

Institutional Clinician Training Award Questions and Answers

- **What happens if there is a delay in recruiting a fellow when the award begins?**

Notification of an award starting July 1 will ordinarily occur in January, thereby providing several months to recruit a fellow. It is also possible to begin contingent recruitment efforts before you know whether or not you will be funded.

- **If there is a gap of say a few months between fellows, will the Society cut off the award at the end of five years?**

Our prior experience with similar programs suggests that there may be gaps of up to a few months between fellows while the mentor works to recruit someone. If the program has gone well otherwise, the Society will in most cases simply extend the award without additional funds beyond the scheduled end date.

- **The program description mandates that each fellow be trained for at least one year. I think that at least two years is really needed in order to properly train a MS specialist.**

For several years the Society has offered individual clinician training fellowships and this program seems to have worked well. In this new program we wanted to provide the mentor(s) with some flexibility concerning start dates and term of training. However since this is a new program the Society will be evaluating how the various provisions of the program work and then make modifications accordingly. This might include stipulating a minimum two-year period of training. If this were the case, the Society might consider moving to either a four-year or six-year award to align the term of the award more appropriately to a two-year fellowship.

- **In some cases a clinical fellow may get a job offer at a MS center before the one or two years of the fellowship is completed. How would the Society handle such a situation?**

The Society would probably consider such an event a success, since the purpose of the program is to expand the cadre of MS specialists in practice. The fellow's Society supported salary would of course end when the new position begins and any remaining funds could be put toward the support of the next fellow, if any.

- **Would the Society consider funding either a pediatric MS specialist training plan or a combined pediatric and adult program?**

Expanding access to high quality MS care for children with MS is a high priority of the Society. Applicants for the new fellowship program can focus on either adult or pediatric care or a combination of the two.

- **Your description of the program mentions a number of requirements in terms of training and experience that should be provided for fellows. However there is no mention of leadership training. Most MS specialists will wind up heading MS centers or clinics and need to learn leadership skills in addition to clinical skills.**

This is an interesting point that definitely has some validity. We did not really consider requiring leadership training as part of this program since the focus is on clinical skills. However there is no reason why applicants could not include this as part of the training if desired. As the Society gains experience with the program we may consider this suggestion for future inclusion.

- **Although the program description mentions exposure to research, this is not treated as a significant part of the training. Would it be possible to propose a program in which research training is a significant part of the overall program, say 50%?**

The Society feels that training clinician-scientists is a very important goal. For this reason we provide many opportunities for such training, including the Sylvia Lawry award and the NMSS-ABF Clinician Scientist award. Our goal with the Institutional Clinician Training Award was to help maintain and increase the MS physician workforce by providing training that would allow physicians to become MS specialists. We feel that understanding and participating in research can be an important part of the competencies of a MS specialist. However training researchers is not the primary focus of the new program. That being said, if you think that you can design a workable training plan that combines clinical and research training experience while addressing the provisions of the new program, then you should submit a proposal to do so.

- **Can there be more than one mentor or does there have to be only a single mentor?**

The Society anticipates and encourages co-mentoring. In fact, it is hard to imagine a successful clinical training program addressing comprehensive MS care that does not include co-mentoring. However from an administrative standpoint, there needs to be a lead mentor who will serve as the applicant of record and who will lead the program.

- **Is the Society discontinuing the current individual Clinical Care Fellowship program?**

There are no plans at this time to discontinue the current program which has been successful. The new program was developed to enhance our response to the need to maintain and augment the MS physician workforce, a goal only partially achieved by the current program. As we gain experience with the new program we may decide to retain the current program or to phase it out. A final decision will be made at a later point after consultation with the Society's leadership volunteers.

- **Is the program open to foreign medical graduates?**

There is no citizenship requirement for either the mentor or the fellows. However they do need to be licensed to practice medicine in the U.S. and the fellow must plan on practicing in the U.S.

- **Can training be in more than one setting, say two different clinics?**

We anticipate that successful training programs will consist of several moving parts, particularly given the emphasis on comprehensive care. The important consideration in providing a multi-faceted training experience is that different components be coordinated into an integrated whole.