

# National Institute of Arthritis Musculoskeletal and Skin Diseases

## Workforce Plan: FY 2002-2003

**Introduction:** Chronic diseases are a major public health challenge that compromises daily life for millions of Americans and affects virtually every household in the U.S. The mandate of the NIAMS is to study the most debilitating chronic diseases. This means that many of our studies have to be conducted over many years and involve a significant number of patients in order to document true clinical changes.

**Partnerships of Science and Administration:** Excellence in managing the agency's processes is a high priority goal in the NIAMS. Administrative services in support of science are key components in our efforts to successfully meet the Institute's mission. Administrative services are critical in having science benefit the public, and in facilitating every aspect of the resources needed by scientists. There is a critical need to continually enhance an infrastructure that will allow the scientific community to meet the opportunities that lie ahead. In order to manage the expansion and increased workload, NIAMS has moved aggressively to adopt new technologies in our business processes. An example of improvement initiatives is a recent management and administrative processes review with a committee of key staff. The committee meets on a regular basis and discusses areas requiring improvement. Currently, committee members are in the process of creating a Web version of the Administrative Management Handbook, a Web version of the Personnel Manual, and an automated procurement system (the AMBIS). Automating systems such as these will curtail the need for hiring additional staff as the scientific programs of the NIAMS increases. Other initiatives being undertaken by members of this committee include Workforce Planning which will concentrate on areas such as position management (e.g., methods to avoid overlapping or duplicate functions/responsibilities); a standard for supervisory ratios within the NIAMS environment which recommending-managers will have to defend if they request deviation from these ratios; and pinpointing areas that could be consolidated within the Institute. One area being considered is challenging each supervisor and manager to measure their contribution to "thinking outside of the box" to accomplish their program goals while living within the workforce constraints that may be imposed upon them through the Position Management Program.

**Highlights of Scientific Initiatives:** Since the significant increase of the NIH budget began in 1998, the NIAMS has increased investment and progress in several areas, including: (1) **Increased Research Focus on Osteoarthritis:** Osteoarthritis is the most common form of arthritis, and the NIAMS has expanded its research portfolio in this area. Osteoarthritis can be expected to take an even greater toll on public health as the population ages, and research is focused on prevention, as well as understanding and treating osteoarthritis. (2) **A Health Partnership Program to Address Health Disparities:** Recently, the NIAMS Intramural Research Program launched the Health Partnership Program, a diversity outreach initiative to reduce health disparities in diseases of the joints, muscles, bones, and skin among minority communities. The Institute has designed a model community-based program that will first address health issues related to arthritis and other rheumatic diseases in African Americans and Hispanics/Latinos in the metropolitan, Washington, D.C. area. This is an Institute-wide effort involving clinical, administrative and health educator staff members and required the recruitment for bilingual staff (Nurses, Health Educators, etc.) for the opening of our NIAMS Community Health Center in

Washington, D.C. (3) *The NIH Center of Musculoskeletal Medicine*: The NIAMS, NIDCR, NICHD, and NIA will focus resources in this area and form a new collaborative Center of Musculoskeletal Medicine on the NIH campus. This would enhance research productivity through synergy of the programs, develop new programs, recruit new investigators, and create a national resource in this area. The Center would include basic science, incorporate an Inter-Institute Bone and Cartilage Clinic, and integrate new clinical programs in osteoarthritis and molecular orthopaedics. (4) *A Program in Clinical Research Training at Minority Serving Institutions*: Minority institutions have had difficulties developing and sustaining independent clinical research, and there is a shortage of ethnic minority clinical researchers who are pursuing successful clinical research careers. The NIAMS, in partnership with 11 other NIH components, created a new strategy for enhancing clinical research training in minority-serving institutions. A successful program will produce well-trained clinical researchers who can lead clinical research projects. (5) *Increased Research Focus on Significant Public Health Challenges such as Osteoporosis, Muscular Dystrophies, Skin Diseases, Scleroderma, and Low Back Pain*. In addition to existing projects and new initiatives in these and other significant chronic diseases, funding and positions have been allocated to new research areas, including new research centers, and new branches in the Intramural Research Program in the areas of autoimmunity research, cartilage biology, and orthopaedic surgery.

**Clinical Research – Improving Public Health:** With the significant increase in the NIAMS budget over the past few years came an unprecedented opportunity to pursue clinical research with a special emphasis on clinical trials. While we have supported some of this research in the past, such studies are very expensive and our ability to support many was quite limited. We have launched a number of very promising clinical trials in some of the areas delineated above, but we could not responsibly undertake such important public health studies without also building the human resources infrastructure to sustain these studies. Clinical research, particularly clinical trials, is unquestionably the most complex and involves the most significant commitment of human resources. For example, when we initiate a clinical trial at the extramural level, we must involve grants administrators (including both programmatic and management), grants review administrators, clinical coordinators, administrative staff to order equipment, hire specialized staff members and maintain complex budget information, information technology experts to design and maintain clinical databases with all the requisite provisions for privacy and security, secretaries to develop and maintain lines of communication between the NIH and grantee clinical centers, and communications experts to share the latest in research findings to improve public health.

In a review of our Intramural Research Program, a panel of outside experts recommended reorganization and expansion of the Clinical Program and an improved educational environment for postdoctoral fellows. Since we are a national resource for training in our IRP, there is a routine turnover of trainees throughout the year because of the nature of their appointment, the structure of the training program, and the needs of the IRP. A newly formed Office of Education will ensure optimal recruitment of and training for trainees.

**Information Dissemination:** The NIAMS is committed to sharing the latest research results with the public and their health care providers. Information dissemination requires a significant investment of human resources, but we believe it is an important component of our role as effective and responsible stewards of the public funds entrusted to us to improve public health.

## NIAMS Hiring Plans for FYs 2002/2003

	FY 2002	FY 2003	Total
<b>INTRAMURAL</b>			
Senior Investigators <sup>1</sup>	0	3	3
Investigators <sup>1</sup>	3	1	4
Other MD/PhDs, in FTE positions	30	21	51
Other MD/PhDs in non-FTE positions (IRTA, VF)	17	22	39
Other lab/clinical staff => GS-13	5	1	6
Other lab/clinical staff =< GS-12	8	13	21
Admin/support staff => GS-13	3	1	4
Admin/support staff =< GS-12	10	13	23
Infrastructure support => GS-13	0	0	0
Infrastructure support =< GS-12 <sup>2</sup>	0	0	0
Summer and other temps not listed above (include summer IRTAs)	42	47	89
<b>TOTAL INTRAMURAL</b>	<b>118</b>	<b>122</b>	<b>240</b>
<b>EXTRAMURAL</b>			
HSAs/SRAs and other senior level science administrators => GS-13	5	3	8
Other science administration positions =< GS-12	0	0	0
Grants Management and R&D Contract Staff => GS-13 <sup>3</sup>	2	0	2
Grants Management and R&D Contract Staff =< GS-12 <sup>3</sup>	6	5	11
Administrative and support staff => GS-13	2	1	3
Administrative and support staff =< GS-12	7	7	14
Infrastructure support => GS-13	0	0	0
Infrastructure support =< GS-12 <sup>2</sup>	0	0	0
Summer and other temps not listed above	8	8	16
<b>TOTAL EXTRAMURAL</b>	<b>30</b>	<b>24</b>	<b>54</b>
<b>IC TOTAL</b>	<b>148</b>	<b>146</b>	<b>294</b>
<sup>1</sup> Using OIR professional designations			
<sup>2</sup> Include all wage grade positions related to infrastructure in this group			
<sup>3</sup> Includes 1101, 1102, 301 and 303 series where individual is engaged in these activities on a full-time basis.			