One of in five Americans lives in a rural community. Those areas face physician shortages across medical specialties.

While 15% of the U.S. population lives in rural areas, only 12% of primary care physicians work in rural areas, and that share dips to only 8% in all other specialties. To compound matters, rural communities can have high proportions of patients from historically marginalized racial and ethnic groups, with few doctors from those backgrounds to treat them, according an AMA Council on Medical Education report whose recommendations were adopted at the November 2021 AMA Special Meeting.

“The impact of these numbers is real,” the report says. “Rural communities most likely to suffer from a shortage of physicians can be characterized by low population density, extreme poverty” and also a “lack of physical and cultural amenities.”

Efforts are currently underway to increase exposure to rural medicine as a career pathway for both students in rural and nonrural environments. Through the AMA Reimagining Residency grant program, Oregon Health & Science University (OHSU) and the University of California, Davis (UC Davis) were awarded $1.8 million to create educational interventions designed to expand access to quality health care in the rural and indigenous communities between Sacramento and Portland through a network of teaching hospitals and clinics.

This GME collaborative, known as the California Oregon Medical Partnership to Address Disparities in Rural Education and Health (COMPADRE), recruits students from those areas and provides clinical training in the communities they hope to serve in their careers in medicine.

Additionally, the AMA also awarded $1.8 million to the University of North Carolina School of
Medicine to support expansion of the Fully Integrated Readiness for Service (FIRST) pilot program to new geographic areas of North Carolina and additional high needs specialties including family medicine, general surgery, pediatrics, and psychiatry. FIRST provides a dedicated pathway to practice in rural areas consisting of three years in medical school, three to five years in residency training, and three years of early career mentorship once established in practice in a community in North Carolina.

“For the nearly 60 million people who live in rural communities across America, persistent inequities continue to place barriers on access to medical care – resulting in devastingly higher rates of mortality and preventable hospitalizations for this patient population,” said AMA Board of Trustees Member Scott Ferguson, MD. “There is a clear, urgent need for more physicians to serve in rural America to help close existing gaps in patient care. The AMA is dedicated to addressing the root causes of health inequities for the rural patient population, and this policy is one step closer to removing those obstacles to care and achieving optimal health for all.”

With an aim to proactively address the physician shortage in rural areas, the AMA House of Delegates modified or amended existing policy to:

- Encourage Accreditation Council for Graduate Medical Education review committees to consider adding exposure to rural medicine as appropriate, to encourage the development of rural program tracks in training programs and increase physician awareness of the conditions that pose challenges and lack of resources in rural areas.
- Encourage adding educational webinars, workshops and other didactics via remote-learning formats to enhance the educational needs of smaller training programs.
- Work to augment the impact of initiatives to address rural physician workforce shortages.
- Undertake a study of structural urbanism, federal payment polices, and the impact on rural workforce disparities.
- Work to augment the impact of initiatives to address rural physician workforce shortages.

Delegates also directed the AMA to “monitor the status and outcomes of the 2020 Census to assess the impact of physician supply and patient demand in rural communities.”

Read about the other highlights from the November 2021 AMA Special Meeting.