The National Heart, Lung, and Blood Institute (NHLBI) is committed to its mission of improving the public health through a comprehensive program of basic and clinical investigations, clinical trials and other population-based studies, and demonstration and education research projects. Fulfillment of this goal hinges on the existence of sufficient numbers of highly trained individuals from a wide variety of disciplines and specialties. Developing and maintaining this expertise is an important and continuing priority of the Institute.

The majority of the Institute’s training activities are conducted under the auspices of the National Research Service Award (NRSA) program, through which it supports a modest number of individual postdoctoral fellowships and a sizable number of institutional training grants at both the predoctoral and the postdoctoral levels. Since funding for the NRSA program reached a plateau several years ago, it has been an increasing challenge to provide attractive training opportunities to sufficient numbers of young scientists.

In the context of training budget constraints, the NHLBI has taken measures to ensure that NRSA-supported training slots are used to the fullest extent possible. For instance, we are looking closely at use of predoctoral and postdoctoral slots by training program directors and are making reductions to programs that do not recruit sufficient numbers of trainees to fill the available slots. We are also trimming slots from new awards, as appropriate.

An additional measure involves the timing of receipt of NRSA institutional grant applications. The usual start date for NHLBI training grants is July 1, and commitments made by training program directors to enroll new trainees are generally made early in the calendar year. Therefore, to give potential training program directors sufficient time to plan for recruitment of trainees, the Institute makes funding decisions for training grant applications only once a year, in February. To meet this schedule, the NHLBI requests submission of competing applications on two dates, January 10 and May 10, for consideration at Advisory Council meetings in October and February, respectively. Applications submitted on September 10 for review at the May Council are not considered for support until the following fiscal year. Although the Institute has allowed some exceptions to this policy in the past, it will no longer do so. Thus, training program directors are urged to plan their competing renewal applications for the appropriate deadline date to avoid possible lapse of support.

An important Institute research training goal is to encourage young investigators to remain in training for a sufficient period of time to fully develop their knowledge and expertise. Analysis of NHLBI-supported trainees has indicated persuasively that individuals trained for 2 or more years are more likely to apply for and receive subsequent National Institutes of Health (NIH) support. In this light, we are pleased to take note of a recent legislative change that encourages and facilitates longer training periods for NRSA postdoctoral fellows. The NIH Revitalization Act, which became law in June, substantially modified the service payback obligation required of all NRSA trainees. Formerly, payback was required only for NRSA-supported training in excess of 12 months. Henceforth, no payback will be required of predoctoral trainees; postdoctoral trainees will incur an obligation only during the first 12 months of NRSA-supported research training, and the 13th and each subsequent month of NRSA-supported training will be considered as payback of the service obligation. We view this legislative change as a positive step that will eliminate a long-standing disincentive to the pursuit of research training.

As critical as postdoctoral training is to development of young investigators, it is often insufficient, in itself, to launch a successful research career. Therefore, the Institute has made a considerable investment in so-called “K-series” awards. This series, which includes such mechanisms as Research Career Development Awards and Academic Awards, provides a variety of opportunities for young scientists to advance to more senior, independent status. Of particular note is the NHLBI Clinical Investigator Development Award (CIDA), a new program that incorporates features of two former programs, the Physician Scientist Award and the Clinical Investigator Award. The CIDA was designed to serve research career development needs of clinicians by providing them with research opportunities that are appropriate to their scholastic background, previous experience, and past achievements. Designed to capture a broad range of physicians committed to developing into independent researchers,
investigators, the award is appropriate both for those with minimal research experience, who need guided course work and supervised laboratory experiences, and for those with prior research training, who need an intensive research experience under the guidance of an experienced scientist.

Developing and sustaining the nation's scientific research capacity—in both basic and clinical fields, both traditional and modern disciplines—is a high priority for the 1990s. Only by cultivating and nurturing our talent base can we hope to reap the benefits of scientific progress in the future.
NHLBI research training and career development programs. "As ye sow ...".

C Lenfant

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