Recommendations for 2021-2022 Family Medicine Residency Interview Process

July 2021

This document, developed by several family medicine organizations, was created to provide guidance to family medicine residency programs for the 2021-2022 interview season. It is intended to add to, not replace, the independent judgement of residency programs.

Consistency in the interview process, with most or all programs providing virtual interviews, will help create equity in the process for students. Full data on the effects of the 2020-2021 virtual interview season is not yet available, since the candidates who matched in 2021 are only now beginning residency.

Recommendations:

- The impact of virtual interviews on family medicine, as well as on other disciplines and the graduate medical education system, must be studied by Family Medicine organizations.
- Programs should strongly consider conducting virtual interviews and virtual visits for all applicants, including local applicants for the 2021-22 interview season.
- Programs are encouraged to implement creative strategies to showcase their campus and communities.
- We suggest any in-person visits should happen only after interviews are complete and match ranking lists are finalized by programs.
- To support equity, programs should avoid a "hybrid" interview model, where some students are interviewed virtually, and others are interviewed in person.
- Advisors and medical schools should support and counsel students in targeted applications.

Explanations and justification for recommendations:

The impact of virtual interviews on family medicine, as well as on other disciplines and the graduate medical education system, must be studied by Family Medicine organizations.
The family medicine organizations acknowledge that family medicine residency programs are incredibly diverse in terms of location, size, etc., and therefore, these recommendations may not work for all programs. However, conducting the majority of interviews virtually for a second year provides an opportunity to collect data on and analyze the impact of virtual interviews on learners, residency programs, the discipline, and the graduate medical education system as a whole. Rigorous research may then inform experimentation and new interview strategies in the future.

Programs should strongly consider conducting virtual interviews and virtual visits for all applicants, including local applicants for the 2021-22 interview season.
Conducting virtual interviews is an equitable option for candidates, as it eliminates the expense of travel; removing financial barriers may increase the diversity of candidates for programs, as it allows students to apply at programs based on interest, rather than on travel budgets. A recent research brief from the NRMP showed that over 50% of surveyed applicants rated reduced travel costs presented by the virtual environment as "very important" drivers of their application and interview behavior. There is still some uncertainty about COVID-19 and its future impact on travel, vaccination requirements, and the need for social distancing. Virtual interviews also minimize students' time away from clinical endeavors. While the 2021 virtual match was stressful for students, residency programs, and medical school faculty, 4,493 medical students and graduates matched to family medicine residency programs, continuing a 12-year trend of increases in the number of family medicine positions offered and filled.

Programs are encouraged to implement creative strategies to showcase their campus and communities.
New, small, and lesser-known programs have concerns about whether there will be enough interest in their programs and whether students will understand the environment in which they'd be living and working. A good fit is important for both programs and learners. For the 2021 match, programs addressed this concern through videos showcasing their programs and the communities, live-streamed campus tours, virtual social events, and gift boxes with local flavors/highlights. Low-cost, non-professional options received positive reviews from candidates.

We suggest any in-person visits should happen only after interviews are complete and match ranking lists are finalized by programs.
One of the key benefits of virtual interviews is that they level the playing field. Students don't have to make decisions about where to interview based on their personal finances. Offering in person visits before the match ranking lists are complete provides an advantage – an opportunity to make personal connections and to demonstrate that they are a good fit – to those with financial resources to travel. However, a visit after a program has completed its match list, but before students submit their rank lists, provides learners an opportunity to selectively visit programs in person to assess a location. If these visits are offered, they should be presented to students as an option, not an expectation or obligation.

To support equity, programs should avoid a "hybrid" interview model, where some students are interviewed virtually, and others are interviewed in person.
Offering different interview opportunities to different candidates is an inequitable process with the potential to put some students at a disadvantage in terms of demonstrating their interest and making their selections. Giving students the option to interview in person or virtually places undue pressure on students and added stress for those with limited financial resources to travel.

Advisors and medical schools should support and counsel students in targeted applications.
To improve the residency application process for programs and applicants, medical schools, advisors, and family medicine organizations must work effectively to provide guidance to students on the appropriate number of applications to submit. US seniors have consistently matched at a 92% to 95% rate for decades. The AAMC Apply Smart tool suggests that 21 applications for US MD Seniors and 26 applications for US DO graduates is the maximum before reaching the point of diminishing return, with lower maximum application numbers as applicants' USMLE Step 1 scores rise. Additional applications have shown no known appreciable difference in match success rate. It is recommended medical schools and advisors support and counsel students in targeted application that aligns with this known data. Such behavior will reduce workload for programs, provide increased interview opportunities for the entire applicant pool, and improve the likelihood of targeted match for the student.

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