



PHYSICIAN-SCIENTIST WORKFORCE WORKING GROUP REPORT

ACD Meeting, June 2014

Biomedical Workforce (BMW) Working Group June 2012 Report Recommendation

BMW WG recommended that NIH conduct a follow-on study that focuses on physician-scientists:

- Different economic and educational drivers affect the training and career paths of the physician-scientist workforce than the PhD workforce
- Changing landscape of health care and its effects on academic medical centers will affect future physician-scientist workforce

Charge to the Physician-Scientist Workforce (PSW) Working Group

- Develop approaches that can inform decisions about the development of the U.S. PSW
- Analyze the size and composition of the PSW; consider impact of NIH funding policies
- Assess needs and career opportunities for PS trainees
- Identify incentives and barriers to entering the PSW

Who are Physician-Scientists?

- Scientists with professional degrees who have training in clinical care and who are engaged in independent biomedical research
- Individuals with MD, DO, DDS/DMD, DVM/VMD degrees and nurses with research doctoral degrees who devote the majority of their time to biomedical research

PSW Working Group Roster

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Subcommittees

- Clinical/Translational PS (incl. Nursing PS)
- Lab-based PS
- Non-MD PS
 - Dentist PS
 - Veterinarian PS
- Data

Quantitative Research

- Analyzed individual-level data of physician-scientists vs applications data
 - Focused on ‘Applicants’ and ‘Award Rates’ (as opposed to ‘Applications’ and ‘Success Rates’)
- Large amount of aggregated individual-level workforce data is available with this report

Qualitative Research

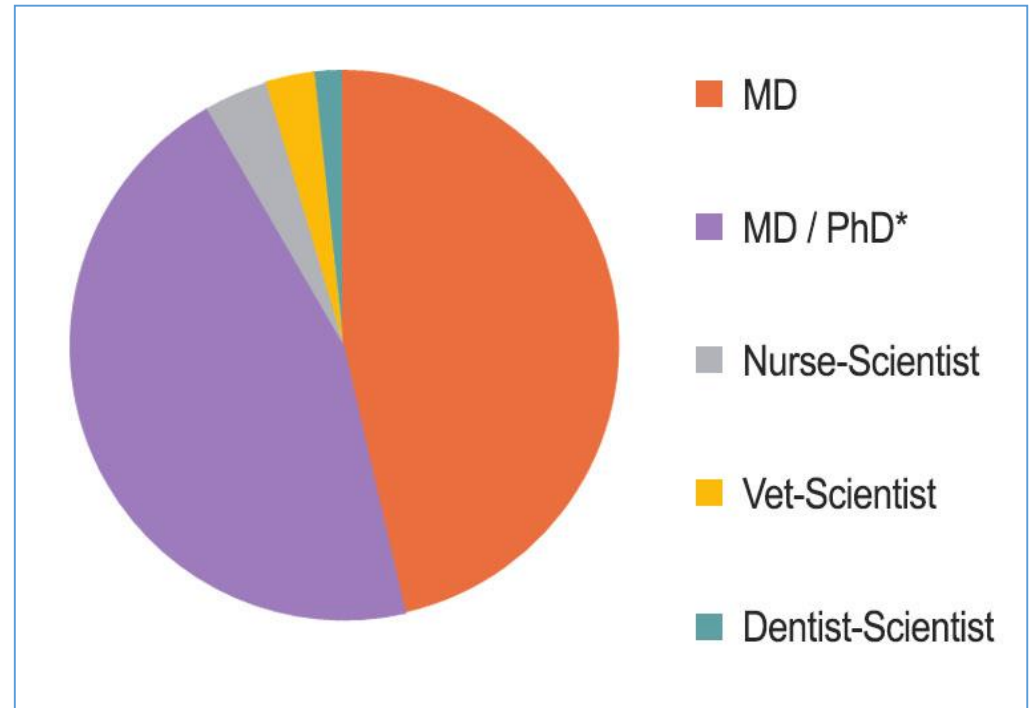
- Focus groups and interviews
 - Medical, dental, and veterinary students
 - Young faculty
 - Deans of medical, dental & veterinary schools
- Questions on factors that influenced decision to pursue a research career

Physician-Scientist Workforce

Physician-Scientist Workforce

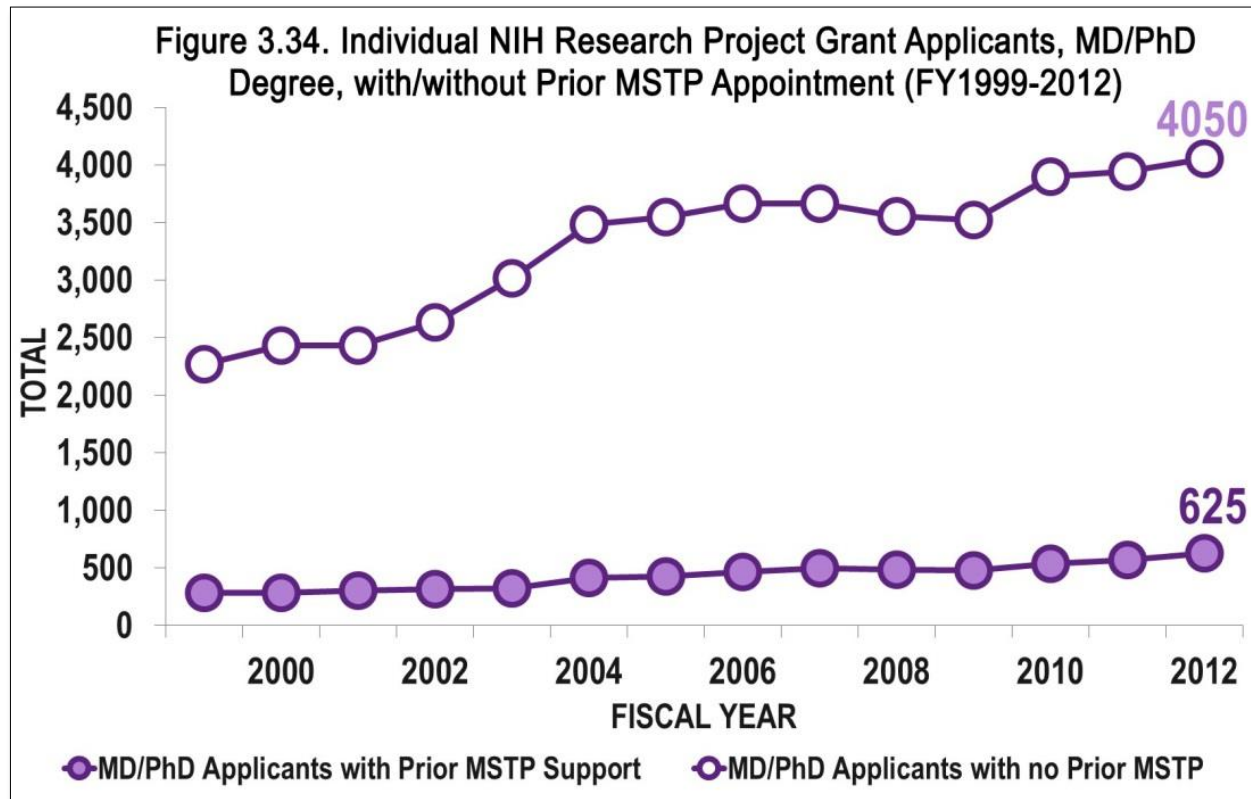
- NIH-Funded PS
- Academic PS funded by other sources
- Professional School Educators
- The invisible PSW
 - Pharma
 - Biotech

NIH-funded Physician-Scientist Workforce (FY2008-2012)



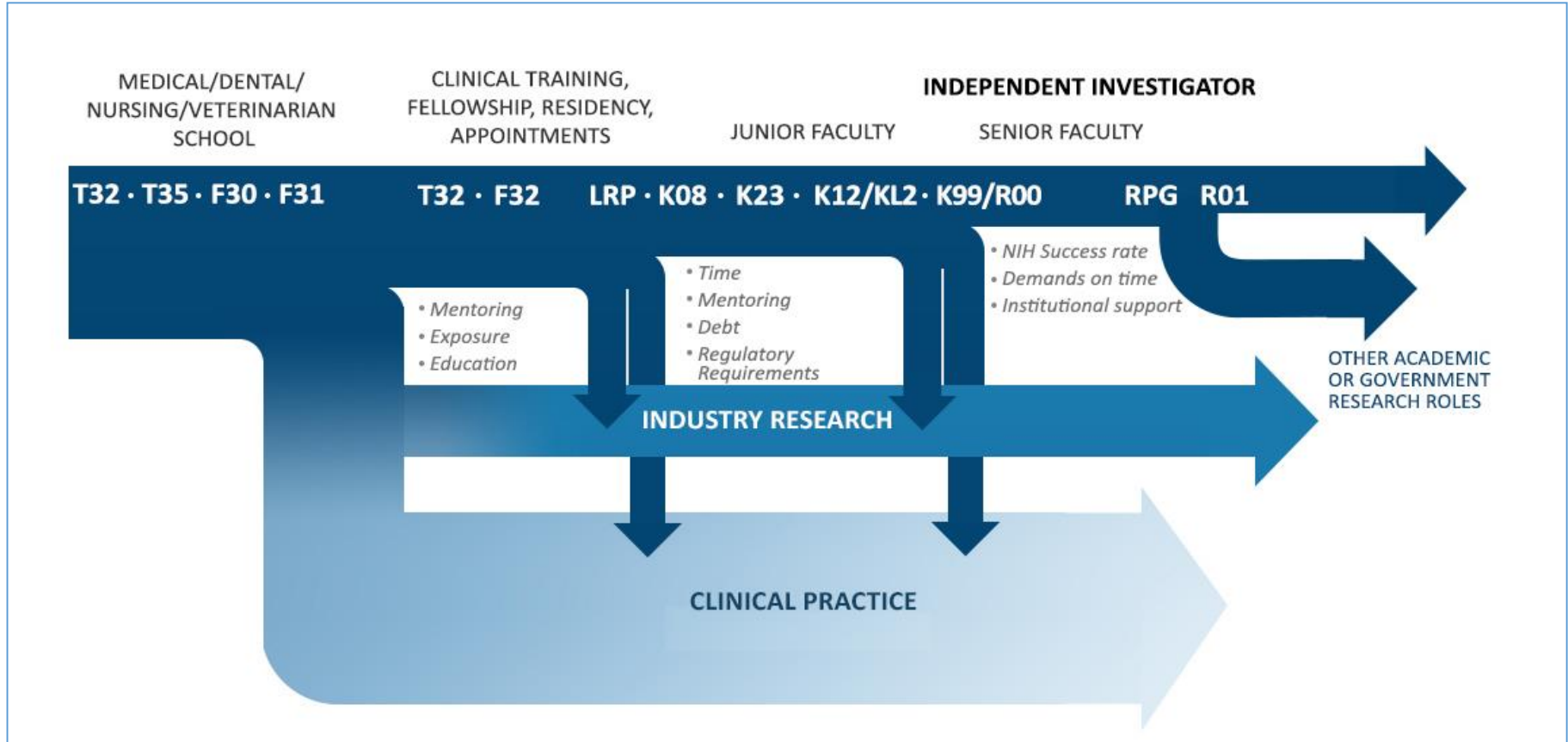
***MD/PhD includes:** MSTP Programs grads; non MSTP MD/PhD Program grads; PhD and MD in series; PhD and/or MD obtained outside US

Physician-Scientists with MD/PhD Degree

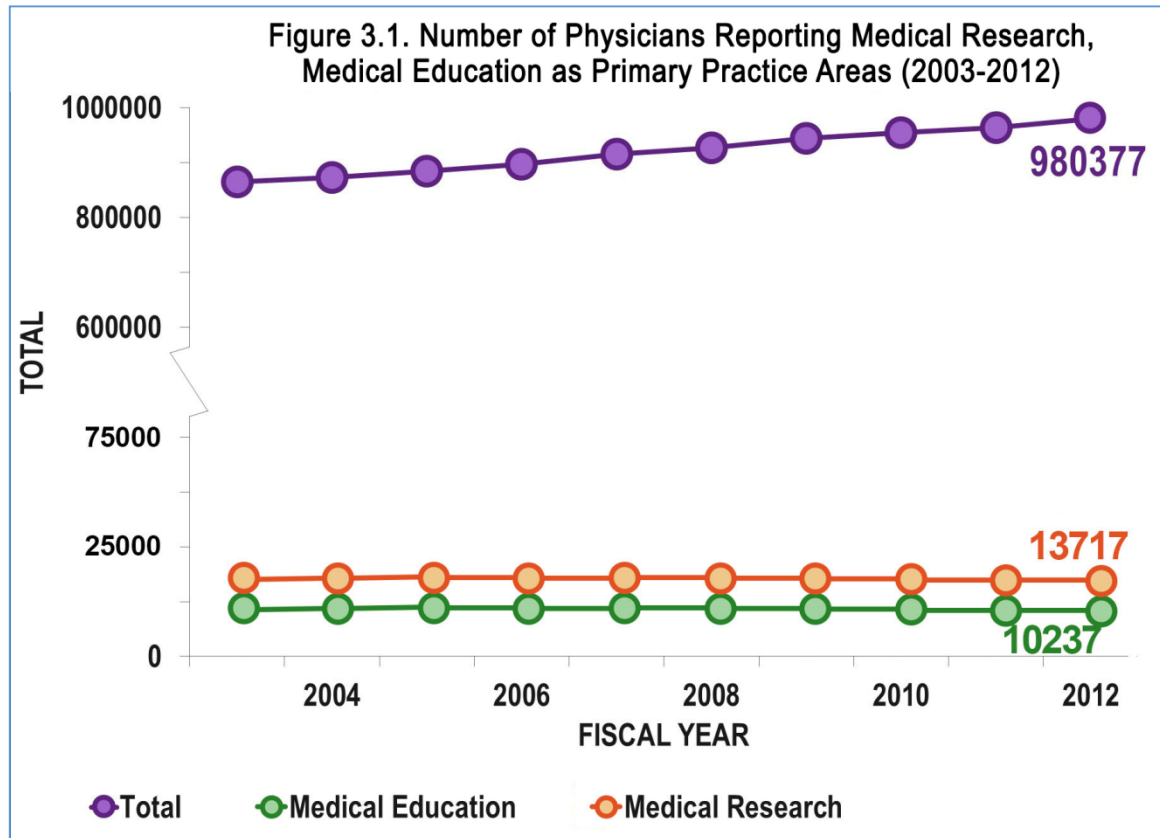


- In 2012, only 13.4% MD/PhD applicants had prior MSTP support
- MSTP - higher RPG award rates (35.8% in 2012) than non-MSTP MD/PhDs (22.9%)

Physician-Scientist Pathway



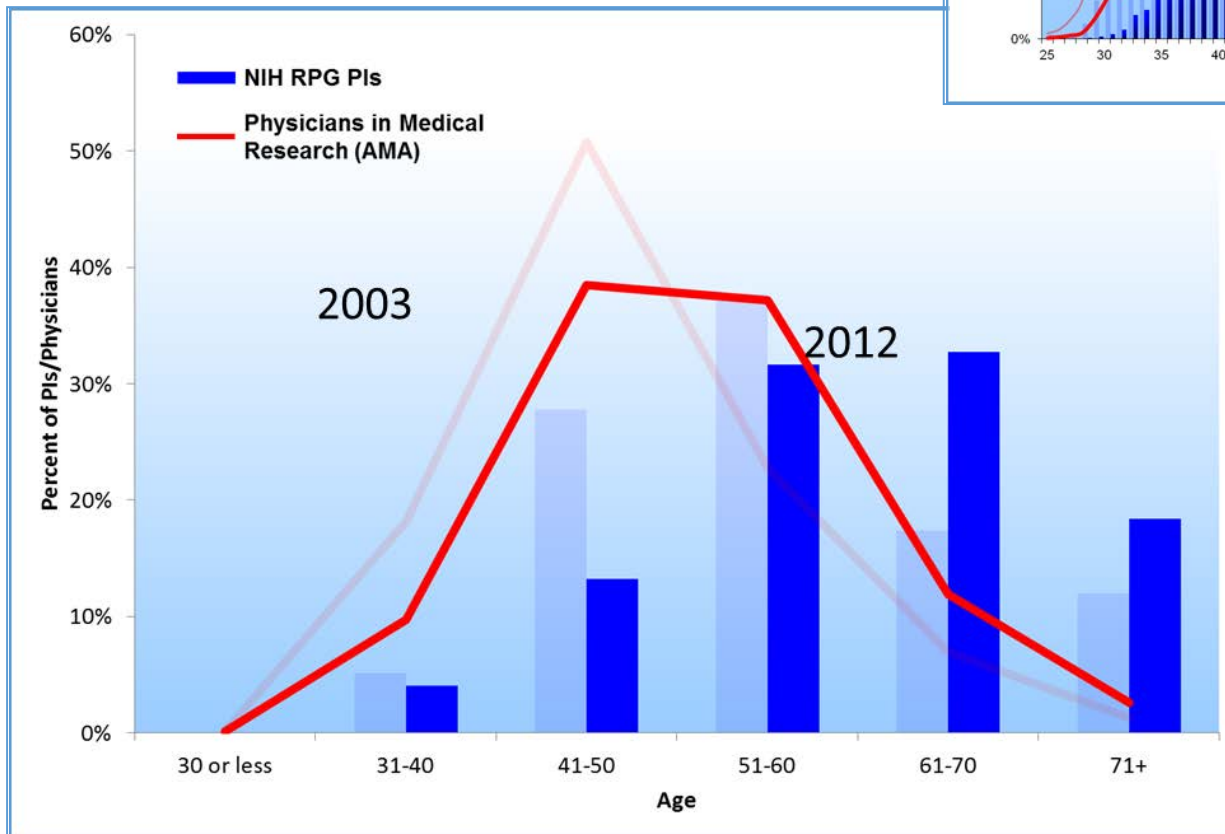
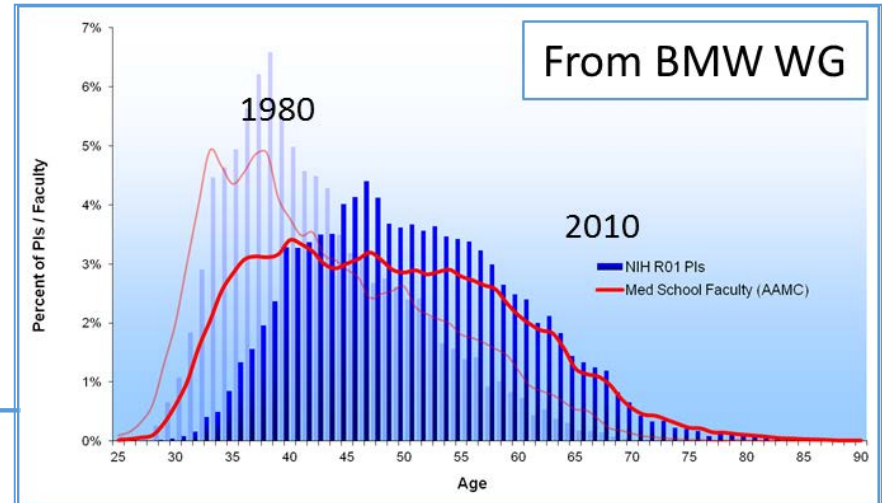
The Physician-Scientist Pool is Stagnating



Total number of physician-scientists engaged in research unchanged over past decade

The Physician-Scientist Pool is Aging

Aging in PSW similar to BMW, but more pronounced



Gender Diversity Among Physician-Scientists

MD physician-scientists

- No difference in NIH RPG award rates – (2012): men 22.9%, women 23.8%
- But male applicants outnumbered female applicants ~3:1

Nurse-scientists

- Women RPG applicants outnumbered men ~9:1

Dentist-scientists

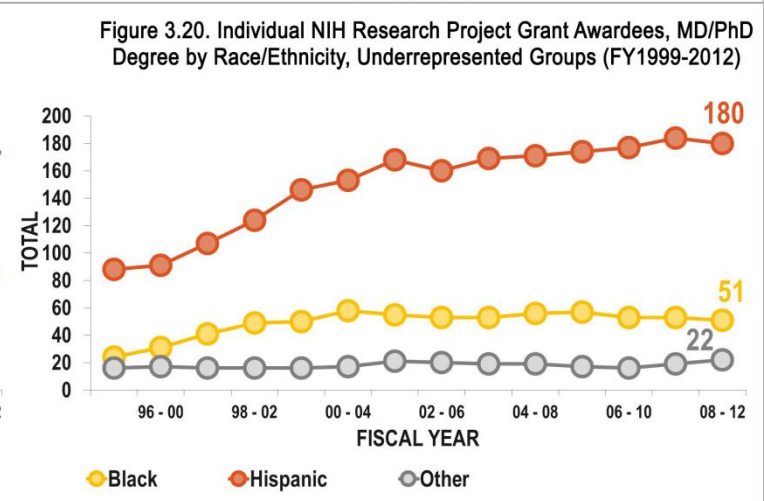
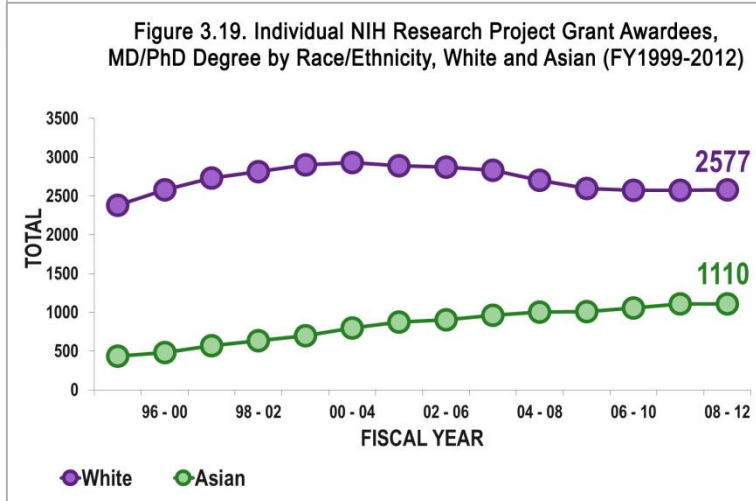
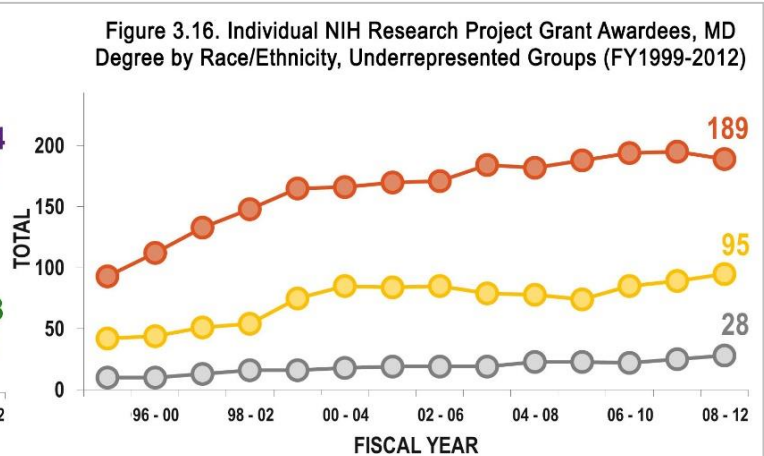
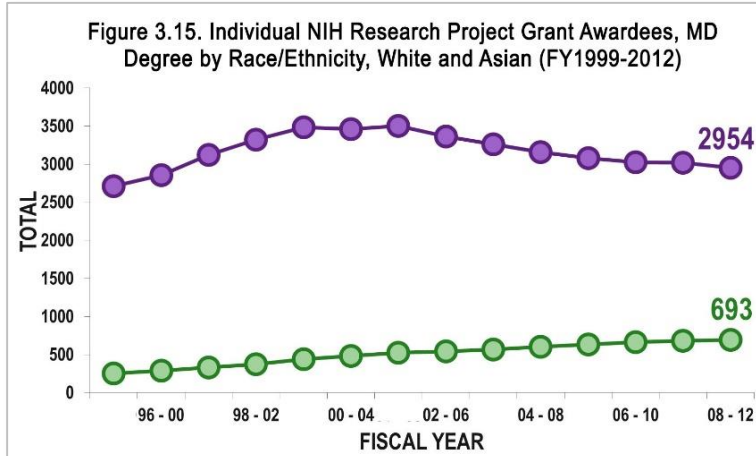
- Men outnumbered women ~3:1 in the workforce
- But women awarded almost one-third of the RPGs

Veterinarian-scientists

- 90% of current graduates are women
- But men outnumbered women ~3:1 among RPG recipients

Race/Ethnicity Differences Among MDs and MD/PhDs

- Significant growth of Asian and Hispanic awardees #s
- Less growth of African-American and Native American #s



Major Challenges for Physician-Scientists (1)

- Availability of research funding
- Average educational debt for 2013
 - For MDs: \$175,000
 - For veterinarian-scientists: \$162,000
 - For dentist-scientists: \$220,000
- Increased length and complexity of training
- Work-life balance
- Clinical vs. research responsibilities

Major Challenges for Physician-Scientists (2)

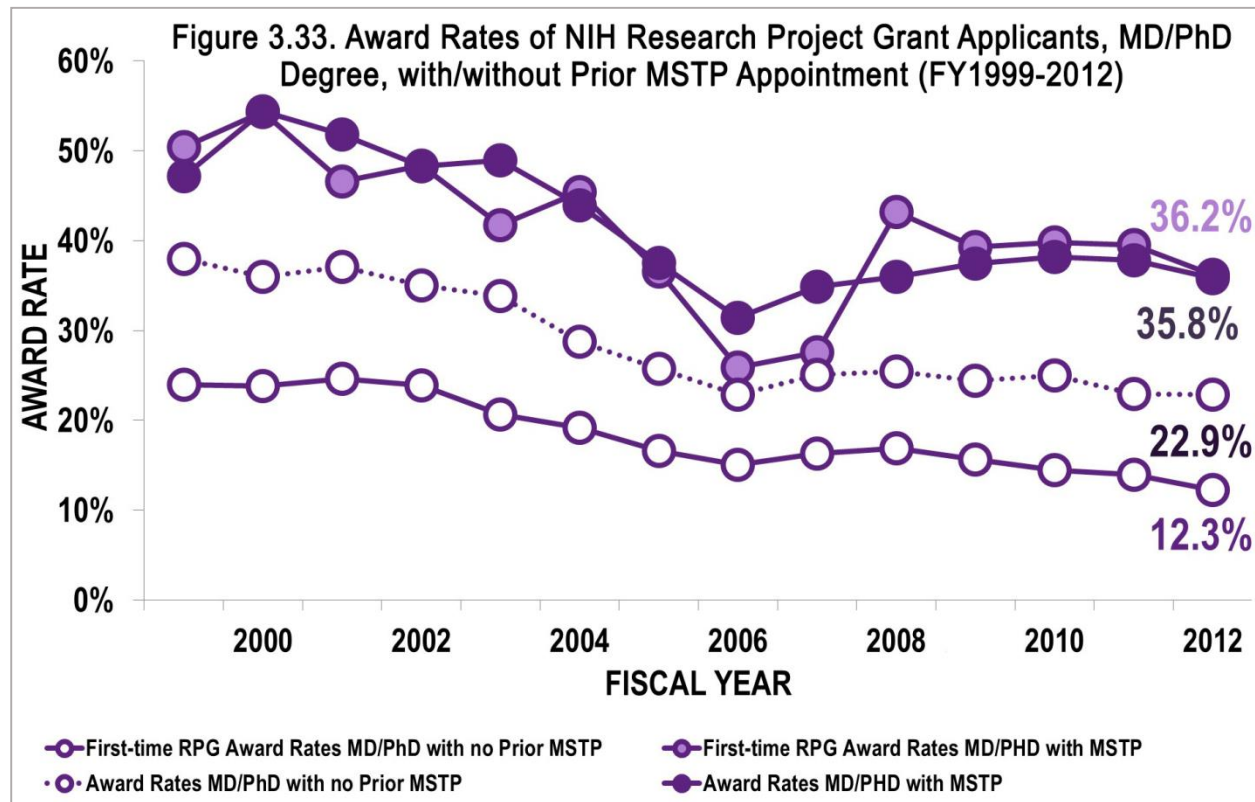
- Particular obstacles for non-MD PS training
 - Primary educational focus is on producing clinical practitioners
 - Shortage of faculty members with scientific research programs as role models/mentors
 - Lack of research training infrastructure

Recommendations

Limitations

- Unresolved question about optimal research training
 - When/where should research training occur?
 - Before/during/after clinical training?
 - Exposure during or before college?
 - What dose of research experience is necessary/sufficient/optimal?
- No high quality data available to address these questions

#1: Sustain Strong Support for MD/PhD Programs



- MSTP - higher RPG award rates (35.8% in 2012) than non-MSTP MD/PhDs (22.9%)
- **However, only ~13% of RPG-funded MD/PhDs were previously supported by MSTP!**

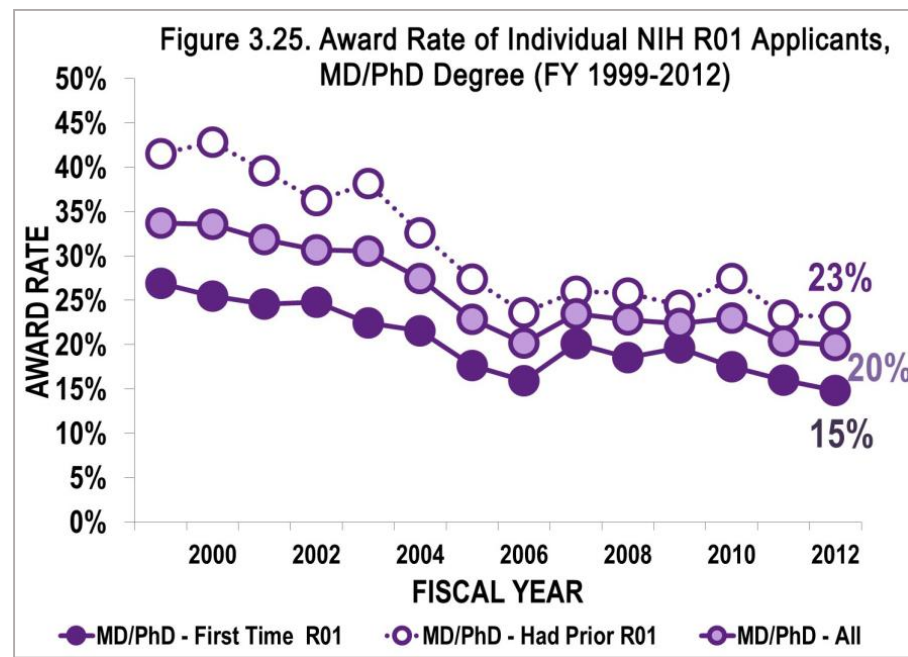
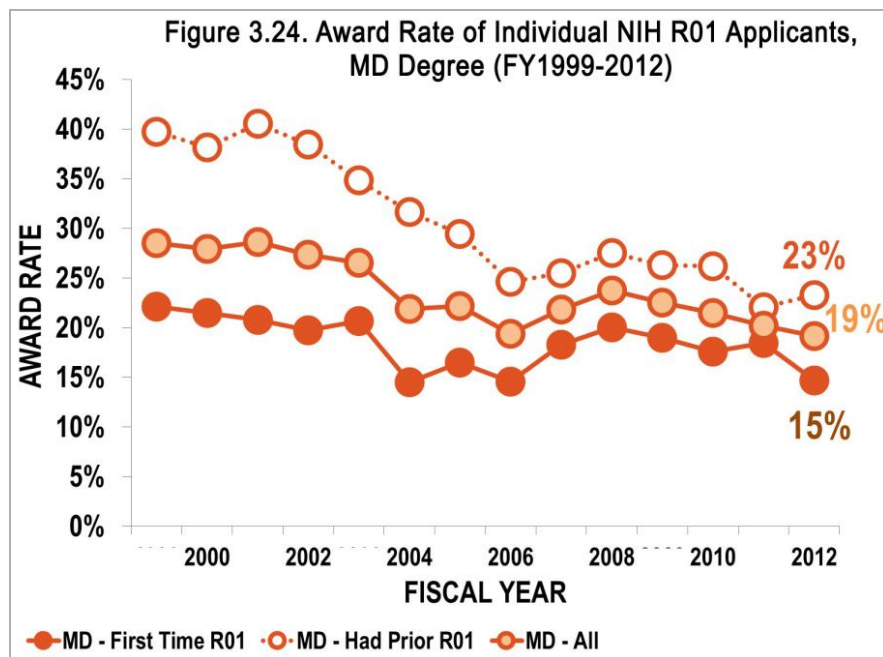
#2: Shift NRSA Postdoc Training Awards to Support Proportionately More Individual Fellowships vs Institutional Grants

PSW-WG Finding:

Of 27795 T32 appointees (1999 -2008)

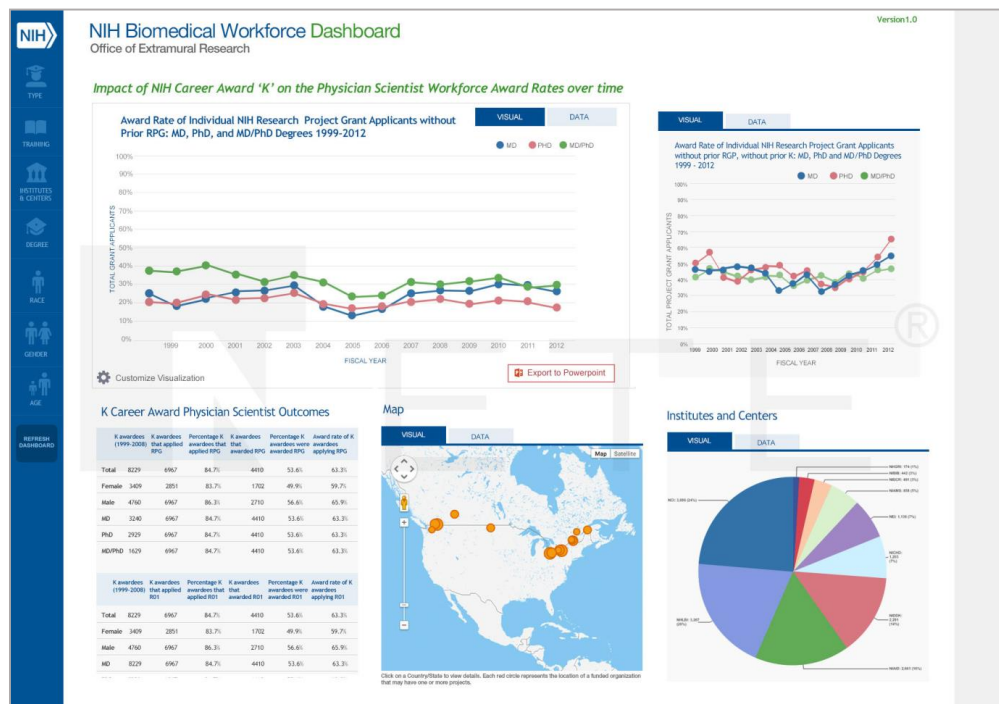
- 6500 (23.4%) applied for RPGs
- Award rate was 47.8%

#3: Continue to Address the Gap in R01 Award Rates Between New and Established Investigators



#4: Develop More Effective Tools for Assessing the Strength of the Biomedical Workforce & Tracking Career Progress

- Establish standing committee to support the development and dissemination of biomedical workforce dashboard for real-time tracking
- Require rigorous reporting & tracking of outcomes of NIH awards



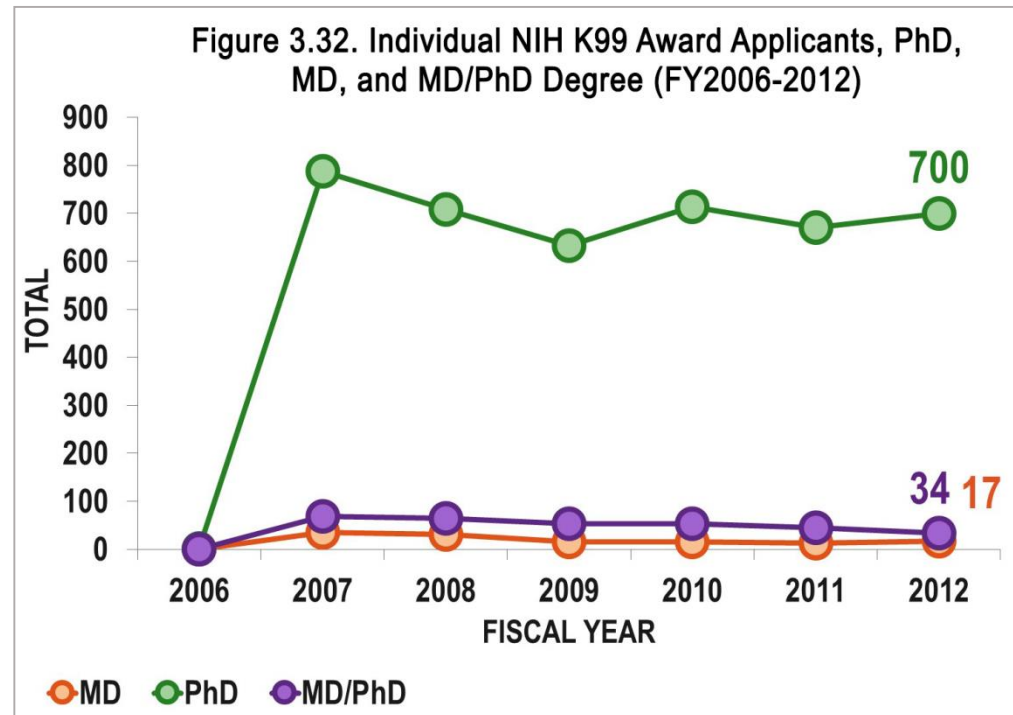
#5: Establish PS-Specific K99/R00-Equivalent Granting Mechanism

K awards

- >80% awardees applied for RPGs
- >60% award rate

PS-Specific Pathway to Independence Award [K99/R00-type]

- Longer period of support - lengthen R00 to 5 years
- Provide sufficient salary support
- Rigorously enforce minimum 75% effort protected time



Current K99/R00 program funds almost exclusively non-MD PhD graduates

#6: Expand Loan Repayment Programs & Increase Dollar Amounts of Loan Forgiven

PSW-WG Finding:

Of 5303 LRP awardees (2003-2008)

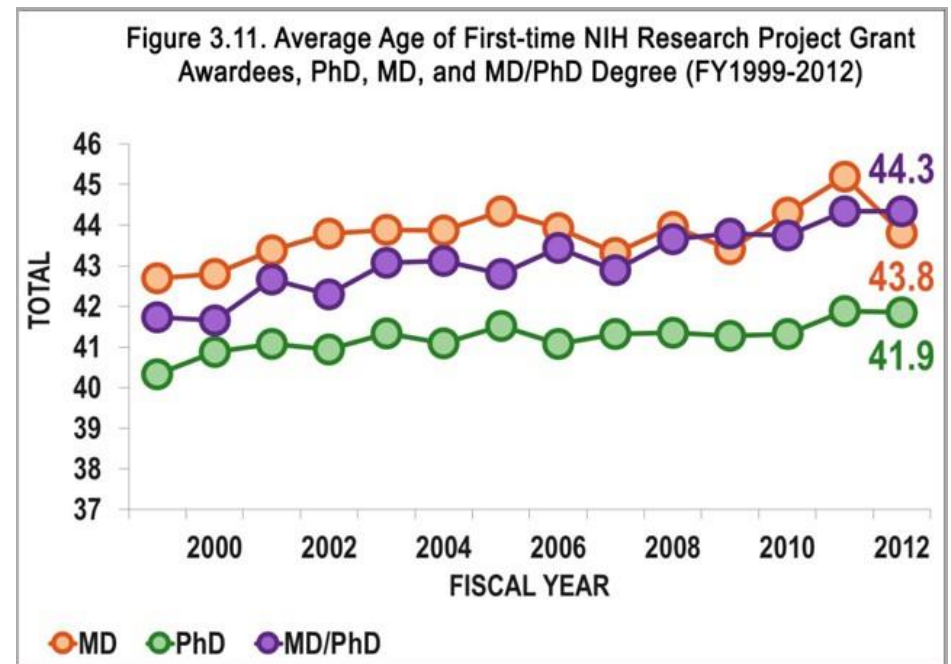
- 2637 (49.7%) applied for RPGs
- Award rate was 47.0%
- Current limit is \$35,000 per annum

Expand program to all students pursuing physician-scientist research careers regardless of research area or clinical specialty

#7: Support Pilot Grant Programs to Test Existing & Novel Approaches to Improve and/or Shorten Research Training

Average age of first-time RPG awardees (2012)

- **MDs:** 43.8
- **MD/PhDs:** 44.3
- **PhDs:** 41.9



#8: Intensify Efforts to Increase Diversity in the Physician-Scientist Workforce

- Perpetual deficiencies with regards to diversity
- Focused effort needed to address equity across many domains:
 - Age
 - Gender
 - Race/ethnicity
 - Disability
 - Others

#9: Leverage the Existing Resources of the CTSA Program to Obtain Maximum Benefit for Training and Career Development

- Is this resource being optimally utilized?
- Require rigorous trainee reporting and tracking
- Encourage testing of innovative pilot programs
- Extend to non-MD components of the PSW

Future Considerations (1)

- How to attract optimal candidates to enter the PSW?
- How to incentivize mentorship?
- How will the Affordable Care Act impact the PSW?
- What is the future role for multi-disciplinary teams in clinical research?
 - How to appropriately credit contributions from team members?

Future Considerations (2)

- What is the impact of foreign-trained PS and how is this changing?
- How can the PSW maintain clinical practice in light of:
 - Changing board certification requirements
 - Licensure requirements
 - Malpractice insurance
 - RVU system for clinical faculty
- Can robust data sharing be established among the major organizations collecting PSW data?

Useful Links

- 2014 PSW Working Group Report is accessible electronically at the ACD website at <http://acd.od.nih.gov/psw.htm>
- Full set of data and graphs of the PSW Report will be accessible from NIH *RePORT* website at <http://www.report.nih.gov/workforce.aspx>

Thank you!

