Update from the Sheps Graduate Medical Education Technical Assistance Center

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Disclosures

Rural Residency Planning and Development – Technical Assistance Center (RRPD-TAC) is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under cooperative agreement #UK6RH32513.

Teaching Health Center Graduate Medical Education – Technical Assistance Center (THCGME-TAC) is supported by the HRSA of the U.S. Department of Health and Human Services (HHS) under contract #75R60224C00016.

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The contents are those of the author(s) and do not necessarily represent the official views of, or an endorsement by HRSA, HHS, the U.S. Government, the UNC System, NC DHHS, or the North Carolina General Assembly.

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GME is one of the most powerful levers to address physician shortages

86%

Of THCGME graduates are practicing in underserved care[1]

65%

Of THCGME graduates are practicing in primary care[2]

Rural-trained physicians are at least **twice** as likely to practice in rural areas[3-4]

RRPD graduate (n=146) outcomes align with research

50%

in rural

76%

in mental health HPSAs

65%

in primary care HPSAs

RRPD = Rural Residency Planning and Development
THCGME = Teaching Health Center Graduate Medical Education
HPSA = Health Professional Shortage Areas

1. https://bhw.hrsa.gov/funding/apply-grant/teaching-health-center-graduate-medical-education
2. https://www.milbank.org/wp-content/uploads/2023/05/THC-Milbank_4.pdf
3. Health Serv Res. 2024 Feb;59(1):e14168.
4. J Grad Med Educ. 2022;14(4):441–450.

Rural and underserved GME has increased. Federal investments have made a substantial contribution.

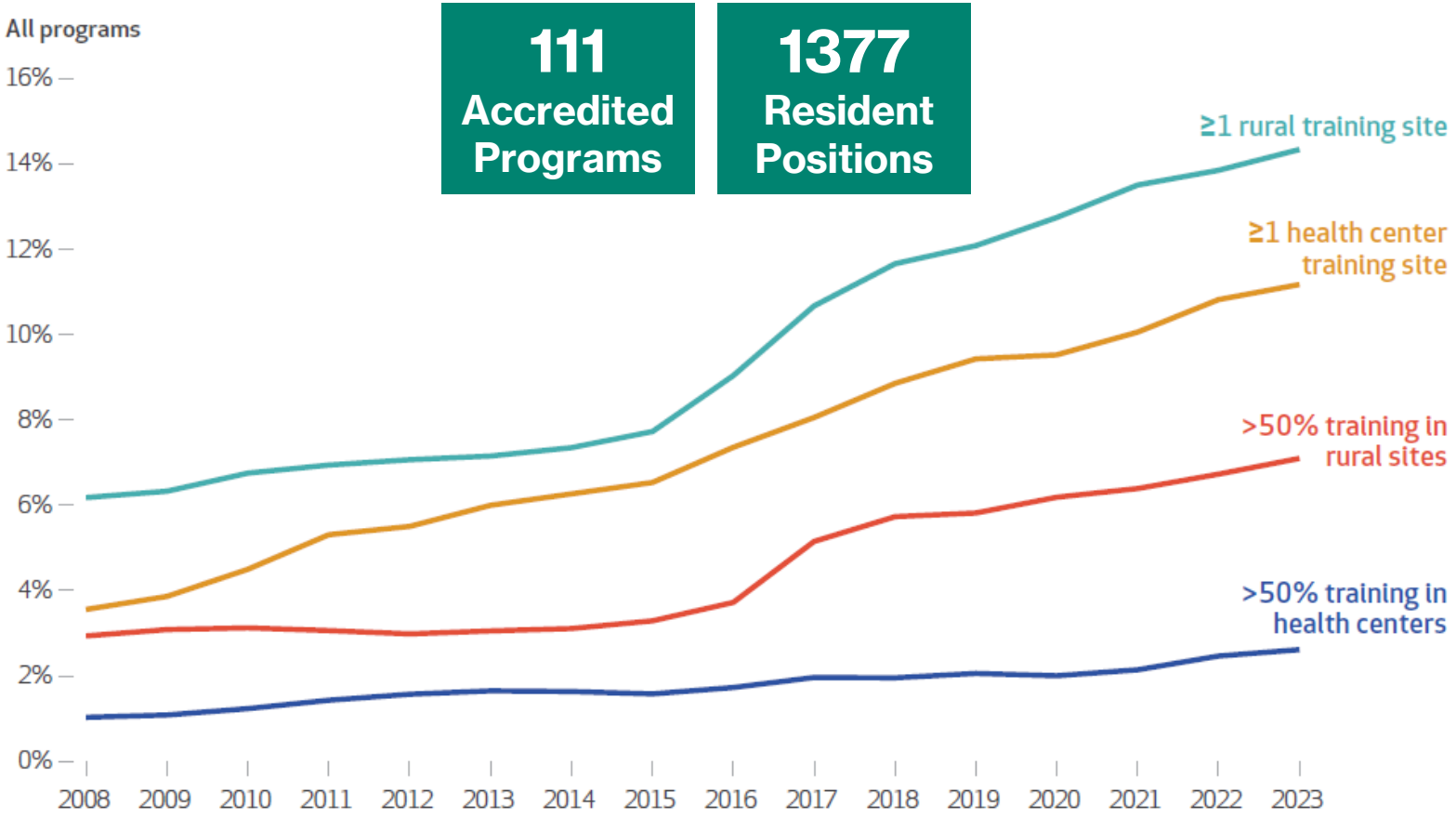
195 Grant Recipients

45 States

10 Specialties

111 Accredited Programs

1377 Resident Positions



1 in 4 rural residencies were Health Resources and Services Administration (HRSA) Rural Residency Planning and Development (RRPD) initiated.

1 in 3 health center-based residencies were HRSA Teaching Health Center grant recipients.

Health Aff (Millwood). 2025 May;44(5):572-579.

Federal investments have made a substantial contribution.

Longitudinal trends show an increase in Department of Veterans Affairs investment in HRSA-funded residency programs.

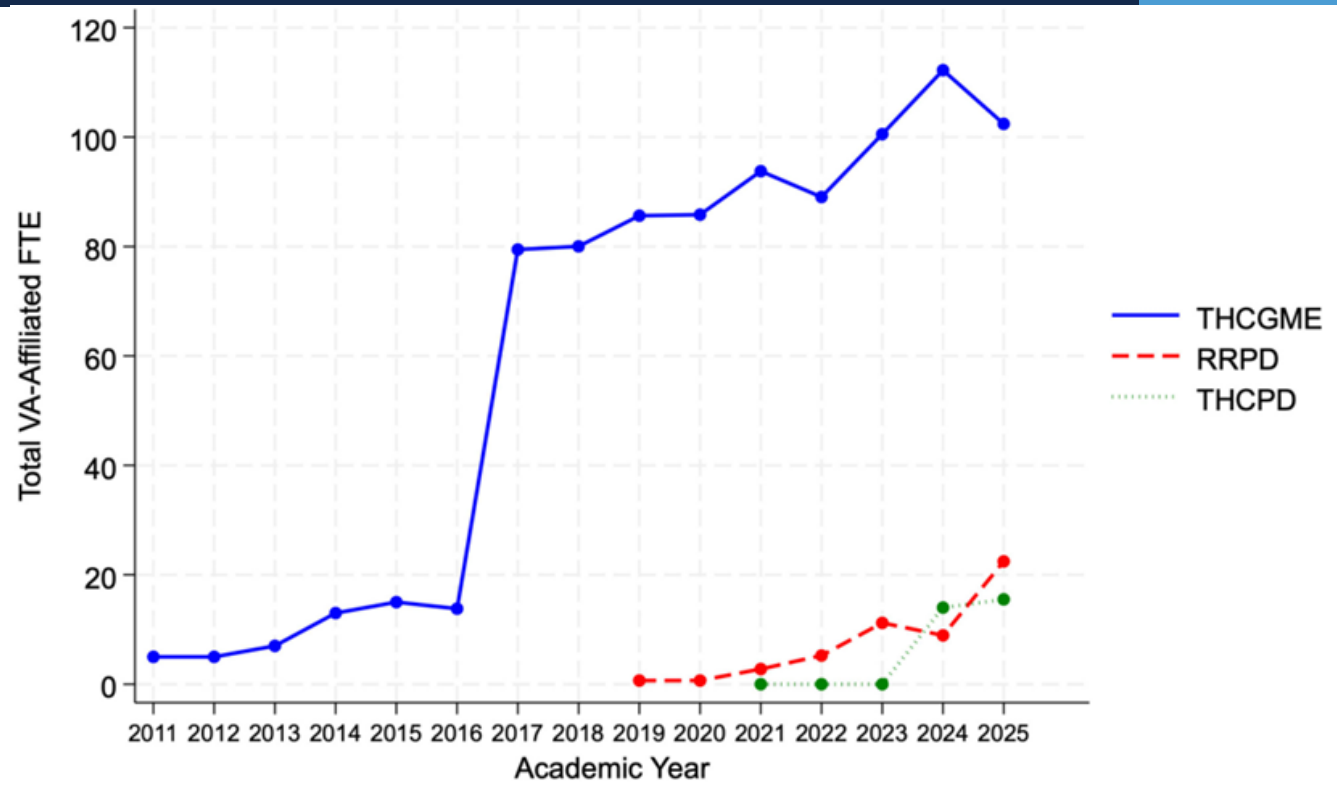


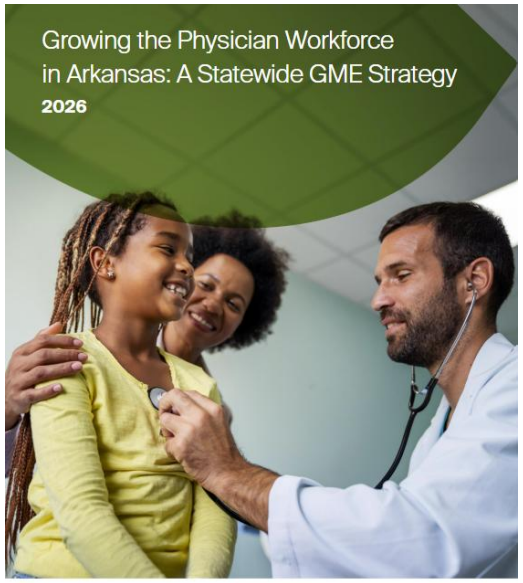
TABLE 1 | (Continued)

Federal initiative name	Initiative purpose and description	Funding model	Funding amount/ reimbursable costs	Key eligibility	Eligible specialties	Funding cycles
VA Graduate Medical Education Expansion *(Under the Veterans Access, Choice, and Accountability Act of 2014)* [25, 43–45]	Improve care of the Veteran population and assist in providing an adequate supply of health personnel to VA and the Nation. Previous RFPs have prioritized certain specialties (i.e., psychiatry) or facility characteristics (i.e., rural) to align with congressional requirements and/or VA	Expansion, sustainability	Reimbursement covers the proportionate share of the stipend and benefits of physician residents for the time spent in clinical and educational activities at VA medical facilities. Reimbursement is	Eligible applicants are VA medical facilities that are affiliated with ACGME-accredited sponsoring institutions and have or plan to have resident rotations at VA medical facilities.	ACGME-accredited specialties	Cycles of RFPs since 2014

The Journal of Rural Health 42, no. 3 (2026): e70185.

Technical assistance is a critical component to ensure GME growth and long-term sustainability.

- **Partnerships are important** to the success of rural GME programs.
- Designing a program that will be sustained through stable sources like **Medicare reimbursement is complicated** and can be impacted by several factors, such as hospital type, location, specialty, etc.
- **Pairing technical assistance** with start-up funding helps ensure programs can launch, expand, and remain sustainable long-term.



Heartland Whole Health Institute™ SHEPS GME.org

RRPD Hospital Training Sites	N
Inpatient Prospective Payment (IPPS) Hospital	76
Rural Referral Center (RRC)	60
Critical Access Hospital (CAH)	41
Sole Community Hospital (SCH)	32
SCH/RRC	27
Children's Hospital	26
Veterans Affairs (VA) Medical Center	19
Psychiatric Hospital	14
Medicare-Dependent Hospital (MDH)	9
Indian Health Service Hospital	6
Disproportionate Share Hospital	1
Total	311

Rural Residency Planning and Development Technical Assistance Center. Data on File

Are You Listening?
Catch the Preceptor Pulse video podcast on YouTube!

ShepsGME.org

Preceptor Pulse

Scan to visit YouTube

Playlist of quick tips for busy teachers in medical & dental education

RuralGME THCGME NCGME

The Consolidated Appropriations Act of 2021 has made a positive impact, but refinements are needed.

- **Section 127:** Removing separate accreditation to meet eligibility for CMS Rural Track Program funding
- **Section 131**: Resetting artificially low Per Resident Amounts or caps.
  - The provision expired in Dec 2025
- **Section 126**: Providing 1,000 new GME payment slots
  - Less than 5% reached geographically rural areas.

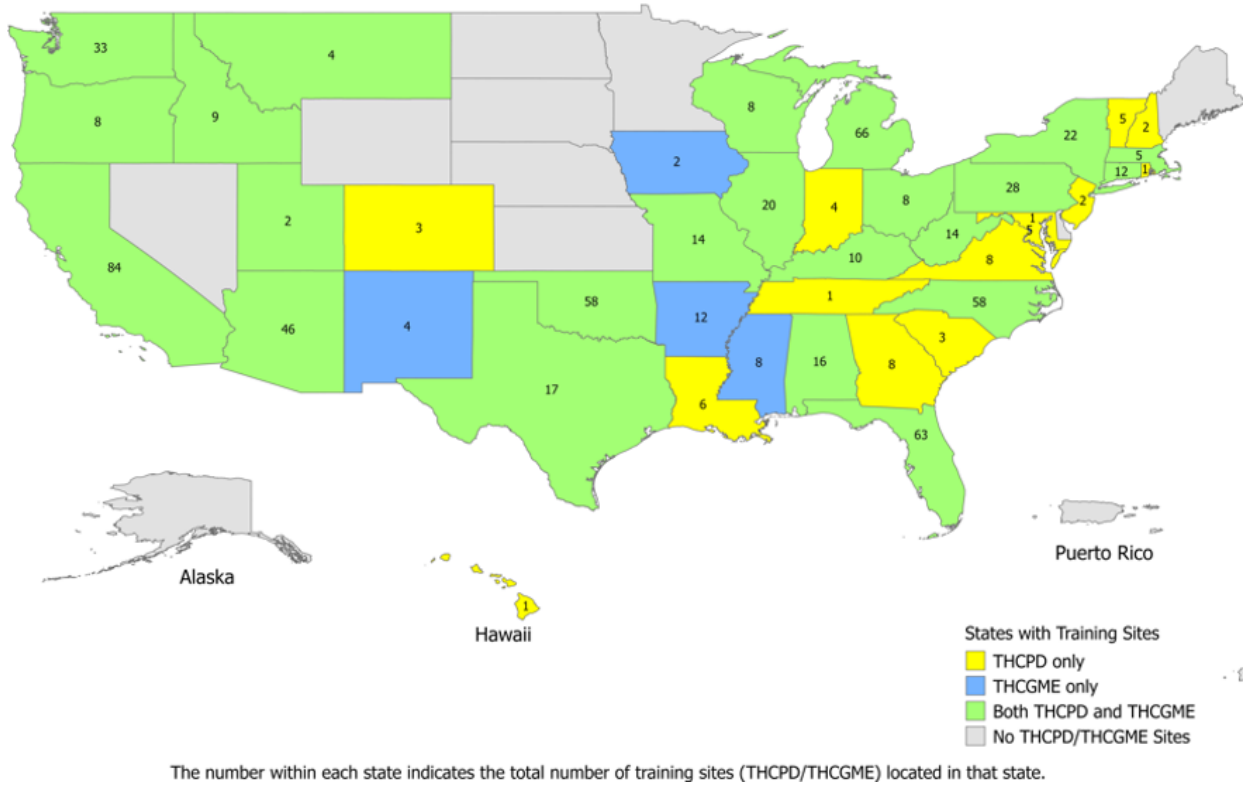
THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER

Three Sisters Rural Track Program

-Acad Med. 2022 Sep 1;97(9):1259-1263
-https://www.gao.gov/products/gao-26-107686
-https://www.aamc.org/about-us/mission-areas/health-care/section-131
-JAMA. 2023 Sep 12;330(10):968-969.

Increased and sustained THCGME funding is needed.

- Community Health Centers (CHCs) are not able to directly access adequate Medicare GME financing
- Medicare GME financing largely reaches hospital-based training in urban areas
- HRSA programs are funding medical, dental, NP, PA, nursing, behavioral health, and other training in underserved settings[1]
- Through periodic appropriations, THCGME funds~1,200 medical and dental residents in 88+programs[2-3]



1. https://bhw.hrsa.gov/programs
2. https://bhw.hrsa.gov/funding/apply-grant/teaching-health-center-graduate-medical-education
3. https://www.milbank.org/wp-content/uploads/2023/05/THC-Milbank_4.pdf

There is untapped potential and capacity for rural GME

RuralGME.org

Graduate Medical Education Never Claimer Hospital List

*This list excludes Critical Access Hospitals (CAHs) and Rural Emergency Hospitals (REHs) due to different Medicare GME financing regulations.

ccn	name	city	state
010005	Marshall Medical Centers South Campus	BOAZ	AL
010007	Mizell Memorial Hospital	OPP	AL
010012	Dekalb Regional Medical Center	FORT PAYNE	AL
010016	Shelby Baptist Medical Center	ALABASTER	AL
010019	Helen Keller Memorial Hospital	SHEFFIELD	AL
010021	Dale Medical Center		
010022	Floyd Cherokee Medical Center		
010034	Community Hospital Inc		
010035	Cullman Regional Medical Center		

Sheet1

Financial Planning | Specialty: Not Specialty Specific | Type: Resource Collection Or Website

0 0

Never Claimer Hospital List

Working with hospitals that have never claimed GME costs (or "never-claimers") can provide strong path for Medicare reimbursement. This is a spreadsheet of never claimer hospitals to help guide in scenario planning for GME development. The data presented in this report were primarily generated from the June 30, 2025 Healthcare Provider Cost Reporting Information System (HCRIS) data release, CMS Fiscal Year 2026 Final Rule Data File, and internal Section 131 analysis.

Rural Health Transformation Program is expanding GME

- Through this State GME Community of Practice, participating states will have access to tools, data, and expertise to help identify hospitals and training sites that may be well-positioned to leverage existing federal and state GME financing mechanisms, while also addressing workforce needs in rural and underserved communities.

StateGME

Rural Health Transformation (RHT) Program

State funding is supporting start-up and sustainability

Issue Brief
April 2026

Milbank Memorial Fund
Using evidence to improve population health

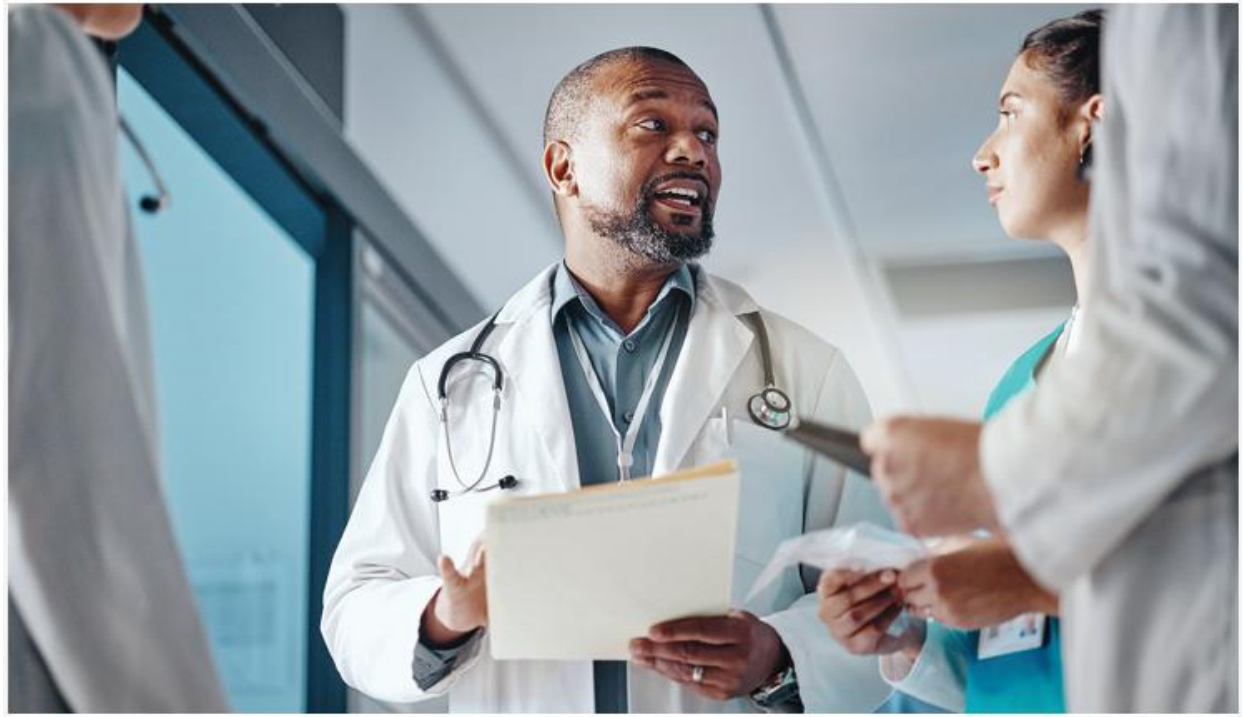
A Roadmap for Building and Implementing a Comprehensive State Graduate Medical Education Strategy: Actionable Steps to Align Investments with Workforce Needs

Table 1. State GME Models and Technical Assistance Initiatives

State	Specialties Included	Rural Provisions	Health Center Provisions	Development Model(s)	Expansion Model(s)	Sustainability Model(s)	Technical Assistance Entity/Services
Wisconsin	FM, psychiatry, OB/GYN, IM, Peds, GS, EM, addiction medicine, addiction psychiatry, other specialties considered when data demonstrates need in rural	Yes	Yes	Department of Health Services (DHS) Grant Program; Wisconsin Rural Physician Residency Assistance Program (WRPRAP) Rural GME Transformational Grants	Graduate Medical Education (GME) Residency Expansion Grant (SPA WI-24-0017)	Wisconsin Rural Physician Residency Assistance Program (WRPRAP) Rural GME Operational Grants	Wisconsin Collaborative for Rural Graduate Medical Education (WCRGME)

Putting the Roadmap to a Comprehensive State Graduate Medical Education Strategy into Practice: State Perspectives

BY LORI RODEFELD, RAQUEL DAVIS, ERIN P. FRAHER, HEIDI B. MILLER, SHELBY RIMMLER-COHEN, MARY ALICE SCOTT, MUKESH ADHIKARI, AND EMILY M. HAWES, UNC CECIL G. SHEPS CENTER FOR HEALTH SERVICES RESEARCH



REPORT | July 2026

Milbank Memorial Fund
Using evidence to improve population health

WISCONSIN: BUILDING SUSTAINABLE RURAL TRAINING THROUGH LONG-TERM PARTNERSHIPS AND COORDINATED TECHNICAL ASSISTANCE

Figure 4: Wisconsin GME Training Sites, 2012-2025

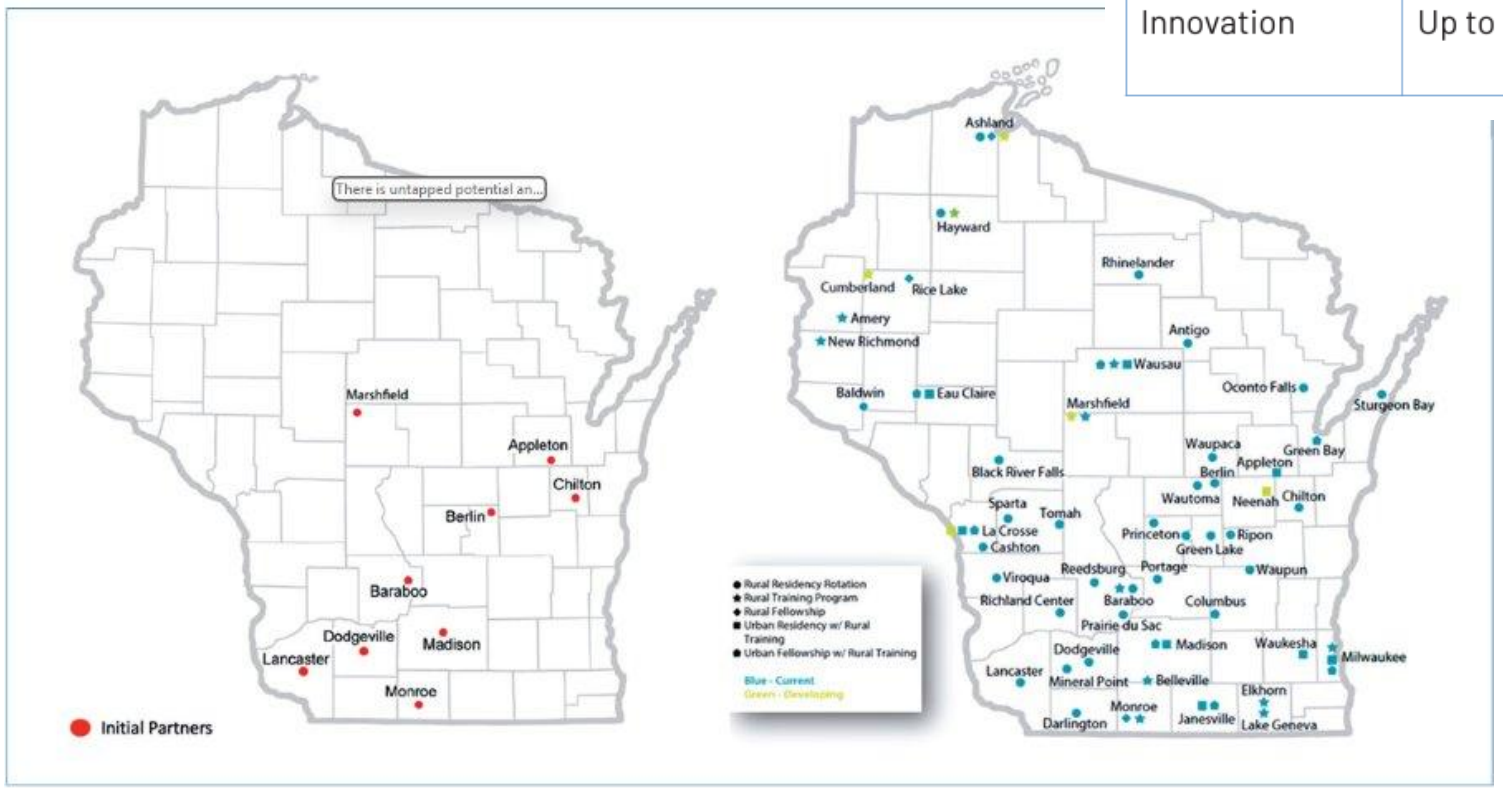


Figure 3: North Carolina Grant Types with Flexible Features (Lower Rural Training Time Requirements and the Ability for Residents to Train in Rural Census Tracts Within Metropolitan Counties)

Grant Type	Max Grant Period	Max Award Amount	Grant Renewal
Development	Up to 3 years	$750,000	No
Expansion	Annual renewal, dependent on outcomes	$150,000 per resident per year	Yes
Sustainability	Annual renewal, dependent on outcomes	$150,000 per resident per year	Yes
Innovation	Up to 2 years	$200,000	No

https://www.northcarolina.edu/rural-health/

NORTH CAROLINA: USING WORKFORCE DATA AND FLEXIBLE FUNDING MODELS WITH TECHNICAL ASSISTANCE TO EXPAND RURAL TRAINING

RuralGME & THCGME Tools and Resources

RuralGME.org

Toolbox Tools

Filters

396 results

Search Tools

Keyword...

Disciplines & Specialties +

Tool Sections +

Tool Types +

Featured Discipline: Medical | Section: Program Design and Development - Initial Design | Type: Webinar Or Presentation

Curricular Design for Rural Programs

Technical Assistance Center webinar (recording) on curricular design with examples from family medicine, internal medicine, and psychiatry (July 2020); faciliatated by Judith Pauwels, MD and with presenters: Carlyle Chan, MD, Joseph Weigel, MD, and Molly Benedum, MD

6 0 Visit Site

Featured Discipline: Medical | Section: Institutional Sponsorship | Type: Example Or Sample

Sample Sponsoring Institution Application

Example of a completed sponsoring institution application

RuralGME & THCGME Tools and Resources

- Increased rural and underserved GME roadmap resources
- Enhanced Toolbox search and filter functionality for program development, sustainability, and vitality

RuralGME.org

Roadmaps and Timelines

Use these roadmaps and timelines to plan, launch, and grow your GME program and/or strategy.

Roadmap For Rural Residency Program Development — Open Roadmap

This roadmap provides a structured framework to guide the development of rural residency programs from initial exploration through implementation and maintenance of an accredited, successful, and sustainable program. It provides specific, measurable milestones, including stage-based goals and objectives, to support new programs in tracking progress across the developmental trajectory.

Roadmap For Rural and Underserved Residency Program Vitality — Close Roadmap

This roadmap provides a structured framework for maintenance of healthy, thriving residency programs. It provides specific and measurable goals and objectives to support long-term stability, continuous improvement, and progression toward excellence.

Download Roadmap | Download Goals & Objectives

A Roadmap for Rural and Underserved Residency Program Vitality

Pursue scholarship and

GOAL 8

GOAL 7

Recruit mission-aligned residents

Search Tools

Keyword...

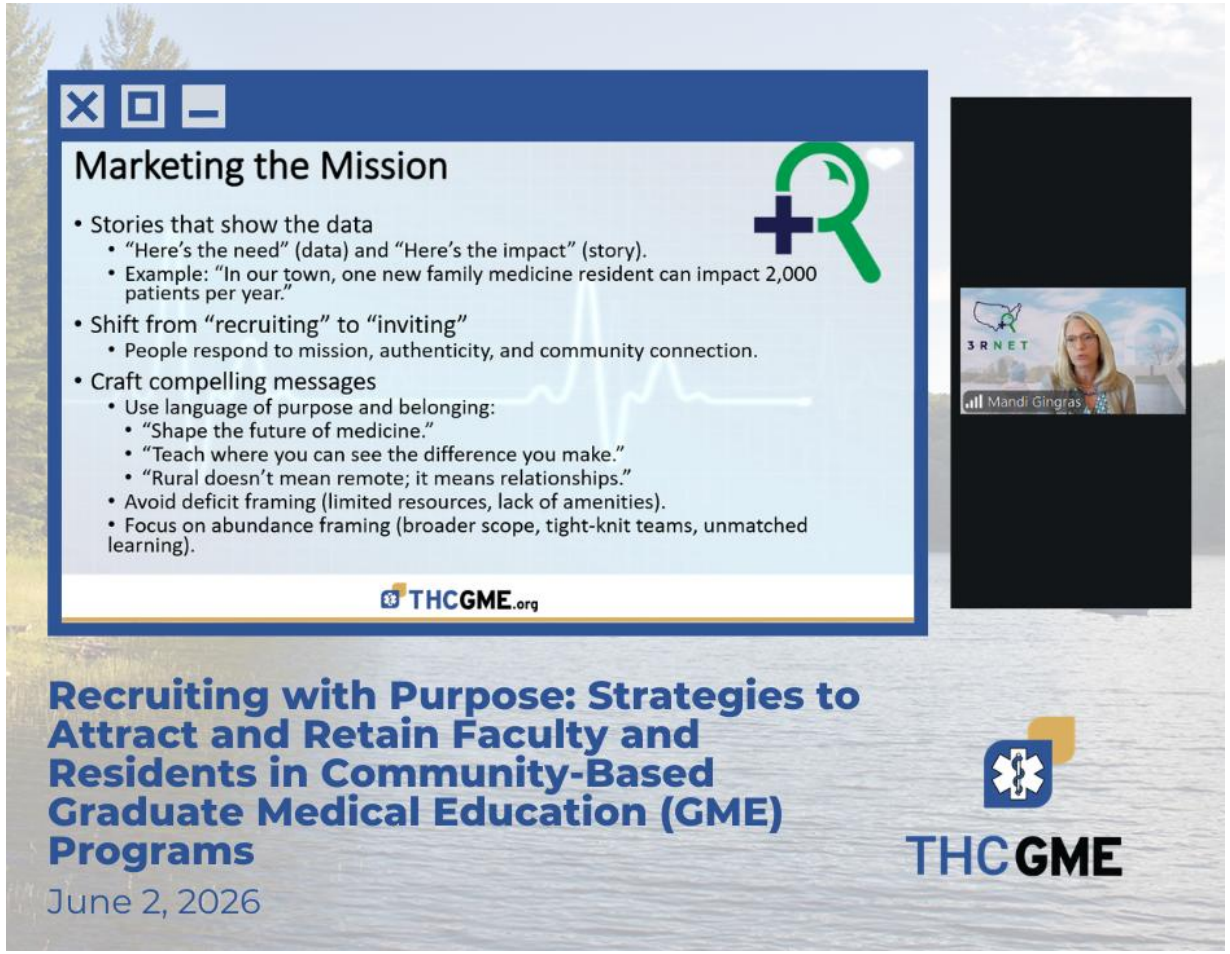
Disciplines & Specialties

- Medical
  - Discipline-wide
  - Family Medicine
  - General Surgery
  - Geriatrics
  - Internal Medicine
  - Internal Medicine-Pediatrics
  - Obstetrics and Gynecology
  - Pediatrics
  - Preventive Medicine
  - Psychiatry
- Dental
  - Discipline-wide
  - General
  - Pediatric

Tool Sections

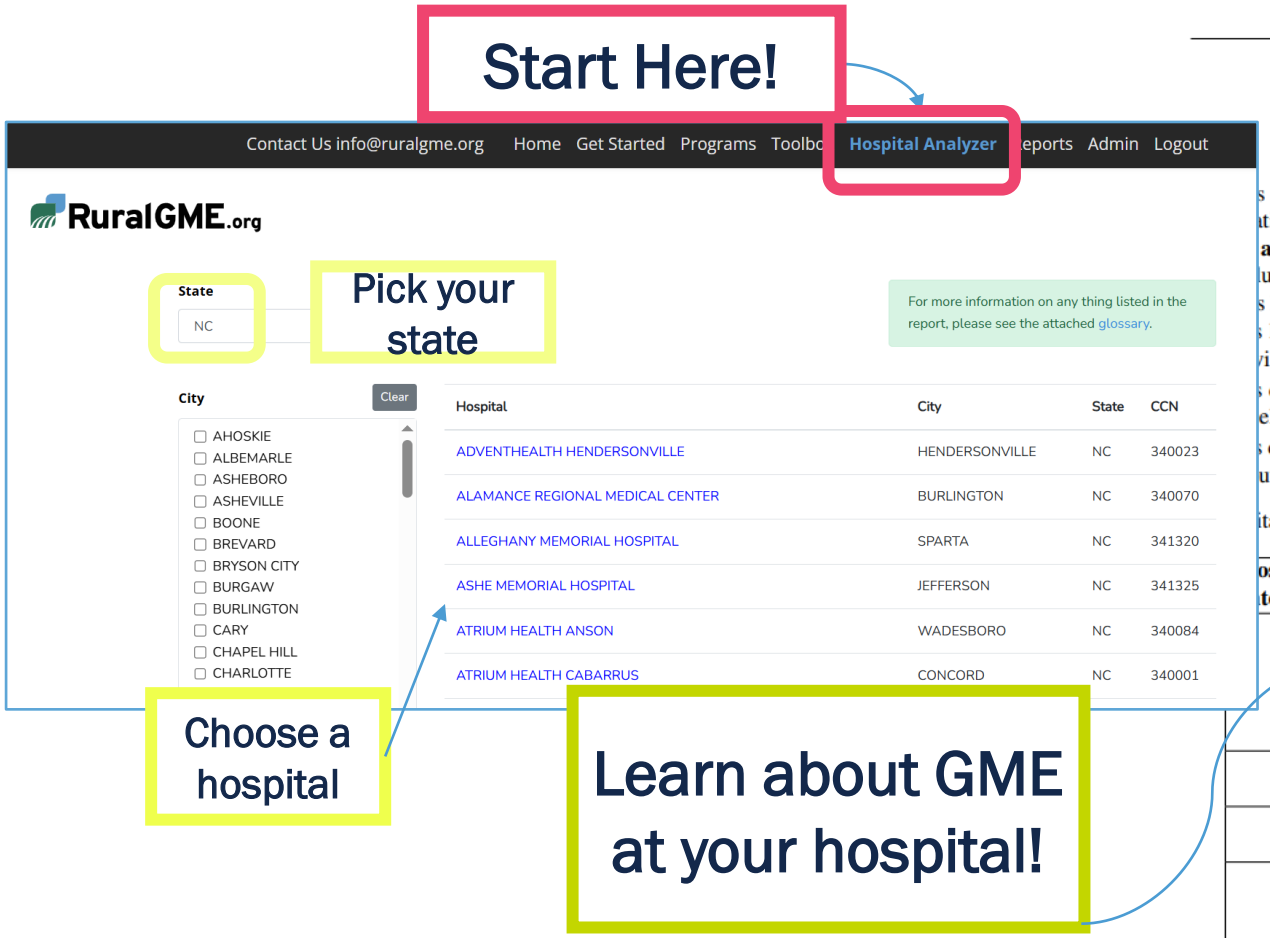
- Community Engagement
- Institutional Sponsorship
- Program Design and Development
  - General Program Design and Development
  - Initial Design
  - Faculty and Key Staff Support
  - Evaluation Systems
  - Practice Development
- Finance and Governance
  - General Finance and Governance
  - Planning
  - Maintenance

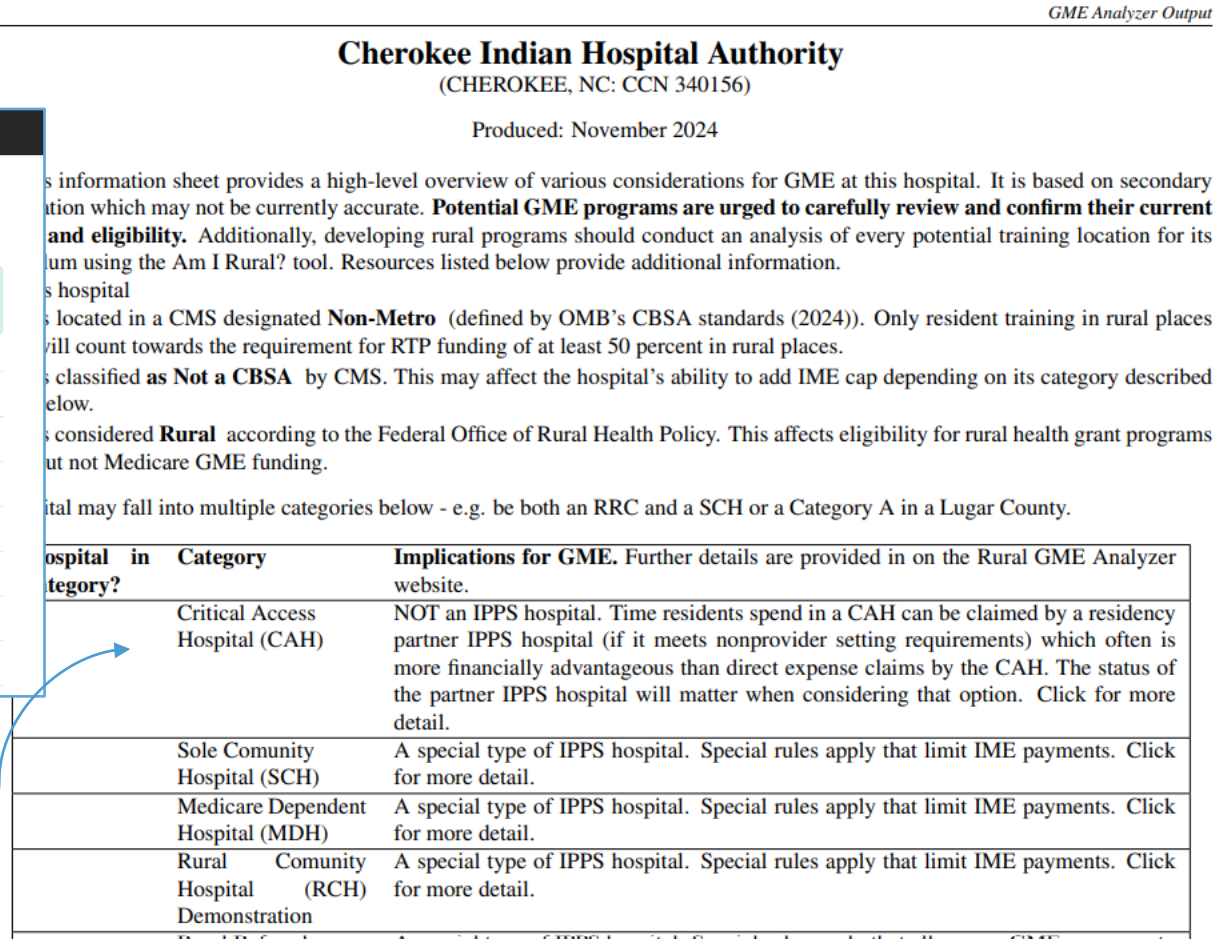
Monthly Webinars



See upcoming webinars at www.RuralGME.org and www.THCGME.org!

Have you tried the Hospital Analyzer Tool?





GME Analyzer Output

Cherokee Indian Hospital Authority
(CHEROKEE, NC: CCN 340156)

Produced: November 2024

s information sheet provides a high-level overview of various considerations for GME at this hospital. It is based on secondary tion which may not be currently accurate. **Potential GME programs are urged to carefully review and confirm their current and eligibility.** Additionally, developing rural programs should conduct an analysis of every potential training location for its um using the Am I Rural? tool. Resources listed below provide additional information.

s hospital

s located in a CMS designated **Non-Metro** (defined by OMB's CBSA standards (2024)). Only resident training in rural places ill count towards the requirement for RTP funding of at least 50 percent in rural places.

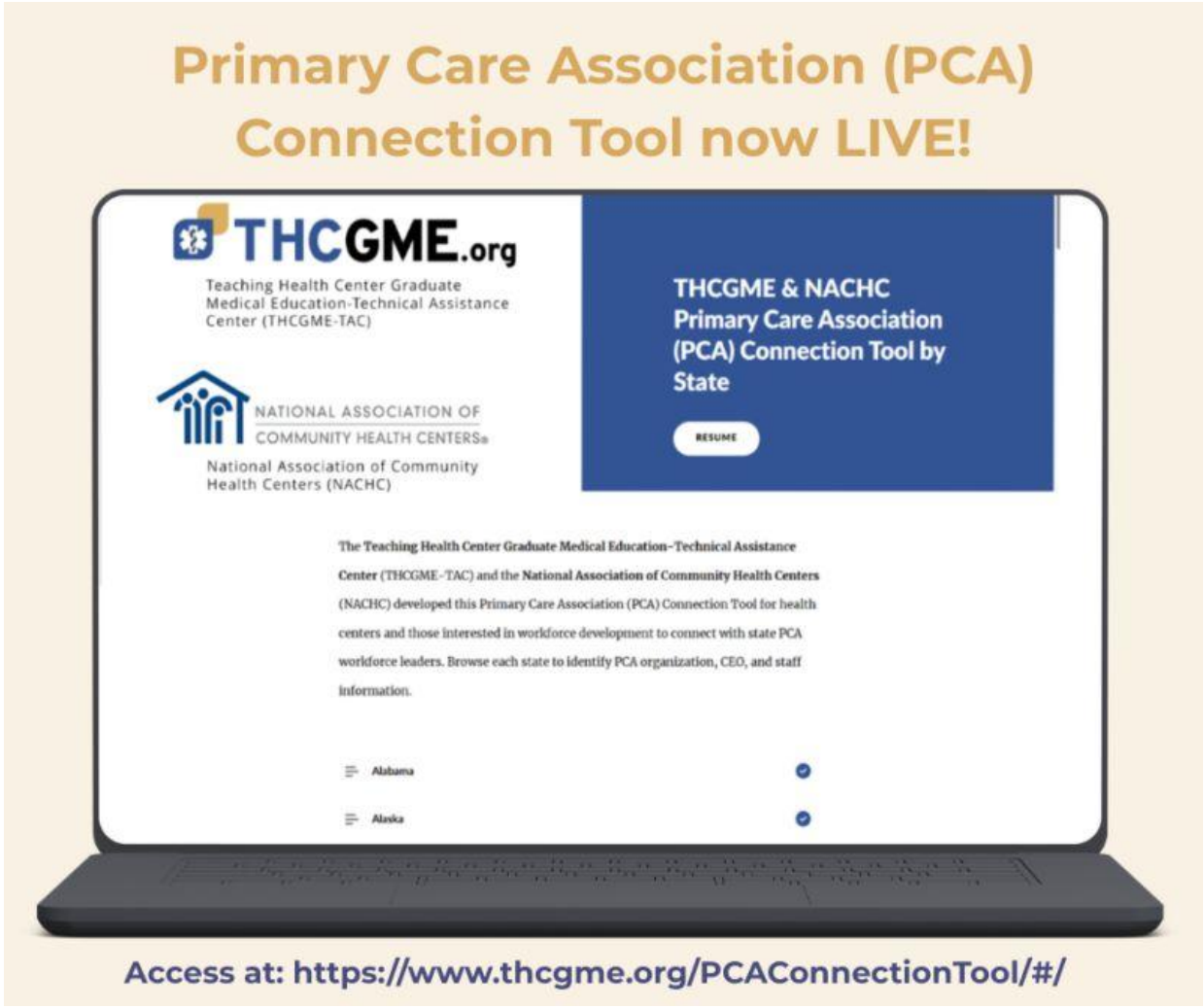
s classified **as Not a CBSA** by CMS. This may affect the hospital's ability to add IME cap depending on its category described elow.

s considered **Rural** according to the Federal Office of Rural Health Policy. This affects eligibility for rural health grant programs ut not Medicare GME funding.

ital may fall into multiple categories below - e.g. be both an RRC and a SCH or a Category A in a Lugar County.

ospital in tegory?	Category	**Implications for GME.** Further details are provided in on the Rural GME Analyzer website.
	Critical Access Hospital (CAH)	NOT an IPPS hospital. Time residents spend in a CAH can be claimed by a residency partner IPPS hospital (if it meets nonprovider setting requirements) which often is more financially advantageous than direct expense claims by the CAH. The status of the partner IPPS hospital will matter when considering that option. Click for more detail.
	Sole Comunity Hospital (SCH)	A special type of IPPS hospital. Special rules apply that limit IME payments. Click for more detail.
	Medicare Dependent Hospital (MDH)	A special type of IPPS hospital. Special rules apply that limit IME payments. Click for more detail.
	Rural Comunity Hospital (RCH) Demonstration	A special type of IPPS hospital. Special rules apply that limit IME payments. Click for more detail.

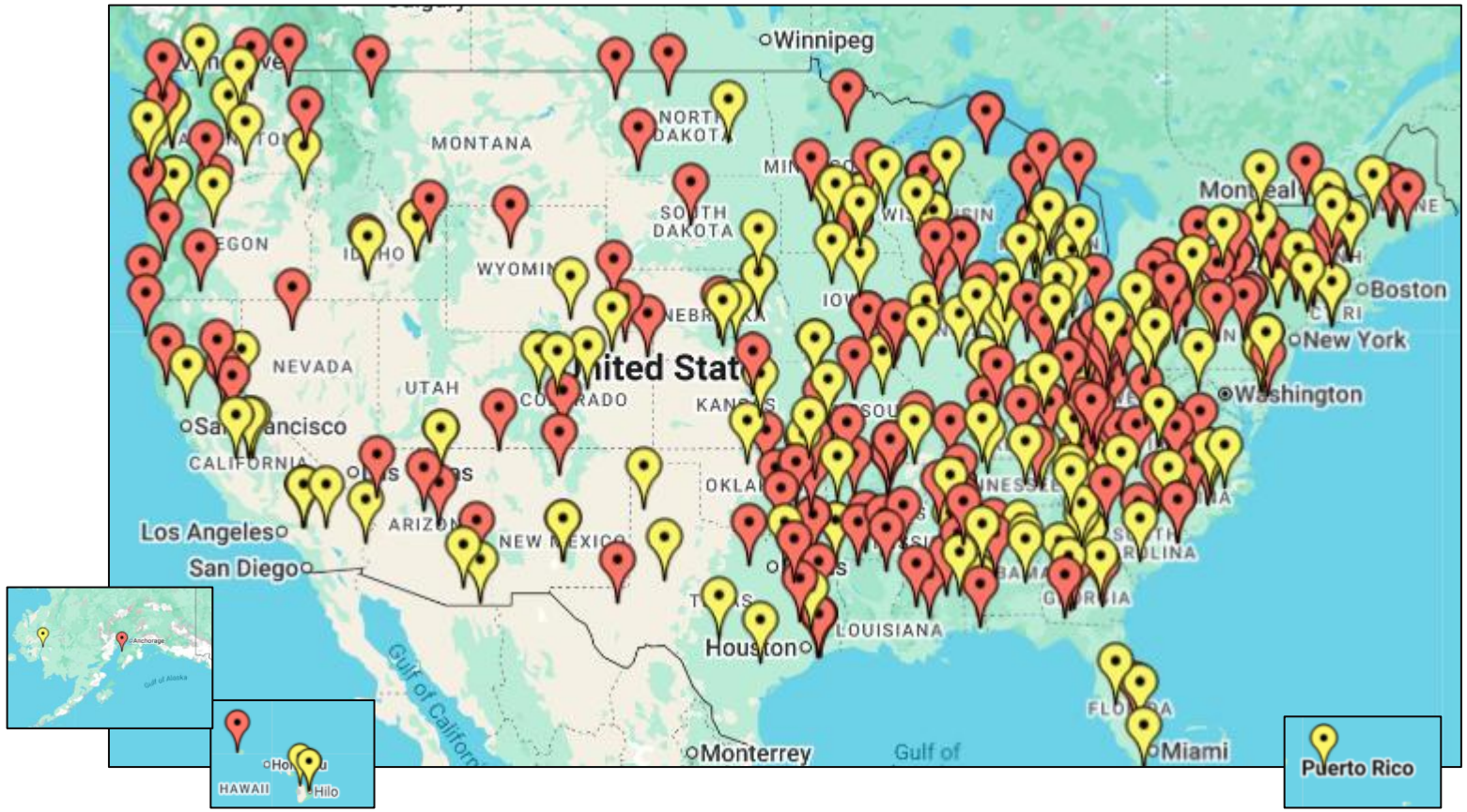
Primary Care Association Connection Tool



https://www.thcgme.org/PCAConnectionTool/#/

Access the tool here:

Rural Training Map



https://www.ruralgme.org/rural-programs

Look at programs with rural sites, by specialty, or by state.

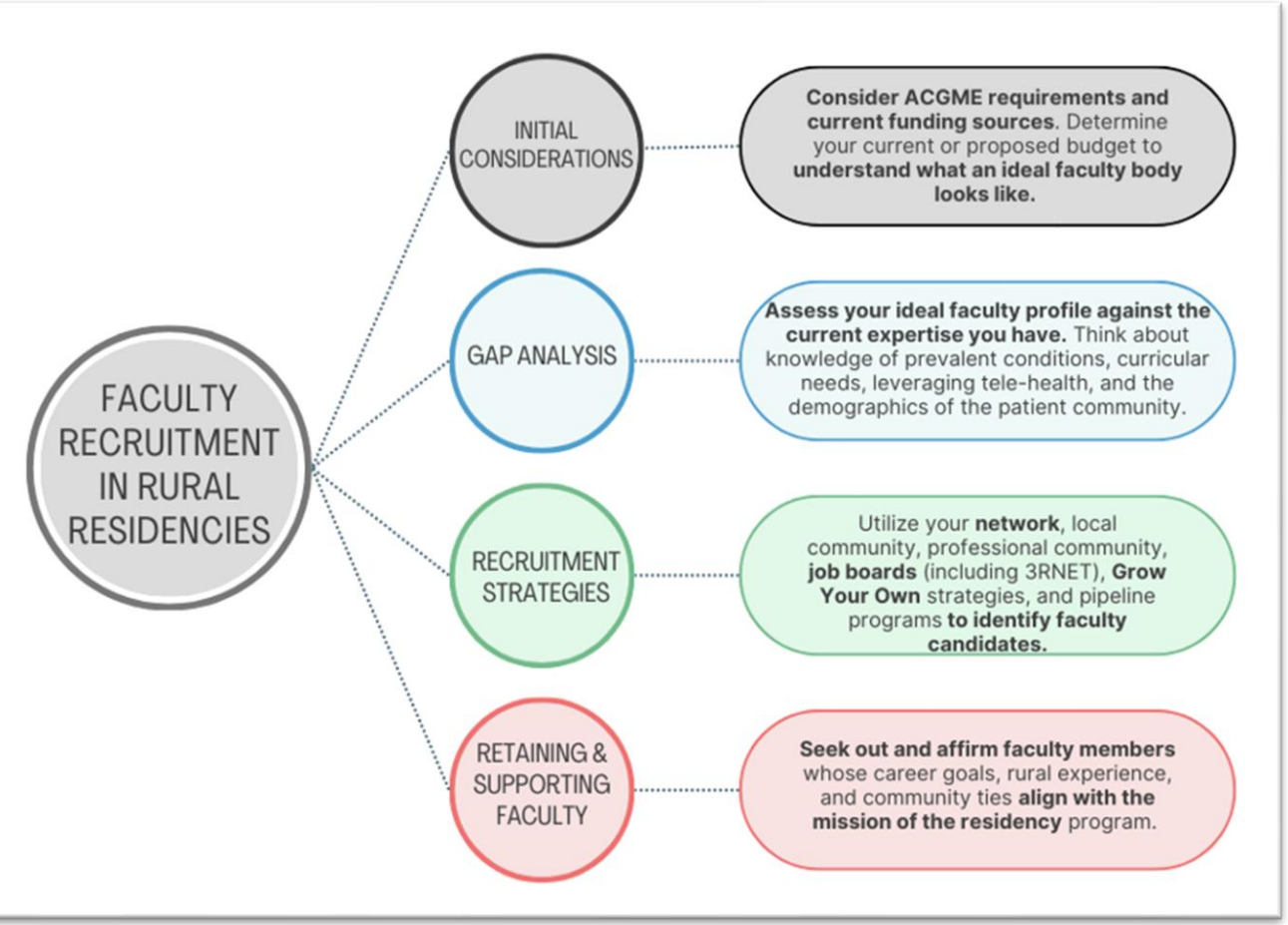
Health Center Training Map

https://www.thcgme.org/health-center-training-sites

Look at programs by percent time at health center sites, by specialty, or by state.

Program Director and Faculty Recruitment

Evidence-Based Guidance for Recruiting Faculty & Staff to Rural Graduate Medical Education Programs



RuralGME.org THCGME.org

Nationwide faculty & teaching job promotion powered by 3RNET

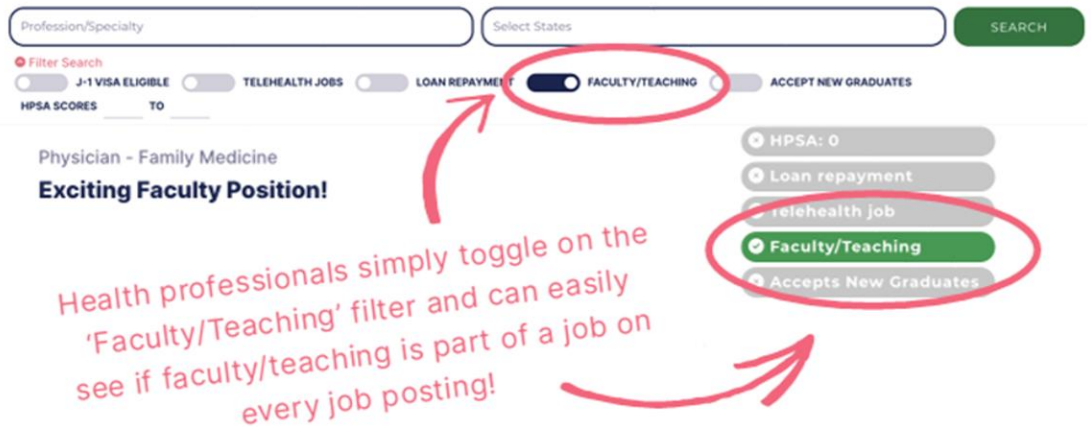
Promote Your Faculty & Teaching Opportunities Nationwide with 3RNET

New! Add Your Faculty & Teaching Opportunities to 3RNET!

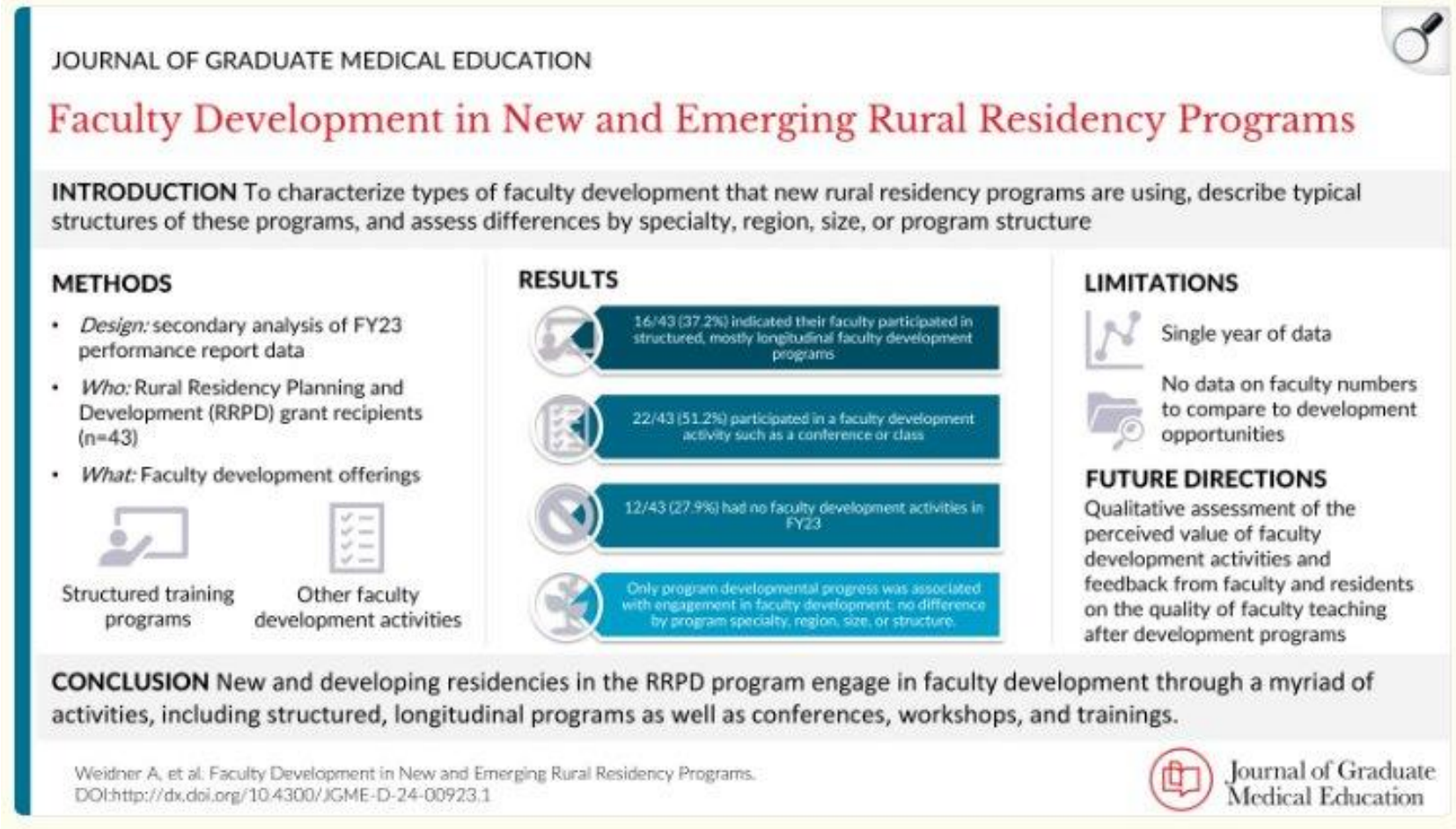
3RNET.org now allows you to quickly and easily post faculty and teaching positions. These positions are added to 3RNET the same way employment opportunities are, and are searchable to our thousands of registered candidates via our interactive website.

Simply select 'Faculty / Teaching Opportunity' when adding your opportunity to 3RNET.org.

How Job Seekers Search For & View Faculty/Teaching Opportunities:



Faculty Development Tools



JOURNAL OF GRADUATE MEDICAL EDUCATION

Faculty Development in New and Emerging Rural Residency Programs

INTRODUCTION To characterize types of faculty development that new rural residency programs are using, describe typical structures of these programs, and assess differences by specialty, region, size, or program structure

METHODS

- *Design:* secondary analysis of FY23 performance report data
- *Who:* Rural Residency Planning and Development (RRPD) grant recipients (n=43)
- *What:* Faculty development offerings

Structured training programs

Other faculty development activities

RESULTS

16/43 (37.2%) indicated their faculty participated in structured, mostly longitudinal faculty development programs

22/43 (51.2%) participated in a faculty development activity such as a conference or class

12/43 (27.9%) had no faculty development activities in FY23

Only program developmental progress was associated with engagement in faculty development; no difference by program specialty, region, size, or structure.

LIMITATIONS

Single year of data

No data on faculty numbers to compare to development opportunities

FUTURE DIRECTIONS

Qualitative assessment of the perceived value of faculty development activities and feedback from faculty and residents on the quality of faculty teaching after development programs

CONCLUSION New and developing residencies in the RRPD program engage in faculty development through a myriad of activities, including structured, longitudinal programs as well as conferences, workshops, and trainings.

Weidner A, et al. Faculty Development in New and Emerging Rural Residency Programs. DOI:http://dx.doi.org/10.4300/JGME-D-24-00923.1

Journal of Graduate Medical Education

https://pmc.ncbi.nlm.nih.gov/articles/PMC12168987/

RuralGME THCGME NCGME

Resident Recruitment Tools

THCGME

TEACHING HEALTH CENTER PROGRAM

MEDICAL RESIDENCY Virtual Fair

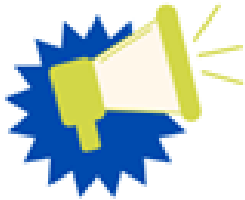
Hosted by the Teaching Health Center Graduate Medical Education Technical Assistance Center (THCGME-TAC) in partnership with the Health Resources and Services Administration (HRSA)

Highlights from Participating Programs

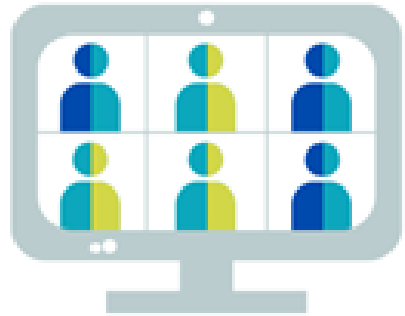
- State
- Specialty
- Class Size
- Program Mission
- Program Strength

Virtual Recruitment Workshop!

Beyond the Match: How to Maximize Your Recruitment Strategy



Join program directors, program administrators, and graduate medical education professionals for a day of expert-led presentations focused on recruitment best practices.



Date
Thursday, April 2nd, 2026

Time
10:00AM - 1:30PM CT

Location
Free Virtual Event

WCRGME ShepsGME FAMILY MEDICINE RESIDENCY NETWORK SSM Health BCU HEALTH

RuralGME & THCGME Program Vitality Coaching: Launching Now

LAUNCHING NOW — A new longitudinal leadership coaching initiative for rural and teaching health center residency program directors and faculty, strengthening leadership, stability, and program vitality nationwide.

The Longitudinal Coaching Arc

1 Leadership Foundations

- ✓ Leadership style assessment & development plan
- ✓ Strategic visioning

Deliverable: Individual Leadership Development Plan

2 Sustainability, Influence & Legacy

- ✓ Advanced change management, recruitment, and retention strategy
- ✓ Succession planning and organizational influence

Deliverable: Leadership Growth Portfolio & Roadmap

Email info@ruralgme.org and info@thcgme.org to get connected!

Eligibility applies to program leaders and faculty of RRPD and THCGME supported residency programs.

A joint initiative of the RRPD-TAC and THCGME-TAC, in support of rural and teaching health center residency program director and faculty leadership and program vitality nationwide

RuralGME.org SHEPS GME.org THCGME.org

Dental Residency Recruitment Toolkit

Promoting Your Teaching Health Center's Dental Residency for resident recruitment

https://thcgme.org/DentalResidencyRecruitmentToolkit

ShepsGME

Rural and Health Center National Graduate Medical Education Conference

https://www.nationalgmeconference.com/

FY27 HRSA Funding Opportunities: THCGME & RRPD

THCGME HRSA-27-017 — continuation (current grantees only)

- Posted Jul 8, 2026 · Apps est. Jul 31 – Sep 29, 2026 · Up to 12 awards, $2.88M each
- grants.gov/search-results-detail/363111

THCGME HRSA-27-084 — expanded eligibility

- Posted Jul 27, 2026 · Apps est. Sep 14 – Nov 16, 2026 · Up to 12 awards, $960K each
- grants.gov/search-results-detail/363324

RRPD HRSA-26-047 — new rural residency & rural track programs

- Posted Aug 7, 2026 · Apps est. Dec 18, 2026 – Mar 18, 2027 · Up to 15 awards, $750K each
- grants.gov/search-results-detail/363508

Applicant resources (registration required)

- THCGME.org portal · RuralGME.org portal

Targeted investment in rural and underserved GME is making a difference.

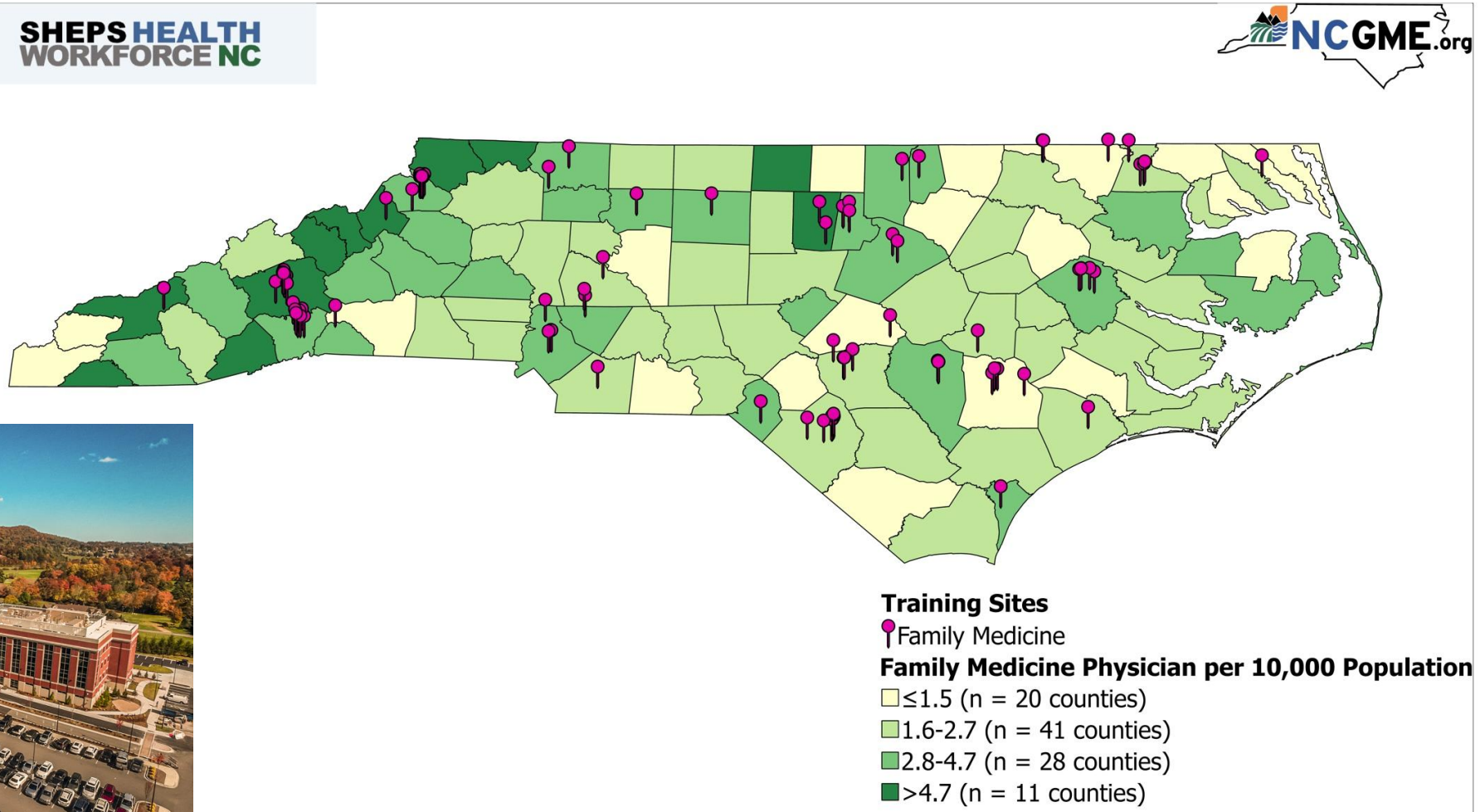


Figure. Family Medicine Physician Supply and Residency Training Sites in North Carolina Counties

Note: Physicians with a primary area of practice of Family Medicine include the following: Family Medicine, Family Practice, General Practice, Osteopathic Manipulative Medicine. The bins were created using "natural breaks" method, which clusters the NC counties into groups based on the Family Medicine Physician rate per 10,000 population. Data Source: Sheps Health Workforce NC, 2023 and ACGME 2023-2024

Teaching Health Centers: Bringing Primary Care Training to Rural Communities

Mountain Area Health Education Center (MAHEC)
Residency Programs

Contact

info@shepsgme.org

ShepsGME

shepsgme.org

RuralGME

ruralgme.org

THCGME

thcgme.org

NCGME

ncgme.org

StateGME

stategme.org

Website Launching Soon