

HIV Clinical Fellowship Program evaluation: A summary of fellows' experiences from 2007 to 2024

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This report summarizes an evaluation of physicians who have completed the HIVMA's Clinical Fellowship Program from its inception to its completion.

Program description

The HIV Clinical Fellowship Program, a joint program of HIVMA and the IDSA Foundation, was established in 2007 to support noninfectious disease physicians in gaining HIV clinical experience serving patient populations who have historically been medically underserved and/or marginalized. As of 2025, the program has trained 33 fellows from across the country. Each year, the application cycle ran from August through December. Eligible applicants were physicians who had completed their residency training before the start of the fellowship. Application materials included an online application, a curriculum vitae, a clinical training site registration form, letters of reference, and a curriculum for HIV medicine fellowship training from the proposed training site. Applicants were also required to identify a mentor at their proposed training site. The HIV Clinical Fellowship Committee, comprised of HIVMA members, was responsible for reviewing applications. The committee assessed applicants' commitment to pursuing a career in HIV primary care, and if their experiences reflect the populations impacted by the HIV epidemic and/or those intending to work and train in the southern United States. The program supported both full-time and half-time efforts. Once a fellow was selected, the training institution would receive a prorated stipend based on their post-graduate year-4 (PGY-4) salary level.

HIV Clinical Fellowship evaluation

In recent years, the HIV Clinical Fellowship Program has faced challenges in recruiting applicants and securing sustainable funding. As a result, the fellowship program was sunsetted in 2024, with the final fellow completing the program in June 2025. To better understand the program's impact and inform future efforts, HIVMA staff conducted an evaluation to assess past fellows' experiences



in the program, track their career outcomes, and explore ways that HIVMA can continue to support HIV clinical training, especially given the demand for this expertise.¹ Between June and August 2024, HIVMA staff deployed a 19-question survey to 31 former fellows of the HIV Clinical Fellowship Program. The last two fellows (32 and 33) were not surveyed, as they were at the beginning and end of their fellowship when the survey was deployed. About 50% of fellows (16 of 31) completed the evaluation. Additionally, seven out of the 16 fellows participated in follow-up video interviews to provide further insight into their experiences during the fellowship.

Program impact: Career outcomes and mentorship

One of the most important aspects of a fellowship is how it prepares individuals for their future careers. Seven out of the 16 fellows who completed the evaluation reported holding leadership positions, such as chief medical officer or medical director for a Federally Qualified Health Center. The remaining eight currently serve as either staff physicians, attending physicians, or clinicians. One fellow indicated they are in the process of relocating overseas and applying for medical licensure.

Fifteen of the 16 fellows reported that they are currently providing care for people living with HIV. All respondents reported providing HIV prevention, sexually transmitted infection diagnosis and treatment, and substance abuse treatment services in their practice. When asked how the fellowship program prepared them for their current roles, fellows cited valuable clinical experience, mentorship, and exposure to various healthcare settings and systems. Fellows noted the exposure to intensive training in HIV care and management in the outpatient and inpatient settings, and exposure to health systems via state, federal, private, community, and academic settings. The fellowship was also cited as immersing fellows in a broad range of areas of HIV care, which include gender-affirming care, trans health, liver disease, HIV in pregnancy, and preventative care. One fellow reflected on their career outcomes, stating that “I would not be where I am currently without having participated in the fellowship program, and the foundation that the fellowship allowed me to build has been instrumental in me being able to continue to help strengthen the community programs of which I have been a part.”

Mentorship served as a foundational component of the fellowship program, requiring fellows to pair with a mentor at their training institution. Past fellows were surveyed on the adequacy of career guidance from their mentors, training institutions, or HIVMA during their fellowship. Fourteen of the 16 respondents reported receiving adequate career guidance from their mentors. Additionally, when asked about the support or mentorship they received after completing their fellowship, 12 out of the 16 respondents confirmed that they did receive post-fellowship support. Fellows praised the mentorship component in the open-ended response section of the evaluation, noting that mentors provided an “added benefit,” helped them improve their “health literacy knowledge,” and provided “consistent mentorship from an experienced HIV clinician.”

1. Norberg, A., Nelson, J., Lin, H., et al. A forecast of the HIV clinician workforce need in the United States: results of a quantitative national survey. *Journal of the Association of Nurses in AIDS Care*. 2024; 35(6): 486-494. doi:10.1097/jnc.0000000000000495



“I would not be where I am currently without having participated in the fellowship program ... and the foundation that the fellowship allowed me to build has been instrumental in me being able to continue to help strengthen the community programs of which I have been a part.” (2008 HIV clinical fellow)

Program challenges and recommendations

Fellows were asked to share the challenges they faced during their fellowship year and identify areas where the program could be improved. A common challenge noted was the lack of structured, didactic, and interactive learning integrated into the curriculum. One fellow mentioned the difficulty of maintaining a clinic-heavy schedule, which left little time for independent learning. Many other fellows emphasized the importance of having a standardized curriculum or areas of competencies so that they know how to build their schedules when entering the fellowship. One fellow suggested HIVMA build in “a didactics day a few times a month to cover HIV-related care given over Zoom by experts in the organization.” Other areas for improvement of the program that were noted include increased post-fellowship support from HIVMA, such as job search assistance, connecting fellows to strong mentors, and more check-ins with other fellows, faculty, or alumni of the program.

Follow-up interviews

HIVMA staff contacted fellows who completed the evaluation and asked whether they would be willing to participate in an interview. The purpose of conducting these interviews was to learn more about past fellows' experience with the program, identify gaps in HIV clinical training, and determine if HIVMA has a unique role to play in addressing these gaps. Seven of the 16 fellows who completed the evaluation agreed to participate in the interviews, which were conducted by members of the HIVMA Board of Directors. During the video interviews, fellows were asked the following questions:

If you were to enter an HIV clinical fellowship in 2025, what specific training areas and types of support would you prioritize?

Fellows highlighted several key areas of training and support they would prioritize if entering a fellowship in 2025. The first area highlighted was multicultural care and navigating services for individuals without documentation, especially as patient populations are becoming increasingly diverse. It was also noted that when working with diverse populations, it is vital to be educated on navigating health systems and services for patients who may not be eligible for government assistance funds, such as those provided through the Ryan White HIV/AIDS Program.

Other training areas that should be prioritized include gaining exposure to clinical trials, such as opportunities to learn about clinical trial operations and study design. They highlighted the value of training in medication-assisted treatment, substance use care, and colposcopy. Fellows also emphasized the importance of developing expertise in transgender health care and transition management. Additionally, fellows emphasized the need for “soft skills” training to address the



emotional burden of caring for patients who have experienced significant healthcare-related trauma.

What specific areas of HIV clinical training do you think HIVMA, as a national professional association, is best suited to fill?

Fellows suggested that HIVMA could serve as a convening organization to bring together various HIV organizations, thereby fostering and promoting networking opportunities. It was also proposed that HIVMA would be well-positioned to identify training sites and clinical mentors. One fellow expressed appreciation for “the diversity of people in leadership at HIVMA and the focus on geographic areas in need, such as in the South.” Other suggested areas of HIV clinical training that HIVMA is best suited to fill include supporting either a condensed fellowship or a traditional fellowship, as well as supporting those interested in practicing community-based medicine.

Are there any models or other, less intensive approaches to clinical training that HIVMA should explore?

Fellows were asked about innovative and less expensive approaches to HIV clinical training that HIVMA should consider. One fellow highlighted their experience with a two-week mini residency at the Pacific AIDS Education Training Center. In this experience, the fellow shadowed different attendings and learned a great deal in a short amount of time. It was recommended that HIVMA consider a similar approach in three- or four-month blocks with a few fellows. This could be a way to quickly build a larger workforce of individuals who have achieved a minimum competency; however, it was noted that it may be logistically challenging for the institution. Another suggestion was to partner with ID or non-ID treatment providers in residency tracks to offer longitudinal experiences during residency. It was noted that tracks are an effective way to leverage programs in areas with high HIV prevalence, as well as in areas where support for residency programs is already established.

What types of support would be most helpful to fellows after completing the training?

A common theme among the fellows’ responses about the support they would have liked after their fellowship was the need for more connection. Fellows suggested having regular check-ins, either through video calls or email, on a periodic basis. It was also recommended that additional opportunities to connect with other fellows and HIVMA members, such as attending **IDWeek** or other HIV-related conferences, be provided. One fellow would have liked the chance to connect with others who have a primary care or internal medicine perspective on HIV. From an educational standpoint, HIVMA could offer continuing education opportunities with experts through webinars or online training.

Perspectives from the final fellow

During their fellowship year, fellows met with the HIVMA staff and the HIV Clinical Fellowship Committee twice to check on their progress and receive guidance. In July 2025, the final fellow of the program met with the committee and HIVMA staff via video call to share their perspective on the experience, discuss future career plans, and provide feedback on the program. The fellow described their experience as positive and rewarding, praising their mentor’s institutional support in allowing them to continue caring for HIV and transgender patients. The fellowship provided the



fellow with opportunities to connect with physicians specializing in transgender care and participate in speaking engagements with their state department of health. The fellow also reflected on their advocacy experience, in which they traveled to Washington, D.C., to meet with congressional representatives and advocate for full federal funding of HIV prevention, care, and research programs. Through this experience, the fellow learned how to communicate key talking points and develop strategies for organizing future in-district meetings. Their future plans include taking the American Academy of HIV Medicine exam to earn certification as an HIV specialist, organizing in-district meetings, and continuing their work in hospice care.



Support

Over the life of the program, the HIV Clinical Fellowship Program received funding and support from the IDSA Foundation and the following corporate sponsors: ViiV, Gilead Foundation, Merck, Abbott, Bristol Myers Squibb, Boehringer Ingelheim, GlaxoSmithKline, Janssen, Pfizer, Roche, and Tibotec.

Conclusion

The HIV Clinical Fellowship Program has proven to be a valuable pathway for future HIV care providers to gain experience, skills, and networking opportunities. As the fellowship program ends and the need for HIV care increases, HIVMA will need to continue exploring ways to support the HIV workforce and identify any gaps it can fill within this area. This evaluation will inform HIVMA's future strategies and innovative approaches to support clinical training, serving as a model for other organizations to follow.