NIH Request for Information (RFI): Proposal to Cap the Number of Simultaneous Research Project Grants per Principal Investigator to Support More Researchers and Maximize Scientific Productivity and Innovation

Submit responses via: https://rfi.grants.nih.gov/?s=6a1f200c6e0a7544e30b3f12
Due date: August 3 11:59 pm ET

Pros and/or cons of the policy (500 characters): Defunding/penalizing PIs with track records of scientific excellence is inconsistent with the goal of making funding decisions based on scientific merit. Capping the number of simultaneous grants, including multi-PI grants, unintentionally disincentivizes multi-disciplinary team science, harms PIs who need multiple NIH grants to support their time to conduct impactful science (at present grants fund limited salary of PI), and decrease career development opportunities for junior PIs.

The optimal number of RPGs for the cap (2, 3, or 4) (50 characters): [leave blank]

Strengths and weaknesses of the proposed implementation strategies (500 characters): It will be more challenging for experienced PIs to sustain labs and recruit/retain other researchers needed for comprehensive, large-scale, impactful research. Also, to pursue new ideas/grant proposals under the proposed strategy, PIs may need to prematurely end research activities or transfer grants to other PIs with less subject matter expertise, decreasing the return on investment on federal funds to support science.

Possible unintended consequences or policy loopholes (500 characters): Including multi-PI grants in a cap will discourage PIs from participating in collaborative, multi-disciplinary research (e.g., clinical trials, multi-site studies, programs with large networks), and discourage senior PIs from including junior PIs as MPIs to support their training/development, limiting opportunities for junior PIs. A cap would incentivize fewer but larger grants, or nominal transfers of PI status, shifting the apparent concentration of funding rather than necessarily reducing it.

Other comments (750 words): Federal taxpayer dollars should support the most meritorious research, not limit scientific progress with arbitrary funding caps that prioritize funding distribution over scientific excellence. The Society of General Internal Medicine (SGIM) opposes a simple grant cap as it is a poor proxy for either funding concentration or a PI's capacity. It treats a small R03, an R01, a large U19, and an MPI role requiring modest effort as equivalent, despite major differences in funding, effort, and responsibility.

It is also important to keep in mind that many research grants cover only a minority of a PI's time. Yet, the most successful investigators typically devote 80% or more of their time to research. By capping the number of grants a PI can hold, the policy will make it much more difficult for the most talented investigators to maximize the time they devote to their research. Instead, the policy will shift funding to grant applicants who may end up spending only a minority of their time on research. Such investigators are less likely to fully immerse themselves into their research because they will have to devote more attention to other responsibilities. For example, a talented clinician-investigator will have much less research productivity if he/she needs to spend a majority of time on clinical responsibilities.

If NIH moves forward with implementing a cap, NIH should exclude multi-PI grants so that the number of multi-PI grants a PI holds does not count toward the cap. Exclusion of multi-PI grants from a cap would ensure that PIs who hold multiple multi-PI grants and work successfully in collaboration with others are not unintentionally penalized and that junior investigators whose career development depends on their MPI status can continue their work. NIH policies should incentivize team science, not discourage it, to ensure translation of basic research into clinical care that can make meaningful impact on patients.