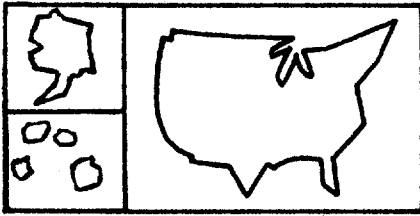




• news  
• information  
• data



A communication device  
designed to speed  
the exchange of news,  
information and data on  
Regional Medical Programs  
and related activities.

POLICY CHANGES Re: Education and Training Activities  
and Consultant Services

October 13, 1970 - Vol. 4, No. 43S

Regional Medical Programs Service, upon the recommendation of its National Advisory Council, announces changes in existing policies relating to the use of Regional Medical Programs grant funds in two areas of activity . . .

	<u>Page</u>
1. Payment of stipends and other participant costs in	
short-term training projects . . . . .	2
long-term training projects . . . . .	2
2. Reimbursement for travel and other related costs	
for Federal employees serving as consultants to	
Regional Medical Programs . . . . .	4

Details of the revised policies in each case, including background considerations of the National Advisory Council which led to the changes, are provided on the inside pages.

- Distribution:
- Coordinators of Regional Medical Programs
  - Members of National Advisory Council and Review Committee on Regional Medical Programs
  - Staff of Regional Medical Programs Service
  - Regional Health Directors of Department of Health, Education, and Welfare Regional Offices

Payment of stipends and other participant costs . . .

These changes amend the Expanded Statement of Education and Training Guidelines for Regional Medical Programs issued in August 1968 and published in Addendum-Guidelines, February 1970, on pages 5-12, and relate specifically to items C, D, E, F, and H of Section IV. The changes will be effective in awards made on the basis of all new, continuation, and renewal applications submitted on or after February 1, 1971.

In connection with short-term training projects . . .

- Grant funds may not be used for the payment of stipends, either directly or on the "maintenance of income principle," to participants in short-term continuing education and training projects. Training for new careers for new types of health personnel is not included.
- Other allowable costs of support of participants may be calculated according to the existing Guidelines. Grant funds may be requested and awarded for 50 per cent of the total amount budgeted for per diem and travel of the trainees. The awarded funds may then be paid to the enrolled trainees as considered appropriate by the project personnel, depending on the participants' ability to provide these costs for themselves, and/or the willingness of their employers to provide them. No single individual may receive per diem or travel allowance at a rate higher than that prescribed by the present Guidelines.
- Grant funds may not be rebudgeted, from within or without the project budget, to increase the total amount awarded for per diem and travel above the 50 per cent level.

In connection with long-term training projects . . .

- Payment of stipends and dependency allowances to participants in long-term, post-doctoral training may not be made from operational grant funds awarded under Section 904 of Title IX of the Public Health Service Act.
- However, grant funds for the planning or conduct of such training and educational projects may be used for the payment of trainee travel as provided in the present Guidelines.

The following excerpts from the minutes of the July 28-29, 1970 meeting of the National Advisory Council provide background for the new policy regarding the use of grant funds for trainee stipends:

"In the matter of RMP support of short-term training projects, the Council considered the history provided them by staff, and a number of specific projects. They believe that under most circumstances it is not necessary or appropriate for Regional Medical Programs grant funds to be used to cover the full costs of both the presentation of short-term training projects and the costs of stipends and expenses of the participants.

The majority of projects in this category provide opportunities for upgrading and development of new skills in special techniques or procedures, and are directed to individuals presently employed in health care institutions. Under the circumstances these institutions should, and in most cases do, make regular provision for this kind of training for their staffs.

The Council considered the present Guidelines regarding Regional Medical Program funding of projects of long-term post-doctoral training, at the senior resident and post-resident levels, particularly in the clinical sub-specialties of importance in patient management in the diseases targeted by Regional Medical Programs. As has been pointed out by both the Review Committee and the Council, requests for support for training of this kind are appearing more and more frequently in Regional Medical Programs applications; because of the increasingly critical shortage of individuals trained in these fields, but also because of the drastic reduction in NIH funding which has previously been available for this purpose.

The Council unanimously agrees on the importance of maintaining the training programs in these fields in the major teaching centers throughout the nation. They also agree that funding through Regional Medical Programs would serve to strengthen the essential involvement of these centers of clinical excellence into the framework of cooperative arrangements which form the basis of the Region of which they are a part. It is recognized, however, that the allocation of an amount of funds large enough to make a significant impact, if provided from the present RMP appropriation, would create a serious and inappropriate imbalance in the RMP effort to meet their more varied and

comprehensive goals. The Council, therefore, requested the RMPS staff to forward to both HSMHA and DHEW its unanimous recommendation that arrangements be made to provide Federal assistance to clinical departments in major teaching centers to offset the identifiable costs of education (as distinct from the costs identified with provision of patient services) of the maintenance of their clinical residency and post-residency training programs; that this mechanism be provided through the framework of Regional Medical Programs; and that funding, over and above the current grant funds appropriated to Regional Medical Programs, be sought for this purpose.\*

Accordingly, the Council recommends that until such funds are added to the annual appropriation, the Regional Medical Program Guidelines for operational grants under Section 904 of Title IX of the PHS Act be changed to exclude the payment of stipends and dependency allowances for long-term training at the post-doctoral level."

Reimbursement for travel and other related costs for Federal employees serving as consultants to Regional Medical Programs . . .

This change further amends the Guidelines regarding the use of grant funds for direct costs of consultant services as it currently appears in the Addendum-Guidelines issued in February 1970, page 3, so that . . .

- . Grant funds may be used to pay the supporting costs but not consultant fees of U.S. Government employees who represent cooperating agencies and institutions within the Region for their participation in the planning or conduct of Regional Medical Program activities.
- . This change is made to promote the cooperation and participation of local Federal Government agencies in Regional Medical Programs in instances where an individual agency cannot provide for this expense.

\* Forwarded in a memorandum dated September 4, 1970 from the Director, Regional Medical Programs Service to the Assistant Secretary for Health and Scientific Affairs, DHEW, through the Administrator, HSMHA.