March 30, 2026

Susan Guralnick, MD
President
National Association of Designated Institutional Officials (NADIO)
6728 Old McLean Village Drive
McLean, VA 22101

Dear Dr. Berns:

On behalf of the following organizations: Association of Pulmonary and Critical Care Medicine Program Directors (APCCMPD); Infectious Diseases Society of America (IDSA); Association of Program Directors in Endocrinology and Metabolism (APDEM); American Society for Gastrointestinal Endoscopy (ASGE); American Society of Clinical Oncology (ASCO); American Society of Hematology (ASH); American Gastroenterological Association (AGA); American College of Rheumatology (ACR); American Academy of Sleep Medicine (AASM); American Association for the Study of Liver Diseases (AASLD); and American College of Cardiology (ACC).

Collectively, we represent Program Directors in Pulmonary; Critical Care Medicine; Pulmonary and Critical Care Medicine; Endocrinology and Metabolism; Rheumatology; Infectious Diseases; Geriatrics; Gastroenterology; Advanced Endoscopy; Hematology; Hematology and Oncology; Sleep Medicine, Cardiology; and Transplant Hepatology, representing nearly 1,400 Accreditation Council on Graduate Medical Education (ACGME) Accredited Programs and nearly 13,400 trainees. We appreciate the opportunity to respond to NADIO's recommendation that fellowship programs move start dates to no earlier than July 7, beginning in July 2027.

We share NADIO's goal of improving trainee well-being during the residency-to-fellowship transition. Our organizations surveyed our fellowship program directors to assess feasibility, support, and implementation risks. The survey results show strong support for the concept of standardization and improved transitions, but less consensus around a later start date. It also highlighted operational barriers that must be addressed to avoid unintended consequences for patient care, trainees, and training programs.

Key findings from the survey (N = 829 Program Directors)

- Overall conceptual support for a universal start date is high: 74.5% supported a universal start date in some form.
- Preferred approach is mixed, July 7 is not the most common preference: 17.9% preferred July 7, 43.9% preferred July 1 with no change, and 35.3% preferred July 1 paired with an earlier universal IM residency end date.
- A substantial proportion of program directors reported the start date change would be infeasible (45.6%) and 53.9% reported they could accommodate a start later than July 1, while 45.6% reported they could not.

- The most frequently cited barriers to moving the start date (choose-all-that-apply) were program staffing/workflow (65.9%), lapse in health benefits for trainees (64.3%), visa waivers (46.8%), lost salary (45.2%), and educational impact of shortening fellowship by a week (34.1%).
- Among those who reported they could not accommodate a later start (n = 378), concerns were even more concentrated: program staffing/workflow (83.6%), lapse in health benefits (66.9%), lost salary (50.3%), educational impact (46.8%), and visa waivers (45.5%).
- Current adoption planning is limited: 89.1% reported they have no current plans to modify their start date; only 3.7% reported plans to move to July 7 in 2026.

Additional themes from open-ended comments

Open-ended responses reinforced the quantitative results, emphasizing: (1) immigration/visa risk from any employment gap; (2) the need for uninterrupted salary and health benefits; (3) patient-care coverage and duty-hour stress during the first week of July; (4) onboarding constraints (particularly VA/federal and multi-site systems); and (5) the cascading effect on advanced "sub-subspecialty" fellowships and research/training schedules.

Recommended alternative approach: keep fellowship start on July 1 and end residency earlier

Our survey indicates substantial support for an alternative that preserves a July 1 fellowship start while creating a protected transition window by ending residency earlier. Notably, 293 respondents (35.4%) selected "July 1, but establish an earlier universal IM residency start date to allow a residency end date of June 16th or 23rd." This approach directly addresses the relocation/transition rationale without creating a one-week gap in employment, benefits, or visa status.

We encourage NADIO to consider advocating for one or more of the following options:

- A universal earlier IM residency end date for residents entering fellowship, allowing a June 16 or June 23 end date while maintaining a July 1 fellowship start.
- A standardized, paid transition period at the end of residency (e.g., a protected final week) that preserves continuous employment/benefits and avoids visa status disruption.
- Clear guardrails prohibiting mandatory pre–July 1 fellowship orientation that requires trainees to use vacation or be unpaid.

Regardless of which fellowship start date is pursued, minimum requirements for safe implementation

Irrespective of strategy around a universal start date, our respondents consistently indicated that implementation should encompass clear, enforceable safeguards—particularly in the transition year. At minimum, we recommend:

- Written federal assurances (State Department / DHS) that a short transition gap will not jeopardize J-1 or H-1B status, waiver eligibility, or duration-of-status determinations.
- Guaranteed continuity of salary and health benefits across the transition week (no trainee should be required to self-fund COBRA or lose pay due to a system-created gap).
- Institution-level (not department-only) coverage planning and funding for any gap weeks, including multi-site and VA onboarding constraints.
- Clarity that training duration will not be shortened (i.e., end dates must move correspondingly) unless ABIM/ACGME requirements are explicitly updated.
- A realistic timeline with adequate lead time for scheduling and contracts across institutions (many respondents emphasized that near-term implementation is not feasible).
- Convening a multi-stakeholder consensus task force (including NADIO, internal medicine program director leadership groups such as the Alliance for Academic Internal Medicine (AAIM), and this subspecialty fellowship program director roundtable) to define a shared transition model and implementation timeline.

In summary, while many program leaders support the concept of coordinated start dates, our data show a clear preference to maintain a July 1 fellowship with heterogeneous support start date. Further, program leaders had strong concern that system generated coverage gaps resulting from moving the start date, would shift risk and burden onto existing trainees and already-stretched clinical services.

We would welcome the opportunity to share additional stratified analyses and to collaborate on solutions that improve transitions without unintended consequences for patient care, program operations, or trainee disruptions.

Sincerely,

Neal Chaisson, MD
President
Association of Pulmonary and Critical Care Medicine Program Directors

Molly Paras, MD
Chair, ID Training Program Directors' Community of Practice
Infectious Diseases Society of America

Matthew J. Levine, MD, FACE
President
Association of Program Directors in Endocrinology and Metabolism

Brijen Shah, MD, AGAF
Institute Representative
American Gastroenterological Association,

Carine Bou-Abboud Matta, MD
American Society for Gastrointestinal Endoscopy

Julia Close MD, MBA, FASCO
Executive Vice President and Chief Education Officer
American Society of Clinical Oncology

Robby Reynolds, MPA
Deputy Chief Learning Officer
American Society of Hematology

Anisha B. Dua, MD, MPH
Chair, Committee on Training
American College of Rheumatology

Michael E. Yurcheshen, MD, FAASM
Chair, Sleep Medicine Fellowship Directors Council Steering Committee
American Academy of Sleep Medicine

Saul J. Karpen, MD, PhD, FAASLD
President
American Association for the Study of Liver Diseases

Benjamin Freed, MD, FACC
Chair, Program Director & Graduate Medical Education Section
American College of Cardiology

Appendix: Key survey results

Measure	Count	Percent
Preferred July 1 start	657	79.3%
Preferred July 7 start	148	17.9%
Could not accommodate later-than–July 1 start	378	45.6%
Programs training fellows on visas (J-1 and/or H-1B)	725	87.5%
Programs requiring some pre–July 1 orientation	207	25.0%
Program has NOT decided to change start date to July 7	739	89.1%
Planning a July 7 start in 2026	31	3.7%