

NIH change procedures for monitoring scientific misconduct

Washington

STRUCTURAL changes are on the way in the procedures used by the National Institutes of Health (NIH) to monitor scientific misconduct. The impetus comes from a report released this week by the Institute of Medicine* (IOM) urging NIH to establish a new office to promote responsible research practices.

Although recent investigations have focused attention on misconduct in science, the IOM report looks instead at the broader question of what are appropriate standards for the conduct of research. It arises out of discussions on this issue between IOM and NIH held in 1985; a 17-member committee was appointed to write a report in 1987.

For the most part, the culture of science by its nature encourages proper conduct, says Arthur Rubenstein, chairman of medicine at the University of Chicago and chairman of the IOM committee. Tight budgets have put a variety of pressures on researchers, says Rubenstein. As well as encouraging a high rate of publication to substantiate high productivity, competition for scarce resources can tempt researchers to cut corners.

Rubenstein also cites the increasingly large size of laboratories, which makes it difficult for laboratory heads to fulfil their traditional role of monitoring the activities of their junior staff.

To combat these pressures, the IOM report suggests making explicit proper professional standards for research. Universities should set standards of conduct, provide formal instruction in research practices and create administrative positions carrying responsibility for conduct. Journal editors and professional societies are also asked to demand such behaviour from their contributors and members.

The IOM report explicitly rejects the suggestion that random data audits should be carried out in basic research. Rubenstein explains that the nature of basic research makes it nearly impossible to trace all the steps from data collection to tabulation and presentation, steps that can change as circumstances and new discoveries dictate. Such audits are more appropriate to clinical and protocol based research, where they are already used.

Meanwhile, NIH is urged not only to establish an office to encourage proper conduct, but to require by 1992 all institutions in receipt of grants to show that they have addressed the issue.

The report also suggests that NIH should limit the number of publications considered as part of a grant application to

ease the temptation to produce inappropriately voluminous *curricula vitae*.

Rubenstein says the research community is now more open to suggestions that questions of conduct should be tackled, but he expects that there will at first be resistance to the proposal that there should be special panels for addressing questions of proper conduct. He believes the initial resistance will subside when researchers see that panels can improve the research climate.

NIH deputy director William Raub says the institutes, together with the Department of Health and Human Services, are already discussing the creation of an office of scientific integrity that could fill the role recommended by the IOM report, as well

as investigating charges of misconduct. Raub says a crucial issue to be settled is where the office should be placed in the federal bureaucracy. The four possibilities being discussed are the Office of the NIH Director, the Office of the Assistant Secretary for Health, the Office of the Secretary of Health and Human Services (HHS) and the Office of the Inspector General at HHS.

The last of these options is the least favoured because the inspector-general's staff lacks scientific expertise. A final decision is bound to wait on a resolution of the political question when the position of secretary of HHS is filled. President Bush's candidate is still waiting confirmation by the US Senate.

Although the IOM report focuses on biomedical research, it recommends that the National Academy of Sciences look into the relevance of its findings for other scientific disciplines. **Joseph Palca**

US congress scuttles federal agency salary increases

Washington

THE US Congress voted last week to scuttle a 50 per cent pay increase it had been offered, and thereby perpetuated a problem with which federal agencies employing highly qualified professional staff have been struggling for some time. The National Institutes of Health (NIH) is among the most outspoken of the agencies affected.

NIH claim that their ability to recruit and retain able researchers has long been compromised by federal salary scales well below those applying at universities and in industry. The federal pay rise, which at first seemed certain to pass, would have applied to senior researchers and administrators at NIH and would, according to officials, have solved an old problem.

The proffered salary increase, recommended by an independent commission reporting every four years and endorsed by former president Ronald Reagan, would have taken effect automatically at 12:01 am on 8 February unless both the House of Representatives and the Senate had passed resolutions to reject it. The Senate did vote against the rise, but the House of Representatives had at first planned to let the deadline pass without taking action. But a huge public outcry against the proposal seems to have forced a vote — in the circumstances, inevitably negative.

After the vote, Senator Ted Stevens (Republican, Alaska) lambasted Congress for being unwilling to take the political heat for approving its own pay raise, a move that "penalizes other portions of the federal government", in particular NIH. Unlike most government laboratories,

which are run by contractors who are not bound by federal pay scales, NIH researchers are federal employees.

NIH Deputy Director William Raub says that in the past ten years the number of NIH employees at the senior executive level has decreased by 28 per cent to the present 174 people. During the same period, NIH have not been able to recruit a single person from outside the institutes. Some of the decrease is due to retirement but Raub maintains many scientists have left for higher paying positions outside government. As an example, he says that senior executive service physicians receive on average \$89,000 a year, only half the average supplemented salary paid to chairmen of clinical science departments at universities.

An independent committee of the Institute of Medicine, in a report issued last year (*Nature* 336, 701; 1988), agreed that there is a serious problem at the senior level and suggested two remedies — the establishment of an NIH foundation to finance chairs for distinguished scientists, whose salaries would then be independent of government pay scales, and the creation of a personnel demonstration project within NIH that would allow more flexible hiring and remuneration.

Raub says the committee's report is "right on the mark". Now that Congress has rejected the pay rise, NIH are looking at the report's suggestions in more detail, but cannot hope to follow them quickly because that would require that a reluctantly self-denying Congress should pass new legislation to give others the benefits of which it has been robbed.

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**The Responsible Conduct of Research in the Health Sciences*, National Academy Press, Washington, DC, 1989.