

## Information on NIH-sponsored R25 Mentored Research Pathway for Otolaryngology – Head and Neck Surgery Residents

### Review Committee for Otolaryngology – Head and Neck Surgery

This overview of the National Institutes of Health (NIH)-sponsored R25 program from the perspective of the Review Committee for Otolaryngology – Head and Neck Surgery is provided to establish uniformity for Otolaryngology – Head and Neck Surgery residency programs that elect to pursue the research pathway. In addition, a set of scenarios regarding Review Committee expectations for R25 complement increases is included.

The information below was adopted and edited from the National Institute on Deafness and Other Communication Disorders (NIDCD) NIH website: <https://www.nidcd.nih.gov/training/R25-clinician-scientists-frequently-asked-questions>.

#### **Q1. Where can I find a comprehensive overview of the R25 clinician-scientist programs?**

- A. [Watch a recorded webinar about the R25 clinician-scientist programs](#) and [read about the programs](#) on the NIDCD NIH website.

#### **Q2. What is the purpose of the program?**

- A. The program aims to support institutional programs that can provide research experiences and outstanding educational activities to medical students and resident investigators in otolaryngology – head and neck surgery and foster their ability to transition to individual career development research awards. It is expected that after completing the program, participants continue to the next appropriate step to prepare for a research career, which may include an appointment to an institutional training grant or career development award, fellowship, or individual career development award.

#### **Q3. Why did the NIDCD create this program?**

- A. During the January 2020 Association for Research in Otolaryngology (ARO) meeting, the NIDCD hosted discussion groups to explore strategies that facilitate research training in otolaryngology – head and neck surgery residency programs. The discussion groups included department chairs, [T32](#) principal investigators (PIs), and individuals with vast experience providing mentoring and research training to otolaryngology – head and neck surgery residents. It has concurred that the National Research Service Award ([NRSA](#)) policies that govern the institutional research training T32 program restrict research in residency program implementation. Some of these restrictions include learners who are required to be appointed full-time on one-year increments; postdoctoral payback requirements; predetermined stipends; and limited training-related expenses. The recommendation from the meeting was to create a program allowing research in residency programs customized to:
1. Work effectively in institutional settings.
  2. Align with residency program format and structure.
  3. Reflect on the research experience level of the residents.
  4. Provide flexibility in research experience duration, programmatic implementation, and budget.

#### **Q4. Will the otolaryngology T32 program disappear?**

- A. No. T32 programs may support otolaryngology – head and neck surgery post-residency research trainees, predoctoral trainees, postdoctoral PhD trainees, and postdoctoral non-otolaryngology MD trainees.

**Q5. What will happen to the current T32 otolaryngology programs?**

- A. The NIDCD expects all active T32 programs supporting research training in otolaryngology – head and neck surgery residency to transition to the R25 program as they submit renewal applications, which will require institutional planning and coordination with the NIDCD. Institutions can have multiple programs to support otolaryngology – head and neck surgery research education and training: an R25 program to provide research experiences for otolaryngology – head and neck surgery residents and a T32 otolaryngology – head and neck surgery post-residency research training program.

**Q6. How much time and effort are required for the R25 program and how it can be balanced with the residency clinical requirements?**

- A. For residents, the R25 program requires a **minimum of 80 percent effort** dedicated to R25 program activities.

**Q7. Can more than 80 percent research time be done?**

- A. Yes, this is allowed.

**Q8. Who decides what to do with the other 20 percent?**

- A. The principal investigator/institution decides what to do with the other 20 percent.

**Q9. What is the minimum amount of time that can be allotted to the R25, and does the time need to occur within a single program year if incorporated into a residency program?**

- A. Per NIH requirements, a minimum total of 12 months (at 80 percent or more effort) is required. While the NIH describes that activities within the R25 program can occur at any point during residency provided that each research period is a minimum of three consecutive months, the Review Committee for Otolaryngology – Head and Neck Surgery recommends that all research time is taken consecutively during a single program year in 12-month periods.

**Q10. What is the maximum amount of time that can be allotted to the R25?**

- A. 24 months (at 80 percent or more effort).

**Q11. How does the R25 affect the otolaryngology – head and neck surgery residency duration and American Board of Otolaryngology – Head and Neck Surgery (ABOHNS) eligibility requirements?**

- A. If the research training on the R25 grant is incorporated into an overall residency program, the time of residency training must be extended by the number of months of research training specified by the R25 grant to meet board eligibility requirements at the completion of education and training.

(For example: If the R25 is for 12 months, then the otolaryngology – head and neck surgery residency duration will be increased by 12 months).

**Q12. Does clinical time (i.e., operative cases/procedures) completed during the R25 research period count toward ABOHNS eligibility requirements?**

No. Any clinical time completed during research training under an R25 grant cannot be included as residency training time toward ABOHNS eligibility requirements.

**Q13. Does the R25 resident submit case logs if some or all the 20 percent clinical time under the R25 training period is used by the residency program for clinical time?**

A. No.

**Q14. Does the R25 resident participate in the annual ABOHNS Otolaryngology Training Exam (OTE; “in-service exam”) during the R25 training period?**

A. This is a local decision made by the residency program director or other department leadership.

**Q15. Can the R25 training period occur at any point/PGY?**

A. Yes.

**Q16. How does the R25 program affect residency complement and correspondence with the Review Committee?**

A. There are several scenarios below:

**Scenario 1: No complement change (recommended).**

The R25 resident enters the program while the total resident complement remains the same. Therefore, the Review Committee does not require notification of a temporary complement decrease in this scenario.

**Scenario 2: Temporary complement increase possible.**

This can occur when the R25 resident returns to full-time residency duties if this returning resident increases the program’s overall complement allotment approved by the Review Committee.

**Scenario 3: Permanent complement increase possible in the presence of the R25.**

The Review Committee rules for permanent complement increase are the same and irrelevant to the R25 reason for this request. In addition, the program must fulfill the increase in complement with or without an R25 program’s funding/duration. The educational rationale and clinical volume must still justify a permanent complement increase.

**Q17. Is there a limit to the number of participants per institution?**

A. No. Within the budget limitations, applicants may request the number of participants they deem appropriate.