

# Relatedness of the Canadian Institute of Health Research (CIHR) Open Operating Grant Program (OOPG) Peer Review Committees (PRCs)

CIHR OOPG PRCs are created, dissolved, or have their mandates revised, to adequately respond to application pressures and to ensure the mandates cover the breadth of research required.

The following information addresses changes to PRCs as of June 2011.

The panel **Cancer Progression & Therapeutics (CPT)** has been split in two (CPT and CT2, respectively) to accommodate application pressure.<sup>1</sup>

The panel **Cardiovascular System – D (CSD)** was created as an identical panel to “Cardiovascular System – B (CSB)” when application pressure was sufficient<sup>2</sup>.

The panel **Clinical Investigation – D (CID)** was formally created in June 2010 as application pressure from Clinical Investigation - B (CIB) was sustained.<sup>2</sup> Applicants have been able to submit to CID for the last two competitions.<sup>2</sup>

The panel formally known as **Children’s Health (CH)** has been renamed Social & Developmental Aspects of Children's and Youth's Health (CHI) to more accurately reflect the mandate of the committee.<sup>2,4</sup>

The panel **Experimental Medicine (EM)** has been renamed **Haematology, Digestive Disease & Kidney (HDK)** as it was considered by the committee the name Experimental Medicine did not fit the mandate.<sup>2</sup>

The panel **Health Services Evaluation and Interventions Research (HS)** has been divided into 3 panels (**HS1, HS2 and HS3**) due to application pressure.<sup>3</sup>

Similarly, **Public, Community and Population Health - B (PH2), Psychosocial, Sociocultural and Behavioral Determinants of Health - B (PB2) and Randomized Controlled Trials - B (RC2)** were created as an overflow for **Public, Community and Population Health - A (PH1), Psychosocial, Sociocultural and Behavioral Determinants of Health - A (PB1) and Randomized Controlled Trials - B (RC2)**, respectively.<sup>4</sup> For the PH's, PB's and HS's there tends to be a thematic split within the overall mandate, so it is easy to maximize the match of reviewer expertise with application subject matter. The split varies from competition to competition depending on the cohort of applications received and the reviewers whom have been recruited<sup>4</sup>.

The panel **Knowledge Translation and Exchange (KTE)** has been renamed Knowledge Translation Research (KTR) to better reflect CIHR’s definition of knowledge translation.<sup>4</sup>

The panel **Metabolism (M)** has been renamed **Diabetes, Obesity, Lipid & Lipoprotein Disorders (DOL)** with essentially the same mandate but what was felt to be a clearer name.<sup>4</sup>

1 Information received May 24, 2011 via email from Mr. Dale Dempsy, Deputy Director, Program Delivery, CIHR

2 Information received May 27, 2011 via email from Mrs. Liliane Chenard, Deputy Director, Program Delivery, CIHR

3 Information received January 31, 2011 via email from Dr. Gregory Huyer, Deputy Director, Program Delivery, CIHR

4 Information received June 1, 2011 via email from Dr. Gregory Huyer, Deputy Director, Program Delivery, CIHR

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