NIH RFI on Recommendations on Re-envisioning U.S. Postdoctoral Research Training and Career Progression within the Biomedical Research Enterprise: Comments due October 23

Recommendation 1.3: Limit the total number of years a person can be supported by NIH funds in a postdoctoral position to no more than 5 years.

1. Describe any potential benefits, opportunities, challenges and/or consequences to the postdoctoral workforce or the extramural research community if NIH were to limit total years of NIH-supported funding support for postdoctoral scholars. Please describe any existing NIH or extramural institutional policies that could pose challenges for the implementation of a policy to limit aggregate NIH funding support for postdoctoral scholars.
2. Please describe any key NIH or extramural institutional policies, process or resources that should be developed, improved, or expanded to address any potential challenges associated with limiting aggregate funding support for postdoctoral scholars. What mechanisms should be put into place by extramural institutions to support transitions for postdoctoral scholars nearing the end of the five-year period?

Comments for Recommendation 1.3 Part 2:

SGIM is a member-based association of the nation's leading general internal medicine physicians, who are committed to delivering high quality care and ensuring patients in all parts of the country have access to a well-trained physician workforce. The T32 mechanism has historically been an important resource to support research training, but these programs are being reduced across NIH, undermining efforts to support the workforce. SGIM recommends that the NIH support this effort more broadly across the institutes and centers. Funding should be focused on research needed to improve health care in this country, including research on health services research and clinical translation.

T32s have an indirect rate of 8% which is far lower than the administrative costs. This lowers institutional support and causes some institutions to eliminate the program. Additionally, though perhaps beyond the purview of this RFI, there are few T32 programs within NIH that span across diseases-or-conditions; beyond AHRQ there are few opportunities that focus on overlapping disciplines where a stronger workforce is needed, such as Implementation Science or Population Health. Finally, T32s typically allocate approximately $16,000 per-year for trainee course-work and educational activities which is inadequate compared to tuition for advanced education programs and should be increased.

Recommendation 2.2: Revise the K99/R00 mechanism to focus on ideas and creativity over productivity.

1. Describe any potential short- and long-term benefits and/or challenges to the postdoctoral workforce that may result from limiting the K99/R00 eligibility timeframe to no more than 2 years of postdoctoral experience.
2. How should the K99/R00 mechanism and review criteria be revised to better emphasize creative ideas and innovation over research productivity? What specific criteria or metrics should be used to evaluate creativity and potential impact of applicants' research proposals? Provide input on key NIH and extramural institutional policies, processes or resources that may need to be developed or revised to ensure that changes to K99/R00 program eligibility do not negatively impact access to these awards to a broader range of postdoctoral scholars.

Comments for Recommendation 2.2 Part 2:

SGIM believes that the K99/R00 program is an important tool to cultivate the research careers of young faculty but should not be used as a replacement for the T32 program as it does not provide the same support to fellows. SGIM notes that K99/R00 programs are one of the mechanisms replacing the disappearing T32s. Specifically, T32 programs focus on a broader range of mentorship connections and training opportunities than K99/R00 programs. While both have a place in supporting the development of the next generation of health researchers, the T32 approach can foster the career growth of researchers with interdisciplinary skills who will become the research leaders of the future.

Moving from the T32 program to individual awards is problematic because of the delay in getting grants. There is a belief that it is apparent which researchers will be successful from the start, further contributing to a delay in funding. SGIM recommends that if the NIH wants to continue transitioning to individual awards, there needs to be a centralized training for the recipients to get necessary basic research training. Again, T32s are unique in that they support research across diseases and conditions. Further limiting their use may further silo NIH's research.

Recommendation 4: Promote training and professional development of postdoctoral scholars and their mentors.

1. Provide suggestions/strategies for how NIH and extramural institutions can ensure that career and professional development training becomes an integrated and measured component of the postdoctoral experience. What policies and resources should institutions establish to ensure equitable access to career and professional development training for all postdoctoral scholars? How can institutions address barriers to participation, such as limited availability of training programs or conflicts with research obligations?
2. What specific skills and competencies are essential for individuals serving in the mentor role for postdoctoral scholars? How should institutions require and support mentor training to ensure the effective mentorship of postdoctoral scholars? Describe any necessary resources required by investigators and institutions to support the implementation of required training opportunities for mentors. Are there opportunities for collaboration between institutions, funding agencies, and professional organizations to enhance career and professional development opportunities for postdoctoral scholars? How can partnerships with industry, government agencies, and non-profit organizations contribute to the enrichment of postdoctoral training experiences?

Comment for Recommendation 4 Part 1:

SGIM notes with concern that T32s are being replaced with other fellowships such as F32s or U2Cs. In the NIDDK, the Division of Kidney, Urologic, and Hematologic Diseases (KUH) replaced its T32s with the U2C. Many institutions that previously were awarded T32s report challenges with the U2C and their inability to develop an application that is strong across all three KUH areas. Additionally, CTSAs were supposed to support training like the T32 mechanism, but the administration and faculty support has been eliminated. This is a major gap in supporting biomedical research training.

Additionally, NIH must improve support for the indirect costs and educational expenses incurred by trainees. Many trainees do not have the capacity to pay for these expenses, including health insurance,

that the institution does not cover because of the low indirect costs associated with the T32s. While we recognize NIH's budget constraints, this issue must be addressed to improve the accessibility of postdoctoral fellowships and support the biomedical research workforce. Without changes, many potential researchers may move to the private sector where compensation is more robust.

Comment for Recommendation 4 Part 2:

SGIM acknowledges the importance of the mentor role with T32s and recognizes that it is imperative to pay these mentors appropriately in order to keep the program viable. T32s do not allocate funds to the faculty mentors essential to the success of T32 trainees which causes difficult decisions on how to support the time/salary of mentors. By providing more broad support and funding to the T32 program, mentors could better support their trainees which would increase the success of the program.

As the NIH makes primary care a priority, SGIM urges the NIH to invest more funding into T32s, specifically for researchers who are focusing on primary care. There is not a substantial amount of workforce dedicated to primary care research, and the T32 program has potential to be important in expanding the scope of research.