

Program Recognition for Graduation to Rural Practice

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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.¹ 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 any programs, both rurally located and rurally focused programs who have a history of placing graduates in rural community practice.

Procedure:

All family medicine residency 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 dissemination by The RTT Collaborative as part of this July's online AAFP's National Conference in Kansas City.

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. In years past, programs were listed if this percentage was \geq to 35% in the rolling three years ending in the year prior to recognition, based on 2016 data. The latest data supports a new bar for being 'above average,' with the average rural program graduating more than 50% to rural practice.² Starting in 2023, programs will only be recognized for a \geq to 50% percent graduation rate to rural practice or for greater than 3 graduates per year to rural practice in that same timeframe, based on a mean rural program size of approximately 6 residents per year.

Programs will be listed in 2022 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 timeframe.³ However, programs with \geq to 50% *will be given special recognition and 50% will be the bar for listing in the future.* Documentation, excluding graduates' names, must include year of graduation, total number of program graduates in that year, and practice location at one or up to three years post-graduation, for each graduate in each of the prior 3 years.

- Definition of rural practice location: Using the "[Am I Rural?](#)" tool, enter the primary initial or eventual (within 3 years of graduation) 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 2022 list, a program can list placements for the 2019, 2020 and 2021 graduating classes. If you have completed this previously, you can only copy and paste into the appropriate shaded cells in this year's workbook.

The application for recognition is a protected EXCEL workbook with open cells (shaded in green) for entering data and formulas that will automatically calculate the percentages. RTTC staff generates the recognition list from the program responses received by July 1 of each year and distributes to attendees at each year's National Conference. This year we will be disseminating the list in a variety of ways,

¹ 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 5-10-2021)

² Meyers P, Wilkinson E, Petterson S, Patterson DG, Longenecker R, Schmitz D, Bazemore A. Rural Workforce Years: Quantifying the Rural Workforce Contribution of Family Medicine Residency Program Graduates, *J Grad Med Educ* December 2020;12 (6): 717–726. <https://doi.org/10.4300/JGME-D-20-00122.1>

³ 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 (Accessed 5-10-2021)

including an annual Student Edition of our newsletter. Only programs who make the list will be recognized as high producers (i.e., above the average for rural programs established in the 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.

Please click [HERE](#) to access the Excel Workbook and save it to your desktop. Once completed, visit the same link above to upload the completed Excel Workbook for your program by July 1, 2022. If you have any difficulty following the instructions or filling in data, or do not receive acknowledgement of your submission within one week please email [Dr. Bell](#) as well at [Dawn Mollica](#).