Delaying the Pediatric Fellowship Start Date to Improve Trainee Well-Being

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In this issue of The Journal, the Council of Pediatric Subspecialties (CoPS) is pleased to make its inaugural contribution to AMSPDC Pages. The work of the CoPS Fellowship Start Date Action Team reported here demonstrates the successful networking capabilities that CoPS has developed. CoPS thanks AMSPDC and The Journal for this opportunity.

–Rob Spicer for CoPS

Graduating pediatric residents in the US are under contract until June 30 and may be assigned patient care duties up until then. However, those entering fellowship are usually expected to begin their training on July 1. In addition, many are required to attend orientation before June 30 or must relocate to another city. These factors can cause considerable distress for trainees. To minimize their effect, categorical program directors (PDs) have used diverse methods with varying success.

In November 2013, the Council of Pediatric Subspecialties (CoPS) convened an Action Team to examine the current start date for fellowships and to make recommendations on how the transition could be improved. The group included individuals representing PD and fellowship PD (FPD) organizations from multiple specialties as well as Designated Institutional Officials. Although the objective was to establish a single delayed start date for all fellowships, it became evident that this would remain a future goal. Consequently, representatives from pediatrics thought that the opinions of pediatric residents and FPDs about this issue were needed.

Through the Association of Pediatric Program Directors (APPD), categorical PDs had expressed their desire for a start date of July 7 or later. In collaboration with APPD, a survey of graduating pediatric residents entering fellowship was conducted in June 2014. The survey was sent to categorical PDs who forwarded it to their trainees. There were 439 respondents with an estimated response rate of 30%.

Sixty-nine percent of residents indicated that they were moving to a new city for their fellowship, 59% doing so with other family members. Almost all (95%) were required to attend orientation, and nearly 40% indicated that this was to be held before June 30. When asked about the impact of a delay in the fellowship start date on income for 1, 2, or 4 weeks, 92%, 73%, and 41%, respectively, of residents thought that this was acceptable. Respondents were divided between July 7 and 15 as their preferred start date (Figure).

The FPD survey was conducted by CoPS in August 2014 with 495 individuals responding (response rate 56%). Fifty percent did not believe there was a problem with the current July 1 start date and most (67%) were unaware that the APPD had released a statement about this. Thirty-three percent of FPDs indicated that fellows were required to attend orientation before June 30. There was no preference for one particular start date (Figure). However, after the resident data were provided and the survey question repeated, the number of FPDs selecting July 1 decreased by 38% and July 7 became the favored date (Figure). The Action Team made the below recommendations that were accepted by CoPS.

Recommendation 1: Beginning with the 2017 Appointment Year, Pediatric Subspecialty Fellowships Should Start No Earlier than July 7

In making this recommendation, the Action Team considered several factors, including the potential impact of a lapse of health benefits and the effect on trainees with visas. Consolidated Omnibus Budget Reconciliation Act (COBRA), a federally mandated program to provide temporary continuation of health coverage, may be purchased for up to 60 days from the date the election notice is provided or coverage would be lost, whichever is later. Hence, incoming fellows could purchase it retroactively, if necessary. Although the J-1 and H1B are different programs, each allows for visa transfer. Budgets may need to be modified to accommodate a

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delayed start date, but this is done routinely for those trainees who are off-cycle or take a leave of absence.

The transition to a July 7 start date should have minimal impact on clinical care, as other fellows would be available. For programs with only 1-2 trainees, it is likely that fellows do not provide clinical coverage for all months of the year, and July could be scheduled to be one of those months.

Even though residents were evenly divided between the choice of a July 7 and July 15 start date, the number expressing a financial hardship with a 2-week gap in income was substantially greater than that with a 1-week delay. Importantly, after providing information about resident preferences, most FPDs chose July 7 as the preferred start date with 82% supporting July 7 or later. Because implementation will require FPDs to move the date voluntarily, a delay to July 7 would likely improve compliance.

**Recommendation 2: Orientation Should Not Be Scheduled before July 5**

The Action Team thought it would be counterproductive to delay the start date until July 7 but allow orientation to occur before July 1. In both surveys, a large number of trainees were required to attend orientation before June 30 and some were paid by their fellowship while receiving salary under their residency contract. To prevent this and allow adequate time for moving, the Action Team felt strongly that orientation should not occur before July 5.

**Recommendation 3: Implementation Should Involve an Aggressive Educational Campaign Aimed at FPDs to Make Them More Aware of the Start Date Problem and to Communicate Clearly the Desires of the Trainees**

Because no single organization “controls” the fellowship start date, implementation will be voluntary. Understandably, Designated Institutional Officials desire a single start date for all specialties but many institutions already conduct multiple orientation sessions for late-arriving trainees. In addition, when informed about the resident’s preferences, over 80% of FPDs supported a date July 7 or later. With more education, the Action Team believes that FPDs will voluntarily move their start date. Initial compliance need not be 100% but, hopefully over time, all FPDs will agree to a 1-week delay. CoPS believes that this is an important step to improve trainee well-being.

**References**