

NIH ADVISORY COMMITTEE TO THE DIRECTOR
Teleconference on Peer Review Meeting Summary
February 21, 2008

Dr. Zerhouni welcomed the Advisory Committee to the Director (ACD) members, the ACD Peer Review Working Group (PRWG) members, and the general public to the teleconference to discuss the draft report on Peer Review and the Working Group's 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.

This teleconference represented 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. The ACD PRWG worked in parallel with the NIH Steering Committee PRWG to collect and analyze information for the development of the draft interim report and recommendations.

Based on analysis of the collected input, the information was grouped into seven 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 PRWG, 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 PRWG, provided broader context of these recommendations with regard to its overall significance to and impact on both the NIH and the extramural research community. The draft 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. 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 Steering Committee PRWG, provided comments to the subsequent discussion within the context of NIH processes and culture.

Discussion

Discussion by the ACD members and the ACD PRWG 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.
- The changes to application length.
- The rating system and its effect on study section procedure.
- 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 PRWG 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 members and ACD PRWG 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, the ACD members and Dr. Zerhouni will receive the final edited report. This final 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 4 to 6 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 p.m. to 3:30 p.m. EST.

Teleconference Participants

NIH Staff on Bethesda Campus

Jeremy Berg
John Burklow
Raynard Kington
Lawrence Tabak
Keith R. Yamamoto
Elias Zerhouni

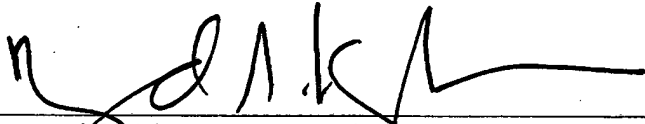
Telephone Participants

Nancy E. Adler
Bruce Alberts
Mary Beckerle
Norka Ruiz Bravo
Colleen Conway-Welch
Catherine D. DeAngelis
Helen Hobbs
Karen A. Holbrook
Ralph I. Horowitz
Thomas J. Kelly
Mary-Claire King
Alan I. Leshner
Philippa Marrack
Edward Pugh
Antonio Scarpa
John Schreiber
Christine E. Seidman
James Wendorf
Barbara L. Wolfe

NIH Staff

Amy Adams
Kerry Brink
Penny Wung Burgoon
Susan Persons
Jennifer Weisman

I hereby certify that, to the best of my knowledge, the foregoing minutes are accurate and complete.



Raynard S. Kington, M.D., Ph.D.
Executive Director, Advisory Committee to the Director
Deputy Director, NIH



Elias A. Zerhouni, M.D.
Chairman, Advisory Committee to the Director
Director, NIH