

Policy Brief • June 2009



The Availability of Family Medicine Residency Training in Rural Locations of the United States

Issues

Family physicians constitute the largest proportion of the rural primary care physician workforce. The availability of family medicine residency training opportunities in rural locations provides a critical mechanism for addressing rural primary care shortages in the United States. However, over the past few decades, there have been financial pressures on rural residency programs, declining hospital revenues, and negative pressures on rural reimbursement. In concert, these may have had a detrimental impact on the extent to which family medicine residency programs are providing rural training opportunities for new family physicians who might enter rural practice.

Evidence

All U.S. family medicine residency programs were surveyed in 2000 and 2007 regarding the status and location of their rural training efforts.

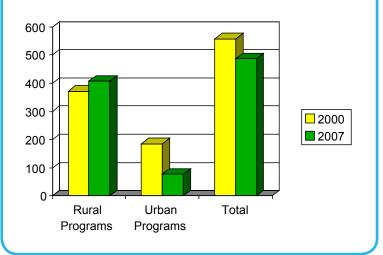
• Of 460 family medicine residency programs in 2007,

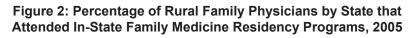
33 (7% of all programs) were located in rural areas. Of the programs in urban areas, 19 (4% of urban programs) had rural training tracks.

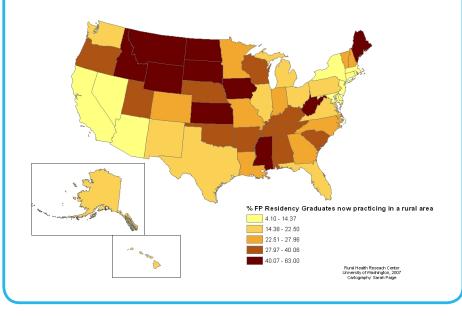
• The 33 rural family medicine residency programs provided 71% of all family medicine training occurring in rural locations.

Between 2000 and 2007, the time spent by family medicine residents in rural settings decreased slightly (Figure 1). This overall decrease was driven by a reduction in the amount of rural training provided by urban residency programs.

Graduates from rural residency programs are three times more likely to practice in rural areas than urban residency program graduates. Figure 2 depicts the percentage of rural family physicians by state that attended in-state family medicine residency programs in 2005. Figure 1: Change in the Number of Annual Full-Time Equivalent (FTE) Family Medicine Residency Training Positions Occurring in Rural Locations, 2000/2007







University of Washington • School of Medicine • Department of Family Medicine Box 354982 • Seattle WA 98195-4982 • phone: (206) 685-0402 • fax: (206) 616-4768 • http://depts.washington.edu/uwrhrc/ The WWAMI RHRC receives its core funding from the Health Resources and Services Administration's Office of Rural Health Policy.

RURAL HEALTH RESEARCH CENTER

Policy Brief • June 2009, continued

Potential Solutions

Family medicine residency programs play an essential role in producing rural primary care physicians,¹ so efforts are needed to bolster the ability of these programs to provide rural training opportunities.

Support family medicine departments in schools of medicine and community-based family medicine residencies in providing educational experiences known to increase the likelihood of rural primary care careers, including support of rural longitudinal clinical experiences.

• Increase the number of family medicine residency programs located in rural communities.

Increase the number of family medicine residency rural training tracks provided through urban family medicine programs.

• Lift the cap on graduate medical education training positions for residency programs that have been shown to produce rural family physicians.

• Support graduate medical education funding mechanisms for ambulatory training, as most rural family medicine clinical practice occurs outside of the hospital setting.

Reference

1. Rosenblatt RA, Andrilla CHA, Curtin T, Hart LG. Shortages of medical personnel at community health centers: implications for planned expansion. *JAMA*. 2006 Mar 1;295(9):1042-1049.

This research was supported through the WWAMI Rural Health Research Center with funding from the federal Office of Rural Health Policy, Health Resources and Services Administration, Department of Health and Human Services. Findings are more fully described in WWAMI RHRC Final Report #126: Chen FM, Andrilla CHA, Doescher MP, Morris C. Family Medicine Residency Training in Rural Locations. July 2010.