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IDSA
Infectious Diseases Society of America

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Lisa Evans, JD

Office of Extramural Programs
Office of the Director
National Institutes of Health
6705 Rockledge Dr, RM 3536
Bethesda, MD, 20817

Re: NOT-OD-16-027 "Request for Information (RFI): Strategies to Enhance Diversity in the Physician-Scientist Workforce

Dear Ms. Evans,

The Infectious Diseases Society of America (IDSA) is concerned by the steady decline in the number of physician-scientists in the biomedical workforce, and appreciates the opportunity to offer comments on strategies to enhance diversity in the physician-scientist workforce (PSW). Our society applauded the National Institutes of Health (NIH)'s 2014 report on the state of the PSW, and offered comments to NIH director Dr. Collins with feedback on the report's proposals to strengthen the workforce. We strongly supported the report's recommendation to increase the number of underrepresented minorities in the PSW, fully understanding that diversity provides different perspectives and experiences that combats bias and fosters innovation in exploring critical research questions. Below, we offer specific comments within the topics listed in the announcement.

1. Educational Pathways

IDSA agrees that the national origin of an under-represented individual's parents is a key social and environmental factor in pursuing a career in the PSW. However, an individual's visa-status will often be as significant a factor in whether one pursues a career as a physician-scientist. We recommend NIH consider how an under-represented individual's immigration status impacts entry into the PSW pipeline.

Our society strongly believes that difficulties in identifying a mentor, especially during a trainee's student, residency, and/or postdoctoral years, is a critical barrier to under-represented individuals considering a career as a physician-scientist. It is much more likely that an individual will successfully navigate the transition between scholarly and clinical activity (or vice versa) with sustained mentorship. We also believe that a mentee benefits from having the support of more than one mentor. We recommend that the NIH develop a mechanism that allows trainees to easily identify

a pool of qualified potential mentors. In addition, we recommend the NIH consider increasing the number of grants that help support mentorship, such as the K24 grant for mentorship in patient-oriented research, perhaps by an analogous award in mentoring basic and translational science.

Some individuals might build a stronger relationship with a mentor whom they may either relate to or whom they feel may have experienced similar career challenges. IDSA urges the NIH to focus on encouraging outreach from current physician-scientists from underrepresented minorities to improve access to as diverse a pool of mentors as possible.

However our society believes the RFI, while comprehensive, does not adequately capture the full spectrum of support provided through the career mentorship of trainees during MD and/or PhD training and residency. These include guiding career selection; highlighting opportunities for selected research experiences during residency; promoting the availability of high quality research-oriented subspecialty fellowship training programs post residency; promoting and supporting applications for grant opportunities, such as K awards to promote independence; providing key input on grant and scientific manuscript writing; advice on selecting and negotiating job opportunities; helping with the K to R grant transition, balancing research and patient care in a physician-scientist career; and balancing a career and family. We recommend the NIH include strategies to improve mentorship programs of under-represented minorities that provide support for these critical areas during this vulnerable career stage.

2. Institutional and Programmatic Characteristics of Degree Programs

IDSA agrees that the NIH should examine time limits and duration for clinical and research portions of a program to identify strategies for improving PSW diversity. We recommend that these examinations identify whether appropriate advancement occurs during postdoctoral training. We also concur with the NIH that alternative pathways for gaining a doctoral degree should be a major strategic focus. Alternative pathway mechanisms, especially for MD postdoctoral fellows who deeply engage in prolonged research programs, should be made more widely available.

We also agree institutional culture surrounding work/life balance and leave policies are key factors in retaining trainees in the PSW. However, the management of the laboratory by a principal investigator frequently sets the culture, often with little oversight from an institution. We urge the NIH consider strategies that will best translate any institutional culture improvements to the management of those who work within laboratories.

3. Career Decision Points and Pathways

The current pathway to a physician-scientist career is often described as repeatedly succeeding against the odds as opposed to sequential success that begets success. Uncertainty and a prolonged low salary, especially when compared to a clinician's income, drives individuals - underrepresented or not - to doubt this pathway as a worthwhile one on which to spend one's youth. In addition to targeted mechanisms to improve PSW diversity, we urge the NIH to continue to develop general approaches to improve the "pipeline," such as flexible programs for

obtaining a PhD and/or MD and increasing tuition reimbursement during training. Lowering these broad barriers will likely encourage under-represented individuals to pursue a career as a physician-scientist.

In addition, we recommend that the NIH examine how perceived social responsibility may be an inspiration for individuals to enter the PSW. For example, knowledge of the disproportionate impact of HIV on underrepresented groups might be a motivator for trainees from similar backgrounds. We urge NIH to consider developing relationships with advocacy organizations that focus on these health disparities, in order to examine how they can help encourage under-represented minorities to address them by joining the PSW.

IDSA hopes our comments will be useful in identifying strategies to enhance the diversity of the PSW. We look forward to continue to work with the NIH to develop and implement approaches to further strengthen the U.S. physician-scientist biomedical workforce. Should you have any questions about these comments, please contact Gregory Frank, IDSA Program Officer for Science & Research Policy, at gfrank@idsociety.org or 703-299-1216.

Sincerely,

Johan S. Bakken, MD, PhD, FIDSA
IDSA President

About IDSA
IDSA represents over 10,000 infectious diseases physicians and scientists devoted to patient care, disease prevention, public health, education, and research in the area of infectious diseases. Our members care for patients of all ages with serious infections, including meningitis, pneumonia, tuberculosis, HIV/AIDS, antibiotic-resistant bacterial infections such as those caused by methicillin-resistant *Staphylococcus aureus* (MRSA) vancomycin-resistant enterococci (VRE), and Gram-negative bacterial infections such as *Acinetobacter baumannii, Klebsiella pneumoni*ae, and *Pseudomonas aeruginosa*, and, finally, emerging infectious syndromes such as Ebola virus fever, enterovirus D68 infection, Middle East Respiratory Syndrome Coronavirus (MERS-CoV), and infections caused by bacteria containing the New Delhi metallo-beta-lactamase (NDM) enzyme that makes them resistant to a broad range of antibacterial drugs.