

American Academy of Neurology
Statement on 2023–2024 Residency/Fellowship Application Cycle
August 2023

BACKGROUND

The COVID-19 pandemic necessitated a shift to a virtual interview format starting with the 2020–2021 residency/fellowship application cycle. The impact of the pandemic remained significant leading up to the 2021–2022 application cycle. Thus, the AAN published a Consensus Statement in July 2022 advising all programs to offer a virtual interview format once again. Although a very different way of getting to know our applicants, these past few years of virtual interviews have taught us that the virtual format provides a significant cost savings for applicants, minimizes time away from clinical and research activities, and reduces the impact of interviews on applicants' families.

The data from the virtual interview seasons confirm that Match success rates for candidates were comparable to that of years preceding the pandemic. The overall position fill rate for the 2023 Match was 93.3 percent. At the conclusion of the 2023 Supplemental Offer and Acceptance Program (SOAP), the fill rate was 99.1 percent¹. The previous virtual interview season in 2021–2022 resulted in a similar rate of success with an overall position fill rate of 94.2 percent.⁷ The National Resident Matching Program (NRMP) summarized the 2021 Applicant and Program Director Survey Findings in a Research Brief which states, "... initial data reports released by the NRMP revealed the 2023 Main Residency Match to be highly successful and that the pivot to a virtual recruitment season did not constrain the abilities of applicants and programs to obtain more PGY-1 placements."²

AAN CONSENSUS STATEMENT REGARDING VIRTUAL INTERVIEWS

Although initially introduced to maintain safety during the pandemic, due to other benefits such as equity and reduction of financial burden, national organizations and medical institutions have continued to recommend a virtual recruitment format in the upcoming cycle. Therefore, the American Academy of Neurology advises that all Neurology and Child Neurology residency/fellowship programs should commit to virtual interviews for all applicants in place of in-person interviews for the 2023–2024 application cycle.

This recommendation reflects a consensus after consultation with members of the AAN's Education Committee; Academic Neurology Committee; Diversity, Equity, Inclusion Committee; Graduate Education Subcommittee; Undergraduate Education Subcommittee; Pipeline Subcommittee; Consortium of Neurology Program Directors; Consortium of Neurology Clerkship Directors; and Consortium of Neurology Residents and Fellows.

The goals of this recommendation are to:

1. Align with Association of American Medical Colleges (AAMC) and institutional recommendations to maintain a virtual format for 2023–2024 residency and fellowship interviews.
2. Maintain an equitable interview process for all candidates.

ADDITIONAL ADVICE FOR PROGRAMS

1. Application Review
 - a. Complete/maintain a holistic review of applications recognizing that access to different clinical, research, extracurricular, work, and other experiences vary.
 - b. We suggest that all ranking committee members undergo [unconscious bias training](#).
 - c. Recognize that some applicants will have completed part of their medical school training in a non-traditional environment during the pandemic—some with virtual learning experiences and online educational programming.
 - d. Maintain flexibility with requirement of neurology-specific letters of recommendation for screening, acknowledging that applicants may not have had access to neurology rotations prior to applying.
 - e. Consider not requiring that a sub-internship (acting internship) be completed by the time of the initial application review.

2. Electronic Residency Application Service (ERAS) Application
 - a. For the 2023–24 application cycle, the updated ERAS platform integrated the section previously called the “Supplemental Application” into the standard MyERAS application.
 - b. There are three added components: 1) Meaningful Experiences, 2) Geographic Preferences, and 3) Program Signaling.
 - c. Candidates do not have to signal programs or state a geographic preference if they do not have a preference. If a candidate does not complete the section, this should not negatively impact their application.
 - d. Both Adult and Child Neurology specialty groups opted to use the Program Signaling section. Subsequently, each individual Adult and Child Neurology Residency Program either “opted in” or “opted out” for program signaling.
 - e. Each candidate is allowed to send three signals to programs in which they are interested. Programs will be made aware that a candidate has sent them a signal. A signal from a candidate should not be used as the exclusive reason to invite them for an interview just as a lack of a signal from a candidate should not disqualify them from receiving an interview. Signals should be considered in the context of a holistic application review of each candidate.
 - f. We recommend that programs communicate to their internal applicants whether a signal needs to be used for the home program. We encourage candidates with a home institution to communicate with their home program to find out if a signal should be used. In the absence of this communication, a signal should be used for the home program. For additional information regarding the MyERAS application and program signaling, we recommend visiting the [AAMC FAQ page](#).

3. Away Rotations
 - a. Away rotations should not be mandatory.
 - b. Some institutions are limiting away rotations to students who are not offered similar/comparable experiences at their home institution.
 - c. Consider offering virtual experiences, such as virtual visiting clerkships and other online educational opportunities.

4. Interview Day
 - a. Provide a precise schedule to applicants.
 - b. Expect technical limitations (e.g., Zoom call quality) and do not penalize applicants for those technological limitations.

- c. Provide a welcoming atmosphere for all applicants, regardless of race, gender identity, sex, sexual orientation, national origin, or medical school.
5. Second Looks
- a. Although we strongly recommend that the 2023–2024 application season adhere to a virtual interview structure for all programs, we are aware that some programs and applicants feel that a subsequent in-person visit (second look) to the institution and surrounding area is crucial for applicant rank decisions. If a program decides to allow in-person visits, these should be for the benefit of the applicant only and designed in a way as to avoid impacting the programs’ ranking of the applicants (with rare exceptions—unprofessional behavior by the applicant, for example).
 - b. Be aware that second look visits financially impact applicants and increase the administrative burden to programs.
 - i. “Program directors shall respect the logistical and financial burden many applicants face in pursuing multiple interactions with programs and shall not require them or imply that second interviews or visits are used in determining applicant placement on a rank order list.”³
 - c. Programs deciding to allow second look visits should offer comparable virtual experiences for applicants who are not able to or prefer not to travel for in-person visits.
6. Post-interview Communication
- a. All communication must abide by NRMP requirements. The NRMP statement on post-interview communication emphasizes that “program directors shall not solicit or require post-interview communication from applicants, nor shall program directors engage in post-interview communication that is disingenuous for the purpose of influencing applicants’ ranking preferences.”³
 - b. Applicants should be made aware during the interview that post-interview communication is not expected from applicants.
7. Additional Recommendations Regarding Recruitment/Interviews
- a. If offering a virtual open house before interviews begin, attendance must be optional and should not be used as an indication of an applicant’s interest.
 - b. Allow a minimum of 72 hours for an applicant to respond to an interview invitation before releasing the spot to another applicant.
 - c. Consider involving current residents/fellows in the interview process for the benefit of the applicants.
 - d. Be mindful of time zone differences when scheduling interviews.
 - e. Gifts to applicants are not required or necessary. Recognize that gifts to applicants can introduce bias and increase cost and administrative burden to programs.
 - f. Do not record interviews.

ADVICE FOR APPLICANTS

1. Number of Applications: The number of programs to which an applicant applies is an important decision. Applicants feel pressure to apply to enough programs to maximize their chances of matching. However, a large number of applications have the potential to overwhelm programs making it difficult to review each application holistically.
 - a. We encourage applicants to rely on the guidance of medical school advisors and mentors when deciding how many applications to submit. Data from the NRMP ([2020 Charting the Outcomes](#)) can help students and their advisors assess each applicant's likelihood of matching.
 - b. The AAMC "Apply Smart" site offers useful [data regarding residency application for applicants](#).
 - c. The NRMP provides data based on 2020–2022 applicants in their document [Charting Outcomes in the Match](#).
 - i. The mean number of programs ranked by candidates who matched in Neurology was 14.5 for MD Seniors (up from 12.8 in 2020), 12.4 for DO Seniors (up from 11.1 in 2020), 8.3 for US International Medical Graduates (IMGs) (up from 7.6 in 2020), and 8.5 for Non-US IMGs (up from 6.6 in 2020).⁴ Note, these trends likely reflect the increased accessibility afforded by virtual interviews, rather than increased competitiveness of the application field.
 - ii. In the 2022 Match, essentially no Neurology applicant went unmatched if the minimum number of ranked programs on their rank list was 14 programs for MD Seniors, 17 programs for DO Seniors, 17 programs for both US and Non-US IMGs. Similarly, no Child Neurology applicant went unmatched if the minimum number of ranked programs on their list was 14 for MD Seniors, 6 for DO Seniors, 8 for US IMGs, and 13 Non-US IMGs.⁴
 - d. The AAMC and the NRMP provide data regarding previous application cycles. The authors of this statement offer one possible analysis of these data (using MD and DO applicants to Adult Neurology programs to illustrate):
 - i. According to the document from the NRMP titled "Impact of Length of Rank Order List on Match Results: 2002–2019 Main Residency Match, all applicants applying to all specialties had a very high likelihood of matching with a rank order list of 10 schools.⁶
 - ii. Calculating a percentage based on the number of applications submitted and the average length of rank list published by the AAMC, an average of 43% of programs to which applications were submitted by MD applicants end up on the rank list. For DO applicants to Neurology, an average of 31 percent of programs to which applications were submitted end up on the rank list.¹
 - iii. If there is a high likelihood of matching with 10 programs on the rank list and an average of only 43% of programs are ranked, an MD applicant (Adult Neurology) need not apply to more than 23 programs (10/.43). Similarly, using the same number of 10 programs for a high likelihood of matching with 31% of programs ranked, a DO applicant (Adult Neurology) need not apply to more than 32 programs (10/.31).
 - iv. We recognize the limitations of these data in that they are based on averages and should not be used as definitive recommendations for every applicant.
 - v. We also recognize that these data do not adequately address the experience of IMGs.
 - e. Discussions should be conducted with each student considering reported data in the *Charting Outcomes in the Match* report and using the *Interactive Charting Outcomes Tables*⁵ to explore the consequences of various applicant characteristics on the likelihood of matching and, therefore, on the individual need for number of programs applied to and ranked.
 - f. Because each applicant's situation is unique, the number of programs applied to and ranked will vary on a case-by-case basis, with no guarantee of matching.

2. ERAS Application

- a. For the 2023–2024 cycle, the MyERAS application integrated the sections from the supplemental ERAS application into the standard MyERAS application.
- b. This includes three added components: 1) Meaningful Experiences, 2) Geographic Preferences, and 3) Program Signaling.
- c. The information you provide in the MyERAS application is designed to give you an opportunity to showcase yourself and provide a general idea as to the regions of the country/programs in which you are particularly interested.
- d. The Adult Neurology specialty and the Child Neurology specialty decided to take part in program signaling for the 2024 ERAS application season. Each individual program then had the option to “opt in” to receiving signals.
- e. Applicants may signal up to three programs where they would most like to receive an interview offer.
- f. We recommend that programs communicate to their internal applicants whether a signal needs to be used for the home program. We recommend that applicants with a program at their home institution communicate with the program to confirm if a signal is needed if that program is in their top three programs at the time of application submission. In the absence of any communication, a signal should be used in that case. Applicants should seek the guidance of their mentors when deciding which programs to signal.
- g. Sending a signal to a program will not guarantee the applicant will receive an interview offer. Similarly, not sending a signal to a program will not preclude an applicant from being offered an interview. Signaling is not required of applicants. If an applicant chooses to use signals, they will be considered by application interviewers as only one portion of a holistic application review.

3. Pre-interview Preparation

- a. We recommend reviewing information available online about programs before your interview. Programs make every effort to update their websites in anticipation of the interview season.
- b. Programs are encouraged to allow at least 72 hours after issuing an interview invitation for an applicant to accept or decline the offer. Please respond to the interview invitation as soon as you are able. This allows another applicant an opportunity for an interview if you decide to decline the invitation.
- c. Please provide as much advance notice as possible when canceling an interview.
- d. Arrange for a secure internet connection on the day of your interview. For current medical students, your student affairs office may be able to help if needed.

4. The Interview Day

- a. Be present in the virtual space on time for the start of the interview day.
- b. Be yourself and have fun! The interview is an opportunity for program leadership, faculty, and residents to get to know you and vice versa.
- c. Come prepared with a few questions about the program based on your research before the interview.
- d. Do not record interviews.

5. Post-interview Communication

- a. As is stated in the recommendations for programs above, the NRMP advises that “program directors shall not solicit or require post-interview communication from applicants, nor shall program directors engage in post-interview communication that is disingenuous for the

- purpose of influencing applicants' ranking preferences."³
- b. Applicants are not expected to engage in post-interview communication but may contact programs with specific questions.
 - c. Review the information above for recommendations about second looks. Students are not expected to ask or participate in second looks. As noted in the recommendations by the NRMP, "Programs should respect the burdens (e.g., financial, logistics) applicants experience during recruitment. Programs are encouraged not to require or imply that second visits are used in determining applicant placement on a rank order list."

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- Academic Neurology Committee
- Diversity, Equity, Inclusion Committee
- Graduate Education Subcommittee
- Undergraduate Education Subcommittee
- Pipeline Subcommittee
- Consortium of Neurology Program Directors
- Consortium of Neurology Clerkship Directors
- Consortium of Neurology Residents and Fellows

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