

## Changes in Rural Family Medicine Training

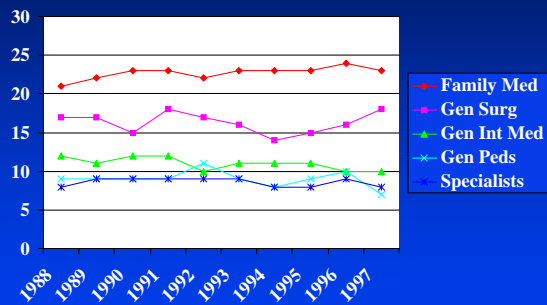
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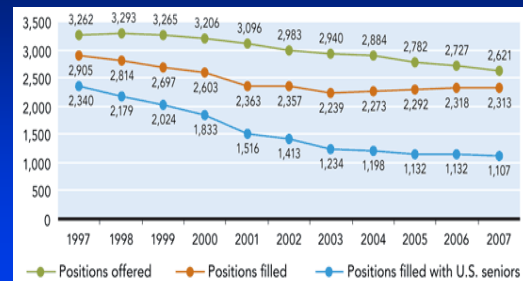
## Background

- Continuing need for physicians in rural areas
- Majority of rural physicians are Family Physicians
- Family medicine interest continues to decline among medical students
- Concern for rural residency training

## Percent rural physicians by specialty



## Family medicine match decline



## Previous Survey

- 2000 survey of all family medicine residency programs
- Only 33 programs (7.3%) located in rural areas
- Accounted for 71% of all rural family medicine training
- Many rural programs closing, or at risk of closing

## Project Aims

- Describe current status and location of family medicine residency training
- Compare changes in amount of rural training from previous survey
- Examine residency training in FQHCs

## Current Study

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- National survey of family medicine training programs
- Use identical survey items from 2000
- Different types of rural training
  - Rural training track
  - Clinic sessions
  - Electives
- Geocoded training ZIP codes to RUCAs

## Methods

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- Identified 460 family medicine residency programs from AAFP
- Excluded closed, military, Puerto Rico
- N=439
- Response = 354
- Response Rate = 80.6%
- Asked for rural training months, # residents, location
- Calculated FTEs

## Results

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- 31/33 (93%) rural programs responded
- 323/406 (80%) of urban programs responded
- 49% of all programs considered rural training to be 'very important'
- 37% consider urban training to be 'very important'

## Rural residency training

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- 33 rural residency programs (7% of total)
- 32/33 (97%) rural residencies were only residency in hospital (compared to 47% urban)
- All at community-based hospitals
- 31% were university-administered

## Rural residency training

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- 53 programs (15%) have full-time 'rural training track'
  - 60% of rural programs (19) have rural track
  - 11% of urban programs (34) have rural track

## Reported Rural training FTEs

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- 7593 residency training FTE
- 683 FTE (9%) reported to take place in rural area, by all programs
- Of 683 FTE rural training,
  - 436 rural FTE (64%) reported by urban programs
  - 36% by rural programs

## Rural training FTEs

- Compared reported location with actual location
- All rural program FTEs reported were in rural places
- In urban programs, only 95 FTE (21%) of reported rural training was actually in rural location

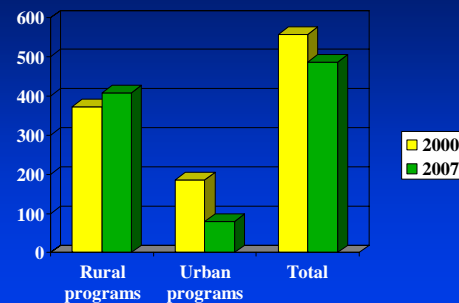
## Actual Rural training FTEs

- 7593 residency training FTE
- 332 FTE (4%) occurs in rural area, by all programs
- Of 332 FTE rural training,
  - 95 rural FTE (29%) reported by urban programs
  - 71% of all rural training done by rural programs (same as 2000 survey)

## Rural training FTE change

- Compared 2007 with 2000 survey results
- Only used actual numbers and programs that were present in both surveys

## Change in Rural training FTEs



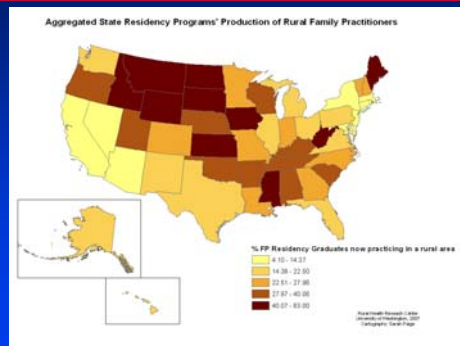
## Residency training and FQHCs

- 83 programs (24%) have some training in FQHC
- 32 (9%) programs with continuity clinic in FQHC
- 14 (4%) have satellite in FQHC

## Rural residency training

- 36% of MD graduates from rural residencies are in rural practice
- 50% of DO graduates from rural residencies are in rural practice
- Rural residency graduates 3 times more likely to practice in rural area
- RR=3.4, p<.001

## Rural FP production by state



## Conclusions

- Stable number of rural residency programs
- Account for 70% of actual rural training
- Many urban programs have rural training programs, but only 20% of that rural training occurs in rural settings
- Declining rural training time

## Conclusions

- Rural Residency training programs produce rural physicians
- Can we train rural physicians in non-rural settings?
- Role of FQHCs in training residents