

## An Emerging Typology

September 2022

A place-based typology of residency programs with varying degrees of rurally located training or rural graduate placement outcomes, The RTT Collaborative,<sup>a</sup> September 2022

1. Rurally Located Program: Training located primarily in a rural place by at least two federal definitions with minimal urban experience (less than 3 months)<sup>b</sup>
2. Rural Track Program<sup>c,d</sup> (a separately accredited 'RTP') This new terminology is now being used in federal regulation and accreditation as a replacement for an RTT or integrated RTT. However, The RTT Collaborative is only using this term for separately accredited programs and includes any program bridging rural and urban settings with at least 3 months of urban experience and greater than 50% training in a rural location by at least two federal definitions. Importantly, CMS and ACGME accept for funding and accreditation locations as 'rural' only if they are located in either a micropolitan CBSA or a non-metropolitan county.
3. Urban Program with a Rural Track (a not separately accredited 'RTP'): A defined track for select residents who spend greater than 50% of their residency training in a rural location by the definitions in #2. CMS and ACGME use the term 'RTP' to refer to both accredited programs and not-separately-accredited tracks within a program, but The RTT Collaborative has chosen to distinguish these two types with similar curricula but very different governance and rules of finance according to rural hospital type(s).
4. Urban Program with a Rural Pathway: A structured sequence of rural training experiences for select residents, more than 3 months, but less than 50% of total training
5. Urban Program with a Rural Focus: As indicated by a mission statement and at least 2 months of required rural experience for all residents; also termed in the literature as 'rural-centric'<sup>11</sup>
6. Urban Program with Rural Outcomes: As measured by equal to or greater than 50%<sup>e,7</sup> of graduates, or more than three (3) residents a year on a three-year rolling average, locating in an initial rural place of practice
7. Rural Fellowship: May be rurally located for >50% of training time, have a rural focus (as in #5), or demonstrate graduate rural practice placement outcomes of >50% (as in #6).<sup>7</sup>

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<sup>a</sup> The RTT Collaborative is a nationwide board directed non-profit cooperative of programs in rural health professions education. Accessed August 8, 2022. <https://rttcollaborative.net>

<sup>b</sup> More than 2 months has been shown to be a useful breakpoint in distinguishing rural centric residencies from those without a rural mission, i.e., there are few residency programs with more than 8 weeks in a rural place that are not RTPs or Rural Tracks. RTPs can have 3-15 months urban. And so, we are using the 3-month cutoff in this typology.

<sup>c</sup> Previously identified as separately accredited "integrated rural training tracks" or 'rural track residencies,' frequently, but not always, in the prototypical '1-2 format' – 1 year in the urban setting, then 2 years rural.

<sup>d</sup> Medically Underserved Areas and Populations, ACGME, <https://www.acgme.org/what-we-do/accreditation/medically-underserved-areas-and-populations/>

<sup>e</sup> The average yield to rural practice among all rurally located programs, including RTPs, as documented in text reference #7

<sup>7</sup> Meyers P, Wilkinson E, Petterson S, Patterson DG, Longenecker R, Schmitz D, Bazemore A. Rural Workforce Years: Quantifying the rural workforce contribution of family medicine residency program graduates, J Grad Med Educ (2020);12(6):717–726. doi:10.4300/JGME-D-20-00122.1