

SPECIAL CONTRIBUTION

ACEP–SAEM response to the National Institutes of Health (NIH) proposal to simplify the review framework for research project grant applications

Sarah K. Knack MD¹  | Howard Kim MD, MS²  | James Paxton MD, MBA³ |
 Nidhi Garg MD⁴  | Angela Lumba-Brown MD⁵  | Phil Levy MD, MPH³ |
 Mike Puskarich MD, MS¹ | Rob Silbergleit MD⁶  | Gail D'Onofrio MD, MS⁷ |
 Opeolu Adeoye MD, MS⁸ | Chris Kang MD⁹ | Deb Diercks MD, MS¹⁰ |
 Robert Neumar MD, PhD⁶ | Willard W. Sharp MD, PhD¹¹  | and the ACEP and SAEM
 Research Committees

¹Emergency Medicine, Hennepin Healthcare, Minneapolis, Minnesota, USA

²Department of Emergency Medicine, Northwestern University, Chicago, Illinois, USA

³Department of Emergency Medicine, Wayne State University, Detroit, Michigan, USA

⁴Department of Emergency Medicine, Southside Hospital, Bay Shore, New York, USA

⁵Department of Emergency Medicine, Stanford University, Palo Alto, California, USA

⁶Department of Emergency Medicine, University of Michigan, Ann Arbor, Michigan, USA

⁷Department of Emergency Medicine, Yale University, New Haven, Connecticut, USA

⁸Department of Emergency Medicine, Washington University, St. Louis, Missouri, USA

⁹American College of Emergency Physicians, Irving, Texas, USA

¹⁰Department of Emergency Medicine, UT Southwestern Medical Center, Dallas, Texas, USA

¹¹Section of Emergency Medicine, Department of Medicine, University of Chicago, Chicago, Illinois, USA

Correspondence

Willard W. Sharp, Section of Emergency Medicine, Department of Medicine, University of Chicago, 5841 S. Maryland Ave., Chicago, IL 60637, USA.

Email: wsharp@bsd.uchicago.edu

Keywords: diversity, Emergency Medicine, NIH funding, research project grant review criteria

The Society for Academic Emergency Medicine (SAEM) and American College of Emergency Physicians (ACEP) are responding jointly to this request for information. SAEM and ACEP promote innovative and imaginative strategy development that will transform prehospital and emergent patient care. The National Institutes of Health (NIH) proposal to modify the current grant scoring system to prioritize these principles is a welcome change and we are supportive of these efforts.

Focusing on research importance, feasibility, and scientific rigor will make it easier to interpret reviewer critiques and provide

investigators with clearer information on score driving factors related to the science itself. While investigator and environment are important factors for successfully conducting research, reducing their overall importance may help with reducing bias and expanding the pool of meritorious applications. We also support combining significance and innovation into a single “importance” score, as the current format gives equal weight to innovation even though related sections tend to be brief. Furthermore, the existing significance section focuses largely on perceived need and scientific rationale with lesser consideration of the true magnitude of impact. Our societies

Sarah K. Knack and Howard Kim contributed equally to this work.

Supervising Editor: Dr. Bernard Chang.

This is an open access article under the terms of the [Creative Commons Attribution-NonCommercial-NoDerivs](https://creativecommons.org/licenses/by-nc-nd/4.0/) License, which permits use and distribution in any medium, provided the original work is properly cited, the use is non-commercial and no modifications or adaptations are made.

© 2023 The Authors. *Academic Emergency Medicine* published by Wiley Periodicals LLC on behalf of Society for Academic Emergency Medicine.

are hopeful that by broadening the concept of overall importance, this new section can better weight funding decisions toward injuries and illnesses where improved outcomes would benefit the greatest number of people.

We also agree that the current scoring system overly emphasizes an investigator's prior grant success and institutional reputation in determining an application's merit. Reliance on these factors detracts from the proposal's true "importance" and may perpetuate existing and ongoing challenges with the development and retention of junior investigators, including investigators from historically underrepresented groups. The proposed changes in this area will allow for increased emphasis on the development of highly novel or paradigm-shifting approaches to problems.

Nonetheless, consideration of the capacity to execute the proposed work remains a critically important factor. The proposed method of scoring using a descriptive range of "fully capable" to "additional resources needed" deemphasizes quantitative scoring and we believe accomplishes the stated goals. However, we recommend specific clarification that the proposed scale reflects the entirety of the investigatory team (with due consideration of experience with prior collaboration).

An important component of the current scoring system not addressed in the proposed changes is the handling of grant resubmissions. It is not clear why resubmissions have a written narrative that is score-driving and subject to bias. We recommend amending this process for each additional criteria to be marked yes or no as to "all major/moderate concerns appropriately addressed." Reviewers

could also have the option of describing "any new major/moderate concerns identified" in the resubmission process.

Finally, while we recognize that these scoring revisions are important, we suggest that the NIH consider a more direct acknowledgment of our nation's need to fund a diverse pool of grant applicants. We believe the approach of the three-factor scoring system that emphasizes capability to perform the work is well aligned with this goal, but we would encourage the NIH to consider an explicit acknowledgment of ongoing disparities in our nation's health research programs addressed by these changes.

ORCID

Sarah K. Knack  <https://orcid.org/0000-0002-4220-0866>

Howard Kim  <https://orcid.org/0000-0002-1934-4829>

Nidhi Garg  <https://orcid.org/0000-0002-5568-6260>

Angela Lumba-Brown  <https://orcid.org/0000-0002-9102-8791>

Rob Silbergleit  <https://orcid.org/0000-0003-4101-2430>

Willard W. Sharp  <https://orcid.org/0000-0002-7175-3523>

How to cite this article: Knack SK, Kim H, Paxton J, et al. ACEP-SAEM response to the National Institutes of Health (NIH) proposal to simplify the review framework for research project grant applications. *Acad Emerg Med*. 2023;30:963-964. doi:[10.1111/acem.14730](https://doi.org/10.1111/acem.14730)