composed primarily of non-Federal scientists: first, by a training committee; second, by the appropriate National Advisory Council. Primary factors in evaluating training grant applications are: significance and relevance of proposed training program; adequacy of the leadership, faculty, and facilities; and training record of the institution and department concerned.

Intramural training.—Three distinct training programs are conducted in connection with intramural research. Two of these, the clinical and the research associate programs, are designed for the advanced training of young physicians. The former is oriented to the training of clinical investigators, the latter toward the nonclinical sciences; both of these programs are under the commissioned officer personnel system. Selection of incumbents is made by the scientific directors; appointments are of 2 to 3 years' duration. The staff fellowship program is primarily for the advanced training of young Ph. D'.s. It is under the civil service personnel system; appointments are for 2 to 3 years.

Intramurally, there is also the visiting program. Highly competent foreign scientists at all levels of seniority participate in this program. These appointments provide to the visiting scientist special facilities, resources, and consultation that may not have been available in his own country. At the same time they provide to the United States an additional source of new techniques and special talents and procedures. The general intent of the visiting program is to provide conditions under which the participants and the NIH staff will derive mutual profit. The categories for appointment are fellow, associate, scientist, and distinguished scientist. They are appointed only on individual invitation by a supervisor or senior staff member at NIH. Criteria are a doctoral degree or equivalent experience, plus specialized training or experience differing by category. Fellows must be considered unusually promising, while those in other categories must offer special talents which NIH cannot obtain through usual domestic employment channels.

3. History

The legislative history of NIH includes the authorization of three basic instrumentalities for the support of training. Public Law 71–251, which created the National Institutes of Health in 1930, authorized the Suregon General to prescribe regulations for the appointment of fellows for duty at the National Institutes of Health and elsewhere. The National Cancer Act of 1937 extended this in authorizing the Surgeon General to support training in the diagnosis and treatment of cancer. Authorization to make grants to nonprofit institutions for training became available in the National Mental Health Act of 1946 (Public Law 79–487). Subsequent enactments, with minor variations, embodied authority in the institutes for training through the use of these instrumentalities.

It is important to recognize that these basic authorities do not limit the training programs of the institutes to the support of research training; the Congress specifically and repeatedly sanctioned training for health service. As a result of this, the training programs of the institutes have evolved with more variety in philosophy, in objectives, in administrative procedures, and in mechanisms of support than other functional activities of the NIH. Even within a single institute,