

**RESPONSE TO CANADA FOUNDATION FOR INNOVATION CONSULTATION ON PROGRAM
ARCHITECTURE NOVEMBER 30, 2015**

PURPOSE

The purpose of this document is to respond to the Consultation on the Canada Foundation for Innovation's fund architecture.

INTRODUCTION:

HealthCareCAN is the national voice of patient care organizations in Canada. It is formed from the legacies of the Canadian HealthCare Association and the Association of Canadian Academic Healthcare Organizations.

HealthCareCAN's membership includes the majority of the country's research hospitals, academic regional health authorities, and their research institutes. A full listing of HealthCareCAN members can be found at: <http://www.healthcarecan.ca/who-we-are/membership/members/>

Please note that this response is a reflection of representative themes heard across the membership and is not intended to suggest a consensus. Individual HealthCareCAN members may have additional points of view and may make individual submissions.

KEY MESSAGES:

- **CFI's Program Goals:** We believe that overall CFI's program architecture is meeting its four goals: (responding to the needs of the research community; serving a spectrum of organizations; having a simple architecture; and coordinating with tri council funding programs). However, we see three main challenges:
 - While research hospitals/academic regional health authorities and CFI have a very positive and productive relationship, the application rules for research hospitals/academic regional health authorities in some parts of the country appear to, or are understood to, preclude some of these organizations from applying directly to CFI. We recommend that research hospitals/academic regional health authorities should be able to apply directly for CFI funding.
 - The issue of coordination with the Tri Council funding programs must be strengthened, particularly for new investigators. At this stage, we are not suggesting a program or application revision, but rather careful discussion between the Tri Council granting agencies and CFI to ensure that there is overarching coordination and flexibility at the operational level. In many cases, the availability of equipment is foundational to a program of research.

- It is important to keep in mind, that CFI is quickly becoming one of the only sources for the funding of equipment. We encourage CFI to consider that innovation exists not just in new technologies, but in the innovative use of existing and/more traditional technologies, equipment and infrastructure.
- **John R. Evans Leaders Fund (JELF):** Overall, this fund appears to be well-administered. We do not see the need or benefit in making major changes. We believe it is important to be able to use this fund for both established and new researchers. We believe that increasing the minimum request for this fund has advantages and disadvantages. A higher minimum application may encourage collaboration among applicants with smaller proposals and could increase the efficiency of the application and review process. However, it could also make it more difficult to apply for needed infrastructure and/or result in under-utilization. Similarly, increasing the ceiling for this fund may also be of minimal value. It would likely be best for CFI to continue setting a recommended ceiling (even if it is higher) and continue to let the organizations determine the proposed amount. Finally, consideration must be given to the sequencing of JELF funds with respect to Tri-Council funding to avoid situations where equipment exists but not research funds and vice versa. For new investigators, the equipment is an essential starting point. Again, at this stage we are not recommending major changes to the application process, but underscoring the need for operations-level coordination between CIHR and CFI. Finally, institutions are often asked to provide their plans for using their JELF envelopes well in advance of future competitions. This is difficult in reality since plans change and predictability can be an issue. We ask CFI to allow for flexibility with these plans. We do not suggest any changes to the Small Institution Fund.
- **Innovation Fund:** In terms of the application length, we recommend leaving it as is. People are familiar with the application. A shorter application can often be just as difficult to complete as a longer one. If however, CFI decides to shorten the application, it is essential that the shorter application be structured so that applicants know exactly what they need to provide. In terms of streamlining the CV, we believe it would be best if CFI utilized the CCV. Most individuals have already completed it. While additional elements should not be required, flexibility for investigators to added appendices or additional materials may be helpful. We also support increasing the minimum amount of this fund, to maintain and increase its purchasing power given the rising cost of equipment.
- **Infrastructure Operating Fund:** This is a critical fund for our organizations. We have appreciated CFI's understanding and responsiveness to the need for funds that allow for maintenance of equipment. We would encourage further consideration of how we can extend maintenance on equipment that is highly used, beyond the grant period, but not necessarily in need of full replacement yet. For example, while maintenance is often covered for five years, we believe that for many pieces of equipment an additional five years of maintenance would serve instead of the full purchase of a replacement. To achieve this, CFI could institute a competitive review process for equipment that is highly used. We would also like CFI to consider mechanisms through which CFI might engage in the maintenance of highly used research equipment that may not be originally

funded by CFI (for example, an MRI that is being highly used for extremely innovative research purposes, but for which funding was generated by a foundation). Again, CFI would have to develop a competitive process for this. If this is an area of exploration, members of the HealthCareCAN VPRs Roundtable would likely be available to assist CFI in considering how this might work.

- **Cyberinfrastructure Initiative:** As acknowledged by CFI, it is still too early to understand the full function and benefit of this fund. There are important cyberinfrastructure initiatives that need funding. The consideration is not only equipment but also personnel to manage, administer, and operate this equipment. We believe it is important to strike the right balance between local and regional infrastructure. In some respects we query why the Cyberinfrastructure fund must be segregated from other funds and whether cyberinfrastructure projects may fit in other funds as well. Finally, we would like to raise the issue of eligibility of computer equipment that may not be leading edge but that is essential for any type of research or innovation to occur. Again, we believe it is about considering the amount and type of innovation that is occurring through the use of the equipment, not necessarily the nature of the equipment itself.
- **Strategic research plans:** On the topic of strategic research plans, we agree that the benefit of these plans may be minimal. In some cases they are written to satisfy the application while in other cases they may be too high level to be meaningful.

CONCLUSIONS

Overall, in our discussions with with the Vice Presidents of Health Research from across the country's research hospitals and academic regional health authorities, we have heard that CFI's programs are important and well-run. We do not advise major changes but rather additional considerations. We again commend the Canada Foundation for Innovation (CFI) for conducting this consultation with the community. Finally, we welcome further discussion with CFI on these and other issues at the annual Academic Health Sciences Network (AHSN) Symposium on February 24-25. We are delighted to have CFI's participation.