INTRODUCTION

There is a growing recognition that the geographic maldistribution of physicians is a more problematic issue than the overall supply. In general, physicians tend to congregate in more affluent urban areas while more rural locations remain underserved. There is an increasing number of residency programs designed to encourage physicians to practice in rural locations, but the geographic maldistribution of physicians continues to be problematic. This study examined factors that predict a physician’s decision to practice in rural locations. Among the predictors considered are lifestyle factors such as being in a long-term relationship and having dependent children.

METHODS

The primary data source for the study was the New York Resident Exit Survey. This annual survey of physicians completing residency or fellowship training in New York has been conducted in collaboration with teaching hospitals in the state since 1998 (61% response rate). The survey collects extensive information on new physicians’ demographic and educational backgrounds, post-training plans, and job market experiences. Only physicians with confirmed practice plans were included in the analysis and international medical graduates (IMGs) on temporary visas were excluded due to practice restrictions. The primary analytic technique was multinomial logistic regression. The dependent variable practice location had 3 categories: rural, suburban, and urban.

Key Findings: There were a number of factors associated with a physician’s decision to practice in a rural area, including medical school location, specialty, type of practice, job market experience, and dependent children. These factors were also associated with a physician’s decision to practice in a rural area compared to a suburban location, with an exception being having dependent children.

Implications: This study found that a number of factors affect a physician’s decision to enter practice in a rural location. These findings have broad implications. The factors found to be predictive and non-predictive of a physician’s decision may help inform programs designed to encourage physicians to practice in rural areas.

KEY FINDINGS

A number of factors were associated with a physician's decision to practice in a rural area, including medical school location, specialty, type of education, dependent children, and job market experience.

• Primary care physicians, Doctors of Osteopathic Medicine (DOs), IMGs, physicians with dependent children, and physicians who had to change their plans due to limited practice opportunities were more likely to practice in rural areas compared to urban areas.

• These factors were also associated with a physician's decision to practice in a rural area compared to a suburban location, with the exceptions being DOs and physicians with dependent children.

• Physicians who reported a strong regional job market were more likely to practice in rural areas compared to urban areas.

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Implications: This study found that a number of factors affect a physician’s decision to enter practice in a rural location. These findings have broad implications. The factors found to be predictive and non-predictive of a physician’s decision may help inform programs designed to encourage physicians to practice in rural areas. If certain factors predict the likelihood of rural practice in rural areas, it may benefit rural health programs to consider these factors when evaluating potential candidates.