

# Frequently Asked Questions

## PRIMARY CARE TRAINING AND ENHANCEMENT: PREDOCTORAL TRAINING IN PRIMARY CARE PROGRAM HRSA 11-155

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**CORRECTION: The project period is September 30, 2011- September 29, 2016**

**Budget period 1 is September 30, 2011-September 29, 2012**

**Budget period 2 is September 30, 2012-September 29, 2013**

**Budget period 3 is September 30, 2013-September 29, 2014**

**Budget period 4 is September 30, 2014-September 29, 2015**

**Budget period 5 is September 30, 2015-September 29, 2016**

**The Longitudinal Evaluation Preference is no longer available.**

**In the past, the Primary Care Training and Enhancement Programs, including Academic Administrative Units, Predoctoral Training, Residency Training, Physician Faculty Development, and Physician Assistant Training in Primary Care, shared one funding announcement. Each program now has its own funding announcement.**

## **Purpose**

The purpose of the Predoctoral Training in Primary Care Program is to support projects that plan, develop, and operate a program to train medical students for careers in family medicine, general internal medicine, and general pediatrics, including combined internal medicine and pediatrics (“med-peds”).

Curricula will focus on developing medical students’ interest in primary care and teaching medical students using innovative strategies and models of patient care delivery including interprofessional teams and caring for vulnerable and underserved populations. Models of learning might include, but are not limited to: classroom activities, clinical rotations, practicums, peer to peer teaching, simulation, web-based training, distance learning, blended learning, seminars, or workshops organized by faculty representing the breadth of the health professions. Curricula should include training at community-based sites, under the auspices of university departments, academic health science centers or other appropriate entities.

Primary care is associated with more equitable distribution of health in the population and lower mortality, after controlling for socio-demographic and lifestyle factors. Primary care focused curriculum development has become an increasingly important component of medical education. National leaders in medical education have called for the development of more innovative teaching strategies to better prepare the workforce with the skill sets that will be required to effectively provide high quality, evidence-based care to an increasingly diverse and aging population in the context of a changing health care system. Early exposure to primary care curricula, access to primary care role models, and diverse community-based training sites can be important strategies to promote careers in primary care practice. Physicians of the future will need new skills including evidenced-based practice, patient-centered care, effective use of information technology, quality measurement, care coordination, leadership of interdisciplinary teams, and shared decision making in community-based practices.

Approximately \$4,175,000 will be available in fiscal year 2011 to fund 24 new Predoctoral Training in Primary Care Program grants. The average award will be \$173,000 per year. The project period is 5 years. The maximum total award for the five year project period is \$950,000.

## **Eligibility**

### **Who is eligible to apply?**

To be eligible, an applicant or partner organization must be from an organization accredited by the Liaison Committee on Medical Education (LCME), American Osteopathic Association (AOA), or a public or nonprofit entity that the Secretary has determined is capable of carrying out such grant. Applicants must be a department or division of family medicine, general internal medicine, general pediatrics, or combined internal medicine and pediatrics (“med-peds”) and should be responsible for primary care content in the undergraduate medical curriculum, including didactic education, clinical education, and research activities.

### **My department or division holds provisional accreditation. Are we eligible to apply?**

Yes. A department or division with any active accreditation status, other than not accredited, may apply. You must provide documentation of your accreditation status in Attachment 1.

### **We are partnering with a community based clinical setting. Can they be the primary applicant?**

A single applicant or an applicant in a collaborative application must hold its own required accreditation. Partnering entities are not required to be accredited. If the community based clinical setting is not accredited, it cannot be the primary applicant, only a partner.

**Can I apply if my department or division has a Predoctoral Training in Primary Care grant that has a budget period that extends beyond September 30, 2011?**

No. As a current grantee you are not eligible.

**Can I apply if I have a no cost extension that expires after September 30, 2011?**

You may apply for a Competing Continuation grant if you have met the objectives and completed the proposed work for the current grant for which you hold a no cost extension prior to September 30, 2011. You must amend the end date of the no cost extension to expire on or before September 29, 2011 by submitting a request through the Electronic Handbooks (EHBs). If you have questions regarding this process you can contact the Predoctoral Training in Primary Care grants management specialist.

**Can I apply if I have left over award money from my current Predoctoral Training in Primary Care grant that ends before September 30, 2011?**

You may apply for a Competing Continuation grant if you have met the current grant's objectives and will have completed the proposed work by September 30, 2011. If you are awarded a Competing Continuation grant, the left over award money may be used to offset the Competing Continuation award.

**If a department or division in my academic institution other than my own has a current Predoctoral Training in Primary Care grant that has a budget period that extends beyond September 30, 2011, may I apply?**

No. An academic institution may have only one current Predoctoral Training in Primary Care grant. However, if the current grant has a no cost extension that ends prior to September 30, 2011, you may apply. HRSA encourages collaborative applications between academic administrative units.

**My academic institution or academic administrative unit has multiple, discrete training sites. Who should be the applicant?**

Any family medicine, general internal medicine, pediatrics, or combined internal medicine and pediatrics academic unit that is responsible for primary care training and has a unique accreditation identifier may be the applicant.

## Applying and Awards

**How do I apply?**

Applicants must apply through Grants.gov. Please register on Grants.gov immediately.

**What is a Competing Continuation?**

A competing continuation is a funding request for new activities that build upon the accomplishments of an expiring grant. For the 2011 competition, the expiring grant's project period will have ended between June 30, 2011 and September 29, 2011. In the past, this type of application was called a "renewal". Competing continuations will have a 5 year project period. They must meet all of the application requirements, including completing an Accomplishment Summary. They will be reviewed by the same standards as all of the other applications; no preference is given to competing continuations.

**Do I have to register on the Electronic Handbooks (EHBs)?**

Yes. If your grant application is awarded you must be registered with the EHBs.

**When will the grants be awarded?**

It is anticipated that grants will be awarded on or before the start date of September 30, 2011.

**What is the project period?**

The grants will have a 5-year project period, from September 30, 2011 through September 29, 2016.

**What are the budget periods?**

Budget period 1 is September 30, 2011-September 29, 2012

Budget period 2 is September 30, 2012-September 29, 2013

Budget period 3 is September 30, 2013-September 29, 2014

Budget period 4 is September 30, 2014-September 29, 2015

Budget period 5 is September 30, 2015-September 29, 2016

**Must applications be for a 5-year project period?**

Yes.

**How will I know if my application has been received?**

Applicants will receive a confirmation email from Grants.gov that gives a tracking number (GRANTXXXXXXXX). Be sure that your application is validated by Grants.gov prior to the application deadline of July 11, 2011.

It is important that applicants pay attention to emails received from Grants.gov. Notification of a "rejected" application from Grants.gov is not verification of receipt; rather, it means you must correct an error and resubmit prior to deadline.

**What is the deadline for this funding opportunity?**

All applications must be submitted via Grants.gov by July 11, 2011 at 8:00 p.m. EST. Applications received after this time will not be considered.

**Can my budget request include costs incurred prior to September 30, 2011?**

In general, these grants are intended to support costs incurred after the project start date. This program, however, has authority that allows for reimbursement of grant related costs up to 90 days prior to the beginning of the project period, if awarded.

**Will I receive formal notification from the Health Resources and Services Administration (HRSA) if my grant is awarded?**

Yes. HRSA will electronically transmit a Notice of Grant Award (NGA) to the applicant indicating whether or not the grant will be funded. More information about tracking your application is available online at <http://www07.grants.gov/applicants/resources.jsp>.

**By when do grantees have to use their award money?**

Grantees should commit the grant funds and complete the proposed objectives by the end of the 5 year project period, September 29, 2016.

**If my grant is awarded, when can my academic unit apply for another Predoctoral Training in Primary Care Program funding opportunity announcement?**

The earliest that your academic unit could receive new funding for another Predoctoral Training in Primary Care Program grant would be September 30, 2016.

## Application Content

### **Are there page limits for the applications?**

The page limit for each application is 65 pages. This limit does not include standard forms. Forms that are not counted in the page limit are indicated in the SF-424 Research & Related (R&R) Table of Contents, which is included in the funding opportunity announcement. Applications exceeding 65 pages will not be considered.

Please keep in mind that all information presented in the submission is public, and may be used to provide information to the public and Congress.

### **How should attachments be formatted?**

Instructions for formatting are in the Grants.gov Applicant User Guide, available online at <http://www.hrsa.gov/grants/userguide.htm>.

### **Is there a required order for the application documents?**

Yes. All applications must follow the order described in the funding opportunity announcement.

### **Is a planning period acceptable?**

Yes.

### **What is the difference between a Staffing Plan and the Personnel Costs in the Budget Justification?**

The Staffing Plan describes the roles and responsibilities of the personnel receiving grant funds to demonstrate that they have the experience to perform their grant responsibilities and that those activities support the proposed objectives. The Personnel Costs in the Budget Justification relate an individual's roles and responsibilities to their percent total effort devoted to grant activities to explain the costs associated with their participation.

### **What attachments require a Table of Contents?**

Include a Table of Contents for attachments that are more than 2 pages long. The Table of Contents page is not counted in the page limit.

### **What documentation is required to prove accreditation status?**

Please follow the instructions in the Eligibility Information section of the funding opportunity announcement that state: The applicant must provide a statement that they are accredited, and must name their accrediting body and date of accreditation for verification purposes. The entire accreditation letter is not required as is stated in the instructions for Attachment 1.

### **If the application does not request Facilities & Other Resources or Equipment allowances, must these attachments be uploaded?**

Yes, these attachments are required in the SF-424 Research & Related (R&R) Form. If you do not submit them, your application will receive an error message and will not be received. If no Facilities & Other Resources or Equipment allowances are requested, please submit a page stating "None Requested" for each of the attachments, as appropriate. The pages containing this statement for these two attachments will not be counted in the page limit.

### **What is an Accomplishment Summary?**

If your academic unit held a Predoctoral Training in Primary Care Program grant within the last 4 years, you must complete an Accomplishment Summary. For the 2011 competition, this will be all programs that had a project period ending after June 30, 2007 and prior to September 29, 2011.

## **What should the Accomplishment Summary contain?**

Project period covered: From: (dates) To: (dates)

### Specific Objectives and Methodology:

Briefly summarize the specific objectives and methods of the funded project.

Number of Trainees per year per discipline: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

Performance Outcomes and Evaluation: Summarize the quantitative and qualitative measures used to evaluate the project in the context of each funded objective. Specify project outcome targets and the degree to which stated objectives were achieved including the number of trainees.

## **What types of documentation will meet the Institutional Diversity Statement requirement?**

The statement must be verifiable, official, and include each of the three elements described in the funding opportunity announcement. An example is an official statement from the applicant institution's Diversity Office or equivalent.

## **Who is a program completer?**

A program completer is an individual that has met the didactic and/or clinical requirements of a structured educational program that does not confer a degree (e.g., continuing education or fellowship) and is designed to improve knowledge or skills.

## **Who is a graduate?**

A graduate is an individual that has met the requirements of a structured educational program that confers a degree.

## **When reporting MUC Preference data, should all graduates/program completers be included independent of discipline?**

Yes, the focus of the MUC Preference is on the geographic setting not the graduate's or program completer's selected discipline.

## **How do I calculate the significant increase in rate for the MUC preference?**

See this example: In 2007, Program A had 200 graduates, 20 entered a clinical practice in a medically underserved community. In 2010, Program A had 210 graduates and 30 entered a clinical practice in a medically underserved community. The numerator will be 30 minus 20, which is 10. The denominator will be 200 plus 210 divided by 2, which is 205. In addition to reporting the numerator and denominator calculations, you will also report 10/205 as a percentage, which is 4.9%.

## **If my institution had a medical school 10 years ago and would like to apply for funding to create a new medical school, can we apply for the MUC Preference through the new program pathway?**

Yes. You may apply through the new program pathway if your academic unit meets the other new program requirements because there are no medical school graduates for the last three consecutive years (2008, 2009, 2010).

## **Under Applying for the MUC Preference as a New Program Criteria #6, what type of assistance should be available to the trainees?**

Examples of student assistance which is linked to service in MUCs following graduation are:

1) career counseling for trainees that includes options in MUCs and 2) a service that encourages and assists program trainees in selecting a clinical practice in a medically underserved community upon completion of their training.

### **How do I apply for the Longitudinal Evaluation?**

The Longitudinal Evaluation Preference has been removed from the 2011 competition of the Primary Care Training and Enhancement Programs and will not be offered. The longitudinal evaluation capabilities described in section 761(d)(2) and the database described in section 761(b)(2)(E) of the Public Health Service Act have not yet been fully developed. As a result, meaningful distinctions among proposals cannot be made.

### **Should applicants complete the SF-424 R&R Other Project Information Component?**

No, this funding opportunity is not soliciting applications for research grants. This section regarding human subjects protection, therefore, does not apply.

## **Trainee Support**

### **Are stipends available for the Predoctoral Training in Primary Care Program?**

No, stipends are not available for the Predoctoral Training in Primary Care Program.

### **What are “reasonable living expenses”?**

Reasonable living expenses are those costs incurred by a trainee that is participating in a temporary grant-related learning opportunity that is outside of the standard curriculum and at a remote location.

## **Application Review**

### **Who will review the applications?**

Applications will be reviewed by HRSA personnel for eligibility and completeness and an independent review committee who will assess applications based on review criteria defined in the funding opportunity announcement. The review criteria are designed to enable the reviewers to assess the quality of an application and determine the likelihood of its success. The criteria relate directly to project narrative elements.

### **What are the relevant qualifications of the reviewers? Will the reviewers have significant experience as it relates to specific program areas?**

Although the Division of Independent Review is responsible for managing objective reviews within HRSA, program officers develop a preliminary list of reviewers that are appropriate to review applications for their program based on many criteria. Each reviewer will be screened to avoid conflicts of interest. Review committee members are responsible for providing an objective, unbiased evaluation based on the criteria that have been established for this funding opportunity. HRSA staff oversee the review process to ensure that each application is given an objective review.

### **Can program directors who apply for funding also apply to serve as peer reviewers?**

At this time the HRSA Division of Independent Review does not accept peer reviewers who are program directors applying for funding under that competition, nor does it accept any other individuals who have a financial interest in the application.

## **Reporting**

The Annual Performance Report will have a new format and contain new performance measures beginning in 2012. A technical assistance call will be held to review the changes and answer questions.

## Requesting Assistance

### Will there be any opportunities for technical assistance prior to the application deadline?

- Technical Assistance Call #1 – June 13, 2011  
Play back number: 866-514-3172, Pass code: 2011
- Technical Assistance Call #2 – June 24, 2011 at 3:00 p.m. EST  
Call in number: 888-324-6991, Pass code: 6584421  
Play back number: 866-396-6285 Pass code: 2011

### Will the technical assistance call information be available after the call?

Yes. Each call will be available for play back approximately one hour after each call ends and will be available until the funding opportunity closing date. See above for details.

### How will the two technical assistance calls differ?

The first call provided an overview of the funding opportunity announcement and answered initial questions. Much of the content of the first call is captured in this Frequently Asked Questions document. The second call will provide an overview of the questions that HRSA has received since the first call and address any remaining applicant concerns.

### What if I still have questions?

The contact information for the program officer for Predoctoral Training in Primary Care is:

Anne Patterson  
E-mail: [apatterson@hrsa.gov](mailto:apatterson@hrsa.gov)  
Telephone: (301) 443-6822

The contact information for the grants management specialist for the Predoctoral Training in Primary Care is:

Curtis Colston  
Email: [ccolston@hrsa.gov](mailto:ccolston@hrsa.gov)  
Telephone: (301) 443-3438