Whereas, The Association of American Medical Colleges released data suggesting residency interviews cost medical students between $1,000 to $11,580, with a median cost of $4,000 and an average cost of $200-499 per interview; and

Whereas, Studies suggest 71% of medical students borrow money for residency interviews and four out of ten students decline interviews for financial reasons; and

Whereas, Interviews costs residency programs a significant amount of money, with one plastic surgery program reporting a cost of $2763 per applicant interviewed, which includes applicant receptions, food and beverage costs, and losses of clinical productivity; and

Whereas, It is estimated virtual interviews would allow residency programs to reduce the amount of time needed to conduct interviews by approximately 7 days, reducing faculty’s time away from clinical and teaching responsibilities; and

Whereas, The standard model of in-person residency interviews takes time away from medical student educational and clinical work, given that applicants devote an average of 20 days towards residency interviews; and

Whereas, In a 2014 study of GI fellowship applicants with four in-person interviews and a single video interview, 87% of applicants thought that video interviews should continue and 81% reported that the video interview met or exceeded their expectations, which suggests web-based video interviews has the potential to either be an effective screening tool or an acceptable alternative to in-person interviews; and

Whereas, In a survey of the 46 applicants and 36 program directors after the 2020 cardiothoracic fellowship match, the majority of the applicants and program directors thought virtual interviews should be continued in the future; however, most do not think that virtual interviews should completely replace in-person interviews; and

Whereas, In the same 2020 cardiothoracic fellowship study, most applicants and program directors did not believe virtual interviews negatively impacted applicants’ chances of matching into programs at the top of their rank list; and

Whereas, An observational study of an anesthesiology residency program with options for in-person or virtual interviews demonstrated a higher proportion of non-local applicants and the preference for virtual format was driven by travel concerns and interview date conflicts; and
Whereas, A 2020 survey of 1711 medical students and 113 residents in Texas medical
programs indicated majority of respondents believed virtual interviews were less stressful than
in-person interviews, and residency programs should offer both options for interviewing; and

Whereas, In May 2020, the American Association of Medical Colleges released resources and
protocols for residency interviewees and program directors to use in preparing for virtual
interviews; and

Whereas, Several studies from August 2020-June 2021 showed that although residency
interviewees expressed concerns about the limitations of virtual interviews such as ability to
assess the program, ability to fully demonstrate their personality, and increased emphasis on
exam scores and class rank, residency programs may be able to improve the virtual interview
experience, by developing comprehensive marketing materials, hosting a resident panel for
interviewees, and creating an informal virtual gathering for interviewees and residents; and

Whereas, The 2020-2021 MATCH success rate for applicants was 94.9 percent and 99.6
percent at the conclusion of the Supplemental Offer and Acceptance Program (SOAP), which
were comparable to that of years before the COVID-19 pandemic; and

Whereas, The National Resident Matching Program reported that 60% of surveyed program
directors from the 2021 MATCH intended to use virtual platforms for future recruitment seasons,
including two-thirds of these respondents intending to use these platforms for the interview; and

Whereas, Incorporating video conferencing into residency interviews as an adjunct to in-person
interviews is proposed as a means to increase efficiency and lower costs, given its perceived
feasibility from the 2021 MATCH; and

Whereas, Most existing American Medical Association policy supports studying methods to
reduce residency interviewing cost (H-310.966, D-310.949), but does not take a stance to
support the incorporation of technologies, such as videoconferencing, as a method to increase
interview efficiency; therefore be it

REESOLVED, That our American Medical Association support incorporating virtual interviews as
a component to the residency and fellowship interview process as a means to increase
interviewing efficiency (New HOD Policy); and be it further

RESOLVED, That our AMA work with appropriate stakeholders, such as the Association of
American Medical Colleges and the Accreditation Council for Graduate Medical Education, to
study interviewee and program perspectives on incorporating videoconferencing as an adjunct
to residency and fellowship interviews, in order to guide the development of protocols for
expansion of hybrid residency and fellowship interviews. (Directive to Take Action)

Fiscal Note: Not yet determined

Received: 10/12/22

REFERENCES:
https://students-residents.aamc.org/financial-aid-resources/cost-interviewing-residency


RELEVANT AMA POLICY

Residency Interview Costs H-310.966
1. It is the policy of the AMA to pursue changes to federal legislation or regulation, specifically to the Higher Education Act, to include an allowance for residency interview costs for fourth-year medical students in the cost of attendance definition for medical education.

2. Our AMA will work with appropriate stakeholders, such as the Association of American Medical Colleges and the Accreditation Council for Graduate Medical Education, in consideration of the following strategies to address the high cost of interviewing for residency/fellowship: a) establish a method of collecting data on interviewing costs for medical students and resident physicians of all specialties for study, and b) support further study of residency/fellowship interview strategies aimed at mitigating costs associated with such interviews.

Citation: (Res. 265, A-90; Reaffirmed: Sunset Report, I-00; Modified: CME Rep. 2, A-10; Appended: Res. 308, A-15)

Medical Student Involvement and Validation of the Standardized Video Interview Implementation D-310.949

Our AMA: (1) will work with the Association of American Medical Colleges and its partners to advocate for medical students and residents to be recognized as equal stakeholders in any changes to the residency application process, including any future working groups related to the residency application process; (2) will advocate for delaying expansion of the Standardized Video Interview until data demonstrates the Association of American Medical Colleges stated goal of predicting resident performance, and make timely recommendations regarding the efficacy and implications of the Standardized Video Interview as a mandatory residency application requirement; and (3) will, in collaboration with the Association of American Medical Colleges, study the potential implications and repercussions of expanding the Standardized Video Interview to all residency applicants.

Citation: Res. 960, I-17