



Purpose

Many community health centers are located in rural or urban underserved areas that need more physicians. Research shows that medical students receiving education and training in rural and underserved communities are more likely to stay and practice in those areas. Congress needs to increase training sites for medical students in rural communities to strengthen the physician workforce for underserved populations.

Background

According to HRSA's Advisory Committee on Interdisciplinary, Community-Based Linkages, there is a growing trend toward providing care in smaller community-based clinics instead of academic hospitals. The traditional site of clinical training for students in many health professions has been the teaching hospital, often affiliated with a university or other academic center. However, large academic medical centers represent only five percent of all hospitals in the United States and only 20 percent of all hospital admissions, surgical operations and outpatient visits. To address workforce shortages and community needs, the provision of health care is shifting away from expensive and centralized hospitals to encompass more lower-cost, community-based settings.

As the provision of care has shifted to community facilities, so has the training of medical students. The vast majority of new osteopathic and allopathic medical schools adopt the community-based distributed medical education model of training in ambulatory clinics and physician offices. However, over three-quarters of all medical schools report concerns about the number of clinical training sites and the quality and supply of preceptors, especially in primary care. Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) serve more than 31 million patients at over 14,000 locations and provide training opportunities for medical students.

Colleges of osteopathic medicine (COMs) prioritize training future physicians in rural and underserved areas served by FQHCs and RHCs. Sixty percent (60%) of COMs are located in health professional shortage areas, 64% require their students to go on clinical rotations in rural and underserved areas and 88% have a stated public commitment to rural health. Eighty-six percent (86%) of DOs who attend a COM and residency in a state, stay to practice in that state. Further, 43% of graduating 2021-2022 osteopathic medical students plan to practice in a medically underserved or health shortage area; of those, 40% plan to practice in a rural community.

Impact

Clinical training in community-based settings exposes medical students to the unique healthcare needs of rural and underserved populations and prepares them to serve these communities after graduation. Research shows that training in rural and underserved areas leads to practice in those areas, Congress should encourage more medical school training in FQHCs and RHCs to increase physician practice in these high-need communities.

AACOM Recommends

Members of Congress sponsor legislation to create a HRSA grant program to increase medical school clinical rotations in rural community-based facilities.

About AACOM

The American Association of Colleges of Osteopathic Medicine (AACOM) leads and advocates for osteopathic medical education to improve the health of the public. Founded in 1898 by the nation's osteopathic medical schools, AACOM represents all 41 colleges of osteopathic medicine — educating more than 35,000 future physicians, 25 percent of all US medical students — at 66 medical school campuses, as well as osteopathic graduate medical education professionals and trainees at US medical centers, hospitals, clinics and health systems. For more information, please contact David Bergman, Vice President of Government Relations, dbergman@aacom.org (301) 968-4174.