



Nourishing Outstanding Science at the NIH: Initiating a Long Term Planning Process

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Intramural Research Program
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many people
infinite possibilities**



Why now?

- **Flat budgets and sequestration have resulted in a loss of 10% of intramural principal investigators in the past several years and a 25% average decrease in research budgets forcing a reconsideration of how research is supported in the IRP.**
- **The way in which biomedical research is conducted is in transition.**
- **The last review of the NIH intramural research program (IRP) as a whole was issued in April, 1994 (Marks-Cassell report).**

Current Review Processes in the IRP

- **All Principal Investigators are reviewed by outside reviewers (Boards of Scientific Counselors) every 4 years**
- **All Scientific Directors are reviewed by a subcommittee of the National Advisory Council of each IC every 4-6 years**
- **Every IC's IRP is reviewed by a Blue Ribbon Panel of external reviewers every 10 years**
- **Outside accreditation groups review the clinical center (JCAHO), human subjects research (AAHRPP), animal care and use (AAALAC), and clinical graduate medical education (ACGME)**

Initiation of Long Term Planning Process

- **Multiple consultations with senior leadership of NIH including NIH Director, IC Directors, Scientific Directors, Deputy Directors, Clinical Directors**
- **Development of a long term planning process including senior scientific staff, external advisors, leadership**
- **In progress: development of recommendations from various sources and integration into a single, coherent proposal for eventual consideration by the Advisory Committee to the Director**

How do we structure a useful long term plan?

- **Input needed from the 24 ICs with intramural programs– review groups for each IC including senior NIH scientists, NIH leadership, outside experts, and BSC chairs and members could address this need.**
- **ACD should address complementarity of the plan to overall goals of biomedical research supported by NIH.**
- **Recommendations should include scientific areas of emphasis as well as identification of barriers to success.**

Proposed Timeline for Long Term Planning

- **Step 1: By July 31, 2014, each IC will conduct reviews to define their intramural goals using outside and internal scientific experts: ongoing with May 16, 2014 meeting of all principals to assess progress**
- **Step 2: NIH SDs and then a subcommittee of IC Directors will review these and identify common goals and barriers to achieving these goals in a report by mid-September, 2014**
- **Step 3: A committee co-chaired by an ACD member and the NIH Principal Deputy Director with additional outside membership will offer their advice and perspectives**
- **Step 4: These proposals will be presented to the ACD by next December 11-12, 2014**

Proposed Charge to the ACD

- **Recommend how the IRP should ensure its distinctive role in biomedical research, and how it should differ from extramural research institutions.**
 - **Define the essential components of the IRP necessary to maintain or extend its special nature and the components that need modification.**
 - **Articulate potential barriers to achieving this vision (e.g., budget constraints, program size, organizational limitations).**
 - **Define what, if any, changes are needed or should be avoided to achieve this vision.**
- **Identify areas of opportunity that the IRP should focus on in the next 10 years to take advantage of the IRP's distinctive features.**
- **Identify what needs to be done to ensure sustainability of the IRP's distinctive features, including the Clinical Center.**
- **Assure alignment of recommendations for the opportunities and needs in the IRP with the work of other ACD and internal NIH WGs re: demographics of workforce, age, sex, ethnic/racial diversity, MDs vs. PhDs.**

Special Features in the IRP for Conduct of Research

- **Clinical Center and its resources**
- **NCBI/NLM and its resources**
- **Size and scope of the IRP**
- **Ability to respond quickly to public health emergencies**
- **Mainly retrospective, investigator-oriented review process**
- **Training environment**
- **Proximity to IC program development**

Areas of Greatest Concern

- **Need for a clear articulation of IC goals for the IRP over the next 10 years**
- **Administrative barriers to recruitment, retirement, and maintaining an efficiently functioning scientific workforce**
- **Need for more demographic workforce diversity**
- **Budget limitations**

Some Current Approaches are not Sustainable

- **Funds for capital equipment, supplies and services, and fellows have been cut out of proportion to the overall budget, potentially reducing productivity disproportionately**
- **Service and infrastructure demands have led to increased central service expenses as a percentage of the total IRP budget; decisions made in one IC can be costly to all**

Examples of Some Efficient Ways to Foster Outstanding Research

- **Shared recruitments (Stadtman, Lasker) and appointments**
- **Shared resources including animal imaging, PET, training, IRP website, RNAi, etc.**
- **Shared cores**
- **Service centers for admin and business functions including tech transfer, personnel, IRBs, purchasing, etc.**
- **Reducing use of expensive off-campus space by moving some programs back to the Bethesda campus**

The Clinical Center

- **The Clinical Center and the NCBI are two unique resources of the IRP: NCBI funding has been stabilized.**
- **Any Long Term Planning for the IRP has to include a plan to sustain the Clinical Center not just year to year, but into the foreseeable future**



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