AAMC
655 K Street, NW, Suite 100
Washington, DC 20001-2399
T 202-828-0400
aamc.org

October 5, 2026

Center for Scientific Review
National Institutes of Health
Bethesda, MD 20892

Re: Request for Information on Proposed Changes to Reporting Outcomes from NIH Peer Review (NOT-OD-26-088)
Submitted via https://rfi.grants.nih.gov/?s=6a2b1c22c3fcfda46e0badd2

The AAMC[1] appreciates the opportunity to comment on the request for information, *NIH Proposed Changes to Reporting Outcomes from NIH Peer Review*.

While we share NIH's commitment to improving the health of people everywhere, the AAMC does not agree that the NIH's goals will be advanced by implementing the proposed policy changes. If the NIH decides to change the use of peer review outputs, the agency should promote the core principles of funding the most meritorious science and promoting transparency in decision making by increasing the number of outcome categories and sharing peer review scores with applicants once funding decisions are made.

Peer review identifies meritorious research, and NIH should have the full benefit of those assessments. The peer review process is highly competitive[2], reflecting the strength of the U.S. biomedical research enterprise and ensuring that NIH resources are allocated through a rigorous and transparent process. The AAMC agrees with NIH that funding decisions must balance many "competing and dynamic factors," but peer review remains primary among these factors. The proposed three-category system provides insufficient granularity for applicants, institutions, and NIH program officers. **We recommend defining 5 impact categories**: top 5%, 6-15, 16-25, 26-50, and >50. In addition, NIH should share with the research community the scores that are represented by each category for each review panel.

Establishing and maintaining trust and accountability requires additional transparency into award decisions. As responsible stewards for federal funds, the research community is committed to building trust and confidence in research with the public. The peer review process

[1] Established in 1876, the AAMC is a nonprofit association dedicated to improving the health of people everywhere through medical education, clinical care, biomedical research, and community collaborations. Its members are all 163 U.S. medical schools accredited by the Liaison Committee on Medical Education; 12 Canadian medical schools accredited by the Committee on Accreditation of Canadian Medical Schools; more than 400 academic health systems and teaching hospitals; and more than 70 academic societies. The AAMC also collaborates with the Department of Veterans Affairs (VA) and VA medical centers through their academic affiliations with AAMC-member institutions. Through these institutions and organizations, the AAMC leads and serves America's medical schools, academic health systems and teaching hospitals, and the millions of individuals across academic medicine, including more than 220,000 full-time faculty members, 100,000 medical students, 167,000 resident physicians, and 60,000 graduate students and postdoctoral researchers in the biomedical sciences. Through the Alliance of Academic Health Centers International, AAMC membership reaches more than 60 international academic health centers throughout five regional offices across the globe.

[2] *NIH Extramural Nexus*, Fiscal Year 2025 By the Numbers: Extramural Grant Investments in Research https://grants.nih.gov/news-events/nih-extramural-nexus-news/2026/03/fiscal-year-2025-by-the-numbers-extramural-grant-investments-in-research

promotes trust in decision-making through sharing comments and scores with grant applicants. **If NIH decides not to share overall impact scores and funding percentiles with program officers, it should share both the overall impact score and the funding percentile with the applicants *after* awards are made.** Sharing the overall impact score after funding decisions would allow applicants, mentors and institutions to incorporate these valuable data points for next-step decisions without jeopardizing NIH's goal of making award decisions without agency overreliance on a single number.

Maintaining a robust pool of peer reviewers requires assuring experts that their scientific assessments will meaningfully inform funding decisions. To recruit and retain expert reviewers who are willing to devote substantial time to evaluating applications, NIH must provide them with confidence that their efforts will be fully utilized and appreciated. Should the overall impact scores not be shared with applicants, peer reviewers may feel that their contributions are devalued and ultimately discourage some scientists from serving on study sections.

Providing investigators and institutions with robust feedback, including an overall impact score, is part of NIH's mandate to improve science and develop the next generation of scientists. Grant applicants, their mentors, and their institutions use feedback from peer review to help determine next steps for a research proposal, including how to strengthen their proposal and distinguish minor and major concerns. Early-stage investigators rely heavily on detailed feedback and the comparative assessment of their proposals as they prepare subsequent applications and navigate critical stages of their careers. While the criterion scores and individual reviewer comments provide important context, receiving additional feedback from the full range of expert panel reviewers through the chair summary and overall score help investigators shape and revise their funding proposals.

Staffing shortages at NIH could make this change more difficult to implement and less effective. NIH program staff support investigators throughout the funding process. Program officers bring expertise in their scientific portfolios and can help investigators interpret review feedback, identify gaps, and determine how to strengthen a resubmission. Reducing the specificity of reported outcomes by using a three-category system and shielding both parties from the overall impact score may make this guidance more difficult to provide. We also urge the agency to carefully consider the staffing and capacity constraints that continue to challenge the agency and may affect its ability to maintain high-quality and timely peer review. Implementing a change now with a smaller staff may not achieve the intended efficiencies.

Should NIH implement any changes, we urge NIH to monitor and report the impact of these changes to the research community. A change in how peer review is used, in conjunction with the implementation of the NIH Unified Funding Strategy, could have the unintended consequence of limiting the potential of federally funded research to improve the lives of people everywhere.

The AAMC appreciates NIH's engagement with the research community on proposed changes to reporting outcomes from NIH Peer Review. We look forward to working with you and would be pleased to provide additional information or clarification on any of our recommendations. For questions, please contact Jodi Yellin, PhD, Biomedical Research Workforce Leader (jyellin@aamc.org) or Julia Omotade, PhD, Senior Science Policy Specialist (jomotade@aamc.org)

Sincerely,

Elena Fuentes-Afflick, MD, MPH

Elena Fuentes-Afflick, MD, MPH
Chief Scientific Officer

cc: David J. Skorton, MD, AAMC President and Chief Executive Officer