



Summary from Discussion Group 2: Research Initiatives

In addition to the ongoing research initiatives such as Merit Review, Career Development, Centers of Excellence, and the Research Career Scientist Program, several new initiatives have been introduced over the past year.

Some of these new initiatives such as the Clinical Research Centers of Excellence (CRCoE) have been questioned since the recent change in leadership. The Office of Research and Development (ORD) has announced that these new initiatives are likely to be funded at a much lower rate than previously planned; however, the number of CRCoEs funded will depend on the quality of the proposals and available funding.

This discussion group was asked to consider ongoing programs, as well as new initiatives, and provide advice on how these programs should be prioritized. The group was also asked to consider a possible new “bench to bedside” initiative and discuss how valuable such a program might be in taking research results to the clinical arena. Finally, the group was asked to suggest any other new initiatives they may think appropriate.

In its discussion, the group focused on specific research initiatives and made suggestions for improvements. Following is a summary of their discussion.

- ❖ First and foremost, the group urged appointing field advisory groups to assist the services in focusing their research portfolios. An advisory group would be particularly valuable for the newly established Clinical Science R&D Service.
- ❖ They further suggested advisory groups to examine specific initiatives such as Career Development (CD). There are a number of issues related to career development that need to be examined, for example: 1) How can we better work with NIH K-30 awards to leverage funding? 2) Should the stations be given “pre-career development awards” which could be used to create a third year of a fellowship or residency for investigators not ready for a CD award? and 3) How can we deal with the loan repayment issue for CD awardees?
- ❖ With regard to the possible “bench to bedside” initiative, the group suggested that only one such initiative be done. Since the new Research Enhancement Award Program (REAP) announcement will be for translational research, this program should serve the

purpose of a “bench to bedside” initiative – two such programs are not needed. Feedback should be solicited from the field on how to structure the new REAP program.

- ❖ Now that the number of CRCoEs to be funded has been reduced to approximately 3 (as opposed to 15 as originally proposed), perhaps we should reassess this program. Perhaps funds could be optimized by establishing close linkage and partnership with the existing Cooperative Studies Program Coordinating Centers’ resources and expertise.
- ❖ The group expressed some concern about having the same merit review subcommittees reviewing both basic laboratory and clinical research, and advised care on structuring the committees. The group suggested looking carefully at how merit review proposals are evaluated to ensure fairness in future funding decisions.
- ❖ Finally, the group advised that the Associate Investigator (AI) is inadequate in its current form, as it requires partnering with a merit review funded investigator. The program also requires that the trainee be employable at VA (with regard to citizenship eligibility requirements).