

Summary of Nova Scotia CIHR Discussion Forums: March 27, 2012

On Tuesday, March 27, 2012, CIHR held a series of Discussion Forums in Nova Scotia. Dr. Jane Aubin represented CIHR to present and discuss the proposed reforms to peer review and changes to programming. To facilitate discussions, the morning was devoted to sessions with defined groups. These morning sessions were hosted by our provincial funding agency, the Nova Scotia Health Research Foundation (NSHRF) to ensure input from all Nova Scotia institutions. Participants included leaders in the health research enterprise; funders of health research, Department of Health and Wellness representatives, members of NSHRF's Board and Research Advisory Committee, representatives from academic health centres and university administrations, senior investigators and new investigators.

The afternoon session involved an open forum at Dalhousie University that was open to all interested parties and was well attended (over 60 faculty members) from the full range of research pillars.

During these sessions Dr. Jane Aubin discussed the proposed changes to the CIHR open suite of programs and the proposed new peer review process. Discussions with participants focused on clarification questions and considerations on how these changes might impact Nova Scotia's health research enterprise.¹

Based on discussion among participants, several broad themes emerged:

- The need for **clarification** on: 1) the necessity of program and peer review reform, 2) evidence supporting the proposed design in terms of both program reform and peer review reform, and 3) objectives of the new programs.
- Concerns that the changes will result in **decreased numbers of investigators** receiving funding.
- Concerns of **regional disparity** or **systematic biases** that disadvantage researchers in particular career cohorts or pillar of research.
- A need for **piloting** approaches to implementation coupled with a clear plan for **evaluation and monitoring**.

Further detail on discussion of these broad themes is presented below.

Next steps

- The CIHR is accepting comments and feedback until April 30, 2012 (please see: <http://www.cihr-irsc.gc.ca/e/44761.html>). All members of the research enterprise in NS are encouraged to provide feedback.
- The NSHRF will be submitting a written response to the Design Discussion Document.
- CIHR has indicated they will provide more details on the proposed reforms in June 2012.
- The NSHRF is convening a CIHR Reform Assessment of Impact Group, which includes representatives from across the province, New Brunswick and Prince Edward Island. This group will identify indicators, measures and available resources to monitor and evaluate the impact of the

¹ This summary is based on notes made by participants in the sessions and NSHRF staff who attended all sessions, it is a summary and therefore may not reflect all points made.

reforms on the Maritime health research enterprise. For more information on the group please contact: Dr. Nancy Carter, Director Evaluation Services, NSHRF (nancy.carter@gov.ns.ca).

Additional details

Institutional Support for CIHR Applications

- The Design Discussion Document and presentations by CIHR indicate that demonstrations of institutional commitment will include release time (e.g., protected time for research), infrastructure based on prioritized areas, knowledge translation support (e.g., technology transfer), training-mentoring, salary, career development, etc. Concerns were expressed that Nova Scotia institutions could be disadvantaged in this system due to limited resources compared to some other jurisdictions. Further details from CIHR are needed: 1) on how institutional commitment will be assessed, compared and evaluated, 2) on the underlying rationale for this requirement and 3) on how the unique circumstances of health authorities and academic teaching hospitals will be considered.
- Requirements for monetary commitments and matching funds are also concerns. If 'in kind' or monetary matching requirements increase, this development will likely disadvantage smaller universities, a particular concern for NS in which there is limited capacity for institutional support or direct financial contributions from government. If only financial matching will be accepted, this situation will further limit success in smaller provinces due to limited funds.

Funding Schemes

- CIHR is proposing two fundamentally different programs of funding. A more long-term, substantial funding for large and mature 'programs' and a more time-limited and smaller funding stream for defined 'projects'.
- Transition between the two proposed streams was a concern. In particular there was discussion around what would occur if an investigator funded under the program stream was not successful in a renewal application. The impact on the research program and on infrastructure, including staff, was highlighted. CIHR has identified this as an area that requires attention.
- In the program stream CIHR has indicated they will provide dedicated funding for new investigators. Attention will be required in designing the evaluation criteria for new investigator track record, particularly when comparing disciplines and stages of career.
- CIHR indicates that their modeling predicts that the same number of investigators will be funded compared to the current situation. It would be beneficial for discussion and planning if CIHR could share this modeling with all interested parties.

Peer review reform considerations

- A three-stage review process could actually increase rather than decrease reviewer burden since electronic reviews will involve up to 8 reviewers per stage for each application.
- Virtual reviews may decrease opportunities for mentoring of less experienced reviewers; a plan for evaluation is needed.
- Suitability of a single process for all disciplines and types of research is questionable; (e.g., a fitting process for clinical review may not be so for health services review).

- A large college of reviewers with significant time commitments to CIHR may impact the availability of reviewers for peer review at other agencies.

Systems level considerations

- Further discussion is needed on current regional circumstances and the impact of changes under consideration. The conclusion of the Regional Partnership Program further highlights the need for consideration of this issue as the new programs are developed.
- Time lines currently proposed in the reform design document are not sufficient to allow other funding agencies to adapt their programs.
- Greater transparency is needed regarding the evidence informing CIHRs proposed changes.
- Similar reforms taking place in other international agencies have been noted but the impact of those reforms on the health research system has not been discussed.
- CIHR anticipates no changes to funding levels; however, anticipated 2012-13 budget cuts raise concerns about which funding opportunities will be affected. Transparency regarding budgeting is needed for informed decision-making across the health research enterprise.
- Existing open grant programs contain elements that allow for flexibility and responsiveness, which are essential for addressing health issues provincially. Clarity around how these elements of the current structure will be affected by program reform.

Evaluation

- CIHR has indicated they will evaluate the impact of changes on the national research enterprise after the new programs are in place, but the details of the evaluation plan have not been provided. There is a lack of detail about how broad this evaluation will be and which (if any) research groupings will be included in any assessment.
- The Design Discussion Document indicates some aspects of the reform process will be piloted. Clarity is needed about which changes are being piloted and how success will be determined.
- It is unclear how evaluation and pilot study results will be used to inform decisions around CIHR programming and the peer review process moving forward.