

NIH Peer Review Notes

June 1996

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From the Director's Desk

This is a new piece for Peer Review Notes (PRN) and one which I hope will become a regular byline for

the next permanent Director of the Division of Research Grants (DRG), the ninth such person in our 50 year history. It had been my hope that this issue of PRN might be among the first publications to provide information concerning this important appointment by Harold Varmus, but details were not available at the time we went to "press." It does, however, appear likely that the announcement will be made during this current round of reviews.

During the interregnum occasioned by the retirement of Jerome Green, after nearly a decade in DRG and 40 years of NIH service, we have continued to move forward. As Deputy Director, and in an acting capacity as Director since April 1995, I have been privileged to work with our many dedicated staff in establishing new pilot studies and effecting changes throughout DRG.

I hope that this issue of PRN will provide you with a flavor of the changes that have been initiated in the past year in DRG and throughout NIH. If you're reading PRN on the DRG Home Page, I would encourage you to browse through our other offerings, including the report of a workshop sponsored by the Medicinal Chemistry Study Section as well as the minutes of the DRG Advisory Committee (DRG/AC) meeting last November. It is our hope that the Home Page will become an increasingly useful vehicle for improved communication with the extramural scientific community.

Finally, in addition to acknowledging the critical importance of our staff, I am also indebted to the DRG/AC, its Chair, Thomas Braciale, and to the other permanent and temporary members for their abiding interest and wise counsel during this period of transition. We plan to post on the DRG Home Page the entire minutes from our most recent meeting held on May 20-21. In the interim, at the recommendation of the DRG/AC, we will post an excerpt of those minutes dealing with ongoing discussions and recommendations on the Report on Rating of Grant Applications. This material will be linked to the more comprehensive document on this topic found on the NIH Home Page.



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Recalibration of Scoring in DRG Study Sections

The primary service that peer review provides to the NIH is advice on the scientific merit of individual applications so that informed funding decisions subsequently can be made. This advice is provided both in the form of narrative critique and numerical score. Unfortunately, as scores have become more and more compressed into a narrow range over time, their discriminatory value has diminished. For example, in some DRG study sections, a spread of only 5-8 priority score points now covers a range from the 10th to the 20th percentile. Reviewers' written critiques may also be unduly affected, to the extent that reviewers feel compelled to adjust their critiques to match the numerical score. Consequently, institute staff are denied the full benefit of reviewers' scientific judgment in distinguishing among applications.

In order to address this problem, DRG is instituting changes in review procedures, beginning with study section meetings held this summer, for reviews that will be considered by September and October meetings of the National Advisory Councils and Boards of the Institutes and Centers for fiscal year 1997 funding.

- Reviewers are asked to recalibrate their individual ratings such that the "average" application they customarily review in their study section receives a score of 2.5. Thus, half of all applications reviewed by a study section should receive scores ranging between 1.0 and 2.5, while the remaining half are unscored (or in some instances, e.g., review of SBIR and fellowship applications, receive scores numerically poorer than 2.5).
- Reviewers are expected to distribute scores, for applications judged to be in the top half, over the full range from 1.0 to 2.5.
- This change in scoring policy is being implemented in a manner that will neither advantage nor disadvantage previous applicants. Thus, these changes will begin with the reviews of the first applications being considered for funding in fiscal year 1997, and will not be influenced by earlier scoring practices.
- Only R01 and R29 applications being reviewed during the June/July 1996 meetings of study sections will be used to compute percentile ranks; previous scoring history will be eliminated. (For applications being reviewed in October/November 1996, percentile rank will be based on those reviews PLUS those of the previous June/July; and percentiles for applications reviewed in February/March 1997 will be calculated using that meeting's scores PLUS those from the previous June/July and October/November meetings.)



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OTHER CHANGES IN PEER REVIEW PROCEDURES

A number of additional modifications are being made to peer review procedures for the next round of reviews, and other modifications are being considered for the future.

Upcoming Receipt Date for Amended Applications

Normally, July 1 is the next receipt date for competing continuation (Type 2) and amended R01 and R29 applications. Due to government furloughs, rescheduling of study section meetings, and resultant delays in summary statement production, the July 1, 1996, receipt date for amended applications only has been postponed to July 15.

Committee Management Policies

No longer will Howard Hughes Medical Institute (HHMI) investigators be considered in conflict for the review of applications from other HHMI investigators, based solely on HHMI affiliation. For example, an HHMI investigator at Duke University will no longer be considered in conflict for the review of an application from an HHMI investigator at UCLA. Other modifications in Committee Management policies include authorization for concurrent study section service by two members from the same institution, providing they are not from the same department, and there is no supervisor/employee relationship.

Study Section Membership and Voting Rules

When individuals attend study section meetings as ad hoc members, they have been prohibited from voting on and scoring applications. Legal counsel has now determined that through an amendment to the charters, this policy can be modified. Therefore, all review group charters have been amended to permit Scientific Review Administrators to appoint "temporary members" who will be permitted all the rights and privileges of standing members, provided they participate fully in the review. This change will do away with ad hoc membership and the need for the NIH Reviewers Reserve, and will be in effect for the June round of study section meetings.

Mechanisms to be Percentiled

Beginning with the June 1996 round of study section meetings, only R01 and R29 applications routinely will be percentiled. No longer will percentiles appear on snap-out mailers and summary statements for such mechanisms as F32s, R03s, and R15s. In addition, nearly all mechanisms reviewed in most Institute/Center review branches (e.g., P01s) no longer will have percentiles displayed on snap-out mailers and summary statements.

Mailout of Summary Statements

Historically, summary statements have been mailed to applicants by Institute/Center staff. Beginning last round, summary statements for investigator-initiated R01 and R29 applications that were unscored as a result of streamlined review were mailed out directly from DRG. Beginning with the June 1996 round of reviews, DRG will also mail out all summary statements for applications that were Not Recommended for Further Consideration. Perhaps in the future, all summary statements will be mailed out directly by DRG, increasing the timeliness with which applicants receive feedback from the review of their applications.

Just-in-Time Submission of R29 and K-Series Grant Applications

Beginning with the June 1, 1996, receipt date, applications for R29 and career development (K-series) awards are to be submitted using "Just-in-Time" procedures. These procedures are intended to lighten the burden on applicants by not requiring that information such as the applicant's/co-investigator's Other Support and certain specific budgetary information be provided at the time of application submission.

Instead, this information will be requested prior to making an award. This change was announced in the [NIH Guide for Grants and Contracts, Volume 25, Number 10, March 29, 1996](#), and additional information appeared in the Guide in [Volume 25, Number 16, May 17, 1996](#).

Pilot Studies to Enhance Efficiency of Review

Over the next review rounds, certain pilot studies will be undertaken in an attempt to increase the efficiency of the peer review process. For example, consideration is being given to allowing certain applicants to respond to reviewers' criticisms in a 3-6 page letter for consideration at the very next study section meeting. Other pilot studies (e.g., increased use of electronic transfer of information prior to review) are being considered.



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INTEGRATION OF NIAAA REVIEW AREAS WITH DRG ESSENTIALLY COMPLETE

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the Division of Research Grants (DRG) are completing the final steps of a process initiated in October 1992 with implementation of Public Law 103-321, which transferred the three research institutes (NIAAA, National Institute of Mental Health, and National Institute on Drug Abuse) of the former Alcohol, Drug Abuse and Mental Health Administration (ADAMHA) to the NIH. The Congress recognized that the most significant operational distinction in 1992 between the NIH and the ADAMHA Institutes related to peer review operations, and hence, included a provision in the law that postponed the integration of that process until October 1996.

In the spring of 1995, NIAAA and DRG staff members began steps to ensure a smooth integration of the appropriate NIAAA review activities within DRG's centralized system of initial peer review by the target date. With concurrence of senior NIH officials, the NIAAA/DRG working group focused on four objectives: (1) to determine a process by which new review areas might be integrated into DRG; (2) to develop ways to address the issues and dynamics of the research community, the peer reviewers, and NIH staff; (3) to test a model for reconfiguring areas of research reviewed within an Integrated Review Group's purview; and (4) to complete NIAAA/DRG integration activities by June 1996.

In preliminary work, NIAAA staff identified two broad areas of research and the relevant peer review committees within DRG and NIAAA. The first area was biomedical research on alcohol and other xenobiotics. Four review groups were involved: two subcommittees of NIAAA's Alcohol Biomedical Research Review Committee -- Biochemistry, Physiology and Medicine Subcommittee (ALCB-1) and

Neuroscience and Behavior Subcommittee (ALCB-2) -- and two study sections of DRG's Health Promotion and Disease Prevention Integrated Review Group -- Toxicology 1 (TOX-1) and Toxicology 2 (TOX-2). The second area of integration activity was community prevention and control. This area involved one subcommittee of NIAAA's Alcohol Psychosocial Research Review Committee -- Epidemiology and Prevention Subcommittee (ALCP-2) -- and a special emphasis panel in DRG's Biobehavioral and Social Sciences Integrated Review Group.

Although the peer review integration processes involved primarily NIAAA and DRG staff, the participation of NIEHS and NCI program staff was also a key facet of the successful integration endeavors. Briefings and progress reports have been presented during the past year at meetings of involved Institute advisory councils and the DRG Advisory Committee, the Research Society on Alcoholism, and the Society of Toxicology, as well as other internal NIH meetings.

Following preliminary discussions begun during the October 1995 integrated review sessions, a planning meeting was held with chairpersons and representative members of the four preexisting committees involved in the xenobiotic research area (TOX 1, TOX 2, ALCB1, ALCB 2). These individuals met in Bethesda in December 1995 to develop the structure and referral guidelines for four new integrated review committees -- Alcohol and Toxicology 1-4 (ALTX) -- and to assign members to each of the appropriate committees. Despite the perturbations caused by the Federal furlough and the blizzard, these four new committees met concurrently (as had been originally planned) in the same hotel in February 1996. Dr. Wendy Baldwin, NIH Deputy Director for Extramural Research, and Dr. Donald Luecke, Acting Director of DRG, provided welcoming comments and responded to questions and concerns in a joint administrative orientation session. NIAAA and DRG staff met with each ALTX committee at the conclusion of its meeting to exchange views and to gain recommendations. In addition, reviewers were asked to complete a questionnaire. Staff analysis of the debriefing sessions and of the questionnaires has indicated areas of minor adjustment needed in preparation for the June 1996 review meetings. Following these sessions, it is anticipated that the four new Alcohol and Toxicology Study Sections will be established within the DRG Health Promotion and Disease Prevention Integrated Review Group.

In the community prevention and control area, ALCP-2, the alcohol prevention subcommittee, met contiguously in February 1996 with the DRG ad hoc committee, Community Prevention and Control (CPC). The back-to-back meetings facilitated participation of several CPC reviewers at ALCP-2, and ALCP-2 member participation at the CPC meeting, as well as an informal dinner gathering. In June of this year, the two committees will merge and convene as one meeting, forming the basis for a newly established DRG committee (Community Prevention and Control) within the Biobehavioral and Social Sciences Integrated Review Group.

The final area of implementation was integration of NIAAA's AIDS review activities, which paralleled efforts in the other two areas above. DRG already had an Integrated Review Group dedicated solely to AIDS (AIDS and Related Research), which operates in a highly flexible mode. This flexibility allowed the smooth integration of NIAAA's review of AIDS applications into the DRG AIDS study sections with minimal readjustments.

With completion of the June 1996 integrated review meeting cycle, full integration of NIAAA review areas into DRG will have been accomplished. As with all of the IRGs, it is anticipated that some adjustments may be needed. The nature of the ever evolving initial peer review process at NIH and of its research constituencies make such flexibility and readjustment necessary on a continual basis.



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NIGMS MODIFIED SCORING SYSTEM

The National Institute of General Medical Sciences (NIGMS) of the National Institutes of Health (NIH) is currently assessing a modified method of reporting priority scores and percentiles to applicants for R01/R29 grants. Approximately 1000 to 1200 R01/R29 applications with primary assignments to NIGMS are reviewed by DRG study sections each review cycle. This modified system, which began with applications to the June 1995 round of study section meetings, does not affect how study section members review or individually score the applications. It only affects how scores are reported to the applicants, to NIH staff, and to the members of the National Advisory General Medical Sciences Council that performs the second stage of review. The modified scoring system is based on two principles:

- a. The priority score is computed to only two significant digits (e.g. 150 or 160, rather than 153 or 159), and the rounded scores are used to generate percentiles.
- b. The calculated percentile is rounded to the nearest odd integer between 1 and 99 (e.g. 7, 31, 53, etc.).

The goal of the modified reporting system is to maintain approximately the same degree of resolution that reviewers have available to them when scoring applications, and not imply an unwarranted degree of precision. This will have the effect of placing many applications at the same rank, where in the past those applications may have been ordered by their scores (e.g. priority score/percentile pairs 146/24.1, 151/24.8, and 154/26.0, would all now be reported as 150/25). Funding decisions among applications judged to be of comparable quality by the peer review system will be made on the basis of the NIGMS's scientific interests, program balance and diversity, and other support information.

This trial has been ongoing for one year and may be extended for a second year. This modified reporting system is in effect for the NIGMS only, and does not affect other Institutes. For NIGMS applications having a secondary assignment, the scores and percentiles calculated according to the usual DRG procedures are available to staff in other Institutes. Summary statements scored using the modified system are annotated to indicate how the priority score and percentile were calculated. If you have any questions about the modified scoring system, contact a program director at the NIGMS.



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CHANGE IN NIH ADVISORY COMMITTEE POLICY REGARDING EXCESSIVE SERVICE AND MULTIPLE COMMITTEE MEMBERSHIPS

The current DHHS policy regarding excessive service on advisory committees and multiple committee memberships has been reviewed and a determination has been made to provide blanket waivers of this Department policy. Specifically, it is now NIH policy that

A FEDERAL ADVISORY COMMITTEE MEMBER MAY:

- (a) serve continuously as a member of any single advisory committee or standing subcommittee thereof for no more than four years, or a full term (as stated in the committee charter)¹;
- (b) serve no more than 9 combined² years on one or more committees at NIH within a period of 12 years;
- (c) serve on no more than one committee within an Institute/Center/Division (ICD) at the same time;
- d) serve on the same committee at the same time with another individual affiliated with a particular non-Federal organization or institution in the same city as long as the two individuals do not serve in the same department or unit or there is not a supervisor/employee relationship³; and
- (e) serve at the same time on:
 - (1) two Integrated Review Groups (IRGs) from two different ICDs;
 - (2) one IRG and one Board of Scientific Counselors (BSC) from two different ICDs;
 - (3) two BSCs from two different ICDs;
 - (4) two Program Advisory Committees (PACs) from two different ICDs; OR
 - (5) one PAC and one National Advisory Council (NAC) from two different ICDs.

Individual requests for waivers from the revised NIH policy generally will not be considered. Any such requests for waivers of the policy stated above shall be submitted to the Director, NIH.

In accordance with Department policy, NIH is required to report on all waivers granted. Therefore, nomination packages will be required to cite any deviation from the current Department policy, but no formal waiver request will be required for nominations consistent with this revised NIH policy.

ENDNOTES

1. Provided initial appointment is for two years or less and rotation remains balanced:

If a member is appointed to complete a term of a declinee or a resignee, that member may be reappointed to serve a full term.

If a member is appointed for less than a full term to adjust rotation, that member may be reappointed to serve a full term.

If a member is appointed at start-up of a new committee for less than a full term to adjust rotation, that member may be reappointed to serve a full term.

2. Combined service is defined as total of service on all committees in a given period of time, including concurrent or overlapping service.
3. No more than two individuals affiliated with a particular non-Federal organization or institution in the same city may serve on the same committee or standing subcommittee thereof.



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JAMES A. SHANNON DIRECTOR'S AWARD PROGRAM TO CONTINUE IN 1996

Dr. Harold Varmus, Director, NIH, has decided to continue the James A. Shannon Director's Award program, and will support it with approximately \$4 million of the FY 1996 Director's Discretionary Fund (DDF). A matching amount will be provided by the Institutes and Centers (ICs) that have elected to participate in the program. The amount of a Shannon award is \$100,000 (\$80,000 direct cost and \$20,000 indirect cost) for up to two years, so approximately 80 awards will be made with combined DDF and IC funding. In addition to the co-funded Shannon Awards, some ICs intend to repeat the practice begun last year of funding some Shannon Awards entirely with their own funds. The National

Cancer Institute (NCI) published a Notice in the [March 29, 1996 NIH Guide for Grants and Contracts](#) regarding its Shannon program, which will include both co-funded and fully-funded NCI Shannon Awards.

The Shannon program was initiated in 1991 and each year since then has received the endorsement of the NIH Director. The program provides support to applicants whose applications receive strong ratings through the peer review process, but are outside an IC's regular payline. The purpose of the funding is to enable such applicants to improve the competitiveness of their applications and thus attain funding through the regular grant funding program. The following are types of activities that Shannon awards support: testing the feasibility of innovative approaches, developing further tests and refining research techniques, performing secondary analyses of available data sets, and conducting discrete projects that can demonstrate research capabilities or lend additional weight to an already meritorious application. Shannon awards do not provide hardship funds to sustain an ongoing project.

Applications are selected for nomination by IC staff. Nominated applications must adhere to the following guidelines:

- applications must be for R01, R21, R29, and R03 grants (either new or competing continuation);
- applications must have received a priority score better than the 50th percentile (or, if not percentiled, a priority score better than 250), but beyond the nominal payline;
- the applicant may not have more than a total of \$300,000 (direct costs) in PHS research grant support; and
- applications may not have been revised/amended more than two times and, for those that have been amended twice, specific reference to why they should be considered is required. Preference will be given to unamended applications.

Priority will be given to (1) applicants who are: at the entry level of a research career or not "established"; "established", but changing research areas; female, minority, disabled or a member of another disadvantaged group; and (2) applications where the proposed project is innovative or high risk. After the eligibility of applications nominated to receive funding has been confirmed by the Office of the Director, in mid-July, the ICs will send offers for these Shannon awards to the 80 or so nominees.



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Research Enhancement Awards Program

An initiative has emerged from four offices within the Office of the Director, NIH: Office for Research on Women's Health (ORWH), Office for Behavioral and Social Sciences Research (OBSSR), Office of Alternative Medicine (OAM), and Office of Dietary Supplements (ODS). The new Research Enhancement Awards Program (REAP) is designed to fund applications which are meritorious yet outside of the regular payline of the Institute/Center (IC), and which are of programmatic interest to these four offices. In reaching beyond the regular payline, REAP can potentially focus on a broader spectrum of research issues than was possible through the previous program of administrative supplements to already funded grants. As with the Shannon Awards Program (see article in this issue), nominations require no action on the part of the potential grantee; nominations for the REAP awards will come from the ICs to the individual program offices of the Office of the Director, NIH. Projects reviewed and approved through the May/June Council may be considered, and funds for approved projects will be transferred to ICs in August 1996.

SPECIAL FEATURES OF REAP

- Nominations for these awards will be initiated by the ICs and sent to the Office of the Director, NIH for consideration.
- Any assistance mechanism, except conference grants (R13) may be nominated, although the OBSSR will also accept conference grant applications for consideration;
- The REAP nominations may request up to two years of support;
- REAP nominations should be for projects that are of high scientific relevance and merit and fall between the IC payline and the 50th percentile, or with a priority score better than 250, if no percentile is available.



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IF YOU WANT TO KNOW MORE ABOUT.....

- the telephone number for an NIH staff person,
TELEPHONE 301-496-4000
- a specific grant, TELEPHONE OR E-MAIL the contacts listed on the Notice of Grant Award
- a specific application, before review,
TELEPHONE OR E-MAIL the SRA named on the 'snap-out mailer'

- a specific application, after review,
TELEPHONE OR E-MAIL the Institute contact named on the 'snap-out mailer'

- receipt, referral, and review of applications,
 - general information,
TELEPHONE 301-435-0901
FAX 301-480-3962

 - receipt and referral only,
TELEPHONE 301-435-0715
FAX 301-480-1987

 - review- related publications,
TELEPHONE 301-435-0692
E-MAIL drginfo@drg.nih.gov

- human subjects regulations (Office for Protection from Research Risks),
TELEPHONE 301-496-7041

- animals in research regulations (Office for Protection from Research Risks),
TELEPHONE 301-496-7163

- laboratory animals in research, issues and alternatives,
TELEPHONE 301-402-1058

- NIH extramural research and research training programs,

- publications about extramural programs available,

- application procedures, OR

- something that we did not remember to list,

E-MAIL asknih@odrockm1.od.nih.gov

TELEPHONE 301-435-0714



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Personnel Update

NIH

Appointments:

Dr. Steven Hyman,
Director, National Institute of Mental Health

Dr. Ernest Marquez,
Chief, Minority Biomedical Research Support (MBRS) Branch,
Division of Minority Opportunities in Research (MORE),
National Institute of General Medical Sciences
(formerly Chief, Office of Review, National Institute of Nursing Research)

Dr. Samuel Wilson,
Deputy Director, National Institute of Environmental Health Sciences

Departure:

Dr. Edward Sondik,
Associate Director, Science Policy, National Cancer Institute,
joined the Centers for Disease Control and Prevention's National Center for Health Statistics,
U.S. Department of Health and Human Services.

Retirement:

Dr. Earleen Elkins,
Acting Director/Deputy Director, Division of Extramural Activities,
National Institute of Deafness and Other Communication Disorders

Death:

Dr. Aaron Ganz joined NIH in 1962 as executive secretary of the National Institute of General Medical Sciences research career award committee and held a number of NIH posts. At the time of his retirement in 1986, he was special assistant to the extramural program director for centers and special projects in the National Institute of Dental Research.

DRG

Appointments:

Dr. J. Terrell Hoffeld,
Scientific Review Administrator,
Epidemiology and Disease Control-2 Study Section,

Referral and Review Branch (RRB)

Dr. Eugene Zimmerman,
Scientific Review Administrator,
Allergy and Immunology Study Section, RRB

Departures:

Ms. Judith Grover,
Deputy Chief, Grants Information Office, DRG,
and former editor, NIH Peer Review Notes,
joined the Extramural Outreach and Information Resources Office,
Office of Extramural Research, Office of the Director, NIH.

Dr. Peggy McCardle,
Scientific Review Administrator,
Human Development and Aging -2 Study Section,
joined the Office of Extramural Research, Office of the Director, NIH,
as Special Assistant to the Deputy Director for Extramural Research

Retirements:

Dr. Jerry Critz,
Scientific Review Administrator,
Physiological Chemistry Study Section, RRB

Dr. Edward Zapolski,
Scientific Review Administrator,
Metallobiochemistry Study Section, RRB



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Grant Applications Reviewed

Presented below are the numbers* of competing grant applications reviewed by NIH integrated review groups for the June 1992 and 1996 meetings of the national advisory councils and boards. These statistics were obtained from the NIH IMPAC database.

From June 1992 to June 1996, the total number of grant applications reviewed by NIH increased 2 percent, from 12,080 to 12,353. The total direct costs requested in applications for *research grants* increased 12 percent, from \$1,728.9 million in June 1992 to \$1,944.4 million in June 1996.

	June 1996	June 1992
Applications reviewed.....	12,353	12,080
DRG.....	9,049	8,472
Institutes/Centers.....	3,304	3,608
Research grant applications.....	10,798	10,615
Research projects.....	8,661	8,815
Small business/Technology transfer.....	995	745
Research centers.....	257	156
Other research.....	885	899
Training applications.....	1,498	1,371
Fellowships.....	1,299	1,141
Training grants.....	199	230
Other applications.....	57	94
Applications amended.....	3,897	3,164
Percent of total number reviewed.....	32	26
Applications responding to RFAs.....	686	939

*Includes the National Institute on Alcohol Abuse and Alcoholism, National Institute on Drug Abuse, and National Institute of Mental Health.



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Report on Rating Grant Applications

As part of reinvention activities and the ongoing effort to maintain high standards for peer review at the NIH, a subcommittee of the NIH Committee on Improving Peer Review has produced the "Report on Rating of Grant Applications." The report may be accessed on the NIH Home Page at <http://www.nih.gov/grants/dder/rga.htm>. You are invited to read this report and to E-Mail your comments to DDER@NIH.GOV until October 1, 1996.



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Recruitment of the DRG Director

The recruitment for the position of the Director, DRG, has continued to progress. Candidates recommended by the search committee to the NIH Director, Dr. Harold Varmus, have been interviewed. At press time a selection had not been announced, but one is anticipated in the very near future.



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DRG Advisory Committee Meeting

The most recent DRG Advisory Committee meeting was held on May 20 and May 21. The discussions covered many areas, including the review of patient-oriented research grant applications, the status of various peer review reinvention activities (such as recalibration of percentiles, amended applications, rating of grant applications, and "just-in-time" submissions), the DRG Home Page, and the upcoming celebration of 50 years of DRG and NIH peer review.

As soon as the minutes of the meeting are available, they will be on the World Wide Web, on the DRG Home Page. The minutes to the previous meeting (November 13 and 14, 1995) are already available from the DRG Home Page -- at the URL <http://www.drg.nih.gov/drgac/nov95min.htm>. For any questions on the minutes, contact Dr. Samuel Joseloff, Executive Secretary of the Advisory Committee, at: Phone--(301) 435-0691; Fax--(301) 480-3693; or E-mail--joselofs@drg.nih.gov.

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50th Anniversary of DRG

1996 marks the 50th anniversary of the founding of the Division of Research Grants (DRG). The NIH and DRG are marking this occasion with a symposium on the "Past, Present, and Future of Peer Review." This symposium will be held Thursday, June 20, at the Natcher Conference Center on the Bethesda campus of NIH. The symposium will start at 8:00 a.m. and conclude with a reception at the Natcher Center in the late afternoon. Speakers will include study section members and current and former directors of DRG and NIH. There is no fee, but registration is needed by June 10. All study section members are welcomed and invited to attend the symposium. Information is available from the DRG Home Page (<http://www.drg.nih.gov/events/50anniv.htm>) or from Dr. Suzanne Fisher: 301-435-0715 (phone), 301-480-1987 (fax), or fishers@drg.nih.gov (E-mail). This is an opportunity for colleagues and friends to discuss 50 years of excellence in peer review and its impact on biomedical research.

Special thanks are due to the Friends of DRG, headed by Dr. John Sherman and Dr. Murray Goldstein, for providing support for this symposium. Outstanding assistance in many areas is being provided by the Association of American Medical Colleges.

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DRG Home Page

You can keep up with the latest information from DRG by visiting the DRG World Wide Web Home Page at <http://www.drg.nih.gov/>. The DRG home page contains a wealth of DRG-related material, including the latest [news and events](#), a [CSR \(formerly DRG\) Phone and E-mail Listing](#) DRG staff phone and e-mail directory, information related to the [referral and review](#) process, [study section workshop reports](#), [study section meeting dates](#), and other [important dates to remember](#).

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Thank You

The Division of Research Grants and the Peer Review Notes Editorial Board would like to thank Ms. Judith Grover for her outstanding professionalism, commitment, and efficiency in improving the quality of Peer Review Notes during her tenure as editor. DRG and the Board welcome Mr. Nicholas Moriarty as the new editor.

Last Revised: June 7, 1996



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