**The RMT Collaborative: Participation or Sponsorship Requirements and Benefits**

A rural health professions education network and a cooperative extension service

The RMT Collaborative (RMTC, or the “Collaborative”) is a 501(c)(3) non-profit organization and board directed entity with program participants, individual and institutional financial sponsors, affiliated organizations, and income-generating service lines. The purpose of this organization is to sustain health professions education in rural places through mutual encouragement, peer learning, practice improvement, and the delivery of technical expertise, all in support of a quality rural workforce.

**Participating Programs**

The role of participating programs is to support core organizational functions such as communications, meeting support, and administration. Participating programs may include, but are not limited to the following examples:

**Residency Programs in Medicine\***

Programs may meet criteria for one or more of the following rural classifications. Additional details can be found on our website’s [Typology for Rural Training Page](https://rttcollaborative.net/rttc-participating-programs/typology-of-participating-programs/).

For rural location of training or practice, The RTT Collaborative accepts as ‘rural’ any place that is designated as rural by at least 2 federal definitions. (See [RHIhub: Am I Rural? Tool](https://www.ruralhealthinfo.org/am-i-rural))

1. **Rurally Located Program**: Residency training is located primarily in a rural place with minimal urban experience (2 required months of rural training or less).
2. **Rural Track Program** (a separately accredited program, in alignment with ACGME definition for a new 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.
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 accredited urban program who spend more than 2 months in the urban setting and greater than 50% of their training in a rural location.
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 training for any residents.
6. **A Program with Rural Outcomes**: Programs with graduates locating in an initial rural place of practice as measured by at least 50% of graduates, or more than three (3) graduates a year on a three-year rolling average. (Requires appropriate documentation, see our website’s [Rural Recognition Program Page](https://rttcollaborative.net/rural-programs/rural-recognition-program/)).

**Medical School or other Health Professions Programs meeting either of the following criteria:**

1. Rural Track

The following criteria for a rural program in medical school was established empirically in the process of cataloging rural programs across the US:

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| **Inclusion Criteria** |
| An organized and deliberate medical school strategy to produce physicians to rural practice as indicated by all the following:1. A **name**
2. A **program-specific goal** or objective(s) to recruit, nurture, educate, train, or encourage students toward rural practice
3. A description that explicitly articulates a **rural focus**
4. A **structured sequence or group of activities**, courses, electives, selectives, or clerkships [e.g., “track,” “pathway,” “certificate,” “area of concentration” or “longitudinal integrated clerkship in a rural community (rural LIC),” even a rurally located “campus”]
 |
| **Exclusions** |
| A scholarship program without a structured sequence or group of activitiesRural clerkships, even required clerkships, if they are not organized into a programA rurally located medical school with or without a rural mission or program by our definition is a rural school, not a rural program. However, a rurally located medical school campus, i.e., a campus that does not separately report graduates to the AAMC or AOA, is a rural program if it otherwise meets the definition. |

1. Rural Focus (as indicated by a mission statement and at least 2 months of required rural experience for all students)

**Other Rurally Invested Programs**

Programs in other disciplines do not have a generally accepted typology at this time, but The RMT Collaborative in the future will adapt the above criteria to graduate and post-graduate programs in other disciplines.

In each case, it is the program that participates. Responsibilities include:

1. An initial and subsequent annual participation (“co-op”) fee paid to “The RMT Collaborative” due and payable July 1 of each academic year.
2. An annual program-relevant update for up-to-date network development and website maintenance, for research, and for organizational improvement.

Although all rural medical education programs will benefit from the presence of an organization singularly devoted to the wellbeing of rural programs in general, formal participation in this collaborative as a participant or sponsor through an annual or multi-year participation fee supports important network infrastructure and provides benefits as outlined on our [website](https://rttcollaborative.net/join-the-movement/become-participating-program/).

[Graded levels of sponsorship](https://rttcollaborative.net/donate/) include recognition for the cumulative contributions of a participating program as well as one-time and cumulative contributions from other supportive individuals and organizations.

**Annual Participation Fee: $3,000\***

The participation fee is intended to apply to a single program, e.g., a rural program in medical school or a single accredited residency program. Residency participants, however, may be part of a formal or informal network of accredited programs (e.g., multiple programs under a single consortium sponsor, or a state association of programs). In an effort to encourage consortia formation or residency programs within a single State, an aggregating entity can be invoiced directly for all residency program participants within the same State, and the fee for each additional accredited program after the first will decrease to $1,500 per program.

Click [here](https://uic.ca1.qualtrics.com/jfe/form/SV_8i92srwekf4OTjw) to download an application, go to the “[Join the Movement](https://rttcollaborative.net/join-the-movement/)” page on our website for additional information. Questions can also be directed to Hana Hinkle, Executive Director, at RTTC1@rttcollaborative.net or the administrative director at rttc-admin@rttcollaborative.net.