



Recruitment of Residents to Rural Programs: Early Outcomes of RRPD Cohort 1

A partnership between





Thanks to our team!

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Disclosures

RRPD-TAC is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under cooperative agreement #UK6RH32513.

THCPD-TAC is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under cooperative agreement #U3LHP45321-01-00.

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Objectives

- 1) Understand the objectives and structure of the Rural Residency Planning and Development (RRPD) grant program
- 2) Describe the characteristics and progress toward accreditation for residency programs in Cohort 1 of the RRPD program
- 3) Compare early workforce outcomes of these new programs in rural communities from initial resident recruitment season and Match data



Background

As we know...

Doctors are needed in rural and underserved areas

Physicians who train in rural and underserved areas are more likely to stay and practice in those settings

“Place based” training allows students to learn about their surroundings, capitalize on lived experiences, and take advantage of local leadership, investment, and connections for successful and sustainable learning opportunities



Background

In 2019 HRSA funded the Rural Residency Planning & Development program (now on cohort 5, with 72 total awards!)

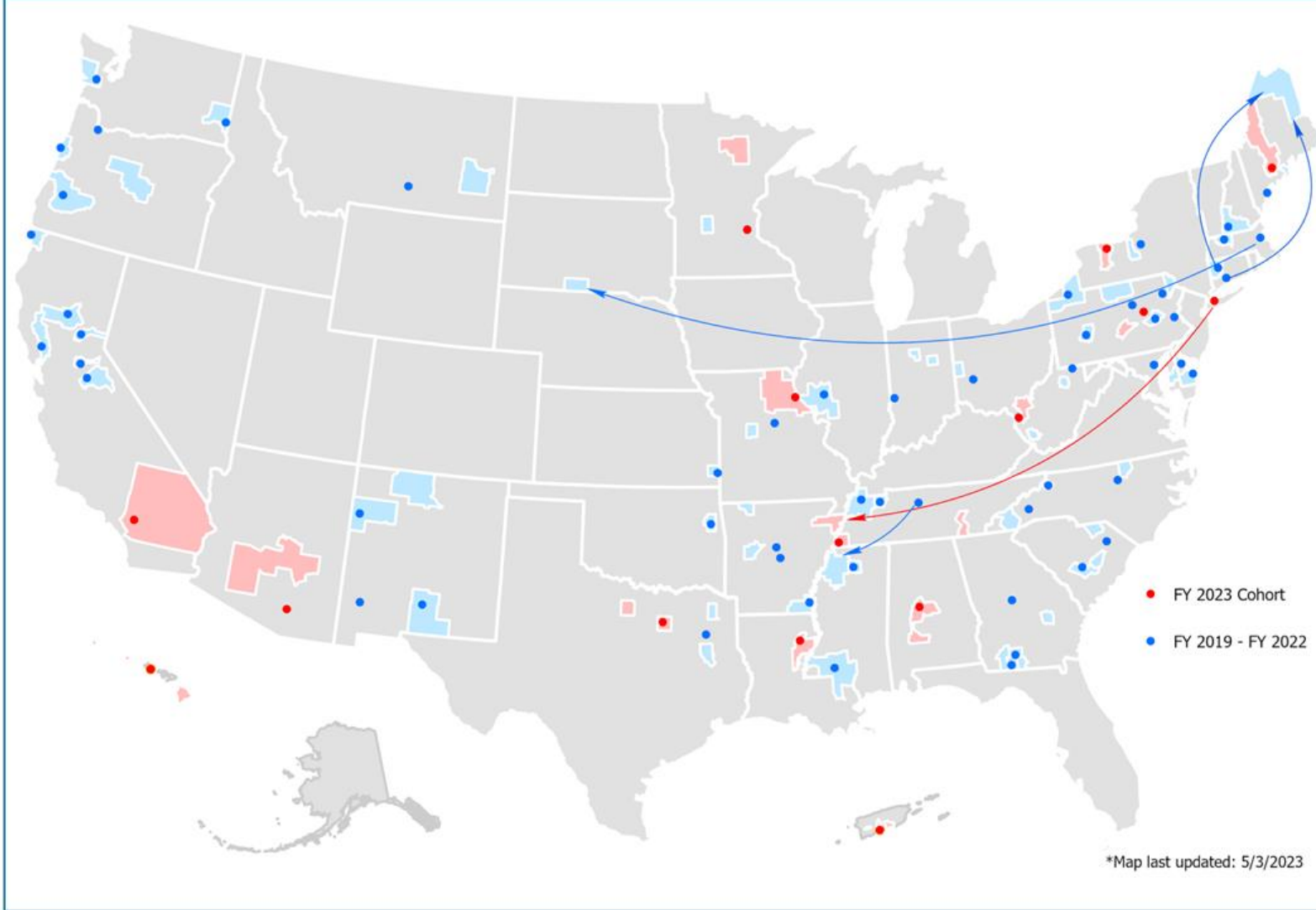
- Designed to start rural residency programs (>50% training in rural place)

In 2021 HRSA funded the Teaching Health Center Planning & Development program (now on cohort 2 with 93 total awards!)

- Designed to start residency programs in community health centers (FQHCs/others)

And both times, funded a Technical Assistance Center to help support the grantees and others looking to start residency programs in needed specialties in rural & underserved areas

Rural Residency Planning and Development (RRPD): FY 23 Cohort and Past Cohorts





Audience check!

Is anyone in the room from Cohort 1 of RRPD?

STAGE 1 Exploration

Community Assets

Identify community assets and interested parties.

Leadership

Assemble local leadership and determine program mission.

Sponsorship

Identify an institutional affiliation or sponsorship. Begin to consider financial options and governance structure.

STAGE 2 Design

Initial Educational & Programmatic Design

Identify Program Director (permanent or in development). Consider community assets, educational vision, resources, and accreditation timeline.

Financial Planning

Develop a budget and secure funding. Consider development and sustainability with revenues and expenses.

Sponsoring Institution Application

Find a Designated Institutional Official and organize the GME Committee. Complete application.

STAGE 3 Development

Program Personnel

Appoint residency coordinator. Identify core faculty and other program staff.

Program Planning & Accreditation

Develop curricular plans, goals and objectives; evaluation system and tools; policies and procedures; program letters of agreement; faculty roster. Complete ACGME application and site visit.

STAGE 4 Start-Up

Marketing & Resident Recruitment

Create a website. Register with required systems. Market locally and nationally.

Program Infrastructure & Resources

Hire core faculty and other program staff. Ensure faculty development. Complete any construction and start-up purchases. Establish annual budget.

Matriculate

Welcome and orient new residents.

STAGE 5 Maintenance



Ongoing Efforts

Report annually to ACGME and the Sponsoring Institution. Maintain accreditation and financial solvency. Recruit and retain faculty. Track program educational and clinical outcomes. Ensure ongoing performance improvement.

To advance to the next stage:
Make an organizational decision to proceed with investing significant resources in program development.

To advance to the next stage:
Finalize a draft budget. Complete program design to include curriculum outline and site mapping. Submit a Sponsoring Institution (SI) application & receive initial accreditation.

To advance to the next stage:
Achieve initial program accreditation – requires successful site visit and letter of accreditation from the ACGME.

To advance to the next stage:
Complete contracts and orient first class of residents. Hire all required faculty.



Methods

Cross-sectional, descriptive analysis of qualitative and quantitative evaluation data from grantee exit surveys, administered to RRPD-funded new rural residency training programs across the U.S. at the conclusion of their RRPD award

Population studied: Cohort 1 RRPD grantees: 25 developing programs

Family Medicine (20)

Psychiatry (4)

Internal Medicine (1)



Cohort 1 RRPD Programs

98
New residency
training positions
contributed by
cohort 1 per year

Cohort 1 N = 25	
<u>First year of residents (July 1, XXXX)</u>	
2020	6
2021	4
2022	8
2023	3
2024	4
<u>Program size (residents/year)</u>	
2	7
3	8
4	4
5	0
6	2
7	0
8	4

RRPD Cohort 1 Recruitment Outcomes



	2022 Match N=13 Out of 17 programs in 2022 Match
Positions in the Match from these new programs	58
Median (min, max) total applications per position offered	152 (25, 349)
Median (min, max) eligible candidates* per position offered	22 (5, 122)
Median interviews offered per position offered	15 (5, 45)
Median interviews completed per position offered	15 (5, 33)
<u>Average percent of positions filled</u>	
In main NRMP Match	79% (0, 100%)
In NRMP post-Match SOAP Process	19% (0, 100%)
Outside NRMP	1% (0, 12%)
Avg % current residents from the state in which your program is located per current resident position	34% (0, 79%)

*eligible candidates = "met your program's minimum criteria to be invited for an interview)"

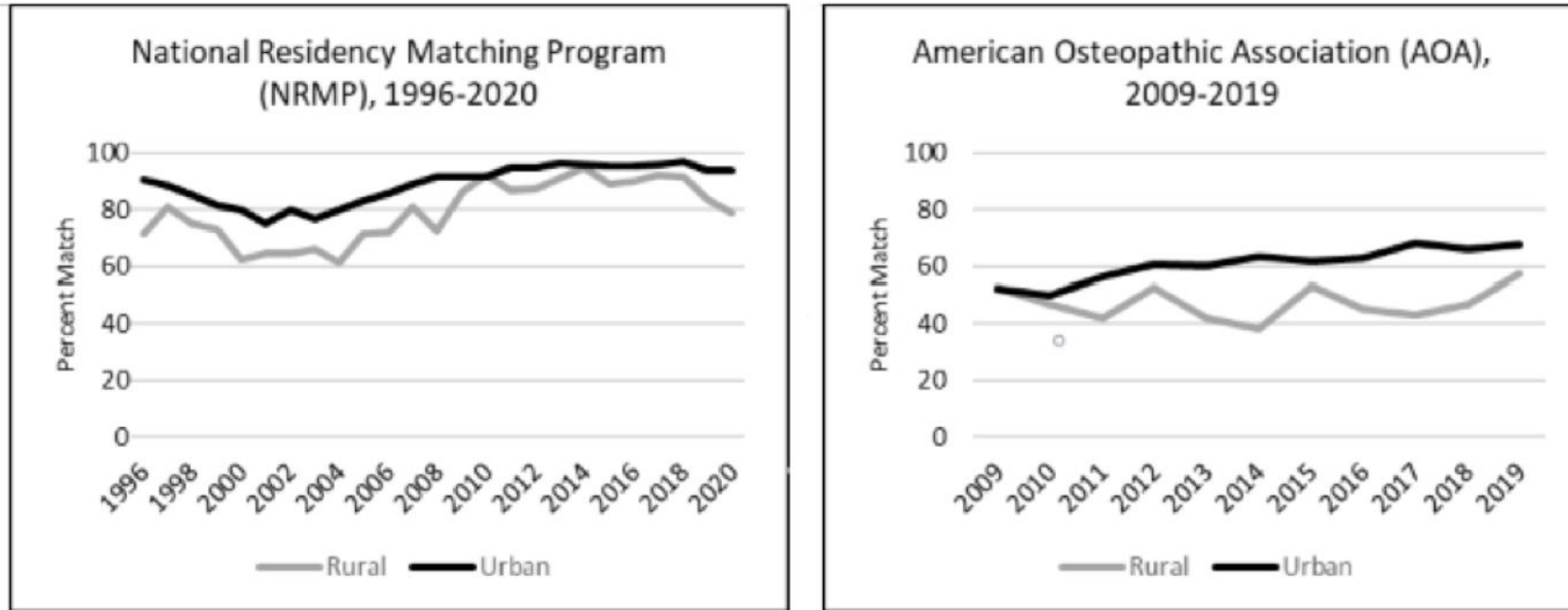


How does this compare?

- In range of published data on applications per position
- Matches published data on interviews offered and interviews per position
- Overall positions filled in SOAP in 2022 was 5.4% (FM was closer to 9%)



FIGURE 2. Match Rates for Rural and Urban Family Medicine Residencies*



* Rural in both graphs includes Rural Training Track and rurally located programs.

*Ref: Longenecker, et al. A Match Made in Rural: Interpreting Match Rates and Exploring Best Practices. Fam Med. 2023, 55(X). <https://doi.org/10.22454/FamMed.2023.106345>



In summary...

Early resident recruitment outcomes suggest the RRPD model is successful in creating and supporting new physician workforce training in rural communities.

- A main Match fill rate of 79% is comparable to other findings of rural training programs, though it is lower than that of urban programs.*
 - This may indicate student interest in rural training, including those who are local to the area.
- Adding in the residents who came through the SOAP and outside the NRMP, all programs filled, which is a strong performance for a group of new programs.
- We will continue to study this cohort and those who came after to evaluate ongoing program outcomes and longer-term workforce outcomes.

*Ref: Longenecker, et al. A Match Made in Rural: Interpreting Match Rates and Exploring Best Practices. Fam Med. 2023, 55(X). <https://doi.org/10.22454/FamMed.2023.106345>



Audience check!

How does this match your experience?



Recruitment Tips – Interview preparation

The screenshot shows the AAMC website header with the logo and a search bar. The navigation menu includes Home, Resources & Services, News, Data & Reports, Advocacy & Policy, Career Development, and About. The breadcrumb trail reads: Home / About Us / Mission Areas / Medical Education / Interviews in GME: Where Do We Go From Here?. The main heading is 'Interviews in GME: Where Do We Go From Here?'. Below the heading is a paragraph of text: 'Before 2020, most residency and fellowship programs wouldn't have considered conducting their selection process virtually. Then, the world changed, and programs rose to the challenge. With innovation, creativity, and open minds, graduate medical education (GME) was collectively able to effectively adopt virtual interview formats. Now, in the post-COVID-19 era, institutions have a choice between interview formats that each have pros and cons. So where do we go from here?'

<https://www.aamc.org/about-us/mission-areas/medical-education/interviews-gme-where-do-we-go-here>

Conduct of residency interviews and candidate evaluation



The screenshot shows the AAMC website interface. At the top left is the AAMC logo. To its right is a search bar with the text 'Search' and a magnifying glass icon. Below the logo and search bar is a navigation menu with links for 'Home', 'Resources & Services', 'News', 'Data & Reports', 'Advocacy & Policy', 'Career Development', and 'About'. Below the navigation menu is a breadcrumb trail: 'Home / Services / Residency and Fellowship Selection Interview Foundations: Role and Setup'. The main content area features a sidebar on the left with the text 'Residency and Fellowship Selection Interview Foundations' and 'Conducting Effective Structured Residency Selection Interviews'. The main heading is 'Residency and Fellowship Selection Interview Foundations: Role and Setup'. Below the heading is the text 'What is the role of the interview in the residency selection process?'.

<https://www.aamc.org/services/admission-interview-foundations/residency#directorsAAMC> Best Practices for Conducting Residency Interviews

NRMP



The screenshot shows the NRMP website homepage. At the top left is the logo "THE MATCH NATIONAL RESIDENT MATCHING PROGRAM". To the right are navigation links: "70th Anniversary", "About", "Policies", "FAQs", "iMatch", and a yellow "LOG IN/REGISTER" button. A search icon is on the far right. Below the navigation is a dark blue bar with menu items: "Intro to The Match", "Match Calendars", "Residency Applicants", "Fellowship Applicants", "Programs & Institutions", "Medical Schools", and "Match Data & Analytics". A white information box contains an "i" icon and the text: "The NRMP is administering the post-SOAP surveys from March 18 – March 27. Survey invites have been emailed to SOAP-eligible applicants and programs." Below this is a large banner image of a man and a woman looking at a screen. The banner includes the text "NATIONAL RESIDENT MATCHING PROGRAM" in a blue box and the main slogan "Fair, Equitable, Efficient, Transparent, and Reliable" in large white font.

<https://www.nrmp.org/>



SOAP



SOAP for Eligible Applicants

Monday through Thursday of Match Week
Partially matched and fully unmatched applicants who meet eligibility requirements may participate in SOAP to try to obtain an unfilled residency position. It is important that applicants be ready for SOAP in the event they learn on Monday of Match Week that they are unmatched.

The NRMP is the authoritative source for applicant SOAP eligibility status. Applicants are responsible for ensuring they apply only to positions for which they are eligible, as shown on the SOAP List of Programs in the NRMP's R3 system.

SOAP 2024 GUIDE FOR APPLICANTS

[SOAP: Viewing Unfilled Programs support guide](#)
[SOAP: View & Respond to Offers support guide](#)
[Supplemental Offer and Acceptance Program® \(SOAP®\) 101 Webinar for Applicants](#)

VIDEOS & GUIDES

<https://www.nrmp.org/residency-applicants/soap/>



OTHER QUESTIONS?



Tools and Resources



Community Engagement



Program Design & Development



Financial Planning



Institutional Sponsorship



Program Accreditation



Program Implementation

Rural Graduate Medical Education

We are working to reduce physician shortages in rural and underserved areas by supporting the development of rural residency programs. If you are interested in accessing tools and resources to support development of residency training, please get started by clicking the link below.

[I Want To Get Started](#)[I Have An Account](#)

Our Impact

The U.S. Health Resources and Services Administration (HRSA) funded the Rural Residency Planning and Development (RRPD) Program and our Technical Assistance Center to create new rural residencies. Below are data on RRPD program outcomes to date.



For additional information about the RRPD and/or THCPD Program

Email us at info@ruralgme.org or info@thcgme.org

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Rural Residency Planning and Development and Teaching Health Center Planning and Development Technical Assistance Centers

A partnership between

