APPD/COMSEP/AMSPDC/FuturePedsRes/NextGenPediatricians Letter to Our Pediatrics Community
About the Residency Recruitment Process
May 24, 2023

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 learners 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 Coalition for Physician Accountability 2021 Recommendations, AAMC 2023 Recommendations, and AACOM 2022 Recommendations.

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

1. Helping learners 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 learners and programs.

These past interview seasons have opened our eyes to ways of improving equity in our processes. In addition, a number of studies of applicants and programs have been conducted and will continue to be performed. The following recommendations are based on the effective and equitable outcomes of virtual interviews while also considering the value of in-person interactions and program visibility.

Given that planning and advising for the upcoming application season hinges on how interviews will be conducted, we present that recommendation up front. This will be followed by:

- Additional recommendations about other key aspects of the application cycle
- Recommendations and information helpful for students and advisors
- Recommendations for residency programs

**Interview recommendations**

Following many conversations and surveys with each of our organizations, we strongly recommend only offering virtual interviews for the 2023-2024 recruitment cycle. These recommendations are generated for several reasons:

1. **Effective assessment:** The majority of applicants and programs highlighted that they thought the assessment of applicants was effective using virtual interviews over the past 3 application cycles.
Equity: Virtual interviews are more equitable for applicants and programs, both in terms of access and any remaining restrictions from viral surges. 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.

Cost savings: Virtual interviews save significant money for applicants and programs.

Minimize time away from clinical endeavors: Virtual interviews decrease their time away from clinical training.

Environmental impact: Virtual interviews will 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.

Second Looks
Offering in-person second looks can put undue pressure and economic burden on applicants and extend the interview season for both applicants and programs. For the 2023-2024 application cycle, we recommend programs do not host or participate in in-person second looks.

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.
3. GME/Institutions may host second looks, as follows. If your institution does allow in-person second looks, then we recommend that the applicants not meet with program leadership during that in-person visit and that the program leadership not be made aware of their visit. We also recommend emphasizing that attending the in-person look will not improve the applicant’s position on the rank list (to help decrease pressure on applicants).

If an applicant reaches out to meet during the recruitment process, then we recommend that program leaders not meet in person with the applicant.

Commitment to continuing to study and learn what is best for pediatrics
There are many studies in progress to understand virtual and in person interviews and second looks. We will continue to review this data as it is available to recommend what is best for the applicants and programs in pediatrics for subsequent years.

In addition, we have developed the following recommendations for applicants and programs to adopt and incorporate into their recruitment planning processes.
Information for students:
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 2023-2024 application cycle:
   a. We recognize that you have had variable clinical, research, advocacy, and other extracurricular experiences due to the impacts of COVID-19.
   b. 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.
   c. Please see the recommendations to residency programs below as indicative of our commitment to you, our future pediatric residents, and to the children and families you will serve throughout your careers.

(2) Away Rotations:
   a. We want to highlight that applicants in pediatrics do not need to do an away rotation to be considered seriously by programs.
   b. We anticipate most pediatric programs will continue to offer away rotations for those students who choose to pursue one.
   c. A number of 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/](https://www.appd.org/careers-opportunities/urim-opportunities/)
      b. [https://students-residents.aamc.org/students/explore-urim-opportunities-visiting-students](https://students-residents.aamc.org/students/explore-urim-opportunities-visiting-students)

(3) Learning about programs:
   a. APPD, COMSEP, and FuturePedsRes will offer the #PedsMatch24 Webinar Series featuring many of our programs again this June-August. Webinars will include (1) general recommendations for applying, (2) regional reviews of programs, (3) session for osteopathic students, and (4) session for international medical graduates.
   b. NextGen Pediatricians (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:
      1. Email: nextgenpediatricians@gmail.com
      2. Social Media: @NextGenPeds (Twitter and Instagram)
   c. Program websites are another great way to learn about programs.
   d. Additional information can be found at FREIDA
   e. Program-sponsored virtual information sessions and social “Meet and Greets”: in addition to the webinars mentioned above some programs may offer virtual information sessions addressing general or specific aspects of their program to highlight throughout the application season.
(4) Number of programs:
   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. Therefore, **our strongest recommendation is that students should discuss their individual applications with their advisors prior to submission.**
   b. The AAMC site “Apply Smart” provides data to consider when applying to residency programs.
   a. Data from NRMP Charting the Outcomes will help students and pediatric advisors assess how an individual student’s application characteristics will affect their likelihood of matching.
   b. **To reiterate, each student should discuss their individual situation with their pediatric advisors to determine the number of residency programs they should apply to. As a broad, general recommendation, most students 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 by applications.

(5) ERAS Application, Geographic Preferences, and Signaling:
   a. With feedback from APPD, COMSEP, AMSPDC, FuturePedsRes, NextGenPediatricians, and past applicants, Pediatrics will use the new MyERAS application and will participate in geographic preferencing and signaling for 2023-2024. More info at: [The MyERAS® Application and Program Signaling for 2023-24 | Students & Residents (aamc.org)]
   b. ERAS will have the following:
      1. 10 Experiences (750 Characters each)
         a. Including 3 Most Meaningful Experiences (additional 300 Characters each)
      2. 1 Impactful Experience (750 Characters each)
      3. Geographic preferencing (choose either 1-3 total regions out of 9 or no preference) (300 Characters each)
      4. Urban/Suburban-Urban/Suburban/Suburban-Rural/Rural or no preference choice
      5. Signaling (pediatrics applicants able to identify top 5 pediatrics programs at which they would like to interview)
         a. **AAMC recommends that applicants signal their home program if it’s one of their top 5.**
         b. **AAMC recommends that applicants signal any away rotation programs if the programs are one of their top 5.**

(6) Interview Offers
   a. **Highly consider letting the program know if you won’t be interviewing with them by November 15th.** And definitely let programs know at least 2 weeks ahead of time if
canceling an interview. This will allow programs to open these spots to other candidates.

(7) Pre-interview:
   a. Please make sure you have a secure internet connection for your interview. If you have any concerns about this, please let the student affairs office or your advisors know and they can help you.
   b. Please review any materials the programs send you in advance of your interview.

(8) Interviews:
   a. Please do not record interviews.

(9) Post-interview communication:
   a. We discourage post-interview communication unless it is a thank you note (and this is considered optional) or you have specific questions or updates to provide.
   b. Letters of intent or “love letters” are not expected and if sent, should only be sent to one program.

Recommendations to residency programs:

(1) To provide adequate exposure to pediatrics and pediatric subspecialties:
   a. Consider how to help students at your institution learn more about pediatrics and pediatric subspecialties in general.
   b. APPD, COMSEP, and FuturePedsRes will offer the #PedsMatch24 Webinar Series this year. Webinars will include (1) general recommendations for applying, (2) regional sessions to share programs, (3) session for osteopathic students, and (4) session for international medical graduates.
   c. NextGen Pediatricians (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:
      1. Email: nextgenpediatricians@gmail.com
      2. Social Media: @NextGenPeds (Twitter and Instagram)
   d. Please limit any individual program virtual open houses to a single virtual open house, which is recorded and available for applicants. Please consider attendance at open houses to be optional and do not use as an indication of an applicant’s interest.

(2) Away Rotations:
   a. Aligned with our goals of developing a more diverse workforce, consider offering in-person or virtual visiting clerkships for UIM allopathic and osteopathic students: https://www.appd.org/careers-opportunities/urim-opportunities/
b. If programs would like to list their UIM visiting rotation on this site, please fill out: https://forms.office.com/pages/responsepage.aspx?id=4EPAu3WMOEae1Lbi36nk6zIxJ26stRFOlV1Kd1rORUMz5NVoXRThKMTBBNzBUUIY3MTBKRjJSy4u

c. Look out for an upcoming list of best practices for UIM Rotations: https://www.appd.org/careers-opportunities/urim-opportunities/

(3) ERAS Application, Geographic Preferences, and Signaling:

a. With feedback from APPD, COMSEP, AMSPDC, FuturePedsRes, NextGenPediatricians, and past applicants, we will use the new MyERAS application and will participate in geographic preferring and signaling for 2023-2024. More info at: The MyERAS® Application and Program Signaling for 2023-24 | Students & Residents (aamc.org)

b. ERAS will have the following:

1. 10 Experiences (750 Characters each)
   a. Including 3 Most Meaningful Experiences (additional 300 Characters each)

2. 1 Impactful Experience (750 Characters each)

3. Geographic preferring (choose either 1-3 total regions out of 9 or no preference) (300 Characters each)

4. Urban/Suburban-Urban/Suburban/Suburban-Rural/Rural or no preference choice

5. Signaling (pediatrics applicants able to identify top 5 pediatrics programs at which they would like to interview)
   a. AAMC recommends that applicants signal their home program if it’s one of their top 5.
   b. AAMC recommends that applicants signal any away rotation programs if they are one of their top 5.

(4) Reviewing applications:

a. 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.

b. Program directors should avoid overreliance on a single examination program when selecting candidates for residency, focusing instead on a holistic review of applicants, regardless of whether they are on the allopathic or osteopathic licensing pathway. Osteopathic applicants to residency programs should not be required – nor made to feel like they are required – to undergo licensing examinations other than the osteopathic (COMLEX-USA) licensure exam. Residency programs and their sponsoring institutions should implement processes that fairly consider osteopathic applicants within the context of the osteopathic (COMLEX-USA) licensure process.

c. Recognize that many medical students will have experienced non-traditional clerkships during the pandemic, including virtual learning experiences and on-line educational programming.

d. Decrease any requirement of peds-specific letters to one peds letter.

e. Do not require that a sub-I be completed by the time of initial application review.

f. Do not require that USMLE Step 2/COMLEX Level 2 be completed by the time of initial application review.
(5) Offering interviews:
   a. Please do not offer any interviews before Tuesday, October 10, 2023 to allow all programs 2 weeks to review applications and promote holistic review.
   b. Offer at least as many interview spots as applicants invited
   c. 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).
   d. Allow a minimum of 72 hours to respond to interview invites before releasing the spot to another applicant.
   e. Recommend letting all applicants know if they will be offered an interview, waitlisted, or not offered an interview by December 1 (two months after ERAS opens).
   f. In preparing for the interview day, recommend asking applicants if they need any accommodations to make their interview experience the most productive possible.
   g. Please offer a tech check for applicants to test their systems prior to the interview either earlier the same day or at a convenient time prior to the interview.

(6) Pre-interview Materials:
   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. Recommend updating websites, digital brochures, videos, and other resources that highlight important aspects of your program
   c. Consider highlighting/pre-recording an example teaching session.
   d. Ahead of the interviews, please share with the applicants:
      i. What platform will be used for the interview (e.g. WebEx, Zoom, Teams, Thalamus)
      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)

(7) Interviews:
   a. We strongly recommend only offering virtual interviews for this year’s Match cycle for the reasons listed on page 1 of this document.
   b. Virtual interviews should be used for all applicants, including local ones, to have a more equitable process.
   c. Programs should develop strategies that will showcase your program virtually. The APPD Coordinator Executive Committee has developed an outstanding virtual interview toolkit available in the APPD ShareWarehouse to help programs prepare.
   d. 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.
   e. Remember the time zones that your applicants are in when scheduling interview days.
   f. 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.
g. 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.

h. Please do not record interviews.

i. Of note, this recommendation of virtual interviews is only for the 2023-2024 cycle, and we will reevaluate future cycles as we collect more information.

(8) Second looks:

a. Offering in-person second looks can put undue pressure and economic burden on applicants and extend the interview season for both applicants and programs. For the 2023-2024 application cycle, we recommend that programs do not provide program-hosted in-person second looks.

b. As alternatives to program-hosted in-person visits:
   i. 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.
   ii. Programs may hold virtual sessions.
   iii. GME/Institutions may host second looks, as follows. If your institution does allow in-person second looks, then we recommend that the applicants not meet with program leadership during that in-person visit and that the program leadership not be made aware of their visit. We also recommend emphasizing that attending the in-person look will not improve the applicant's position on the rank list (to help decrease pressure on applicants).

(9) Post-interview communication:

a. All communication needs to abide by NRMP requirements.

b. We recommend post-interview communication to be limited to:
   i. A maximum of one follow-up with contact information of leadership/interviewers.
   ii. A maximum of one program update at end of recruitment that goes to all applicants together, to remind applicants that they will not hear from you unless they have specific questions.
   iii. 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.
   iv. Consistent with NRMP rules, we recommend stating “we don’t expect a response back” for any post-interview communication.

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

(10) Throughout the recruitment season:

a. Since programs have had significant financial constraints due to COVID, some programs continue to have reduced administrative and coordinator support and increased administrative needs, and because the students, residents, and fellows on our action team said that these are not necessary, we strongly recommend:
   i. Do not provide food or gift cards for food
   ii. Do not distribute swag (e.g., pens, mugs, t-shirts, other gifts with institutional logo) to applicants
We will continue to share updates, innovations and best practices with you as they arise. We are grateful for your commitment to our students and developing outstanding leaders in children’s health.

**References:**
