

US Family Medicine Residency Training in Rural Areas

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Objective

Family physicians continue to provide the majority of care to rural and underserved areas in the US, particularly in smaller and more remote areas. As a result, the supply of rural physicians depends upon the scope and effectiveness of family medicine training programs. The US, however, is facing a precipitous decline in the numbers of US medical school graduates who are choosing to enter family medicine residencies. We sought to determine the extent to which this overall decline may be affecting training in rural locations.

Project Aims

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

Study Design

We surveyed all US family medicine residency programs about the current status and location of their rural training. This survey repeats a previous baseline survey performed in 2000 and utilized the same questions. We examined the number of rural training sites, the programs that emphasize rural training, and whether there has been any change in that emphasis over the past seven years. The questionnaire also focused on how much time residents spend training in rural places and the nature of their practice situations. We utilized ZIP codes and Rural-Urban Commuting Areas (RUCAs) to identify and describe rural and urban practice sites. Analyses were conducted using SPSS.

Our earlier study found that only 33 family medicine residency programs—7.3% of the total that existed at the time of the survey—were located in rural areas. These 33 programs accounted for 71% of all rural family medicine training occurring in the United States.

Study Population

We identified and mailed surveys to 460 family medicine residency programs. We excluded programs that were closed, military programs, and programs located in Puerto Rico. Of 439 eligible programs, 354 responded, for an overall response rate of 80.6%.

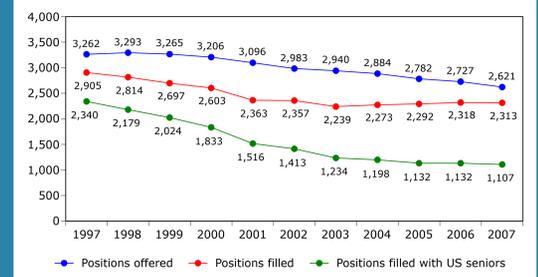
Policy Implications

Despite the pressures facing family medicine and primary care, rural family medicine training programs continue to exist and train rural family physicians. Even though they are not located in rural areas, a significant number of urban family medicine training programs are committed to training rural family physicians and have rural training tracks. While it is heartening that these programs persist, it is unclear whether the quality or type of resident physician training has changed over time.

Overall, it does appear that the amount of rural training in family medicine is declining. Other research has shown that this finding can be exacerbated by the decline in Title VII funding, reductions in J-1 visa waiver applicants and restrictions on IMG physicians. Policies that affect primary care residency training, especially Graduate Medical Education financing, can emphasize the needs of rural areas.

BACKGROUND

Family Medicine Residency Match Decline



RESULTS

- 31/33 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

- 33 rural residency programs (7% of total)
- 29/30 rural residencies were only residency in hospital (compared to 47% urban)
- All at community-based hospitals
- 53 (15% programs have full-time "rural training track")
 - 19 (61%) rural programs have rural track
 - 34 (11%) urban programs have rural track

REPORTED RURAL TRAINING FTES

- 7,593 residency training FTE
- 683 FTE (9%) reported to take place in rural areas, by all programs
- Of 683 FTE rural training:
 - 436 (64%) FTE was reported by urban programs
 - 36% by rural programs

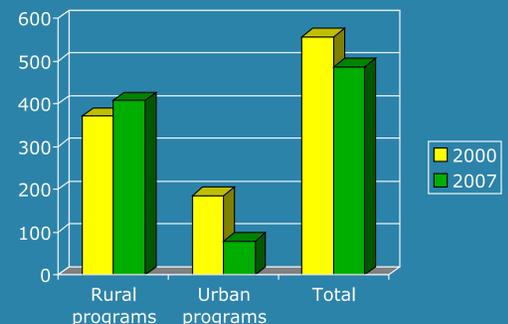
RURAL TRAINING FTES

- Compared reported location with actual location
- All rural program FTEs reported were in rural places
- In urban programs, only 95 FTE (22%) of reported rural training was actually in rural location

ACTUAL RURAL TRAINING FTES

- 7,593 residency training FTE
- 549 FTE (7%) occurs in rural areas, by all programs
- Of 549 FTE rural training:
 - 95 (17%) rural FTE reported by urban programs
 - 83% of all rural training done by rural programs

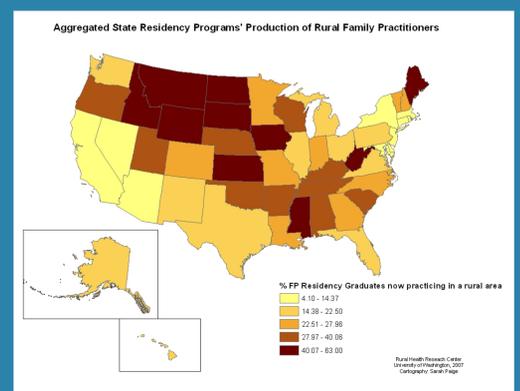
CHANGE IN ACTUAL RURAL TRAINING FTES



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 < 0.001

RURAL FP PRODUCTION BY RESIDENCY PROGRAM STATE



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