CIHR resetting course with national consultation

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The Canadian Institutes of Health Research (CIHR) has launched a national consultation on its future direction as it emerges from a turbulent period of cuts and reforms.

"There was a lot of community concern that CIHR was doing too much talking and not enough listening," said Jeff Latimer, head of strategic planning at CIHR. "We're adjusting that."

Through May and June, CIHR is seeking feedback from Canadians via six online surveys. The agency is asking how it can make a bigger impact, better support the next generation of researchers, and translate evidence into practice. CIHR

is also seeking input on its spending priorities, project grant competition and mix of institutes. For nearly two decades, "we have had the same 13 institutes," Latimer noted. However, "they should come and go as the science evolves."

The feedback will inform a new strategic plan to guide CIHR operations from 2020 to 2025. But the scope of the consultation is wider and deeper than that, said Latimer. "This is the single largest engagement we've ever done asking where we should be headed."

In addition to the online surveys, CIHR will partner with Statistics Canada to poll 10 000 Canadians on their research prior-

ities. The agency is organizing meetings with staff, institute advisory boards and partner organizations, as well as federal, provincial and municipal governments. It will also reach out to marginalized populations, including Indigenous communities. CIHR will present its findings to the research community at a summit in December. "We really want to make sure that we're doing this properly," Latimer said.

After a decade of declining funding and recent backlash over reforms, CIHR is correcting course under a new president, Dr. Michael Strong. In April, the agency cancelled the foundation grant competition after an analysis of data

showed that the program was biased in favor of male investigators. Strong also proposed bringing back the MD-PhD program, which trained doctors to work as scientific investigators.

According to Latimer, incremental changes may occur before the next strategic plan is finalized. He said CIHR has learned, from controversies over previous reforms, to slow down and listen more. "That's why we're doing this slow, iterative process."

Researchers have welcomed the consultation. "It is good to see that the agency recognizes the severity of issues of the prior five years," said Dr. Jim Woodgett, director of research at the Lunenfeld-

CIHR issued an open call for input on its future direction.

Tanenbaum Research Institute and a critic of previous reforms. “The health research community is still nursing the wounds of that awful experiment and it’s critical that the new plan further improves recovery.”

According to Woodgett, “the 13-institute model is rather enshrined and will be difficult to change.” However, he said several of CIHR’s strategic programs are seen as poor performers and need a “thorough rethink,” including the Strategy for Patient-Oriented Research. “The main

problem facing CIHR is a fundamental lack of resources,” said Woodgett. Another issue is that, with the cancellation of the foundation grant program, there will be many researchers re-entering competition for other funding. “There’s no obvious solution to the reintegration and with success rates around 13 to 14%, there will be continued pressures on everyone.”

Rod McCormick, BC innovation chair of Indigenous health at Thompson Rivers University, expressed concern that CIHR still

hasn’t met its 2016 target of allocating 4.6% of funding to Indigenous health research. To date, “the Indigenous research community is not being informed or adequately consulted.”

According to Latimer, CIHR is tracking progress toward the 4.6% target. “We’re getting closer and closer,” he said. “We’re not there yet, but we did give ourselves some time to reach it.”

Lauren Vogel, CMAJ