

**NIH Request for Information: Implementation of the Recommendations of the  
Recommendations of the Advisory Committee to the NIH Director Working  
Group on the Biomedical Research Workforce**

**Summary of Comments  
July 2013**

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## EXECUTIVE SUMMARY

In December 2010, the NIH Director charged a working group of the ACD with examining the future of the biomedical research workforce in the United States. The [Working Group](#) was asked to recommend actions to the ACD to ensure a sustainable biomedical and behavioral research workforce. Together with a Modeling Sub-committee composed mainly of economists who study the labor force, the group defined the major issues facing the biomedical research workforce, gathered data on the current workforce, heard from multiple stakeholders, and solicited input on the major issues from the public through a Request for Information (RFI) ([NOT-OD-11-106](#)).

The findings and conclusions of the Working Group were presented to the ACD in June 2012. The [report](#) identified ways to improve and maintain a robust data collection on the biomedical research workforce to provide accurate information to those in the field and those thinking about joining it. An accompanying [website](#) presented the data collected by the Working Group.

Weighing all the data analyzed, the Working Group concluded in their report to the ACD that:

- The combination of the large upsurge in US-trained PhDs, increased influx of foreign-trained PhDs, and aging of the academic biomedical research workforce make launching a traditional, independent, academic research career increasingly difficult.
- The long training time and relatively low early-career salaries when compared to other scientific disciplines and professional careers may make the biomedical research career less attractive to the best and brightest of our young people.
- The current training programs do little to prepare people for anything besides an academic research career, despite clear evidence that a declining percentage of graduates find such positions in the future.

The NIH proposed to implement the recommendations outlined in the [report](#) in the following way:

- Establish a grant program to encourage innovative training approaches (BEST)
  - <http://grants.nih.gov/grants/guide/rfa-files/RFA-RM-12-022.html>
- Improve graduate student and postdoctoral training by:
  - Putting Individual Development Plans (IDPs) in place for all trainees
  - Reducing the length of graduate training
  - Providing predoctoral fellowships from all NIH Institutes (F30s and F31s)
    - F30: <http://grants.nih.gov/grants/guide/pa-files/PA-11-110.html>
    - F31: <http://grants.nih.gov/grants/guide/pa-files/PA-11-111.html>
- Increase postdoctoral stipends and consider policies on benefits
- Increase support for Pathway to Independence Awards (K99/R00) and Early Independence Awards (DP5)
  - DP5: <http://grants.nih.gov/grants/guide/rfa-files/RFA-RM-12-018.html>

- K99/R00: <http://grants.nih.gov/grants/guide/pa-files/PA-11-197.html>
- Develop a simple and comprehensive tracking system for trainees
- Revise training grant review processes so that study sections can consider a range of career outcomes and all graduate students in relevant programs
- Encourage fair consideration of Staff Scientists on grant proposals
- Create a functional unit at the NIH to assess the biomedical research workforce
- Conduct an ACD Working Group study on optimal research training of individuals in clinical disciplines

To ensure a thorough and comprehensive consideration of the issues that may arise in implementing the Working Group's recommendations, responses were sought from all stakeholders in the extramural community, including students, postdoctorates, scientists, scientific societies, and NIH grantee institutions, as well as from the general public. This report provides a summary of the comments received in response to the Request for Information (RFI): "Inviting Comments and Suggestions on the Implementation of the Recommendations of the Advisory Committee to the NIH Director Working Group on the Biomedical Research Workforce." (NIH Guide Notice [NOT-OD-13-045](#)).

The RFI requested input to inform the implementation plans in seven areas including 1) Individual Development Plans (IDPs), 2) Length of NIH Support for Graduate Student Training, 3) Benefits for Postdoctoral Fellows, 4) Development of a System for Tracking Graduate Students and Postdoctoral Fellows, 5) Institutions Reporting Career Outcomes, 6) Training Grant Review Considerations, and 7) NIH Support of Faculty Salaries.

NIH staff analyzed the comments using the qualitative analysis software ATLAS.ti 7 Version 7.0.91. The comments received from 66 commenters were separated into the seven areas and individually parsed into "quotations" representing unique ideas. Those quotations were key-word coded for sorting purposes.

Only 18% of the commenters replied on behalf of an organization, while 82% of the commenters provided personal input. The organizations represented in the 18% were a broad cross section of NIH stakeholders.

## **QUALITATIVE ANALYSIS**

### **INDIVIDUAL DEVELOPMENT PLANS (IDPS)**

**Responses:** There were 25 individual commenters responsive to the topic of Individual Development Plans (IDPs); one commenter was non-responsive. Eight Associations provided comments: FASEB, American Physiological Society, Association of American Medical Colleges, Association of Independent Research Institutes, Association of American Universities, American Psychological Association, Biophysical Society, and the National Postdoctoral Association.

## Qualitative analysis:

Descriptive Code	Number of Quotations
Support IDPs	20
IDPs are not useful	2
Administration (of the IDP)	9
Implementation at Institutions (problems with)	3
Mentoring / Career Development Plan / Process	15
My IDP examples	9
Timing and Stage	12
Personal Example	3
Nonresponsive	1

**Summary:** Most commenters agreed that developing Individual Development Plans (IDPs) for those in graduate and postdoctoral training supported by NIH funds from any source was a good idea. Institutions should be responsible for ensuring that trainees use IDPs and NIH should avoid imposing burdensome documentation requirements.

**Implementation at institutions:** Some commented that the IDP would have to be a requirement for implementation to occur at their institutions and also stressed the difficulty in having this be a formally reviewed process with administrators at their institutes.

**Mentoring/career development/process:** Most commenters thought that IDPs should be used to assist in tailoring the training of the individual and be part of the overall mentoring process. It should be used to encourage discussions between the mentor and the mentee but should not be used to put more pressure on those involved. Most thought that an IDP should be tailored and flexible to meet the needs of the trainee and should include self-assessment, career exploration and goal-setting components, and a plan on how to implement and revise those goals. They stressed that the essential element of making the IDP effective is the active and engaged participation from faculty. Most cautioned that the process should not simply be a check-box of accountability and compliance but that the process should be ongoing and interactive and provide a framework for organized mentoring and career development.

**My IDP examples:** Several commenters said that their institution used [myIDP](#) from Science Careers as a model IDP. Others indicated that the institution had developed their own documents that were specifically designed for graduate students and for postdoctoral fellows. Others pointed to the use of the [NPA Core Competencies Toolkit](#) and the [FASEB IDP Toolkit](#).

**Timing and stage:** Most commented that the use of the IDP would be most beneficial if used early in one's career, with one suggesting using it during the graduate school application process. Most suggested to use the IDP for graduate students after they had completed their qualifying exam and during the first year of training for postdoctoral fellows. Most suggested that regular (yearly, bi-yearly) updates of the IDP would be necessary to make the process

effective and to reflect the evolution of the development and changing priorities of the trainee. Most commenters said that graduate programs were using IDPs but postdoctoral programs were using it to a lesser degree. Also the IDP would be most beneficial for trainees who were supported on research grants which typically involve less formal career development programs than training awards.

### LENGTH OF NIH SUPPORT FOR GRADUATE STUDENT TRAINING

**Responses:** Twenty-four 24 individual commenters responded to the topic of decreasing the length of NIH support for graduate student training. Six Associations provided comments: National Association of MD-PhD Programs, FASEB, American Physiological Society, Association of American Medical Colleges, Association of Independent Research Institutes, and Association of American Universities.

**Qualitative analysis:**

Descriptive Code	Number of Quotations
Agree (to decrease length of NIH support for graduate student training)	13
Do not support a hard cap	3
Really a problem?	1
Timing of policy	1
Unintended consequence	7
Flexibility	10
Other factors extending time	6
Mentorship	3
Strategies to ensure timely completion / transition	19
Personal	8

**Summary:** Most commenters agreed that decreasing the length of graduate student training was a good idea and reducing the time that the student was supported by the NIH would naturally follow this recommendation. One indicated that prolonged graduate training deterred promising students from entering programs and was costly to research labs and federal agencies. Some indicated they did not support a hard cap and most stressed the need for flexibility in this recommendation. One commenter asked if this was really a problem if the time to degree had been fairly steady for a number of years. One was concerned about the timing of this policy and suggested that this policy should start with students entering graduate school.

**Unintended consequence:** Some cautioned that capping the length of support may cause less knowledge to be gained, graduate students to be less prepared to be independent scientists, incentivize sloppy scholarship or lapses in research integrity, and cause mentors to be reluctant in giving students high risk/high impact projects that would be important for training and scientific purposes. One commented that this may result in damaging the research endeavor

and another wondered if the average graduate student would meet the 6 year graduation expectation if the average was over 6 years currently.

**Flexibility:** Most commented that the policy should be flexible to accommodate individual circumstances such as individuals with disabilities, personal illness, family responsibilities, family-friendly parental leave, lab relocation, and students in interdisciplinary and dual-degree training programs.

**Other factors that would extend the length of training:** Some indicated that time may be extended due to the field of science, mastering more sophisticated techniques, gathering preliminary data and publishing, and building new competencies. They cautioned that in these instances shortening the length of support may compromise the science. In addition, entering graduate students may have different competencies and level of training experiences.

**Mentorship:** Some commenters thought that mentoring was an important factor in the length of a student's training and indicated that training mentors would be a good idea. One indicated that capping the length of training may provide motivation for faculty to re-think their approaches to mentoring.

**Strategies to ensure timely completion and transition:** Most commenters said that there should be a structured process in place at the level of the graduate school, department, and the mentor to ensure a timely completion of the PhD. Several suggestions were provided on how to shorten the time to PhD and included graduate schools being more selective and weeding out poor performers, shortening rotations, have a regular review to assess progress and provide benchmarks, and actively engage the school and the mentor through mentoring workshops. Most stressed that the emphasis should not be on time to completion but on acquiring competencies and the training outcomes of the individual. Thus, the institutions should allow people pursuing alternative career paths to leave earlier with fewer publications whereas people who want to become independent scientists may need a longer time to acquire the necessary skills. One suggested that the time to degree should be categorized based on career path to provide a better evaluation of time to degree. Some said that students should be encouraged to apply for funding earlier in their PhD training so that students could concentrate on research and professional development and spend less time as teaching assistants and another indicated providing more money for equipment and consumables would help save time. One commenter suggested that to encourage timely completion of the PhD NIH should tie future grant money to outcomes. Finally, one commenter indicated that there should be public advertisement of time to degree at institutions and departments.

## **BENEFITS FOR POSTDOCTORAL FELLOWS**

**Responses:** Thirty-four individual commenters responded to the topic of postdoctoral benefits; two commenters were non-responsive. Six Associations provided comments on postdoctoral benefits: FASEB, American Physiological Society, Association of Medical Colleges, Association of

Independent Research Institutes, Association of American Universities, and the National Postdoctoral Association.

**Qualitative Analysis:**

Descriptive Code	Number of Quotations
Agree – standardize benefits	14
Benefit – Disability	3
Benefit - Health	6
Benefit – Leave	6
Benefit – Other	5
Benefit - Parental-related	12
Benefit – Retirement	7
Variability of benefits	8
Attractiveness/Competitiveness	13
Stage of life	3
Pay	8
Cost of living in certain area	5
Number of positions	3
Employee status / laws / regulations	12
Taxes	5
Unionization	4
NRSA as a Disadvantage	5
Communication and dissemination of information	5
Personal Experience	9
Nonresponsive	2

**Summary:** Most commenters agreed with the recommendation to standardize benefits for postdoctoral researchers. The benefits included health, dental, vision, disability, parental-related, retirement, and leave. Concerns were expressed that there was significant variability in the types of benefits available to postdoctoral researchers. As provided with several personal examples, the variability among academic institutions and departments was due to the source of funding (R01, NRSA, other) and the employment status of the postdoctoral researcher. It was suggested that there should be an increase in pay and benefits to reflect the cost-of-living for these highly educated and qualified individuals at this stage in their life. Novel suggestions included scaling funding to postdoctoral researchers with children and those that live in more expensive areas. It was acknowledged that these increases may mean the number of postdoctoral positions would have to decrease. Some comments stressed the need for the recommendations to be enforced by the NIH in order for standardization to occur.

It was acknowledged that there were several external factors contributing to the availability of benefits for postdoctoral researchers, including state laws, tax regulations, unionization of the postdoctoral researchers, institutional policies, and NIH policies. Several expressed concerns



that the NRSA (F32 or T32) created a disadvantage in benefits in comparison to having support from their PI's R01. In many cases, the classification of the postdoctoral researcher as an employee was dependent on the source of their funding and directly affected the types of benefits one could be offered. Many stressed the need for information about available benefits prior to accepting a position, a need for more information about this issue, and stronger communication between the NIH and academic institutions.

## DEVELOPMENT OF A SYSTEM FOR TRACKING GRADUATE STUDENTS AND POSTDOCS

**Responses:** Twenty-three individual commenters responded to the topic of tracking; two commenters responded to questions from other sections of the RFI and were considered non-responsive here. Eight associations provided comments on tracking (FASEB, National Association of MD-PhD Programs, American Physiological Society, Association of American Medical Colleges, Association of Independent Research Institutes, Association of American Universities, American Psychological Association, and the National Postdoctoral Association).

### **Qualitative Analysis:**

Descriptive Code	Number of Quotations
Agree – it is important to track the careers of graduate students and postdocs who receive support from the NIH	9
Tracking will not be easy:	12
Burden is a concern	6
Compliance will be a problem	2
Privacy, confidentiality & security	3
Data collection is hard and expensive	3
New system will need careful planning	2
FERPA restrictions	1
Avoid duplicate data collection	1
Tracking is a turn-off	1
Expanding collections in Commons could reduce functionality	1
Organizations collect data, including AAMC GREAT, AAU, NSF, UCSF and others	7
SciENCv will help	5
ORCID or some kind of persistent, unique identifier will help disambiguate	3
Should be faculty responsibility	2
Involve social media	2
Use publically available data	2
CareerTrac works well	1
Other quotes with a single mention	45
Nonresponsive	9

**Summary:** Most commenters agreed with the importance of identifying and tracking those who receive NIH support for training at the graduate or postdoc level. Some acknowledged that NIH needs this data to manage its programs. Some mentioned that this was the responsibility of the institution and the faculty, but NIH should collect and tabulate the information on an annual basis. At least one commenter noted that “If we are not willing to document the quality of the [training we provide], we shouldn’t get the money”. Others thought the data should be collected centrally to ensure quality and completeness. There were, however, concerns about how hard this kind of data is to collect, how much it will cost, and the burden on the respondents. Others mentioned concerns about the quality of available data, avoiding duplication with data already collected, attrition and the ability to follow individuals, as well as security, confidentiality and privacy.

### INSTITUTIONS REPORTING CAREER OUTCOMES

**Responses:** Twenty-seven individual commenters responded to the topic of institutions reporting on the career outcomes of their graduate students and postdoctoral researchers. Seven associations provided comments on tracking (FASEB, National Association of MD-PhD Programs, American Physiological Society, Association of American Medical Colleges, Association of Independent Research Institutes, Association of American Universities, and the National Postdoctoral Association).

#### **Qualitative Analysis:**

Descriptive Code	Number of Quotations
Agree – institutions should report on the career outcomes of their trainees	17
Collecting the necessary information will be difficult:	12
Burden is a concern	6
Reporting difficult for postdocs	3
Burden but consistent with the concept of federal funding	1
Lack of resources for tracking and reporting	1
Expensive	1
Some organizations are implementing or already report career outcomes (Utah and Brandeis)	3
Other organizations have data and are willing to help	6
Standardized data collection will be necessary	4
SciENCv and eRA will make reporting easier	6
Concerns that reporting will reveal dismal career prospects and damage the ability to attract students/postdocs	7
NIH should not penalize institutions for non-traditional career outcomes	7
Universities provide few incentives for mentoring – better tracking may help	1

Most commenters agreed that it was important for institutions to provide information for students and postdocs about subsequent career outcomes, emoluments during the training period, etc. Some voiced concern that poor career prospects might discourage students and postdocs from coming to their institution. One of the respondents captured both of these opinions about the truth in advertising concept:

*This is an excellent idea (compile data on outcomes). I have been complaining about this for years. Too many students are misinformed before entering graduate school, and many end up disillusioned when they realize there is no faculty job waiting for them.*

Most felt that institutions should be responsible for such reports; some felt that the NIH should require institutions to report and others thought it would be sufficient to encourage. Multiple commentators thought that a combination of data from eRA and the nascent SciENCv system would allow the NIH to generate reports and post them centrally. The following quote touches on some of these concepts:

*A public website should be set up by the NIH and schools should have to report this data on the website. The NIH should use a stick and carrot approach to ensure that schools are doing their best to train students and postdocs for long-lasting scientific careers (whether that be as researchers, teachers, editors, writers, etc.). The carrot would come in the form of grants like the BEST award, and a spotlight on high achieving schools displayed on the website. The stick would be that schools that consistently demonstrate poor performance in training their students and postdocs would not have training grants renewed, would have to come up with corrective action plans, and would be monitored by the NIH to ensure that progress is being made.*

Some responders recognized that such reports would be a burden and thought that students and postdocs should be encouraged to update their profiles at critical times during their training such as at the point of admission to candidacy, graduation and when they are looking for other jobs. In general there was strong support for the idea that institutions would provide information to help incoming students and postdocs understand what they are likely to get out of the training being provided.

## TRAINING GRANT REVIEW CONSIDERATIONS

**Responses:** Twenty-two commenters responded to the topic of training grant review considerations; an additional 3 were non-responsive. Two commenters addressed the K program. Five associations provided comments (FASEB, American Physiological Society, American Association of Medical Colleges, Association of Independent Research Institutes, and the National Postdoctoral Association).

### **Qualitative Analysis:**

<u>Descriptive Code</u>	<u>Number of Quotations</u>
Acceptable Career Outcomes	12

Agree	10
Definition of relevant program	6
Funding Sources	1
Instructing reviewers	5
K issues	2
Negative experience with T review	3
Non-responsive	3

**Summary:** Many commenters agreed with the goal of expanding the career options that should be considered successful by training grant reviewers. Reviewer instruction will be crucial as commenters described their experience of receiving credit only for students who continued on the academic career track.

Some commenters suggested that careers that require PhD training would be acceptable and others proposed that any career that supports the NIH mission or the biomedical research enterprise should be included.

Suggestions for the definition of “relevant programs” ranged from all students/postdocs in labs of faculty named in the training grant to all trainees at the institution. One commenter suggested that for students, this could include all students in the program/department of the training grant but that it is less straightforward to define a “program” for postdocs.

### NIH SUPPORT OF FACULTY SALARIES

**Responses:** Twenty-one individual commenters responded to the topic of postdoctoral benefits; one commenter was non-responsive. Five associations provided comments (American Physiological Society, Association of Medical Colleges, American Association of Independent Research Institutes, Association of American Universities, and the National Postdoctoral Association).

#### **Qualitative Analysis:**

Descriptive Code	Number of Quotations
Agree	2
Consequences	6
Cover full costs of research	2
Data	3
Dialogue with the community	3
Gradual implementation	4
Non-responsive	2
Not an issue	1
Overhead	1
Possible negative consequences	1
Postdocs and grad students	9

Require partial institutional funding of research applicants	8
Salary cap experiences	7
Nonresponsive	1

**Summary:** Note that many comments were about postdoc or graduate student salaries; most were about faculty salaries.

While some commenters suggested that NIH should require partial institutional funding of research applicants, AURI and AAMC were adamant that NIH should cover the full costs of research, including salaries.

Some commenters responded that the recent salary cap change affected only a small number of faculty while others said it had a profound effect on their institution. This may reflect different populations as physician scientists were mentioned as the most affected.

While 2 commenters supported the idea of a dialog with the community, the AAMC felt that such conversations should happen at the broader Federal level (OSTP etc).

Nobody offered new data or suggested the type of data needed.

### OTHER COMMENTS

**Responses:** Seventeen individual commenters provided additional comments. Some of these comments or parts of the comments aligned with a topic from the provided list and were incorporated into the qualitative analysis of the respective topic. Eleven individual commenters provided comments that did not align with the topic list and were analyzed as “Other”; one commenter was non-responsive. Three Associations provided comments: American Physiological Society, American Psychological Association, and the National Association of MD-PhD Programs.

### **Qualitative Analysis:**

Descriptive Code	Number of Quotations
Staff Scientist Recommendation	1
K99 Eligibility	4
MD/PhDs	3
Miscellaneous	3
Nonresponsive	1

**SUMMARY:** One individual provided a perspective from their institute regarding the role of a Staff Scientist. Four individuals provided comments on the revised guidelines for the K99 awards; two cautioned that the decrease in eligibility may have an adverse effect due to various reasons (parental leave issues, scientific area, the fellow not being in a highly recognized lab, etc); two indicated that the 2 years of mentored postdoc training should be a flexible amount of

time tailored to the individual's need. Three individuals provided comments on the training of MD/PhDs. One individual indicated they supported the recommendation for the NIH to conduct a follow-on study that focuses on physician scientists. Another individual encouraged the NIH to broaden their study of MD/PhDs to include other combined degree fields. And one commented about the difficulties in acquiring protected time for physicians to conduct research. Miscellaneous comments included a suggestion to establish a non-academic government funded research institution, one questioning where data was posted, and one encouraged the NIH to consider how any policy changes will impact researchers at all stages of their careers.

## APPENDIX

# Request for Information (RFI): Inviting Comments and Suggestions on the Implementation of the Recommendations of the Advisory Committee to the NIH Director Working Group on the Biomedical Research Workforce

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**Notice Number: NOT-OD-13-045**

## Key Dates

**Release Date:** February 21, 2013

**Response Date:** April 22, 2013

## Issued by

National Institutes of Health ([NIH](#))

## Purpose

This Notice is a time-sensitive Request for Information (RFI) inviting comments and suggestions on the implementation of the recommendations of the Advisory Committee to the NIH Director (ACD) Working Group on the Biomedical Research Workforce.

## Background

In December 2010, the NIH Director charged a working group of the ACD with examining the future of the biomedical research workforce in the United States. The [Working Group](#) was asked to recommend actions to the ACD to ensure a sustainable biomedical and behavioral research workforce. Together with a modeling sub-committee composed mainly of social scientists who study the labor force, the group defined the major issues facing the biomedical research workforce, gathered data on the current workforce, heard from multiple stakeholders, and solicited input on the major issues from the public through a Request for Information (RFI) ([NOT-OD-11-106](#)).

The findings and conclusions of the Working Group were presented to the ACD in June 2012 at a federal advisory committee meeting open to the public. The [presentation](#) included a snapshot of the current biomedical research workforce, as well as recommendations to the ACD about the training of graduate students and postdoctorates. In addition, the [report](#) identified ways to improve and maintain a robust data collection on the biomedical research workforce to provide accurate information to those in the field and those thinking about joining it. An accompanying [website](#) presented the data collected by the Working Group.

NIH Leadership considered the recommendations and developed preliminary plans for their implementation which were [presented](#) to the ACD in a meeting open to the public in December 2012. NIH is moving forward with implementation and through this Notice is requesting input to inform the implementation plans in the following areas:

- Developing Individual Development Plans (IDPs) for those in graduate and postdoctoral training supported by NIH funds from any source. NIH is seeking input about how institutions could include IDPs in their policies and procedures to help tailor the training experiences for each student and postdoc. Also of interest are methods by which institutions would indicate adherence to these practices to NIH.
- Encouraging timely completion of doctoral study by establishing expected limits on the length of time NIH will provide support for graduate students. The Working Group felt that graduate training leading to the doctorate in general should last less than 6 years. To inform this

recommendation, it is important to consider how institutions currently monitor graduate student support and time to degree, as well as to better understand challenges to potential reductions in the duration of training, and strategies that may mitigate the effects of such changes.

- Providing more uniform benefit packages for postdoctorates, which might include health insurance, contributions to a retirement plan, sick leave, etc. Information about the benefits currently provided to postdoctorates supported through NIH research grants, as well as those supported by NIH training grants and fellowships, would be useful in formulating implementation strategies for this recommendation.
- Developing a system for gathering information about individuals receiving NIH support for their training. One option the implementation team is considering is to incorporate graduate students into the [eRA Commons](#). In addition, the ongoing Science Experts Network Curriculum Vitae ([SciENCv](#)) project that will permit the development of a Federal-wide researcher profile also may be useful in implementing this recommendation, particularly through gathering information on individuals who are no longer in the NIH system. If NIH were to develop an electronic system for capturing information on graduate students, what challenges could impede providing high-quality data?
- Reporting by institutions of aggregate career outcomes of graduate students and postdoctorates on a public web site. Institutions have a number of ways of communicating the success of their programs. NIH is interested in assessing the willingness of institutions to participate in this effort and hearing strategies that would facilitate some standardization of this approach. The goals of these strategies would be to ensure that career outcomes are noted for all trainees, so that individuals contemplating biomedical research training and selecting a training institution would have access to current information about the career outcomes of students and postdoctorates from those institutions.
- Considering the following in training grant applications:
  - A range of career outcomes as indicators of success.
  - Outcomes of training for all graduate students and postdoctorates in relevant programs, whether or not they are supported by the training grant.

In developing policies and procedures for implementing these recommendations in the context of the current review process, it will be important to receive input about what types of careers should be considered a successful outcome. Also, input would be welcomed as to which students and postdoctoral fellows at an institution should be considered as participating in programs relevant to a particular training grant should be included in training grant reports.

- Launching a dialogue with the extramural biomedical research community to assess the construct of NIH support of the biomedical community, including faculty salaries. The implementation team currently is considering what types of data should be gathered to inform this dialogue, and would appreciate input from the community. In addition, the community's experience with the recent decrease in the rate at which NIH can pay individual's salaries, from Executive Level I of the Federal Executive Pay Scale (\$199,700) in FY2011 to Executive Level II (\$179,700) in FY2012, may provide useful information about the effects of changes in salary support.

## Information Requested

To ensure a thorough and comprehensive consideration of the issues that may arise in implementing the Working Group's recommendations, responses are being sought from all stakeholders in the extramural community, including students, postdoctorates, scientists, scientific societies, and NIH grantee institutions, as well as from the general public. Information is sought for each of the areas identified above and any other items that may affect implementation of these recommendations.

Your comments may include but are not limited to:

1. Any of the areas identified above and any other specific areas you believe are worthy of consideration by the implementation team, including identifying the critical issues(s) and impact(s) on institutions, scientists, students and/or postdoctorates.
2. Information about your personal or institutional experiences in these areas that you believe would be useful to the implementation team in developing policies and procedures for implementation.



Response to this RFI is voluntary. Responders are free to address any or all of the above items. Please note that the Government will not pay for response preparation or for the use of any information contained in the response. NIH will provide a summary of all input received which is responsive to this RFI. Please do not include any personally identifiable or confidential information that you do not wish to make public. No basis for claims against the U.S. Government shall arise as a result of a response to this request for information or from the Government's use of such information.

## **How to Submit a Response**

All comments must be submitted electronically on the [submission website](#). Responses to this RFI will be accepted through April 22, 2013. You will see an electronic confirmation acknowledging receipt of your response, but will not receive individualized feedback on any suggestions.

## **Inquiries**

Specific questions about this RFI should be directed to the following email address:  
[bmwinfo@mail.nih.gov](mailto:bmwinfo@mail.nih.gov)