Promising Practices to Fund and Support Research Participation

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PERSONNEL

Researchers

PhD researchers

- Presence/absence of PhD-trained collaborative researcher(s) who acts as mentor to FM faculty is significant indicator of research capacity growth (Seehusen et al, 2023, 10.22454/FamMed.2023.736543)

- Recruitment of PhD researchers as part of

    - Chair negotiation

    - New or revised strategic plan

    - Dual hiring in partnership with other units

    - Cluster hiring around institutional research priorities (eg, health equity research)

    - Replacement (ie, to fill vacancies)

Researchers

PhD researchers: recruitment tips

- Assistant professors are easier to recruit but need more mentorship and time to independence

- PhD researchers require start-up funds, research staff effort, and postdoctoral fellows for 3-5 years; basic scientists require additional lab resources

- Mid-career or established investigators require larger packages but are essential for mentorship and sustainability

- Clinicians require different mentoring strategies than what PhD researchers experienced in their training: ensure that PhD researchers are excited about working with clinicians and will balance their independent research with collaborative research

Researchers

PhD researchers: recruitment tips

- Strategic recruitment around dept- or institutional strengths and priorities takes time but yields greater success than short-sighted "opportunity" hiring

  - For instance, institutional leadership positions in health equity research and/or community health attract candidates who may seek primary appointments in family medicine

  - Consider joint hiring with disciplines that share family medicine's goals (eg, public health, population health science, implementation science, minority/women's health, global health, primary care disciplines; cross-disciplinary institutes and centers)

- Recruit partial faculty effort paid via direct costs (eg, faculty biostatistician)

Researchers

Clinician FTE for research

- Academic time to achieve research and scholarship goals

  - 0.1 FTE is meaningful if department provides robust research support infrastructure

  - "More is better" only if faculty's career goals include scholarship and research

- Targeted physician scientist recruitment in partnership with departments, institutes, centers:

  - For example, Dr X completed MD/PhD program in genetics and residency in family medicine: tenure-track joint hire with neurology (primary appointment in family medicine)

Research Trainees

Residents

- Build interdisciplinary primary care research workforce early on

  - NIH R38 "Stimulating Access to Research in Residency"

  - 5-year program to extend primary care residencies by 1 year of mentored research

  - Endorsed by ABFM Family Medicine Physician-Scientist Pathway (FM-PSP) Program

  - Univ of Utah (2019–) and Indiana Univ (2025–) *(help us recruit!)*

Postdocs

- Postdocs require community of scholars: important to provide cohort either within family medicine (ie, hire >1) or with postdocs in other depts
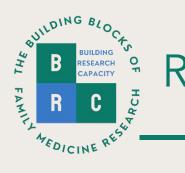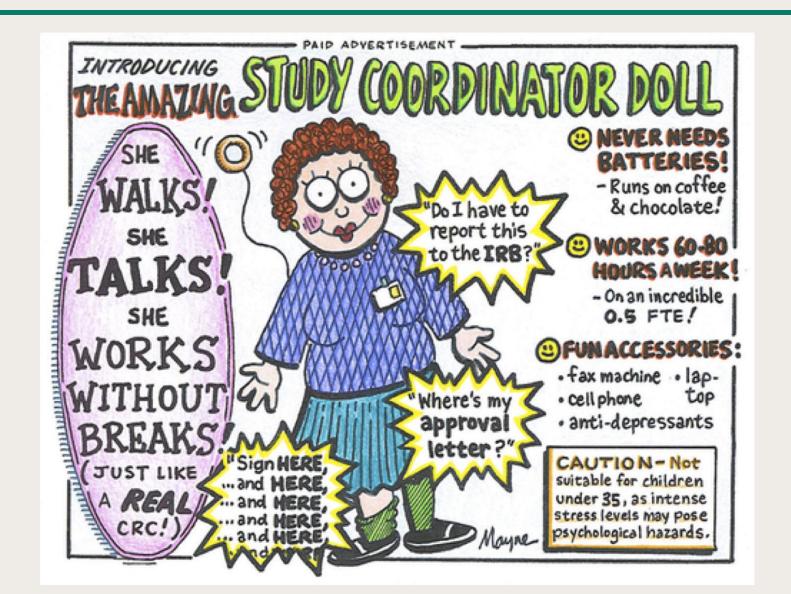
Research Staff

Technical research support staff

- In addition to PhD researchers, individuals available to consult for statistical and grant writing expertise are important indicators of research capacity growth (Seehusen et al, 2023, 10.22454/FamMed.2023.736543)

    - Biostatisticians and data managers

    - Research development professionals

    - Either embedded in department or centrally available (eg, CTSI biostats core, research development within VPR office)

- Academic writer to support manuscript and grant writing, IRB applications/amendments (Weidner et al, 2022, 10.22454/FamMed.2022.465116)

- Funded project staff: clinical research coordinators, project managers, statisticians, etc

Research Staff

Research administrators

- Certified pre- and post-award officers (CRA)

  - "Cradle to the grave": pre- and post-award for specific projects or investigators

  - Separate pre-award (reports to research) and post-award (reports to finance)

- Compliance officer

  - Liaises with IRB, sponsored projects office, VPR

- Investment into expertise includes professional development (eg, NCURA, certification)

Research Staff

Research Staff

Institutional research units
- CTSI, VPR
- Centers, institutes, initiatives
- Depts with shared research interests

Director of Research Development (master's/PhD)
- Team science/collaboration across institution
- Grant development & grant writing consults
- Staff supervision
- Programs that facilitate community of scholars (eg, mock review, interest working groups, postdoc group) and advance research strategy (eg, mentoring/skill development)
- Research metrics & communications*

Vice Chair for Research

Strategic plan

Project-based staff

Biostatistician / Data manager

Clinical scholarship facilitator

Research administrators

Pre-award
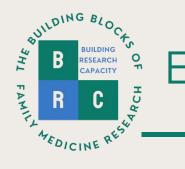
Clinical research staff

Compliance

Post-award

Table Discussion: Personnel

In your department…

- How many FTE are dedicated to research?

  - Faculty, trainees, staff?

- How do you recruit/retain PhD researchers?

  - How do your PhD researchers engage

  - How do your PhD researchers engage clinicians?

- How do you incentivize research/scholarly activity? What are the P&T expectation for clinicians?

EXTRAMURAL FUNDING

Extramural Funding Sources

Corporate funding (esp for clinical trials, drug and device development)

National foundations

State/local funding (eg, health departments)

Federal

NIH

- Gold standard for federally funded biomedical research

- NIH funding also matters for department/school rankings (ie, BRIMR), and ranking affects funding and recruitment

- Current* NIH research funding for primary care: 0.3%, or $3 out of every $1,000 (Newton et al, 2023, DOI: https://doi.org/10.1370/afm.3067)

- Because primary care is the largest care delivery system in the US, interest in and funding for primary care research in increasing

- NIH Common Fund CARE for Health Initiative (2024): $30M to support primary care research, with the goal for a learning system in which research informs clinical practice and clinical data informs research

Communities Advancing Research Equity for Health
(CARE for Health™)

Conduct research addressing **issues important to diverse communities**, particularly those **underrepresented** in biomedical research

Reduce burden on providers using innovative data collection methods

Increase adherence to **evidence-based care**

Improve **efficiency of care delivery**

Integrate research into the clinical care environment

Engender trust in science by addressing community needs

Achieve **longitudinal collection of clinical data** to address health across the lifespan

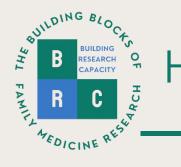Community-based primary care practices

Other Federal Sponsors

- Other federal sponsors with primary care research and/or workforce development focus: AHRQ, HRSA, PCORI

  - AHRQ Research to Advance the Science of Primary Care (R01): [PA-24-205](#)

  - AHRQ Primary Care Research Career Development (K01/K08): [NOT-HS-22-002](#)

  - HRSA, various workforce development grants (eg, primary care residency training with emphasis on maternal health, behavioral health, street medicine, etc)

Don't Limit Yourself

- Embrace a broad mindset about "Primary Care Research" to include, eg, primary and secondary prevention, modifiable risk factors, public health, community-engaged research, workforce development, etc

- Partner with other departments, institutes, and centers for project roles such as multiple PI, co-investigator, or other key personnel

  - Patient recruitment into clinical trials make primary care clinics attractive to other departments

How to Support Faculty to Write Grants

Team science

- Increased need for interdisciplinary teams to tackle complex problems

- Family medicine is by itself cross-disciplinary, and lends itself to team science approach to population health and health equity research, health services/care delivery research, patient-engaged and community-based research etc

  - Normalize team science through topic-specific affinity groups across departments (eg, metabolism, Alzheimer's disease) or centers (eg, CTSI)

  - Identify institutional/system priorities and *join the table*

- Engage faculty as investigators, consultants, other personnel on research grants (R series) or center grants (U, P series)

How to Support Faculty to Write Grants

Mentoring and skill development

- Research development/research admin staff have expertise to help develop grants and create supplemental materials (eg, biosketch, facilities doc, human subjects research, letters of support)

- Dept-level (or primary care-level) peer review panels support grant writers with feedback on Specific Aims and other grant sections

- Institutional/national mentoring programs provide opportunities for early-stage investigators and clinicians

  - Design mentoring programs in your department

- Encourage pathway programs toward the development of early career development (K series) award

- Visible and meaningful encouragement from leadership (chair, vice chair for research) supports culture of curiosity

Table Discussion: Extramural Funding

- What is your experience with state/local & corporate sponsors? Clinical trials?

In your department…

- How do you engage faculty in extramural research?

- How do you prepare faculty for grant writing?

- How do you engage other disciplines, departments, centers, and institutes?