



**UNIVERSITY OF TORONTO**  
**FACULTY OF MEDICINE**

**To:** Dr Alain Beaudet, President, Canadian Institutes of Health Research  
Dr Jane Aubin, Chief Scientific Officer/Vice President Research

**From:** Toronto Academic Health Science Network Research Committee  
Faculty of Medicine, University of Toronto  
Baycrest Hospital Research Institute  
Centre for Addiction and Mental Health  
Holland Bloorview Children's Rehabilitation Hospital  
Hospital for Sick Children  
Mount Sinai Hospital Lunenfeld Research Institute  
St Michaels Hospital Keenan Research Centre  
Sunnybrook Health Sciences Centre  
University Health Network  
Women's College Hospital Research Institute

**Re:** Proposed Changes to CIHR's Suite of Programs and Peer Review Process

**Dated:** April 20, 2012

We commend CIHR for its outstanding programs that over the past 10 years have enabled the expansion and strengthening of the health research community across Canada. The commitment of CIHR to build on these achievements is reflected in part by the new Strategy for Patient-Oriented Research and the positive findings from the recent International Review. The International Review Panel found that CIHR is well on its way to meeting its mandates and missions and noted that since 2006 CIHR has made many significant improvements. The reviewers commended Dr Beaudet for his leadership in developing CIHR into a highly effective organization.

The International Review did delineate some concerns and provided operational recommendations; however, it is not apparent that the proposed changes to the Open Operating Grant Program and Peer Review process will address these concerns.

The leadership and scientists of the Toronto Academic Health Sciences Network, comprising 25% of CIHR investigators in Canada, have serious concerns about these proposed reforms. Our research community of > 2000 investigators are united in their reaction to the dramatic and rapid restructuring of CIHR programs. A survey sent to our community, who either currently have or previously held CIHR funding, resulted in 446 responses. The responses were received from researchers at all career stages from Assistant to Full Professor (only 40% were at the Full Professor level). Fully 91% of responders indicate they are highly concerned about the proposed reforms (73% have significant concerns; 18%, some concern). Many respondents also indicated that CIHR is not as receptive to suggestions as they would like to see.

We call upon the CIHR to reconsider the proposed timelines and to include scientists in the research community, across all pillars, both in Canada and internationally in re-assessment of the best way forward. If such changes are to be instituted, we are unanimous in requesting CIHR conduct pilot programs and accurately model the impact of the reforms on the health research community and the organization of CIHR itself. Those changes found to be effective could be implemented in 2015.

In response to the proposed Open Operating Grant Program changes, we agree that the concept of adding 3-year project grants to meet the needs of those health researchers who commonly work on short projects is a welcome addition to the CIHR funding base. We respectfully request that the current 5-year operating grants be retained in the present format at least for the immediate future. An additional program, merit awards, could be implemented to recognise top CIHR awardees, combining multiple grants and for a longer period (e.g. the proposed 7 years).

In response to the Peer Review system changes, we request that the proposed 3-level Peer Review system be piloted on the Institute Strategic Program Initiative Requests for Applications. These RFAs should be integrated across Institutes with calls for applications announced once per year. The Strategic Programs should focus on the Strategy for Patient-Oriented Research and take advantage of the recent announcement from Minister Aglukkaq of the RxD partnership with CIHR on the SPOR initiative. The pilot program could be launched in 2013 to trial the College of Reviewers and the 3-level virtual review.

We urge that the current Peer Review system be retained for the 2012-2014 OOGP with a move to the strategic introduction of video and teleconference to reduce costs of travel to Ottawa and thus meet the expense limitation imposed on CIHR by Treasury Board.

In closing, we thank Alain Beaudet, the CIHR senior staff and Institute Directors for their leadership at this critical stage in the evolution of CIHR. We look forward to working with you to ensure that, as CIHR enters the 2<sup>nd</sup> decade, the mature organization delivers on all parts of its mandate to expand knowledge to improve the health of Canadians, while maintaining the excellence of which CIHR should be justifiably proud.

Sincerely,



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Alison M.J. Buchan, PhD  
Vice-Dean, Research & International Relations  
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