

# NCMJ

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## **Focus on Retention, Not Just Recruitment, To Improve Rural Health Care Workforce, Researchers Say**

**Morrisville, NC (November 12, 2018)** – North Carolina has struggled to recruitment an adequate health care workforce to rural parts of the state for decades. Two new commentaries in the latest issue of the *North Carolina Medical Journal* argue that the state and its medical schools should shift focus from recruitment to distribution and retention.

North Carolina’s metropolitan counties have roughly three times the supply of physicians as rural counties; as of 2017, three counties had no primary care physician and 27 had no general surgeon. Limited access to care in rural areas leads to health disparities and higher all-cause mortality, and the authors write that a sole focus on recruitment sometimes leads to poor distribution of specialists and high turnover.

Mark Holmes, director of the North Carolina Rural Health Research Program at UNC’s Cecil G. Sheps Center for Health Services Research, argues that the current strategy of increasing the overall number of physicians in hopes that supply will go where it is most needed has not been successful. His research shows that out of 2,009 physicians who graduated from North Carolina residency programs with expertise in shortage areas between 2008 and 2011, only 3% practiced in rural counties five years later.

“We don’t have a national physician shortage; we have a national physician distribution problem,” Holmes writes.

Holmes suggests two strategies for fixing the problem: putting health care professional training programs closer to where we want people to practice and developing a pipeline to identify and cultivate people from rural areas for these jobs earlier in their education.

A similar strategy is laid out by Herbert Garrison, associate dean for Graduate Medical Education at East Carolina University’s Brody School of Medicine, and coauthors Jeffery Heck of UNC and L. Lorraine Basnight of ECU. They cite research showing that when

retention is addressed along with recruitment, by way of community preparation and creation of a healthy practice environment, clinicians are more likely to remain in practice in rural areas over time.

“In essence, we have learned how to recruit clinicians to rural North Carolina—now, to help achieve optimal care for all North Carolinians, we need to learn everything we can about how we can retain those rural clinicians for the long term,” Garrison et al. write.

To read “The Sufficiency of Health Care Professional Supply in Rural North Carolina” by Mark Holmes and “Optimal Care for All: The Critical Need for Clinician Retention in Rural North Carolina” by Herbert G. Harrison, Jeffrey E. Heck, and L. Lorraine Basnight, visit [ncmedicaljournal.com](http://ncmedicaljournal.com). The North Carolina Institute of Medicine has also produced an issue brief about recruitment and retention of the rural health workforce, available at [nciom.org](http://nciom.org).

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