

UC Office of the President

Recent Works

Title

UC Comments on NIH's Request for Information on Proposed Changes to Reporting Outcomes from NIH Peer Review

Permalink

<https://escholarship.org/uc/item/442553qv>

Journal

N/A

Author

UC Office of President

Publication Date

2026-10-13



OFFICE OF THE VICE PRESIDENT – RESEARCH AND INNOVATION

OFFICE OF THE PRESIDENT
1111 Franklin Street, 11th Floor
Oakland, California 94607-5200

Submitted through: <https://rfi.grants.nih.gov/?s=6a2b1c22c3cfda46e0badd2>

October 13, 2026

National Institutes of Health
Center for Scientific Review
6701 Rockledge Drive
Bethesda, Maryland 20817

RE: University of California Response to NIH Request for Information on Proposed Changes to Reporting Outcomes from NIH Peer Review ([NOT-OD-26-088](#))

To Whom It May Concern:

On behalf of the University of California (UC) system, I write to provide comments in response to the National Institutes of Health's (NIH) Request for Information (RFI) on Proposed Changes to Reporting Outcomes from NIH Peer Review, issued on August 14, 2026.

With ten campuses, six academic health centers, an Agriculture and Natural Resources division, and three affiliated U.S. Department of Energy national laboratories, the UC system is one of the nation's largest public research enterprises and a longstanding partner of NIH in advancing biomedical research.

The RFI proposes replacing the current reporting of overall impact scores and percentiles with three categories: "Most Competitive," "Competitive," and "Not Discussed." UC recognizes that the proposed reporting approach is intended to support the NIH's [Unified Funding Strategy](#), which calls for funding decisions to consider peer review alongside programmatic priorities, available funds, and portfolio considerations.

UC is concerned, however, that NIH has not demonstrated that withholding final overall impact scores and percentiles would improve peer review or funding decisions. The proposed reporting approach would reduce the information available to applicants, institutions, NIH program staff, Institute, Center, and Office (ICO) leadership, and Advisory Councils without demonstrating that the proposed reporting approach would produce clearer, more consistent, or more scientifically sound outcomes. UC, therefore, recommends that NIH continue reporting final overall impact scores and percentiles, with any broader categories provided only as supplementary context. Any change should preserve the transparency, accountability, and actionable feedback that applicants, institutions, NIH staff, and oversight bodies rely upon to understand review outcomes and funding decisions and to improve future submissions.

UC offers the following observations and recommendations for NIH's consideration.

I. NIH Has Not Adequately Defined the Problem

The RFI states that numerical peer review scores are estimates with imperfect ability to distinguish among applications and that peer review outcomes contain valuable information beyond the final overall impact score. The RFI, however, does not present evidence that disclosure of scores or percentiles is causing a material problem for funding decisions, nor evidence that withholding scores from applicants and NIH decision-makers would improve consistency, fairness, scientific quality, administrative efficiency, or public trust. Also, if NIH expects the proposed reporting approach to help identify transformative research that might otherwise be undervalued, NIH should explain the basis for that expectation and identify the metrics it will use to assess whether categorical reporting better identifies and supports such research.

II. Broad Categories May Not Provide Applicants with Sufficient, Actionable Information and Would Reduce Transparency

Under the current system, overall impact scores and percentiles provide applicants with valuable information about the relative competitiveness of their applications. This information, together with reviewer critiques and the summary statement, helps applicants assess the outcome of a review, determine whether to revise and resubmit, and identify areas for improvement.

The proposed reporting approach would not eliminate the need for numerical scores to determine the funding eligibility cutoffs. NIH would continue to use numerical scores to place applications into categories, but applicants would receive broader labels instead of the more detailed scores and percentiles. Applications with nearly identical scores could fall on opposite sides of a cutoff and receive different labels, while applications with meaningfully different assessments could be placed in the same category. The “Not Discussed” category also appears to include both applications that were not discussed and applications with scores below the top 50 percent. If some of those applications were discussed, labeling them “Not Discussed” would be inaccurate.

The RFI also leaves important design questions unanswered. The RFI does not specify the reference group used to set the category bands, how NIH would handle ties or small and special-emphasis panels, or how it would make categories comparable across review groups and review cycles.

While written critiques and summaries of discussions remain important sources of feedback, they may not fully convey the application’s relative standing or how the full panel weighed particular concerns. Without a more granular indicator, applicants will have difficulty making informed decisions about resubmissions and will increase the need for additional guidance from NIH program staff without improving the quality of submitted science.

III. Disproportionate Impact on Early Career Investigators and Less-Resourced Institutions

The loss of scores and percentiles will disproportionately disadvantage early career investigators, who may have less experience interpreting nuanced and discordant reviewer comments and greater difficulty identifying the most important deficiencies when deciding whether to resubmit and what to address. At the same time, mentors and departments will have less information necessary for advising them. Institutions with shorter history of NIH funding will be similarly disadvantaged, having less information on how to navigate the NIH review and funding process.

Overall impact scores can provide meaningful evidence of an investigator’s progress even when an application is not funded. For example, an early-career investigator whose application scored very close to the payline may be able to use that information to seek institutional bridge support while improving a future submission.

The scores also serve to inform appointment, promotion, or tenure assessments, and eliminating that information would make it harder for promising investigators to demonstrate professional progress, including those whom NIH's workforce policies are intended to support.

IV. Potential Effect on Reviewer Participation and the Value of Peer Review

NIH depends on scientific experts who volunteer substantial time to evaluate applications and distinguish among a large volume of meritorious proposals. Reviewers assign numerical scores to convey their assessments, and NIH calculates a collective score from those reviews. If NIH withholds that collective score from applicants and its own decision-makers, the reviewers' work may become less meaningful. That, in turn, could disincentivize experts from serving as reviewers, further compounding NIH's existing reviewer-recruitment challenges.

V. Proposed Changes to Reporting Review Outcomes Appear Inconsistent with NIH's Unified Funding Strategy

The Unified Funding Strategy calls for funding decisions to prioritize scientific merit while considering peer review information "in its entirety," together with programmatic priorities, scientific opportunities, available funds, workforce needs, and portfolio considerations.

UC recognizes that a final overall impact score is not the sole determinant of a funding decision and that NIH must consider factors beyond peer review. However, NIH ICOs already have this flexibility and exercise this discretion, including by supporting high-priority applications outside customary funding ranges. The RFI does not explain how disclosing scores prevents ICOs from exercising appropriate programmatic judgment.

The proposed "Most Competitive" category also would encompass the top 25 percent of scored applications, which is a substantially broader group than NIH typically funds. For example, in FY2025 NIH reported an approximately 13 percent success rate for competing RPG and R01-equivalent applications. As a result, under the new proposed reporting approach, many applications receiving NIH's highest proposed category would remain unfunded, while distinctions within the category would be obscured. NIH should explain how transparency, accountability, and the connection between study-section judgement and final award decisions would be preserved under these conditions.

Withholding final scores from NIH officials and advisory bodies responsible for developing and reviewing funding recommendations will limit their access to the full range of peer review information. It will also make it more difficult to demonstrate how NIH considered peer review outcomes alongside the other factors identified in the Unified Funding Strategy.

VI. Withholding Peer Review Data Would Limit Oversight and Evaluation

Information generated through peer review serves purposes beyond determining the funding outcome of an individual application. It enables NIH to evaluate its funding practices over time and compare outcomes across ICOs, institution types, geographic regions, scientific fields, and investigator career stages. It also supports congressional oversight and public confidence in NIH's stewardship of federal research investments.

Although the RFI indicates that NIH would continue calculating final overall impact scores to assign applications to categories, withholding those scores even from NIH program staff raises questions about how the data would be retained, governed, and made available for program evaluation, external research,

congressional oversight, and public accountability. NIH should specify the data access and retention framework that would be adequate for all those needs and requirements.

VII. Categorical Reporting Could Compound the Effects of an Investigator-Level Research Project Grants (RPGs) Cap

The proposed reporting approach should be evaluated alongside NIH's other funding policies. For example, in June 2026, NIH proposed to limit the number of simultaneous RPGs on which an investigator may serve as a Principal Investigator or Multiple Principal Investigator ([NOT-OD-26-086](#)). Taken together, these NIH peer review changes could force investigators and institutions to make consequential decisions about which applications to submit and which ongoing research to sustain, while providing less information about the relative standing of applications and less feedback to guide future submissions. Limiting submissions without providing scores or comparable feedback could make it harder for investigators to improve their proposals and for institutions to make informed decisions about research priorities. Over time, these effects could weaken the future scientific enterprise and delay potential benefits to public health.

VIII. Recommendations

1. Define the Problem and Substantiate the Need for Change

The extraordinary success of NIH-funded research over past decades has relied on a carefully designed two-stage review system: independent peer review of scientific and technical merit, followed by programmatic assessment of portfolio balance, public health needs, available funds, and other mission-relevant considerations. A change as significant as the one proposed in this RFI requires ample evidence of deficiencies in the existing process and a substantiated rationale showing how the proposed reporting approach would be the solution to address the deficiencies while maintaining credibility and public trust in scientific funding decisions.

Before making an NIH-wide change, NIH should publish the evidence and analysis supporting the proposed reporting approach, which should clearly define the problem it is intended to address, explain the alternatives considered, and identify measurable evaluation criteria. NIH should also engage the academic and broader research communities in meaningful dialogue about the proposed approach's design, implications, and potential unintended consequences.

2. Preserve and Enhance Meaningful Information for Applicants

NIH should continue reporting the final overall impact scores and percentiles. If NIH provides broad categories, those categories should add context to the scores, not replace them. NIH should strengthen, rather than reduce, the information available to applicants and decision-makers, for example, by reporting score ranges or showing how much reviewers' assessments differed. If NIH is concerned that small score differences near a funding cutoff may not reflect meaningful differences in merit, it should consider additional review or other steps to improve funding decisions. It should not address that concern by withholding scores and other peer review information.

3. Disclose Programmatic Considerations and Apply Them Consistently

The RFI identifies factors that may inform funding decisions in addition to peer review outcomes, including scientific opportunity, public health priorities, portfolio balance, workforce needs, available funds, and other considerations relevant to an ICO's mission. Notices of Funding Opportunity should identify relevant programmatic priorities and other considerations and explain, to the extent practicable, how they may be weighed by the peer review process or alongside it.

When ICOs exercise programmatic discretion, NIH should require an auditable decision record documenting the material factors supporting the funding decision, without suggesting that score order is binding. UC recommends that NIH also establish a systematic review mechanism to assess whether programmatic discretion is applied fairly and consistently across ICOs and applicant groups. Applicants should receive, at minimum, sufficient information to understand the criteria materially reflected in the funding outcome.

4. NIH Should Consider the Combined Effects of Its Peer Review Reporting and RPG Cap Proposals

With multiple proposals currently considered by NIH that would each have a significant impact on investigators' careers and their institutions, NIH should consider and publicly assess their combined, and potentially unintended effects. Specifically, limiting the number of applications investigators may submit while providing less information about their relative strength would make it harder for investigators to improve future proposals and for institutions to make informed decisions about research priorities. Over time, these effects could slow scientific progress and delay advances that could improve health.

IX. Conclusion

The University of California values its longstanding partnership with NIH and shares NIH's commitment to a peer review system that identifies the most meritorious science while enabling responsible consideration of public health priorities and the needs of the biomedical research enterprise. UC is open to evidence-based changes that address documented shortcomings in the current system while preserving peer review's ability to identify meritorious science.

Any new approach, however, should provide applicants with meaningful and actionable feedback, preserve the full study section assessment for NIH decision-makers, establish transparency and accountability around programmatic discretion, and maintain the data necessary for oversight and continuous improvement. As proposed, the three broad categories do not provide adequate assurance that these essential functions will be preserved and may create new inequities and arbitrary distinctions.

UC, therefore, urges NIH to retain reporting of final overall impact scores and percentiles and, if desired, provide categories only as supplemental context. Before replacing the current reporting approach, NIH should define the problem, substantiate the need for change, and test approaches that preserve or improve transparency. UC welcomes continued dialogue with NIH as it considers the feedback received through this RFI.

If you have any questions concerning these comments, please contact Dragana Alexander at Dragana.Alexander@ucop.edu.

Sincerely,



Deborah Motton, Ph.D.
Executive Director
Research Policy Analysis & Coordination
University of California, Office of the President