The RTT Collaborative: A proposed nomenclature for rural programs*

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For the RTT Collaborative, medical education and residency training in rural communities is important. And the rurality of a program, more than simply a matter of accreditation or finance, is important to the preparation of a quality rural physician workforce and the future health of rural communities. Therefore, going forward, the RTTC, after careful analysis and thoughtful review, will use the following definitions for rural residency training and proposes these definitions be used by others:

> **Rural Program:** An accredited residency program in which residents spend the majority of their time training (more than 50%, as reported to CMS and/or HRSA) in a rural place.[1] For the purpose of The RTT Collaborative, rural is defined as a non-metropolitan county or any census tract or zip code with a federally accepted definition as rural.[2,3] The location of a rural program in Family Medicine is defined by the geographic location of the primary Family Medicine Practice (FMP) where residents meet the ABFM requirement for 24 months continuing practice.
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> **Integrated Rural Training Track** (RTT): A rural program (as defined above) that is separately accredited and because of its generally smaller size is substantially integrated with a larger, often more urban residency program.
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> - **I**ntegrated in a substantive way
> - **R**urally located and rurally focused
> - Engaged in **T**raining and/or education – residency +/- medical school experiences
> - A **T**rack or pathway – deliberately structured over at least 2-3 years in family medicine, including a 24-month continuity practice in a rural location;
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> "Substantial integration" means (1) structured interaction among the residents of both the RTT and the larger affiliated program, (2) some sharing of faculty and/or a shared program director, (3) shared didactics and/or scholarly activity, and (4) at least 4 months of structured curriculum shared by residents of both programs. Separate accreditation of the two or more programs assures rigor in meeting the standards of accreditation on one hand, and flexibility in meeting the unique small scale of these programs on the other hand, while integration assures sustainability and excellence.

There are other programs – rural training pathways that are not separately accredited, some of which are even integrated with medical school rural tracks, and programs with an explicit focus on rural training ("rural centric" or "rural stream" residencies) – who make a significant contribution to the rural workforce. However, there is marked variation among programs that define themselves as offering rural experience and it is very difficult to come up with a uniform definition. We have chosen to reserve the term "rural program" as implemented in recruitment, accreditation, regulation and statute, for the programs defined above.

*Endorsed by the RTT Collaborative Board, August 19, 2016

[1] Aligns with CMS FY2004 regulations defining an integrated rural training track, Department of Health and Human Services, Center for Medicare and Medicaid Services. *Federal Register* August 2003; http://edocket.access.gpo.gov/2003/pdf/03-19363.pdf (Accessed 6-16-2016)

[2] Am I Rural? A web-based tool using federal definitions that are regularly updated and hosted by the RHI hub in the North Dakota Center for Rural Health, https://www.ruralhealthinfo.org/am-i-rural. (Accessed August 1, 2016)

[3] United States Department of Agriculture Economic Research Service Rural Classifications, http://www.ers.usda.gov/topics/rural-economy-population/rural-classifications.aspx. (Accessed August 1, 2016)