Residency Selection Improvement Initiative

Why Family Medicine is Maintaining Five Program Signals

Program signals allow applicants to formally highlight their top-choice residency programs at the time of application, providing programs with a clear indicator of genuine interest to help guide interview decisions.

The American Academy of Family Physician's (AAFP's) Commission on Education (COE) is tasked with reviewing available evidence about signals and developing recommendations for review and approval by the Council on Academic Family Medicine organizations and the AAFP. **For the 2026-27 cycle, the COE recommended, and the AAFP and CAFM organizations approved, maintaining the current five-signal system.**

Using data from AAMC, ABFM, NRMP, and Thalamus, the COE found:

- ***Nearly all applicants used signals – 96% sent at least one, with an average of 4.8 signals per applicant.***[1]
- ***The number of applications submitted per applicant decreased significantly.***[1]
- ***Applicants who signaled a program had approximately five times greater odds of being ranked competitively than those who did not.***[2]
- ***Fifty-nine percent of residents matched into a program they signaled.***[3]

These findings indicate that signals are functioning largely as intended in family medicine. While signaling applicants are more likely to receive interviews, invitations remain open to non-signaling applicants as well. This balance allows residency programs to increase their Main Match fill rates while maintaining selection flexibility.

The COE review emphasized that a small number of signals carries a much stronger value in indicating genuine interest in a program.

1. *Signals are intended to be one of many data points in the selection process, not a barrier to entry.*
2. *A small number of signals preserves their value and helps demonstrate the applicant's genuine interest; conversely, increasing the count dilutes this value.*
3. *A larger number of signals or tiered signals can inadvertently function as a de-facto interview cap disproportionately disadvantaging applicants who do not signal a specific program.*
4. *A small number of signals avoids "gaming" that can occur with larger systems and reduces confusion for programs and applicants that can arise from tiered approaches.*
5. *Stability at five signals allows the COE to continue collecting data to understand those who receive no interviews and identify ways to support these applicants.*

The current number of signals aligns with Family Medicine's goal of identifying genuinely interested applicants while maintaining the flexibility to offer interviews broadly.

[1] AAMC, ERAS Statistics, accessed 4/17/2026, *ERAS® Statistics | AAMC*

[2] NRMP presentation to COE 1/24/2026 and NRMP Match Data accessed 4/17/2026, *Match Data*

[3] ABFM National Resident Survey results presented to COE 1/24/2026