



Lisa Evans, JD
Scientific Workforce Diversity Officer
Office of Extramural Programs
National Institutes of Health
9000 Rockville Pike
Bethesda, MD

RE: NOT-OD-16-027

December 15, 2015

Dear Ms. Evans,

The Endocrine Society appreciates the opportunity to respond to the Request for Information on strategies to enhance diversity in the physician-scientist workforce. The decrease in the number of physician-scientists in the biomedical workforce overall, and the even greater decrease in the number of physician-scientists from diverse backgrounds, are of great concern to the Society and we are committed to increasing diversity in the endocrine workforce. We offer numerous programs and incentives to trainees, established investigators, and physicians who are members of underrepresented groups and we hope to address the need to reduce disparities in endocrinology in relation to both research and delivery of care.

Our comments below identify several factors to influence the ability of underrepresented groups to participate in the physician-scientist workforce in addition to those identified in the RFI and our recommendations to increase diversity.

Mentorship throughout Educational Pathways

The Endocrine Society agrees that efforts to enhance diversity in the physician-scientist workforce must include efforts to increase diversity at all stages of education, training and practice.

We also agree that access to mentorship is essential for physician-scientists. Efforts to enhance diversity in the physician-scientist workforce should ensure that culturally diverse sets of mentors are available and engaged throughout all key points in the career of a young physician-scientist. This extends to points earlier than post-secondary education, such as K-12 education, as well as later career development stages, including the steps towards securing a first competitive grant and subsequent renewal.

To ensure that diverse physician-scientists are encouraged and cultivated, we recommend that NIH consider providing mentorship support at all points in the career of a physician-scientist from K-12 through mid-career. We believe the following examples we previously provided to the Advisory



Committee to the NIH Director's Working Group on Diversity in the Biomedical Research Workforce¹ would also be appropriate for physician-scientist workforce programs.

- **K-12:** The National Science Foundation's GK-12 program uses graduate students to serve as mentors in K-12 classrooms (often in urban settings with high ratios of underrepresented and underprivileged students) to introduce K-12 students to young scientists and to encourage them to consider careers in research.
- **Junior faculty / early career:** Establish a program of extended mentorship in grant writing to improve the chances for a young investigator to master this important skill.

We strongly encourage NIH to implement programs to train physician-scientists from underrepresented minority groups to become effective mentors. NIH should consider ways to expand the pool of trained and effective mentors to ensure that there is a strong group of mentors able to support physician scientists at all levels and with diverse backgrounds.

Characteristics of Degree Programs

The Endocrine Society agrees that the NIH should assess the effectiveness of dual-degree programs to ensure their attractiveness to underrepresented groups. However, dual-degree programs represent just one of several potential training pathways for physician-scientists. To increase diversity in the physician-scientist workforce, NIH should explore additional educational experiences and models that would broaden the perspectives of trainees and provide interdisciplinary experiences regardless of their degree program. We believe several of our previous recommendations to the Physician Scientist Workforce Working Group as NIH works to ensure that degree programs enhance the diversity of the physician-scientist workforce²:

- NIH should provide training opportunities for PhD and MD scientists who wish to learn more about the work done by their colleagues with complementary basic or applied backgrounds.
- NIH should consider expanding the scope of K24 awards to include physician-scientists who perform basic science to provide support for mentors who have the expertise to guide physician scientists who conduct translational research.
- NIH should work with institutions to expand models that provide MDs with the necessary and sufficient time to conduct research during their training period.

¹ Endocrine Society Response to NOT-OD-12-031. February 24, 2012. Accessed November 30, 2015. <https://www.endocrine.org/~media/endosociety/files/advocacy-and-outreach/society-letters/societyresponsetodiversityfi.pdf?la=en>

² Endocrine Society Comments on Physician Scientist Workforce. June 6, 2014. Accessed November 30, 2015. <https://www.endocrine.org/~media/endosociety/files/advocacy-and-outreach/society-letters/endocrine-society-comments-on-physician-scientist-workforce.pdf?la=en>



Other Comments

The Endocrine Society encourages NIH to consider developing new policies to attract and retain a diverse set of physician-scientists. While we recognize that NIH already has a number of programs in place, current programs may have low awareness among investigators, cumbersome user interfaces, and a lengthy timeline for NIH review. As we have noted in previous comments, awareness of supplements for mentoring minority students is extremely low among investigators. Additionally, the minority mentoring supplement systems currently in place are not easy to access, with varying application processes and timelines among NIH Institutes, creating additional confusion and limiting the utility of these programs. Financial support at all levels including for mid-career physician scientists is extremely important, particularly at times when research funds are scarce. The current compensation system at most institutions does not place value on unreimbursed activities that are absolutely necessary to conduct research. New models to compensate or preserve time for research activities should also seek to ensure that individuals from diverse backgrounds are supported.

Education and outreach will be critical for new or current policies to successfully increase diversity in the physician-scientist workforce. Many undergraduates are not aware that clinicians can and do conduct basic, translational, and clinical research studies, and they should understand that a Ph.D. is not the only pathway to a successful research career. In addition, increasing awareness of health disparities and health disparities research programs might inspire and attract trainees and clinicians from underrepresented groups to research careers. We encourage NIH to explore opportunities to enhance communication of new or existing minority-serving programs, such as grant supplements, to minority-serving institutions and majority institutions with established health disparities programs.

The Endocrine Society understands that the challenges and barriers faced by physician-scientists are magnified for underrepresented groups. We are encouraged that NIH has convened a group charged with the important task of implementing the recommendation of the physician-scientist working group to intensify efforts to increase diversity in the physician-scientist workforce and we fully support the implementation group in its efforts to achieve its goals. If the Endocrine Society can be of any assistance, please contact Joseph Laakso, PhD, Associate Director of Science Policy, at jlaakso@endocrine.org.

Sincerely,

Lisa Fish, MD
President, Endocrine Society