

tors and governing council discussed the situation extensively and agreed that our priorities have to be support for the open grants program and the provision of some, although reduced, funding to the 13 institutes to allow them to continue to support research in accordance with their recently developed strategic plans. Lower priority must go to areas of research support where there are other federal sources of funding.

Since CIHR was established, other federal initiatives have improved the environment for health research, and CIHR must therefore redefine its niche. In particular, the Canada Research Chairs (CRC) program will support 700 health researchers at career stages corresponding primarily to the CIHR Investigator and Senior/Distinguished Investigator Awards, of which there are only 158 in total. However, the CRC program does not support large numbers of researchers at the very earliest stages of their independent careers, namely, those eligible for the New Investigator Awards, and this remains an important niche for CIHR. Success rates in all our awards competitions have been falling steadily and, with a reduced budget available for these awards programs next year, success rates would probably decrease below 10%.

We remain committed to supporting the careers of health researchers, particularly through strategic investment in areas where research capacity must be increased. For example, the New Emerging Teams Grants include funding for the recruitment of new researchers to a team. A task force on clinical research will recommend improved career support for those who combine research with clinical practice in the health professions. Some of our institutes have supported career transition awards, allowing established investigators to refocus their research interests. Governing council has asked CIHR staff to examine the idea of release-time stipends for

holders of CIHR grants who have significant responsibilities beyond their commitment to research. We will continue to celebrate the achievements of outstanding health researchers through enhancements to the Michael Smith Prize.

The solution to the problems faced by CIHR, and the entire research community, is not limited to increases in CIHR's budget so it can fulfill its mandate. Ideally, we would also have some increased financial flexibility, particularly the ability to carry over a small portion of our annual government appropriation from year to year in order to avoid the cycles of feast and famine that compromise the continuity of high-quality health research. We will continue to present our case to decision-makers in Ottawa and look forward to receiving the support of health researchers everywhere. Following extensive consultation, CIHR is moving ahead with a blueprint for the next stage of its evolution.¹ The success of *Blueprint* depends on the constructive engagement of all of CIHR's stakeholders. As in our first 3 years when the research community and other stakeholders responded positively to the creation of CIHR, we have the opportunity to build a truly outstanding, inclusive, strategic and responsive health research enterprise in Canada.

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Competing interests: None declared.

Reference

1. Canadian Institutes of Health Research. *Investing in Canada's future: CIHR's blueprint for health research and innovation* [draft]. Ottawa: The Institutes; 2003 July 7. Available: <https://mobile.cihr.ca/main/SPV11.pdf> (accessed 2003 Aug 20).

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Preserving our intellectual capital: the Canadian Institutes of Health Research funding crisis

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Launched just 3 years ago, the Canadian Institutes of Health Research (CIHR) has already been established as a success story in which the health care community can take great pride. In embarking on a strategic planning exercise involving "wide-ranging consultations with a variety of partners and the research community,"¹ the CIHR appears intent on building on that success. A background document designed to guide the planning process

notes that "a robust, energetic and broad-based cadre of accomplished researchers, armed with the best tools, state-of-the-art facilities, and outstanding trainees, is the best strategy to ensure that Canada has the capacity and expertise to mobilize in order to address important health issues."¹

Given such an assertion, it is difficult to understand why CIHR has also announced an immediate program change that will have profound implications for Canada's

“cadre of accomplished researchers.” The change in question is the termination of the CIHR Investigator and Senior Investigator Awards, the only CIHR program that provides salary support for mid-career and senior health care investigators. The decision to terminate this program means that, although current awards will continue until their normal expiration date, no new applications will be accepted. Investigators currently in the fifth (and final) year of a CIHR career award (granted by CIHR’s predecessor, the Medical Research Council of Canada) will have no CIHR salary support program to which they can apply in September, and hence no possibility of CIHR salary support as of July 2004.

The timing of this decision by CIHR — just 2 months before the next application deadline, and in advance of its strategic planning exercise — is not only unfair, it is baffling. The rationale given for cutting this particular program — namely, that the CIHR career awards can be substantially replaced by the Canada Research Chairs (CRC) program — is not credible. The numbers do not add up. The CRC program, announced in the federal budget of 2000, created 2000 research chairs rolled out at a rate of 400 per year, ending in 2005. Not all of these chairs are for health care research; the program also supports research in the natural sciences and engineering, and in the social sciences and humanities. Half of the CRCs are “tier 2” chairs earmarked for new investigators in the first 5 to 7 years of their research careers. Therefore, by the time their current awards expire, the vast majority of researchers who currently hold 5-year CIHR career awards will be eligible only for the “tier 1” CRCs reserved for experienced researchers. However, the number of available tier 1 CRCs will be insufficient to replace even a reasonable number of expiring CIHR career awards.

For example, the Faculty of Medicine at the University of Toronto has been allocated about 25 CRCs per year. Only 12 of these are tier 1 awards. Since tier 1 CRCs are 7-year awards, no additional chairs will become available until the first cohort of awards expires in 2008. In the meantime, 20 CIHR career awards in the Faculty of Medicine will expire each year. By 2008, there could potentially be a backlog of over 100 established investigators competing for the 12 available tier 1 CRCs.

Furthermore, the CRC program is supposed to facilitate the repatriation of Canadian investigators working abroad and recruit outstanding international investigators to research positions in Canada. If this objective is to be honoured, there will be even fewer than 12 tier 1 CRCs available in 2008 for the backlog of over 100 investigators. The same figures would apply in subsequent years.

The decision to terminate the Investigator and Senior Investigator Awards has sent a chilling message to young in-

vestigators that will undermine their confidence in the long-term prospects for a research career in Canada. Indeed, the abrupt withdrawal of the career support program weakens the morale of the research community and diminishes the positive impact of the CIHR, the CRC program, the Canada Foundation for Innovation and other recent federal research funding initiatives. If it is not reversed or mitigated quickly, the decision will cause young research trainees and junior faculty members to reconsider their options and to look toward the abundant opportunities available for our “best and brightest” to take up attractive research positions in the United States. In contrast to CIHR, the US National Institutes of Health not only supports an extensive program of career support awards at the junior and mid-career levels, but also allows a portion of the investigator’s salary to be built into the budget of research operating grants.

The termination of the CIHR career support program strikes at our most precious resource: our intellectual capital. Whereas a reduction in the size of research operating grants may slow the research machine, the loss of intellectual capital will wreck the machinery and weaken whatever strategic plan CIHR develops for the future.

It is critical that CIHR move quickly to control the damage resulting from termination of its Investigator and Senior Investigator Awards program. Two possibilities are to reinstate the program or to move to a funding model that allows the investigators’ salaries to be covered by their operating grants. For the immediate future, either option would require that funds be redirected from other CIHR programs. Beyond this temporary solution, however, CIHR will require an increase in its budget and, to achieve this goal, will need the active support of the health research and health care communities. In this regard, medical researchers and clinicians alike have a responsibility to remind government that to jeopardize the adequacy of research funding is to jeopardize not only our intellectual capital, but ultimately the health and quality of life of Canadians.

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Competing interests: None declared.

Reference

1. Canadian Institutes of Health Research. *Investing in Canada’s future: CIHR’s blueprint for health research and innovation* [draft]. Ottawa: The Institutes; 2003 July 7. Available: <https://mobile.cihr.ca/main/SPV11.pdf> (accessed 2003 Aug 20).

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