



COALITION FOR PEDIATRIC MEDICAL RESEARCH

Ann & Robert H. Lurie Children's Hospital of Chicago	Connecticut Children's
Boston Children's Hospital	Intermountain Primary Children's Hospital
Cincinnati Children's Hospital Medical Center	Nationwide Children's Hospital
Children's Hospital Colorado	Nemours Children's Health
Children's of Alabama	Rainbow Babies & Children's Hospital
Children's Healthcare of Atlanta	Seattle Children's
Children's Hospital of Los Angeles	Stanford Maternal & Child Health Research Institute
Children's Hospital of Philadelphia	St. Jude Children's Research Hospital
Children's Mercy Kansas City	Texas Children's Hospital
Children's Wisconsin	UPMC Children's Hospital of Pittsburgh
Cleveland Clinic Children's Hospital	Weill Cornell Medicine Pediatrics

April 15, 2024

Joseph Gindhart, Ph.D.

Eunice Kenney Shriver National Institute of Child Health and Human Development

Re: NOT-HD-24-011

VIA ELECTRONIC DELIVERY TO NICHDTCDRFI@mail.nih.gov

Dear Dr. Gindhart:

On behalf of the Coalition for Pediatric Medical Research, we thank you for issuing the ***Request for Information (NOT-HD-24-011): Inviting comments and suggestions on the Eunice Kennedy Shriver National Institute of Child Health and Human Development's Support of Extramural Research Training and Early Career Development***. We appreciate the stakeholder engagement and related activities NICHD leadership has undertaken since the Extramural Training and Career Development Working Group recommendations were presented to the NICHD Advisory Council in January. We particularly appreciate the time Dr. Bianchi and other leaders spent with our members in late February, and we hope NICHD will carefully consider all feedback you receive in response to this RFI.

By way of background, our coalition consists of about two dozen children's hospitals deeply committed to pediatric research. While the size of the research programs varies among our members, we are united by our deep commitments to child health research. All of our members prioritize research by committing significant institutional resources to this pursuit to

develop the most advanced research programs possible. A core component of any research program must be the nurturing and development of those in the earliest stages of their careers.

Our members have long been concerned by the increasingly daunting challenges associated with developing adequate numbers of early-career researchers, including physician-scientists and non-physician-scientists, who are opting to focus their careers on pediatrics. These concerns have led us to support federal legislation, which we will discuss further, to strengthen NIH programs focused on developing early career pediatric researchers, particularly those researchers from populations underrepresented in the field of pediatrics.

We were very pleased by the recommendations put forward last year by the National Academies of Science, Engineering and Medicine (NASEM) as part of its report *The Future Pediatric Subspecialty Workforce*, particularly recommendation 6-2 that calls for NIH and the Agency for Healthcare Research and Quality (AHRQ) to “increase the number of career development grants in pediatrics, particularly institutional training awards (e.g., the Pediatric Scientist Development Program), the Pediatric Loan Repayment Program, and K awards, with attention to providing such grants to physician-scientists from backgrounds that are underrepresented in the scientific workforce and for high-priority subspecialties in pediatric research.” This recommendation also noted that “funding for individual K awards should be increased to reflect current salaries and research project expenses and should include additional explicit funding for mentorship.” We strongly support this timely recommendation and believe it should be the guiding star used to inform any recommendations put forward by NICHD or NIH more broadly.

It is with this orientation that we have reviewed and evaluated the recommendations put forward by the working group. We wish to note right upfront that we empathize with NICHD and the challenges the Institute is navigating, including a flat budgetary environment, as you seek to achieve multiple goals, including those focused on career development and training. We also note that we agree with the majority of recommendations put forward, including placing a greater emphasis on improving diversity in the field, improving the sense of community among trainees, and increasing funds for the Loan Repayment Program (LRPs). Each of these points is meritorious and deserves to be advanced.

Opposition to Across-the-Board Caps or Term Limits

While we support many of the recommendations, we are very concerned about elements of recommendation 2 which seeks to “reinvigorate institutional training and career development awards.” Rather than reinvigorate such awards, we believe the recommendations as currently structured would have the opposite effect of destroying high-performing programs by instituting “term limits” or other mechanisms to discriminate against and ultimately punish longstanding and high-performing programs. We also take issue with terminology that conflates longevity of a program with being “entrenched” or unadaptable and that fails to recognize that many longstanding programs continue to exist because they are very successful. We also

disagree with the broad-brushed characterization that many longstanding programs have limited interest, a misperception based on experiences of our members.

Instead of taking a one-size-fits-all approach that would sunset highly successful longstanding programs, we believe NICHD should embrace a more nuanced approach in reviewing each applicant – new or renewal – while concurrently pursuing other approaches, which we will speak to, to foster the development of new programs. If any longstanding programs are indeed “entrenched” and not performing as they should, NIH should cease to fund them. NIH resources are simply too scarce to fund suboptimal programs. Doing so hurts promising new applicants that lose out on the ability to receive funding, and it ultimately hurts the early-career research cohort and the field overall if non-meritorious programs are funded.

On the issue of effectiveness of longstanding programs, it is the experience of coalition members holding such awards that interest and competition remains high. For example, in the case of a K12 held by Cincinnati Children’s Hospital, the coalition averages five to 10 applications per each slot year and has developed a companion program to support slots that provide an identical experience yet are funded by the hospital’s own resources. This reality speaks to a demand that exceeds the limited supply of slots.

Given these successes, we oppose implementing any recommendations that would establish rigorous caps or “term limits” for these awards or establish different (meaning higher) paylines for renewals. We do support ensuring that all programs funded – both new ones and renewals – are meeting metrics. Additionally, we would support approaches to strengthen the focus on diversity of participants, including by holding recipients accountable for their performance. We also support strategies and tactics that would bolster first-time applicants as we recognize the value of adding new programs to the mix, but we do not think this can be done at the expense of successful longer-term programs.

Concerns About Potential Deemphasis of the Importance of Academic Research

We also wish to raise a note of caution about the potential that the recommendations may go too far in encouraging too great of a deemphasis on careers in academic research. We agree that there are many career options for scientists, particularly in the field of medical research, and that not everyone is destined for a career in academia. At the same time, we must not discourage, even unintentionally, people from embarking on or staying in careers in academia. If we do so, we will make an already leaky pipeline even more porous. We urge that you carefully reconsider any recommendations to “redefine success” and that you make clear the necessity of maintaining a vibrant academic career pathway and the role of the NICHD and NIH more broadly in achieving this goal.

Alternative Recommendations for Consideration

We appreciate that NICHD is interested in seeking additional ideas and potential solutions, not just opposition, from stakeholders. Since its inception, our coalition has focused on developing

and proposing innovative public policy solutions, including on this very topic, and we hope this RFI is an opportunity for dialogue on these ideas. It is in that spirit of collaboration that we offer the following for your consideration.

A Partnership Approach to Developing New Awardees

We believe the most effective way to bring new entrants into the ranks of institutional career development and training awards should come by pairing new or emerging programs with successful longstanding programs. This would enable highly effective programs to share their knowledge and expertise with newer entrants committed to supporting robust training programs, including those able to reach more diverse applicants. To effectuate this, we propose that NICHD build upon a partnership model you are already using in one or more areas, notably in the Clinical Pharmacology Training Network T32 program. Through this model, NICHD has required applicants to include one or more partners that lack strong pharmacology programs to both reach a more diverse population of early-career researchers and to build overall training capacity.

Through a partnership model like this, individual researchers training through the emerging program receive access to additional career development supports they would not be able to access otherwise. And the emerging training programs have the opportunity to learn from more experienced peers as they seek to strengthen their own training capacity and, ideally, become stronger applicants including for lead roles in the future. We think that requiring partnering as part of K12 and T32 applications is a successful way to achieve many of the stated goals under recommendation 2 without cutting high-performing longstanding training programs. We urge that you strongly consider revising this recommendation to include a partnership requirement, including a pathway that would allow emerging partnering institutions to evolve to lead applicants as they build their programs.

Supporting Pediatric Training Across All Institutes and Centers

Beyond turning to partnerships as a means of supporting emerging programs, we encourage that the recommendations be revised to support more cross Institute-and-Center or pan-NIH career development collaborations. Driving multi-Institute-and-Center approaches to funding pediatric career development activities has long been a priority of our Coalition. It is also a cornerstone of the [bipartisan Pediatricians Accelerate Childhood Therapies \(PACT\) Act](#) that we strongly support, and is an activity that could be facilitated by the existing NIH Pediatric Research Consortium (N-PeRC). Many of our leaders have been funded by Institutes or Centers outside of NICHD and believe that aligning pediatric research career development activities across the NIH would be a most worthwhile goal. As such, we urge that you consider updating the recommendations to include one that tasks N-PeRC with coordinating all child health research training activities, including by:

- Identifying priority areas of focus;

- Pooling resources of multiple Institutes and Centers to support new training awards; and
- Including policies to prioritize applicants involving a first-time participating institution or institutions and those with specific metrics for improving diversity of those being trained.

We also encourage you to consider other outside-the-box approaches to NIH-wide collaboration, such as establishing child health research supplements that could be added to existing T32 awards. Just as the diversity supplements provide opportunities to add a well-qualified applicant from an under-represented population to existing awards, a child health research supplement would provide an opportunity to support a researcher focusing in pediatrics. For example, one of our member institution's academic partners has a few T32 awards but none focus on pediatrics. A child health research supplemental could help address this gap by tacking onto an existing award.

Sustain and Grow Overall Support for Pediatric Research Training

We strongly believe NICHD must sustain and increase resources committed to pediatric researcher training and career development, including both institutional and individual awards. Individual awards are extremely important, particularly to institutions that are working to foster institutional training platforms, and they are an important early achievement for any researcher pipeline. Individual K awards help jumpstart careers and can be particularly useful in helping achieve our collective goals around improving diversity of the pediatric research workforce.

As noted, we empathize with the budgetary challenges the Institute is navigating. But we strongly believe that developing our research workforce must be a top priority and urge that the Institute commit to a plan to sustain and ultimately grow the resources committed to these objectives. We do not want any of these recommendations to lead to – intentional or unintentional – reductions in funding for training early-career child health researchers. We also note that recommendations we have put forward, including aligning pediatric researcher training across Institutes and Centers, could bring about some efficiencies in program operations and help protect funds to support training activities.

Address Data Collection Needs

Finally, in order to chart the necessary path forward, we must understand fully where we have been, where we are today, and where we are heading. As discussed during our February 29th meeting, we are concerned about limitations within existing systems to obtain accurate data as to the number of pediatricians being trained across various NIH programs today. We also note that improving upon the data collected by governmental and nongovernmental funders was included by the National Academies as recommendation 6-1. We urge that NICHD include within your recommendations updating its data systems so that accurate data, including subspecialty focus, is obtained for all trainees. This could feed into more comprehensive efforts

envisioned by the study's authors that would lead to a central repository containing "qualitative and quantitative data" on "funding and success throughout their careers."

Conclusion

Thank you, again, for soliciting stakeholder feedback via this RFI. We hope you will find our comments helpful and submitted in the spirit of being helpful. Please note that we remain deeply committed to working with NICHD to strengthen our collective abilities to support the next generation of pediatric researchers. We would be pleased to answer any additional questions, provide additional information, or meet directly to discuss any of these ideas further

Sincerely,

Dr. Tina Cheng
Cincinnati Children's Hospital

Dr. Leslie Walker-Harding
Seattle Children's

Dr. Elizabeth Fox
St. Jude Children's Research Hospital

Dr. Ronald Sokol
Children's Hospital Colorado

Dr. Karen Murray
Cleveland Clinic Children's Hospital

Dr. Alex Huang
Rainbow Babies & Children's Hospital

Dr. Carl Allen
Texas Children's Hospital

Dr. David Brousseau
Nemours Children's Health

Dr. Kristy Murray
Children's Healthcare of Atlanta