

# ENHANCING PEER REVIEW

## Implementation of Recommended Actions

*September 2008 Update*



# Background

**ENHANCING PEER REVIEW**  
<http://enhancing-peer-review.nih.gov>

## ***Year-long Deliberative Effort Gathering Feedback & Input:***

- Request for Information
- NIH Staff survey
- IC White Papers
- Internal Town Hall Meetings
- External Consultation Meetings
- Data Analysis
- Internal and External Working Groups

## **Peer Review Oversight Committee (PROC) Established Working Groups:**

1. Engage the Best Reviewers
2. Improve the Quality and Transparency of Review
3. Ensure Balanced and Fair Reviews Across Scientific Fields and Career Stages
4. Continuous Review of Peer Review



**Identified Key  
Recommendations**

*“...fund the best science, by the best scientists, with the least amount of administrative burden.”*



# Summary of Recommendations

## Priority 1: Engage the Best Reviewers

*Increase Flexibility to Better Accommodate Reviewers*

*Recruit Reviewers*

*Acknowledge Reviewers more formally*

*Compensate Reviewers Time and Effort*

*Improve Review Quality with Training*

## Priority 2: Improve the Quality & Transparency of Review

*Modify Rating System to Focus on Specific Review Criteria*

*Align Summary Statement with Review Criteria*

*Shorten and Align Application with Review Criteria*

## Priority 3: Ensure Balanced & Fair Reviews Across Scientific Fields and Career Stages

*Support for Early Stage Investigators*

*Review of Established Investigators*

*Enhanced Review of Clinical Research*

*Expand Awards Encouraging "Transformative Research"*

*Reduce Need for Resubmissions*

## Priority 4: Continuous Review of Peer Review



*"...fund the best science, by the best scientists, with the least amount of administrative burden."*

# Implementation Overview

## Priority Area 1 – Engage the Best Reviewers

- **Improve Reviewer Retention.** In 2009, new reviewers will be given additional flexibility regarding their tour of duty and other efforts will be undertaken to improve retention of standing review members.
- **Recruit the Best Reviewers.** A toolkit, incorporating best practices for recruiting reviewers, will be made available to all ICs in 2009.
- **Enhance Reviewer Training.** In spring 2009, training will be available to reviewers and SROs related to the changes in peer review.
- **Allow Flexibility through Virtual Reviews.** Pilots will be conducted in 2009 on the feasibility of using high-bandwidth support for review meetings to provide reviewers greater flexibility and alternatives for in-person meetings.



*“...fund the best science, by the best scientists, with the least amount of administrative burden.”*

# Implementation Overview

## Priority Area 2 – Improve the Quality and Transparency of Review

- **Improve Scoring Transparency and Scale.** Review criteria-based scoring on 1-7 scale commences in May 2009. Reviewers will provide feedback through scores and critiques for each criterion in a structured summary statement.
- **Provide Scores for Streamlined Applications.** In 2009, streamlined applications will receive a preliminary score.
- **Shorten and Restructure Applications.** Shorter (12 page research plan) R01 applications (with other activity codes scaled appropriately) will be restructured to align with review criteria for January 2010 receipt dates.



*“...fund the best science, by the best scientists, with the least amount of administrative burden.”*

# Implementation Overview

## Priority Area 3 – Ensure Balanced and Fair Reviews across Scientific Fields and Career Stages, and Reduce Administrative Burden

- **Fund the Best Science Earlier and Reduce Need for Resubmissions.** To ensure that the largest number of high quality and meritorious applications receive funding earlier and to improve system efficiency, NIH is considering separate percentiling of new and resubmitted applications and permitting one amended application.
- **Review Like Applications Together.** NIH is establishing an Early Stage Investigator (ESI) designation. In 2009, NIH will evaluate clustering ESI applications for review. The same approach will be considered for clinical research applications.



*“...fund the best science, by the best scientists, with the least amount of administrative burden.”*

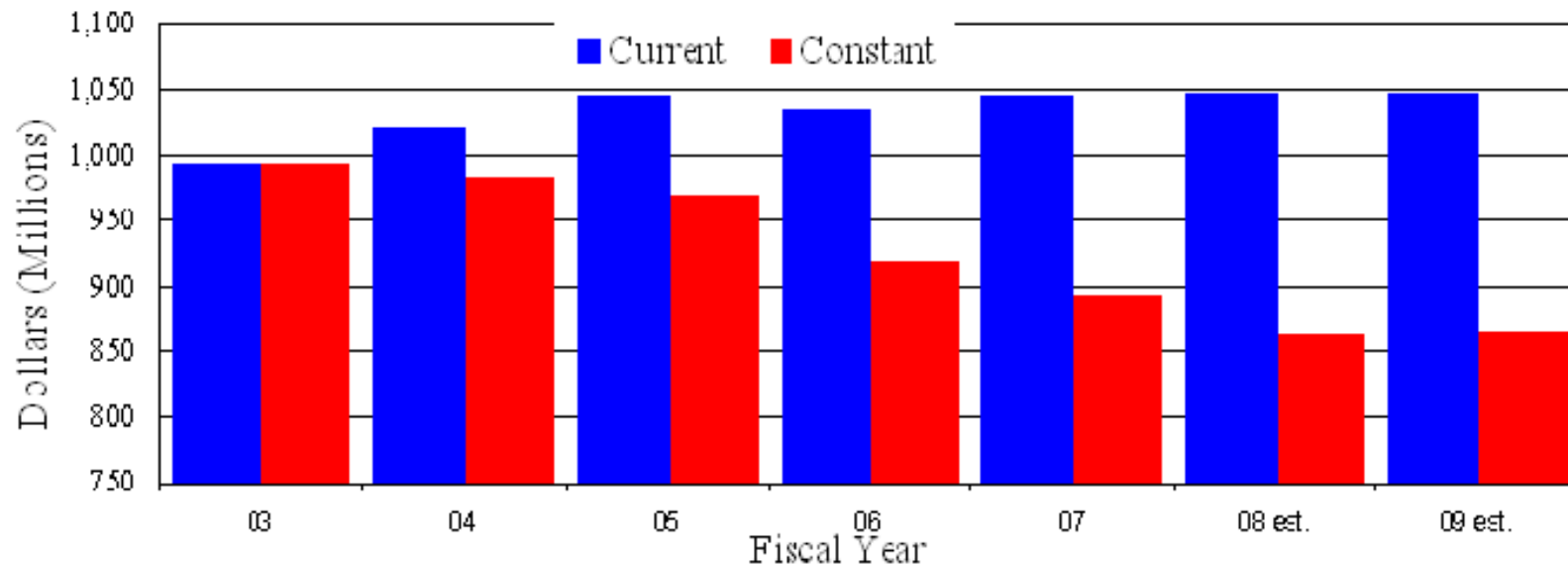
# National Institute on Aging

(Fiscal Years 2003 – 2009)

## Funding Levels in Current and FY 2003 Constant Dollars

Percent change (estimated) current dollars: +5.0%

Percent change (estimated) constant dollars: -12.9%

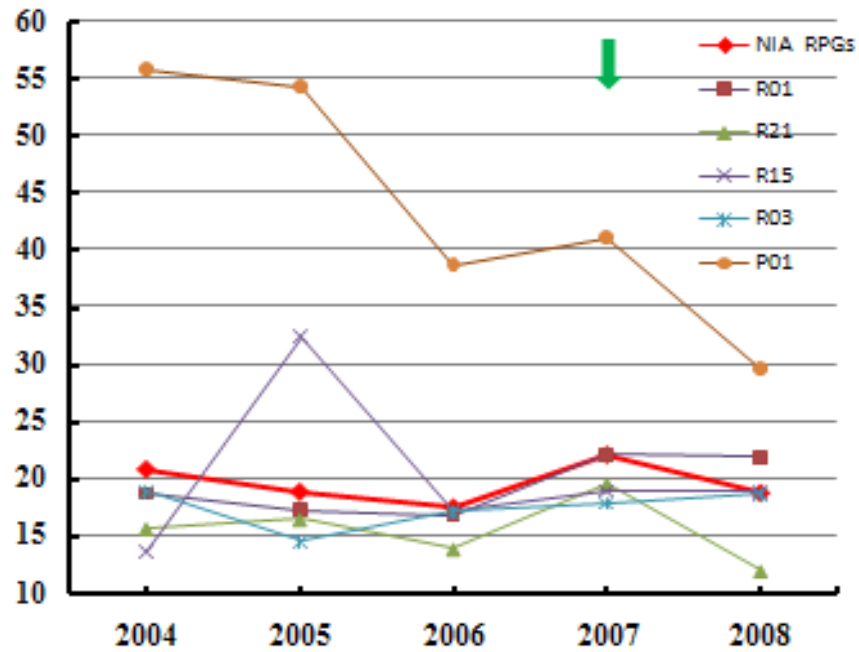


\* **Current dollars** - dollar value of a good or service in terms of prices prevailing at the time the good was sold or service rendered.

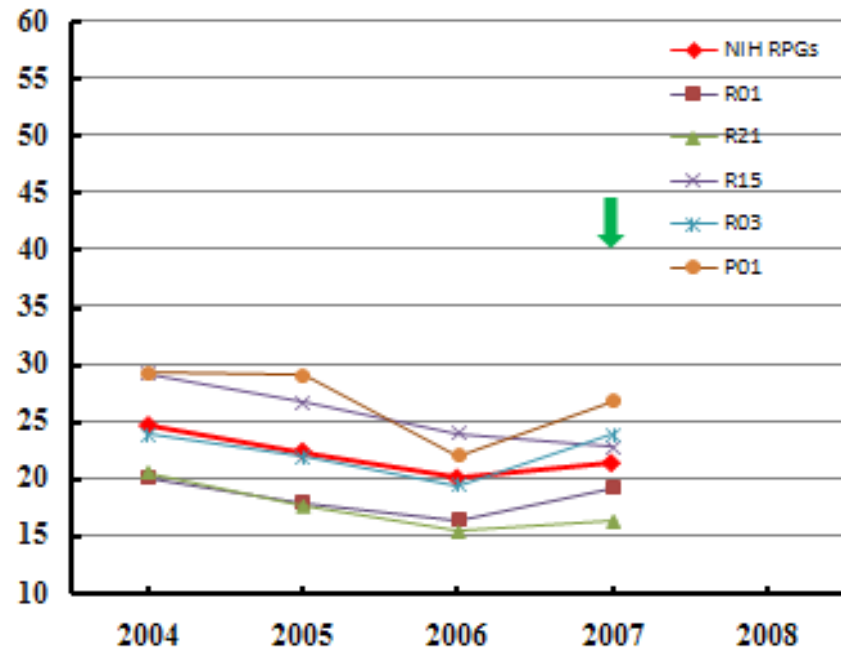
\* **Constant dollars** - dollar value adjusted for inflation to demonstrate "real" increases. Determined by dividing current dollars by an appropriate price index a process generally known as "deflating."

# SUCCESS RATES NIA vs NIH

**NIA**



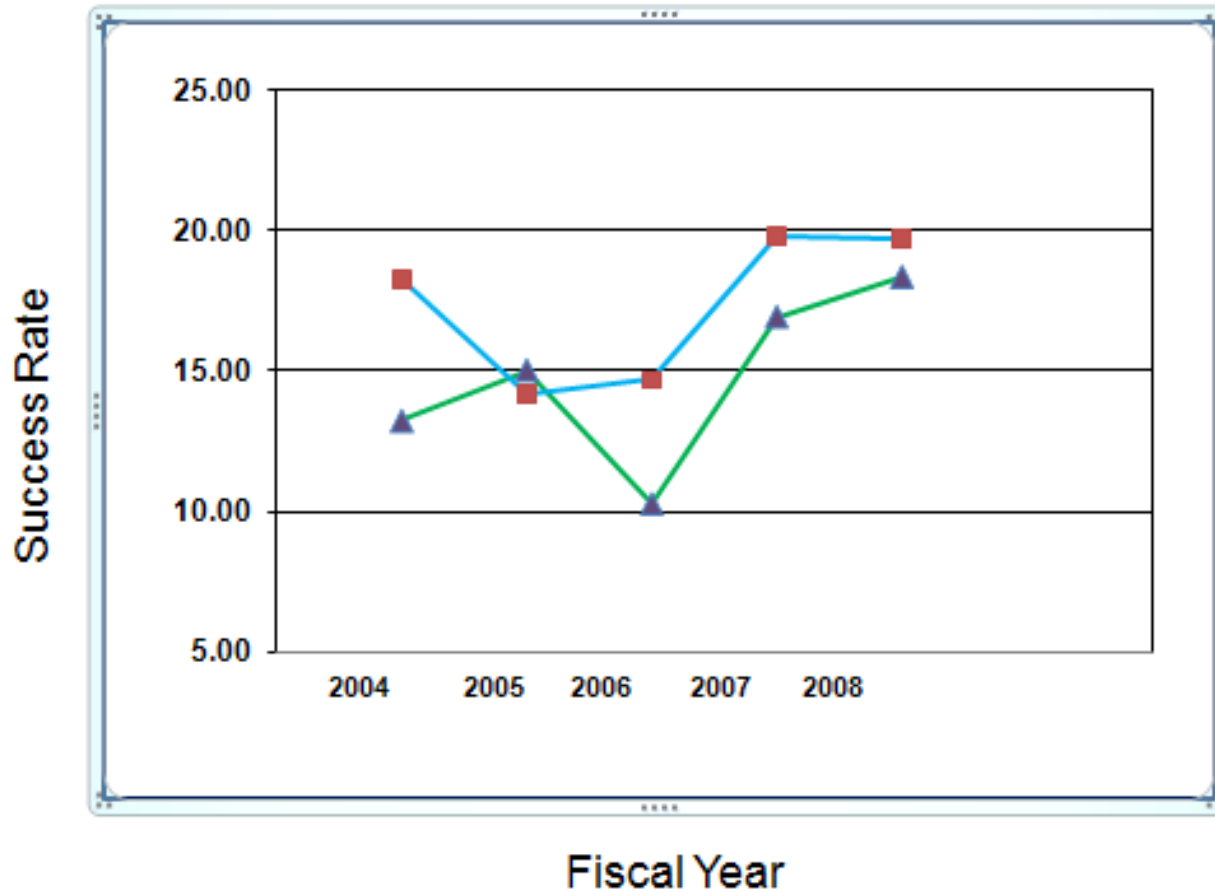
**NIH**



FY2008 data are approximate



# NIA SUCCESS RATE\* NEW PI R01s vs All Type 1 R01s



\* Type 2 R01s (Competing Renewals) are excluded from All Type 1 R01s data

FY2008 data are approximate