

Important message to institutions:**Onsite visits are resumed starting 1 September 2022**

The broad lifting of the COVID-19 related travel limitations, allow us to cautiously resume the onsite visits. All site visits scheduled to take place after 1 September, will be organized under the normal onsite configuration.

Please note that after 1 September the virtual formula for “remote” site visits, will not be in place anymore.

Internal Review

Case number: 2019PT418976

Name Organisation under review: Champalimaud Foundation

Organisation’s contact details: Champalimaud Centre for the Unknown, Lisboa, 1400-038

1. Organisational Information

*Please provide an update of the key figures for your organisation. Figures marked * are compulsory.*

STAFF & STUDENTS	FTE
Total researchers = staff, fellowship holders, bursary holders, PhD. students either full-time or part-time involved in research *	347
Of whom are international (i.e. foreign nationality) *	134
Of whom are externally funded (i.e. for whom the organisation is host organisation) *	161
Of whom are women *	187
Of whom are stage R3 or R4 = Researchers with a large degree of autonomy, typically holding the status of Principal Investigator or Professor. *	30
Of whom are stage R2 = in most organisations corresponding with postdoctoral level *	131
Of whom are stage R1 = in most organisations corresponding with doctoral level *	86

STAFF & STUDENTS	FTE
Total number of students (if relevant) *	116
Total number of staff (including management, administrative, teaching and research staff) *	435
RESEARCH FUNDING (figures for most recent fiscal year)	€
Total annual organisational budget	30584313
Annual organisational direct government funding (designated for research)	0
Annual competitive government-sourced funding (designated for research, obtained in competition with other organisations – including EU funding)	5771842
Annual funding from private, non-government sources, designated for research	3102484

ORGANISATIONAL PROFILE (a very brief description of your organisation, max. 100 words)

Champalimaud Research began in 2007 with the Champalimaud Neuroscience Programme, a basic research team aiming to understand brain function through integrative biological approaches. In 2014, the Physiology and Cancer and Experimental Clinical Research programmes were established to interrogate the cellular and molecular networks underlying tissue health, disease and oncogenesis. In 2020 at the time of initial application, CR was composed of 26 research groups and 6 research associate/adjunct groups. From the latest public annual report (202), CR is now composed of 26 research groups and 7 research associate/adjunct/visiting groups. The common leadership works to provide the environment and resources that will enable the achievement of CR's vision - to help scientists reach their full creative potential and promote collective achievements beyond those reachable by individual scientists or laboratory groups.

2. Strengths and weaknesses of the current practice

Please review the strengths and weaknesses under the 4 thematic areas of the Charter and Code, as provided by your organisation in the initial assessment phase. When doing so, you should do not only look back, but also consider new priorities, strategic decisions, etc. which may further influence the action plan. Please also provide a brief commentary in the "Remarks" column if major changes have occurred versus the initial plan.

Note: Click on the name of each of the four thematic headings of the Charter & Code to open the editor and provide your answers in the Internal Review for Interim Assessment dedicated section.

Ethical and professional aspects*



Strengths and Weaknesses (Initial Phase)

Strengths

A key strength at CR is **Research freedom**, assisted by flexible internal funding mechanisms including intramural annual lab running costs provided to all Principal Investigators (R4) and competitive funding for novel inter-lab projects available to all researchers, R1-R4). There is a deeply rooted institutional culture for excellence in biomedical research allied with clinical practice.

Since its initiation, CR has seeded a strong **Public Engagement** culture. Researcher awareness of the need for outreach and the level of engagement is generally high.

CR researchers adhere to appropriate **Ethical principles** and practices, through review procedures implemented at the highest level, in line with current European and national legislation and guided by the Singapore Statement on Research Integrity.

Weaknesses

A key priority is the implementation of formal **Evaluation/appraisal systems** for researchers at all levels.

Researcher familiarity with **Contractual and legal obligations**, including Intellectual Property rights and regulations, will be improved via development of policies and guidelines and improved visibility of the Technology Transfer Office.

Good practice in research (research data management) will be improved via creation of an institution-wide policy for non-human research data backup, made available for researcher reference. A GDPR policy is available and published on the institute website, primarily geared towards clinical data.

Whilst **Dissemination, exploitation of results** at the level of the individual researchers is conducted successfully, CR will benefit from an improved centralised curation of research output data to increase the efficiency of institutional-level reporting and more easily showcase achievements.

Strengths and Weaknesses (Interim Assessment)

Strengths

A key strength at CR is **Research freedom**, assisted by flexible internal funding mechanisms including intramural annual lab running costs provided to all Principal Investigators (R4) and competitive funding for novel or inter-lab projects available to all researchers, R1-R4). There is a deeply rooted institutional culture for excellence in biomedical research allied with clinical practice.

Since its initiation, CR has seeded a strong **Public Engagement** culture. Researcher awareness of the need for outreach and the level of engagement is generally high.

CR researchers adhere to appropriate **Ethical principles** and practices, through review procedures implemented at the highest level, in line with current European and national legislation and guided by the Singapore Statement on Research Integrity.

Weaknesses

A key priority is the implementation of formal **Evaluation/appraisal systems** for researchers at all levels. This weakness was also identified within our recently published Gender Equality Plan (2021-2024) and assigned a specific action.

Researcher familiarity with **Contractual and legal obligations**, including Intellectual Property rights and regulations, will be improved via development of policies and guidelines and improved visibility of the Technology Transfer Office.

Good practice in research (research data management) will be improved via creation of an institution-wide policy for non-human research data backup, made available for researcher reference. A GDPR policy is available and published on the institute website, primarily geared towards clinical data.

Whilst **Dissemination, exploitation of results** at the level of the individual researchers is conducted successfully, CR will benefit from an improved centralised curation of research output data to increase the efficiency of institutional-level reporting and more easily showcase achievements. .

Remarks (max 500 words)

Strengths and weaknesses remain similar for the interim period, with appraisals now also addressed in the institute's complementary Gender Equality Plan.

Recruitment and selection*



Strengths and Weaknesses (Initial Phase)

Strengths

A recruitment strategy is in place for attracting and retaining talented R3/R4 independent researchers (Principal Investigators), including substantial start-up packages.

International **mobility** is highly valued at CR and **recognition of foreign qualifications** is not an issue.

The recruitment process for admission to the International Neuroscience and Physiology doctoral programme is internationally comparable and successful in recruiting high-quality applicants.

Weaknesses

A key priority within CR HR Strategy is the development of an **Open, Transparent and Merit-Based Recruitment (OTM-R) policy** using the provided toolkit, as described in more detail below. This will ensure consistency and facilitate monitoring. The policy will be published online and available for internal and external researcher reference.

Training for recruiting researchers (as **Selection Committee** members) on best evaluation practices (judging merit, CV analysis, interview techniques etc) will be provided.

CR will benefit from a streamlined and comprehensive "**Onboarding**" process for international new recruits, to support navigation of relocation requirements.

Formal maintenance of the **Alumni network** will facilitate the dissemination of new opportunities and long-term monitoring of career development.

Strengths and Weaknesses (Interim Assessment)

Strengths

A recruitment strategy is in place for attracting and retaining talented R3/R4 independent researchers (Principal Investigators), including substantial start-up packages.

International **mobility** is highly valued at CR and **recognition of foreign qualifications** is not an issue.

The recruitment process for admission to the International Neuroscience and Cancer Doctoral Programme (INCDP) is internationally comparable and successful in recruiting high-quality applicants.

Weaknesses

A key priority within CR HR Strategy is the development of an **Open, Transparent and Merit-Based Recruitment (OTM-R) policy** using the provided toolkit, as described in more detail below. This will ensure consistency and facilitate monitoring. The policy has been developed and shared internally and a summarised version will be published online for external applicant reference.

Training for recruiting researchers (as **Selection Committee** members) on best evaluation practices (judging merit, CV analysis, interview techniques etc) will be provided.

CR will benefit from a streamlined and comprehensive "**Onboarding**" process for international new recruits, to support navigation of relocation requirements.

Formal maintenance of the **Alumni network** will facilitate the dissemination of new opportunities and long-term monitoring of career development.

Remarks (max 500 words)

None.

Working conditions*



Strengths and Weaknesses (Initial Phase)

Strengths

The **Research Environment** at CR offers equipment, facilities and opportunities at a level far above the national average. The environment is highly international - CR operates in English and the institute endeavours to ensure that both grants (to the extent that the funder allows) and social security provisions are portable, facilitating mobility.

Regarding **Working Conditions**, there is a strong institutional culture supporting a flexible work-life balance, including the provision of educational and social events inclusive of all researcher levels and support staff, such as Champalimaud Research annual retreat.

R1 doctoral students and R2 Postdoctoral researchers are invited to participate in **Decision-making Bodies** through committee representatives, each of which has an open communication channel directly with the CR Direction team. CR scientific strategy decisions are made by the R3/R4 Faculty on a consensus basis.

Weaknesses

A key area for improvement is Health and Safety specifically for the research arm as part of a new **Biosafety** unit, currently under development. This unit will oversee all safety issues and ensure compliance with national regulations, provide employee inductions and annual training in biological, chemical and physical risks to all research employees, will be responsible for the development of SOPs of the CR equipment and facilities usage, risk assessment, licensing processes and chemical inventory.

A **Complaints/appeals procedure** including Ombudsman contact will be developed to ensure researchers are aware of contact points in the event of a dispute.

(Funding and) Salary scale will be clarified, grouped by function. Each group will subsequently be provided with tailored resources to build a **Career Development** strategy, including clear contacts for careers advice.

Gender Equality measures will be formalised via provision of an equal opportunities policy and proactive monitoring of gender balance at all seniority levels.

Strengths and Weaknesses (Interim Assessment)

Strengths

The **Research Environment** at CR offers equipment, facilities and opportunities at a level far above the national average. The environment is highly international - CR operates in English and the institute endeavours to ensure that both grants (to the extent that the funder allows) and social security provisions are portable, facilitating mobility.

A BioSafety unit is established, overseeing all safety issues (ensuring compliance with national regulations, providing employee inductions and annual training in biological, chemical and physical risks, developing SOPs for equipment and facilities usage, risk assessment, licensing processes and chemical inventory).

Regarding **Working Conditions**, there is a strong institutional culture supporting a flexible work-life balance, including the provision of educational and social events inclusive of all researcher levels and support staff, such as the Champalimaud Research annual retreat.

R1 doctoral students and R2 Postdoctoral researchers are invited to participate in **Decision-making Bodies** through committee representatives, each of which has an open communication channel directly with the CR Direction team. CR scientific strategy decisions are made by the R3/R4 Faculty on a consensus basis.

An Ombudsperson is in place and has been communicated to all staff to ensure researchers are aware of immediate contact points in the event of a dispute.

Weaknesses

(Funding and) Salary scale will be clarified, grouped by function. Each group will subsequently be provided with tailored resources to build a **Career Development** strategy, including clear contacts for careers advice.

Gender Equality measures will be formalised via provision of an equal opportunities policy and proactive monitoring of gender balance at all seniority levels.

Remarks (max 500 words)

In the initial analysis, a key area for improvement was Health and Safety specifically for the research arm as part of a new Biosafety unit under development. In May 2021, the Biosafety unit (=SafeLab website and SafetyDB database) was formally established, thus this weakness has been addressed (see Action 6) and is therefore removed from the above summary of Weaknesses and instead included as a Strength.

In January 2022 an Ombudsperson and complaints procedure was formalised and thus this need is also removed from the Weaknesses and instead listed as a Strength.

Training and development*



Strengths and Weaknesses (Initial Phase)

Strengths

Access to research training and continuous development is ensured through the highly regarded International Neuroscience and Physiology doctoral training programme, which operates in line with international best-practice (English language, mobility support, structured internal courses, access to external academic training courses) and attracts high-quality students. Researchers at all levels (R1-R4) receive frequent scientific feedback from peers and experts through invitation to present at the weekly Internal Seminar Series (CISS). This provides a platform for junior researchers to develop their oral presentation skills in front of large audiences.

The institute takes an active approach to peer-learning and development, sharing best practices at the local and international levels through joint initiatives and staff exchanges.

Weaknesses

Whilst some professional skills courses are organized by researchers, provision will be guaranteed and effectiveness formally monitored. All researchers would benefit from a structured and predictable **Continuing Professional Development** programme, including training for senior researchers on **Supervision and managerial duties**.

Improvements in pastoral care will be considered, with each researcher ideally having access to an external mentor, in addition to their direct supervisor, available to provide support and guidance for their personal and professional development.

Strengths and Weaknesses (Interim Assessment)

Strengths

Access to research training and continuous development is ensured through the highly regarded International Neuroscience and Physiology doctoral training programme, which operates in line with international best-practice (English language, mobility support, structured internal courses, access to external academic training courses) and attracts high-quality students. Researchers at all levels (R1-R4) receive frequent scientific feedback from peers and experts through invitation to present at the weekly Internal Seminar Series (CISS). This provides a platform for junior researchers to develop their oral presentation skills in front of large audiences.

The institute takes an active approach to peer-learning and development, sharing best practices at the local and international levels through joint initiatives and staff exchanges.

Weaknesses

Whilst some professional skills courses are organized by researchers, provision will be guaranteed and effectiveness formally monitored. All researchers would benefit from a structured and predictable **Continuing Professional Development** programme, including training for senior researchers on **Supervision and managerial duties**.

Improvements in pastoral care will be considered as discussed below.

Remarks (max 500 words)

In the initial proposal, we suggested that the reported weakness in pastoral care could be addressed via providing each member of R1-R3 research staff with access to a named external mentor, beyond their direct internal supervisor/line manager, potentially via outsourcing to other collaborating institutions. At this stage we have been unable to confirm the availability of the required high number of external mentors and thus the feasibility of the assignment of an external mentor to all members of staff. Thus, whilst pastoral care remains a weakness, we aim to address it through alternative routes (see Action 17).

Have any of the priorities for the short- and medium term changed? (max 500 words)

From 2021, as part of a continued institutional expansion, a new Artificial Intelligence and Digital Therapeutics centre will be constructed onsite, which will foster several formal intersectoral collaborations with non-academic external entities. To this end, HRS4R actions associated with Intellectual Property and data production, use and storage procedures have become an urgent short-term priority (Action 5, Action 1 respectively).

In 2021 - in response to an updated European Commission Horizon Europe requirement - the development of a targeted Gender Equality Plan (GEP) was prioritized over the initially envisaged broader Equity, Diversity and Inclusion (EDI) policy (Action 13). This GEP was published in December 2021 and itself includes a matching action to develop a broader EDI strategy (<https://fchampalimaud.org/sites/default/files/pdf/GEPV2Feb2022.pdf>).

Have any of the circumstances in which your organisation operates, changed and as such have had an impact on your HR strategy? (max 500 words)

In 2022 the role of "Director of Research Support" (a member of the initial phase HRS4R Steering Committee and Working Group) was replaced by a team of two: "Managing Director" and "Deputy Managing Director" who take on similar expanded responsibilities, including acting as members of the HRS4R Steering Committee and/or Working Group. Due to this staff changeover, there was a short unavoidable delay to the implementation of

some research support-led actions. Other members of the Working Group have made themselves available to assist during this transitional period.

Are any strategic decisions under way that may influence the action plan? (max 500 words)

A key recent strategic decision taken by the top management (Board of Directors) is to better integrate the two major institutional branches - the onsite clinic and the research unit. Several administrative facilities have thus now been merged to bridge these two facets, with the consequence that some research-specific HR actions must now be redeveloped and expanded in order to be implemented for staff across the entire organization. For example, there is now only one common weekly newsletter for the entire institution, ensuring increased awareness of events and opportunities. Similarly, the recently published Gender Equality Plan was already prepared by a Working Group of individuals representing the entire staff of the Foundation, including a nurse representative and the implementation group includes a heard nurse. This inclusive approach requires coordinated efforts and may result in some longer delivery timelines but, in the long-run, facilitates a broader application of our HRS4R efforts into primary institutional strategies, improved acceptance by staff and longevity.

3. Actions

Please consult the [list of all actions](#) you have submitted as part of your HR strategy. Please add to the overview [the current status of these actions as well as the status of the indicators](#). If any actions have been altered or omitted, please provide a commentary for each action. You can also add new objectives.

Note: Choose one or more of the principles automatically retrieved from the GAP Analysis with their implementation ratings.

Proposed ACTIONS

Action 1

GAP Principle(s)	Timing (at least by year's quarter/semester)	Responsible Unit	Indicator(s) / Target(s)
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Proposed ACTIONS

Action 1

Open) Research Data Management Policy developed and implemented. Detailing institutional versus individual accountability (auditing data, processes leading to output release), archiving, retention time(s), solution for offsite long-term backup, disaster recovery, accessible internal contact point for data protection queries, guidelines on constructing Data Management Plans (DMPs).

GAP Principle(s)	Timing (at least by year's quarter/semester)	Responsible Unit	Indicator(s) / Target(s)
(+/-) 2. Ethical principles	2024, Q1	Scientific Software Platform, Direction	Research Data Policy (document); Contact point details (and description of role) available on internal website; Number of community DMPs shared with the community on the intranet (wiki); Number of logins to intranet (wiki).
(-/+) 7. Good practice in research			
Current Status	Remarks		

Proposed ACTIONS

Current Status	Remarks
IN PROGRESS	<p>Regarding the initial indicator "Research Data Policy (document)", a Data Management tab was created on the launch page of the intranet (wiki) in September 2021 and will be actively updated. Currently, this includes general (FAIR) recommendations and suggestions relevant to users of infrastructures. Community members are invited to upload their own DMPs (as submitted to funders, for example) to assist other researchers and comments are enabled for this section to better record and assess community needs. To drive this process, a Working Group of research community members will be created to elaborate these guidelines, drawing on examples from their own work, in order to ensure that data management guidelines reflect the complexities of current data usage modalities and needs of the community. Regarding the initial indicator "contact point details (and description of role) available on internal website": the agreed contact point is now named on the same internal intranet (wiki) page. QuantOCancer ERA Chair project itself includes multiple deliverables regarding "Data and information management at CF" with overlapping objectives and actions to this action plan and an in-depth interim progress review was submitted to the EC/Project Officer in September 2021. Timing is adjusted from 2021 Q2 to Q1 2024, to align with the implementation of a new comprehensive data management system. New quantitative indicators (as recommended by review) include: Number of community DMPs shared with the community on the intranet (wiki); Number of logins to intranet (wiki).</p>

Action 2

GAP Principle(s)	Timing (at least by year's quarter/semester)	Responsible Unit	Indicator(s) / Target(s)
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Proposed ACTIONS

Action 2

Systemized curation of research output data reviewed and optimised. 1. Current workflows reviewed (by unit) re: data collection, storage, curation, access levels and monitoring 2. Information management system optimised (to showcase research outputs, consistent international/external profile)

GAP Principle(s)	Timing (at least by year's quarter/semester)	Responsible Unit	Indicator(s) / Target(s)
(+/-) 8. Dissemination, exploitation of results	2020, Q3 (reviewed), 2024 Q1 (implemented and optimised)	CRSU Support Units, Project Management	Review of information management (document), Improved information management system and curation process implemented (date, named responsible persons) Newly defined Targets and Indicators: Number of logins to intranet (wiki).
Current Status	Remarks		

Proposed ACTIONS

Current Status	Remarks
IN PROGRESS	<p>Partly achieved. Regarding the initial indicator "Review of information management (document)" this was achieved on time in March 2020, as evidenced by the submission of a comprehensive deliverable report through QuantOCancer ERA Chair project. This project includes multiple deliverables on "Data and information management at CF" and a second report, the interim review, was subsequently already submitted in September 2021. Internally, following several meetings with research support representatives from each unit, the CR Director of Research Support and the CF Financial director (Feb 2021), a specific internal "action plan" document was prepared and shared with all relevant parties, dividing data management needs into three broad categories: publicly available data, institutional data, and researcher profile data, thus meeting the first target and indicator. Regarding the initial indicator "Improved Information management system and curation process implemented (date, named responsible persons)" this is in progress on multiple fronts, with the Managing Director researching best practices based on site visits to reference institutions, integration of the internationally recognised methodology for collecting and using R&D statistics (Frascati manual, OECD, 2015), institutional membership of the national CIÊNCIA VITAE Institutional Indicators Service from the Science, Technology and Society Network (RCTS, FCCN), and the hiring (in Q1 2021) of an external consultant to research and present structural options for an updated integrated data management system. Timing of this "optimised" systemised curation is adjusted from "2022 Q2" to "2024 Q1".</p>

Proposed ACTIONS

Action 3

Research Project Management Policy developed. To clarify support unit and researcher responsibilities, streamline processes, clarify communication channels. Support staff training exchanges to build to knowledge base of international best practices.

GAP Principle(s)	Timing (at least by year's quarter/semester)	Responsible Unit	Indicator(s) / Target(s)
(+/-) 4. Professional attitude			
(+/-) 6. Accountability	2021, Q1	Managing Director	Adoption of policy as standard
(--) 22. Recognition of the profession			Number of staff training exchanges in relevant units

Current Status

Remarks

COMPLETED

Multiple new facilitating roles have been created: "Managing Director" and "Deputy Managing Director" of Research and "Project Managers", An internal structure clarifying these roles, streamlining research project management processes (post-award, project management) and increasing efficiency was approved by the administration in July 2022 and is under new leadership by the Champalimaud Foundation Advisor to the Administration. The responsibility for this action (now completed) was changed from "Director of Research Support" to "Managing Director". Regarding staff exchanges, in June 2022, the Managing Director and 5 team members from the Support Units visited ISTA (Vienna, AT) as an example of good practice in research management, working towards general staff capacity building aims.

Proposed ACTIONS

Action 4

Direction-researcher communication channel formalized. CR Direction strategy meeting reports shared with all researchers on a bi-annual basis (via internal site and newsletter). Formalisation of regular process to gather researcher feedback (e.g. annual survey).

GAP Principle(s)	Timing (at least by year's quarter/semester)	Responsible Unit	Indicator(s) / Target(s)
(+/-) 4. Professional attitude	2022 Q4	Executive Assistant to CR Directors	Strategy meeting reports (documents) available on internal site;
(+/-) 35. Participation in decision-making bodies			Design of annual survey
Current Status	Remarks		
IN PROGRESS	In 2021, a new community-wide weekly newsletter named "Life at CCU" was created as a communication channel between the Direction and the research and clinical community, archived for reference. The survey remains under development and will be published at the end of 2022, now adjusted from addressing the research community only to the entire Foundation, in line with the Gender Equality Plan (to avoid multiple requests for similar data and given significant personnel (clinical researchers, medics conducting research) belong to both the research and clinical spheres). We thus adjust the delivery timing from 2020 Q3 to 2022 Q4.		

Proposed ACTIONS

Action 5

Tech Transfer Unit Strategy defined, Intellectual Property policy developed, together with legal department. Visibility of Tech Transfer office improved, proactive system to pre-screen and identify research outputs for protection. IP policy developed and made available to researchers.

GAP Principle(s)	Timing (at least by year's quarter/semester)	Responsible Unit	Indicator(s) / Target(s)
(-/+) 3. Professional responsibility			
(-/+) 5. Contractual and legal obligations	2022, Q4	Champalimaud Foundation Advisor to the Administration	Tech Transfer Strategy (document, internal), IP Policy (document, internal).
(+/-) 8. Dissemination, exploitation of results			
(--) 31. Intellectual Property Rights			

Current Status

Remarks

IN PROGRESS

The Responsible Unit is adjusted from "Innovation Advisor (Post-award, Tech Transfer Unit)" to "Champalimaud Foundation Advisor to the Administration". Timing is adjusted from "2022 Q2" to 2022, Q4 and documents for preparation internal release only. As discussed above, this action is now a major priority to ensure the institute is well prepared for the increasing number of collaborations.

Proposed ACTIONS

Action 6

CR Biosafety Unit established. CR Biosafety Unit implemented to oversee all safety issues and ensure compliance with national regulations. The unit will provide employee inductions in research safety and annual training in biological, chemical and physical risks to all research employees and will be responsible for the development of SOPs of the CR equipment and facilities usage, risk assessment, licensing processes and chemical inventory.

GAP Principle(s)	Timing (at least by year's quarter/semester)	Responsible Unit	Indicator(s) / Target(s)
(-/+) 7. Good practice in research	2022, Q2	Direction	Formalisation of Biosafety unit.
(-/+) 23. Research environment			
Current Status	Remarks		
COMPLETED	In May 2021, the Biosafety unit (=SafeLab website and SafetyDB database) was formally established. See evidence in Annex.		

Action 7

GAP Principle(s)	Timing (at least by year's quarter/semester)	Responsible Unit	Indicator(s) / Target(s)
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Proposed ACTIONS

Action 7

Open, Transparent and Merit-based (OTM-R) Recruitment Policy developed and Recruitment Platform updated. Internationally comparable policy to include call rules (templates, advertising, admission standards, job descriptions) and recruitment procedure inc. clear implementation of OTM-R principles and gender equality principles (as identified in Equal Opportunities policy). Published online on updated Careers site. Will include mandatory use of updated online recruitment system tracking procedure from i) initial proposal to ii) approval to ii) call template to iii) log of applications to iv) log of evaluations to vi) selected candidate offer (consistency and record-keeping).

GAP Principle(s)	Timing (at least by year's quarter/semester)	Responsible Unit	Indicator(s) / Target(s)
(-/+) 12. Recruitment			
(-/+) 13. Recruitment (Code)			
(--) 14. Selection (Code)			
(-/+) 15. Transparency (Code)	2021, Q2 (policy)	HR Unit	Policy published online (internal access, date), Platform updated (date), Analysis of applicant survey feedback.
(-/+) 16. Judging merit (Code)			
(+/-) 19. Recognition of qualifications (Code)			

Current Status **Remarks**

Proposed ACTIONS

Current Status	Remarks
COMPLETED	<p>Regarding the initial indicators "Policy published online (date), and "platform updated (date)" - an updated, comprehensive and mandatory recruitment system was developed and launched on the internal intranet (wiki) on 7th July 2021 by the CR Financial Director/Director of Research Support, meeting the first indicator. Alongside, since the beginning of 2021, a centralised standard application form was launched by the Fellows support team, contributing to our improved and streamlined record-keeping aim and providing all candidates applying through this system with the opportunity to provide equal opportunities monitoring information.</p> <p>Regarding the initial indicator "Analysis (report) of applicant survey feedback", the option for a redress procedure is now communicated included in all calls as standard and reinforced to all candidates once the recruitment process is concluded. A survey to garner applicant feedback on the recruitment process is under development by HR but, given the very low uptake of applicant responses to date, it is difficult to gauge whether this data will be representative and useful and this will thus continue to be piloted and redeveloped. Thus, we believe that all initial aims of this action are achieved. New comprehensive and quantitative indicators regarding recruitment are described below in the OTM-R section.</p>

Action 8

Selection committee training designed and provided. Recruitment training for all researchers involved in recruitment/selection committee members offered.

GAP Principle(s)	Timing (at least by year's quarter/semester)	Responsible Unit	Indicator(s) / Target(s)

Proposed ACTIONS

GAP Principle(s)	Timing (at least by year's quarter/semester)	Responsible Unit	Indicator(s) / Target(s)
(-/+) 13. Recruitment (Code)			
(--) 14. Selection (Code)			Newly defined
(-/+) 15. Transparency (Code)			Targets and Indicators (to match GEP):
(-/+) 16. Judging merit (Code)			Target: All (100%) of selection committee members have undertaken implicit bias training
(-/+) 17. Variations in the chronological order of CVs (Code)	2021, Q3	Fellows Support	Indicator: Share of selection committee members with training.
(-/+) 18. Recognition of mobility experience (Code)			
(+/-) 19. Recognition of qualifications (Code)			
(+/-) 20. Seniority (Code)			
Current Status	Remarks		

Proposed ACTIONS

Current Status	Remarks
COMPLETED	We redefine Targets and Indicators to more easily measure progress, as per recommendation 1 of the initial review and to match the GEP. Selection committee guidelines (“Guide for Evaluators”) including an implicit bias training video is now available via the intranet, on the recruitment page. The share of selection committee members actively engaging with provided training resources has proved difficult to accurately assess and, going forward, will be redeveloped into an alternative quiz format, integrated into the onboarding process, and monitored by the Fellows support unit as each research recruitment call is closed. Responsibility is changed from “Education and Courses” to “Fellows Support”.

Action 9

Onboarding support package developed. Support package to be provided upon recruitment to assist with relocation and integration of international new recruits.

GAP Principle(s)	Timing (at least by year's quarter/semester)	Responsible Unit	Indicator(s) / Target(s)

Proposed ACTIONS

GAP Principle(s)	Timing (at least by year's quarter/semester)	Responsible Unit	Indicator(s) / Target(s)
(-/+) 12. Recruitment	2022 Q4	Fellows Support and Executive Assistant to CR Directors	Onboarding package developed (doc, electronic + physical) Newly defined Target and indicator: Target: All new employees made aware of Gender Equality Plan. Indicator: Share of new employees receiving this plan; annual survey results (all staff)
(-/+) 18. Recognition of mobility experience (Code)			
(+/-) 29. Value of mobility			
Current Status	Remarks		
IN PROGRESS	We redefine the delivery date to Q4 2022, in line with the GEP, but this action will be achieved ahead of time.		

Proposed ACTIONS

Action 10

Alumni network formally curated. Network of all previously associated R1-R4 researchers formally curated to serve as a part of output monitoring and showcasing (good training provision) and recruitment strategy.

GAP Principle(s)	Timing (at least by year's quarter/semester)	Responsible Unit	Indicator(s) / Target(s)
(-/+) 28. Career development	2023, Q1	HR Unit, Education and Courses	Network expansion (number of alumni members) Publication date of first alumni story on website
Current Status	Remarks		
IN PROGRESS	As CR is a young institution (10 years) without a significant alumni network of its own, the creation of a comprehensive joint alumni network has been discussed with the regional inter-institutional life sciences network (CoLife) and this venture will be conducted jointly, resulting in a showcase on a CoLife platform in good time for achievement of this action. The HR unit is also now tasked with developing an improved offboarding process to ensure future alumni are better tracked.		

Action 11

GAP Principle(s)	Timing (at least by year's quarter/semester)	Responsible Unit	Indicator(s) / Target(s)
(-/+) 5. Contractual and legal obligations	2024, Q4	Direction Support, Nurses	Newly defined Targets and Indicators: T:
(+/-) 6. Accountability		Working Group, Line	Appraisal processes

Proposed ACTIONS

Action 11	GAP Principle(s)	Timing (at least by year's quarter/semester)	Responsible Unit	Indicator(s) / Target(s)
Develop appropriate standard appraisal processes for all staff categories (to include professional development plan construction/review, identification of concrete future training goals) and Implement appraisal procedures with predictable frequency and records stored centrally (appraisal date, latest professional development plan)	(-/+) 11. Evaluation/ appraisal systems		Managers, HR	(re)developed I: Appraisal
	(--) 21. Postdoctoral appointments (Code)			processes shared by line managers to staff T All staff appraised / pre-defined period T:
	(-/+) 25. Stability and permanence of employment			All staff have access to relevant appraisal-defined training / pre-defined period I:
	(+/-) 26. Funding and salaries			All staff have access to relevant appraisal-defined training / pre-defined period I:
	(-/+) 28. Career development			Number of staff undergoing appraisal / pre-defined period I:
	(+/-) 29. Value of mobility			Number of staff undergoing appraisal / pre-defined period I:
	(+/-) 32. Co-authorship			Number of hours of training per employee / pre-defined period
	(+/-) 36. Relation with supervisors			
	(+/-) 37. Supervision and managerial duties			
	(-/+) 38. Continuing Professional Development			
	(--) 39. Access to research training and continuous development			

Proposed ACTIONS

Current Status	Remarks
IN PROGRESS	<p>Our GEP published in 2021 includes the Goal "promote access to appraisals and appropriate professional development opportunities for all staff categories", and two sub-actions to achieve it; 1. Develop appropriate standard appraisal processes for all staff categories (to include professional development plan construction/review, identification of concrete future training goals) 2. Implement appraisal procedures with predictable frequency and records stored centrally (appraisal date, latest professional development plan) We thus adjust the responsible units from "Executive Coordinator (Direction Support), Director of Research Support" to "Accountable: Research Direction; Responsible: Direction Support, Line Managers; HR", adjust the timing from 2023 Q4 to 2024 Q4 to match GEP and adjust the core text of this action to reflect this. We also combine this action with Action 20 for the same reason.</p>

Proposed ACTIONS

Action 12

International Postdoctoral programme established. To attract high-quality international Postdocs through integration into unified programme to include training, mobility options, clarification on career development, help with preliminary data for subsequently setting up own lab, family support policy.

GAP Principle(s)	Timing (at least by year's quarter/semester)	Responsible Unit	Indicator(s) / Target(s)
(--) 21. Postdoctoral appointments (Code)			
(-/+) 23. Research environment	2023, Q1	Direction, Education and Courses, Postdoc committee	Nomination of a Faculty member "Postdoc champion" to lead unified Postdoc programme
(-/+) 25. Stability and permanence of employment			

Current Status

Remarks

IN PROGRESS

In order to pilot an internationally recognized structured postdoc programme structured postdoc programme, an institutional application was submitted to a COFUND-FP call, including a "Postdoc Champion" Faculty member and ERA Chair Adriana Sánchez-Danés. Thus, the indicator is met. To ensure that our commitment to improving Postdoc training offer is met, beyond continued applications for competitive funding to support this aim, we aim to hold several skills training courses specifically aimed at postdocs. As advised by the Scientific Advisory Board, this will be led in a bottom-up manner by the Postdoc committee, and with our CoLife partners. These courses will be aligned with action 15 (synergized training courses) and action 20 (appraisals). We adjust the timing of this action to 2023 Q1, when the next postdoc-specific training course series is already booked to run.

Action 13

Proposed ACTIONS

Action 13

Multidimensional equity, diversity and inclusion institutional plan including gender intersection with other categories towards non-discrimination

GAP Principle(s)	Timing (at least by year's quarter/semester)	Responsible Unit	Indicator(s) / Target(s)
(-/+) 10. Non discrimination	2024, Q4	HR unit, GEP Working Group	Annual monitoring of gender-disaggregated data (report). Newly defined Targets and Indicators - match those from GEP. T: Plan and strategies developed I: Plan published, responsibilities and resources allocated.
(-/+) 27. Gender balance			
Current Status	Remarks		

Proposed ACTIONS

Current Status	Remarks
IN PROGRESS	<p>Partly achieved. The action title is adjusted from "Equal Opportunities and Non-discrimination policy" to "Multidimensional equity, diversity and inclusion institutional plan, including gender intersection with other categories towards non-discrimination", to match the GEP. Timing is also adjusted to match the GEP.</p> <p>Regarding the initial indicator: "Equal opportunities policy (document, align with Code of Conduct), the development of a focussed Gender Equality Plan (GEP) for the entire institution (research + clinic) was prioritised and published successfully in December 2021.</p> <p>https://fchampalimaud.org/sites/default/files/pdf/GEPV2Feb2022.pdf</p> <p>This GEP includes, within the focus area "A – Mission and organisational culture", and within the Goal "Increase institutional awareness of persistent gender gaps in international research and healthcare environments" a specific action to "Expand this GEP to a multidimensional equity, diversity and inclusion institutional plan, including gender intersection with other categories towards non-discrimination". Regarding the initial indicator "Annual monitoring of gender-disaggregated data (report)" - for internal data, historical HR data was analysed as part of the GEP preparation. Going forward, from 2022 onwards, this annual monitoring of data (report) will be included in the annual report. Data from external applicants through the recruitment process will also be monitored on an annual basis but, because information is provided by candidates on a voluntary basis only (and with the option “prefer not to say”), the information is not complete and can provide a broad overview at the institutional level only (for example, data from each call/pool of applicants cannot be meaningfully analysed for gender bias).</p>

Proposed ACTIONS

Action 14

Reimbursement system streamlined.

GAP Principle(s)	Timing (at least by year's quarter/semester)	Responsible Unit	Indicator(s) / Target(s)
(-/+) 24. Working conditions	2021, Q4	Managing Director	New process implemented (date)

Current Status

Remarks

COMPLETED

New policy is available on the internal wiki, since 2021 Q4. See annex for evidence. Responsible unit was changed from "Director of Research Support" to "Managing Director".

Action 15

Synergized Skills Training Programme developed. Regular provision of tailored training courses for research and continued professional development/soft skills. Calendar available for advanced planning. Minimal consistent internal funding should be guaranteed. to include mandatory management (leadership, supervision, duty of care) course for new PIs and mandatory public engagement and science communication module for new doctoral students. Online tools employed where possible.

GAP Principle(s)	Timing (at least by year's quarter/semester)	Responsible Unit	Indicator(s) / Target(s)
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Proposed ACTIONS

GAP Principle(s)	Timing (at least by year's quarter/semester)	Responsible Unit	Indicator(s) / Target(s)
(-/+) 28. Career development	2023, Q1	Line Managers (A) Direction Support (R) Nurses Working Group (R) Research and Clinical Direction (A) Line Managers (R) HR (R)	Calendar of training, Feedback forms, Number of training courses provided
(--) 30. Access to career advice			disaggregated by researcher level, Number of attendees, Inclusion of module in student evaluation. Newly defined Targets and Indicators (in line with GEP): T: All staff have access to relevant appraisal-defined training / pre-defined period I: Number of hours of training per employee / pre-defined period.
(+/-) 33. Teaching			
(-/+) 38. Continuing Professional Development			
(--) 39. Access to research training and continuous development			
(-/+) 40. Supervision			
Current Status	Remarks		
IN PROGRESS	Not yet due. Additional training on sex and gender dimensions in research will be included for new doctoral students.		

Proposed ACTIONS

Action 16

Complaints Procedure with external Ombudsman established. Formal control mechanism for complaints to include named first point of contact responsible for directing necessary procedure (link to personal/psychological support, conflict resolution support, legal advice etc, as necessary). Align with provision of Code of Conduct.

GAP Principle(s)	Timing (at least by year's quarter/semester)	Responsible Unit	Indicator(s) / Target(s)	
(--)	34. Complains/ appeals	2022, Q4	Board of Directors	Announcement of procedure Process and contact information published on internal site Newly defined targets and indicators: T: All staff empowered to register an issue and receive feedback I: Process and contact details disseminated to all staff

Current Status

Remarks

COMPLETED

In 2021, an Ombudsperson was appointed, is available one day a week in-person onsite and can be contacted on a provided email address ombuds@fchampalimaud.org. (This information was disseminated in the newsletter on 22.07.2022 and is listed online on the wiki. The responsible unit for this task is redefined from "CR Council (PhD student/PostDoc/Faculty), CRSU Support Units" to "Board of Directors" and the delivery deadline is redefined to Q4 2022, to match the GEP.

Proposed ACTIONS

Action 17

External Pastoral Care/Mentoring Scheme established. Named external mentor available to all R1-R3 researchers to ensure pastoral care (issue prevention). Due to the small size of CR (difficulty with impartiality), this may be outsourced, potentially to collaborating institution(s).

GAP Principle(s)	Timing (at least by year's quarter/semester)	Responsible Unit	Indicator(s) / Target(s)
(--) 30. Access to career advice	2021, Q4	Education and Courses	Newly defined targets and indicators: number of peer-peer events; Number of users of psychological counselling services.
(-/+) 40. Supervision			

Current Status

Remarks

IN PROGRESS

In the initial proposal, we suggested that the reported weakness in pastoral care could be addressed via providing each member of R1-R3 research staff with access to a named external mentor beyond their direct supervisor, potentially via outsourcing to collaborating institution(s). At this stage we have been unable to confirm the availability of the required high number of external mentors and the feasibility of the assignment to all members of staff. From researcher feedback, given time constraints, the benefits of arbitrarily assigning external mentors remains unclear. Thus we will attempt to address pastoral care needs through other means (including the installed ombudsperson (issue prevention), funding for increased peer-to-peer events (career support, mentoring), inter-institutional career development support and free psychological counselling services (issue prevention, mental health support). Indicators are updated accordingly.

Proposed ACTIONS

Action 18

Limitation on lab size announced and implemented. Directorial mandate to limit the number of early-stage researchers per senior researcher ratio to a manageable level to ensure sufficient availability for supervision and resources.

GAP Principle(s)	Timing (at least by year's quarter/semester)	Responsible Unit	Indicator(s) / Target(s)
(-/+) 23. Research environment	2020, Q2 (announced),	CR Direction Team	Announcement of mandate. Implementation of mandate.
(-/+) 40. Supervision	2023, Q2 (fully implemented)		

Current Status

Remarks

COMPLETED

This action was effectively completed in 2020 (mandate announced to Faculty), implementation ongoing. See annex for evidence.

Proposed ACTIONS

Action 19

Salary table for all function groups defined.

GAP Principle(s)	Timing (at least by year's quarter/semester)	Responsible Unit	Indicator(s) / Target(s)
(+/-) 26. Funding and salaries	2021, Q2	HR Unit, Financial Director, Managing Director	Salary table (doc) approved by the Board, Dissemination to researchers (date).

Current Status

Remarks

COMPLETED

Responsibility is changed from "HR Unit, Executive Coordinator (Direction Support), Director of Research Support" to "HR Unit, Financial Director, Managing Director". The 2021-approved Fellowship Regulation (REGULAMENTO DE BOLSAS DE INVESTIGAÇÃO CIENTÍFICA DA FUNDAÇÃO D. ANNA DE SOMMER CHAMPALIMAUD E DR. CARLOS MONTEZ CHAMPALIMAUD (FUNDAÇÃO CHAMPALIMAUD) with a link to salary ranges for the majority of CR functions (Article 24) is now published on the intranet (wiki) for community reference. Employment contract ranges (where they are not pre-determined by external funder rules) are determined using this same table as a guide.

Action 20

Evaluation/appraisal process designed and implemented. Now combined with Action 11

GAP Principle(s)	Timing (at least by year's quarter/semester)	Responsible Unit	Indicator(s) / Target(s)
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Proposed ACTIONS

GAP Principle(s)	Timing (at least by year's quarter/semester)	Responsible Unit	Indicator(s) / Target(s)
(-/+) 11. Evaluation/ appraisal systems	2024, Q4	Research and Clinical Direction (A), Line Managers (A), Direction Support (R), HR (R)	<p>Newly defined targets and indicators (in line with GEP and Action 11):</p> <p>T: Appraisal processes (re)developed</p> <p>I: Appraisal processes shared by line managers to staff</p> <p>T All staff appraised / pre-defined period</p> <p>T: All staff have access to relevant appraisal-defined training / pre-defined period</p> <p>I: Number of staff undergoing appraisal/pre-defined period</p> <p>I: Number of hours of training per employee per pre-defined period</p>
Current Status	Remarks		

Proposed ACTIONS

	Current Status	Remarks
	IN PROGRESS	Combined with Action 11 and GEP. We thus adjust the responsible units from "Executive Coordinator (Direction Support), Director of Research Support" to "Accountable: Research Direction; Responsible: Direction Support, Line Managers; HR" and adjust timing from 2023 Q4 to 2024 Q4 to match.

Action 21	GAP Principle(s)	Timing (at least by year's quarter/semester)	Responsible Unit	Indicator(s) / Target(s)
Researcher Code of Conduct developed. Provision to all new researchers upon recruitment and dissemination to current researchers.				

Proposed ACTIONS

GAP Principle(s)	Timing (at least by year's quarter/semester)	Responsible Unit	Indicator(s) / Target(s)
(++) 1. Research freedom			
(+/-) 2. Ethical principles			
(-/+) 3. Professional responsibility			
(+/-) 4. Professional attitude			Code of Conduct (doc). Newly defined Targets and Indicators: T:
(-/+) 5. Contractual and legal obligations			All staff aware of rights and responsibilities I: Staff annual survey results
(+/-) 6. Accountability	2022 Q4	Ombudsperson (A); Ethics Council (R)	
(-/+) 7. Good practice in research			
(+/-) 8. Dissemination, exploitation of results			
(+/-) 9. Public engagement			
(+/-) 37. Supervision and managerial duties			
Current Status	Remarks		

Proposed ACTIONS

Current Status**Remarks**

IN PROGRESS

We redefine the responsibility for this action to the Ombudsperson (A); Ethics Council (R) and the delivery deadline to Q4 2022 to align with the Gender Equality Plan. This action is on track for completion ahead of schedule.

Proposed ACTIONS

Action 22

Gender Equality Plan published (to include: Mission and organisational culture, Attracting talent, Leadership and career progression, Personal-professional life balance, Gender-based violence and harassment, Sex and gender in research content and healthcare). As a broad document, several actions within this gender equality plan will overlap with this HR action plan, tailored to the gender context.

GAP Principle(s)	Timing (at least by year's quarter/semester)	Responsible Unit	Indicator(s) / Target(s)
(-/+) 27. Gender balance	2021 Q4	GEP Working Group, Communications, Events and Outreach	T&I: Gender Equality Plan published, communicated externally and updated as necessary

Current Status

Remarks

NEW

In response to initial phase review recommendations and HEurope funder requirements, we comprehensively address gender equality in the research environment and our research content. This action was completed in December 2021
<https://fchampilimaud.org/sites/default/files/pdf/GEPV2Feb2022.pdf>

Unselected principles:

The extended version of the reviewed HR Strategy for your organisation for the next 3 years, including the OTM-R policy must be published on your organisation's website.

Please provide the link to the dedicated webpage(s) on your organisation's web site *:

URL *:

<https://www.fchampalimaud.org/champalimaud-research/about-cr/human-resources-strategy-researchers>

If your organisation has already filled in the OTM-R checklist in the Initial Phase, please also indicate how your organisation is working towards / has developed an Open, Transparent and Merit-Based Recruitment Policy. Although there may be some overlap with a range of actions listed above in the action plan (as emerged from the Gap Analysis), please provide a short commentary demonstrating the progress of the implementation versus the initial phase.

Comments on the implementation of the OTM-R principles (Initial Phase)

Additional to national regulations, the need to develop a specific internal OTM-R policy was identified as a critical action (Action 7). No formal policy is currently published and thus, The European Charter for Researchers, Code of Conduct for the Recruitment of Researchers (C&C) and the OTM-R Toolkit will be employed directly as a base for policy development. For example, the OTM-R toolkit will ensure inclusion of recommended principles, such as keeping administrative burden to the candidate to a minimum, provision of transparent information on expectations of the whole selection process (selection criteria, timings), inclusion of links to institutional policies (recruitment policy, equal opportunities policy - once developed) to ensure adverts are concise, ensuring that no undue barriers to entry exist (i.e. qualifications requested are in line with the needs of the position). The recruitment policy will be published online.

We aim to accompany the recruitment process with a centralised system to track the whole recruitment process (from call launch to signed contract) and thus close monitoring of policy effectiveness and recruitment trends by researcher level will be possible. This monitoring will be piloted by the HRS4R contact/Project Manager in the short-term (first 6 months of system implementation) and by CR HR Unit in the longer term.

Comments on the implementation of the OTM-R principles (Internal Review for Interim Assessment)

An updated, comprehensive and mandatory recruitment system was developed and launched on the internal intranet (wiki) on 7th July 2021 by the Director of Research Support (see Action 7). Alongside, since the beginning of 2021, a centralised application form was launched and all Champalimaud Research candidates applying through this system have the opportunity to provide equal opportunities monitoring information, contributing to our improved record-keeping aim.

One of the key focus areas of the related recent Gender Equality Plan is "Attracting Talent" with specific goals to "reach gender balance in senior positions" and to "ensure equitable pay for equal function", achieved through multiple actions with targets and indicators to be reported annually, such as:

T: 10% increase in the number of women candidates for senior positions

I: Number of women candidates for senior positions

T: All call advertisements for senior (R3/R4 researchers, senior clinical staff) declare welcoming of women applicants

I: Percentage of call advertisements that declare welcoming of women applicants

T: At least 2 women shortlisted for senior positions (R3 / R4 researchers, senior clinical staff, application pool permitting)

I: Gender distribution of candidates and hired personnel.

T: All selection committee members have undertaken implicit bias training

I: Share of selection committee members with training

Ideally, the extended version of the reviewed OTM-R policy and actions should be published on your organisation's website.

Please provide the web link to the OTM-R dedicated webpage(s) if it is different than the one where the reviewed HR Strategy is located.

URL:

URL:Not yet applicable (under development)

4. Implementation

General overview of the implementation process: (max. 1000 words)

Progress in the implementation phase is monitored using the pre-defined indicators from the Action Plan (both quantitative and qualitative assessment measures, those from the original submission and indicators/altere added throughout this first period). Policy development constitutes significant initial tasks and for this reason, realistic delivery dates were been set for all actions and confirmed as feasible by the Responsible internal units. Where delays were encountered by the Working Group, these were communicated to the Steering Committee as soon as possible.

The implementation process involves collaboration between several separate units and is thus coordinated by the Working Group (established to prepare the Gap Analysis and the Action Plan and continuing with the same structure, plus inclusion of representative researchers from each R level). The Steering Committee also continues into the implementation phase, with the same structure. The top- level institute management (CF

Board of Directors) and research unit management (CR Direction) intend to implement the proposed HR Strategy into the institute's standard procedures, as permanent changes at the operational level. The implementation strategy will be communicated to middle management by the Managing Director.

Reporting from the Working Group to the Steering Committee is conducted bi-annually. The Steering committee already includes the highest-level management and so no further escalation is required for progress monitoring. HR Strategy implementation monitoring will also form part of the ongoing QuantOCancer ERA Chair project continuous and periodic reporting to the European Commission and so these reports will be combined, for efficiency. As QuantOCancer includes application to and maintenance of the HR Excellence in Research Award as a formal task with associated deliverables, there remains a strong internal argument to guarantee timely implementation with adequate involvement of management.

The implementation period of this action plan runs alongside significant national-level changes to scientific employment in Portugal and thus additional unforeseen actions may be included/existing actions updated as necessary.

Make sure you also cover all the aspects highlighted in the checklist, which you will need to describe in detail:

Note: Click on each question of the checklist to open the editor.

How have you prepared the internal review?*



Detailed description and duly justification (max. 500 words)

In collaboration with feedback from the responsible units, the Working Group prepared the draft internal review (statuses of each action, risks, delays, and any required updates/changes) and presented the first draft to the Steering Committee for comments in Q2 2022. Minimal changes were requested and integrated by Q3 2022.

How have you involved the research community, your main stakeholders, in the implementation process?*



Detailed description and duly justification (max. 500 words)

Both the core Working Group and Steering Committee themselves include research community members and so the implementation process is by default inclusive. Faculty (R3/4 Principal Investigators) involvement is also required for the successful implementation of new policies and other changes at an operational level and thus HR Strategy implementation will be reported at Faculty meetings.

The PhD committee and Postdoc committees are also included in the process through frequent consultation with the Working Group representatives (at least biannual meetings, usually more frequent).

As a broad feedback-collecting exercise, during the annual CR Retreat (restarted post-pandemic for the first time in June 2022) several community discussion sessions were held, each with a different focus, to collect ideas, questions, comments and criticisms of the CCU as a modern research working environment. Going forward, we will implement an annual survey, as included within several of the specific actions and the GEP. Updated Information on HR Strategy implementation progress is published online and regular specific updates are also presented in the newsletter (for example, when a new policy is published, the ombudsperson is introduced etc).

Do you have an implementation committee and/or steering group regularly overseeing progress?*



Detailed description and duly justification (max. 500 words)

As described above, control mechanisms for successful implementation exist at two levels: Steering Committee (including the highest-level management Board of Directors and CR Direction) oversees progress, the Working Group (including Support Unit and Researcher representatives) implements proposed actions, monitors and identifies risks and any required updates/changes. All actions are subject to clear deadlines which will be closely monitored at both levels. The internal CR community and external stakeholders will stay abreast of progress on the website, in the newsletter and in the annual reports.

The Working Group and Steering Committee remain with roughly the same constitution as during the proposal stage (some individual members were exchanged due to personnel changes but the committees represent the same structures.

For clarity, these currently include:

Steering Committee (SC):

Maria Leonor Beleza - President of the Board of Directors CF

Tiago Rosa Mendes - HR Coordinator CF

José Mario Leite - Financial Director CF

Adriana Sánchez-Dánes - ERA Chair

CR Celso Matos - Co-Director CR

Joe Paton - Co-Director CR

Henrique Veiga-Fernandes - Co-Director CR

Philipp Tsolakis - Managing Director (Research Support) CR

João Cruz - Deputy Managing Director (Research Support) CR

Working Group (WG):

Laura Ward - HRS4R Contact, Project Manager (ERA Chair) CR

Tiago Rosa Mendes - HR Coordinator CF

Teresa Carona - Fellows Support CR

Philipp Tsolakis - Managing Director (Research Support) CR

João Cruz - Deputy Managing Director (Research Support) CR

Inês Soeiro - Executive Assistant to CR Directors

Volunteer Researcher Representatives (R1-R4)

CR indicates Champalimaud Research Centre, CF indicates Champalimaud Foundation (the governing body).

Is there any alignment of organisational policies with the HRS4R? For example, is the HRS4R recognized in the organisation's research strategy, overarching HR policy *
▼

Detailed description and duly justification (max. 500 words)

The HRS4R is recognised as the organisation's overarching HR policy. The institute is also guided by the Frascati manual, the internationally recognised methodology for collecting and using R&D statistics (OECD, 2015). The HR Award documents were used as a basis for preparation of the institute-wide public Gender Equality Plan.

How has your organisation ensured that the proposed actions would be also implemented?* ▼

Detailed description and duly justification (max. 500 words)

The ongoing ERA Chair project QuantOCancer serves as a double-lock to ensure implementation. As application to and maintenance of the HR Excellence in Research Award is a formal task with associated deliverables, there remains a strong internal argument to guarantee timely implementation with adequate involvement of management.

How are you monitoring progress (timeline)?*



Detailed description and duly justification (max. 500 words)

Progress is monitored using project management tools by the HRS4R contact point and communicated during the bi-monthly Working Group meetings. This is then collated and reported to the Steering Committee on a biannual basis by the Working Group/Steering Committee crossover representatives. QuantOCancer annual project annual meetings also serve as an additional monitoring checkpoint for Steering Committee members.

How will you measure progress (indicators) in view of the next assessment?*



Detailed description and duly justification (max. 500 words)

Evidence for all indicators is collected routinely in an evidence bank (summarised in the annex). Depending on whether indicators are qualitative or quantitative, we will present and analyse this data appropriately for the research community and for the reviewer(s).

How do you expect to prepare for the external review?*



Detailed description and duly justification (max. 500 words)

The Working Group and Steering Committee will monitor progress and prepare the content as above for the internal review, translate this to a format ready for presentation to the visiting parties, meeting more frequently as the external review date approaches. We will continue to exchange knowledge at the international and national levels. Firstly, through maintaining our contact with CEITEC MU (CZ) who are further into the process and with whom we are able to exchange practical implementation advice at an international level. At the national level, we continue to liaise with several other institutes at different stages of the HRS4R process (already awarded and at submission stage). Prior to our site visit, we will aim to conduct a test-run of the external review with invited researcher representatives.

Additional remarks/comments about the proposed implementation process: (max. 1000 words)

None.