**The RTT Collaborative[[1]](#footnote-1): Participation or Sponsorship Requirements and Benefits**

A rural health professions education network and a cooperative extension service

The RTT Collaborative (RTTC, 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:

1. An accredited rurally located[[2]](#footnote-2) allopathic or osteopathic residency program
2. An urban located, rurally focused residency program
3. A medical school rural training track, allopathic or osteopathic
4. A medical school, regional medical school, or branch campus with a rural mission
5. An organization, academic institution, or a community or regional entity with a rural training program in any health profession
6. An organization engaged in planning for a rural health professions education or training program

Responsibilities include:

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

Although all rural medical education programs will benefit by 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, in addition to supporting an important network infrastructure, provides the following package of benefits:

1. Periodic technical assistance by phone or email at no charge, and extended services or technical assistance in person at 50% of the usual charge. The latter potentially represents at least a $5,000 benefit.
2. Reduced annual conference fees to The RTT Collaborative Annual Meeting for two individual program faculty, administrators, or staff
3. Advocacy at the level of national accrediting bodies and federal and state government for the accreditation, finance, and governance of rural programs
4. Promotion of participating programs on our website and in other public venues and conferences, for the purpose of:
   1. Recruiting students and faculty
   2. Disseminating the collective and individual expertise represented by our distributed peer network
5. Membership in a rural health professions education research network, administered in such a way that participating faculty and learners can use their participation in the research network as evidence of scholarly activity in support of program accreditation; Programs will be invited to participate in surveys from time to time as may be requested by The RTT Collaborative Board
6. Faculty development through annual meeting participation and the development of online learning communities, videoconference rural grand rounds, faculty fellowship opportunities, and peer consultation
7. Regular communication through a quarterly RTT Collaborative newsletter, group email list notification of important events, and the development of social media and other platforms for group communication
8. Preference in nominating individuals from participating programs for consideration as Directors on the Board
9. Staff or other peer assistance with initial application, site visit preparation, or the accreditation appeal of an adverse action by a participating program’s accrediting body

**Annual Participation Fee: $2,500\***

The participation fee is intended to apply to a single organization, to a single medical school, or to a single accredited training program. However, some participants may in fact represent an aggregate of accredited programs (e.g. multiple programs under a single consortium sponsor, or a state association of programs). In that case and in an effort to encourage consortia formation within a single State, the fee for each accredited program after the first, under such a consortium and in a particular State, is $1,000.

**Sponsors**

Graded levels of sponsorship include recognition for the cumulative contributions of a participating program as well as one-time and cumulative contributions from other supportive individuals and organizations. The role of sponsors is to financially support The RTT Collaborative in its mission through program expansion, increased member benefits, or additional or lower cost services.

* Micro sponsors – individual contributors (Charitable contribution of any amount) will receive a regular newsletter and announcements of meetings
* Macro sponsors – with graded levels of recognition for cumulative contributions:
  + $10,000 Bronze level
  + $25,000 Silver level
  + $50,000 Gold level
  + $100,000 Platinum level
  + Greater than $250,000 – Option for a named level program within The RTT Collaborative

Sponsoring organizations other than participating programs are considered Affiliated Organizations and are entitled to reduced annual conference fees (RTT Collaborative Annual Meeting) for four individuals. Sponsorship status expires 5 years following the most recent contribution, except for those sponsors at the Platinum level or greater, in which case sponsor status continues for the life of the RTT Collaborative. Sponsoring individuals (not organizations or programs) at the Bronze level or greater are granted free annual meeting registration.

**The RTT Collaborative: Leadership**

A rural health professions education network

Established November 20, 2012; Board membership renewed through December 31, 2017

**Members of the Board** (Greater than 50% required to be directors of a rural medical education program or a site director)

* Michael Woods, Program Director, RTT, Bartlesville, OK (President)
* Stuart Hannah, Program Director, RTT, Baraboo, WI (Vice President)
* Kara Traxler, Director of Rural GME Development and Support, Wisconsin Collaborative for Rural GME, Sauk City, WI (Secretary-Treasurer)
* Andrew Bazemore, Executive Director, Robert Graham Center, Washington, DC
* Marcia Brand, Senior Advisor, DentaQuest Foundation, Martinsburg, WV
* Mark Deutchman, Associate Dean for Rural Health, University of Colorado Anschutz Medical Campus, Denver, CO
* Ted Epperly, CEO, Family Medicine Residency of Idaho with 2 RTTs, Boise, ID
* Ed Evans, Program Director, RTT, Seneca, SC
* Joyce Hollander-Rodriguez MD, Program Director, Cascades East Family Medicine Residency Program, Klamath Falls, OR
* Robert Maudlin, Associate Director of Medical Education for Providence Health Care, Spokane, WA
* Darrick Nelson, Program Director, RTT, Silver City, NM
* Frank Reed, Independent Consultant/Senior Clinical Professor of Family Medicine, University of Montana and Western Montana FMRP, Missoula, MT
* Mike Shimmens, Executive Director, 3RNet (Rural Recruitment and Retention Network), Jefferson City, MO

**Executive Director**

Randall Longenecker, Assistant Dean Rural and Underserved Programs, Ohio University Heritage College of Osteopathic Medicine, Athens, OH (Previous RTT program director)

**Associate Director**

Dave Schmitz, Chair of Family and Community Medicine, University of North Dakota, Grand Forks, ND

**Administrative Director**

Dawn Mollica, Administrative Director, Office for Rural and Underserved Programs, Ohio University Heritage College of Osteopathic Medicine, Athens, OH

1. Although "RTT" originally referred to a specifically defined and accredited “1-2 Rural Training Track,” it has now become a moniker for health professions education and training in rural places or with a rural focus. [↑](#footnote-ref-1)
2. A rural location is defined as a county, census tract, or zip code with a rural-urban commuting area code (RUCA) or a rural-urban continuum code (RUCC) of 4 or greater, or a non-core based statistical area (non-CBSA) as defined by the federal Office of Management and Budget (See “[Am I Rural](https://www.ruralhealthinfo.org/am-i-rural)? Tool). [↑](#footnote-ref-2)