



Leading Change. Improving Care for Older Adults.

THE AMERICAN GERIATRICS SOCIETY
 40 FULTON STREET, SUITE 809
 NEW YORK, NEW YORK 10038
 212.308.1414 TEL
 www.americangeriatrics.org

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In response to the National Institutes of Health (NIH) [RFI](#) on Re-envisioning U.S. Postdoctoral Research Training and Career Progression within the Biomedical Research Enterprise, the American Geriatrics Society (AGS), with help from AGS and ADGAP leadership, has composed the following responses. We hope our comments on this RFI help address current challenges affecting the postdoctoral trainee community.

Topic	Comment
<ul style="list-style-type: none"> Perspectives on the roles and responsibilities of the academic postdoc (e.g., what the postdoctoral position means to you, how you view it). 	<p>The American Geriatrics Society (AGS) endorses the steps that NIH has taken to understand the current state of postdoctoral research training and career progression within the biomedical research enterprise.</p> <p>AGS believes that postdoctoral training is a formative step for those pursuing an academic career. Postdoctoral training provides protected time, dedicated mentorship, high-quality didactic and experiential training, resources to publish high-impact publications and to develop effective presentations, opportunities to develop new collaborations, write grants, and time to conduct a job search.</p>
<ul style="list-style-type: none"> Fundamental issues and challenges inhibiting recruitment, retention, and overall quality of life of postdoctoral trainees in academic research. 	<p>The American Geriatrics Society (AGS) notes several fundamental issues and challenges inhibiting recruitment, retention, and overall quality of life of postdoctoral trainees.</p> <p>These include inadequate salary support for postdoctoral trainees, particularly in expensive cities where many academic medical centers are located and rising debt for postdoctoral trainees which is substantial and a significant deterrent to candidates pursuing research training.</p> <p>Additionally, NIH salary caps impose burdens when academic institutions are not positioned financially to supplement the NIH stipend. This is problematic for all institutions but particularly for departments and divisions with limited resources (e.g. where clinical services are provided at a loss, like primary care and geriatrics). It is also true for less resourced academic institutions where PIs with NIH grants cannot easily supplement salaries and benefits to livable wages from other sources. This not only leads to challenges recruiting candidates but also is a disadvantage to potential candidates from historically excluded or underrepresented</p>

	<p>backgrounds who may not have family resources to provide financial support.</p> <p>We are also concerned that the expectation that institutions and, by extension, divisions and departments, have the resources to supplement faculty or staff time to support program operations can have a negative impact on mentoring and training for institutions that don't have those resources available. This is particularly important to address given ongoing efforts to increase the racial/ethnic diversity of the pipeline in academia, it will be particularly important to pay for the time of program directors who are from racial/ethnic minorities. Paying adequately for program director time would allow more faculty from historically excluded populations to serve in T32 leadership or faculty roles.</p> <p>In addition, there are challenges accessing data expeditiously enough to meet productivity metrics early on (e.g., abstracts, papers); a lack of explicit and structured barometers for success both within and between institutions.</p>
<ul style="list-style-type: none"> Existing NIH policies, programs, or resources that could be modified, expanded, or improved to enhance the postdoctoral training ecosystem and academic research career pathways. 	<p>These are some recommendations the American Geriatrics Society (AGS) has for improving existing NIH policies, programs and/or resources:</p> <ul style="list-style-type: none"> Increase salary scale and adjust for area cost-of-living, e.g., both T32s and R01s Increase funding for T32/postdoctoral leadership, faculty, and administrators Combine loan forgiveness programs with postdoctoral training programs (T32s or K awards), in an effort to minimize the burden of debt and recruit talented trainees. Provide resources for postdoctoral training and coursework Increased the allowed tuition expenses for post-docs, including both those seeking an advanced degree, and those who are not. Increase the allowed per post-doc expenses to account for costs of family health insurance Support attendance to present at two conferences per year Require PIs to submit evidence of ability to mentor/train scientists and include training plans that support the postdoctoral trainee progressing towards independence Improve pathways to early-stage funding as well as loan forgiveness programs/incentives Consider parental leave and childcare stipends, including travel stipends for trainees with children to attend national conferences Develop clearer expectations of mentorship Develop clear expectations of T32 program leadership and administration (e.g., recruitment and selection practices)

	<p>and support levels of faculty and staff effort commensurate with these expectations</p> <ul style="list-style-type: none"> • Provide early exposure of aging-oriented clinician trainees to researchers and potential research careers by partnering with professional societies • Consider offering a “bridge” grant that supports the transition from trainee to faculty such that universities/institutions don’t have to unilaterally bear this burden (e.g. the NIH StARR program) • In order to build robust programs with enough slots for engagement, community building, and programmatic infrastructure, the above changes will necessitate increasing the 500K per year threshold for T32 programs.
<ul style="list-style-type: none"> • Proven or promising external resources or approaches that could inform NIH’s efforts to enhance the postdoctoral training ecosystem (e.g., improving postdoctoral recruitment, training, working environment, mentoring, job satisfaction). 	<p>The American Geriatrics Society (AGS) recommends updating the repository of NIH resources to better support individuals in finding a job after postdoctoral fellowship. This would provide incentives for people considering a postdoctoral fellowship. Also, providing resources for mentors and mentees that offer guidance for developing and implementing individual development plans (IDPs) and individualized mentoring plans would optimize the mentoring and training experience.</p>