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**APPD/COMSEP/AMSPDC/FuturePedsRes/NextGenPediatricians Letter to Our Pediatrics Community
About the Residency Recruitment Process
June 2026**

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 worked collaboratively with Undergraduate Medical Education (UME) and Graduate Medical Education (GME) leaders and applicants to optimize the residency recruitment process for applicants and programs.

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 recommendations represent substantial input from applicants, program leaders, chairs, the greater pediatric community, and other specialties. In addition, we review and appreciate the recommendations of the Coalition for Physician Accountability, AAMC, AACOM and OPDA (Organization of Program Director Associations).

We continue to consider the changing landscape of the pediatric workforce.

SUMMARY OF RECOMMENDATIONS

The items below are the key recommendations for the 2026-2027 residency recruitment season outlined in this document. Additional information related to these recommendations and other useful areas can be found in the sections that follow. **It is recommended that programs and applicants review both the “for applicants” and “for programs” portions of this entire document.**

A. Recommendations for Programs

1. **Programs should offer only virtual interviews.**
2. **ERAS will be the platform used for application and review.**
3. **Programs should extend interview invitations no earlier than October 5, 2026,** to allow time for holistic application review.
4. **Programs should accept both USMLE and COMLEX scores and not require that USMLE Step 2/COMLEX Level 2 be completed prior to the time of application review.**
5. **Programs should offer no more interviews than available slots, send first-round invitations in the late afternoon, and allow at least 48 hours before offering the spot to another applicant.**
6. Programs hosting **in-person visits/second looks after interviews have concluded** should participate in the NRMP Voluntary ROL Lock Pilot to ensure visits do not impact an applicant’s position on the rank list.

7. **Do not give gifts/swag.**
8. **Post-interview communication is discouraged** (exceptions detailed in Post-Interviews section)
9. The use of AI technology by programs, interviewers, applicants, etc. to provide real-time questions and answers during interviews is considered deceptive and unethical. **AI interview tools should not be used during an interview or for recording purposes.**

B. Recommendations for Applicants

1. **Our strongest recommendation is that applicants should discuss their individual applications with their advisors prior to submission.**
2. **The probability of matching in pediatrics approaches 100% with a final Rank Order List of 10-12 programs. As a broad, general recommendation, most applicants do not need to apply to more than 20 programs to achieve this goal.**
3. **Applicants will have 5 (FIVE) signals to use in ERAS to indicate interview preferences.** Applicants will continue to be able to indicate geographic preferences.
4. Applicants planning to withdraw from an accepted interview should **provide a minimum of 2 weeks notice to cancel/reschedule.**
5. **Applicants should NOT feel obligated to attend open houses, in-person visits/second looks, and optional program social hours.** They should use in-person visits/second looks for the few programs (at most) that applicants feel would help them make their final decisions on where they will place programs on their rank list.
6. **Post-interview communication is discouraged** (exceptions detailed in Post-Interviews section)
7. The use of AI technology by programs, interviewers, applicants, etc. to provide real-time questions and answers during interviews is considered deceptive and unethical. **AI interview tools should not be used during an interview or for recording purposes.**

APPLICATIONS

General Application Logistics

Pediatrics will continue to use ERAS as the application submission and review platform and will participate in both program signaling and geographic preferencing for the 2026-2027 season.

1. Pediatrics applicants can signal up to **5** pediatrics programs at which they would most like to interview.
 - a. The AAMC suggests that applicants signal programs they are most interested in, regardless of whether they are home or away-rotation programs. This is the most fair and equitable process for all applicant types (MD, DO, and IMGs) and provides all programs that participate in receiving signals with the same information about interest level. Programs should adhere to this recommendation to avoid confusion and mixed messaging among programs and applicants.
2. Applicants will be able to indicate geographic preferences within ERAS.
3. Pediatrics will continue to use NRMP as the Match platform.

Application Recommendations - PROGRAMS

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 applicants to do an away rotation to be considered seriously.
4. Programs should not require that USMLE Step 2/COMLEX Level 2 be completed by time of initial application review.
 - a. Programs should communicate the deadline by which applicants must submit scores to be eligible for placement on a rank order list.
5. Programs should not require USMLE scores for applicants who have taken and submitted COMLEX scores.
6. **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.

Application Recommendations – APPLICANTS

1. Our strongest recommendation is that applicants should discuss their individual applications with their advisors prior to submission. Applicants who do not have access to advisors are encouraged to explore the “Additional Resources” section of this document for support and guidance.
 - a. **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.
 - i. **Additionally, most applicants do not need to complete more than 12-14 interviews.** NRMP data shows the probability of matching is ~1.00 after 10 contiguous ranks for US MD and US DO applicants and 12 contiguous ranks for both US and Non-US IMG applicants.

PRE-INTERVIEWS

Pre-Interview Communication

For programs

- Programs should be as transparent as possible about all aspects of the interview process including interview release timing. Programs should consistently adhere to the process and timelines they communicate.

For applicants/advisors

- Communication about interview invitations between applicants/advisors and programs should be limited.
- Applicants should respect program-specific timelines and instructions for communication and should not initiate communication regarding interviews prior to the earliest interview release date (October 5, 2026).
- Advisors should promote applicant self-advocacy by providing guidance and coaching. Communication with programs should not be conducted by the advisor.

- Messages should be directed to general program recruitment or admissions email addresses if available, rather than individual faculty and leadership.

INTERVIEWS

Interview recommendations

We continue to strongly recommend **only offering virtual interviews for all applicants, including local ones**, for the 2026-2027 recruitment cycle. This recommendation is generated to promote equity, optimize cost savings, minimize time away from clinical rotations, and decrease environmental impact without diminishing effective assessment.

Interview offer and acceptance timeline

1. Pediatrics does **NOT** have a universal interview release date.
 - a. It is recommended that programs release initial interview invitations no sooner than October 5, 2026, to allow for holistic review of applications.
 - i. Most programs continue to extend interview invitations on a rolling basis well after this initial date.
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.
4. Programs should allow a minimum of 48 hours for applicants to respond to first-round interview invites before releasing the spot to another applicant.
5. Applicants planning to withdraw from an accepted interview provide a minimum of 2 weeks' notice to cancel/reschedule.
6. Programs should inform applicants if they will be offered an interview, waitlisted, or not offered an interview by December 1st.

Interview Day

1. In preparing for the interview day, programs should ask applicants if they need any accommodation to make their interview experience the most productive possible.
 - a. Remember the time zones that your applicants are in when scheduling interview days.
2. Gifts/swag undermine the spirit and intent of recruitment and match season and **should not be provided**.

Use of AI Technology

The use of AI technology by programs, interviewers, applicants, etc. to provide real-time questions and answers during interviews is considered deceptive and unethical. AI interview tools should not be used during an interview or for recording purposes.

POST-INTERVIEWS

Post-Interview Communication

For programs

- We discourage post-interview communication unless it is:
 1. A maximum of one follow-up with contact information of leadership/interviewers that states a response back is not expected.

2. A maximum of one program update at the end of recruitment that goes to all applicants together that states a response back is not expected.
 3. Only individual communication if applicants/programs have questions for each other.
- Post-interview communication is permitted for responding to specific questions or for linking with mentors and/or research colleagues.
 - Keep in mind that even positive communications with applicants can be stressful to them.

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.

In-Person Visits/Second Looks

Offering in-person visits/second looks can put undue pressure and economic burden on applicants and extend the interview season for both applicants and programs. In addition, we want to minimize pressure for applicants to take time away from clinical rotations and spend additional money. This is especially cost and time prohibitive for International Medical Graduates.

Recognizing that for the 2026-2027 application cycle many programs may want to offer in-person visits/second looks after the interview season has concluded, and many applicants may be looking for opportunities to visit programs and cities/towns, pediatrics is participating in the NRMP Voluntary ROL Pilot ([Voluntary Program Rank Order List Lock Pilot | NRMP](#)).

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

- **Applicants should NOT feel obligated to attend and should use this for the few programs (at most) that they feel would be beneficial for their decision-making.**
- In-person visits should only be offered to people who have interviewed with the program and should be offered to all interviewees, although space may be limited.
- In-person visits should have NO bearing on placement on a program's rank order list (ROL).
- Programs offering in-person visits should participate in the NRMP Voluntary Lock Pilot.
- Programs should have an outside partner confirm RSVPs prior to visits to ensure there is no bearing on evaluation of the applicant.
- No in-person visits should be held prior to February 2, 2027 and not before the program rank order list is locked.
 - Any dates for visits should be provided to interviewees early in the process so they can plan accordingly.
- The list of programs in the lock pilot can be found here: [NRMP](#)
 - Please note – the deadline for program enrollment in the lock pilot is October 16, 2026.

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.

SOURCES OF INFORMATION

Information Sharing

ABOUT PROGRAMS:

1. Program websites are a great way to learn about programs.
2. Program-sponsored virtual information sessions and social “Meet and Greets”
 - a. Programs should limit any individual program virtual open houses to one which is recorded and available for applicants.

Attendance at open houses should be **optional** and not used as an indication of an applicant’s interest.

ADDITIONAL RESOURCES:

1. [AAMC Residency Explorer](#) and [FREIDA](#)
2. 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/>
3. Data from 2025 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/>
4. **FuturePedsRes (FPR)** will offer information sessions for the #PedsMatch27
 - a. Live/Recorded Webinar Series to include specific sessions on the application process; Sessions will be recorded and available at <https://www.futurepedsres.net/>
 - b. Asynchronous Program Info Sessions: Regional webinars with program specific information will be asynchronous only for AY 2026-2027 and available on the FPR website. Programs are invited to submit formatted and narrated information about their programs which will be available on the FPR website. Applicants are invited to register for webinars using this link: [Meeting Registration - Zoom](#)
5. **NextGenPediatricians (NGP)** is a national virtual mentoring and residency preparation program that provides guidance to underrepresented in medicine (URiM) applicants applying into pediatrics or any combined pediatrics program. For more information, please see the following opportunities for applicants to connect with NGP:
 - a. Website: www.nextgenpediatricians.com
 - b. Email: nextgenpediatricians@gmail.com
 - c. Social media: @NextGenPeds on Instagram
6. **AAP SOPT (Section of Pediatric Trainees)** provides activities to support medical applicants and graduates in the pediatric residency application cycle including but not limited 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.

Away/Visiting Rotations

Programs should not require applicants to do an away rotation to be considered seriously.

Many pediatric programs have developed funded visiting rotations for underrepresented in medicine (URiM) allopathic and osteopathic applicants, many of which can be found on this site:

- a. <https://www.appd.org/careers-opportunities/urim-opportunities/>

OUR COMMITMENT

We are committed 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. While we believe that a key component of equity is collective adoption of these recommendations, 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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6. Sobolewski B, APPD Faculty and Professional Development Learning Community. Nuts and Bolts: Virtual Interview Preparation & Coaching for Trainees. Acad Pediatr 2023;23(1):12-13.