



May 23, 2016

### **Follow-up letter after our meeting with CIHR representatives May 4, 2016**

Members of the Association of Canadian Early Career Health Researchers (ACECHR) had the opportunity to meet with Canadian Institutes of Health Research (CIHR) representatives in Ottawa on May 4, 2016, to discuss our concerns about current and future funding programs. We appreciate the time these representatives spent with us, as well as the information they shared. In light of this conversation, we would like to take this opportunity to summarize our view on the current Project Scheme competition.

Most importantly, we reiterate the urgency of our concerns. CIHR is running pilot programs, but these are not our pilot careers. We do not have years to wait for retrospective analyses on the impact of competition reforms on funding allocation. The careers and research programs of competitive early career researchers are in immediate danger of becoming collateral damage of these reforms. It appears that CIHR does not currently have sufficient protective measures in place to mitigate such potential unintended consequences.

1. The approximately equal success rates across career stages in the former Open Operating Grants Program (OOGP) were an extremely positive feature. Not only did such equality allow CIHR to meet Objective 4(j) of the CIHR Act<sup>1</sup> but, as recently recruited faculty, we can attest that perceptions of fairness and opportunity for early-career investigator (ECI) funding success was an important recruiting tool for Canadian universities. This feature of the OOGP was a product of the specific culture of the face-to-face review panels—it was not formally stated in any peer review instructions or criteria. We are concerned that this history of equitable success rates across career stages may be lost in the Project Scheme.

We propose a mechanism that ensures equal success rates across career stages for the Project Scheme. Failure to have such a mechanism in place has a potentially devastating impact on ECI applicants. The implementation of such a mechanism is simple and requires no changes to the review process. We propose that this mechanism be used if needed. In other words, if the Project Scheme success rates

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<sup>1</sup> "...(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;"



are equivalent across career stages relative to the number of unique nominated principal applicants (NPAs) at each career stage, the mechanism would not be used. If, however, success rates are unbalanced across career stages, we propose that success rates be adjusted such that they are proportional to the number of unique applicants. For example, if 18% of unique NPAs are ECIs, then ECIs should receive 18% of grants awarded. Similar measures to ensure New Investigator<sup>2</sup> success were implemented by the National Institutes of Health in 2009 and successfully lowered entry barriers at a time when funding success rates had dropped for New Investigators to a “dismal” 15 percent<sup>3</sup>.

2. The “new” \$30 million allocated to the Project Scheme should be targeted to those most negatively affected by the reforms. This cohort includes ECIs, as well as non-ECI researchers affected by aspects of the reforms such as cancelled competitions. Therefore, we recommend that the following priorities guide the use of these new funds:
  - a. The entire \$30M should be applied to the first Project Scheme competition (March 2016), with an emphasis on full awards rather than bridge grants. We suggest an approximately 75:25 ratio of spending on full awards versus bridge funds.
  - b. Eligibility should be restricted to those applicants who have never held CIHR operating grants as NPAs, or are facing an imminent funding gap, and whose current application is not already in the fundable range of the first Project Grant Pilot. In other words, these awards should be *in addition* to the success rate equalization described in Point 1 above, intended to “rescue” the early-career *and* mid-career investigators who have fallen through the cracks during the transition period.

We believe the measures outlined in this document are essential for CIHR to fulfill its mandate to build capacity as well as to meet its stated intention of maintaining a similarly-sized population of CIHR-funded researchers in the new programs as in the OOGP.

We look forward to working with CIHR to ensure sustainable funding for investigators who represent the future of health research, safeguarding Canada’s long-standing success in this domain.

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<sup>2</sup> “... a PD/PI is identified as a New Investigator if he/she has not previously competed successfully for an NIH-supported research project other than the following early stage or small research grants or for the indicated training, infrastructure, and career awards.”

<sup>3</sup> “Affirmative action at the NIH” <http://www.nature.com/neuro/journal/v12/n11/full/nn1109-1351.html>