences (SHS) in relation to cancer, the French National Cancer Institute (INCa) has proposed creating a chair in “Health democracy/empowerment: involving citizens and people affected by cancer”, in partnership with Aix-Marseille University, the Paoli-Calmettes Institute and the CANBIOS team (Cancers, Biomedicine and Society) at UMR1252 SESSTIM (Economic and Social Health Sciences and Medical Information Processing).

The topic chosen aligns with the partners’ research priorities and aims to bridge a gap in research that has developed in this field, particularly in France.

In fact, for some years now, there has been a global movement in French society towards greater involvement of health-system users (people affected by cancer,² but also those targeted by preventive action or screening) at all levels.^{3,4}

- at the clinical level, in order to help people who wish to have a role in managing their own health (in terms of health promotion and prevention, but also diagnosis and treatment);
- at the organisational level, by involving people in the planning, provision and evaluation of programmes, services and training, in collaboration with care system managers and administrators;
- at the strategic level, via individual or organised group participation in defining and developing health policies.

At all of these levels, there is a continuum of engagement by people affected by cancer: from simply gathering information to attending a consultation to request an opinion, the engagement can take the form of a collaboration or partnership, with genuine shared decision-making.^{5,6}

Various structuring initiatives have been implemented in oncology in recent years. Noteworthy examples in France include:

- the recent promotion by Agnès Buzyn – haematologist-oncologist and minister for solidarity and health – of the shared decision-making approach;
- the many developments in oncology treatment education;
- the *Seintinelles* collaborative research platform, which brings scientists and citizens together in order to advance research on cancer;
- the national health conferences on cancer prevention;
- the formation of the Institute’s health democracy committee.

1 The last Chair to be created is based in Lyon:

<https://www.e-cancer.fr/Institut-national-du-cancer/Appels-a-projets/Appels-a-projets-en-cours/Chaire-SHS-2019>

2 People suffering from cancer, their loved ones and carers.

3 MP Pomey et al., The “Montreal model”: the challenges of a partnership relationship between patients and healthcare professionals, *Santé Publique*. 2015/HS S1, 41-50

4 KL Carman et al., Patient and family engagement: a framework for understanding the elements and developing interventions and policies, *Health Affairs*. 2013; 32(2)223-31

5 MP Pomey et al., The “Montreal model”: The challenges of a partnership relationship between patients and healthcare professionals, *Santé Publique*. 2015/HS S1, 41-50

6 KL Carman et al., Patient and family engagement: a framework for understanding the elements and developing interventions and policies, *Health Affairs*. 2013; 32(2)223-31

Social and human sciences studies are required to contribute to this movement to increase the involvement of people affected by cancer in oncology health systems and to ensure the evolution is understood and supported.

2 Objectives

The overall objective of this Chair is to develop research in social and human sciences on health democracy and empowerment in the field of oncology. The successful applicant for this Chair will be tasked with developing and coordinating a research programme that will have relevance for public health, be ambitious, innovative and have a high profile, both nationally and internationally.

The Chairholder shall aim to involve people affected by cancer, health professionals and citizens in their programme of research and education. The ability to work with clinicians, patients, the latter's loved ones and carers is therefore essential to the effective conduct of this Chair's activities.

The Chairholder shall also contribute to the transfer and dissemination of knowledge, notably through higher education, across various disciplines.

The research and teaching objectives will be as follows:

Research:

- coordinate a research programme and team, supported by the activities of and teams from SESSTIM, the Paoli-Calmettes Institute and Aix-Marseille University;
- together with the stakeholders involved (people affected by cancer, health professionals and citizens), develop the research programme, implement it and promote it to the scientific community and the wider public;
- develop local, national and international collaborative relationships and integrate the Chair's programme into existing networks;
- step up collaboration, particularly with social and human science laboratories, to ensure a multidisciplinary approach;
- supervise research conducted by master's students, doctoral students and/or post-doctoral researchers, in order to enhance the value of the research areas covered by the Chair;
- endeavour to raise the profile of the Chair's research and activities by publishing papers in international peer-reviewed journals, attending seminars and scientific events, collaborating with research networks, responding to national, European and international calls for proposals;
- disseminate knowledge by organising study days and national and international conferences.

Teaching:

- develop a teaching programme with Aix-Marseille University, that is jointly formulated with the stakeholders involved (people affected by cancer, health professionals and citizens);
- provide initial and/or continuous education in the field of social and human sciences, in relation to health in general and cancer in particular;
- organise and lead a teaching programme on the topics covered by the Chair in the form of research seminars and workshops. Some seminars could be facilitated by international scientific experts, invited on behalf of the Chair.

3 Issues and proposed key themes

Health democracy and empowerment in oncology, as a topic, covers a wide area. **Here are some examples of subjects that could be covered by the Chair's research programme,⁷ relating to different levels of involvement or cross-cutting issues:**

At the **strategic** level, there are numerous issues that could be explored, notably: what is the actual impact of the participation of people affected by cancer in developing local or national health policies? What is the best way to co-develop policies with people affected by cancer? How can oncology networks be managed to allow for governance that includes citizens and people affected by cancer? How can we ensure meaningful participation by the population and people affected by cancer in evaluating new drugs, new technologies and new intervention methods in oncology? What degree of influence do people affected by cancer have on prevention policies? How do the different types of participation work (individual or representative of users)? etc.

In terms of **service organisation and quality**, how can patients, and people affected by cancer more generally, be guided to better define care pathways? What is the best way to support transitions in care pathways and improve understanding of complex pathways? How can access to care be improved for certain vulnerable groups? How can health literacy in the field of oncology be improved or negative effects be minimised, at least? How can people affected by cancer be assisted in navigating the system? etc.

At the **clinical** level, it is clear that little work has been done in France on how to engage patients in their treatment. One way of doing so is to include them in decisions and ensure they have a better understanding of the choices made. To this end, **shared decision-making** can help ensure people affected by cancer have greater involvement in their care pathway. It is therefore wise to document how shared decisions are made. What factors would help promote wider adoption of this approach? What are the methodological and ethical questions to be asked, particularly if individual vulnerabilities and wishes are to be taken into account? How can the low take-up of certain treatments for oral cancer be explained and what strategies are in place to improve take-up? Could shared decision-making be promoted in the contexts of prevention and screening? In addition, new challenges are emerging as a result of innovative practices, linked to the use of new technologies (e-health and mobile health), outpatient oral therapies, a local network, widespread use of non-traditional medicines, etc. What issues does that pose for involving people affected by cancer in their own care? What role do these innovations play and how should those affected be supported through this evolution? etc.

In terms of treatment, a **therapeutic alliance** might also be worth examining. In what ways would it need to be assessed?

Furthermore, in terms of **empowerment**, under what conditions could treatment education promote self-care and help build the confidence to act? How can self-determination of health objectives be facilitated in a care situation and as part of treatment education? How can self-regulation of health goals be supported? What are the strategies for formalising personalised care plans that also take into account the non-medical determinants of the health of people affected by cancer? How can efforts to reconcile the medical challenges linked to everyday life and identity challenges posed by the illness be supported? How can people affected by cancer be supported through the evolution of their identity in a way that takes their individual circumstances into account? What are the repercussions of engagement by people affected by cancer for their identity and journey? etc.

⁷ These elements are provided as examples and have been developed jointly with scientific experts and members of the Institute's health democracy committee. The program proposed by the candidate may include some of these topics.

But also, how can peer-to-peer help support patient engagement, via various approaches? Another issue to explore could be how people who have been affected by cancer can use their experiential knowledge to inform not only the development of instructional content for treatment education but also its delivery and evaluation. How can patients support other patients in the clinical environment in terms of their informational, emotional and guidance needs?

The **success factors** of a partnership between people affected by cancer and health professionals – or, more broadly, of leadership shared between people affected by cancer, professionals, managers and decision-makers – need to be studied at all levels of engagement (clinical, organisational and strategic). The adaptability of professionals, in particular, can be examined: how can partnership be incorporated into their training? How can the professional's receptiveness to the engagement of people affected by cancer be evaluated, i.e. in terms of their training, ability to collaborate, how they go about their work, etc.? Support, especially logistical, for the patient as they improve their skills and develop into their new role can also be examined. Which environments are conducive to engagement by people affected by cancer? How is engagement to be recognised (contract, reimbursement, reward, compensation, leave, etc.)? What are the legal and ethical challenges? The consequences of professionalisation will also be able to be analysed (transfer of responsibility, condition of the people affected by cancer who have become engaged, relationships between the various stakeholders, etc.). How the partnerships are implemented on the ground – the reality of them, rather than simply the theory – and their feasibility, particularly in terms of time, could also be considered.

The projects will also be able to investigate the consequences of engagement by citizens and people affected by cancer on the environment. What are the consequences at the different levels of engagement? What is the experience of the people involved and the professionals? What impact does engagement have on identities? How do the professional reconfigurations work? In terms of the transition, what helps and what hinders? What are the most relevant indicators for evaluating this engagement? etc.

Innovative approaches to partnership can be developed, as can **evaluation methods** that assess, for example, how these approaches are implemented and sustained, the flexibility of engagement in terms of how it is adapted to the lifestyle of people affected by cancer and their potential vulnerabilities, etc.

Various other issues can also be raised that could support and clarify the **evolution of society** towards greater involvement, at all levels, of people affected by cancer. How does that evolution lead to a relationship of trust, taking into consideration the imbalance between people affected by cancer and health professionals? How can the person affected by cancer become the subject and not the object? How are the respective powers of people affected by cancer, professionals, managers and decision-makers defined? How do joint construction efforts with people affected by cancer work? What are the mechanisms for mobilisation? How can society be prepared for the changes? The projects could also look at the establishment of a shared responsibility, the legitimacy of people affected by cancer representing their peers, etc.

In all of the areas covered, **social inequality** needs to be taken into account, to ensure that vulnerable groups that have problems accessing information and taking action, in particular because of their age or level of health literacy, can participate fully. This offers the opportunity to document and develop new communication tools and methods to reach a wider audience. Further cross-cutting topics that could be addressed include complexity considerations, support for innovation, decompartmentalising the expertise in research programmes (diversity of disciplines and experiential knowledge), ethical issues, etc.

The methodological approach can draw on quantitative or qualitative research, with the emphasis on a mixed approach that involves various social and human science disciplines.

4 Application procedure

4.1 Candidate profile

The ideal candidate is a senior scientist with an interest in the research topics, who holds a doctorate in one of the social and human sciences.⁸ S/he must have significant experience in research and in producing recognised scientific publications in the relevant research area. S/he must have experience in teaching and the necessary skills to conduct a research programme autonomously (obtaining funding, coordinating teams around a project, capitalising on the findings, etc.). The candidate must also be able to prove his or her ability to engage in research involving people affected by cancer, health professionals and/or citizens.

This Research Chair is open to all French and overseas scientists, whether tenured or contract. The candidate must be fluent in English and, ideally, French.

The candidate must be able to supervise the work of doctoral students, i.e. be authorised to supervise research or committed to applying for such authorisation.⁹ The number of compulsory teaching hours will be limited (to less than 20 hours per year) in order to maximise the time available for research.

4.2 Application file

The application must be written in English (a version in French is optional). It must contain:

- a detailed candidate CV (previous scientific and teaching activities, methodological skills, competencies in supervision, value enhancement, expert review, etc.);
- a list of the five published works most relevant to the research programme in question;
- a structured description of plans for research, teaching and scientific leadership; These plans should outline the methods intended to be used to engage people affected by cancer, health professionals and citizens;
- details of how research findings will be disseminated and capitalised upon;
- an indicative list of the Chairholder's funding requirements and the funding procedures that the Chairholder intends to follow;
- a complete list of published works, to be provided as an annex.

5 Partners in the call for applications

The Chair is supported by a scientific and financial partnership, comprising the French National Cancer Institute, Aix-Marseille University, the Paoli-Calmettes Institute and the CANBIOS team (Cancers, Biomedicine and Society) at UMR1252 SESSTIM (Economic and Social Health Sciences and Medical Information Processing).

⁸ The list of disciplines corresponds to the scientific fields SHS1 to SHS6 under the Classification of the High Council for Evaluation of Research and Higher Education: <https://www.hceres.fr/fr/guides-des-produits-de-la-recherche-et-activites-de-recherche>

⁹ Your attention is drawn to the fact that such authorisation ("habilitation") is mandatory in order to be able to supervise doctoral students in France. Candidates who are not suitably authorised must intend to apply for authorisation during the term of the Chair, should they wish to be able to supervise a doctoral student alone, without an authorised co-supervisor. For more information, please visit the Aix-Marseille University website: <https://www.univ-amu.fr/en/public/authorization-conduct-research-hdr>

➤ **The French National Cancer Institute (INCa)** is the national health and scientific expert agency in oncology responsible for coordinating action against cancer. Created by the Public Health Policy Act of 9 August 2004, it comes under the joint administrative supervision of the Ministry of Social Affairs and Health and the Ministry of Higher Education and Research.

➤ **Aix-Marseille University** is a multidisciplinary university structured around five disciplinary sectors divided into 18 components (faculties, schools, institutes) and one multidisciplinary sector.

➤ The **Paoli-Calmettes Institute** is a centre for cancer control (acronym in French: CLCC), classified as a not-for-profit private health-care facility (acronym in French: ESPIC). Its mission is to provide a public hospital service in the field of oncology: cancer prevention, research in the areas of diagnosis and therapy, patient care, education and training.

➤ The **Joint Research Unit 1252 SESSTIM** (Economic and Social Health Sciences and Medical Information Processing) was established on 1 January 2012. It produces high-quality multidisciplinary and interdisciplinary research in the fields of social and human sciences and public health, leading to developments in the fields of predictive, personalised, pre-emptive and participatory medicine. The CANBIOS team focuses on applications for cancer.

6 General provisions and funding

6.1 Scientific and administrative structure of the Chair

As part of its mission, the French National Cancer Institute shall set up a partnership in the form of an agreement with Aix-Marseille University, which shall receive the grant for creating the Research Chair in social and human sciences entitled “Health democracy / empowerment: involving citizens and people affected by cancer”. The Chairholder shall be affiliated to Aix-Marseille University and will be attached to the CANBIOS team of UMR 1252 SESSTIM. Scientific oversight for the SESSTIM laboratory [UMR 1252: <https://sesstim.univ-amu.fr/>], managed by Roch Giorgi, is provided by Aix-Marseille University, the IRD (Research Institute for Development) and INSERM (French National Institute of Health and Medical Research). The CANBIOS team encompasses the disciplines of social, human and economic sciences (SHES) and public health, and its membership comprises epidemiologists, biostatisticians, sociologists, social health psychologists, anthropologists and economists. These teams can be called upon by the Chairholder to conduct interdisciplinary research projects. The team already works closely with clinicians and biologists from the Paoli-Calmettes Institute and the APhM, as well as other centres for cancer research and control, university hospitals and patient organisations.

Once the Chair is in place, governance bodies shall be established, including, in particular, an independent scientific advisory board comprising eminent scientists from France and abroad, and a governance committee comprising the Chair's partners, as defined in section 5 of this call for applications.

6.2 Funding

The Chair shall receive €150,000 of funding per annum from the Institute for a term of 4 years, with the possibility of extending funding to a 5th year, following review of the progress of the research programme. During the first 4 years, €65,000 may be used to cover running costs, with the remainder making up the Chairholder's salary. The grant provided by the Institute for the entire term of the Chair is capped at €750,000.

The local partners will provide the necessary work infrastructure (offices, IT equipment, etc.) and will pay €300,000 in salaries for the post-doctoral researcher(s) and doctoral contract(s), in order to attract the best candidates and ensure fast and efficient functioning of the Chair.

In the event of a favourable review after four years, Aix-Marseille University shall agree to make every effort to maintain the Chairholder's position and that/those of the associated researcher(s) in order to ensure continuity of research and teaching on this theme.

6.3 Payment of grants

The grant shall be assigned by the French National Cancer Institute, according to the provisions of regulation No. 2018-01, regarding grants allocated by INCa: <http://www.e-cancer.fr/Institut-national-du-cancer/Appels-a-projets/Reglement-des-subventions>

Prospective candidates must agree to comply with this regulation by signing the "Undertakings" section of the application file.

6.4 Publishing and communication

Within the framework of the National Plan for Open Science, the beneficiary of the grant and the project coordinator must make sure to:

- complete the application-file fields entitled “Résumé grand public” (public summary) and “Résumé scientifique” (scientific summary) in the PROJETS portal. The scientific and public summaries of funded project will be published on the Institute's website and, if applicable, on its partners' websites;
- favour publication in journals or books that are natively open-access. Failing this, the Chairholder commits to filing scientific publications resulting from the research program being funded in an open archive;

Every publication, in whatever form (particularly articles, abstracts), produced in the context of the project must mention the financial support provided by INCa. Such mention must cite the project's unique and scientific ID provided via the PROJETS portal.

7 Selection procedures and evaluation criteria

To evaluate the applications, the Chair partners rely on a review committee, consisting of five international scientific reviewers recognised for their expertise in the field covered by the Chair. The scientific reviewers will evaluate all aspects of the application (candidate profile, quality of the scientific and teaching project, impact). Two members of the health democracy committee will participate to the evaluation process of the application, and offer their opinion on the relevance of the project in terms of public health.

The composition of the committee is published at the end of the process to review the call for applications.

Before proceeding to the evaluation, the reviewers undertake, in the PROJETS portal (validate by clicking),¹⁰ to:

- comply with the requirements of the Institute's code of ethics, available to view at: <http://www.e-cancer.fr/Institut-national-du-cancer/Deontologie-et-transparence-DPI/Acteurs-de-l-evaluation-de-projet>;
- keep the documents and information to which they shall have access confidential;

10- Clicking to validate a signature, which, in accordance with the general terms of use of the PROJETS portal, carries the same weight as a handwritten signature and legally binds the signatory

- declare any direct links or conflicts of interest they may have relating to the candidates to be evaluated.

Applications shall be reviewed in two stages:

- assessment of the application files, subject to their admissibility and eligibility;
- interviews of candidates shortlisted after the first stage, to be held on 6th July 2021.

7.1 Admissibility and eligibility

The complete application file must be submitted by the stated deadline and in the required format.

The application file must meet the criteria outlined in the relevant parts of section 4 – Candidate profile and Application file.

Applications that meet all the administrative criteria for admissibility will be evaluated on the basis of the files and/or in an interview by the review committee.

7.2 Eligibility criteria for applications

Candidate:

- proven research experience and major scientific contributions; particular emphasis shall be placed on the key articles published by the candidate over the last five years proving his/her expertise in the field in question;
- ability to obtain funding for the research activities of his/her team/group by responding to national or international calls for proposals;
- experience of scientific supervision of doctoral students;
- fluent spoken and written English.

Quality of the scientific project:

- original scientific project in line with the objectives of the Chair;
- scientific positioning in the international context;
- clear and relevant objectives in terms of public health;
- prospects for putting together a research team and for national and international scientific collaboration;
- methodological and financial feasibility.

Quality of the teaching plan:

- quality teaching plan in line with the objectives of the Chair (teaching and training, organisation of study days, seminars);
- relevant and innovative.

Impact:

- quality plan for disseminating the results of the research (international publications and presentations, meetings, conferences, and awareness days for scientists, health professionals and the general public, etc.);
- potential for enhanced medical, economic and/or societal value.

8 Timetable

Publication of the call for applications	January 2021	
Deadline for submission	Online submission of completed application: https://www.e-cancer.fr/Institutional-du-cancer/Appels-a-projets/Appels-a-projets-en-cours/ChaireSHS2021	17 May 2021, 4:00 pm
Candidate interviews	6 July 2021	
Commencement of duties	October 2021	

9 Contacts

For any information relative to scientific matters, please contact:

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For any technical concerns about the PROJETS portal, please contact:

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