

## Recognition for Graduation to Rural Practice

Randall Longenecker MD, Executive Director

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### Rationale:

Although the exact number is not known, there are a significant number of rurally-focused or engaged programs that do not meet the RTT Collaborative definition of a rural program, and yet produce many rural physicians and deserve recognition.<sup>1</sup> Aware of the need to highlight and expand the visibility of the rural physician training community and wishing to provide students with information relevant to their training for rural practice, the RTT Collaborative Board wishes to recognize in a special way both rural-located and rurally-focused programs who have a history of placing graduates in rural community practice.

### Procedure:

Programs are invited through the AFMRD listserv and through The RTT Collaborative directory of rural programs to apply for recognition in preparation of a list for distribution by The RTT Collaborative at AAFP's National Conference in Kansas City in August 2018, and annually thereafter.

Any program can be recognized for the percentage of graduates, on a 3-year rolling average, who have established an initial place of practice in a rural community and/or are in rural practice 3 years following graduation. Programs will be listed if this percentage is  $\geq$  to 35% in the rolling three years ending in the year prior to recognition or if there were greater than 3 graduates per year in that same time-frame.<sup>2</sup> Documentation, excluding graduates' names, will include year of graduation, total number of program graduates in that year, practice location at one or up to three years post-graduation for each of the prior 3 years.

- Definition of rural practice location: Using the "[Am I Rural?](#)" tool, enter the primary ambulatory practice location for each graduate (may enter street address or zip code). A location is rural if it is rural by FORHP - Grant Programs, and/or by RUCA code of 4 or greater.
- Calculation of graduation rate: A rolling three-year average of the three graduation years ending with the year prior to current listing year.

For example, for the 2018 list, a program can list placements for the 2015, 2016, and 2017 graduating classes.

The application for recognition is a protected EXCEL workbook with open cells for entering data and formulas that will automatically calculate the percentages.

RTTC staff will generate the recognition list from the program responses received by July 15 of each year and distribute to attendees at each year's National Conference. Only programs who make the list will be recognized as high producers (i.e. above the average for rural programs established in recent literature). Programs who do not make the list will not be named, so that students will not know if a program is not listed because they did not make the cut-off or because they did not report. The list will be placed on The RTT Collaborative website each year after the National Conference.

Attachment: EXCEL Workbook

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<sup>1</sup> Longenecker R. Rural Medical Education Programs: A Proposed Nomenclature. Journal of Graduate Medical Education June 2017;9(3):283-286. <https://doi.org/10.4300/JGME-D-16-00550.1> (Accessed 3-28-2018)

<sup>2</sup> Derived from: Patterson DG, Andrilla CHA, Schmitz D, Longenecker R, Evans DV. Outcomes of Rural-Centric Residency Training to Prepare Family Medicine Physicians for Rural Practice. Policy Brief #158. Seattle, WA: WWAMI Rural Health Center, University of Washington, Mar 2016. [http://depts.washington.edu/fammed/rhrc/wp-content/uploads/sites/4/2016/03/RHRC\\_PB158\\_Patterson.pdf](http://depts.washington.edu/fammed/rhrc/wp-content/uploads/sites/4/2016/03/RHRC_PB158_Patterson.pdf) (Accessed 3-28-2018)