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.

**Background**

- **Family Medicine Residency Match Decline**
  - 31/33 rural programs responded
  - 323/406 (80%) of urban programs responded
  - 49% of all programs considered rural training to be "very important"
  - 67% consider urban training to be "very important"

**Policy Implications**

Despite the pressures facing family medicine and primary care, rural family medicine training programs persist in 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 further 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 Community 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%.

**Results**

- 32 rural residency programs (7% of total)
- 29/30 rural residencies were only residency in hospital (compared to 47% urban)
- All at community-based hospitals
- 33 rural residency programs—49% of all programs considered rural training to be "very important"
- 19 (61%) rural programs have rural track
- 34 (11%) urban programs have rural track

**Reported Rural Training FTEs**

- 7,593 residency training FTEs
- 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

**Actual Rural Training FTEs**

- 7,593 residency training FTEs
- 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

**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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