



May 7, 2017

Dear Dr. McInnes,

We are writing as National Co-Chairs of the Association of Canadian Early Career Health Researchers (ACECHR) in response to your announcement of May 5, 2017, entitled, "Delay of next Project Grant Competition."

As Dr. Hendricks wrote in his introductory email of March 31, 2017, we are grateful that you have agreed to serve as interim president of the Canadian Institutes of Health Research (CIHR). As stakeholders who have been significantly involved in engagement with and representation of the research community during the changes at CIHR, we appreciate the enormity of your task.

We are generally supportive of your decision to delay the Project Grant cycle that had been slated for May 30, 2017 and to issue extensions until March 31, 2018 to grants that were scheduled to expire between September 30, 2017 and March 30, 2018. However, we are very concerned about the effects of this decision on certain groups. While we recognize that short term steps will be necessarily imperfect, we would like to draw your attention to two groups in need of consideration to ensure a sustainable health research enterprise.

First, we are concerned about early career investigators (ECIs) who don't yet have their first CIHR grant. This change, while named a delay, functions as a cancelled cycle. For ECIs, who may require multiple cycles to get their first grant funded, each cancelled cycle puts funding--and, indeed, the possibility of ever being able to do the research they have been trained and hired to do--that much further out of reach. This is now the third cancelled cycle for our cohort in an era of constantly changing requirements and unprecedentedly low success rates. ECIs have seen the following success rates in the new programs:

- Transitional Open Operating Grant Program (tOOGP): 19% overall (rate for ECIs unknown)
- Foundation 2014-2015: 4%
- Foundation 2015-2016: 12%
- Project Fall 2016: 7% without 30M, 11% with additional 30M

These have been the only four fully open competitions in the past three years, and applicants had to choose between tOOGP and Foundation 2014-2015. This means that the current cohort of ECIs have had effectively half the grant opportunities compared to ECIs in previous cohorts who experienced a regular pattern of two cycles per year.

Furthermore, in addition to having half as many chances to secure funding, aside from perhaps tOOGP, the success rates seen in these competitions have been lower than any rates previously seen at CIHR or at its predecessor, the Medical Research Council of Canada (MRC), even in the late 1990s. Dr. Henry Friesen, president of the MRC at the time, published in Nature Medicine in 1998 in his article entitled, "The Medical Research Council of Canada: Integrating research to Canada's health care system," that for applications submitted to the MRC, "Success rates are 25% for new grants, 50-60% for renewals and about 20% for training awards." Success rates in the early days of CIHR's open operating grants program were on the order of 30-35% and, according to senior scientists, ECIs and

first renewals often enjoyed a success rate approximately 5% higher than their more experienced peers. It was under these conditions that many of the current luminaries of Canadian health research built their research programs.

In short, compared to previous cohorts of ECIs, who certainly faced competition and challenges, the current cohort of ECIs has had half the number of chances in a far more competitive funding environment, rendering it increasingly difficult to get a new research program off the ground.

We are gratified that the Peer Review Working Group agreed to equalize Project Grant success rates for ECIs. However, this represents nothing more than a fair shot in a cycle with continuing low success rates after three years of chaos. Equalization is life support for our cohort, not recovery, and it's dismaying that we've had to advocate as hard as we have just to get that. As we have emphasized from the beginning: CIHR has called these pilot programs, but these are not our pilot careers. We are appending the executive summary of a survey we conducted of ECIs last year for your information. Full results are available at acechr.ca/blog/acechr-survey-results.

Second, we are concerned about mid-career investigators (MCIs), especially those who have had to apply for a first renewal under the same conditions that others in our cohort have been seeking their first grant. Assuming they manage to maintain their careers, MCIs who are gapped will have to start their labs or research groups over. Their research programs may never fully recover. Promising lines of research will end. We are frustrated that our consistent recommendations regarding MCIs continue to go unheard. It was agreed upon by the members of the research community who assembled in Ottawa on July 13, 2016 that ECIs and investigators in years 5-12 of their career should also have some additional consideration. The proposal agreed to that day was base + 5%, with details to be worked out by the Peer Review Working Group.

We appreciated your understanding of this in your email to Dr. Alain Beaudet and others, including two of us, on July 18, 2016. Unfortunately, at the Peer Review Working Group teleconference on September 2, 2016, despite the recommendations and arguments of our national co-chairs who served on the Working Group, the Working Group as a whole recommended equalizing success rates only for ECIs.

As data from the National Institutes of Health (NIH) clearly show, when it is only ECIs who have some additional protection, MCIs pay the price. In order to respect the CIHR Act 4b and 4j and to avoid further damage to the Canadian health research enterprise, it is imperative to support continuity throughout the career trajectory. We know you are already aware that the CIHR Act stipulates that the objective of CIHR includes (emphases added): *"4.(b) creating a robust health research environment in Canada, based on internationally accepted standards of scientific excellence and a peer review process, that will **attract, develop and keep excellent researchers and provide them with the opportunity to contribute to the improvement of people's health in Canada and the world;**"* and *"4.(j) building the capacity of the Canadian health research community through the development of researchers and **the provision of sustained support for scientific careers in health research.**"*

The capacity of CIHR to deliver on both of these is threatened by the announced delay. We suggest for your consideration two additional steps to address these concerns:

1. Extra bridge grants for ECIs and MCIs who currently have a Project Grant under consideration at Stage 2 and who are not otherwise currently holding CIHR funds.
2. Extend the budget extensions back a little further for any investigators who are otherwise without a CIHR grant. For example, rather than grants scheduled to expire between September 30, 2017 and March 30, 2018, we encourage you to also incorporate grants that expired in March 2017 or September 2016.

Furthermore, now that each researcher already in the system has had at least one chance to apply for a Foundation Grant, we would support the idea currently under discussion of putting a moratorium on Foundation Grant competitions until funds are available that can support reasonable (20%) success rates for Project Grants. We have previously recommended that Foundation would be better positioned as a grant consolidation mechanism, and we continue to support that concept. We highlight that some members of our cohort currently hold Foundation Grants and we hope that any such transition would allow for the career continuity of ECIs who have done their best to fund their research programs within an ever-changing funding landscape.

If it would be helpful to CIHR, we would be happy to be a part of the iterative consultation process you aim to establish to discuss these and other proposals. Having formed our organization in response to the lack of attention paid to ECI concerns during the early days of the CIHR reforms, we continue to be concerned about decisions being made without full recognition of their effects on ECIs and MCIs, and thus on the future of health research.

Yours very sincerely,
Holly Witteman, Kristin Connor, and Michael Hendricks
National Co-Chairs
Association of Canadian Early Career Health Researchers

Assistant Professors at Université Laval (HW), Carleton University (KC) and McGill University (MH)

cc: Mr. Michel Perron
Dr. Jeff Latimer
Dr. Anne Martin-Matthews

Early Career Investigators (ECIs) in health research: final report of a cross-Canada survey

Executive Summary

Health research funding has become increasingly competitive in Canada. Between 2005-06 and 2014-15, success rates for full term open operating grants at the Canadian Institutes of Health Research (CIHR) halved from 30% to 15%. Grants deemed fundable by reviewers went from being funded about half the time to about one fifth of the time. Low funding rates undermine health researchers' ability to generate new knowledge and improve Canadians' health outcomes.

These falling success rates have had negative impacts on many scientists. Early career investigators (ECIs), defined as those within the first 5 years of their independent careers, have been particularly hard hit. Between 2008-09 and 2014-15, CIHR funding awarded to ECIs declined by 38%. Adding to these concerns, recent changes to CIHR funding programs ('CIHR reforms') threaten to remove a full third of total funding awarded to ECIs annually.

The Association of Canadian Early Career Health Researchers ([ACECHR](#)) organized and ran an informal survey Mar 17-24, 2016 to gather personal accounts from ECIs about their experiences in the current funding environment. In one week, we received 143 responses from verified early career health researchers in Canada who hold competitive positions and have a history of research success. Highlights of our findings include:

- 84% report that they are delaying starting potentially impactful research. Respondents report scaling back their research and losing competitiveness internationally.
- In total, respondents currently employ 204 staff and supervise 909 trainees but many report firing staff and being unable to fund their trainees or accept new trainees.
- 46% indicate that because of the current funding environment, they are considering leaving research, academia, or Canada.

In respondents' words:

I am Canadian and always wanted to come back to Canada after my training but am starting to think that I have made a mistake. -Respondent 40 (page 37)

I am falling behind scientists in other countries [...] I am deeply worried that this will end my career in research right as it is meant to be taking off. -Respondent 7 (page 42)

There is a feeling among our trainees that there is no future for them in science in Canada. Some leave the country, and others decide to pursue other fields. -Respondent 113 (page 45)

Some of my highest quality colleagues are leaving Canada because of the uncertain funding climate. I am considering the same. -Respondent 42 (page 55)

If Canada wishes to foster the future of health research in our country, a recognition of this significant ECI disadvantage and a meaningful resolution must be reached immediately or the investment made to train today's most ambitious and successful young researchers in our country will be lost. Time is of the essence. -Respondent 41 (page 59)