



Answers to questions not covered during AAAS SEA Change Biomedicine

COVID-19 Fund to Retain Clinical Scientists Webinar

1. Question to your panelists: Are you using funds to support institutional infrastructure that is then allocated to internal applicants OR are funds given to internal applicants to spend as needed ?

From UNC: We use our institutional infrastructure to support the grant and use funds to support the internal applicants.

2. The RFA says the focus is primarily on physician scientists. Are any of your institutions using this funding for clinician scientists (i.e. PharmD or Psychologists) or PhD researchers doing clinical research?

The current Fund to Retain Clinical Scientists institutional grants may only be used to support eligible physician scientists. Some institutions support limited numbers of otherwise ineligible faculty facing caregiving challenges using other institutional funds.

3. Can director and/or co-director be changed at a later date ?

Yes, the form will not allow changes but you may request a change that we'd implement on the back end by emailing ddcf@aibs.org

4. Eligibility criteria in the RFA state that candidates may hold a PhD degree. Does this mean that "non-physician" scientists would also be eligible for consideration as part of this program?

Thanks to the Doris Duke Charitable Foundation funding partners, eligibility of scholars to receive supplemental research supports may include PhD researchers carrying out clinical research as defined in the request for proposals or broader biomedical research. However, most institutional grants are earmarked for specific support of physician scientists. If awarded, the scope of the support will be determined by the source of funding.

5. Biomedical scientists, in addition to physician-scientists, are also impacted with caregiving activities. Could one propose an institutional program that would support both (physician scientist and broader biomedical faculty), of course following the priority of selecting a majority of physician scientists, as long as the broader biomedical research faculty meet the researcher eligibility criteria and definition of clinical research?

Yes, you may propose an institutional program that would support both eligible physician scientists and broader biomedical faculty with a priority for the first group. Thanks to the Doris Duke Charitable Foundation funding partners, eligibility of scholars to receive supplemental research supports may include PhD researchers carrying out clinical research as defined in the request for proposals or broader biomedical research. However, most institutional grants are earmarked for specific support of physician scientists. If awarded, funding partners will consider the scope of the program to identify specific grants to be supported by each funder.

6. Will there be evaluation by UM of the COVID-19, 2-yr program or should sites do their own evaluation if they wish to?

The Doris Duke Charitable Foundation is rigorously documenting outcomes of the Fund to Retain Clinical Scientists model in an ongoing prospective independent evaluation being conducted by Dr. Reshma Jagsi at the University of Michigan. A similar effort is not planned for the COVID-19 Fund to Retain Clinical Scientists grants. Institutions may do their own evaluation if they wish to. We recognize that documenting and evaluating outcomes may be key to achieve future buy in from institutional leadership to embed this type of support into the toolbox of resources to advance the research of scientists with family caregiving responsibilities.

Dr. Jagsi is happy to share the measures, questionnaires, and materials prepared for the original program evaluation with any sites selected for this new endeavor that would find them useful (with the exclusion of proprietary licensed questions that we do not have permission to share).

7. Can you elaborate on the definitions of under-represented populations?

A definition of underrepresented groups in biomedical research was not provided in the request for proposals. For the purpose of the COVID-19 FRCS, if helpful: We are committed to the retention and advancement of early-career scientists who have been disproportionately affected by family caregiving responsibilities due to COVID-19, are conducting seminal research and who belong to populations whose exclusion from research based on their race, ethnicity, gender, disability, sexual orientation, or lack of resources has resulted in underrepresentation in the workforce. DDCF defines individuals underrepresented in biomedical research as those who identify as: Blacks or African Americans, Hispanics or Latinos, American Indians or Alaska Natives, Native Hawaiians and other Pacific Islanders, women, individuals with disabilities, LGBTQ+, or having overcome limitations in access to science afforded by privilege (e.g., coming from an environment with limited access to the knowledge, skill and ability required to enroll in and graduate from a health professions school; or coming from a family with an annual income below a level based on low-income thresholds according to family size published by the U.S. Bureau of the Census).

8. Define Minority Serving Institution. I ask because NIH definition is different

The request for applications did not provide a definition of Minority Serving Institution. We acknowledge that a definition is maintained by the US Department of Education and that the NIH identifies these as colleges and universities that focus on serving a large percentage of minority students, but often serve non-minority students as well. The groups identified as minority students typically include: Historically Black Colleges and Universities (HBCUs), Hispanic-serving Institutions, Asian-serving Institutions, Tribal Colleges, and other MSIs.

For the purpose of the COVID-19 Fund to Retain Clinical Scientists competition, which is limited to US medical schools and its affiliated hospitals, by minority-serving institutions, we mean medical schools that are part of an institution that includes a historically Black college or university, or a minority-serving institution.

9. Is there a ballpark of what is considered a competitive eligible pool of physician scientists as defined by the criteria?

We seek to support researchers who are conducting an original and rigorous clinical research project that has the potential to address a health issue that poses a significant clinical burden (with considerable morbidity and mortality, whether it is a rare or common condition) and that has potential for societal benefit. As a pool, we would like to understand that overall, the faculty have a track record of scientific achievement and contributions to the advancement of human health.

10. Are you looking to support the faculty's existing grant-funded project? Or a new offshoot?

The institutional grants are meant to provide supplemental research funding to accelerate the pace of an existing project that might otherwise either slow down or stall because of competing family caregiving challenges.

11. Are any of the programs going to be institutionalized and sustainable beyond the years of DDCF?

From UNC: We plan to continue the program beyond the years of DDCF funding.

12. Is there recommended qualification as lead evaluator of the FRCS? PhD or Faculty Affairs Associate Dean?

We do not have recommendations about who may lead the programs or related evaluation efforts. Applicants are free to identify who at their institution may best fulfill each role.

13. It appears that most or all of the previously funded institutions are top tier institutions with large NIH portfolios. Is there any thought to diversify the sizes or types of institutions funded in future rounds?

We seek to identify institutions committed to advancing equitable supports for researchers with family caregiving responsibilities. Applications will be evaluated based on the review criteria outlined for the competition. Diversification of the institutions is desirable. Recipients of the original Fund to Retain Clinical Scientists stood out partly because of their commitment of their own resources to augment the awards. However, while matching institutional grant funds are a form of institutional commitment, they are not the only form of support and other non-monetary forms of support can be indicative of commitment (e.g., effort contributions, other resources made available the scholars).

14. For those programs that received a match from their institution, was it 100% or some proportion?

Matching of institutional funds varied across sites from 100% to contributions for administrative support of the grant.

15. Is there minimum number of recipients using the FRCS?

We did not require a minimum number of awards and while it would be desirable for most of the grants to be used toward research supplements, we recognize that there are other costs associated with implementing a program.