

NRMP Voluntary Rank Order List Lock Pilot Report: Year One

July 2026

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Introduction

The National Resident Matching Program® (NRMP®), in partnership with the specialties of internal medicine, pediatrics, and vascular surgery, has completed the first year of a three-year pilot testing a Voluntary Rank Order List Lock for residency programs. The pilot was designed to evaluate the usefulness of allowing programs to voluntarily lock their Rank Order Lists (ROL) prior to the certification deadline, thereby signaling that applicant visits – whether completed or not – would not influence a program’s ranking decisions after the lock was applied. This report summarizes program participation rates and presents key findings from surveys of program directors and applicants regarding their experiences with and perceptions of the voluntary ROL lock pilot.

Background

The COVID-19 pandemic significantly disrupted the transition to residency, most notably through the widespread shift to virtual interviewing during the recruitment season. As travel restrictions eased, residency programs began reevaluating their recruitment approaches, adopting a range of interview formats including virtual, in-person, and hybrid models. Within this evolving landscape, some programs also introduced post-interview visits, providing applicants with opportunities to experience the program’s location, culture, and learning environment firsthand.

Applicants, however, raised concerns about whether participation in these post-interview visits – or the decision not to participate – post-interview might influence program ranking decisions. In response, the concept of a Voluntary Rank Order List (ROL) Lock emerged as a potential solution. This proposed approach would allow programs to voluntarily ‘lock’ their certified ROLs in advance of the certification deadline with visible confirmation of the locked status to applicants. A designated period would then follow during which applicants could visit the program, with assurance that attending – or not attending – would not affect their position on the program’s ROL.

In April 2023, the NRMP solicited public comment on the potential introduction of a voluntary ROL locking feature, with additional stakeholder feedback gathered in December 2023 at the Match Summit Meeting. In January 2024, the NRMP Board of Directors approved a three-year pilot of the Voluntary ROL Lock, scheduled to begin with the 2026 Main Residency Match® cycle. Formal planning for the pilot’s implementation formally commenced in July 2024, in collaboration with representatives from the participating specialties.

Participation

Program Enrollment and Eligibility

Programs in vascular surgery, internal medicine, and pediatrics were invited to voluntarily opt in to participate in the Voluntary Rank Order List (ROL) Lock pilot. Vascular surgery and

internal medicine set a program sign-up deadline of September 5, while pediatrics established a sign-up deadline of October 2.

To facilitate participation, the NRMP enabled programs to designate their voluntary pilot status within the NRMP’s Registration, Ranking, and Results® (R3®) system, which then populated the outward-facing, public Program Directory on the NRMP website. Programs could indicate participation at the individual track level (e.g., IM-Prelim), and applicants were able to view pilot participation status for each program track when searching in R3 or in the public program directory. All program track types (e.g., categorical, preliminary) were eligible for inclusion in the pilot.

Participation Rates by Specialty

As shown in Table 1, 29% of program tracks across the three participating specialties opted in to the pilot. Participation varied by specialty: pediatrics had the highest participation rate at 57%, followed by vascular surgery at 36%, and internal medicine at 22%. Internal medicine, however, had a substantially larger number of total tracks than the other specialties, which contributed to its lower overall participation rate despite a high level of participation in absolute terms.

Table 1: Participation Rates at NRMP Program Track Level

Specialty	Yes	No	No Response	Total Number of Program Tracks
Internal Medicine	264 (21.66%)	543 (44.54%)	412 (33.80%)	1219
Pediatrics	159 (56.58%)	90 (32.03%)	32 (11.39%)	281
Vascular Surgery	30 (36.14%)	33 (39.7%)	20 (24.1%)	83
Total Participation	453 (28.62%)	666 (42.07%)	464 (29.31%)	1583

ROL Locking Activity and Timing

Programs participating in the pilot were eligible to lock their Rank Order Lists (ROLs) after the ranking period opened on February 2. Program directors first certified and then manually locked their ROLs within the NRMP’s R3® system. The pilot was intentionally designed to ensure that the final action to lock the ROL was taken by the program director; although February 9 was communicated as a recommended lock date, the NRMP did not automatically lock any program’s ROL.

By the recommended date, approximately 67% of participating programs had locked their ROLs. An additional 18.9% locked their ROLs within the following ten days, indicating continued adoption of the locking functionality beyond the recommended timeframe.

Table 2: Range of Program Locking Activity

Specialty	Locked by Feb. 9	Locked by Feb. 19	Locked by March 4	Not locked	Number of Program Tracks in Pilot
Internal Medicine	160 (60.61%)	60 (22.72%)	9 (3.41%)	35 (16.6%)	264
Pediatrics	135 (84.9%)	17 (10.69%)	1 (0.63%)	6 (3.77%)	159
Vascular Surgery	9 (30%)	9 (30%)	2 (6.7%)	10 (33.33%)	30
Total Participation	304 (67.11%)	86 (18.94%)	12 (2.64%)	51 (11.23%)	453

Participant Surveys

Survey Design and Administration

To assess the impact of the Voluntary Rank Order List (ROL) Lock pilot and evaluate whether it achieved its intended objective of supporting applicants, the NRMP – working in collaboration with representatives from the participating specialties – developed a series of surveys administered by the NRMP.

As part of the NRMP’s standard annual applicant survey, applicants who reported interviewing in one of the three participating specialties received additional questions related to their experiences with the pilot. The survey was administered after the ROL certification deadline but prior to the release of Match results.

In December 2025, the NRMP surveyed program directors who chose not to participate in the pilot, as well as those who opted to participate with at least one program track. The survey for participating program directors was distributed in early March, following the certification deadline and prior to the release of Match results. Survey questions were tailored based on whether program directors ultimately chose to lock their ROLs, allowing for differentiated insights based on program behavior within the pilot.

Applicants

Interview Volume and Format

The applicant survey addressed a broad range of topics related to interviewing experiences and post-interview visits. The findings summarized below reflect responses from applicants who reported interviewing in internal medicine, pediatrics, or vascular surgery.

On average, applicants offered virtual interviews attended nine virtual interviews, while those offered in-person interviews attended one in-person interview. Interview patterns varied by specialty. Pediatric applicants attended slightly more virtual interviews on average (12 virtual and 1 in-person interview), whereas vascular surgery applicants reported a more balanced experience, attending an average of 11 virtual interviews and 8.8 in-person interviews.

Applicants who attended in-person post-interview visits typically spent one to three days traveling and, on average, attended only one such visit. The maximum number of post-interview visits reported by any applicant was nine.

Perceptions of the Pilot

When asked about the impact of a program's participation in the Voluntary ROL Lock pilot, 42.5% of applicants viewed participation favorably, while 51.9% reported being unsure. Among applicants who attended in-person post-interview visits, 41.2% reported checking the R3® system to determine whether a program had locked its ROL, while 51.0% did not.

Impact of Post-Interview Visits

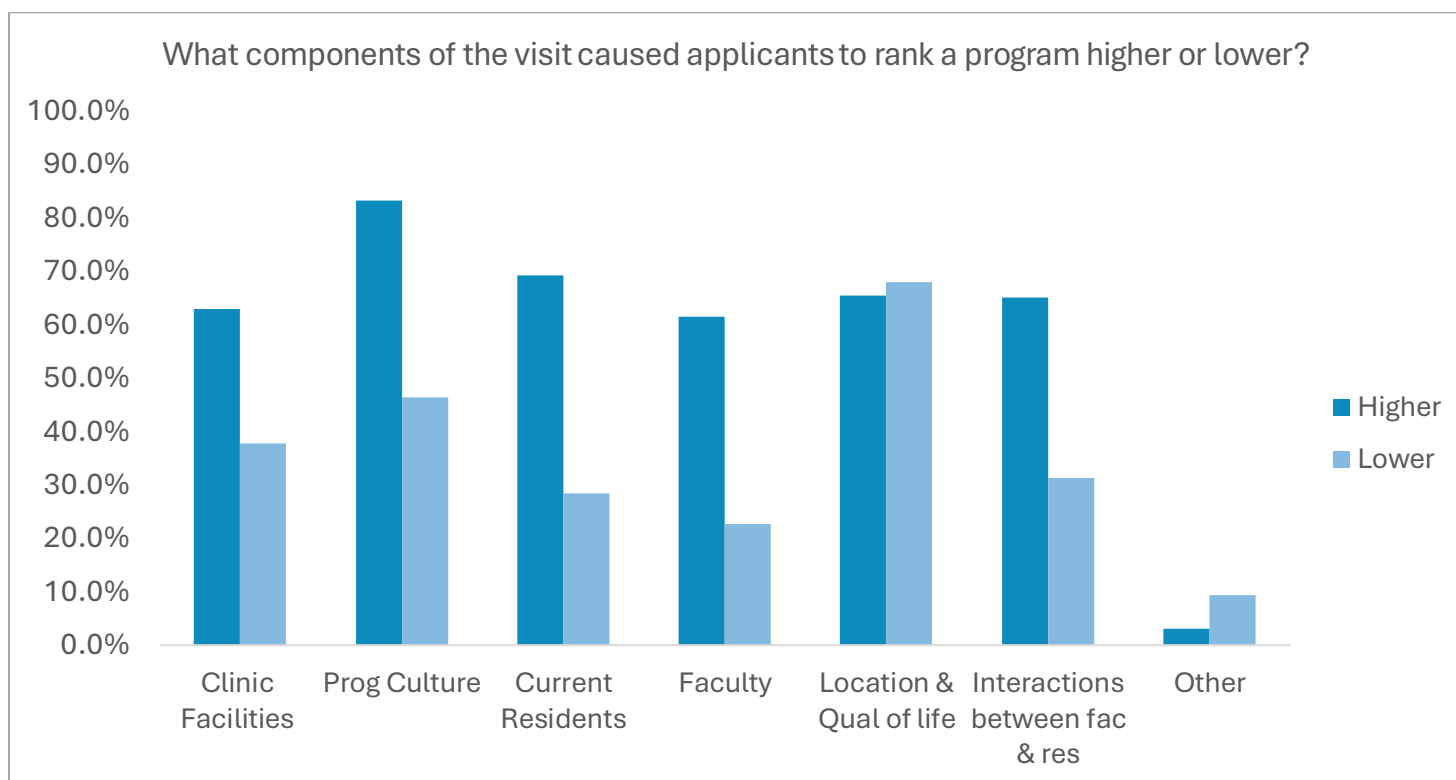
Most applicants perceived post-interview visits as beneficial. Nearly three-quarters (74.3%) responded that attending a post-interview visit helped answer their questions, while an additional 21.9% indicated it was somewhat helpful. Among those who attended visits, 34.2% strongly agreed and 45.3% agreed that they learned more about the program than through interviews alone. Similarly, 50.7% strongly agreed and 40.7% agreed that the visit provided a better sense of program location, and 39.4% strongly agreed and 43.3% agreed that the visit was a valuable tool overall. Across these measures, fewer than 4% of respondents selected "disagree" or "strongly disagree."

Impact on Rank Decisions

Applicants who attended post-interview visits were also asked how these visits influenced their rank order decisions. More than half (57.3%) reported that a visit led them to move a program higher on their rank order list, while 21.5% moved a program lower. Others indicated that the visit had no impact (15.3%) or that it confirmed their expectations without changing their ranking (24.5%).

Applicants who reported changing a program's position following the visit were also asked which aspects of the visit influenced their decision. The factors most associated with moving a program higher were program culture, interactions with current residents, and program location and quality of life. In contrast, the factors most frequently associated with lowering a program's rank were location and quality of life, program culture, and clinical facilities. Additional detail is presented in Figure 1.

Figure 1: Variables Affecting Applicant Choice



Impact on Stress

Applicants reported varied effects on stress related to the availability of post-interview visits. Nearly one-third (29.9%) indicated that post-interview these opportunities had no effect on their stress levels, while 25.1% reported increased stress and 18.2% reported decreased stress. An additional 26.8% of applicants indicated that they were unsure of the impact.

Despite these differences, most applicants (64.7%) reported that post-interview, in-person visit opportunities should continue in future cycles, provided they occur after programs’ rank order lists are locked.

Program Directors

Respondent Characteristics

The following summary reflects responses from program directors who either locked their Rank Order List (ROL) as part of the Voluntary ROL Lock pilot or chose not to participate. Separately, the NRMP administered its biennial Program Director Survey in March 2026. Additional findings, including results from all responding program directors and other data elements will be published in the Program Director Survey Report on the NRMP website.

Responding program directors participating in the pilot were predominantly based in academic settings (73.2%), with 24.4% representing community-based programs. Program directors who

did not participate in the pilot were more evenly distributed between academic settings (48.8%) and community (43.8%).

Most participating program directors reported having served in their role for at least five prior Match cycles, indicating a respondent pool with substantial experience in the Match process. In contrast, 50% of non-participating program directors reported serving between one to four prior Match cycles.

Interview and Visit Practices

With respect to interview format, nearly all respondents in the pilot (97.6%) conducted interviews virtually, while only 2.4% reported holding in-person interviews. This pattern was consistent among program directors not participating in the pilot. Among non-participating programs, approximately 46% reported plans to host in-person visits.

Following ROL lock, pilot programs hosted an average of two in-person post-interview visits or one virtual post-lock event. For pilot programs, RSVP coordination was most often handled by program staff, despite recommendations to avoid this approach due to concerns about confidentiality. The primary components of in-person post-interview visits included tours of hospital or clinical facilities, meals with current residents, and attendance at a teaching conference. Pilot programs reported an average of 28 attendees at post-interview these visits, although participation varied widely, with the largest reported event including 130 attendees.

Perceptions and Participation Decisions

Pilot program directors expressed mixed views regarding how applicants perceived the availability of post-interview visits. Approximately 16.3% believed applicants viewed these visits positively, while 51.3% perceived them as somewhat positive. About one-third (31.3%) reported no perceived impact, and 1.3% indicated a somewhat negative impact.

These perceptions are broadly consistent with applicant survey findings, in which 42.5% of applicants viewed pilot participation favorably and 51.9% reported being unsure.

Program directors who did not participate in the pilot were asked to identify factors influencing their decision. Changes to the recruitment timeline emerged as the most frequently cited reason. Other commonly reported factors included program size (both self-identified large and small programs noted this), the inability to modify the ROL after post-interview visits, concerns about inequities (e.g., location, resources), and the perception that in-person visits did not meaningfully enhance recruitment.

Feasibility and Future Participation

When asked about the difficulty of locking their ROL by the recommended February 9 date, nearly half (47.5%) of pilot program directors reported that it was not difficult. An additional 25.0% found it slightly difficult, 21.3% somewhat difficult, and 6.3% very difficult. Slightly more

than half of respondents (53.8%) indicated that they would not have wanted to modify their ROL based on information learned during post-interview visits.

Looking ahead, most pilot program directors expressed an interest in continued participation. More than half (55.0%) reported being very likely to participate in the following year, with an additional 21.3% somewhat likely to do so. Smaller proportions reported being neither likely nor unlikely (12.5%), somewhat unlikely (6.3%), or very unlikely (5.0%).

Next Steps

The Voluntary Rank Order List (ROL) Lock pilot is a three-year initiative. In its second year, the specialties of internal medicine, pediatrics, and vascular surgery will continue to participate.

Registration for the 2027 Main Residency Match® opened on May 1, 2026, at which time program directors became eligible to enroll in the pilot. In a change from the first year of implementation, all programs across the three participating specialties will share a single pilot sign-up deadline of October 16.

Additional information and resources related to the Voluntary Program ROL Lock Pilot are available on the NRMP website at: <https://www.nrmp.org/voluntary-program-rank-order-list-lock-pilot/>