



Financing Addiction Medicine Fellowship Programs

Some Tips

- Contact your institution's graduate medical education office early in the planning process. This office is not only needed to provide the "designated institutional officer" signature on your accreditation application, but it might also connect you with other fellowships at your institution so you can learn about their funding sources.
- Many institutions have a development office which can be invaluable in linking you with funders and helping with applications.
- Take advantage of the expertise and resources already available in the residency program and/or academic department affiliated with your fellowship. Experienced administrators (eg, residency coordinators) are often available to help with planning, applications and operations.

Like most subspecialty training programs, Addiction Medicine fellowships typically rely on a combination of sources to meet their primary expenses of fellow salaries and administrative costs. The ABAM Foundation does not require that funding be in place for accreditation, and some new programs have found it easier to raise funds after they already have accreditation. Some institutions, however, do require fellowships to have funding before accreditation, so applicants should ask their graduate medical education office about this early in the planning process.



Funding Sources:

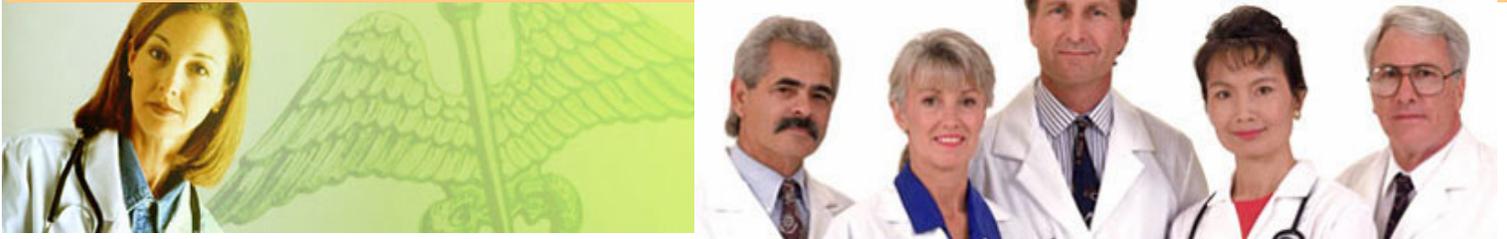
1. Private sector support

Locally based businesses and other philanthropic donors, both large and small, have greatly benefited some fellowships.

- The St. Paul's Goldcorp Addiction Medicine Fellowship in Vancouver, British Columbia, was launched in 2012 with a \$3 million donation from Goldcorp Inc., a worldwide gold mining company based in Vancouver. The gift was made to help address the shortage of Addiction Medicine specialists by establishing the fellowships as an addiction center of excellence. (<http://addictionmedicinesfellowship.org/addiction-medicinesfellowship/donation/>)
- The Rushford Addiction Medicine Fellowship in Middletown, CT, received a \$25,000 gift in 2014 from the Hartford Dispensary Endowment Corp., a local outpatient treatment and prevention center. <https://www.rushford.org/News/newsView.asp?NewsId=40968189> The fellowship also has established a scholarship program. Named for a retired Rushford CEO well known in the community, the scholarship provides a vehicle that can be used for ongoing fundraising.

2. Government grants

- While direct federal funding is not currently available, research and training grants have been helpful to some programs as an indirect source of support when addiction-related grant activities complement scholarly activities in the fellowship (e.g., a grant-funded faculty member mentoring a fellow in addiction research). Grant-supported research can also enhance the fellowship reputation.



3. Clinical revenue

- Some portion of the fellowship budget is typically supported by contracts and other reimbursement arrangements for clinical services (e.g., staffing inpatient units, providing consultation, seeing outpatients).

4. Institutional support

- The academic departments, residency programs or clinical units in which fellowships are based often contribute some level of direct and/or “in kind” support. A common example is releasing a Program Director and faculty from a certain amount of clinical time or other administrative responsibility. In addition, fellowships often receive “in kind” help from experienced Program Coordinators and administrators who are already working for other GME programs. And fellowships also often share facilities and equipment with residencies and departments.

5. Fellow awards

- The ABAM Foundation Next Generation Award for Adolescent Substance Use Prevention provides \$25,000 to support training for fellows who are in accredited programs and have a career interest in addressing substance use among adolescents and young adults. Applications for the 2015-16 awards will be available by September, with a deadline of early 2015, at <http://www.abamfoundation.org/>
- The ASAM Millennium Research Institute Research Fellowship Award provides \$15,000 to support a fellow in research related to medication monitoring and drug testing. Applications for the next award will be available in late summer at <http://www.asam.org/membership/awards-program/mri-research-fellowship-award>

Fellowship Costs:

1. Fellow stipend: Approximately \$55,000 - \$60,000 plus benefits

- Among four Addiction Medicine fellowships responding to a recent ABAMF survey, fellow stipends ranged from \$52,000 to \$88,000. Benefits ranged from \$15,000 to \$40,000.
- Stipends and benefits are usually aligned with those of other graduate medical education programs in your institution and/or region. Your institution may, in fact, require you to follow their scale. Nationally, the mean stipend for all medical residents and fellows four years out of medical school (i.e., post-graduate year-IV) was \$56,987 in 2013-14.
- For more detailed information on stipends by region and type of institution, see the Association of American Medical Colleges *Survey of Resident/Fellow Stipends and Benefits Report 2013-2014*: <https://www.aamc.org/download/359792/data/2013stipendsurveyreportfinal.pdf>

2. Program Director

- The value of Program Director time ranged from \$25,000 to \$150,000 (salary and benefits) among the four programs responding to the ABAMF survey.
- Unlike the fellow stipend, the Program Director’s time is not necessarily an entirely new cost. Program Directors must devote at least 0.25 FTE to the fellowship program, but this may include some time the director already spends on attending and teaching duties. The same is true for faculty.

3. Administration

- Program Coordinator salary and benefits ranged from \$7,900 to \$40,000 in the ABAMF survey. Coordinators typically work part-time on fellowship tasks.
- Other costs include recruitment activities (e.g., hotel rooms for candidates), CME, equipment and supplies.