



## A Typology for Rural Training

A place-based typology of medical residency programs with varying degrees of rurally located training, rural focus, or rural graduate placement outcomes. This emerging typology in use by medical educators, researchers, and others has been the basis for The RTT Collaborative's rural residency programs map and for ongoing research in rural medical education.

1. **Rurally Located Program:** Residency training is located primarily in a rural place by at least two federal definitions<sup>1,2,3</sup> with minimal urban experience (2 required months of urban training or less).<sup>4</sup>
2. **Rural Track Program**<sup>5,6</sup> (a separately accredited program, in alignment with the Accreditation Council for Graduate Medical Education [ACGME] definition for a new Rural Track Program [RTP]): An RTP is a separately accredited program with more than 2 months of urban experience and greater than 50% of their training in a rural location by at least two federal definitions.<sup>1</sup>
3. **Urban Program with a Rural Track** (a not separately accredited track, in alignment with the ACGME definition for an 'RTP-Track within existing program'): A defined track for select residents within an already accredited urban program who spend more than 2 months in the urban setting and greater than 50% of their training in a rural location by at least two federal definitions.<sup>1</sup>
4. **Urban Program with a Rural Pathway:** Programs with a structured sequence of rural training experiences for select residents, more than 2 months, but less than 50% of 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 but less than 50% structured rural training for any residents; also termed in the literature as 'rural-centric.'<sup>7</sup>
6. **A Program with Rural Outcomes:** Programs with graduates locating in an initial rural place of practice by at least two federal definitions as measured by at least 50%<sup>8</sup> of graduates, or more than three (3) graduates a year on a three-year rolling average.<sup>1</sup> Any of the above types, as well as any urban program, can claim this distinction with appropriate documentation.

This typology is recommended for use in conducting research in residency education, comparing published results, and navigating with students the maze of options available to residency applicants. It will likely continue to evolve over coming decades in response to further research, rural definitions, and changes in accreditation and finance.

---

<sup>1</sup> For rural location, The RTT Collaborative accepts as 'rural' any place that is designated as rural by at least 2 federal definitions (See '[Am I Rural?](#)')

<sup>2</sup> Important Note: For CMS funding and ACGME accreditation as a rural track program, the rural training must be geographically located in either a micropolitan CBSA or a non-metropolitan county. <https://www.census.gov/geographies/reference-maps/2020/demo/state-maps.html>

<sup>3</sup> Longenecker R. Rural Medical Education Programs: A Proposed Nomenclature. *J Grad Med Educ* (2017);9(3):283-286. <https://doi.org/10.4300/JGME-D-16-00550.1>

<sup>4</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 under current rules of accreditation can have 2-15 months urban. And so, we are using the 2-month cutoff in this typology for both urban and rural ends of the spectrum. See footnote #7.

<sup>5</sup>Rural Track Program (RTP) is new terminology, now being used in federal regulation and accreditation as a replacement for Rural Training Track (RTT or integrated RTT), where residents train in both urban and rural settings and spend greater than 50% of their total training time in a rural location. CMS and ACGME use the term 'RTP' to refer to both accredited programs and not-separately-accredited tracks within a program. The RTT Collaborative has chosen to distinguish these two types, due to their very different governance and rules of finance dictated by participating rural hospital type(s).

<sup>6</sup> Medically Underserved Areas and Populations, ACGME, <https://www.acgme.org/what-we-do/accreditation/medically-underserved-areas-and-populations/>

<sup>7</sup> Patterson DG, Andrilla CHA, Schmitz D, Longenecker R, Evans DV. Outcomes of Rural-Centric Residency Training to Prepare Family Medicine Physicians for Rural Practice. Policy Brief #158. Seattle, WA: WWAMI Rural Health Center, University of Washington, Mar 2016.

<sup>8</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. <https://doi.org/10.4300/JGME-D-20-00122.1>