

February 21, 2008
Advisory Committee to the Director (ACD)
Peer Review Teleconference Summary

Dr. Zerhouni welcomed the ACD members, ACD Peer Review Working Group members, and members of the public to the teleconference to discuss the draft report on Peer Review and the Working Group recommendations. Dr. Zerhouni provided the historical context on peer review, including its continuing assessment and evolution. Beginning in the late summer of 2007, NIH began an extensive effort to solicit input on the Peer Review process, from both its stakeholder communities and within NIH.

Today's ACD teleconference represents the culmination of months of information gathering to identify challenges and develop ideas to enhance the NIH system of research support, of which the peer review system is a major component. An ACD working group worked in parallel with a working group of the NIH Steering Committee to collect and analyze information for the development of the draft interim report and recommendations, which are the subject of today's teleconference.

Based on analysis of the collected input, the information was grouped into 7 main challenges:

- 1) Reducing Administrative Burden on Applicants, Reviewers, and NIH Staff
- 2) Enhancing the Rating System
- 3) Enhancing Review and Reviewer Quality
- 4) Optimizing Support at Different Career Stages
- 5) Optimizing Support for Different Types of Science
- 6) Reducing Stress on the Support System of Science
- 7) Meeting the Need for Continuous Review of NIH Peer Review

Dr. Larry Tabak, co-chair of the ACD Working Group on Peer Review, defined each challenge and outlined recommended actions and goals as described in the draft interim report. Dr. Keith Yamamoto, ACD member and co-chair of the ACD Working Group on Peer Review, provided broader context of these recommendations with regard to its overall significance to and impact on both the NIH and the extramural research community. Today's report and recommendations are an acknowledgement of the changes and challenges associated with advances in biomedical research, a more collaborative research environment, and the processes and potential impediments to the review and funding process itself. Most notably, Dr. Yamamoto stressed that the recommendations will have their maximum impact in combinations, rather than one proposal at a time. Dr. Jeremy Berg, co-chair of the NIH Working Group on Peer Review, provided comments to the subsequent discussion within the context of NIH processes and culture.

Discussion:

Discussion by the ACD members and the ACD working group on peer review was very supportive of the report and recommendations as a whole. Questions were raised by ACD members regarding: the impact that implementation of the recommendations may have on young or early career investigators; changes to application length; the rating system and its effect on study section procedure; and the ability to obtain funding if amended applications are eliminated. Answers to most of these questions will be addressed as the NIH moves to the implementation phase where many of the recommendations will be examined for feasibility, pilot-tested or immediately implemented and subject to later review.

ACD working group members identified some areas of the report which were the subject of considerable discussion during report development. It was made clear that some aspects of the report were explained but not emphasized, because no clear consensus developed from either the analysis or the discussion. However, other aspects may require clarification and adjustment to the report language and both ACD and ACD working group members were encouraged to send these comments in writing to Dr. Tabak.

Action:

Dr. Zerhouni thanked everyone for their attendance and input, noting that the teleconference discussion would be made part of the record as an appendix to the final report. ACD members were formally asked for a motion to accept the interim draft report; no objections were raised.

Next Steps:

Following receipt of comments by ACD and ACD working group members, ACD members and Dr. Zerhouni will receive the final edited draft report. This final draft report will also be posted on-line, so that it is accessible to members of the public. NIH will establish a team of content experts to create an implementation plan four to six weeks after posting of the final report. Implementation will be designed to allow for evaluation of the impact of these recommendations, including collection of data and assessment of efficacy.

Dr. Zerhouni thanked all the teleconference participants and adjourned the meeting.

This meeting took place from 2:00 to 3:30 p.m. EST.

Meeting Participants:

On Bethesda Campus, National Institutes of Health (NIH):

Jeremy Berg

John Burklow

Raynard Kington

Lawrence Tabak

Keith R. Yamamoto

Elias Zerhouni

On telephone:

Nancy E. Adler

Bruce Alberts

Mary Beckerle

Norka Ruiz Bravo

Colleen Conway-Welch

Catherine D. DeAngelis

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