



# NIH Scientific Management Review Board (SMRB) Meeting

Richard D. Hichwa, PhD  
University of Iowa  
July 7, 2014



# NIH Funding

- Iowa Perspective
- Key Problems
- Training Environment
- Rethinking the NIH Grant
- Review and Evaluation Process

# University of Iowa Data

<u>NIH Funding by Grant Type</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	
R01	228	206	205	(.775 M)
R21	26	28	25	
R03	6	11	12	
R13	1	2	1	
P	23	21	24	(1.17 M)
U	14	19	17	
T	30	24	32	
K	36	37	27	
F	17	24	20	
<u>Other</u>	<u>37</u>	<u>37</u>	<u>48</u>	
Total	418	409	411	

# The Funding Problem:

## Academic Culture vs Federal Sponsored Research

- Capitalistic Academy: Growth is the only way to achieve distinction
- Tenure based on obtaining grant funding
- Increasing # applicants vs decreasing funding pool
- Fund your own position
- Independent investigator vs multidisciplinary team
- PIs with more grants rewarded by institutions
- Sustaining a large lab requires fulltime grant writing
- Pressure to produce can lead to research misconduct

# University Medical Schools

- Measures of productivity, distinction and ranking are based almost exclusively on grant funding.
- Schools of Medicine are heavily leveraged and subsidized by NIH funding.
- Translational medicine is considered second rate compared to bench science.
- The demand for laboratory investigation requires growth in research space.





# Junior vs Senior Researchers

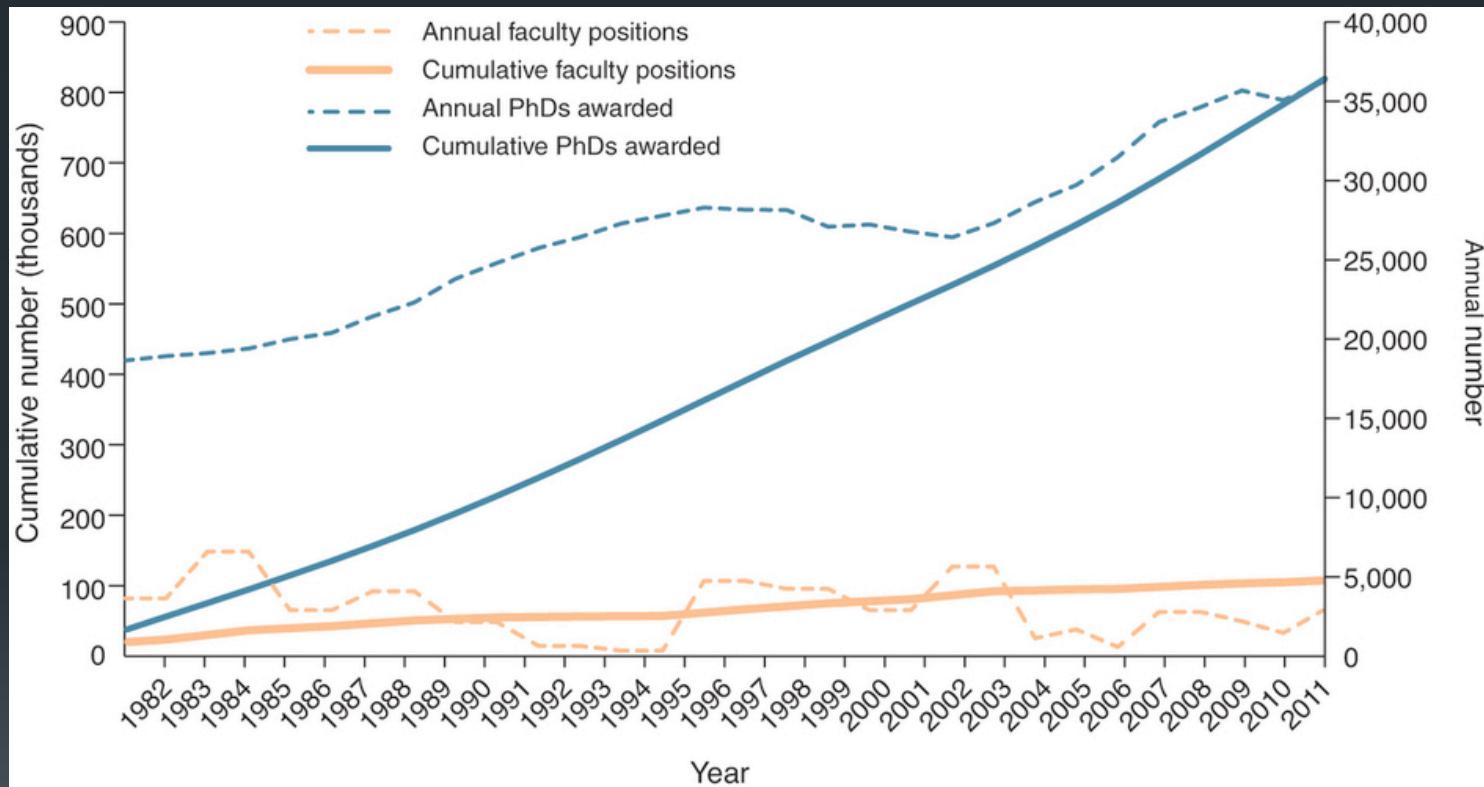
- How to compete with long standing researchers?
- New ideas vs Incremental research
- Tenure track vs Clinical track
- Protected time vs Accountability for all effort
- Existing lab infrastructure vs Starting-up
- Mentoring and improving competitiveness

# The Training Environment

- Trainees vs Employees
- Cloning the faculty
- Predocs vs Postdocs
- Alternative careers
- Developing a career trajectory in a mentored setting
- Infrastructure demands



# New Faculty Positions vs New PhDs



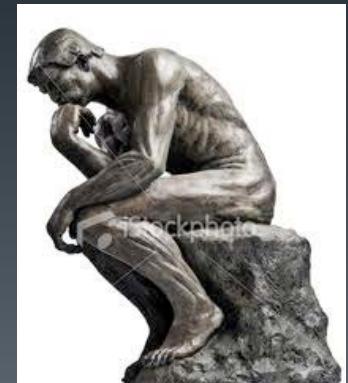
# What's Needed at NIH

- More grant opportunities
- Different grant opportunities
- Streamlined review process
- Clearer evaluation criteria
- Better reviewer training
- Investment in higher risk research
- Promotion of translational research/clinical trials
- Lead the culture change in academic medicine



# Rethinking the NIH grant

- R01, R21 and P01 or what?
- It is about IMPACT. It's all about IMPACT.
- Is there real and identifiable translation in the application?
- Develop a “rapid idea” grant mechanism to quickly test concepts. Short application with equally short review cycle.
- Limit the effort (inclusive of all combined NIH funding) of PI and Investigators to no more than 30%.
- Develop “term limits” on the number of times a grant can be renewed.
- Deliverables (contract) vs Aims (grant)
- Reward success with limited term “add-on” funding



# Today's Review Process

## What' good:

- Bulleted strengths and weaknesses
- Availability to read reviewer critiques
- Excellent NIH program officers and staff
- In-person Study Section review sessions

## What's not so good:

- Over emphasis on approach
- The Big Picture is lost
- Too many critiques per reviewer
- Inconsistency between reviewers
- Critiques highly variable and often provide minimal feedback
- Preliminary data interpreted to mean research nearly completed
- Too few submission deadlines
- Translational research not valued by study sections
- Critiques provide minimal feedback to reviewers
- Inconsistent scoring

# Tomorrow's Review Process

- Timing: Continuous review cycle with manuscript like evaluation
- 2-Step process: Develop a short submission application with invitation to proceed to a full application based on ideas and concepts
- Applicant Feedback: Provide almost immediate feedback
- Risk: Truly endorse new ideas and high risk applications
- Reviewer Feedback: Continuously critique reviewers and provide constructive criticism
- Workshops: Mandatory participation by reviewers to improve critiques and feedback to applicants
- Workload: Reduce grant review workload
- Scoring: Better guidance on review criteria

# Evaluation Criteria

- Provide more explicit guidance to reviewers
- Provide examples of excellent applications and poor applications
- Develop clear metrics for success as part of RFAs to assist reviewers in evaluating applications
- Improve evaluation guidance with specific criteria to improve consistency of scoring
- Provide weighting criteria for elements of the review to improve uniformity
- Emphasize Impact and the Big Picture
- Stress Innovation that can lead to economic development and commercialization
- Identify Translation aspects of proposal



# Summary

- Current process is neither sustainable nor consistent
- Significant changes are needed
- Many good options exist
- Changes can be accomplished quickly and phased in over time
- NIH must take initiative to change the culture

