November 17, 2010

Mary Wakefield, Ph.D., R.N., FAAN
Administrator
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857

RE: Public Health and Preventive Medicine Training Programs Grant Process 2010

Dear Dr. Wakefield,

On behalf of the American College of Preventive Medicine’s Council of Residency Directors, we appreciate the opportunity to apply for funds to support the mission of training highly competent and capable Preventive Medicine physicians in the United States. Preventive medicine physicians are the only physicians who receive dual training in clinical and population-based medicine, and many provide care to our most vulnerable and underserved populations. In addition, many preventive medicine physicians will be called upon to implement the prevention and wellness provisions that are central to the Affordable Care Act.

After experiencing challenges that led to frustration with the recent preventive medicine grant submission, review and approval process, the Council of Residency Directors is committed to partnering with HRSA to build strong support for an enhanced and dedicated HRSA funding stream that expands the preventive medicine training pipeline and extends HRSA’s unique public health mission.

To help strengthen the relationship between HRSA and the preventive medicine community and to facilitate a strengthened residency training grant program for preventive medicine, we offer the following specific recommendations for your consideration:

**Staff support** – The grant submission process needs proper staff support that will provide informed guidance to program directors seeking clarification or additional information beyond the guidance included in the original grant announcement. This should include staff members familiar with the nature of preventive medicine residency programs, including timing of recruitment and training preventive
medicine residents, the accreditation requirements by the Accreditation Council on Graduate Medical Education (ACMG), and the board requirements by the American Board of Preventive Medicine. These last two entities frame much of the training process in preventive medicine specialties. The entire award process should incorporate the realities of preventive medicine residency training. Improved staff support from HRSA will help ensure proper implementation of the grant funds, bookkeeping mechanisms, carry forward funding, opportunities for re-application/re-distribution of funds, and timely follow-up to queries from program applicants/grantees.

**Peer Review** – The peer review selection process is also in need of improved support and would benefit the subsequent ranking of quality applications. Most importantly, the peer review process should be transparent. This means that the dates of peer review be published along with names of committee members. In addition, it would be useful for program director’s to know their scores and how they compared to the range of (anonymous) scores from the other programs. This helps standardize the overall process and provides important information to program directors should future funding be made available.

**Timing** – To meet the unique needs of post-graduate medical education programs it would be most beneficial to release future grant announcements in October to allow awards to be made in February. The post-graduate academic year usually starts July 1, and many programs start interviewing applicants in February. To allow awards to be utilized during the upcoming academic year it is imperative that program directors know the funding levels available to support their next class of residents. We lose some of our most qualified applicants by asking that they wait until HRSA awardees are notified in mid-summer. However, we understand that the federal budget process does not always allow such early notification and award announcements. To that end, we hope that a mechanism be put in place such that awardees of grants that are off cycle be allowed to carry forward funds from year one so that the proposed programs can be implemented.

**Communication** - A systematic process should be developed to communicate promptly and directly with program directors when funding announcements and other relevant information are released. It is also important that communications are accurate and consistent across sources, including Grants.gov, the BHP Pr website, and HRSA technical assistance staff. When technical assistance is offered, senior staff with knowledge of the needs of post-graduate medical education training programs should be made available to program directors. The overall communication with program directors was less effective than it could have been this year, and many program directors learned that their grant request was denied only indirectly through non-HRSA sources.

We appreciate the opportunity to engage HRSA in a constructive dialogue to make the process more transparent and effective and hope these recommendations will receive
strong consideration leading to a renewed environment at HRSA where funding and support for preventive medicine residency training programs will truly flourish.

Thank you for your commitment to Preventive Medicine and the communities we serve,

Sincerely,

Sandra Guerra, MD, MPH
Chair, Council of Residency Directors
American College of Preventive Medicine