



## **Fellowship Start Date Action Team Recommendations**

*Approved by CoPS 10/2/2014*

### **Action Team Members**

Council of Pediatric Subspecialties:	James Bale, Jr., MD, Co-Chair Richard Mink, MD, MACM, Co-Chair
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### **Issue**

Graduating residents are under contract until June 30 and may be assigned patient care responsibilities up until this date. Yet, those pursuing subspecialty training are often expected to begin their fellowship on July 1. For graduating residents that must relocate to another geographical region, this poses a significant hardship. Many are also required to attend fellowship orientation while they are still residents. These issues force programs and trainees to make difficult decisions, potentially jeopardizing patient care and disregarding contractual obligations.

### **Action Team Charge**

The charge of the Fellowship Start Date Action Team (AT) was to examine the current start date for fellowship training and to make specific recommendations as to how this transition could be improved. Additionally, the Group was to propose a strategy to accomplish this and present their recommendations by October 2014.

### **Action Plan**

Beginning in November 2013, the AT held monthly calls to develop a strategy to examine the issue. Pediatrics had previously collected data from residency and fellowship program directors about this issue and shared the results. Internal Medicine and Surgery conducted their own surveys. In addition, a private wiki was created to facilitate communication among the members and promote sharing of information. The AT was aware that since the 1990s, fellowships in orthopedic surgery start on August 1. However, the AT was unable to determine how this transition was accomplished. Orthopedic surgical program directors were contacted but because the event occurred so long ago, no one could remember the details.

In February 2014, the American Board of Surgery issued a recommendation that surgical fellowships delay their start date by one month and begin training on August 1. In addition, it was proposed that the

General Surgery qualifying (written) exam be moved to July so that the exam could be administered before trainees enter fellowship. After receiving input from surgical residents and fellowship program directors, the recommendations were adopted to be implemented in a staggered fashion.

The representatives from Internal Medicine indicated that their organizations did not feel that the fellowship start date was a high priority issue so the AT focused its attention on pediatrics. After discussion, it was felt that more data was needed to better assess the issue and obtain the opinion of the stakeholders.

Surveys of graduating pediatric residents and fellowship program directors were conducted in June 2014 and August 2014, respectively. These were distributed through APPD and CoPS. Four hundred and thirty-nine graduating residents who were entering fellowship responded. Most were moving to a new city for their fellowship and nearly all were required to attend an orientation. Of note, nearly 40% indicated that orientation occurred before June 30. When asked about a preferred start date for fellowship, 6.4% indicated July 1, 38.3% July 7, 38.5% July 15 and 16.9% August 1.

Four hundred, ninety-five fellowship program directors responded to their survey. Fifty percent of the participants did not believe there was an issue with the current fellowship start date and most were unaware that the APPD had issued a statement about this subject. In the survey, fellowship program directors did not have a clear preference for a start date with 29% reporting July 1, 33.3% July 7, 25.5% July 15 and 16% August 1. However, after the information about resident preferences were given, fewer fellowship program directors selected July 1 (18.3%), more July 7 and 15 (41.5% and 31.5%, respectively) and fewer August 1 (8.8%).

### **Recommendations**

Based upon these data and extensive discussion, the AT recommends that:

1. Beginning with the 2017 appointment year, Pediatric Subspecialty Fellowships should start no earlier than July 7.
2. Orientation should not be scheduled before July 5.
3. Implementation should involve an aggressive educational campaign aimed at fellowship program directors to make them more aware of the problem and to clearly communicate the desires of the trainees.

### **Rationale**

In making its recommendations, the AT considered several factors, including the potential impacts of a lapse of health benefits and of visa issues if the start date were delayed. COBRA is available to graduating residents and may be purchased retroactively for up to 60 days. Incoming fellows could purchase it should it be necessary; however the vast majority of trainees will have no need to do so. Individuals who have educational visas are allowed 30 days in-between positions. Hence, a short delay will have minimal impact on these trainees. The GME office would need to adjust the budget, but this is already done for trainees who do not finish training on June 30. Although the residents were evenly divided between choosing a July 7 and July 15 start date, the number expressing a financial hardship with a two-week delay in income was substantial. Importantly, after providing information about the resident preferences, most fellowship program directors chose July 7 as a preferred start date. Since implementation will require fellowship directors to voluntarily move the date, a delay to July 7 would likely improve compliance since 82% of fellowship directors indicated a preference for a start date of July 7 or later.

The transition to a July 7 start date should have minimal impact, since, at least for the first year, second and third year fellows would still be available to attend to service needs. For programs with only 1 or 2 fellows, it is likely that fellows do not provide clinical coverage for all months of the year. Hence, with adequate planning, July could be scheduled to be one of those months.

The AT thought it would be counterproductive to delay the start date until July 7 but allow orientation to occur before July 1. In the resident survey, a very large number of trainees indicated that they were required to attend orientation before June 30 and some were even paid, even though they were receiving salary under their residency contract. To prevent these unprofessional activities and to allow for adequate time for trainees to move between programs, the AT felt strongly that orientation should not occur before July 5 and preferably on July 7.

Since no single organization controls the date on which fellowships start, implementation will be voluntary. Understandably, DIOs desire a single start date for all specialties but this may not be possible initially but could be a goal for the future. Many institutions currently have multiple orientation sessions. The survey indicated that many fellowship program directors did not appreciate that the current fellowship start date is a problem for both residency program directors and trainees. Nonetheless, when they were told about the resident preferences, there was a 38% reduction in the choice of July 1 and over 80% favored a date July 7 or later. With more education about the issue, the AT believes most fellowship program directors will voluntarily move their start date. Efforts could include grass-roots discussions at meetings, newsletters, presentation of data at national meetings and assistance from the categorical PDs. Initial compliance need not be 100% but it is hoped that over time, all fellowships will move to this new start date.

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