Proposed Changes to CIHR’s Open Suite of Programs and Enhancements to the Peer Review Process

Perspectives from the Social Sciences and Humanities Community

Submitted by: The Canadian Federation for the Humanities and Social Sciences

March 2012
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About the Canadian Federation for the Humanities and Social Sciences

Representing more than 85,000 researchers in 79 scholarly associations, 79 universities and colleges, and 5 affiliates, the Canadian Federation for the Humanities and Social Sciences is the national voice for the university research and learning community in these disciplines.

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Introduction
The Canadian Federation for the Humanities and Social Sciences (CFHSS) represents Canada’s social science, arts and humanities researchers, scholars and students. Its broad membership is comprised of disciplines keen to participate in the consultation process being undertaken by the Canadian Institutes of Health Research on proposed changes to its open suite of programs and enhancements to its peer review process.

The humanities and social sciences community has played an important role in providing insight and new knowledge to improve the social, political, organizational, public policy, economic and human dimensions of key health-related questions of our time. When CIHR was created in 2000, some scholars in social sciences and humanities disciplines sought to access its funds to explore a variety of research questions and issues that seemed to fall under the new agency’s mandate. Many other researchers continued to fund their health-related work through programs supported by the Social Sciences and Humanities Research Council. The situation changed in 2009, when it was decided to transfer all Tri-Council funding for health-related research, regardless of discipline or research focus, to CIHR. This change had a significant impact on many social sciences and humanities researchers and graduate students and was further complicated by a lack of pro-active consultation and measures to facilitate the transition. The CFHSS, for its part, has been actively engaging both SSHRC and CIHR at many levels to better understand the funding realities at both agencies and identify the opportunities for humanities and social sciences researchers and students.

Traditionally, the culture of health funding that has prevailed at CIHR has reflected a dominant biomedical approach. This is understandable given the orientation of much health research, but such an approach has often marginalized the contributions and perceived value of the humanities and social sciences community as well as other non-biomedical approaches to health research. Unfortunately, the recent transition in Tri-Council funding exacerbated concerns within the humanities and social sciences community who have experienced both real and perceived challenges as a result of the new funding landscape.

In this context, CFHSS is very pleased that CIHR is embarking on this ambitious consultation on a new draft design, one goal of which is to better facilitate the contributions of all disciplines and types of research to health issues. We appreciate CIHR’s attention to gaps and challenges in the current communication, design and content of some of its funding programs and encourage its efforts toward constructive revisions to key aspects of the grant process and procedures.

CFHSS welcomes the opportunity to participate in this consultation. By engaging a panel of experts from across Canada, we have formulated input on the strengths of the proposed changes as well as gaps and challenges we feel will remain or are likely to emerge. We offer recommendations on behalf of the humanities and social sciences community and identify areas where we feel more information is needed in order to comment productively.
Proposed changes to CIHR’s Open Suite of Programs and Peer Review enhancements
Submission by the Canadian Federation for the Humanities and Social Sciences

Context
The Canadian Institutes for Health Research Act articulates the objective of fostering health research across disciplines, sectors and regions.\(^1\) It is clear that CIHR has a broad mandate, covering all research relating to health, from bio-medical to psychology to sociology and beyond. This mandate goes beyond funding different approaches and methodologies of research—it includes the recognition that a variety of factors must be taken into account in order to effectively and comprehensively determine and treat health challenges.

However, existing application and selection procedures at CIHR have, unintentionally, created obstacles that make it very difficult for researchers in some disciplines and areas to contribute positively to the diversification and impact of health research. As the consultation document acknowledges, researchers in Pillars 2 (Clinical), 3 (Health Services) and 4 (Social, Cultural, Environmental and Population Health), as well as in rapidly evolving multidisciplinary areas, have experienced particular frustrations in this regard. Despite the development of smaller strategic funding programs, humanities and social sciences scholars (and to our understanding, non-biomedical researchers more broadly) have faced challenges fitting their research projects into existing—and, as the document states, sometimes inconsistent—program criteria. CFHSS anticipates that this pillar model will be upheld and improved through this enhancement process.

Just as importantly, section 4(b) of the Act sets out the provision that a researcher’s application will be reviewed by a committee of his/her peers. CIHR’s objectives thus include:

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\text{(b) creating a robust health research environment in Canada, based on internationally accepted standards of scientific excellence and a peer review process that will attract, develop and keep excellent researchers and provide them with the opportunity to contribute to the improvement of people’s health in Canada and the world.}
\]

Given that it is acknowledged—both within the humanities and social sciences community and by CIHR itself—that the current peer review process has not played out well in practice for many applicants to CIHR from the humanities and social sciences, CFHSS is eager to see this addressed and welcomes the willingness to share and to open up that is evident in CIHR’s consultation document.

Strengths of the proposed Open Suite of Programs changes
CFHSS is pleased with the extensive changes proposed, which have the potential to make more researchers from a wide array of disciplines feel more at home at CIHR and supported by its programs and peer review processes.

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\(^1\) See the Canadian Institutes for Health Research Act, 2000, sections 4(d) and 4(e).
Proposed changes to CIHR’s Open Suite of Programs and Peer Review enhancements
Submission by the Canadian Federation for the Humanities and Social Sciences

First and foremost, CFHSS commends CIHR’s acknowledgement in the design document that “[o]ur peer review system and processes fail to adequately accommodate research across all of CIHR’s pillars, new and evolving areas of research, and paradigm-shifting research. They also fail to ensure that the right expertise is engaged in reviewing the spectrum of grant applications received. At the same time, growing application pressure, and the complexity of many applications, has meant that potential peer reviewers increasingly express their reluctance to volunteer for the heavy workload.”

Reduction of program complexity

CFHSS supports CIHR’s effort to simplify research funding programs and review models, especially where it will mean that application procedures will better cater to a wide array of non-clinical researchers and researchers who approach health from a diversity of perspectives and approaches (i.e. psychological, social, economic). We also support peer review adjustments that will ensure humanities and social sciences applications are reviewed by committees of 5-8 of their peers (the stated ideal in the design document).

Separate stream for new/early career investigators

Given that the Foundation/Programmatic Research Scheme will provide long-term support to those with a track record of success, CFHSS commends the proposal to create a separate stream for new and early career investigators. At a minimum, this strategy will help to ensure talent and capacity development and mentorship of younger researchers.

Addressing inequities of funding across pillars

The document identifies that today “there are both real and perceived barriers in CIHR’s programming; barriers that limit success for certain types of ideas,” and that there is a desire to remove these and reward original and novel ideas. To the extent that this measure will lessen the inequities in funding across pillars and open up new avenues and possibilities for success for humanities and social sciences and non-biomedical researchers, CFHSS is supportive.

Peer review overhaul

The humanities and social sciences community applauds the proposed efforts to change CIHR committee structures to ensure that applications from our disciplines receive evaluation and constructive feedback from peers (the “application-focused review” principle outlined on page 19 of the document). In the past, committee structure and size has fluctuated with application levels and, in times of low applications from humanities and social sciences scholars, the committees have decreased in size and scope, likely affecting their ability to assess certain applications.

In theory, a multi-phased process that would “minimize inconsistent and inappropriate application of review criteria” and improve transparency is a step in the right direction. More importantly, we agree...
that it is essential to improve “the way applications are matched to reviewers to ensure that appropriate
text: expertise is assigned to each application”. Nowhere, perhaps, is this more important than with
applications from health researchers who study health from other than biomedical perspectives, as do
health researchers from within the CFHSS community—particularly those with unique characteristics
such as critical engagement, reliance on qualitative research or international settings—which have had
neither a long nor successful history of processing at CIHR.

The idea of a College of Reviewers comprised of the full range of expertise needed to review all types of
applications across all four pillars of research, especially if each reviewer received training and guidance
on how to apply criteria, could be effective. We agree that “there is a growing need for CIHR to recruit
peer reviewers from a broader base of expertise to ensure all aspects and future impacts of health
research are considered.” However, we feel more information and an action-plan based upon wide
consultation among our community of scholars is needed, especially since it is our understanding that
there has been minimal progress made on recruiting previous SSHRC health-related reviewers to CIHR
committees. The CFHSS would be pleased to assist in these efforts.

Transition planning

We are encouraged to see that transition plans are mentioned in the design document, particularly
because advance and proactive measures were not evident during the transition of health-related
funding from SSHRC to CIHR in 2009. The statement that “[a]pplicants and reviewers would be provided
with a minimum of one year to prepare,” is likely the minimum necessary and the suggestion of piloting
some aspects of the new design to assist with acclimatization is a good one. In particular, CFHSS is open
to working closely with CIHR, on behalf of our community, to design a pilot program that would help fine
tune mechanisms under the new design that might alleviate some of the longer-standing concerns and
issues our community has voiced.

Gaps in the proposed new design

Funding

The CFHSS community appreciates CIHR’s acknowledgment that to date, the Open Operating Grants
Program was particularly successful in meeting the needs of Pillar 1 (Biomedical), while researchers in
Pillars 3 and 4 have encountered difficulties. Even researchers associated with Pillar 2, who may not be
involved in clinical drug trials or biomedical clinical research, have encountered difficulties. These latter
difficulties are most evident, particularly when exploring the psychological, social, behavioural,
economic or environmental factors and interventions related to health. For example, interventions for
some kinds of health conditions are often non-biological (e.g. psychological therapies in the case of
mental disorders) and some physical health conditions must be managed with behavioural and social
Proposed changes to CIHR’s Open Suite of Programs and Peer Review enhancements
Submission by the Canadian Federation for the Humanities and Social Sciences

factors in mind (e.g. obesity). Among other goals, the new proposal for the Open Suite of Programs aims to address these gaps.

However, in relation to this, CFHSS is seeking clarification on how these proposed changes will ensure that strong proposals will be fairly and equitably funded across pillars. While the changes outline various opportunities for researchers, the proposal is not very explicit about how the funding will be distributed across pillars, or how researchers within these pillars can be assured of fair, equitable and disciplinarily relevant opportunities.

In the past, the systemic lower scoring of applications within Pillars 3 and 4 was successfully addressed by ensuring common levels of success rates across pillars. CFHSS would like clarity around how the new system will address the real risks of lower scoring (an offshoot of the critical culture in the humanities and social sciences) that leave out the types of research conducted by social scientists and humanities scholars while favouring the highly standardized research of basic biomedical and clinical scientists.

Further, the design document itself does not specifically address one unfortunate indirect consequence of the SSHRC handover of health-related funding, namely the contortions that some researchers feel obliged to undertake in order to fit their grant proposals into existing frameworks. After disappointing experiences with CIHR review committees, some researchers have resorted to disguising the health aspect of a given project in order to apply to SSHRC or, alternatively, feel they must disguise epistemological or other conceptual or theoretical aspects of a health project in applications to CIHR. Neither tactic is in the best interests of Canadian research and the health of the research enterprise more broadly.

Furthermore, as research becomes increasingly multi-disciplinary, the challenge of creating the best home for health research is not just a two-agency matter. For example, a researcher who is using virtual reality to treat depressed patients has a field of activity relevant to the mandates of NSERC, CIHR or SSHRC. This is a reality well appreciated by some disciplines, like psychology, whose research and researchers span the mandates and activity captured by all three of Canada’s granting councils. If the current model cannot easily accommodate these types of multi-faceted projects which are increasingly being pursued, then we suggest the agencies should work toward a joint fund for such initiatives.

The outreach begun by CIHR to address these very real challenges is welcomed by CFHSS, and these efforts should be continued and expanded moving forward.

Program applications and assessing research productivity

CHFSS recognizes that the new application strategy, in its multi-stage form, would reduce the front-end burden on applicants by limiting the amount of information required at each stage. CFHSS would like
clarification, however, on how different disciplines will be required to provide information. One difficulty, as noted in the design discussion document, is that having one set of core criteria and application requirements has led to difficulties for Pillars 3 and 4. There is also a need for clarity around the particular, detailed processes at each application stage, particularly in stage 3, where it is unclear whether all applications will be reviewed, or simply those for which consensus was not found in earlier stages.

In order to ensure that these difficulties are removed, CFHSS recommends that CV forms allow for flexibility in describing research projects and approaches, while also requiring applicants to justify the guiding principles and realities of their productivity, focus and implications resulting from time demands. Allowing researchers to capture different approaches to productivity and indicators of impact will recognize the differences social sciences and humanities researchers face in terms of teaching loads and division of time between teaching and research. We are especially concerned with how the heavier teaching load in humanities and social science programmes, and different disciplinary conventions of graduate and highly-qualified personnel training and supervision, will affect our members’ success in the Programmatic Stream applications.

Further, a flexible process would also allow peer reviewers to recognize and accept differences in terms of productivity. Humanities and social sciences scholars publish at different rates and in different media than their biomedical science counterparts. While biomedical science researchers may publish broadly and frequently in peer-reviewed journals, health researchers from disciplines within the humanities and social sciences devote more time to publishing books, working collaboratively over time on editing volumes and getting published in a select few journals. Although some new trends are emerging, humanities and social science researchers remain more inclined to publish single author articles, while biomedical or basic science researchers typically take a different approach, publishing multi-authored articles.

Other important disciplinary differences exist in research productivity. The prevalence of post-doctoral fellows is much lower in the humanities and social sciences, as compared to other disciplines. As well, there are significant differences in the resources and research assistants available to humanists and social scientists, as these scholars engage in different research methods (i.e. studying texts and qualitative problematics) or conduct certain types of fieldwork in Canada and abroad. These researchers are less likely to have a team of researchers similar to a team of researchers found in laboratories, but this does not mean that their research or training activities are less rigorous or that the contributions of their work are less valuable.
**Challenges moving forward**

**Foundation/Programmatic Research Stream**

The proposed Foundation/Programmatic Research Stream provides longer term support to researchers with a long track-record of success. While recognizing that this would grant freedom and flexibility to some well-established research programs, CFHSS is cautious about these changes.

Part of the gap CFHSS identifies lies in the uncertainty about how these large grants will be awarded. The structure and amount of the grant may de facto target larger laboratories and career scientists who engage in large scale, big science. This could lead to the exclusion of humanities and social sciences researchers who could also benefit from longer-term research funding but may not require either the same level of funding or meet the same requirements as those from the health science disciplines. For example, would this process allow Canada Research Chairs, as one category of noted research leaders with potentially high profile projects, to gain additional funding at the expense of lesser-known researchers? With 45% of CIHR’s funding directed to this stream, it would be helpful to know what mechanisms will be in place to ensure the funds will be allocated across the pillars, and how the different research modalities across the pillars are expected to be accommodated.

Humanities and social sciences research programs could benefit from this stream. Several cluster groups of humanities and social sciences researchers have already taken advantage of CIHR funding, and have had the opportunity to delve into important long-term research in, for example, understanding HIV and AIDS.

In addition, requiring significant institutional support could be difficult for those researchers at smaller universities. While the larger universities, in particular universities with medical faculties, may have the resources to commit to both grant writing and long-term support for research projects, the reality will likely be different at smaller institutions and institutions in poorer regions where infrastructure and support costs can be prohibitive. Recognizing that significant institutional support can take a variety of different forms must be appropriately reflected in the application assessment.

Finally, the calibre of applications cannot solely be assessed on the applicant’s prior success with CIHR. This is particularly important for many non-biomedical researchers who, prior to 2009, successfully attained funding from SSHRC for health research, or for researchers who may have built programs with other types of funding.
Proposed changes to CIHR’s Open Suite of Programs and Peer Review enhancements

Submission by the Canadian Federation for the Humanities and Social Sciences

Peer review system

The proposed peer review system, combined with the multi-stage application process, presents a comprehensive attempt to create a flexible system that accounts for different disciplines and research topics.

Thoughtful implementation and execution of this peer review and application process will be essential to their success. Within the peer review structure, the process as a whole remains fairly vague. Challenges could emerge around ensuring the consistency of committees, both across CIHR as a whole, and within specific disciplines. A set of comparative criteria could ensure that CIHR can compare results across committees.

As for the selection of reviewers for each application, CFHSS recommends that the current pool of reviewers be broadened to include a wider selection of health researchers and, specifically, those from humanities and social sciences disciplines, to ensure that non-biomedical health research applications are assessed by peers familiar with their area of research, theories and methodologies. There has been a tendency for non-biomedical health research to be assessed alongside epidemiology and health services. While these disciplines may share research implications, there are important distinctions that are lost when researchers unfamiliar with humanities and social science research assess these applications. Further, there is a danger that the requests for changes made by reviewers from other disciplines can push research projects in directions that are simply not feasible for the researchers involved. There is a fine line between pushing the knowledge frontiers and recommending a scope which exceeds the potential reach of the research.

Given humanities and social science researchers’ experiences with the paucity of relevant programs in which to apply and lack of success at CIHR, an action plan to re-engage them may well be necessary.

CIHR and understanding humanities and social sciences research

A persistent challenge is a comprehensive understanding of humanities and social sciences research in health within the CIHR funding process. This challenge can be traced back to the creation of CIHR in 2000, and has been particularly evident after the shifting of health research funding from SSHRC to CIHR in 2009. While to date humanities and social sciences scholars exploring applied social research have been funded, it has been difficult for researchers in areas of theoretical and critical health research to gain similar support.

CFHSS is keen to explore how to raise the level of understanding around humanities and social sciences research within the CIHR community. This includes deepening understanding of humanities and social
sciences approaches and frameworks to research, which can differ significantly from basic science and clinical research methodologies.

Further, CFHSS encourages recognition of the role that specific humanities and social sciences research can contribute to ‘basic’ science research. While biomedical determinants and interventions are critical to the study of health and disease, behavioral and social determinants and interventions are increasingly recognized as equally critical—these determinants and interventions include the range of social, cultural, historical, environmental, legal, ethical, psychological, and economic factors that impact and are impacted by health and illness. This basic research is different in form, scope and style—as well as in research implications and results—than basic biological research.

The centrality of humanities and social sciences research to health is clearly articulated in the CIHR Act. Re-articulating the objectives of the Act, which include a focus on humanities and social science research, in conjunction with the proposed changes will reassure all health researchers that the entire research community is supported by the proposed changes to the program architecture.

**Recommendations and perspectives of our community**

1. **Funding streams:** CIHR must provide further information on the criteria that will be applied to the proposed Programmatic/Project streams in order to ensure that it will not inequitably affect social sciences and humanities scholars. Clarity around the definition of “high risk research” and whether it will include those who challenge prevailing understandings and assumptions, or confront inconvenient socio-political issues, would also be helpful.

2. **Peer review process:**
   a) In the past, the systemic lower scoring of applications within Pillars 3 and 4 was successfully addressed by ensuring common levels of success rates across pillars. CIHR should recognize the variations in peer review scorings that may be informed by different disciplinary practices, and it must implement systems to ensure that humanities and social science health researchers are not disenfranchised in the peer review process. This requires CIHR to play both an educative and a regulatory role in the peer review process. Peer reviewers need training to ensure consistency in their evaluations, training in interdisciplinary terms, different research methods and the relevance of other research areas, and CIHR staff must provide appropriate oversight of the peer review process in committees. Mechanisms to ensure training is effective and put into practice by members of the College of Reviewers might be advisable.

   b) CFHSS recommends that the current pool of reviewers be broadened to include a wider selection of humanities and social sciences reviewers, to ensure that humanities and social sciences applications are assessed by peers familiar with their area of research.
3. **Consistent criteria and responsiveness of committees:** CFHSS recognizes the challenge of creating a common metric for peer reviewers to assess applications, while also providing opportunities for reviewers to be responsive to different research methodologies and approaches and be flexible throughout the assessment process. CFHSS recommends that CIHR continues to consult across disciplines in determining how to evaluate proposals, as well as training for reviewers (see above).

4. **Ensuring fair and equitable funding:** CIHR should provide clarity on how the proposed changes will ensure equitable funding across pillars as it strives to fund excellence. The criteria for funding and definitions for what CIHR identifies as “problems” and “solutions” must be seen to have relevance for social sciences and humanities researchers. Indeed, the nature of health questions and solutions often require an interdisciplinary approach that put people at the core of the research enterprise. While the changes outline various opportunities for researchers, the proposal does not identify mechanisms for achieving fair and equitable funding across pillars—for example, a funding threshold in each pillar below which only a dearth of appropriate applications could be the primary factor.

5. **Applications:** CIHR should provide additional details on how different disciplines will be required to provide information throughout the multi-stage application process. One challenge, as noted in the design discussion document, is that having one set of core criteria and application requirements has led to difficulties for Pillars 3 and 4. Specifically, CFHSS recommends that CV forms allow for different ways of describing, capturing and screening for researcher productivity, focus and time demands.

**Moving forward**

In addition to these recommendations, CFHSS would like to continue the dialogue with CIHR, engaging in a process that will help CIHR fulfill its mandate more completely and will ensure that our community can come to see CIHR as a natural home for its research. To this end, CFHSS is open to working with CIHR, on behalf of our community, to design a pilot program that would help fine-tune measures under the new design that might alleviate some of the longer-standing concerns and issues our community has voiced. CFHSS encourages CIHR to continue the open communication illustrated by this consultation process in order to achieve the full potential of these program changes, and to gain support for these changes across disciplines.