

Why does the NIH serve as a sponsor to many training programs that are not listed as Accreditation Council for Graduate Medical Education (ACGME)-accredited?

Like many other academic medical centers, the NIH trains physician-scientists on its Bethesda campus in a multitude of disciplines, techniques, and subspecialties that are either too specialized or too novel for their training programs to fit within the usual framework for ACGME-accreditation. Some of these programs are accredited through other mechanisms, such as those established by the American Board of Medical Specialties (ABMS), but many others are “stand alone” or “one of a kind” entities. On campus training at NIH is unique in its emphasis on groundbreaking clinical and basic biomedical research, so trainees choosing such non-accredited programs are usually more focused on establishing a set of skills that will support their careers in academic medicine than on training designed for hospital or community based clinical practice.

Are there administrative variances for fellows in non-ACGME-accredited programs as compared to fellows in ACGME-accredited programs?

The NIH fully supports equal opportunity in training for all clinical fellows enrolled in its sponsored programs. In general, the ACGME-accredited and non-ACGME accredited programs on campus function similarly, but there are some differences to note. The NIH recognizes that a trainee’s decision regarding what type of fellowship to pursue must be individually based on clinical and research interests and on future career goals. The NIH is committed to providing the requisite training opportunities for fellows to reach those goals, whether this is accomplished through programs subject to external curricular and organizational oversight by established accrediting bodies, such as the ACGME or the ABMS, or through internally administered programs designed to provide both individualized learner-centered biomedical education and specialized clinical research experiences.

The NIH does recognize that there are potential advantages and disadvantages to sponsoring both accredited and non-accredited training programs. For example, non-accredited training programs usually are in disciplines where the formal curriculum has not been completely defined, and the requirements for training cannot yet be written or generalized to other centers outside the NIH. A less structured program may not be the best fit for you, if you are seeking a prescribed curriculum, standardized hours and conventional patient-care experiences; however, it may work very well if you want the flexibility to find your “niche” as clinician scientists and start building your own independent academic career.

Other differences for clinical fellows in non-accredited programs on the NIH campus are illustrated in answers to the questions below.

Do fellows in non-accredited programs receive benefits similar to those for fellows in ACGME-accredited programs, such as reimbursement for moving expenses?

As Federal employees, clinical fellows in non-accredited programs are eligible to receive standard benefits including paid annual and sick leave, health insurance, life insurance, and retirement. Paid leave is an “earned benefit” (i.e., it is accrued as you

work), so it's important know ahead of time when and how much leave you may need for vacation or other events requiring time away from the program. Annual salary conforms to a standard government pay model and is a function of the number of years (PGY level) spent in graduate medical training prior to matriculation in an NIH program.

Other benefits may be available to non-accredited program fellows at the discretion of the NIH Institute or Center administratively responsible for the operation of the program. For example, because the non-accredited programs, unlike the ACGME-accredited programs, have not uniformly agreed to reimburse for relocation expenses, this benefit may be available to fellows at the discretion of the non-accredited program's director. The amounts available for relocation reimbursement, if offered, may also vary. Interested fellows should discuss with the program director in advance all terms, conditions and benefits of employment, and any other position-specific or work-life concerns, before accepting an appointment in a training program, just as would be the case for any job negotiation.

Are fellows in non-accredited programs eligible for the NIH Loan Repayment Programs (LRP)?

There are a few different types of LRP for intramural NIH fellows. These include the AIDS Research Loan Repayment Program, the General Research Loan Repayment Program, the General Research Loan Repayment Pilot Program for ACGME Fellows, and the Clinical Research Loan Repayment Program for Individuals from Disadvantaged Backgrounds. More information about these programs can be obtained by visiting <http://www.lrp.nih.gov/about/intramural/index.htm>. The program for fellows enrolled in ACGME-accredited programs is restricted to those fellows, but the other programs are open to non-accredited fellows if they qualify by other criteria, as specified on the Loan Repayment Program website.

Do the Duty Hours rules apply to fellows in non-accredited programs?

The NIH Graduate Medical Education Committee (GMEC) has established a policy addressing duty hours and "moonlighting" in accordance with the Institutional Requirements published by the ACGME. The GMEC requires that all ACGME-accredited programs maintain compliance with this policy and suggests that non-accredited programs consider adopting the policy. While the specific ACGME mandated Duty Hours rules do not apply to non-ACGME accredited programs, all fellows must abide by the policies and procedures established by the Medical Executive Committee of the NIH Clinical Center and by the internal policies developed by their individual NIH Institutes or Centers and program directors. Incoming fellows are advised to clarify in advance with their program director whether the GMEC Policy on Duty Hours does or does not apply to them.

Do I have to take call, and can I moonlight?

Call is considered an important aspect of graduate medical education training in programs accredited by the ACGME, and may be an important aspect of training mandated by the non-ACGME programs. This will depend, again, primarily upon the

perspective of your NIH Institute or Center and your program director. Some Institutes or Centers (IC) require that their fellows take call for the IC at certain stages of training while other ICs offer call as an optional method to supplement income for interested fellows. Still other Institutes and Centers may not offer that opportunity.

Moonlighting activities for fellows in either ACGME-accredited or non-ACGME accredited programs may be permissible with appropriate oversight of the program director and this should be discussed well in advance with the responsible program director. Non-accredited fellows must ensure that moonlighting will not interfere with their obligations to their Principal Investigator (PI) and to their Institute or Center. Also, because all fellows are employed as NIH clinician-researchers, all fellows have to obtain prior institutional approval from the NIH Ethics Advisory Committee (NEAC) in order to moonlight. These approvals take time to be completed, so the process should be started far in advance of when you plan to start a moonlighting position. In general, all fellows should expect that their program directors will try to help them find the best career options that support their personal and professional interests while ensuring the quality of their research education and training at the NIH.

What are some unique aspects of a clinical fellowship on the NIH campus?

Many fellows are familiar with one of the 70 centers, formerly termed “GCRCs” (General Clinical Research Centers) in university hospitals around the country --- they usually occupy a floor or wing, and you may have occasionally been called there to see a patient. The NIH Clinical Center is, in many ways, one *big* GCRC – in other words, all the patients seen here are enrolled in a research protocol developed by intramural NIH scientists. The NIH Clinical Center is a unique research hospital in that it is prepared to handle emergencies or critical illness but, unlike community hospitals, there is no emergency room, and some services usually found in general hospitals, such as Labor and Delivery, are not part of the Clinical Center. Protocol patients are admitted to the NIH Clinical Center on an elective or urgent basis from other clinics or from home. There is an ICU, staffed by fellows in the ACGME-accredited Critical Care Medicine training program and supported by experienced nurses and intensivists. In addition, most medical or surgical specialty and consult services are available to assist with patient care issues, but not all disciplines are represented on campus.

Because all patients are admitted under institutional review board (IRB) approved research protocols, some aspects of patient management, roles, and duties are unique to the NIH Clinical Center environment. As a fellow, you will learn a lot about the ethical responsibilities that you will be taking on, as both researcher and clinician. As an agency of the Federal government, the NIH has very clear conflict of interest guidelines, such as those pertaining to outside activities, or investments in biotechnology or the pharmaceutical industry. To see if these apply to you, take a look NIH Ethics Office website for more information: <http://ethics.od.nih.gov/>

What about my immigration status? Is American citizenship or permanent residency an issue for fellows in ACGME and non-ACGME-accredited programs? What about credentials?

Providing answers to the first two questions applicable to all training programs is not possible because it depends on your individual circumstances and must be addressed on a case by case basis. The J-1 visa, sponsored by the Educational Commission for Foreign Medical Graduates (ECFMG), is an acceptable option to support clinical training at NIH. However, applicants must keep in mind that there are several NIH ACGME-accredited programs that encourage and provide additional research training not covered under the J-1 visa mechanism. Other visa options may be available to support clinical and/or research training in specific ACGME or non-ACGME accredited programs but applicants should contact the individual training programs directly for more information.

Concerning credentials for foreign trained medical professionals, it should be understood that all individuals providing patient care services at the NIH Clinical Center (CC) exercise only those clinical privileges granted by the Director of the CC upon recommendation of the Clinical Center's Medical Executive Committee. Such privileges are issued to individuals only after their application for membership on the Active Medical Staff has been approved. Each individual's application is evaluated on the basis of prior education, training, experience, professional responsibilities, current clinical competence, health status, and active licensure and/or certification, if applicable. The NIH licensure policies state that each member of the Active Medical Staff at the NIH Clinical Center (CC) shall possess and maintain a current, active license to practice in the United States, unless 1) specifically exempted under the terms of the NIH Visiting Program, 2) appointed under the credentialing mechanism for non-NIH residents and fellows who are participating in short-term clinical rotations at the CC, or 3) if the requirement is temporarily waived by the Director of NIH, or his/her designee, for civil service professionals.

As recommended above for the visa options, all applicants should contact the individual training program of interest directly for specific information about required credentials. More details about the NIH Visiting Program and other visa-related information are available at the Division of International Services (DIS) website at <http://dis.ors.od.nih.gov/>, but prospective fellows should routinely address questions first to their respective program directors who will then liaise with DIS on their behalf.

Whom should I contact with Questions?

The director of the particular program in which you are interested, and the PI on the research projects in which you are most interested, should be your first sources of information. They will most often be able to answer questions very specific to your scientific and clinical interests. Before making a final commitment, be sure to meet and talk with others who will have more expertise about other aspects of your career move: first, take the opportunity to talk with the other clinical fellows in your

program or Institute or Center. Also, visit the NIH Fellows Committee website (<http://felcom.od.nih.gov>) to learn the names of the appointed Clinical Fellow Representatives from your prospective Institute or Center and contact them. Finally, take a look at the Clinical Fellows Subcommittee website (<http://felcom.od.nih.gov/ClinFELCOM/index.aspx>) for more information.

The program coordinators for each of the different training programs have a lot of detailed information about the day-to-day workings of the system. Also, the Clinical Director within your prospective Institute or Center may be able to give you more information about the responsibilities and privileges within your Institute or Center in addition to that which your program director or PI can offer. The current program fellows and the Clinical Directors are usually the best sources of information for those topics.