Association of Pulmonary and Critical Care Medicine Program Directors

Fellowship Start Date FAQ for Subspecialties Program Directors

Internal Medicine Subspecialties Program Directors Roundtable

Purpose and how to use this FAQ

This FAQ helps fellowship program directors bring survey evidence to institutional discussions about moving the IM fellowship start date from July 1 to July 7. Institutions are deciding independently: some are keeping July 1, some are leaving the choice to individual programs, and some are moving to July 7. Many DIOs are now convening meetings to decide.

The answers draw on the IM Subspecialty Roundtable survey of 829 fellowship program directors, the March 30, 2026 multi-society letter to NADIO, AAIM's recommendations to NADIO, and NADIO's February 8, 2026 FAQ. Each answer states what the survey found, so you can speak to your own institution's situation without overstating the data.

Background: where things stand

NADIO recommends that fellowships now starting July 1 move to a start no earlier than July 7, with broad implementation targeted for July 2027. NADIO describes the change as entirely voluntary and suggests July 8 as a national uniform employment date, with orientation and clinical start set by each institution.

AAIM supports a delayed start only if NADIO meets five conditions: a no-earlier-than July 7, 2027 date, a repository of best practices, institution-level cost sharing, broad coordinated adoption, and formal State Department and DHS assurances for J-1 and H-1B holders. The IM Subspecialty Program Director Roundtable supports the goal of an easier transition but has asked for firm protections before any move.

Ask your DIO which date the institution is leaning toward, who will make the decision, and whether fellowship program directors have a seat at that table.

Survey at a glance

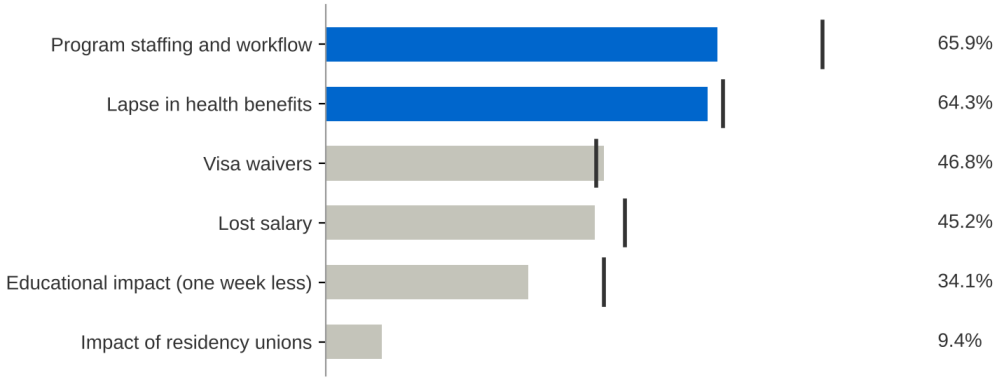
Program directors like the idea of a universal start date, but most do not want it to be July 7. Of 829 respondents across 14+ subspecialties, 74.5% supported a universal date in some form, yet only 17.9% preferred July 7.

The table below shows the main questions from the survey, which was open December 11, 2025 to February 16, 2026. Percentages are of all 829 respondents unless noted, with counts in parentheses.

What we asked	What program directors answered	What it tells us
Which fellowship start date do you prefer?	July 1, no change: 43.9% (364). July 1 with an earlier IM residency end date (June 16 or 23): 35.3% (293). July 7: 17.9% (148). Other write-ins or July 14: 2.8% (24).	Four in five (79.3%) prefer July 1 in some form. About one in six prefers July 7.
Do you support a universal start date for all fellowship programs?	Yes, for fellowship and residency: 37.5% (311). Yes, for fellowship only: 37.0% (307). No: 25.5% (211).	Three in four support some coordination, even though few choose July 7.
Could your program accommodate any start later than July 1?	Yes: about 54% (447). No: about 46% (378).	Nearly half say a later start is not feasible for their program.
Do you train fellows on J-1 or H-1B visas?	Yes: 87.5% (725), including J-1 only 54.3% and both J-1 and H-1B 33.2%. No: 12.5% (104).	Visa rules affect nearly nine in ten programs.
Is orientation required before July 1?	No, all orientation begins on or after July 1: 75.0% (622). Yes, some orientation before July 1: 25.0% (207).	Most programs begin all orientation on or after July 1.
Has your program decided to move to July 7?	No: 89.1% (739). Don't know: 6.5% (54). Yes, in 2026: 3.7% (31). Yes, in 2028: 0.6% (5).	Few programs had committed to July 7 when the survey closed.

Staffing and health-benefit gaps lead the barriers to a July 7 start

Share of 829 surveyed program directors citing each barrier



| = share among the 378 programs that could not accommodate a later start. Source: Roundtable fellowship start date survey, N = 829 (Dec 11, 2025 – Feb 16, 2026); choose-all-that-apply.

The ticks show that concerns run higher among the programs that could not accommodate a later start, most sharply for staffing.

Frequently asked questions

The decision

Is a July 7 start required?

No. NADIO calls the initiative entirely voluntary, and neither NADIO nor AAIM is an accrediting body. The decision rests with each institution and program, which is why your local discussion matters.

Why did NADIO propose it?

NADIO wants fellows to have at least one week between residency and fellowship to move and rest, with the transition after July 4. It points to pediatrics, ob-gyn, surgery and orthopaedic surgery, which moved to later fellowship starts. The Roundtable supports that goal. Its concern is how the change is carried out.

What do program directors prefer?

In the survey of 829 subspecialty program directors that closed on February 16, 2026, 79.3% preferred a July 1 start in some form: 43.9% chose no change, and 35.3% chose July 1 with an earlier IM residency end date. Only 17.9% chose July 7. Still, 74.5% support a universal start date, so directors are open to coordination but differ on how to achieve it.

Is there an alternative to moving the fellowship start?

Yes. In the February 2026 survey of 829 subspecialty program directors, the alternative named most often was to end IM residency earlier (June 16 or 23) and keep fellowship at July 1. Comments also suggested that residencies reserve one to two paid weeks at the end of PGY-3 for those entering fellowship. Directors argue this protects pay, benefits and visa status and preserves full fellowship time. An institution that sponsors both residency and fellowship programs is well placed to align them.

Do all programs in an institution need to move together?

Both AAIM and the Roundtable stress consistency. AAIM asks for coordinated adoption within institutions because uneven dates create downstream conflicts, such as a cardiology fellow entering an electrophysiology sub-fellowship, and can disadvantage programs in recruitment. Survey comments raised the same cascade for interventional cardiology and transplant hepatology. The February 2026 survey of 829 subspecialty program directors shows that adoption is already uneven: 31 programs planned a July 7 start in 2026, while 739 had not decided to move.

What should we ask our institution?

Ask whether the institution will set one policy for all fellowships or leave the choice to programs. Ask whether IM residency end dates could be aligned so the transition week sits at the end of residency.

Pay and health coverage

How large is the pay gap?

A resident who finishes June 30 and starts July 7 or 8 goes about a week without pay. Those who finish earlier in June face up to three weeks. NADIO's FAQ notes that fellows are still paid for a full year, "just starting a week later." On the February 2026 Subspecialty Program Directors responded that the gap is real for the trainee and recurs with every incoming class, and that many trainees, especially those with families, live paycheck to paycheck. Lost salary was cited by 45.2% of respondents.

How would health insurance be covered?

NADIO lists employment without pay beginning July 1 to preserve insurance, COBRA, or short-term commercial and ACA plans. Lapse in health benefits was the second most cited barrier (64.3%). Directors worry these options shift cost and administrative burden to trainees or divisions. The Roundtable's minimum standard is that no trainee should self-fund COBRA or lose pay because of a gap the system created.

Who pays for the gap?

NADIO "hopes that the DIO will strongly advocate" for added costs to be borne by the sponsoring institution rather than individual programs. AAIM's third condition asks for the same. Neither is a guarantee, so ask your DIO for a written institution-level commitment before a date is set.

What should we ask our institution?

Ask whether the institution will guarantee uninterrupted pay and health coverage for incoming fellows, who will fund it, and how fellows who finish residency earlier in June will be covered.

Visas

How many programs are affected?

As of the February 2026 survey of 829 subspecialty program directors, 87.5% of programs train fellows on J-1 and/or H-1B visas (J-1 only 54.3%, both 33.2%). Among those programs, about 29% report that a quarter or more of their fellows are on J-1 visas.

What does NADIO say about visa gaps?

In NADIO's FAQ, published February 8, 2026, it was reported that Intealth has State Department authorization to sponsor J-1 physicians for gaps of up to 30 days, and that DS-2019s will not show a gap. The week still counts toward the four-year J-1 maximum. H-1B holders may have gaps of up to 60 days, but Intealth does not sponsor H-1B visas, so NADIO advises working with immigration counsel.

Why do directors remain concerned?

Several comments call visa risk a "non-starter" that could put fellows out of status. The Roundtable asks for written State Department and DHS assurances that a short gap will not jeopardize status, waiver eligibility or duration-of-status determinations, given how quickly policy is changing. AAIM's December letter still requests formal written assurance.

What should we ask our institution?

Ask institutional immigration counsel to review J-1 and H-1B implications before a date is set, and to identify any fellows near the seven-year J-1 limit.

Training time and accreditation

Does a later start shorten training?

It can, unless end dates move too. The most frequent concern in comments was the ABIM limit of 35 days of absence per year. Directors worry that a later start would shorten education, especially in one- and two-year programs, or force extensions for fellows who take parental, medical or FMLA leave. NADIO's FAQ says contracts should end the following July 7. The Roundtable asks for clarity that training duration will not shrink unless ABIM and ACGME requirements are explicitly updated. We have not identified ABIM or ACGME guidance on this, so confirm with your GME office.

How much does one week matter educationally?

In the February 2026 survey of 829 Subspecialty Program Directors, loss of a week of training was cited by 34.1% of all respondents and 46.8% of those who could not accommodate a later start. Directors in one-year programs said every week counts.

What should we ask our institution?

Ask whether fellowship end dates will move to match a later start, and whether the GME office has confirmed ABIM and ACGME requirements in writing. Ask how fellows who take leave will be protected from training extensions.

Staffing, orientation and operations

Who covers patients the first week of July?

In the February 2026 survey of 829 Subspecialty Program Directors, staffing and workflow was the top barrier: 65.9% of all respondents and 83.6% of those who could not accommodate a later start. NADIO says the coverage gap occurs only in the transition year and suggests remaining fellows covering critical needs, attending coverage, attendings with advanced practice providers, or graduating fellows staying on

to moonlight or extend a week. Directors worry about duty-hour pressure on senior fellows and faculty, handoffs around July 4, and small programs with fellow-dependent ICU or CCU services. Seventy-eight directors flagged residency unions, and comments noted contract limits for unionized senior fellows.

Will orientation be squeezed?

In the February 2026 survey of 829 Subspecialty Program Directors, most programs (75.0%) begin all orientation on or after July 1, but 25.0% require some earlier. Orientation runs 2–3 days in 35.6% of programs, 1–2 weeks in 20.0% and 3–4 weeks in 10.1%. Comments describe the first two weeks of July as boot camps, EMR training and safety orientation, and VA and other federal onboarding as rigid. NADIO acknowledges many institutions will need an added GME orientation, though it reports that institutions that already moved found the burden eased.

How does a July 7 start interact with the ERAS release?

ERAS applications for the next cycle open July 15, so a July 7 start puts new-fellow onboarding and recruitment preparation in the same narrow window. The Roundtable has asked whether NADIO or AAIM has engaged ERAS and AAMC about adjusting the release date.

Does a July 7 start fit our financial and academic calendar?

Comments note that payroll, benefits, licenses and research funding are built around a July 1 to June 30 year, and that off-cycle starts create complications. Raise this with your finance and GME offices early.

What should we ask our institution?

Ask who will cover clinical services in the transition week and who will fund it. Ask how orientation, VA and federal onboarding, and the July 15 ERAS release will be scheduled together.

Timing and process

How much lead time do programs need?

In the February 2026 survey of 829 Subspecialty Program Directors, respondents asked for one to two years after final decisions and called a July 2026 start unrealistic. NADIO now targets July 2027. AAIM asks for no earlier than July 7, 2027, noting that FY2027 budgets were set and 2026 fellowship matches were complete.

Have fellows and subspecialty programs had a voice?

Some comments question why DIOs and residency leadership are driving the change and say trainee input has not been adequately sought. Consider inviting fellows and program directors to your institution’s meeting.

What should we ask our institution?

Ask when the institution must announce the date to applicants and sign contracts, and whether at least a year of lead time is built in. Ask how fellows and program directors will be heard before a decision.

For your institutional meeting

Whichever way your institution is leaning, the Roundtable’s three baseline protections apply: no gap in pay, no gap in health coverage, and durable visa protection.

If your institution is	Points to make	Safeguards to request
Keeping July 1	In February 2026, 79.3% of surveyed subspecialty program directors prefer July 1, either unchanged or with an earlier IM residency end date. July 1 creates no pay, benefit or visa gap.	Ask IM residency leaders to consider a June 16 or 23 end date or a paid final week. Be ready to explain the date to applicants, since AAIM warns non-adopters may face recruitment disadvantages.
Leaving the choice to programs	Mixed dates create cascades for sub-fellowships and unequal experiences for fellows in the same institution.	One institutional policy on pay, benefits and visa support that applies to every program, whatever its date. Align programs that feed sub-fellowships.
Moving to July 7	The move is voluntary, and in February 2026 45.6% of surveyed subspecialty program directors said they could not accommodate any later start.	Written institutional commitments on every item in the checklist below before the date is announced.

Checklist of questions for your DIO and GME office

- Will the institution, not the department or the fellow, fund and guarantee uninterrupted pay and health coverage across the transition?
- Has institutional immigration counsel reviewed J-1 and H-1B implications, including fellows near the seven-year J-1 limit?
- Will fellowship end dates move correspondingly so training time is not shortened, and have ABIM and ACGME requirements been checked?
- Who covers clinical services in the transition week, who pays for that coverage, and how are senior fellows and faculty protected from overload?
- How will orientation, VA and federal onboarding, and the July 15 ERAS release be managed together?
- Will IM residency programs align their end dates, so the burden is not pushed onto fellowships?
- Do sub-fellowships and linked programs in the institution share one calendar?
- Is there at least a year of lead time for contracts, schedules and applicant communication, and have fellows been asked for input?