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RE: AAMC Public Comments to the NCCR Task Force and Scientific Management Review Board for the SMRB Meeting on Feb. 23

Dear Drs. Tabak and Guttmacher:

On behalf of the Association of American Medical Colleges (AAMC), I write with further comments on the proposed reorganization of research resource programs currently within the National Center for Research Resources (NCCR). Please consider these comments as an addendum to the AAMC's statement submitted to the NIH Scientific Management Review Board on December 7. At that time, the AAMC urged the NIH to support a broad focus for any new center and to support investigation across the continuum of translational science (including community-based participatory research). The AAMC also urged the NIH to gauge the impact of any reorganization on the important infrastructure and resource programs currently managed by NCCR, including soliciting input from all affected research communities. The Association is grateful that the NIH's statements and actions to date are consistent with what the AAMC and other organizations asked for at that time, especially with establishment of your Task Force, the opportunities granted for public feedback, and the respect for transparency shown in this process.

In agreement with much of the biomedical research community, which has commented on the proposed "straw model" for reorganization, the AAMC again would like to emphasize the importance of NCCR's component programs, including but not limited to Comparative Medicine, Biotechnology Centers, the Biomedical Informatics Research Networks, Shared Instrumentation, Research Centers at Minority Institutions, and the Institutional Development Awards Program. These programs have been effective, even indispensable, in serving the NIH mission. The AAMC appreciates that an express goal of the Task Force is to consider other synergies (or "adjacencies") that could be created or enhanced by relocating these programs. The

straw model demonstrates that the NCCR working group is carefully considering how these new adjacencies may be created, and we believe the research communities affected by these programs are in the best position to consider the relative advantages of collocating programs within other institutes or centers.

The AAMC has a separate concern from the organizational questions in the proposed straw model. Wherever programs are eventually located, we urge the Task Force and the SMRB to consider how best to protect the effectiveness, integrity, and continuation of these programs, including their budget planning and operational support. It remains unclear how these programs will be operationally incorporated into other ICs, which are planning for their existing portfolios, in a way that ensures continuation and support for these resource programs. This process is complicated because of the uncertainties surrounding the current fiscal year, the necessity to amend the FY 2012 budget to reflect the reorganization, and the need to begin planning for FY 2013. There is of course risk that NCCR programs relocated to other ICs will be disadvantaged in the resulting budget process, particularly as NIH resources overall become more constrained. Conversely, the AAMC does not believe that any programs should receive, nor that NIH leadership could grant “guaranteed” levels of support for these or any other resource programs. Again, clarification or guidance for how IC management should achieve the necessary balance to address such concerns is needed.

The AAMC therefore makes the following recommendations:

1. The Task Force should explicitly address how best to minimize disruption of the functional integrity of the programs, including budget and program planning processes, and also maintain staff expertise in program planning, budgeting and other central functions that currently reside within the NCCR. This recommendation would also apply to those programs that may be temporarily moved to the Office of the Director and administered by the Division for Program Coordination, Planning, and Strategic Initiatives (DPCPSI).
2. NCCR programs currently benefit from direction of an advisory council comprised of members who understand these resource and infrastructure programs. The AAMC believes that new members with experience in these resource programs should be integrated within the advisory councils of the ICs to which the programs are transferred.
3. The straw model should make explicit mention of the *training* programs currently conducted within NCCR, including within the CTSA and other programs. Given the special status and concern for research training, the model should make clear which programs will continue within the National Center for Advancing Translational Sciences and which will move to other ICs.

Lawrence A. Tabak, D.D.S., Ph.D.
National Institutes of Health
Alan Guttmacher, M.D.
National Institute of Child Health & Development
February 22, 2011
Page 3

4. Finally, we urge the NIH to establish a formal evaluation process within the SMRB or other appropriate entity to determine how effectively NCRB resource programs are operating within their new homes. Such evaluation should begin six to twelve months after the transfer, in time to catch disruption in the programs' review and award cycle.

The AAMC again is grateful for the continued opportunity to comment on and work with the NIH on these proposals, and we look forward to discussion of these and other points.

Sincerely,



Ann Bonham, Ph.D.
Chief Scientific Officer