Scientific Executive  
Center for Research Capacity Building  
National Institute of General Medical Sciences (NIGMS)  

POSITION INFORMATION

INTRODUCTION

This position is located in the Center for Research Capacity Building (CRCB), National Institute of General Medical Sciences (NIGMS), National Institutes of Health (NIH), Department of Health and Human Services (DHHS).

The CRCB seeks to enhance the research, research training, faculty development, and research infrastructure improvements in states that historically have not received significant levels of research funding from NIH. CRCB is responsible for broadening the distribution of NIH funding for biomedical research, and to support the NIGMS’ commitment to developing a diverse biomedical research workforce. To that end, CRCB supports developmental programs that seek to increase the research competitiveness of faculty at institutions that have an explicit historical mission focused on training and graduating students from underrepresented groups. Additionally, CRCB programs support capacity building, student and faculty enhancement and research pertinent to and selected by the American Indian/Alaska Native Tribal Communities. Lastly, CRCB supports educational activities that enhance the training of a workforce to meet the nation’s biomedical and clinical research needs.

The center manages the following programs: (1) Institutional Development Award (IDeA) Program, which is comprised of the Centers of Biomedical Research Excellence (COBRE), IDeA Networks of Biomedical Research Excellence (INBRE) and IDeA Clinical and Translational Research Centers; (3) the Science Education Partnership Awards (SEPA); (4) the Support of Competitive Research (SCORE) Programs; and (5) the Native American Research Centers for Health (NARCH) Program. Each program supports research, provide resources for research infrastructure enhancement and capacity-building in the basic biomedical sciences and related behavioral and clinical sciences to enhance the competitiveness and diversity of the biomedical research workforce.

The incumbent serves as the Center Director, with responsibility for scientific and administrative management of Center research activities. The CRCB is the focal point for all NIGMS programs that develop the capabilities of diverse researchers and institutions to conduct cutting-edge basic, translational and clinical science. He/she provides direction, advice and guidance to program administrators on NIGMS policies, plans for support of research grants, the enhancements of biomedical research infrastructure, grant mechanisms in support of NIGMS research priorities and its commitment to diversity. This includes assessing programmatic efforts to develop a competitive and inclusive biomedical research workforce, particularly in regard to institutional change and progress; and collecting data to guide the programs’ future direction or studies related to the "state-of-the-art" in the area of developing a creative and diverse biomedical research workforce. He/she collaborates with IDeA-like programs across federal agencies and has day-to-day supervision of all aspects of the IDeA program. The incumbent is also
responsible for oversight of the NARCH and SCORE Center programs.

The Center Director has full authority to oversee daily activities, provide leadership and direction to a staff of Health Scientist Administrators whose grades range from GS-12 to GS-15 from a personnel and programmatic perspective.

The incumbent plans for and develops a program of support in such areas as: research, research education and mentoring, research infrastructure development, career development, and grants relevant to the development of a competitive and diverse biomedical research workforce. He/she develops such a program to support capacity building in areas that include, but are not limited to, broadening geographical distribution defined by IDeA Programs, NIGMS research priorities and developing a diverse biomedical research workforce. The incumbent provides advice to the Institute Director on research training directions and other developmental opportunities. He/she also produces progress reports for use by the Institute Director and reviews and models funding for the Center's activities; develops operating procedures for the internal scientific management and evaluation of on-going grants and new grant proposals; and reviews and evaluates periodic and interim progress reports on individual projects to determine effectiveness of support.

As a member of senior leadership, the CRCB Director presents information to the team concerning center policies, goals, and directions. He/she follows progress and maintains current knowledge of the sciences assuming a substantial role in deliberations, related to his/her scientific expertise bringing to bear the attitudes and impacts of his/her field of science on problems under discussion.

The incumbent oversees preparation of documents from the Center for the National Advisory General Medical Sciences Council; reads all summary statements for the Center, identifies potential problems, and suggests courses of action; and reviews all correspondence and provides advice on policies and procedures.

He/she represents CRCB at meetings, study sections, committees, and scientific societies and is considered by the biomedical research community to be an authoritative resource regarding NIH and NIGMS policies and goals. Serves as NIGMS liaison to other programs; NIH institutes/centers (ICs), government agencies, private organizations, and the scientific community as a whole. The incumbent serves on committees and organizes workshops, symposia, and meetings to facilitate scientific research, implement program initiatives, and develop policies and procedures.

The incumbent has primary oversight responsibilities over all aspects of the IDeA, SEPA, SCORE, and NARCH Programs. NIGMS’s Institutional Development Award (IDeA) program broadens the geographic distribution of NIH funding for biomedical and behavioral research. The program fosters health-related research and enhances the competitiveness of investigators at institutions located in states in which the aggregate success rate for applications to NIH has historically been low. The program also serves unique populations, such as rural and medically underserved communities, in these states. Managed in the Center for Research Capacity Building in the National Institute for General Medical Sciences (NIGMS), the IDeA program increases the competitiveness of investigators by supporting faculty development and research.
infrastructure enhancement at institutions in 23 states and Puerto Rico.

The IDeA program is a Congressional mandated program and has three main components, Centers of Biomedical Research Excellence (COBRE), IDeA Networks of Biomedical Research Excellence (INBRE) and IDeA Clinical and Translational Research Centers. COBRE support consists of three sequential five-year phases. COBRE Phase I focus on developing research infrastructure and providing junior investigators with formal mentoring and research project funding to help them acquire preliminary data and successfully compete for independent research grant support. COBRE Phase II is intended to strengthen the center through further improvements in research infrastructure and continuing development and support of a critical mass of investigators with shared scientific interests. After ten years of COBRE support, the centers are expected to be able to compete successfully for other sources of research funding, such as program project or center grants from other NIH Institutes and Centers. The objectives of COBRE Phase III are to (1) provide support for maintaining COBRE research cores developed during phases I and II that are essential for the continuing conduct of basic, clinical, translational research, and/or community based research at the institution, and (2) sustain a collaborative, multidisciplinary research environment by providing support for research pilot projects and mentoring and training components.

It is critical to translate the many important advances emerging from basic biomedical research supported through the COBRE and INBRE initiatives into better patient care and improved public health in IDeA states. This is best achieved by fostering productive partnerships between basic and clinical scientists in IDeA institutions and among other NIH-funded programs. The IDeA Program Infrastructure for Clinical and Translational Research (IDeA-CTR) initiative encourages applications from IDeA states to develop infrastructure and capacity to conduct clinical and translational research on diseases that affect medically underserved populations and/or diseases prevalent in IDeA states. It further provides for mentoring and career development activities in clinical and translational research. This initiative is considered as a COBRE activity based on structure and intent.

IDeA Networks of Biomedical Research Excellence (INBRE) enhance biomedical research capacity, expand and strengthen the research capabilities of biomedical faculty, and provide access to biomedical resources for promising undergraduate students throughout the eligible states. INBRE puts the IDeA approach into action by enhancing research infrastructure through support of a statewide system of institutions with a multidisciplinary, thematic scientific focus. The incumbent requests NIH I/C Directors to submit to NIGMS for IDeA co-funding consideration eligible R01 and R15 applications that have already been judged meritorious by NIH peer-review committees and IC national advisory councils, but are outside the range of applications currently under consideration for funding.

The incumbent establishes the IDeA fiscal plan. This allocates the IDeA appropriation among the competing and non-competing continuation awards and provides awards to new competing applications. This requires participation in the initial review of applications, the second level of review by the NIGMS Council and the grant award process by close interaction with the NIGMS Grants Administration Branch.
The incumbent represents the IDeA program on many fronts. This includes membership in the EPSCoR Interagency Coordination Committee (EICC) which requires close interaction among several Federal Agencies who maintain active EPSCoR programs. Other stakeholders that the incumbent significantly interact with include, but not limited to, Congress officials and staff, State and local government officials, other Federal agencies, academic and institutional officials, the EPSCoR/NIH Foundation, the National Association of IDeA Principal Investigators (NAIPI), professional societies, media outlets, and other various interested parties from jurisdictions covered by the different Programs under his/her supervision.

The incumbent attends scientific conferences and meetings of scientists and officials of institutions and other professional groups with the purpose of explaining program requirements, factors involved in study section and Council decisions, and opportunities for program development. Attends meetings of the National Advisory General Medical Sciences Council in order to provide data and information or act as a consultant to the Council concerning individual applications, particularly those on which he/she has made site visits, and to provide advice on specific aspects of applications, as well as to keep informed of Council policies.

The Science Education Partnership Award (SEPA) program invests in educational activities that complement or enhance the training of a workforce to meet the nation’s biomedical, behavioral and clinical research needs. SEPA encourages interactive partnerships between biomedical and clinical researchers and pre-kindergarten to grade 12 (P-12) teachers, schools, museums and science centers, media experts, and other educational organizations. SEPA supports diversity in the workforce by providing opportunities for students from underserved communities to consider careers in basic or clinical research, provides teachers with professional development in science content and teaching skills and improves community health literacy through its science centers and museum exhibits SEPA also supports, through SEPA and SBIR/STTR funding, interactive digital media-based projects where scientists partner with educators and game developers to create digital game-based learning resources that target science, technology, engineering and mathematics (STEM) and health-related challenges such as the incidence of obesity, diabetes, cardiovascular disease, the spread of a new flu strain, or the impact of environmental pollution on community health. SEPA projects must include key stakeholders, e.g., teachers, principals, regional and state officials, at the outset of designing the project plan.

SEPA encourages projects that leverage resources developed through other NIH programs, e.g., Institutional Development Awards (IDeA), Native American Research Centers for Health (NARCH), Support of Competitive Research (SCORE), Research Centers in Minority Institutions (RCMI) and Clinical and Translational Science Awards (CTSA), as well collaboration with STEM programs at other government agencies, e.g., Department of Education (ED), Department of Defense (DOD), National Science Foundation (NSF), National Aeronautics and Space Administration (NASA) or National Oceanic and Atmospheric Agency (NOAA).

The Support of Competitive Research (SCORE) program provides research capacity building support to under-resourced institutions with limited NIH R01 funding that have explicitly stated historical missions or historical track records focused on training and graduating students from
backgrounds nationally underrepresented in biomedical research with B.S./B.A., M.S. or Ph.D. degrees in biomedically related sciences, who represent an invaluable source of untapped talent. This program’s goal is to increase faculty’s research competitiveness and productivity at these institutions and facilitate their transition to non-SCORE support.

The SCORE program offers three distinct support mechanisms for individual investigator-initiated biomedical research projects of different scope and for different program director/principal investigators (PD/PIs) developmental levels:

- **Research Advancement Award (SC1)** is for investigators with a track record of research activity who are seeking to enhance their research productivity significantly in order to transition to non-SCORE support in a limited period of time.
- **Pilot Project Award (SC2)** is for those who are at the beginning stages of a research career, applying for their first independent award, and who are interested in testing a new idea, or generating preliminary data.
- **Research Continuance Award (SC3)** is for those investigators who have been engaged in scholarly research and published, and who seek to continue to increase their research productivity and publications gradually by participating in projects of limited scope in order to eventually transition to non-SCORE support.

SCORE has proven to be a vital interventional program to develop biomedical research capacity at the targeted institutions. There are no other research programs at NIH that focus on the institutions described above and support its faculty. The program is a high impact one because it:

- Engages individuals and institutions that otherwise would not have the opportunity to contribute with their ideas and projects to the research agenda of the Nation, thus adding immense value to the U.S. research enterprise.
- Offers faculty from a unique set of institutions distinctive opportunities to test their research ideas, which often address research needs unique to their communities.
- Emphasizes the mentoring of investigators and promote collaborations with other research-intensive institutions in the U.S., to facilitate access of SCORE Principal Investigators (PIs) to resources and facilities not available at their institutions.
- Further strengthens the institutional research base by increasing SCORE PIs publications, external support, and other research contributions.
- Enhances the opportunities to train the next generation of underrepresented scientists by providing the environments and laboratories where underrepresented students, especially those supported by other NIGMS programs, are mentored and conduct competitive research.
- Contributes to alleviating the persistent problem of underrepresentation in the U.S. biomedical workforce.

Finally, the Native American Research Centers for Health (NARCH) program initiative is a trans-NIH initiative and the only trans-NIH initiative that works directly with the AI/AN communities. Currently 12 NIH ICs and Offices participate in the NARCH FOA. The NARCH program supports partnerships between American Indian/Alaska Native (AI/AN) tribes or tribally based organizations and institutions that conduct intensive academic-level biomedical research. The NARCH initiative supports research, research training, and faculty and
infrastructure development projects prioritized and selected by the AI/AN communities.

As the Director, CRCB, the incumbent has the following responsibilities:

A. Serves as advisor to the Director, NIGMS on supported research in a broad portfolio of basic, translational and clinical research.

B. As a member of the Institute's Senior Staff, assists in devising Institute policy, goals and objectives.

C. Applies extensive scientific knowledge and a high level of professional judgment to formulate center goals and objectives.

D. Uses the staff resources of the NIGMS and the NIH to develop information on biomedical research underway nationally and internationally in the fields involved. With this information, evaluates the status of research in these fields and uses the evaluations to identify areas of excessive or insufficient emphasis. From these analyses, develops an optimum program for applying the nation's existing resources and for creating new resources to accomplish the program.

E. Determines, within the broad program mission of the Institute, specific research efforts designed to foster and expand research in program-related fields. Such efforts include:
   1. Identifying those specific areas of research that appear to be most fruitful and significant, those that need further development, and the best mechanism of support for these areas. These mechanisms include research grants and contracts.
   2. Developing areas where cooperative research efforts should be undertaken on a priority basis by private and independent research institutions.

F. Provides for the programmatic review of research grants assigned to the division; provides scientific direction to program directors monitoring grants and project officers monitoring contracts; makes scientific assessments of ongoing projects to determine the strengths and weaknesses of the program and to provide adjustments and new direction on the basis of such assessments.

G. Formulates the center's paylists. Decides the number and types of grant awards that can be made after each of the National Advisory General Medical Sciences Council's three annual meetings to assure the fair and equal treatment of all applicants and to assure the most effective use of appropriated funds in achieving Center and Institute goals.

H. Consults with scientists and scientist-administrators of government and private agencies, as well as officials of universities and medical schools for the purpose of (a) interpreting the role of the NIGMS and the NIH as a whole in support of research in program-related areas; (b) stimulating support and understanding of NIH programs and (c) setting the framework for new dimensions in research in the fields involved.

I. In promoting the program throughout the scientific community, the incumbent develops and maintains lines of communication with the other institutes and centers of NIH and with HHS, other federal agencies, public and private research organizations, educational institutions, and individual scientists in the field. Presents and defends the NIGMS position, suggests changes in other programs to achieve NIGMS objectives and represents the Institute's program. These duties require
constant personal contact and correspondence with personnel at the highest levels of responsibility and competence in the scientific community. Also, serves on NIH, government or other organizations panels or groups, often assuming special project responsibility.

J. As focal point for the NIH effort in center-related fields, has constant staff liaison with the scientific management and operations of the NIH ICs and of the Office of the Director, NIH.

K. Gives direction and supervision to a staff of professional scientists and technical support personnel to the extent necessary to establish an excellent research program.

L. Exercises leadership to ensure that all programs under the Center Director’s direction reflect the principles of workforce diversity in their management and operation in such areas as recruitment and staffing, employee development, staff assignments, and communications. Provides reasonable accommodations needed to best utilize qualified people with disabilities.