

DSRIP Statewide Investments: Family Medicine Residency Training

Frequently Asked Questions

- 1. What is the stability of funding for these slots? In other words, for how many years is the funding to start new residents? Is this funding designed to permanently increase the number of residents we train per year?**

This funding will follow the individual throughout the course of his or her residency. So if you have a 3-year residency program, the slot will be funded for 3 years, and if it's a 4-year program it will be funded for 4 years.

This funding is not designed to permanently increase the number of residents trained by programs each year. At most, we anticipate offering one more round of DSRIP-funded CHC-based family medicine residency slots.

- 2. Can other GME funding also be used to support the CHC-based residency?**

Yes. GME funding, as well as institutional and other external funding, may be used to supplement DSRIP support for CHC-based family medicine residency slots in accordance with the terms of the non-DSRIP funding. The MassLeague/EOHHS will not monitor the usage of other funds.

Successful applicants will be expected to describe their anticipated use of DSRIP funds in their budget and budget narrative and to demonstrate that DSRIP funds were spent in accordance with program requirements via regular financial reporting.

- 3. How many residents is the program looking to fund statewide, total?**

We expect to fund an estimated 13 residency slots divided between the family medicine and nurse practitioner programs in the current application cycle.

- 4. Is the NP funding separate than FM Residency funding? What determines the division of funding?**

Family medicine (FM) and nurse practitioner (NP) residency slots will be supported by a single pool of funding. The total number of FM versus NP residency slots awarded will depend on the relative number and quality of applications received for each program.

- 5. What level of detail is expected for the budget and budget narrative?**

The budget should contain a level of detail that enables reviewers to assess the feasibility of the proposed programming. Financial support for any innovative care experiences or curriculum features should be identified in the line item budget and explained in the budget narrative if it is critical to planning or implementation, even if it is from sources outside of DSRIP funding or in-kind contributions.