



## **APCCMPD Recommendation on Interviews for 2026-2027 Recruitment Cycle**

*Approved April 30, 2026*

### **I. Introduction**

The Association of Pulmonary and Critical Care Medicine Program Directors (APCCMPD) represents 98% of ACGME-accredited Critical Care Medicine (CCM), Pulmonary Medicine, and Pulmonary and Critical Care Medicine (PCCM) fellowship programs. Its mission is to foster excellence in training, support the development of future educators, and facilitate communication among programs and partner organizations. As part of this mission, the APCCMPD is committed to examining and improving all aspects of fellowship recruitment.

In 2021 and 2022, the APCCMPD convened an Interview Task Force to review evidence and issue recommendations for fellowship interviews during the COVID-19-era recruitment cycles. As of 2025, the APCCMPD established a standing Fellowship Recruitment Committee, charged with reviewing and updating all recruitment-related guidance on an ongoing basis. This committee reviewed the prior work of the Interview Task Force, considered emerging literature, and conducted a new survey of program directors to assess interview practices for the 2025 recruitment season.

### **II. Background**

Over recent recruitment cycles, national organizations, including the Coalition for Physician Accountability, AAIM, AAMC, and the APCCMPD, have consistently recommended virtual interviews for all applicants. Although initially adopted in response to the COVID-19 pandemic, virtual interviews have since been shown to be feasible, equitable, cost-effective, and environmentally preferable. Surveys of applicants and program directors have highlighted advantages such as reduced travel burden and increased access, but also persistent challenges in assessing program culture and characteristics.

The former Interview Task Force reviewed applicant surveys, national match data, and member input as it evaluated four interview approaches: in-person only, virtual only, virtual with optional in-person visits, and applicant choice. Prior recommendations emphasized uniformity and equity across programs.

Surveys of program directors conducted by APCCMPD over the past two recruitment cycles (2024-2025 and 2025-2026) showed that virtual interviews remain the predominant format, used by 78% of programs in the most recent cycle, while only a small minority offered in-person interviews or optional in-person visits. The optional visits saw low participation compared with the total number of invited applicants.

Taken together, the national guidance, applicant and program director survey data, and the APCCMPD Interview Task Force's multi-year deliberations consistently underscore the importance of equity and uniformity that result in a fellowship interview process centered on the applicant. Accordingly, the rationale for these recommendations and best practices is grounded in prioritizing the applicant experience. While innovations have been developed to signal applicant interest and facilitate program-applicant alignment, the interview process should remain focused on minimizing unnecessary financial burden, time away from clinical training, and inequities borne disproportionately by applicants.

#### **IV. Recommendation for the 2026-2027 Recruitment Season**

- 1. APCCMPD recommends CCM, Pulmonary, and PCCM fellowship interviews be virtual only for all applicants, including local applicants, in the 2026-2027 interview cycle.**

#### **V. Rationale**

The committee reviewed and discussed virtual-only, in-person-only, and hybrid interview formats for the 2026–2027 recruitment cycle and unanimously recommended a virtual-only approach. While the APCCMPD recognizes the challenges applicants face in fully appreciating program and city culture through virtual interactions, and acknowledges the difficulty smaller or less centrally located programs may have in showcasing themselves, virtual-only interviews remain the most equitable option for both applicants and programs.

In addition to substantial time and cost savings for applicants, virtual interviews broaden access to programs nationwide, offer greater scheduling flexibility for faculty interviewers, and reduce environmental impact.

A virtual-only model also removes the pressure applicants may feel when asked to choose between virtual and in-person formats; many worry that selecting a virtual interview could be interpreted by program directors as a lack of interest, which adds unnecessary stress, particularly for those with limited resources or constrained schedules.

Importantly, evidence indicates that although applicants and faculty may prefer in-person interactions for assessing program or applicant characteristics, match outcomes are comparable between virtual and in-person interview formats.

The remaining interview formats were acknowledged to have benefits and downsides:

##### **A. In-person interviews only**

This format was the least preferred by applicants, largely because of the financial and time burdens associated with travel, which can create differential access and contribute to inequity in the interview process. In-person interviews also carry a measurable environmental impact due to travel. Although some programs may be able to offer financial assistance to help applicants attend in-person interviews, not all programs have the resources to do so, and such support does not mitigate all barriers. Challenges such as securing time away from clinical responsibilities, managing family or caregiving obligations, navigating visa requirements, and broader financial constraints may further limit a trainee’s ability to participate in an in-person interview.

Conversely, the higher cost and logistical complexity of in-person interviewing may lead applicants to interview at fewer programs, but the format can provide more direct, personal interactions with faculty and fellows. From the program’s perspective, in-person interviews may enhance opportunities to showcase institutional culture, training environments, and the surrounding community, advantages that can be particularly meaningful for smaller or more rural programs and are often difficult to replicate in a virtual format.

##### **B. Choice of in-person or virtual interviews**

While seemingly applicant-centric, several challenges were highlighted with this approach. Most importantly, 89% of PCCM applicants voiced concerns that choosing a virtual interview over an in-person interview would result in a lower ranking by programs. The APCCMPD acknowledges that, despite efforts to treat all applicants equally, programs may have an unconscious bias towards those who interview in person. Applicants would then be pressured

to signal strong interest by choosing in-person interviews at their top programs, resulting in increased costs and an inequitable process favoring applicants with the time and money to travel to in-person interviews. Importantly, factors unrelated to interest, such as financial constraints, inability to obtain time away from clinical duties, family or caregiving responsibilities, visa considerations, or other personal circumstances, may limit a trainee's ability to attend an in-person interview. Therefore, when applicants are offered a choice between in-person and virtual interview formats, selection of an in-person interview should not be interpreted as a marker of greater interest or commitment to a program.

For programs, having two separate interview formats may project a logistical challenge. Programs with limited numbers of both in-person and virtual interview slots may not be able to guarantee requested interview formats for all applicants.

### **C. Virtual interviews with an optional in-person visit**

While initially appealing, optional in-person visits introduce significant equity and logistical challenges. They add to program workload, extend the recruitment timeline, and place additional time and financial burdens on applicants, many of whom are already balancing clinical responsibilities, caregiving obligations, travel costs, or visa constraints. Although intended to be low-pressure, these visits may still feel effectively expected, creating pressure to attend in order to signal interest and disadvantaging those who cannot reasonably participate.

Even when labeled "non-evaluative," optional visits raise concerns about their potential to influence rank order lists in either direction. This concern is amplified when visits are organized or facilitated by the program itself, an approach our recent survey indicates is most common, as it may introduce perceived or real bias in how applicants are assessed or how they perceive the program. In addition, generic GME-sponsored visits may not adequately address the specific needs of subspecialty applicants. Even in systems with staggered Rank Order List (ROL) deadlines, which are not currently available in fellowship recruitment, travel within a compressed timeframe is not feasible for all applicants. If program ROLs must be finalized before optional visits occur, programs may invest substantial time and resources in activities that ultimately do not inform ranking decisions.

Importantly, recent APCCMPD survey data show that optional in-person visits are poorly attended, with most programs reporting participation rates in the single digits, further underscoring the limited feasibility and utility of this approach.

## **VI. APCCMPD Interview Task Force recommendations for virtual interviews**

The APCCMPD continues to recommend the following best practices, in addition to those outlined by Huppert and colleagues:

### **Scheduling**

- Only extend an interview invitation to an applicant if an interview position is truly available and consider that there may be fewer interview cancellations with a virtual format.
- Programs may create a waitlist of applicants in case of cancellations, though it should be clearly communicated that this is an invitation to join a waitlist. When possible, schedule all interviews for a given applicant on one day, rather than over multiple days.
- Encourage interviewees to provide advance notice if they need to cancel their interview.

### **Overcoming technical difficulties**

- Train program leaders and interviewers in the use of the virtual interview platform.
- Provide clear instructions to applicants in the use of the virtual platform.

- Include a phone number to call in case of technology failure – this will lower applicant stress in case of technical challenges.

### Meeting with current fellows

To ensure applicants can learn about and experience the program environment, programs should provide protected virtual opportunities for applicants to interact with current fellows individually or in group settings. These sessions should occur without faculty or program leadership present and be explicitly independent of the ranking process, with clear communication that participation and content will not influence applicant evaluation.

### Location and Facilities

Develop educational content for introductions to the program, institution, and city for applicants to review ahead of the interview visit with the goal of recreating important aspects of the in-person interview day.

### Uniform treatment of all applicants

- All applicants, including internal candidates, should be interviewed virtually.
- Provision of a meeting with an applicant, whether pre-interview, for internal candidates, residents on away rotations, or at national meetings, should not influence decisions regarding interview offers or ranking. Additional guidance on pre- and post-interview communication will be provided in forthcoming recommendations.
- Regardless of program approach, equity for applicants should be prioritized.

### Additional online resources can be found here:

<https://apccmpd.memberclicks.net/apccmpd-advocacy-on-applicant-recruitment->

### Use of artificial intelligence

The committee acknowledged the increasing use of artificial intelligence by both programs and applicants throughout various stages of the recruitment season. While these developments will not be addressed in the current cycle, they will undergo further review, and future recommendations will be formulated as additional data on AI use in recruitment become available.

## References

1. *Coalition for Physician Accountability Final Report and Recommendations for Medical Education Institutions of LCME-Accredited, U.S. Osteopathic, and Non-U.S. Medical School Applicants.* May 11, 2020. [Accessed 2021 May 7]. Available from: <https://www.nrmp.org/coalition-physician-accountability-documents/>.
2. *Coalition for Physician Accountability Preliminary Recommendations of the Undergraduate Medical Education to Graduate Medical Education Review Committee (UGRC).* Available from: <https://physicianaccountability.org/wp-content/uploads/2021/04/UGRC-Initial-Summary-Report-and-Preliminary-Recommendations-1.pdf>.
3. *Alliance for Academic Internal Medicine (AAIM) Recommendations for the 2021-2022 Internal Medicine Residency Interview Cycle in Response to the Continued COVID-19 Pandemic.* Available from: [https://higherlogicdownload.s3.amazonaws.com/IM/fecab58a-0e31-416b-8e56-46fc9eda5c37/UploadedImages/Documents/resources/AAIM\\_2021-2022\\_Residency\\_Application\\_Guidance.pdf](https://higherlogicdownload.s3.amazonaws.com/IM/fecab58a-0e31-416b-8e56-46fc9eda5c37/UploadedImages/Documents/resources/AAIM_2021-2022_Residency_Application_Guidance.pdf)
4. Raj JM, Lai CJ, Higgins S, Chretien KC, Barton T, Kroker-Bode CA, Calderon A, Apaloo C, Shaheen AW. *AAIM Principles and Recommendations for the 2021-2022 Internal Medicine Residency Interview Cycle in Response to the Continued COVID-19 Pandemic.* *Am J Med.* 2021;134(11):1427-31.
5. *APCCMPD Interview Task Force Recommendations for 2021-2022 Recruitment Cycle.* May 28, 2021.[Accessed 2022 May 3]. Available from:

[https://apccmpd.memberclicks.net/assets/Advocacy/APCCMPD\\_2021\\_Interview\\_Recommendations%205.27.21.pdf](https://apccmpd.memberclicks.net/assets/Advocacy/APCCMPD_2021_Interview_Recommendations%205.27.21.pdf)

6. The Association of American Medical Colleges' Guidance on Interviewing for the 2022-23 Recruitment Cycle. May 16, 2022. Available from: <https://www.aamc.org/what-we-do/mission-areas/medical-education/aamc-interview-guidance-2022-2023-residency-cycle>
7. Tseng J. How Has COVID-19 Affected the Costs of the Surgical Fellowship Interview Process? *J Surg Educ.* 2020;775(5):999-1004. doi: 10.1016/j.jsurg.2020.05.018.
8. Donahue L, Morgan H, Peterson W, Williams A. The Carbon Footprint of Residency Interview Travel. *J Grad Med Educ.* 2021;13(1):89-94. Doi: 10.4300/JGME-D-20-00418.1.
9. Allam JS, Burkart KM, Çoruh B, Lee M, Hinkle L, Kreider M, Tatem G, Witt C, Ashton RW, Huie T, Moulton B, Awerbuch E, Bosslet GT. The Virtual Interview Experience: Perspectives of Pulmonary and Critical Care Fellowship Applicants. *ATS Scholar.* 2022;3(1):76-86.
10. National Residency Matching Program 2021 Applicant and Program Director Survey Findings: Impact of the Virtual Experience on the Transition to Residency. Available from: <https://www.nrmp.org/wp-content/uploads/2021/08/Research-Brief-Virtual-Experience-2021-FINAL.pdf>
11. Huppert LA, Hsiao EC, Cho KC, Marquez C, Chaudhry RI, Frank J, Goglin SE, Hsu G, Kathpalia P, Khanna R, Kompala T, Rao MN, Bower BA, Trafas V, Santhosh L, Schwartz BS, Babik JM. *Acad Med.* 2020. doi: 10.1097/ACM.0000000000003868
12. Covert E, Lewis A, Bhat A, Moore L, Ashton R, Wu CP, Kapoor A, Dweik R, Chaisson NF. Factors that Influence Applicant Choice of In-Person versus Virtual Interview Format. *ATS Sch.* 2024 Oct 30;5(4):575-586. doi: 10.34197/ats-scholar.2024-0027OC. PMID: 39822216; PMCID: PMC11734685.
13. Das AJ, Das AS, Rothenberger SD, Bonnema RA, Kent KJ, Corbelli JA. Some Perceptions Differ, Match Outcomes Do Not: A Multisite Retrospective Cross-Sectional Comparison of Virtual vs. In-Person Recruitment. *J Gen Intern Med.* 2024 Nov;39(15):2910-2916.