

Rural Immersion: lessons for equitable medical training worldwide on addressing rural physician shortages through longitudinal community-engagement training

L'immersion en milieu rural : Leçons pour une formation médicale équitable à l'échelle mondiale : combler la pénurie de médecins en milieu rural par une formation longitudinale en engagement communautaire

Tarek Zieneldien,¹ Janice Kim,² Sophia Ma¹

¹Johns Hopkins University School of Medicine, Maryland, USA; ²Michigan State University College of Osteopathic Medicine, Michigan, USA

Correspondence to: Sophia Ma; email: sma68@jh.edu

Published ahead of issue: Sept 4, 2025; published: Sept 10, 2025; CMEJ 2025, 16(4) Available at <https://doi.org/10.36834/cmej.82095>

© 2025 Zieneldien, Kim, Ma licensee Synergies Partners. This is an Open Journal Systems article distributed under the terms of the Creative Commons Attribution License. (<https://creativecommons.org/licenses/by-nc-nd/4.0>) which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is cited.

Dear Editor,

We would like to thank the authors for the meaningful contribution they provided in their article "The Rural Immersion program: developing a resident-driven residency program."¹

This article addresses the ongoing challenges of physician shortages and retention in rural Canada, noting that residency seats in rural areas often remain unfilled. The authors described the Rural Immersion (RI) program, a resident-driven family medicine residency initiative designed to address the issue. Unlike typical residencies, this program places residents in a single rural community where they work longitudinally with one preceptor team, gaining hands-on experience across many different specialties. The curriculum is personalized and skills-based, with weekly emergency shifts and additional certifications residents can obtain like independent practitioner ultrasound status. It was launched with two residents in July 2023, and since then has grown and attracted hundreds of applicants.

Although situated in Canada, its insights resonate globally, as many countries face rural physician shortages. In the United States, shortages persist despite initiatives such as rural residency tracks and loan repayment incentives.² Similar strategies, such as Australia's rural clinical schools,

likewise aim to address urban-rural disparities.³ We recognize the importance of this model and evidence suggests that early rural experiences, integrated into medical education and training, is among the most effective strategies for building a resilient workforce in underserved regions.³

Adopting community-focused, longitudinal residency models such as the RI program offers a promising avenue not only for Canada, but also for countries worldwide as they strive to strengthen rural health systems.

Conflicts of Interest: The authors declare no conflicts of interest.

Funding: None.

Edited by: Marcel D'Eon (editor-in-chief)

References

1. Niburski K, Jawanda N. The Rural Immersion program: developing a residency program to utilize remote, resident-led learning. *Can Med Ed J*. 2025 Apr. 8. <https://doi.org/10.36834/cmej.79205>
2. Arredondo K, Touchett HN, Khan S, Vincenti M, Watts BV. Current programs and incentives to overcome rural physician shortages in the United States: a narrative review. *J Gen Intern Med*. 2023. 38(Suppl 3): p. 916-922. <https://doi.org/10.1007/s11606-023-08122-6>
3. Eley D, Baker P, Chater B. The Rural Clinical School Tracking Project: more IS better—confirming factors that influence early career entry into the rural medical workforce. *Med Teach*. 2009. 31(10): p. e454-9. <https://doi.org/10.3109/01421590902850857>