

April 26, 2012

Divisions

AIDS
Allergy & Immunology
Cardiology
Community Internal Medicine
Critical Care
Endocrinology
Gastroenterology
Geriatric Medicine
General Internal Medicine
Hematology
Infectious Diseases
Medical Oncology
Nephrology
Neurology
Physical Medicine
& Rehabilitation
Respiratory Medicine
Rheumatology

Programs

Undergraduate
Postgraduate
Experimental Medicine
Clinical Investigator

**Drs. Alain Beaudet and Jane Aubin,
Canadian Institutes of Health Research
Ottawa, Canada**

Dear Drs. Beaudet and Aubin,

Thanks to Dr. Aubin for her recent presentations at UBC and at the CSMB conference in Whistler, and thank you for allowing us to comment on the proposed changes at CIHR. This letter is being sent on behalf of the UBC Dept. of Medicine Executive Committee.

Our department is composed of hundreds of clinicians and scientists working across all four pillars of CIHR's mandate, with at least 60 different Nominated Principal Applicants currently holding CIHR grants. We applaud all that CIHR has done to broaden its mandate and be a vital force in advancing health research in Canada, and we appreciate that you must share our frustrations in not being able to fund more of the excellent applications that are submitted to each grant competition. The issues as laid out in the Design Discussion Document are clearly delineated and for the most part accurately reflect the current situation, but our concerns lie in the details of the proposed solutions.

Operating Grant Programs

The current system relies on a huge number of RFAs and Priority Announcements to supplement the open grant system, which is one major contributing factor to applicant burden. We appreciate the effort to directly reduce that burden through re-structuring these programs, but have four main concerns.

1. While we applaud the goal of reducing the number of grants that investigators will have to write, we feel that the changes described will mainly benefit applicants for the program grants. The more recent description of the project grants makes them very similar to existing operating grants, but with a potentially shorter grant period, which if anything will increase applicant burden.
2. Related to the previous point, we feel that it will be important to continue encouraging 5 year grants for projects, and not limit those to 3 years, to encourage the long term development of productive research teams and ensure that the grant writing burden does not increase.
3. There is significant concern regarding renewals of program grants after the initial seven year period. For a productive and cohesive research team to be stranded at the end of one of these periods would be devastating. Further discussion of bridge or transitional funding for program grant holders is essential.
4. A factor that must be considered carefully is what percentage of the total budget is dedicated to program vs. project grants. One possibility would be piloting the program stream at a lower level of funding, at least initially, to ensure that it functions as predicted without suddenly reducing the funding available to projects.

Peer Review

The proposed changes to the peer review system are creating a great deal of concern in the community, particularly around the elimination of the face-to-face panel component of the system. Our specific comments are as follows:

1. We agree that it is important to incorporate more experienced reviewers on panels, and the proposed requirement for all CIHR grantees to serve as reviewers could address this. Further details regarding the specific requirements and rewards to researchers serving on panels are needed. The proposal for increased mentoring of junior reviewers and carefully delineated assessment guidelines is a good one.
2. Incorporating web-based group discussions can be utilized effectively, perhaps as a way to triage grants prior to the actual meeting, which would streamline the process tremendously. However, the meeting of a panel is a tried and tested means of having thoughtful and effective discussions, and changes to this system should be piloted and carefully analyzed for effectiveness before being wholly incorporated.
3. Fewer but larger panels reviewing a greater number of grants and the implementation of some of the proposed changes may solve many of the highlighted problems while still allowing for face-to-face reviewing.
4. We ask you to consider the positive byproducts of the panel system which would be eliminated in a virtual review system: CIHR staff get to interact directly with investigators from across the country; the investigators meet colleagues with related interests which helps develop relationships and collaborations; the concentrated work that occurs in a set time away from one's office cannot be duplicated in an online forum where an individual could be easily distracted and thus not fully participate in discussions.

In general, it is undoubtedly true that everyone involved wants better reviews, and having standardized review processes and better reviewer training are important steps. However, it may be premature to toss out the current peer review system at this time. It is inevitable that when success rates are pushed well below 20%, those with excellent applications which fall just short of the funding cutoff may perceive the review system as being at fault when, in fact, it is low success rates that are the major problem. The proposed changes which will create an earlier winnowing process, encourage more experienced reviewers to continue to serve, and create increased training opportunities and better guidelines for reviewers can all be applied to the current peer review system. This may well result in more balanced reviews and still allow for all the benefits of a panel system.

Conclusions

The current proposals have correctly identified many of the issues facing health researchers, but ignore the most glaring: the dearth of research funding leading to lack of support for all the excellent research being done. We agree that CIHR should prioritize long-term sustainability in funding with respect to its programs, while allowing researchers the flexibility that characterizes the four pillar approach to health research, and appreciate the efforts to do so as discussed in the new proposals. However, without increasing the number of grants funded, changes to programming or reviewing will be superficial and will do little to improve the morale and effectiveness of the health research community that we all work so hard to maintain.

Sincerely,

Graydon S. Meneilly, MD, FRCPC
*Eric W. Hamber Professor and Head
Department of Medicine
The University of British Columbia
Head, Department of Medicine
Vancouver Hospital*

On behalf of the UBC Department of Medicine Executive Committee