



## Letter to the Pediatric Community Regarding the 2025-2026 Fellowship Recruitment Process May 19, 2025

Since the 2020 fellowship recruitment season, the leadership of APPD, CoPS, and AMSPDC have worked with fellowship and residency leaders, and trainees, to develop annual guidelines that optimize the fellowship recruitment process for applicants and programs. We regularly incorporate input from studies, applicants, program leaders, chairs, the greater pediatric community and other specialties, in developing these guidelines. New this year is data from a survey of pediatric fellowship applicants that participated in ERAS this most recent recruitment cycle (158 of 1696 responded), adding this important voice.

In developing the following recommendations for the 2025 fall fellowship recruitment season, equity for applicants is the guiding principle. There is published evidence that virtual interviews are more equitable, and an effective method of interviewing. However, we also acknowledge that there is potential value in in-person interactions and a desire from programs to improve their visibility. Guidance from your institution/designated institutional official (DIO) or subspecialty organization should take precedence over the recommendations provided below.

### Interview Recommendations

We continue to strongly recommend **only offering virtual interviews** for the 2025-2026 recruitment cycle. Virtual interviews should be used for all applicants, including local ones, to preserve equity. If a subspecialty differs from this recommendation, then we urge **uniformity** across the subspecialty. Again, programs should follow all institutional rules set by their DIOs.

These recommendations are generated for several reasons:

1. **Effective assessment:** The majority of programs highlighted that they thought the assessment of applicants was effective using virtual interviews, and that virtual interviewing allowed accurate assessment of programs and applicants based on experiences after starting fellowship (Petersen TL, et al, *Pediatrics* 2022, Chiel L, et al, *The Journal of Pediatrics* 2024).
2. **Equity:** Virtual interviews are more equitable for applicants and programs, primarily in terms of access but also financial considerations. Additionally, inequity may arise if some institutions offer in person interviews while others do not.
3. **Cost savings:** Virtual interviews save significant money for applicants and programs (Domingo A, et al, *J Grad Med Educ* 2023).
4. **Minimize time away from clinical endeavors:** Recognizing that our residents' clinical experiences continue to change, virtual interviews decrease their time away from clinical training.
5. **Environmental impact:** Virtual interviews decrease the environmental impact of travel (Donahue, *J Grad Med Educ* 2021).

### In-Person Second Looks

In-person second looks introduce inequities that should be considered when offering this option. Importantly, this may put undue pressure and economic burden on applicants and extend the interview

season for both applicants and programs. Attending in-person second looks takes time away from residency rotations and potentially pressures applicants to spend additional money. Residency programs may be ill equipped to allow travel in the necessary condensed time period, thus limiting some applicants and not others. Resource availability across programs, to support travel for applicants for in-person second looks, is also quite variable, leading to inequities across programs.

Despite these factors, we recognize that, for the 2025-2026 application cycle, some programs want to offer in-person visits after initial interviews have concluded. In addition, 88% of the fellowship applicants who responded to our ERAS survey indicated the option of an in-person second look should be offered to applicants (31% indicating in-person only should be offered, and 57% indicating an offer for a second look that was either in-person or virtual, applicant's choice, should be offered). Many applicants may be looking for opportunities to visit programs and/or cities/towns.

**We recommend programs consider these alternative approaches to program-hosted in-person visits:**

1. Programs can provide information about the city/town and surrounding areas. Applicants have asked for guides/recommendations to get to know the area on their own.
2. Programs may hold virtual second looks, instead of in-person, and hold these only after rank order list (ROL) is certified.
3. GME/Institutions can host in-person second looks and not notify program leadership which applicants participated.

If a program hosts in-person second looks, applicants should NOT feel obligated to attend and should use this for the 1-2 programs (at most) that they feel this would be beneficial.

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

1. Programs should certify their ROL prior to ANY in-person visits, and this should be confirmed by the DIO.
2. No in-person visits should be held prior to October 1, 2025
  - a. This allows for minimal disruption to applicant and program schedules and ensures ample time for programs to conduct full holistic review and certify ROLs.
3. Programs should have an outside partner (e.g., GME office) communicate with applicants regarding in-person second looks until the program has certified the ROL to mitigate against bias ensuring there is no bearing on evaluation of the applicant or the ROL.
4. Available dates for in-person second looks should be provided to applicants early in the process so they can plan accordingly, while interest in and RSVP for sessions is directed to the outside partner.
  - a. In-person visits should be offered to all interviewees, as a second-look, and should only be offered to people who have interviewed with the program.
5. In-person second looks should have NO bearing on placement on a program's ROL.
6. If a program offers in-person second looks, we encourage the option of an additional virtual second-look session, for those that choose not to (or are unable to) travel.
7. Since in-person visits should be conducted only after certifying ROLs, institutions should outline situation(s), if any, that would allow the ROL to be changed after an in-person visit, and share this policy with applicants.
8. In communications with applicants, emphasize that attending the in-person look will not improve the applicant's position on the ROL (to help decrease pressure on applicants).

**Additional Recommendations to Fellowship Programs**

**1. 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 related to race/ethnicity, gender, gender identity, LGBTQ+, disabilities, and socioeconomics.

- b. For those subspecialties that have opted into program signaling, signals are an indication to program leadership that an applicant is considering your program highly, among those with whom the applicant wants to interview.

Therefore, programs can appropriately consider signals, when deciding about interview offers. Signals are not to be considered after interviews, when making NRMP Rank List. See [ERAS Signaling](#)

[Information for Program Leaders](#) page for additional information and guidance.

<u>Subspecialties accepting pediatric applications that will be using program signals in ERAS this season</u>	
<u>Subspecialty</u>	<u># of signals</u>
Allergy/Immunology	5
Pediatric Critical Care	3
Pediatric Gastroenterology	3
Hospice & Palliative Care	5
Neonatal-Perinatal Medicine	3 gold, 5 silver

## **2. Offering interviews:**

- a. Offer at least as many interview spots as applicants invited.
- b. 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).
- c. Allow a minimum of 72 hours to respond to interview invites before releasing the spot to another applicant. Notify applicant within the invite that interview slot may be released to others if no response within X days.
- d. Communicate with applicants as early as possible if they will receive an interview offer, be waitlisted, or not be offered an interview.
- e. Please be as flexible with scheduling as possible.
- f. In preparing for the interview day, we 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 virtual interviews either earlier the same day or at a convenient time prior to the interview, and provide back-up procedure for technical difficulties (e.g., exchange of cell/phone numbers).

## **3. Pre-interview Contact and 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. Most current applicants have experienced only virtual interviews and are very adept at this forum. In addition, they are used to receiving and processing information virtually, thus programs should use this opportunity to optimize the virtual experience, including using the full array of platforms (i.e. social media to help applicants engage in the program, faculty, fellows, and staff). Prioritize the culture of the program, institution, and geography. Do not forget to highlight a sense of belonging.
- c. We recommend updating websites, digital brochures, videos, and other resources to highlight important aspects of your program. We suggest videos that can show what life as a fellow is like, including living experiences, and snippets of fellows in their surroundings (i.e. hiking, at their favorite café, a concert, etc.). 70% of last year's applicants to pediatric fellowships that responded to our recent survey through ERAS

indicated that videos about programs were helpful to them in applying to and ranking programs. 70% said the same for institutional online resources, and 53% for institutional subspecialty online resources.

- d. Pre-interview 'Open House' sessions or other structured contact between potential applicants and programs, prior to interview season, should be virtual (not in-person) and attendance optional. Attendance (or not) should not be used in programs' decision-making, for offering interviews.
- e. The [Pediatric Subspecialty Recruitment Series](#) is held annually in May and serves as an opportunity for subspecialties to host applicants in virtual breakout rooms, specific to programs. The 2025 series has concluded, but we plan to host our 5<sup>th</sup> annual Pediatric Subspecialty Recruitment Series in May 2026. Information about these sessions is provided at this [link](#), and sign-up instructions will be posted there in early 2026.

#### **4. Interviews:**

- a. We strongly recommend only offering virtual interviews for this year's Match cycle for the reasons outlined above.
- 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 developed an outstanding virtual interview toolkit available in the APPD ShareWarehouse to help programs prepare (<https://www.appd.org/resources-programs/share-warehouse/>).
- d. Applicants appreciate time with fellows and exposure to clinical team members with whom they will be working.
- e. Please offer daytime components on interview day (individual interviews, conferences, tours, etc.) on the same day (not spread across multiple days) to make applicant's scheduling easier.
- f. Remember the time zones that your applicants are in when scheduling interview days.
- g. It is reasonable to offer a few optional 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. However, these need to be optional, and attendance should not impact their application/ranking in any way.
- h. Consider hosting an optional virtual information session with UIM faculty and fellows as an informal opportunity to meet members of the UIM community at the program/institution.
- i. Please do not record interviews.

#### **5. Post-interview communication:**

- a. All communication needs to abide by NRMP requirements.
- b. We recommend post-interview communication to be limited to:
  - One follow-up with contact information of leadership/interviewers.
  - 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.
  - 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.

- 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.
- 6. Throughout the recruitment season:**
- a. Trainees on our action team felt that gifts (e.g., cards, swag) are not necessary or impactful; therefore (and to ensure equity), we recommend not providing these.
- 7. The NRMP Match:**
- a. We highly encourage all fellowship directors to utilize the match to fill their program slots.
  - b. For those specialties that have opted into program signaling, remember that signals only indicated an applicant’s interests *before* interviews. Signals, therefore, should *not* be considered when entering applicants into the NRMP Rank Order List.
- 8. Post Match:**
- a. Given the subspecialty workforce challenges, many programs do not match each year. We understand the stress and disappointment this creates. The landscape is very different from residency recruitment and thus there is not a formal “scramble” but, in an effort to support unmatched programs, the APPD recruitment task force held a virtual café 11/6/24, recording available at this link: [Surviving Fellowship Post-Match Scramble](#).

### **Additional Recommendations to Fellowship Applicants**

We are excited that you are pursuing further training and a career in a pediatric subspecialty. Our program leaders are here to help you navigate this process!

- 1. Pre-interview Contact and Materials:**
- a. Thoroughly review any content provided to you by programs in deciding about interview acceptance, and in preparing for the actual interview.
  - b. Some programs may offer Open House’ sessions or other pre-interview opportunities to learn about the program. These should be offered/attended virtually, not in-person, and you should not feel pressured to attend, as attendance (or not) should have no bearing on whether you are offered an interview.
  - c. The [Pediatric Subspecialty Recruitment Series](#) is held annually in May and serves as an opportunity for applicants to visit programs in their chosen pediatric subspecialty in break out rooms in an evening event over Zoom. We highly encourage interested applicants to take advantage of this opportunity. The 2025 series has concluded, but we plan to host our 5<sup>th</sup> annual Pediatric Subspecialty Recruitment Series in May 2026. Information about these sessions is provided at this [link](#). Sign-up instructions will be posted there in early 2026, and each program will post a slide about their program, for your review prior to the session.
- 2. Applications:**
- a. Each applicant should discuss their individual situation with their pediatric advisors to determine the optimal number of fellowship programs to which they should apply.
  - b. A few pediatric subspecialties have chosen to introduce program signaling this season (see table, page 3). Signals allow you to indicate to program leadership that you most interested

in interviewing with their program. Applicants can obtain guidance on this new process from advisors, and also at the [2026 Program Signaling web page](#). ERAS contacts for questions are also available on that page.

### **3. Interviews:**

- a. Let programs know at least 2 weeks ahead of time if canceling an interview. This will allow programs to fill these slots with alternate candidates.
- b. Please do not record interviews.
- c. Additional advice about virtual interviewing can be found in references below (Jones RE et al, *J Surg Educ* 2020, Sobolewski et al, *Acad Pediatr* 2023) and at the [AAMC virtual interview guide](#).

### **4. Post-interview Communication:**

- a. We discourage post-interview communication unless it is:
  - A thank you note (and that is optional)
  - Specific follow-up questions from the interview day
  - Updates to provide to an application (e.g., new publication, award)
- b. 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.

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

Research to advance our understanding of appropriate and effective recruitment and interview processes continues. We will monitor this data as it becomes available, to inform what is best for the applicants and programs in pediatrics for subsequent years. If your institution, subspecialty 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.

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