

American Academy of Family Physicians  
Rural Recruitment and Retention Position Paper  
Keeping Physicians in Rural Practice

Submitted and Authored by the Committee on Rural Health

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September 2002

Table 2: Factors that Influence Retention

Physicians who feel better prepared to handle emergencies, tough medical situations and busy outpatient practices without consultants or high-level technology are more likely to stay in rural practice.

Physicians who receive part of their residency training in rural areas stay longer in rural practice. Physicians in rural communities are no more likely to leave their practices than are their urban counterparts.

Urban-raised physicians who enter rural practice stay in rural practice longer than physicians who were raised in rural areas.

Length of stay in rural practice is not associated with attending a public vs. private medical school or with training in a community-based vs. medical school-based residency.

Physicians whose spouses are from urban areas stay in practice as long as those whose spouses are from rural areas.

Physicians involved in teaching remain in rural practice longer than those who are not involved.

For obligated National Health Service Corps scholars, students from private schools are more likely to stay in a rural pay-back site after they have fulfilled their obligation period than are those from public medical schools.

Although many urban physicians assume otherwise, rural physicians do not necessarily view professional isolation and an inability to access medical information as drawbacks to rural practice.

Lack of quality of rural school systems, perceived or real, is related to length of stay for physicians in a rural practice.

### Table 3: Security, Freedom and Identity: How Rural Family Physicians Define These Concepts

#### Security

Confidence in medical abilities.

Commitment to goals.

Ability to meet needs of family.

Comfort with local medical community and hospital.

Not too much call.

Social networks available.

Respect by community at large and by the medical community.

#### Freedom

Challenge and diversity in medical work.

Ability to spend time with patients.

Cooperation from medical community and larger community.

Power in medical system.

Ability to develop health care delivery system.

Involvement in the community.

Personal and family activities.

Developed sense of self and place.

#### Identity

Loss of anonymity.

Like-minded practice group.

Responsible role in hospital and community.

Respect.

Fulfilling aspirations for job.

Seeing self as belonging in the community.

Awareness of self in time and place.

Creation of future goals without needing to relocate.

Reprinted from *Health & Place*, 3(1), Cutchin, MP. Physician retention in rural communities: the perspective of experiential place integration, Pages 25-41, 1997, with permission from Elsevier Science.

#### Table 4: Key Legislative and Governmental Issues

Expand the Medicare Incentive bonus program, which pays a bonus to physicians for services rendered to residents of designated shortage areas, to include practices in remote small towns regardless of HPSA designation.

Renew and expand Title 7 funding, which provides funds for family practice training, and link Title 7 funding to rural medical education.

Reform Medicare regulation of graduate medical education to support rural-based medical education.

Revise Medicare regulations, including the Medicare Incentive bonus program and the Area Wage Index of the Medicare Inpatient Hospital Prospective Payment System.

Write legislation to support rural hospitals, which may include strengthening the Critical Access Hospital system and other special arrangements for rural health care funding.

Changes the Personal Responsibility and Work Opportunity Reconciliation Act, which may improve rural economies and improve government support for rural populations.

#### Table 5: Resources for Information About Rural Health Web sites

American Academy of Family Physicians ([www.aafp.org](http://www.aafp.org)).

Rural Policy Research Institute ([www.rupri.org](http://www.rupri.org))

Rural Medical Educators Home Page ([www.unmc.edu/Community/ruralmeded/](http://www.unmc.edu/Community/ruralmeded/))

National Rural Health Association ([www.nrharural.org](http://www.nrharural.org))

North Carolina Rural Health Research and Policy Analysis Center

([www.shepscenter.unc.edu/research\\_programs/Rural\\_Program/rhp.html](http://www.shepscenter.unc.edu/research_programs/Rural_Program/rhp.html))

Federal office of Rural Health Policy ([ruralhealth.hrsa.gov/](http://ruralhealth.hrsa.gov/))

##### Articles and Books

Council on Graduate Medical Education: Tenth Report: Physician distribution and health care challenges in rural and inner-city areas. Rockville, Maryland: U.S. Department of Health and Human Services, U.S. Public Health Service. 1998: 11-22.

Geyman JP, Norris TE, Hart LG, eds: Textbook of rural medicine. New York, McGraw-Hill, 2001.

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Medicare Payment Advisory Commission: Report to the congress: Medicare in rural America.

Medpac, Washington, DC. June 2001 ([www.medpac.gov](http://www.medpac.gov)). (Note: this document has some useful information, although it has been criticized as being extremely timid in its conclusions).

Urban and Rural Chartbook, DHHS, 2001.

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