

Rural-centric Residencies to Prepare Physicians for Rural Practice

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Rural physician supply

Rural population:

17% of U.S. total

Rural physicians:

11% of all physicians

The Opinion Pages | An Aging Population, Without the Doctors to Match

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An Aging Population, Without the Doctors to Match

By MARCY COTTRELL HOULE | SEPT. 22, 2015



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...osteopathic (DO) physicians more likely than allopathic (MD) to choose rural practice.

Study background

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MD and DO residencies will be under a unified accreditation system by 2020.

- Concern about ability of osteopathic programs to meet standards.

Research questions

What does the rural recruitment pipeline via residency training look like for other specialties (anesthesiology, emergency medicine, internal medicine, obstetrics/gynecology, pediatrics, psychiatry, general surgery)?

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- How many residency programs seek to produce rural physicians?
- Where located?
- How much rural content?
- How much rurally located training?

Sampling frame

Of 1,849 residencies in these specialties, programs that were either:

- in a rural location (according to common standard definitions)
- or urban with a “rural track” (self-reported)

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“Rural-centric” residencies: those reporting requiring 8+ weeks’ rural training.

- block rotations, continuity clinic, full time training




70% of responding programs reported that training rural physicians was part of their mission.



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✓ 37% required at least 8 weeks' rural training (“rural-centric”).

Very little rural training available in rurally-relevant specialties

Specialty (duration in years)	Total programs*	Programs surveyed**	Respondents	Rural-centric programs***
Anesthesiology (5)	145	2	1	0
Emergency medicine (3-4)	214	18	13	5
Internal medicine (3)	492	35	27	13
Ob/gyn (4)	271	9	7	2
Pediatrics (3)	204	11	11	2
Psychiatry (4)	213	16	14	5
General surgery (5)	310	28	24	9
Total	1849	119	97	36
Percent of total		6.4%		1.9%

*Allopathic only, osteopathic only, dual-accredited

**In a rural location or urban with a rural training track

***Require at least 8 weeks total of rural training

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Accreditation

Type	All*	Rural-centric
ACGME-only (MD)	1,529 (82.7%)	17 (47.2%)
Dually-accredited	52 (2.8%)	--
AOA-only (DO)	268 (14.5%)	19 (52.8%)
TOTAL	1,849 (100.0%)	36 (100.0%)

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ACGME: Accreditation Council for Graduation Medical Education

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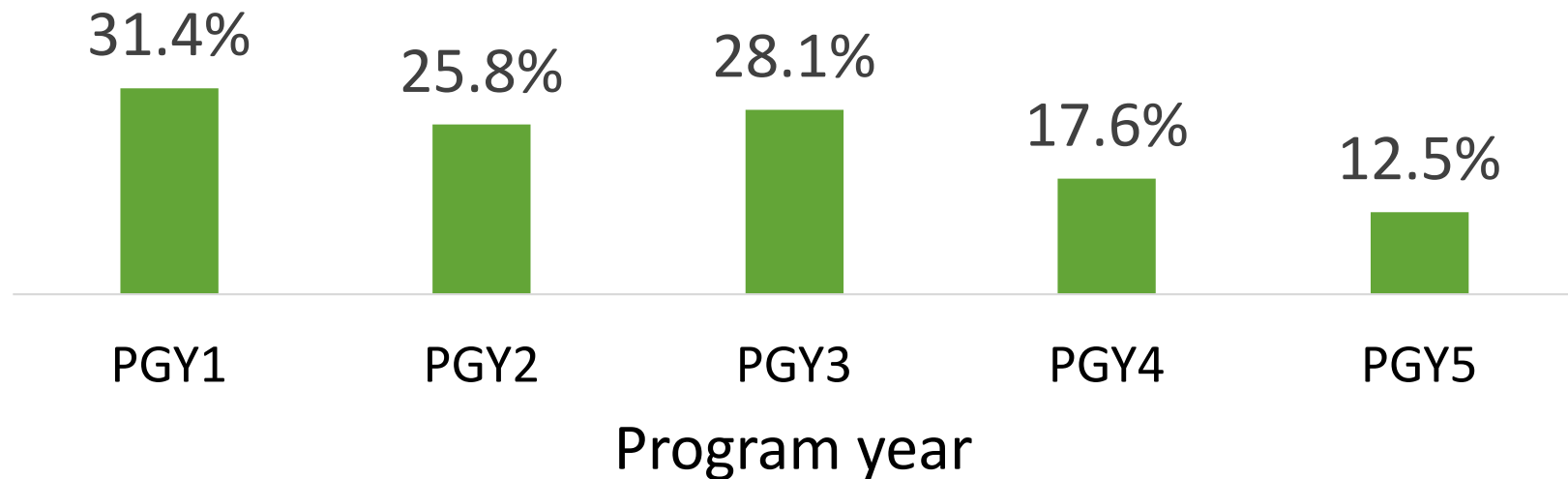
AOA: American Osteopathic Association

Rural-specific training in ABMS/ACGME* core competencies



*American Board of Medical Specialties/Accreditation Council for Graduate Medical Education

Hospital located in a rural area*



*Hospital for the majority of inpatient rotations, according Rural-Urban Commuting Area (RUCA) codes, ZIP approximation (v. 3.1).

Mean time in rural* locations

Required rural block rotations:

- Urban programs: 11 weeks
- Rural programs: 49 weeks

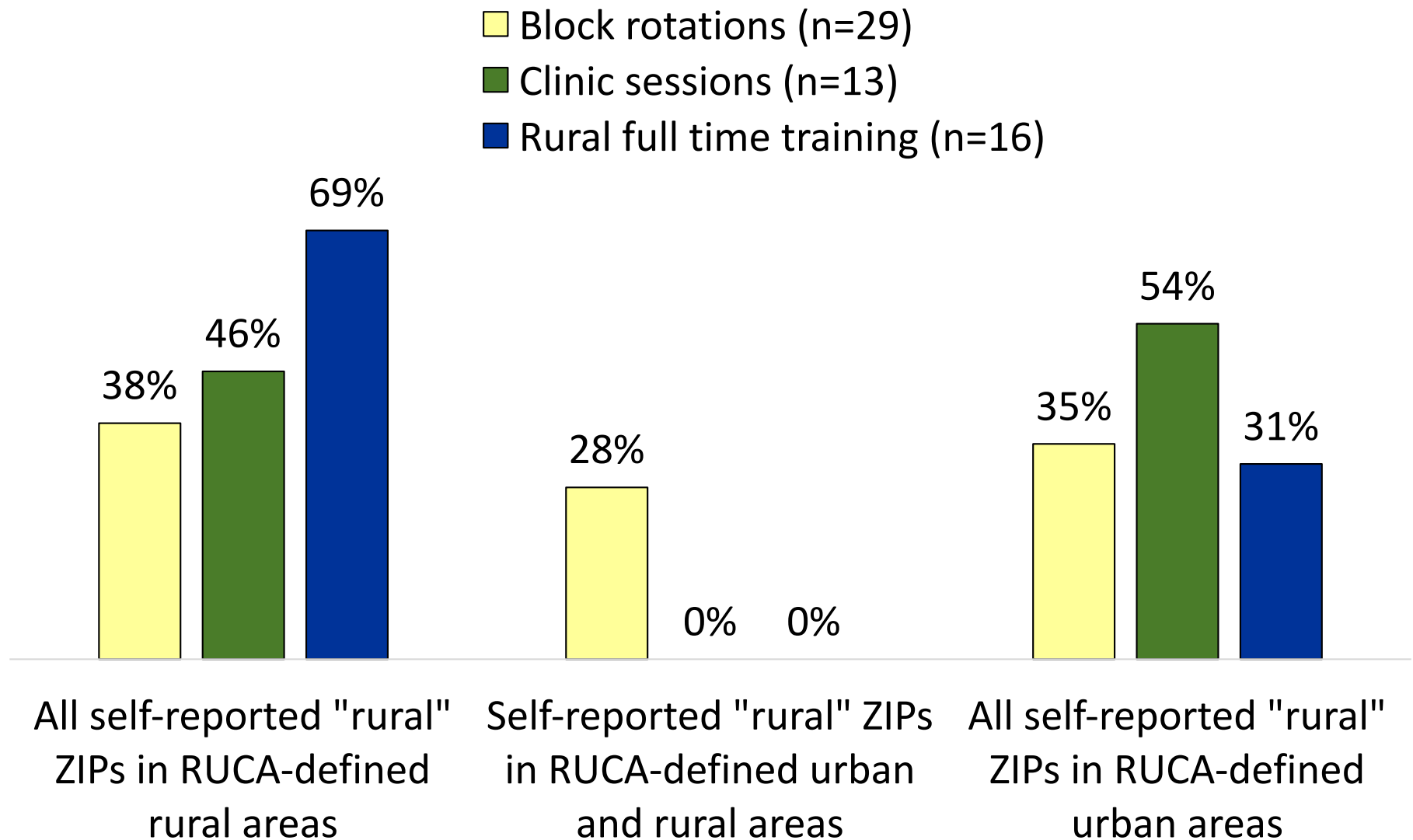
Required rural continuity clinic sessions**:

- 28 hours/week (PGY1-4)

*According to self report

**Internal medicine, obstetrics/gynecology, pediatrics, and psychiatry only

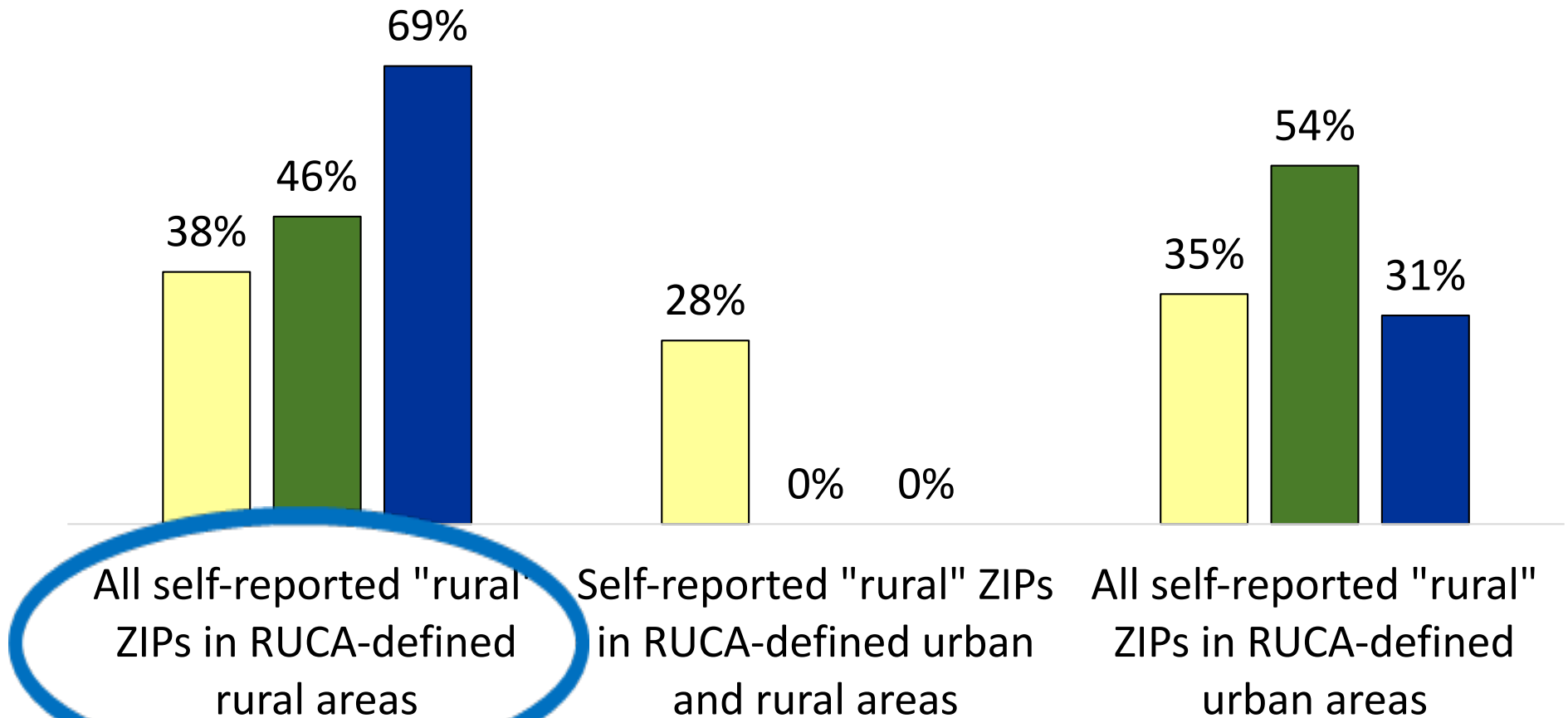
Programs reporting rural training locations*



*ZIP codes of reported training locations geocoded with RUCAs, v. 3.1.

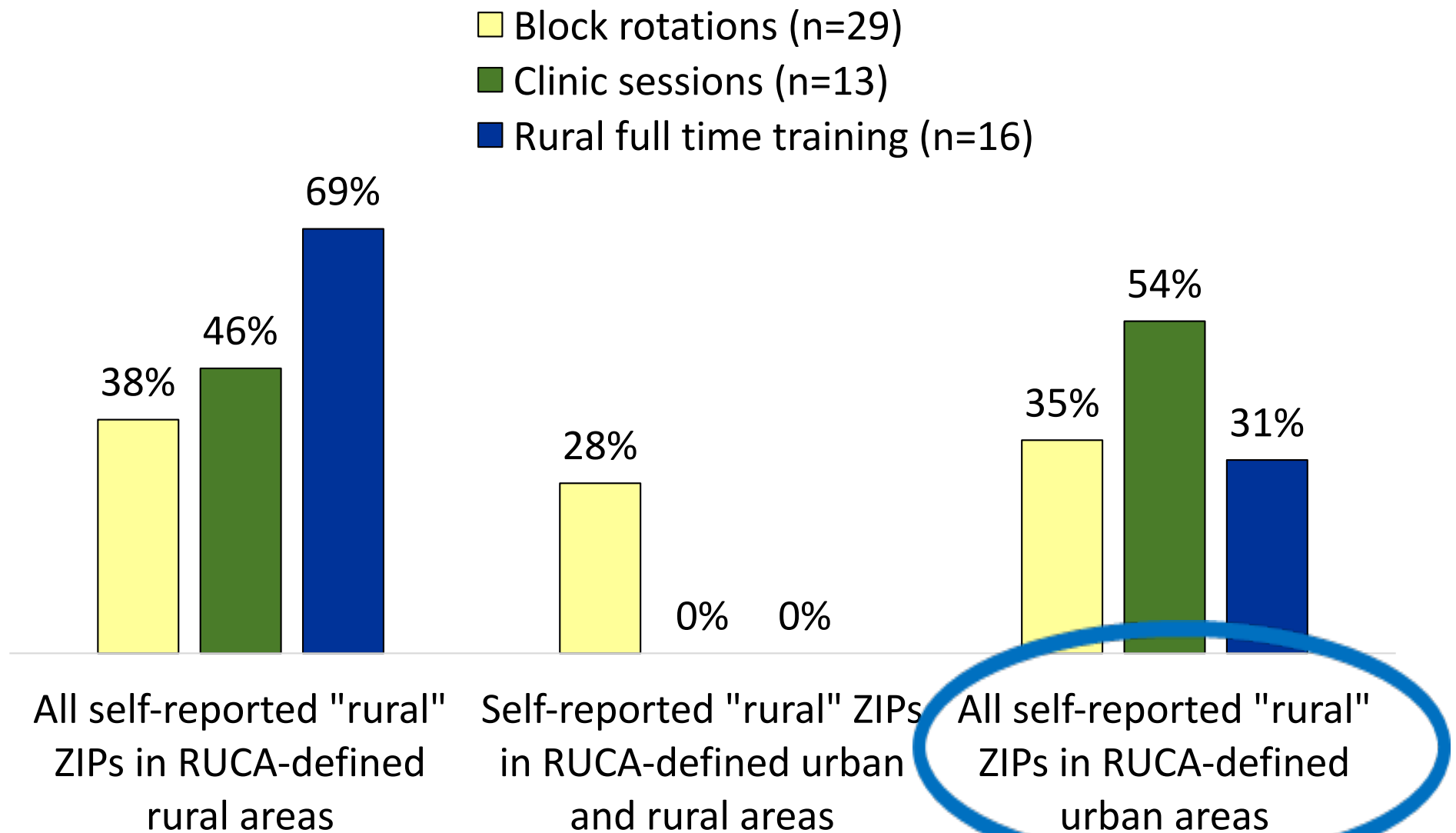
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- Block rotations (n=29)
- Clinic sessions (n=13)
- Rural full time training (n=16)



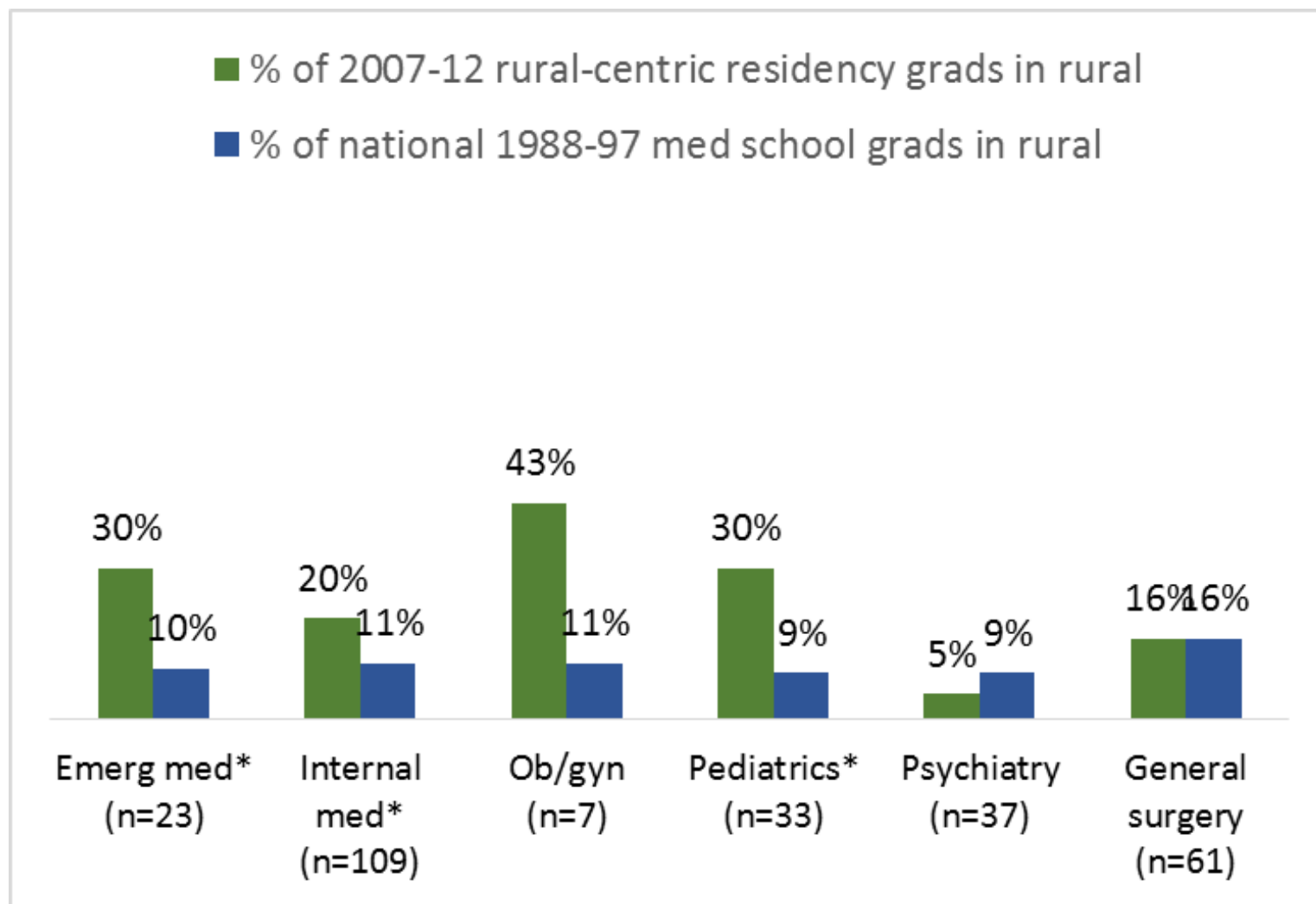
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Graduates in rural practice



Programs identified graduates from 2007-2012. Graduates were matched to the AMA Physician Masterfile and we coded practice ZIPs as rural or urban using the RUCA v. 3.1 ZIP approximation. National numbers are from Chen et al., 2010 (*Academic Medicine*).

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How successful are different models of "rural" training for attracting and retaining future rural physicians?

Will osteopathic residencies survive under unified accreditation?



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