

# Adoption of a Uniform Start Date for Internal Medicine Fellowships and Other Advanced Training: An AAIM White Paper

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The Alliance for Academic Internal Medicine (AAIM) supports the need for a uniform subspecialty fellowship training and advanced residency training start date. At present, training programs and their sponsoring institutions vary widely in the timing of institutional orientation and fellowship/advanced residency training start dates. Some institutions conduct orientation programs before the scheduled completion of the initial training program, which leads to conflicts for the resident between current and future obligations. AAIM believes that requiring residents to report for fellowship before completion of residency training is disruptive to medical education, creates unnecessary stress for the residents, and risks violating federal labor laws and Center for Medicare and Medicaid Services (CMS) graduate medical education funding rules. Adoption of July 1 as the earliest start date for all training and orientation activities can be endorsed internally by AAIM institutions and would resolve these conflicts.

### **Residency Training Requirements**

The Accreditation Council for Graduate Medical Education (ACGME) states in its program requirements for graduate medical education in internal medicine that an accredited program “must provide 36 months of supervised graduate medical education <sup>(core)</sup>.”<sup>1</sup> Similarly, the American Board of Internal Medicine (ABIM) states that “To be admitted to the Certification Examination in Internal Medicine, physicians must have satisfactorily completed, by August 31st of the year of examination, 36 calendar months, including vacation time, of US or Canadian graduate medical education accredited by the Accreditation Council for Graduate Medical Education (ACGME), the Royal College of Physicians and Surgeons of Canada, or the Professional Corporation of Physicians of Quebec.”<sup>2</sup> Neither ACGME nor ABIM dictates the

dates of the academic program, and neither entity has publically commented on the fact that the duration of training at most internal medicine programs is 36 months plus 1 week.

The educational curricula of the internal medicine residency programs are designed to fulfill the ACGME and ABIM training requirements. While individual residents may have achieved the necessary milestones to progress to the next level of training in advance of 36 months, it may not be universally true. Even high-functioning residents may have areas for continued educational growth in one or more areas at completion of core training.

The conduct of orientation and other fellowship/advanced training activities requiring the physical presence of the resident before the completion of current training (whether the 36 months core residency or the 12-month preliminary year in internal medicine or transitional year) is disruptive and risks violating the ACGME and ABIM requirements. It disrupts the education of the resident in the acquisition of the knowledge, skills, and attitudes necessary to complete one educational level and to move to the next. It disrupts patient care while sending conflicting messages regarding the responsibilities of residents to their patients and to their professional colleagues. Additionally, because there is a lack of uniformity in start dates for subsequent training, there are downstream consequences to the educational needs of other residents and fellows as educational activities are altered in efforts to accommodate these extraneous external demands.

### **Implications of Labor Laws and Graduate Medical Education Funding**

ACGME requires sponsoring institutions to provide health and disability insurance benefits “for residents/fellows and their eligible dependents beginning on the first day of insurance eligibility. If the first day of insurance eligibility is not the first day that

residents/fellows are required to report, then the residents/fellows must be given advanced access to information about interim coverage so that they can purchase coverage if desired <sup>(Core)</sup>.<sup>3</sup> The requirement for provision of benefits stems from the fact that an employee-employer relationship exists commencing with the first day the learner reports to the sponsoring institution. Thus, per ACGME requirements, even if the sponsoring institution for the fellowship requires reporting for orientation activities before the completion of the internal medicine training, benefits must be provided concurrent with the start of the orientation.

The Fair Labor Standards Act addresses the matter as well; under this act, the US Department of Labor states that time spent in training programs (such as employment orientation) must be counted as working time and is thus subject to wage compensation. To be exempt from being counted as work time, an activity must meet 4 criteria: the activity must be outside normal work hours, voluntary, not job-related, and not performed concurrently with other required work.<sup>4</sup>

In summary, required onsite orientation activities must be wage-compensated per federal labor laws and must have provision of insurance benefits commensurate with employment status in accordance with ACGME requirements. If the required orientation activity is conducted while learners are receiving salary and benefits through their internal medicine training program at a separate sponsoring institution, the resident would be receiving concurrent wages and benefits from 2 institutions. If the programs receive CMS funding dollars in support of GME education, they run the risk that CMS may construe it as “double dipping” and subject either or both institutions to penalties.

### **Additional Considerations**

Times of transition are understandably stressful, and therefore, unnecessary stressors should be avoided to optimize resident well-being. Changes that can contribute to stresses include new educational roles, expanded learning goals and objectives, and new learning environments in addition to potentially different health systems, geographical locations, and personal/family support structures. Scheduling orientation activities before the termination of the first training program induces an unacceptable increment of stress because it forces the resident to “choose” between requirements of current and future programs and challenges loyalties to both residency and fellowship mentors. At the same time, it puts stress on families, especially during the process of relocation.

Another issue to consider is adoption of a start date that would accommodate the physical transition between programs for residents, such as a start date different from July 1. This consideration raises several factors.

First, any gap in training between residency and fellowship would result in a lapse in wages and benefits that may pose a hardship. In collaboration with the Association of Pediatric Program Directors, the Council of Pediatric Subspecialties conducted a survey in June 2014 of senior residents bound for fellowship training. They asked whether a gap in income due to delay in fellowship start date would be acceptable. Among respondents, 91.8% felt that a July 7 start date would be acceptable, 72.7% indicated July 15 would be acceptable, and 40.7% felt the same about August 1.<sup>5</sup> These data reinforce the fact that although learners may vary substantially in their ability to afford economic disruptions, a delay of 1 to 2 weeks is likely to be broadly acceptable.

The second consideration is the loss of benefits and whether coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA) would be available to all residents.

The Department of Labor specifies that eligible employees entitled to elect COBRA coverage “must be given an election period of at least 60 days (starting on whichever is later, the date you are furnished the election notice or the date you would lose coverage) to choose whether or not to elect continuation coverage.”<sup>6</sup> Therefore, all residents are eligible for COBRA benefits if the gap between residency and fellowship is <60 days.

A third consideration is regulations from the US Department of Labor and the US Department of State regarding visas for international medical graduates. For residents with H-1B visas, statute 8 CFR § 214.1(c) (4) provides the US Citizenship and Immigration Services with broad discretion to approve an H-1B extension. For residents with J1 visas, the requirement for “full time participation” in a training program, as listed on Form DS 2019, would need to be clarified by the Educational Commission for Foreign Medical Graduates.

AAIM is sensitive to the need to resolve any perceived conflicts before making changes to the start date other than July 1. These employment and visa considerations merit further discussion before a recommendation for a start date for fellowship other than July 1.

### **Actions Being Taken by Other Specialties**

AAIM recognizes that internal medicine is not alone in considering these issues. The deliberations and recommendations of these additional organizations also have been considered.

In February 2014, the American Board of Surgery issued a recommendation that surgical fellowships delay their start date by 1 month and begin training on August 1.<sup>7</sup> In addition, it was proposed that the written part of the general surgery certification examination be moved to July so that the examination could be administered before residents enter fellowship. After receiving input from surgical residents and fellowship program directors, the recommendations were

adopted by the Association of Program Directors in Surgery.<sup>8</sup> The American Board of Surgery announced the qualifying examination will be given in July starting in 2016.<sup>9</sup> The Fellowship Council of Surgical Critical Care, Thoracic, Transplant, Colorectal, and Pediatric Surgery have given support to the change in start date for fellowships to August 1.<sup>8</sup> They will be communicating this change to their respective programs with a potential change anticipated for the 2016 class.

The Council of Pediatric Subspecialties (CoPS) also convened a fellowship start date action team to examine the matter. CoPS conducted a survey of graduating pediatric residents and pediatric fellowship directors from June to August 2014. The team balanced the preference of pediatric residents and fellowship program directors for a start date later than July 1 against a substantial number of resident respondents noting that a training lapse of 2 or more weeks would pose financial hardship. Based on their survey results and deliberations, in October 2014, the CoPS action team recommended:

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 residents.

CoPS has acknowledged that the delayed start date of July 7 would be voluntary but believes that with grassroots advocacy on the issue, most programs will comply.<sup>10</sup>

### **AAIM Statement of Guiding Principles**

Based on the principles, requirements, and laws outlined, AAIM believes and asserts:

1. All residents must be allowed to complete internal medicine training in its entirety, whatever the length of the program. The integrity of each distinct educational phase of training must be respected.
2. All programs should be mindful of start dates that may contribute unnecessarily to stress on residents during times of transition between educational phases of training.
3. All programs and sponsoring institutions must provide compensation and benefits during required onsite orientation activities, in full compliance with all regulatory, legal, and ethical standards.
4. AAIM members have the latitude to internally endorse a universal start date for internal medicine fellowships and advanced residencies, because there are no external requirements dictating the dates of the academic year.
5. AAIM should continue open communication with other training organizations and specialties about issues that have impact on residents, training programs, and program leadership.

### **AAIM Position Regarding a Universal Subspecialty Fellowship and Other Advanced Training Start Date**

AAIM recommends:

1. Adoption in 2016 of July 1 as the earliest start date, inclusive of all required onsite program and institutional orientation activities, for subspecialty fellowship in internal medicine and advanced training, for which internal medicine core or preliminary/transitional training is required.



2. Provision of adequate time for completion of Internet-based orientation modules after the start of the subsequent training program. Internet-based orientation modules must not be required to be completed by the day of orientation. Institutions should be mindful of the time necessary to complete training modules and the impact on the other educational needs of residents as they complete internal medicine training.

### **Future Directions for AAIM Regarding Fellowship Start Date**

1. AAIM recognizes that any change in practice requires accommodation. We propose active collaboration within its member organizations so that perceived and real logistical barriers can be identified and overcome.

2. Until a uniform start date is adopted, US Citizenship and Immigration Services must be asked to use its broad discretionary powers to liberally grant H-1B extensions to residents during the transition period between residency and fellowship. Similarly, the Educational Commission for Foreign Medical Graduates must be asked to grant waivers of the requirement for “full time participation” in a training program, as listed on Form DS 2019, to accommodate short training interruptions between termination of residency and start of fellowship.

3. AAIM will continue to dialogue with the Association of American Medical Colleges Group on Resident Affairs, targeting designated institutional officials, Association of American Medical Colleges Council of Teaching Hospitals and Health care systems, and other specialty societies, about establishment of one, or a limited set, of uniform start dates for all subspecialty fellows.

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Editorial by Ethan D. Fried, MD

In January 2014, the Alliance for Academic Internal Medicine (AAIM) Task Force on Fellowship Match Date circulated a survey to AAIM residency and fellowship program directors (PDs). The survey used the same questions that had previously been asked of pediatric PDs. There were 429 responses, 155 residency PDs (39% of Residency PDs), 251 fellowship PDs (19% of IM Specialty Fellowship PDs) and 35 senior leaders. Most questions were directed to residency program directors. When asked about the number of residency graduates going on to fellowship, 68% of residency PDs reported that 50% or greater had gone into fellowship during the previous 5 years. While nearly 20% of responding residency PDs reported no conflicts over the past 5 years when residents moved to fellowships, 20% reported conflicts for 50% or greater of their graduates. This implies that there are geographic and institutional variables. When asked whether schedule management strategies were in place for residents moving to fellowships, 60% responded affirmatively. Almost ¼ of program directors indicated that they often allow senior residents to leave residency >3 days early without requiring use of vacation leave despite the legal, regulatory, and programmatic consequences of this practice. The survey indicated that 94% of residency PDs supported a delay in start of fellowship of 5-7 days to give fellowship-bound seniors time to complete their residencies, find suitable living arrangements, and participate in the on-boarding and orientation activities at their new positions. Only 38% of responding Internal Medicine fellowship PDs were in support of a delay in start date for fellowships from July 1. This was surprising, as a delay would result in only 1 year in which a short period of time would exist when consult services would not be covered by beginning fellows.

This confusion and variability in the training start date prompted AAIM to task the Residency to Fellowship Interface Committee to investigate. The AAIM Resident to Fellow Interface Committee has reviewed the Association of Program Directors in Internal Medicine- Association of Specialty Professors joint Council discussion of fellowship start dates, surveys, and input from other societies, and relevant legal and regulatory information. Any change in the academic schedule will require changes in programmatic and institutional processes. However, the specialty societies responsible for fellowships in general surgery and pediatrics have determined that a July 1 start date is no longer tenable for their residency graduates, and have made plans for later start dates in 2016 and 2017, respectively. The basis for an AAIM recommendation for a “no earlier than July 1” start date is not simply to “join the crowd,” but because of the belief that this step is in the best interest of Internal Medicine residents. In fact, the AAIM recommendation for addressing this problem by July 1, 2016 may result in an effective national dialogue that will result in a uniform start date for all specialties.