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**APPD/COMSEP/AMSPDC/FuturePedsRes/NextGenPediatricians Letter to Our Pediatrics Community
About the Residency Recruitment Process
June 3, 2024**

The leadership of the Association of Pediatric Program Directors (APPD), Council on Medical Student Education in Pediatrics (COMSEP), Association of Medical School Pediatric Department Chairs (AMSPDC), FuturePedsRes, and NextGenPediatricians have been working collaboratively with Undergraduate Medical Education (UME) and Graduate Medical Education (GME) leaders and applicants to optimize the residency recruitment process for applicants and programs. Through this process, we have sought substantial input from applicants, program leaders, chairs, the greater pediatric community, and other specialties. In addition, we have reviewed and appreciate the recommendations of the Coalition for Physician Accountability, AAMC, AACOM and OPDA (Organization of Program Director Associations).

Our primary goal is to optimize the recruitment process for both applicants and programs by:

- (1) Helping applicants find programs that support their career goals while providing an atmosphere conducive to how they learn best.
- (2) Creating a fair and equitable application and selection process for both applicants and programs.

These past interview seasons have opened our eyes to ways of improving equity in our processes. In addition, several surveys of applicants and programs have been conducted and will continue to be performed. We have also taken in to account the changing landscape of the pediatric workforce.

Given that planning and advising for the upcoming application season is crucial for both programs and applicants, we present the following recommendations about all key aspects of the application cycle.

Interview recommendations

Following many conversations and surveys with each of our organizations, we continue to strongly recommend **only offering virtual interviews** for the 2024-2025 recruitment cycle. These recommendations are generated for several reasons:

1. **Effective assessment:** Most applicants and programs highlighted that they thought the assessment of applicants and of programs was effective using virtual interviews over past application cycles.
2. **Equity:** Virtual interviews are more equitable for applicants and programs. Some institutions may not allow in person interviews, and this could create additional inequity amongst programs if some offer in person interviews while others are unable to do so.
3. **Cost savings:** Virtual interviews save significant money for applicants and programs.
4. **Minimize time away from clinical endeavors:** Virtual interviews decrease an applicant's time away from clinical training.

5. **Environmental impact:** Virtual interviews decrease the environmental impact of travel (Donahue, JGME 2021).

Virtual interviews should be used for all applicants, including local ones, to have a more equitable process. In addition, programs should follow all institutional rules set by their DIOs regardless of any other recommendations. Neither applicants nor programs should record interviews.

General Application Logistics

Pediatrics will continue to use ERAS as our application submission and review platform and will participate in both program signaling and geographic preferencing for the 2024-2025 year.

1. Pediatrics applicants can signal the **top 5** pediatrics programs at which they would like to interview.
 - a. AAMC recommends that applicants signal their home program and any away rotation program if they are one of their top 5.

Recruitment Cycle 2024-25

1. It is recommended that programs do not release initial interview offers prior to October 10 (2 weeks from September 25th ERAS open date for programs) to allow for holistic review of applications.
2. Programs should only offer as many invitations as interview spots available.
3. Interview offers should be sent in the late afternoons, recognizing that applicants are often busier with clinical work in the morning (please note time zones)
4. Programs should allow a minimum of 72 hours for applicants to respond to interview invites before releasing the spot to another applicant
5. Applicants should notify programs if they will not be interviewing with them by November 15th and cancel interviews with a minimum of 2 weeks' notice.
6. Programs should inform applicants if they will be offered an interview, waitlisted, or not offered an interview by December 1st.

Application Recommendations

1. Programs should only require one pediatrics-specific letter.
2. Programs should not require that an acting internship (AI) or sub-internship (Sub-I) be completed by time of initial application review.
3. Programs should not require that USMLE Step 2/COMLEX Level 2 be completed by time of initial application review.
4. Programs should not require USMLE scores for applicants who have taken and submitted COMLEX scores.

Pediatrics will continue to use NRMP for our Match platform.

Information Sharing

1. [FuturePedsRes](#) will offer the #PedsMatch25 Webinar Series featuring many of our programs again this June-September. Webinars will include (1) general recommendations for applying, (2) regional reviews of programs, (3) session for osteopathic students, international medical graduates and LGBTQIA+ students.
2. NextGenPediatricians (NGP) is a national virtual mentoring and residency preparation program that provides guidance to underrepresented in medicine (UIM) applicants applying into pediatrics or any combined pediatrics program. The organization hosts monthly

webinars to assist these applicants with all aspects of the residency applications process, provides 1:1 virtual mentorship with residents/fellows/attendings, and NGP Office Hours to provide guidance unique to individual applicants. For more information, please see the following opportunities for students to connect with NGP:

- a. Email: nextgenpediatricians@gmail.com
 - b. Social Media: @NextGenPeds (Twitter and Instagram)
3. AAP SOPT is a section within AAP led by pediatric trainees for pediatric trainees. They provide activities to support medical students and graduates in the pediatric residency application cycle including but not limit to (1) virtual webinars on writing personal statements, preparing ERAS applications, and practicing interviews and (2) in-person networking and plenary sessions at AAP National Conference and Exhibition on September 28th in Orlando, FL.
 4. Program websites are another great way to learn about programs.
 5. Additional information can be found through [AAMC Residency Explorer](#) and [FREIDA](#)
 6. Program-sponsored virtual information sessions and social “Meet and Greets.”
 - a. in addition to the webinars mentioned above some programs may offer virtual information sessions.
 - b. Programs should limit any individual program virtual open houses to one which is recorded and available for applicants.
 - c. Attendance at open houses should be optional and not used as an indication of an applicant’s interest.

Away Rotations

1. We advocate that applicants in pediatrics should not need to do an away rotation to be considered seriously by programs.
2. Many pediatric programs have developed funded visiting rotations for underrepresented in medicine (UIM) allopathic and osteopathic students, which can be found on two lists:
 - a. <https://www.appd.org/careers-opportunities/urim-opportunities/>
 - b. <https://students-residents.aamc.org/students/explore-urim-opportunities-visiting-students>

Post-Interview Communication

For applicants

We discourage post-interview communication unless it is:

1. A thank you note (and this is considered optional).
2. Specific follow-up questions from the interview day.
3. Updates to provide to an application (e.g. new publication, award).

Letters of intent are not expected and if sent, should only be sent to one program. Programs are not expected to reply to such communications.

For programs

We discourage post-interview communication unless it is:

1. A maximum of one follow-up with contact information of leadership/interviewers.
2. A maximum of one program update at end of recruitment that goes to all applicants together.

3. Only individual communication if applicants/program have questions for each other. Post-interview communication is permitted for responding to specific questions or for linking with mentors and/or research colleagues.
4. Consistent with NRMP rules, we recommend stating “we don’t expect a response back” for any post-interview communication.

Keep in mind that even positive communications with applicants can be stressful to them.

In Person Visits/Second Looks

Offering in-person visits can put undue pressure and economic burden on applicants and extend the interview season for both applicants and programs. Attending in-person second looks can take time away from clinical rotations and pressure applicants to spend additional money. At the same time, we recognize that for the 2024-2025 application cycle many programs may want to offer in-person visits after interview season has concluded. Additionally, many applicants may be looking for opportunities to visit programs and cities/towns.

As alternatives to in-person visits:

1. Programs may provide information about the surrounding area. Applicants have asked for guides/recommendations for applicants to get to know the region/city/area on their own.
2. Programs may hold virtual sessions. Applicants should not feel obligated to attend virtual sessions and they should have no bearing on selection for interview offers.

If a program hosts in-person visits, **applicants should NOT feel obligated to attend and should use this for the few programs (at most) that they feel this would be beneficial.**

If a program hosts in-person visits, they should do so using the following best practices:

- Programs should certify their ROL prior to ANY in-person visits, and this should be confirmed by the DIO.
- No in-person visits should be held prior to February 1, 2025.
 - This allows for minimal disruption to applicant and program schedules and ensures ample time for programs to conduct full holistic review and certify ROLs.
- Programs should have an outside partner (GME office) confirm RSVPs prior to visits to ensure there is no bearing on evaluation of the applicant.
- Any dates for visits should be provided to applicants early in the process so they can plan accordingly.
 - In-person visits should be offered to all interviewees and should only be offered to people who have interviewed with the program.
- In-person visits should have NO bearing on placement on a program’s rank order list (ROL).
- If a program offers in-person visits, we strongly encourage an additional virtual session for those that choose not to travel.

Additional Information for applicants:

You have chosen an outstanding field dedicated to the health and well-being of children. Our program leaders are here to help you navigate this process!

1. General considerations for the 2024-2025 application cycle:

- a. With the goal of developing a more diverse workforce to meet the needs of our children, families, and communities, we have provided program directors with guidance on how to perform a holistic review of applicants.
 - b. Please see the recommendations to residency programs below as indicative of our commitment to you, the future pediatric residents, and to the children and families you will serve throughout your careers.
2. Number of programs:
- a. **Our strongest recommendation is that applicants should discuss their individual applications with their advisors prior to submission.**
 - a. We recognize that applicants often look for guidance on how many programs to apply to per specialty. The current evidence for pediatrics residency programs is included below. However, it is important to recognize that the following studies only take into account some, but not all, of the important aspects of a pediatrics residency application.
 - b. **As a broad, general recommendation, most applicants do not need to apply to more than 20 programs unless they have had some academic difficulty, are couples-matching, or are advised to by their pediatric medical school leadership.** We want to ensure that applicants get a holistic review, but this will be difficult to do if programs are flooded with applications.
 - c. The AAMC site “Apply Smart” provides data to consider when applying to residency programs: <https://students-residents.aamc.org/applying-residency/filteredresult/apply-smart-data-consider-when-applying-residency/>
 - d. Data from 2024 NRMP Charting the Outcomes will help applicants and pediatric advisors assess how an individual’s application characteristics will affect their likelihood of matching: <https://www.nrmp.org/main-residency-match-data/>

Additional recommendations for programs:

1. Consider how to help students at your institution learn more about pediatrics and pediatric subspecialties in general.
2. **We support holistic review of applications**, recognizing that access to different clinical, research, extracurricular, work, and other experiences vary significantly at baseline due to structural and systemic barriers due to race/ethnicity, gender, gender identity, LGBTQ+, disabilities, and socioeconomics.
3. Interviews:
 - a. Programs are encouraged to provide as much program information ahead of the interview day as possible so that the interview day can be focused on 1:1 or small group interactions.
 - b. Ahead of the interviews, please share with the applicants:
 - i. What platform will be used for the interview (e.g. Thalamus, Zoom, Teams, WebEx).
 - ii. Specific information about back-up procedures to use if there are technical issues (e.g. exchange of cell/phone numbers).
 - iii. Structure of the interview day.
 - iv. Planned format for the interview(s) (e.g. open format conversations, faculty asking specific questions).

4. In preparing for the interview day, recommend asking applicants if they need any accommodations to make their interview experience the most productive possible.
5. Please offer the daytime components of the interview day (individual interviews, conferences, tours, etc.) on the same day (i.e., not spread across multiple days) to make scheduling easier for applicants.
6. Remember the time zones that your applicants are in when scheduling interview days.
7. It is reasonable to offer a few optional virtual informational sessions/programmatic overviews or social/meet and greet with residents/fellows over the course of the interview season that are not on the official interview day.
 - a. Consider hosting an optional virtual information session with UIM faculty and fellows as an informal chance to meet members of the UIM community at the program.
8. Members of the RRAT felt that gifts (e.g., pens, mugs, t-shirts, other gifts with institutional logo) are not necessary or impactful; therefore (and to ensure equity), we recommend not providing these.

Commitment to continuing to study and learn what is best for pediatrics

There are many studies in progress aimed at understanding interviews and second-looks (virtual vs. in person). We will continue to review this data as it becomes available to inform what is best for the applicants and programs in pediatrics for subsequent years. If an institution or program does something different than what is recommended here, please collect data to analyze the effectiveness of the strategy and disseminate the results to allow us all to learn. We will continue to share updates, innovations, and best practices with you as they arise. We are grateful for your commitment to our applicants and developing outstanding leaders in children's health.

References:

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