The Future of Academic Medicine in North Dakota

Building the Primary Care Workforce Through Innovation and Partnership

Marjorie R. Jenkins, MD MEdHP FACP | 2026 North Dakota Academy of Family Physicians Annual Meeting

Our Purpose

To serve North Dakota for the benefit of its people and to enhance the quality of their lives.

UND School of Medicine & Health Sciences
University of North Dakota

Disclosures

Financial relationships

No relevant financial relationships to disclose.

Speaker Statements:

The information provided is not meant to imply representation of an official policy of the University of North Dakota or a specific healthcare organization.

Learning Objectives

Describe

The current landscape of academic medicine and physician workforce challenges in North Dakota, including opportunities to strengthen the state's primary care pipeline through collaboration between academic medicine and community physicians.

Explain

The goals and early outcomes of the UND School of Medicine & Health Sciences Primary Care Accelerated Track (PCAT) and planned residency expansion as strategies to recruit, train, and retain physicians in North Dakota.

Discuss

Opportunities for family medicine physicians and community partners to support efforts to educate, retain, and develop North Dakota's future physician workforce.

Advocate

Review 2027-29 Biennial SMHS priority initiatives.

Opportunities and Challenges in Clinical Integration

Where academic and clinical missions reinforce — and resist — each other

How Governance Has Shifted

	TRADITIONAL ACADEMIC MEDICAL CENTER	INTEGRATED ACADEMIC HEALTH SYSTEM
Dean	Controls the faculty practice margin and uses it to cross-subsidize education and research	Practice oversight moves to the system CEO; oftentimes the dean must request funding for academic work
Chair	Reallocates departmental clinical revenue to reward teaching and research	RVU-based direct pay removes that lever; the chair becomes a middle manager
Faculty	Supported to balance clinical care with academic effort	Face a pay-cut-or-more-clinic trade-off; academic passion yields to the RVU treadmill

Source: Pellegrini VD Jr, Babbott S. Keepers of the academic mission: calling all faculty. Acad Med. 2025;100(6):661–665.

Language Barrier

Healthcare System

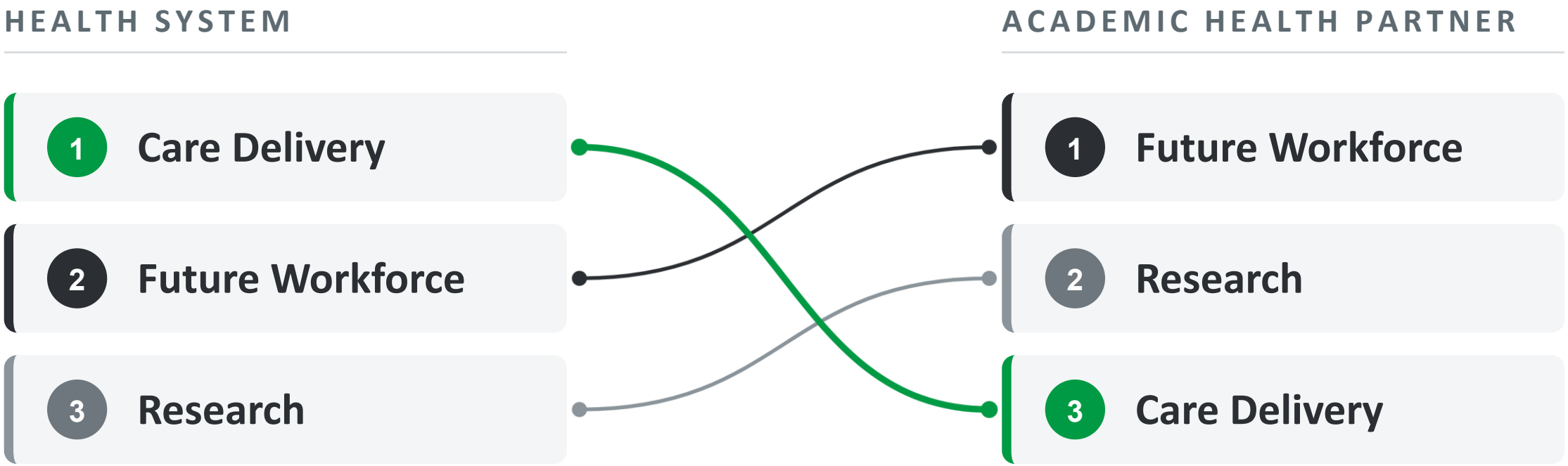


Academic Institution



Priority Levels Differ

The same priorities, ranked in a different order can drive friction.



Different Mission Statements: One Shared Purpose

University of North Dakota

To provide exceptional educational experiences that **enrich the lives** of North Dakotans and the global community through excellence in teaching, innovative research, and meaningful engagement.

Health System A Mission

To care, comfort and cure — making a difference for those we care for, and a **healthy difference in people's lives.**

Health System B Mission

We are called to make a **healthy difference in people's lives.**

UND School of Medicine & Health Sciences

To serve North Dakota for the benefit of its people and **enhance the quality of their lives**, through education, research, and clinical service.

Working Together for a Healthier Tomorrow

It is built on a foundation of intentionality, shared purpose, and trust.



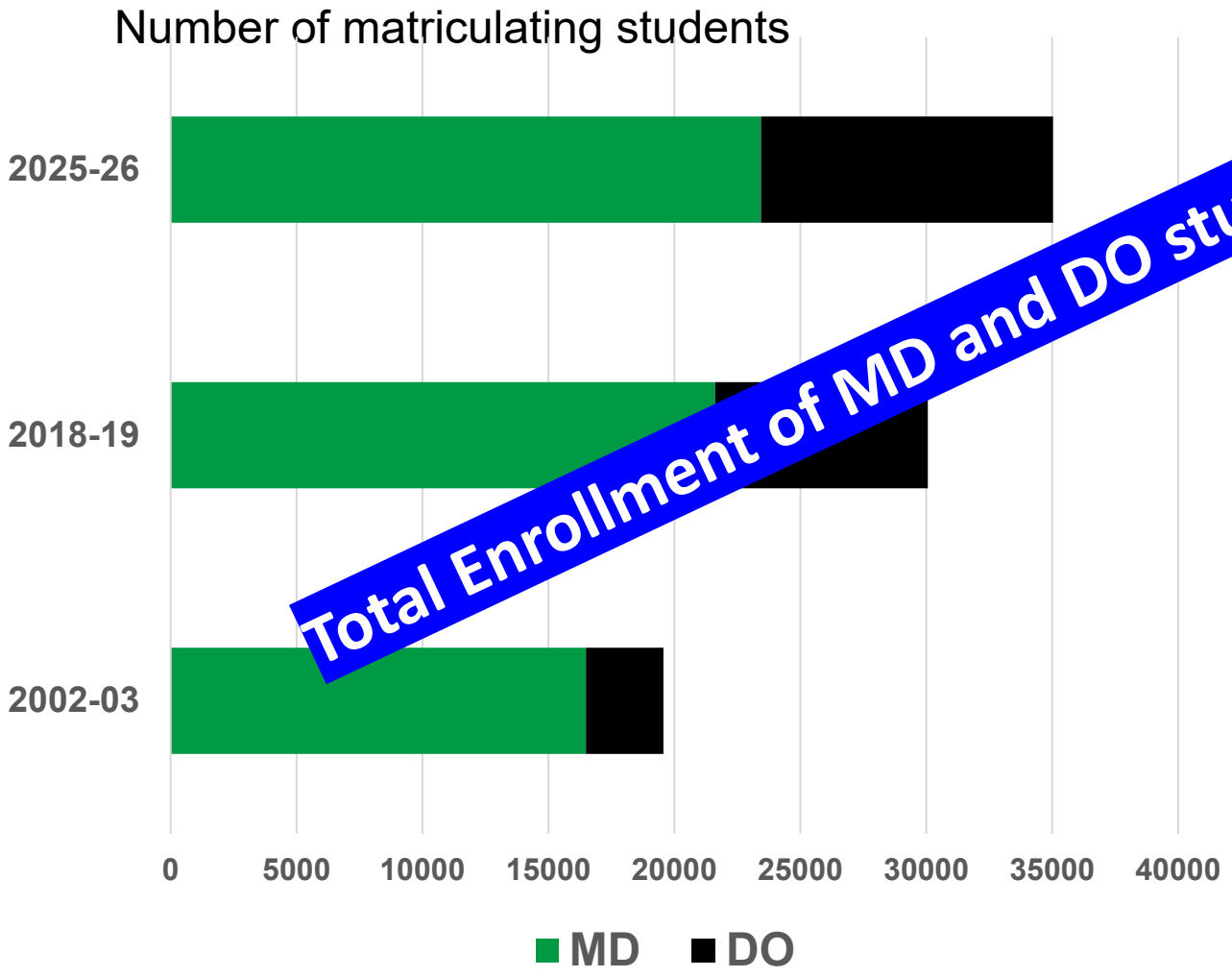
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SANFORD HEALTH · Essentia Health · Altru · CHI St. Alexius Health, A member of CommonSpirit · TRINITY HEALTH · VA

A Finite Resource:
The Clinical Learning Environment

(Source Cathy Van Hook 2026 CAOG Meeting)

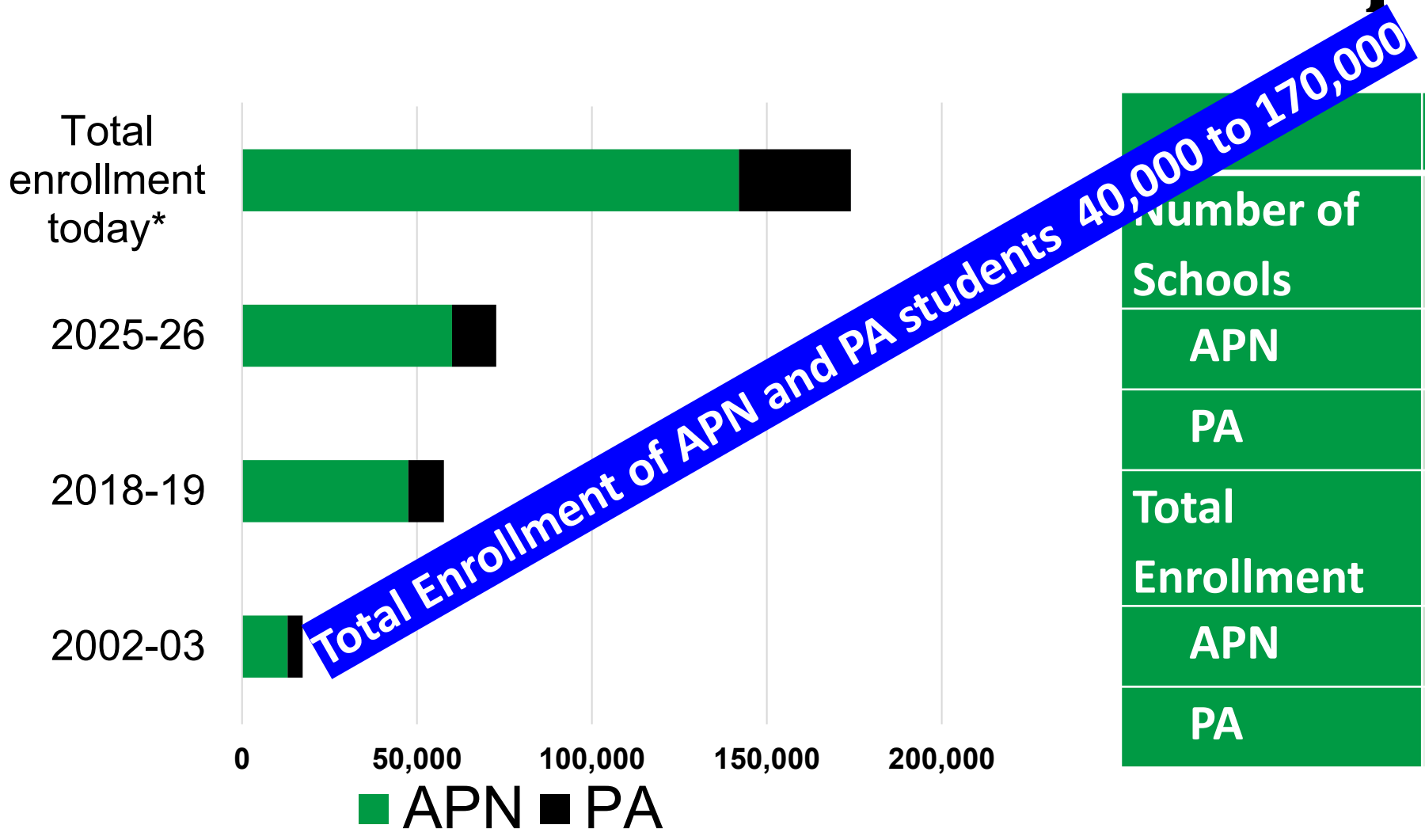
The Physician Pipeline



Total Enrollment of MD and DO students 81,000 to 140,000

	2002	~2025-26
Number of Schools		
MD	125	159
DO	20	47
Total Enrollment		
MD		100,723
DO		40,905

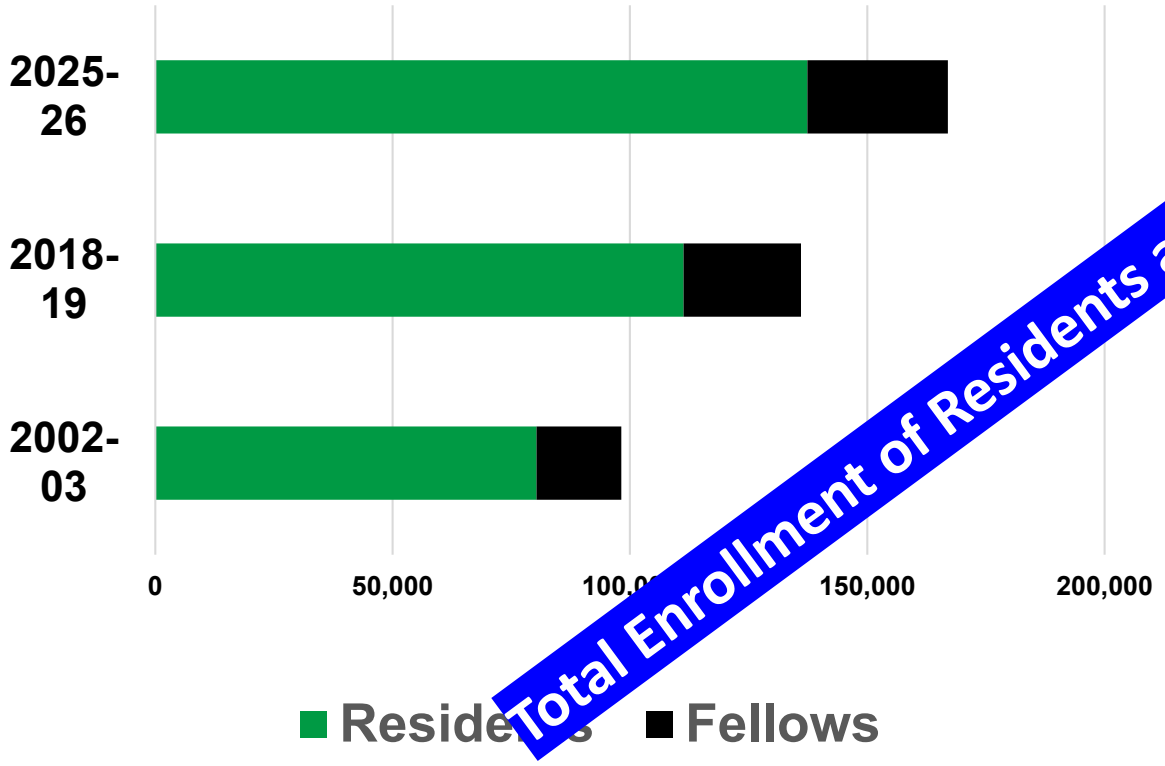
Advanced Practice Provider Pipeline



	2002	~2025-26
Number of Schools		
APN	380	700+
PA	133	335
Total Enrollment		
APN	29500	142,000
PA	10,700	32,000

*likely reflects shift to the longer 3-4 yr post baccalaureate DNP degree

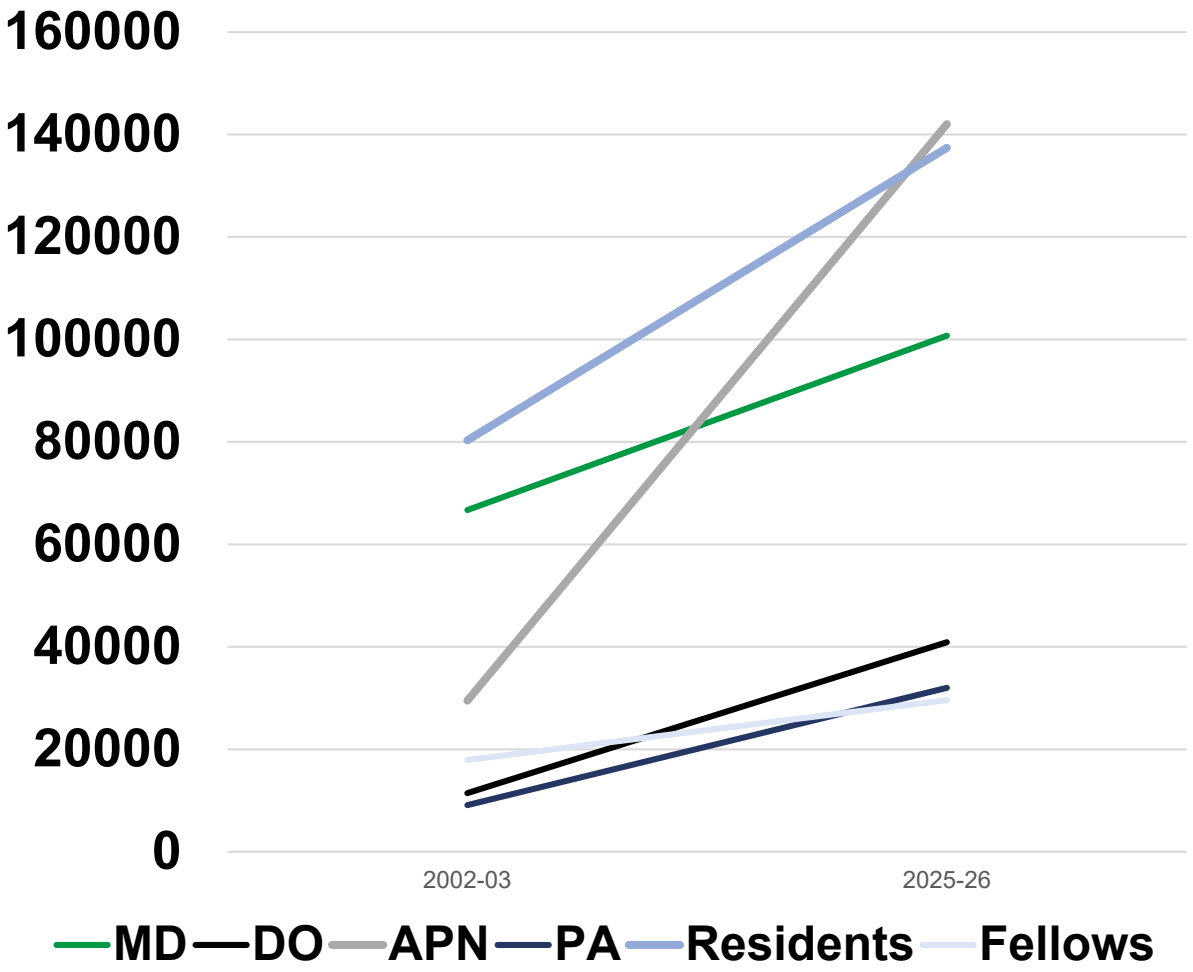
Residents and Fellows

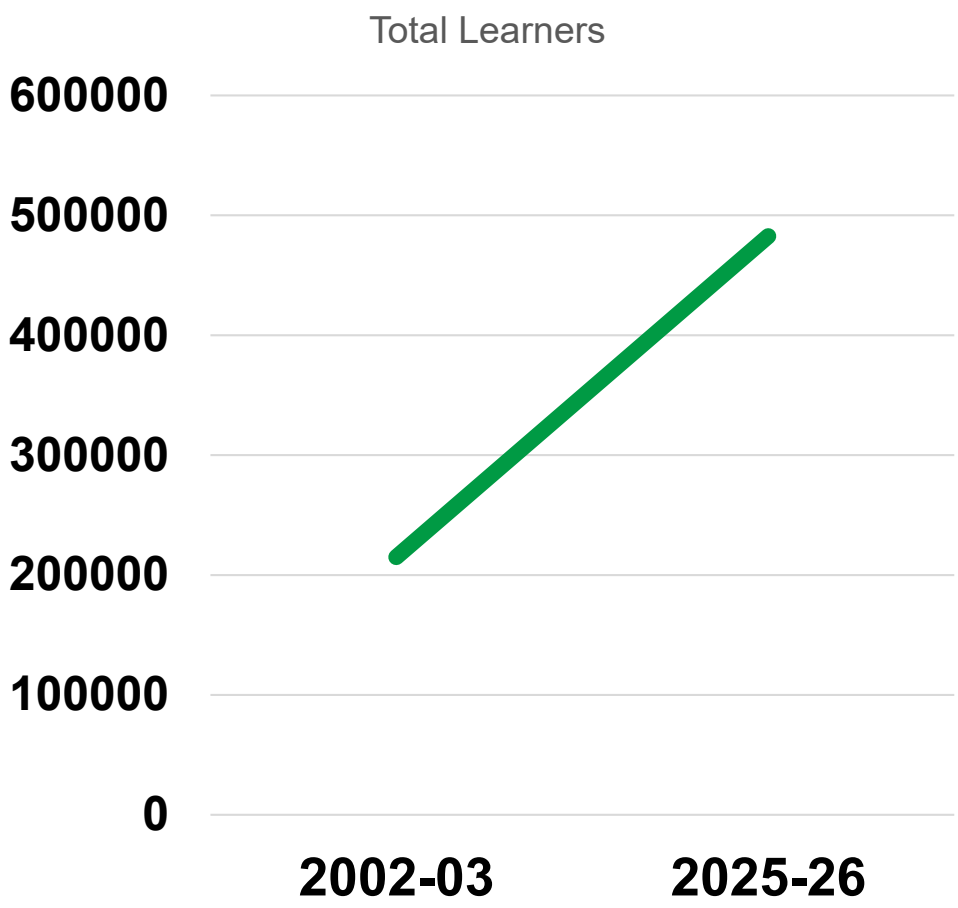


Total Enrollment of Residents and Fellows 82,000 to 167,000

	2002	~2025-26
Number of Programs		
Residency	4203	~6050
Fellowship	3822	8180
Total Enrollment		
Residency	~80,300	137400
Fellowship	1790	29600

Pooling the Clinical Learner Totals





DATA SNAPSHOT

The Medical School Faculty Workforce: Full-Time, Part-Time, and Volunteer Faculty

April 2026

Key Findings

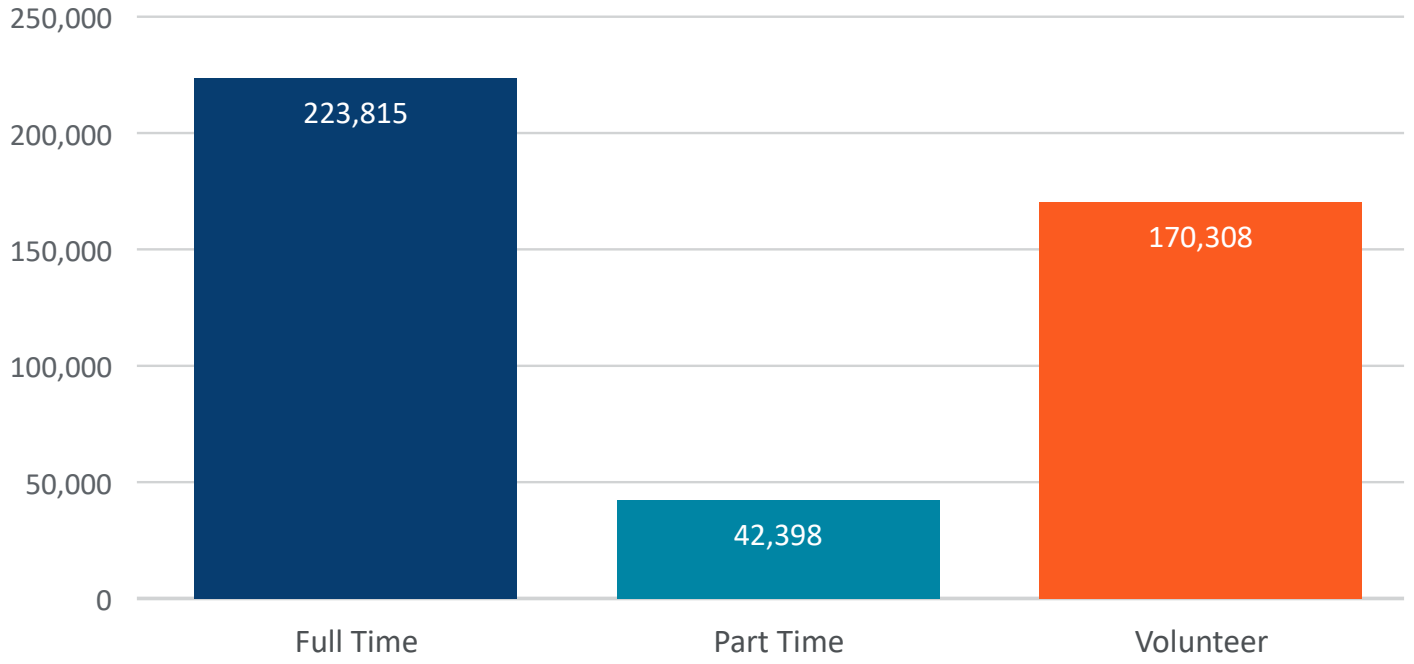
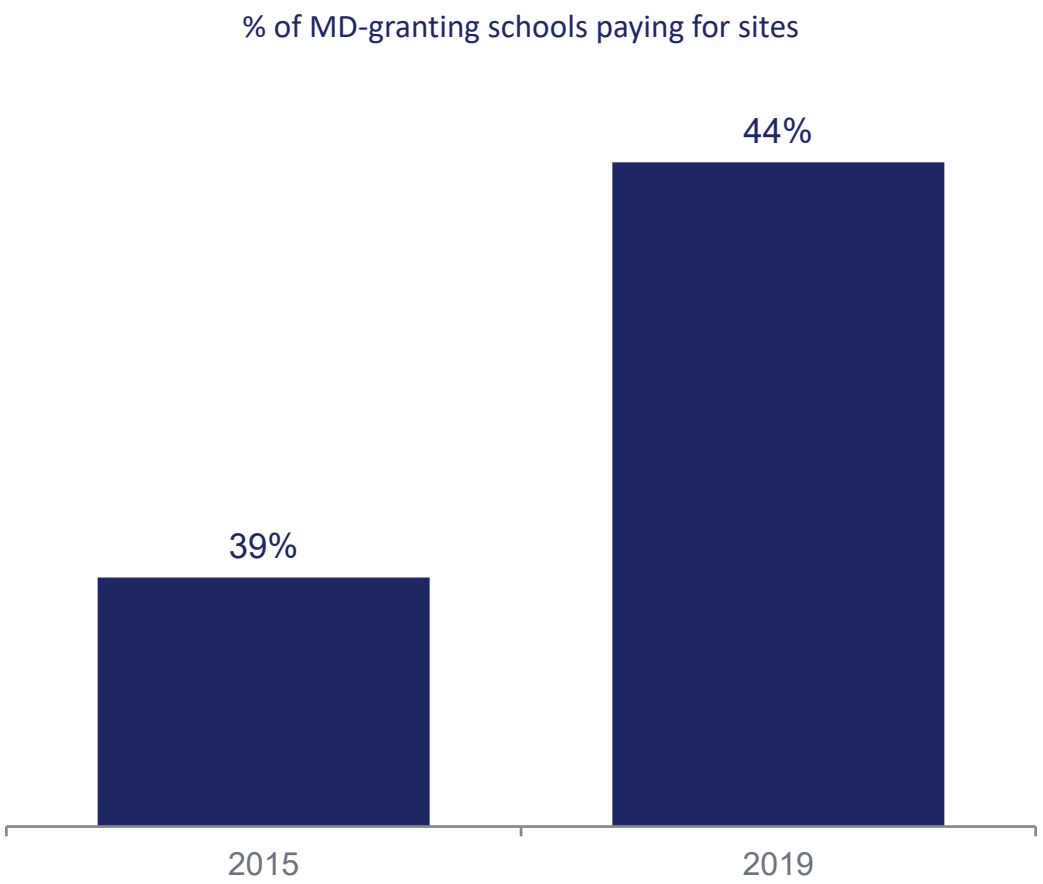


Figure 1. Number of faculty by appointment type, academic year 2024–25.

Smith A, Brayko C, Dandar V. The Medical School Faculty Workforce: Full-Time, Part-Time, and Volunteer Faculty. AAMC Data Snapshot. AAMC; 2026. https://doi.org/10.15766/datasnapshot_MSLO_22

Paying for Clinical Sites



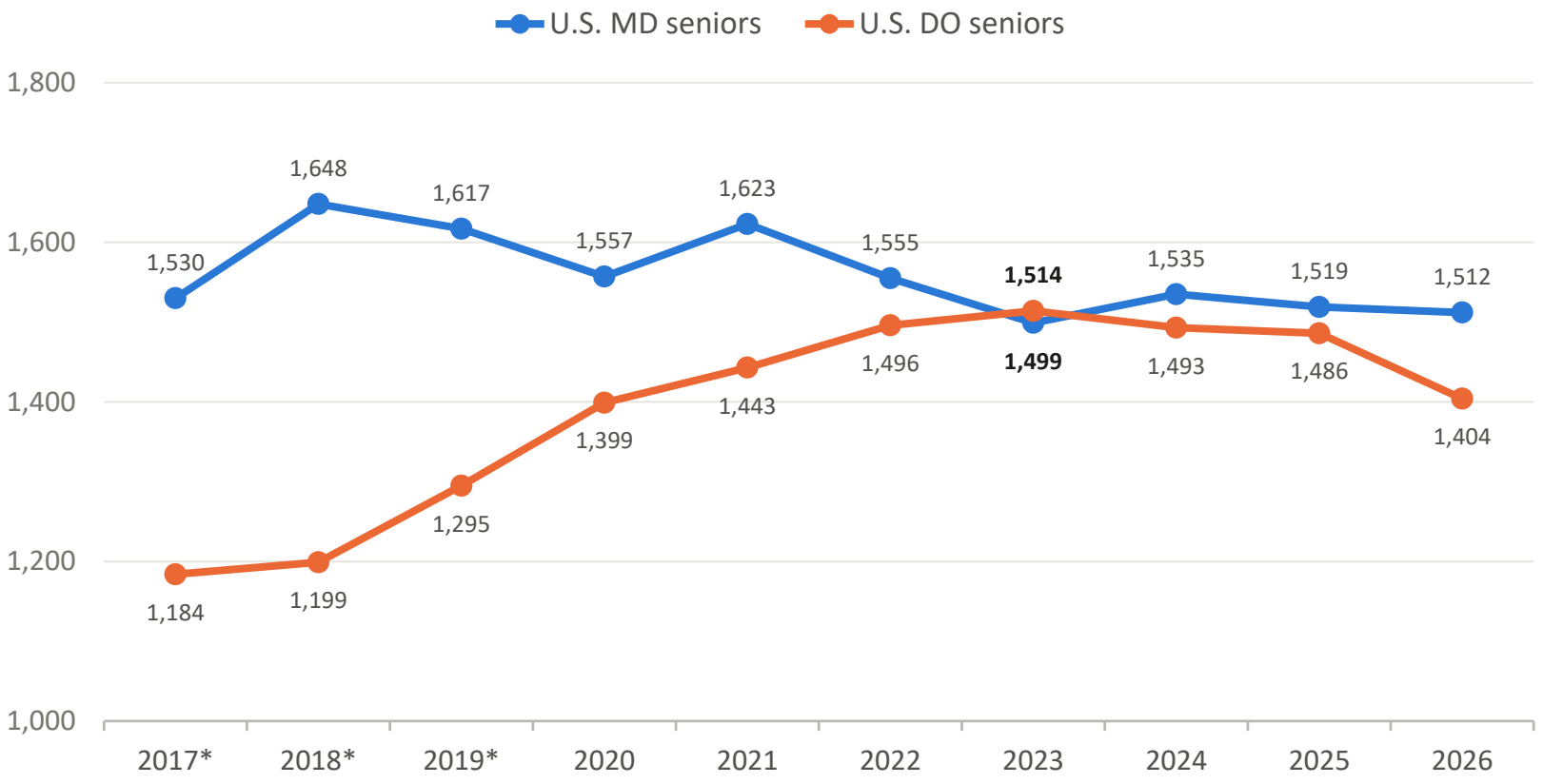
Pressures from Non-US sites

Caribbean schools have been paying for US training sites since at least mid 2000s.

NRMP MAIN RESIDENCY MATCH · FAMILY MEDICINE · 2017–2026

DO seniors have nearly closed the gap with MD seniors in FM

MD seniors matching to FM have held flat for a decade; DO seniors grew ~19% and outnumbered MDs for the first time in 2023.



U.S. MD seniors, 2026

1,512

−1.2% vs. 2017 (1,530)

U.S. DO seniors, 2026

1,404

+18.6% vs. 2017 (1,184)

MD − DO gap, 2026

108

down from 346 in 2017

*2017–2019 DO counts combine the NRMP Match and the separate AOA Match (2017: 574 + 610; 2018: 696 + 503; 2019: 989 + 306); NRMP 2017–2018 counts include all osteopathic students/graduates. 2020 = first Single Match. Main Match only (categorical + combined FM); excludes SOAP and the military match. Sources: AAFP Match Results for Family Medicine (2017–2026); NRMP Results and Data (2017, 2018); AOA Match results (2017–2019).

The North Dakota Physician Landscape

Table 6.2: Physician Primary Practice per 10,000 Persons in North Dakota With Comparisons, 2023 (HRSA, 2025; USCB, 2026; USCB, 2023).

	North Dakota	Upper Midwest	United States
Office	16.0	17.9	18.6
Metropolitan	22.5	21.9	20.2
Micropolitan	8.1	11.8	9.9
Rural	4.2	5.9	5.0
Hospital	7.0	7.3	7.5
Metropolitan	10.2	9.5	8.3
Micropolitan	2.5	3.3	3.1
Rural	1.4	1.5	1.3

Source: UND SMHS 9th Biennial Report

Table 6.3: Physician Percent by Age Category With Comparisons, 2023 (HRSA, 2025).

Age Categories	North Dakota	Upper Midwest	United States
<35	11.8%	13.0%	14.3%
35-44	24.9%	20.6%	20.0%
45-54	17.8%	18.3%	17.9%
55-64	16.4%	17.6%	16.7%
65-74	16.3%	16.9%	16.1%
>75	12.9%	13.6%	15.1%

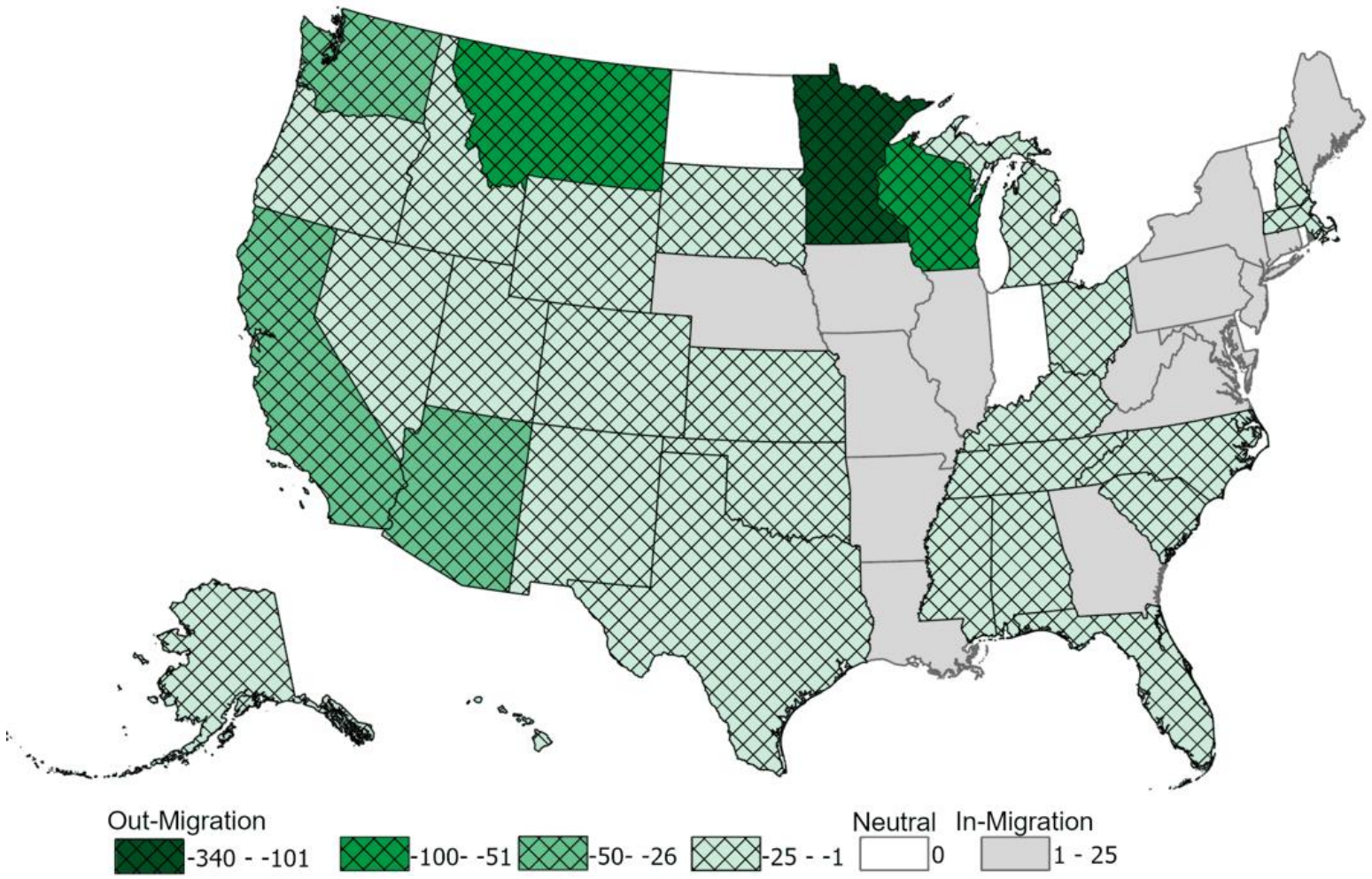
Source: UND SMHS 9th Biennial Report

Table 6.4: Percent of North Dakota Specialty Physicians Who Graduated From the UND SMHS and/or Completed at Least One Residency in North Dakota (MMS, 2025).

Area	2021	2023	2025
All Specialties	50%	49%	50%
Family Medicine	78%	79%	81%
Internal Medicine	44%	40%	39%
Obstetrics and Gynecology	69%	69%	72%
Pediatrics	45%	42%	38%
Psychiatry	48%	48%	45%

Source: UND SMHS 9th Biennial Report

Net Medical School Migration by State



LARGEST OUT-MIGRATION

Minnesota

Net loss of 101–340

NEXT LARGEST OUT-MIGRATION

Montana & Wisconsin

Net loss of 51–100

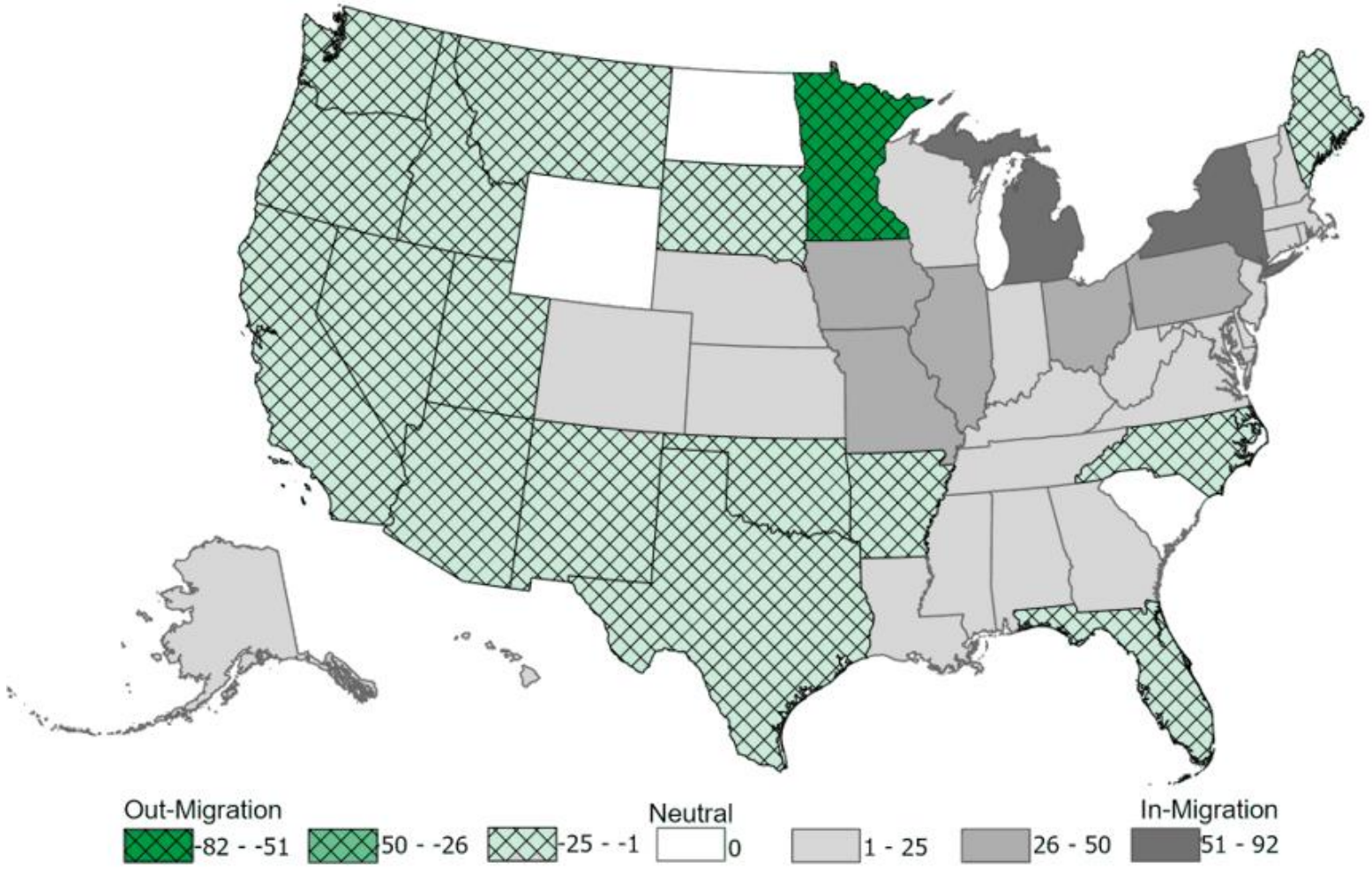
IN-MIGRATION

Gains of 25 or fewer

Neutral: North Dakota, Indiana & Vermont

SMHS 9th Biennial Report Figure 6.5: Medical School Balance of Trade, 2025 (MMS, 2025).

Net Residency Migration by State



LARGEST OUT-MIGRATION

Minnesota

Net loss of 51–82

LARGEST IN-MIGRATION

Michigan & New York

Net gain of 51–92

NEUTRAL

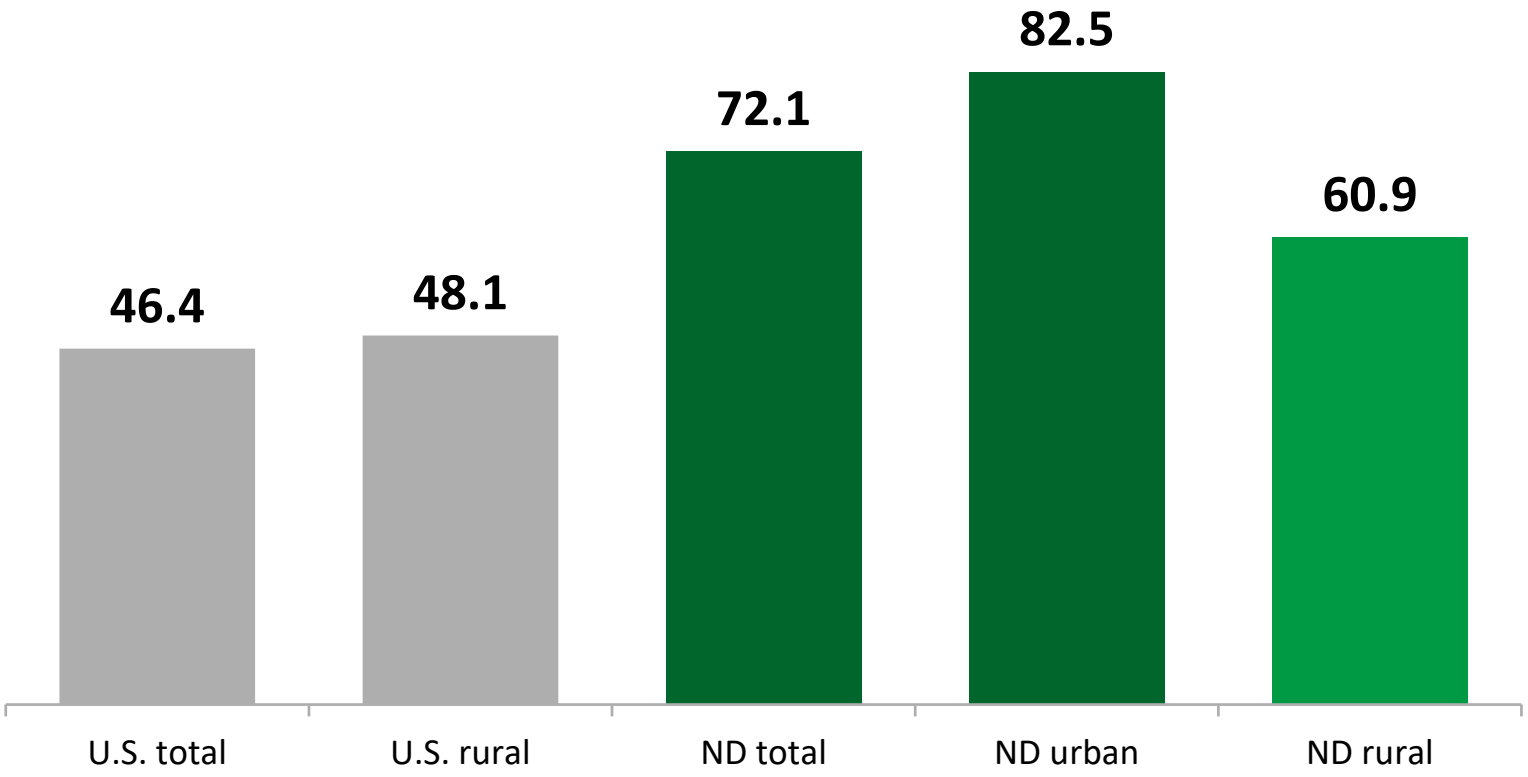
North Dakota, Wyoming & South Carolina

Net change of 0

SMHS 9th Biennial Report Figure 6.6: Residency Balance of Trade, 2025 (MMS, 2025).

ND leads the nation, but rural ND trails urban ND

Family physicians per 100,000 population, January 2025.



6.0

physicians (all specialties) per 10,000 in rural ND
vs. 35.9 in metropolitan counties

~75%

of rural ND counties are primary care shortage areas
45.5% of North Dakotans live rural

29.1%

of North Dakotans live in frontier areas
third-highest share in the nation

Family physicians hold up the rural workforce, but the state is losing them to its own cities. Sources: WWAMI RHRC ND Rural Primary Care Workforce (Jan 2026); UND SMHS Ninth Biennial Report (2025); ND Rural Health Transformation Plan.

Workforce Development

Rural training predicts rural practice more than upbringing, but we need both.

~3×

Rural residency graduates are about 2–3× as likely to locate rurally as urban-program graduates

5–6×

More rural time in residency raises rural practice 5–6 fold, with a dose effect

Best odds: rural-background students who also train in a rural residency. Sources: Health Serv Res 2023 (PMC10771894); PMC 9380633; Robert Graham Center / Am Fam Physician 2000.

A School Built for Primary Care

Nearly half of each recent UND MD class matches into primary care.

46%

of the MD Class of 2026 (32 of 70) matched into family medicine, internal medicine, OB/GYN, or pediatrics

Sources: UND SMHS 2026 Match results (For Your Health, March 2026); Jenkins MR, testimony on SB2003, ND Legislative Assembly, 2025.

NORTH DAKOTA · THE UND SMHS PIPELINE

ND grows its own family physicians

Most ND family physicians trained at UND SMHS or in-state; UND graduates rank near the top nationally for rural practice.

94th

Practicing in primary care

96th

percentile: UND graduates training in family medicine

98th

percentile: UND graduates practicing in rural areas

Rural training in place

- Two rural training tracks: Minot–Williston and Bismarck–Hettinger
- FM, surgery and psychiatry residencies reach 14 rural communities
- RuralMed: 57 students funded ($6.1M+); 20 alumni practicing in ND
- ND residency slots have doubled since 2011

Sources: AAMC Missions Management Tools 2026; NDAFP residency list.

The bottleneck: very little FM training happens in rural places

The model that works best reaches only a small share of residents.

<15%

of FM residency programs are rural
and they hold just 11% of FM training positions

4%

of FM residents spend more than half their training in rural locations
424 of 12,162 residents

80%

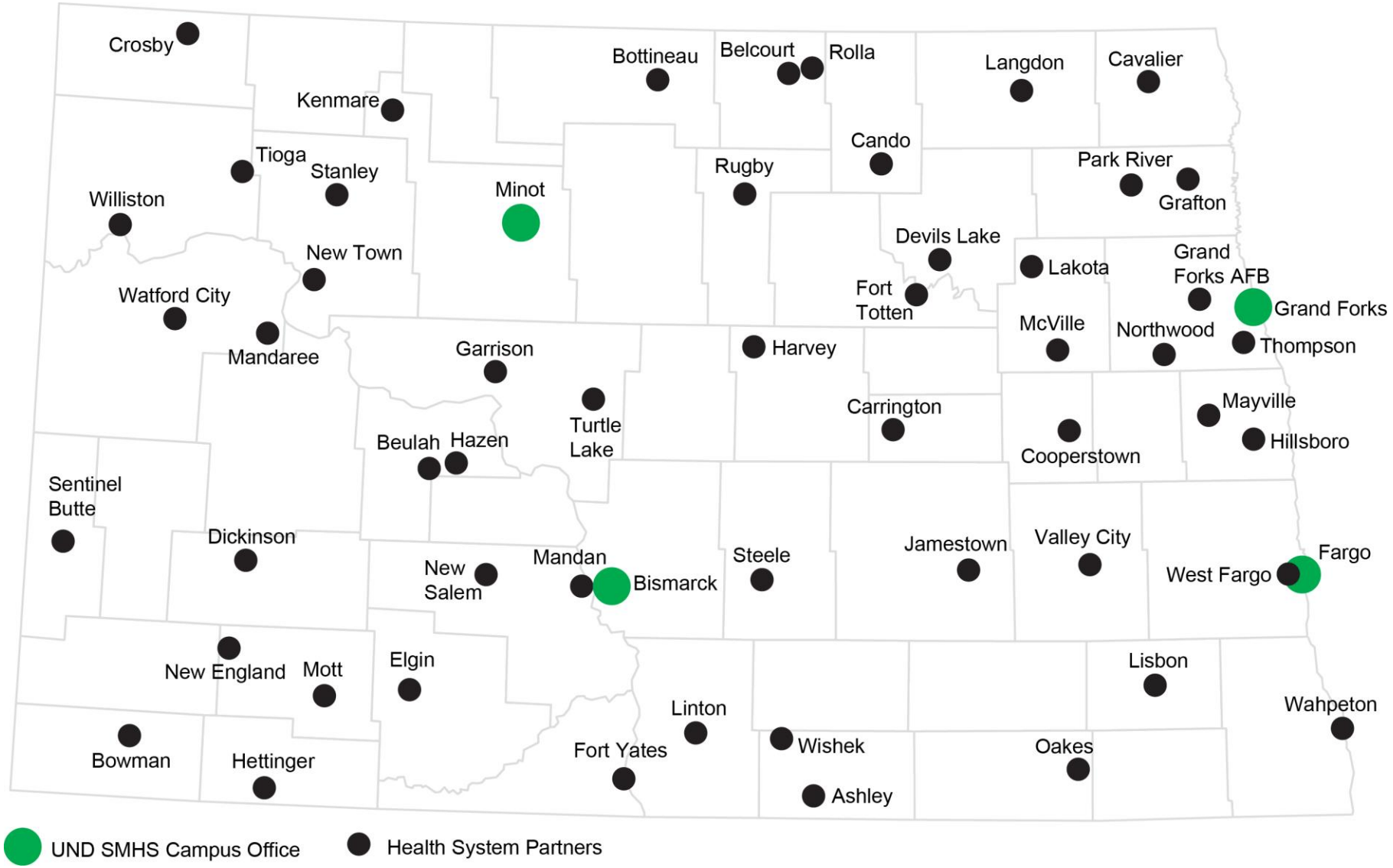
of rural family physicians had no rural residency training
urban programs still supply most of the rural workforce through sheer volume

Levers that move the numbers

- Expand rural residency positions and Rural Training Tracks
- Add longer rural rotations in urban programs (dose effect)
- Recruit and admit students from rural backgrounds
- Link rural-origin students to rural residencies

Sources: Family Medicine 2024 (Ten-Year Outcomes, CHC/Academic Partnership); rural-training dose study, PMC 9380633; Health Serv Res 2023 (PMC10771894).

SMHS Educational Footprint







50 Years of Training

Minot and Bismarck, Centers for Family Medicine

26,600+

Patient Visits in FY26

111

Bismarck residents remained in North Dakota to practice

83

Minot residents remained in North Dakota to practice

Contributing to the North Dakota Workforce

81%
Family Medicine Physicians

50%
All Physicians

46%
Occupational Therapists

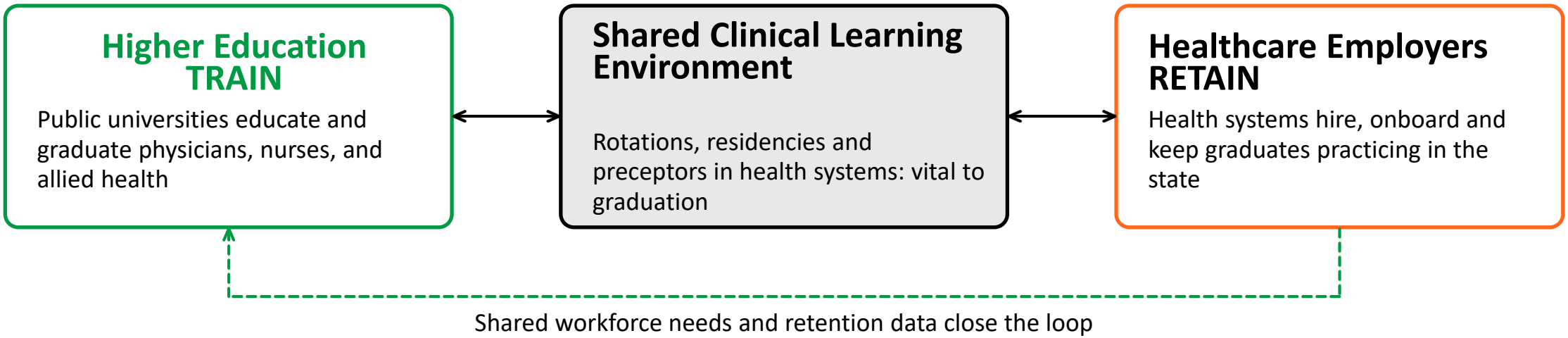
42%
Physical Therapists

38%
Medical Lab Scientists

41%
Physician Assistants

Train and Retain: One Shared Continuum

Public universities train the next generation of health professionals; healthcare delivery organizations retain them in the state. Neither succeeds alone.



Accountability

Higher ed is increasingly asked to justify taxpayer investment with workforce and retention data

National Commonalities

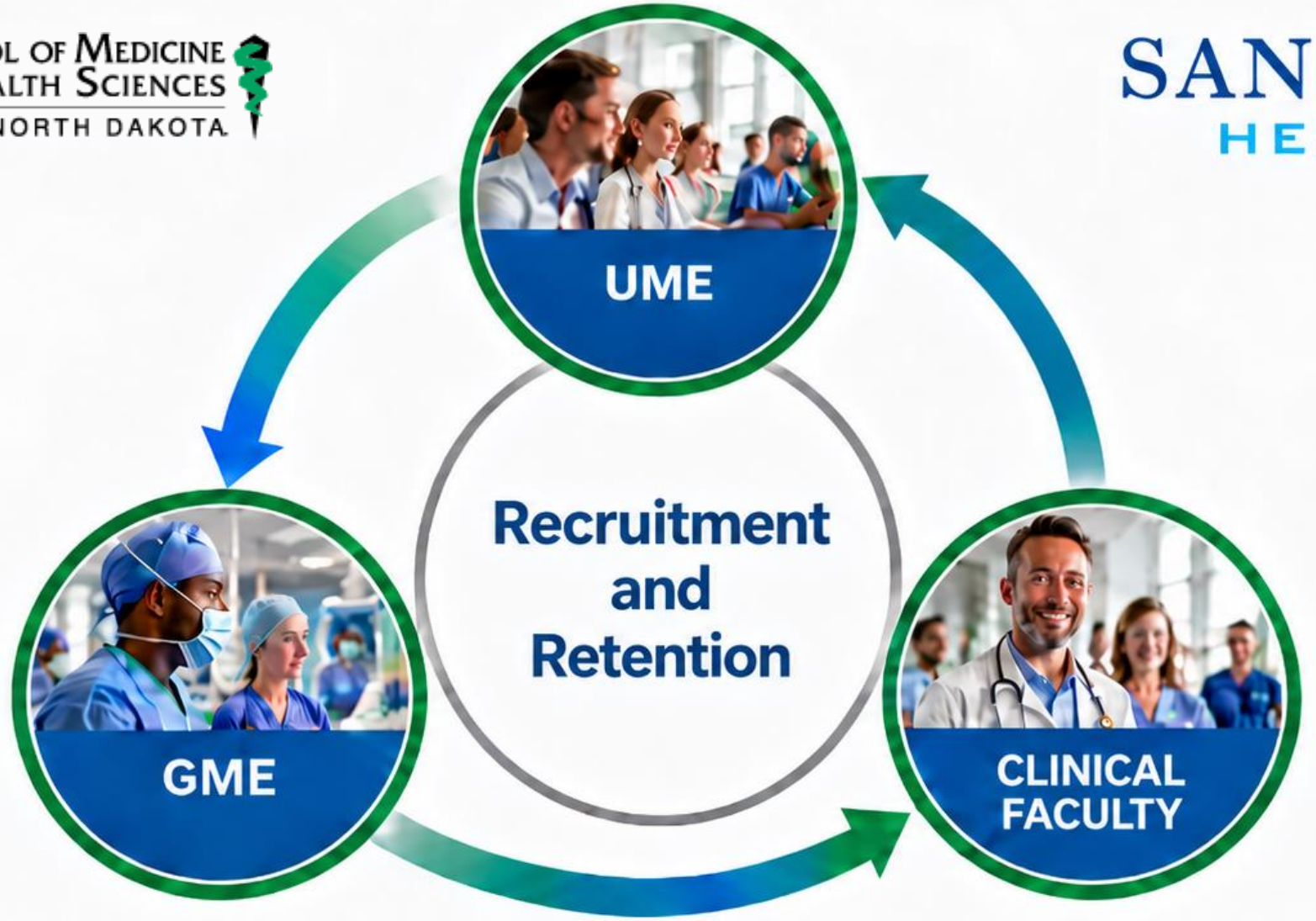
Workforce shortages, accreditation standards, instability of research funding, clinical placement capacity, rural access

State Differentiators

Funding models, rural–urban mix, residency slots, licensure and local community needs

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SANFORD HEALTH



LEARNERS TODAY
UND + SANFORD

PHYSICIANS TOMORROW
UND + SANFORD

CARE FOR NORTH DAKOTANS
SANFORD HEALTH

Our Programs

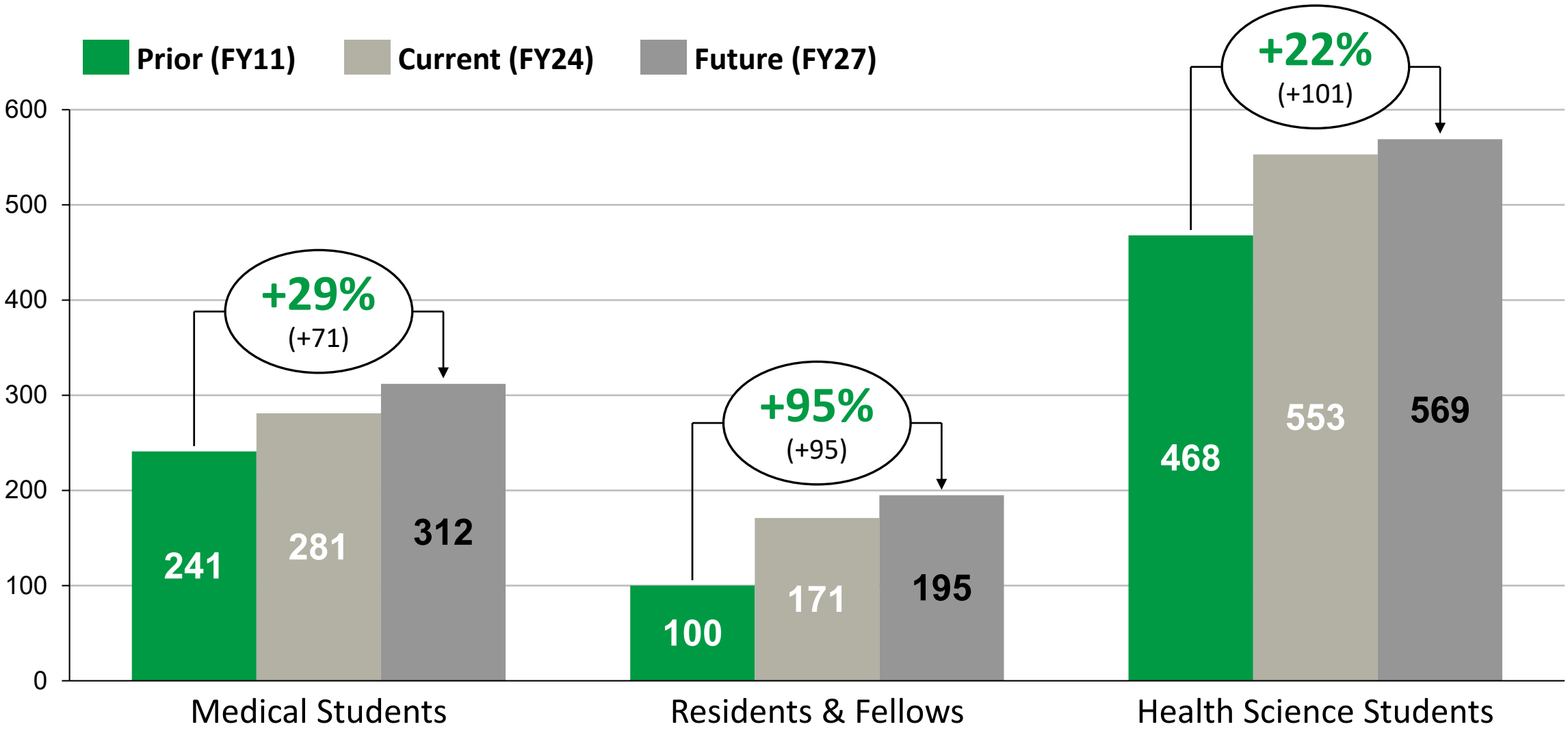
Doctor of Medicine (MD)



Residencies and Fellowships

- Cardiovascular Medicine
- Family Medicine with rural tracks
- Forensic Pathology
- Geriatric Medicine
- Hematology and Oncology
- Hospital Medicine
- Internal Medicine
- Neurology
- Orthopedic Surgery
- Pediatrics
- Psychiatry with telepsychiatry
- Surgery with rural track
- Surgical Critical Care
- Transitional Year

Growth in Student/Trainee Programs



Residency Expansion

Residency slots have doubled

North Dakota MD residency training slots have doubled since 2011 (2025 Biennial Report).

Where we train today

Family medicine in Bismarck, Fargo, and Minot, with rural tracks in Hettinger and Williston; internal medicine in Bismarck and Fargo; and more.

What's next

RHTP Funding to expand Jamestown Family Medicine by 2 per year.
Child & Adolescent Medicine Fellowship 2 per year.
Discussions regarding increasing HWI funding for additional GME slots in high need areas.

Why it matters

Physicians who complete residency in North Dakota are more likely to practice here, and PCAT feeds directly into these programs.

ND85 & Primary Care Accelerated Track

Train and Retain for North Dakota

ND85 | LAUNCHED 2025

ND85: Growing Our Own

Goal: by 2030, 85% of students in UND's MD and PA classes come from North Dakota, a goal reinforced by language in SB2003. Physicians are most likely to practice near home, so recruiting North Dakotans is a retention strategy.

~100

North Dakota applicants among 1,800+ MD applicants in the last cycle

~50

North Dakotans in an MD Class of 2029 of nearly 80 students

Sources: For Your Health, Dec 15, 2025; Schultz S. UND Alumni Association & Foundation, May 28, 2026.

How ND85 Reaches Future Physicians

Recruitment starts in middle and high school and continues through graduation.

Visit every high school

Grassroots outreach, with the goal of reaching every high school in North Dakota.

Scrubs Camps & Academies

Greater participation in the state's hands-on health career camps and academies.

Partner locally

Stronger ties with health systems, undergraduate advisors, and pre-med student groups.

Indians Into Medicine

Continued support for INMED to recruit and support American Indian students.

HOSA outreach

Better connection with ND HOSA advisors and events across the state.

Students as ambassadors

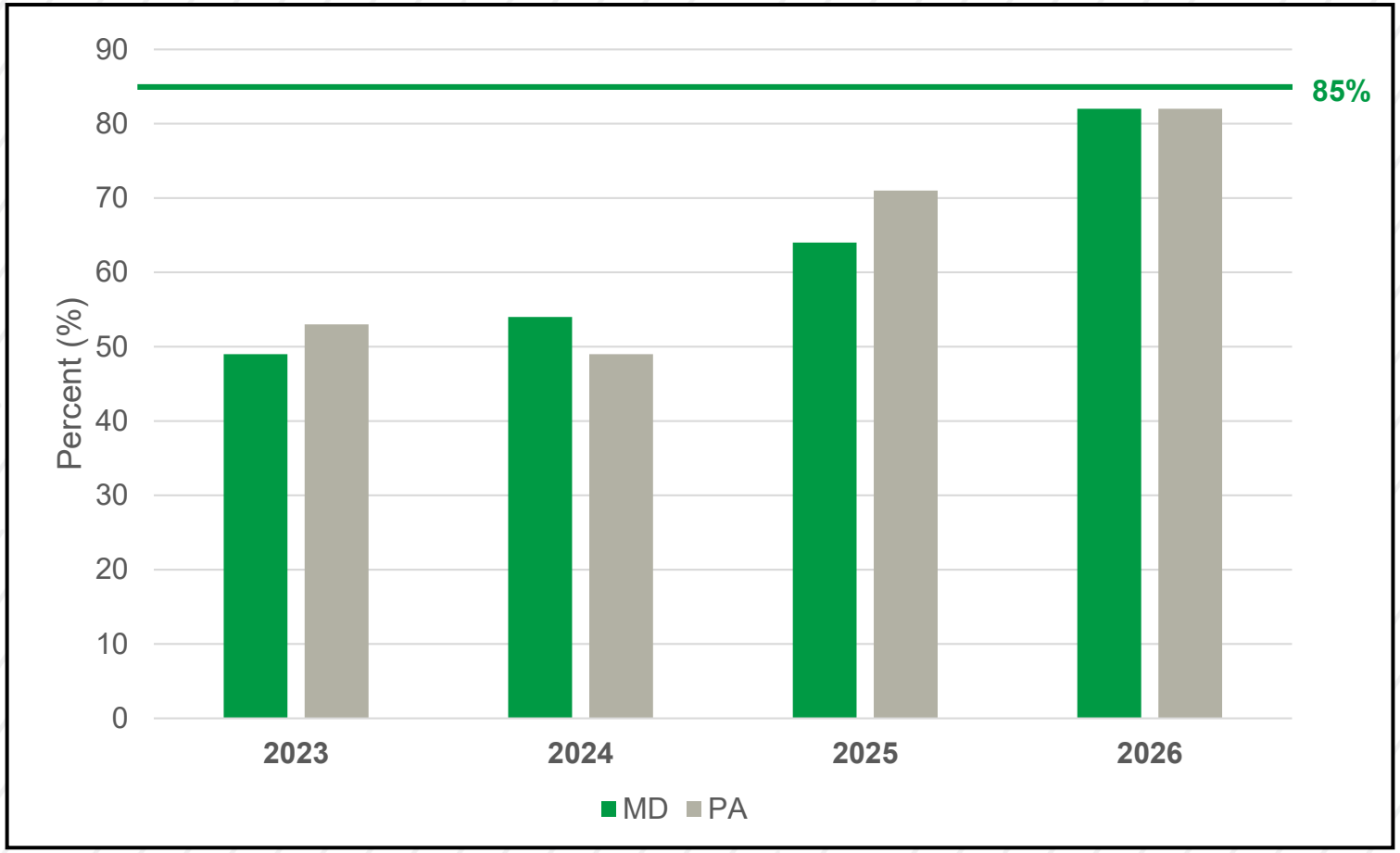
UND students return home to talk with younger students in their communities.

Strategies as described by UND SMHS leadership, December 2025.

ND85

82%

of 2026 First-Year MD and PA Students are North Dakotans



A Pathway Program Designed to Recruit, Train, and Retain North Dakota Physicians

82% in 2026
North Dakota 85:
85% North Dakota students by 2030

+

Medical School
(Full Scholarship)
3 YEARS

GME Residency
in North Dakota
3 YEARS

Practice within an
underserved area
in North Dakota
5 YEARS

2028 Launch: Primary Care Accelerated Track (PCAT) Program

- Strong healthcare delivery partnerships are critical to the success of PCAT.
- Students will complete classroom, simulation experiences, and clinical learning environments before joining a GME Residency program.
- Upon completion of training, each MD will serve 5 years at an underserved North Dakota medical practice.

PCAT: Who, When, and What's Next

Who it's for

UND medical students committed to primary care, initially in family medicine and internal medicine.

Launch

First cohort (6 students) planned for 2028; the model is planned to scale to pediatrics and psychiatry after it is refined.

The commitment

Tuition and fees reimbursed for graduates who train in a North Dakota residency and practice at least five years in a provider shortage area.

Early milestones

National search for a founding PCAT director; alignment with UND family and internal medicine residencies; strong legislative interest.

Family Medicine Physicians

Critical to the Sustainability of Rural Health Care Delivery

Inspire

Plant the seed early

Talk with students in schools and community. Allow job shadowing, speaking at Scrubs Camps and HOSA events, and tell students “You can.”

Teach

Precept and mentor

Serve as community faculty for UND students and residents, host rural rotations, and give learners real roles on your care team.

Retain

Recruit and welcome

Help graduates and PCAT physicians find practice opportunities, mentor them early in practice, and connect their families to the community.

UND SCHOOL OF MEDICINE & HEALTH SCIENCES
UNIVERSITY OF NORTH DAKOTA

To serve North Dakota for the benefit of its people,
and to enhance the quality of their lives.

Our purpose is fulfilled through your dedication and service.
Thank you for making it possible - each and every day.

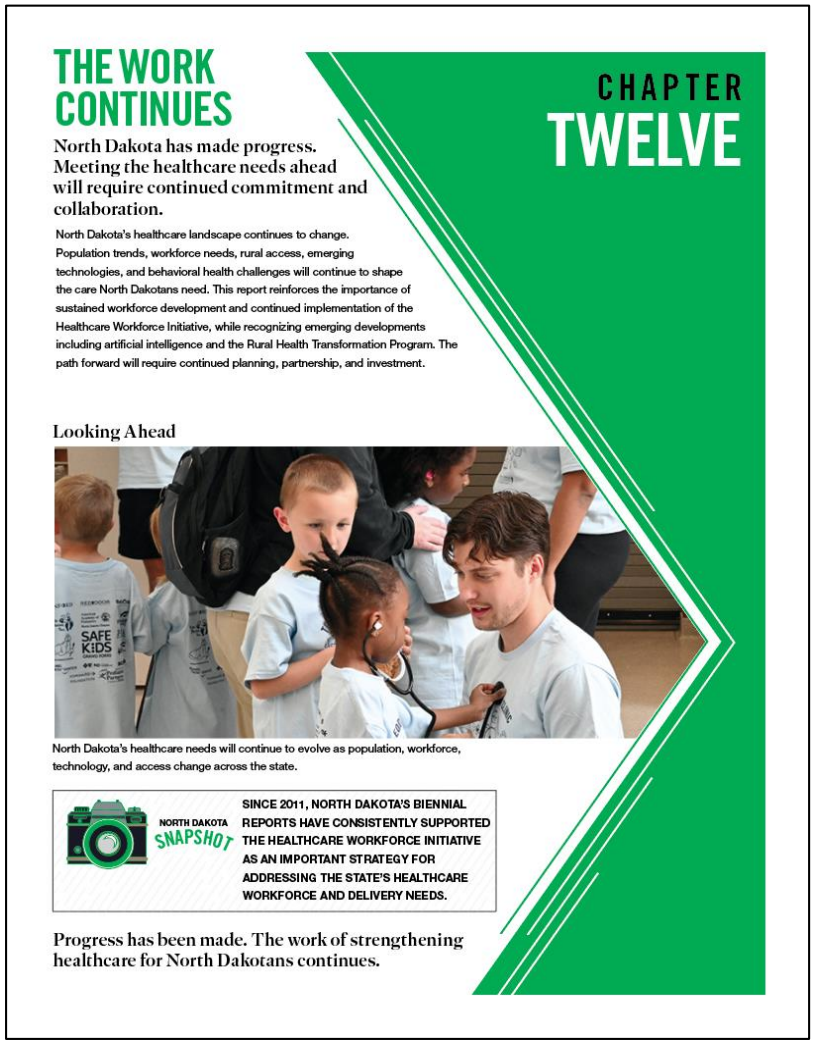
Topics for Discussion
2027-29 Biennium

UND School of Medicine & Health Sciences
University of North Dakota

9th Biennial Report

North Dakota Century Code

New Biennial Report Chapter Introductions



CHAPTER
TWELVE

THE WORK CONTINUES

North Dakota has made progress. Meeting the healthcare needs ahead will require continued commitment and collaboration.

North Dakota's healthcare landscape continues to change. Population trends, workforce needs, rural access, emerging technologies, and behavioral health challenges will continue to shape the care North Dakotans need. This report reinforces the importance of sustained workforce development and continued implementation of the Healthcare Workforce Initiative, while recognizing emerging developments including artificial intelligence and the Rural Health Transformation Program. The path forward will require continued planning, partnership, and investment.

Looking Ahead

North Dakota's healthcare needs will continue to evolve as population, workforce, technology, and access change across the state.

NORTH DAKOTA SNAPSHOT

SINCE 2011, NORTH DAKOTA'S BIENNIAL REPORTS HAVE CONSISTENTLY SUPPORTED THE HEALTHCARE WORKFORCE INITIATIVE AS AN IMPORTANT STRATEGY FOR ADDRESSING THE STATE'S HEALTHCARE WORKFORCE AND DELIVERY NEEDS.

Progress has been made. The work of strengthening healthcare for North Dakotans continues.

One-page visual introductions highlight each chapter's key messages and invite readers into the research that follows.

** Concepts shown are preliminary drafts and will be refined before publication.*

18 Years of Informing North Dakota's Health and Workforce Decisions

9th Biennial Report

For nearly two decades, the biennial report has provided a trusted data resource to understand the health of North Dakotans and identify critical healthcare workforce needs.



CHAPTER ONE

ONE STATE. MANY DIFFERENT HEALTHCARE NEEDS.

Today's population shapes tomorrow's healthcare needs

North Dakota's healthcare needs aren't defined by a single number. They are shaped by where people live, how communities are growing, and the changing needs of people across the state. While North Dakota continues to grow overall, growth is not occurring evenly. Metropolitan communities continue to expand, while many rural counties are home to older populations with distinct healthcare needs. These differences influence needs for primary care pediatrics specialty services, long-term care, and emergency access. Understanding who lives in North Dakota—and where they live—helps inform workforce and service planning across the state.

Why this matters:

- Younger populations can increase the need for pediatric and primary care providers.
- Older rural populations can increase the need for specialty care, rehabilitation, and long-term services.
- Demographic trends help policymakers anticipate health care workforce and service needs.

North Dakota By the Numbers

5.7% North Dakotans under the age of 65 are uninsured, compared with 9.5% nationally.

24 Counties where more than one-quarter of residents are age 65 or older

799,358 North Dakotans call our state home

+18.8% Population growth since 2010

"Every healthcare decision begins with understanding the people we serve."

QUOTE BYLINE

quote detail

NORTH DAKOTA SNAPSHOT

NORTH DAKOTA HAS 37 FRONTIER COUNTIES WITH SIX OR FEWER PEOPLE PER SQUARE MILE CREATING UNIQUE HEALTHCARE DELIVERY CHALLENGES.

Key Takeaway

North Dakota's population is growing—but not in the same way everywhere. Understanding these differences helps inform where healthcare providers, services, and facilities may be needed most.

POTENTIAL FUNDING FORMULA BUDGET REDUCTION

BUDGET PROJECTION: $3.7M STATE APPROPRIATIONS REDUCTION

Strategic & One-Time Initiatives

Impact: slower implementation of new initiatives; fewer simultaneous priorities.

Operating & Discretionary Expenses

Impact: less flexibility for professional development, convenings, and discretionary support.

Research & Innovation Support

Impact: internal seed funding, bridge support, cost-sharing, and pilot investments.
slower growth of research capacity.

Education, Outreach & Infrastructure

Impact: longer replacement cycles; narrower outreach; delayed enhancements.

The reduction compromises the rapid evolution necessary in education, research, and healthcare provider recruitment and retention.

ND85

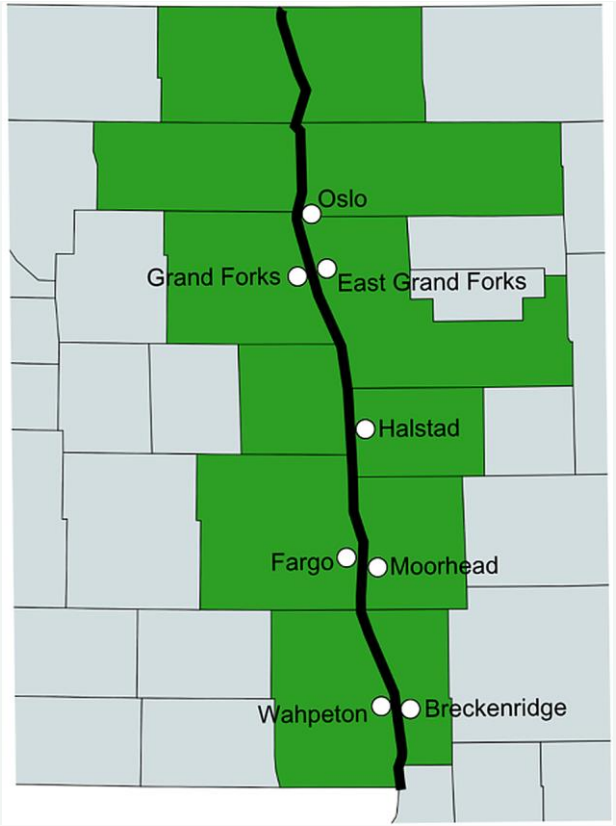
SB2003 Sec 44

UNIVERSITY OF NORTH DAKOTA SCHOOL OF MEDICINE & HEALTH SCIENCES
PHYSICIAN ASSISTANT PROGRAM - STUDENT RESIDENCY - REPORT

The University of North Dakota shall **develop and implement student recruitment and acceptance strategies to increase the number of resident medical students enrolled in the school of medicine and health sciences and to increase the number of resident students enrolled in the physician assistant program**, with a goal for **eighty-five percent** of medical students enrolled at the school of medicine and health sciences and in the physician assistant program **to be residents of the state** by the fall 2030 semester.

Red River Valley

Communities positioned along the Red River corridor



COMMUNITIES SHOWN

A north–south view of the connected communities highlighted on the map.

- Oslo
- Grand Forks • East Grand Forks
- Halstad
- Fargo • Moorhead
- Wahpeton • Breckenridge

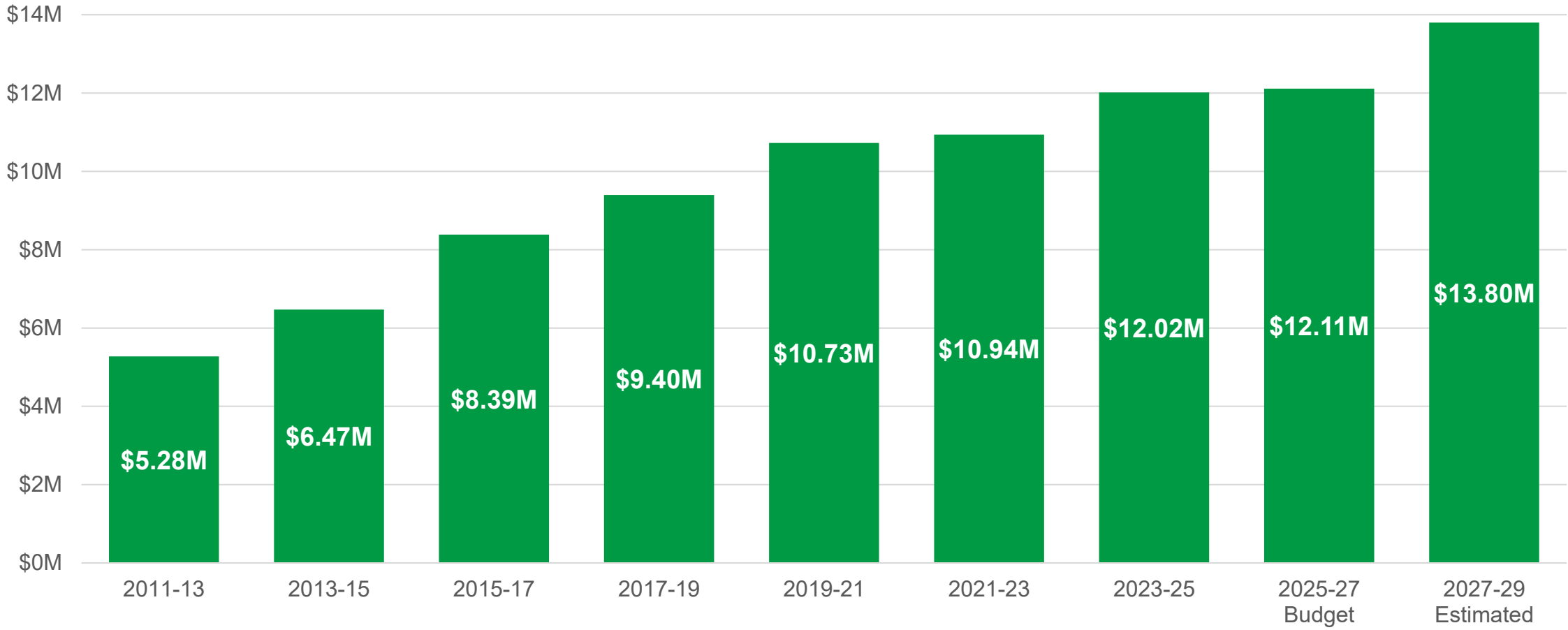
Map labels retained for geographic context

One-Mill Levy

Est. 1948

Codified in North Dakota Constitution
as Article X, Section 10

One-Mill Levy per Biennium, 2011–2029



This equates to ~$8 per North Dakota resident in 2026

Potential for a Repeat Challenge to the One-Mill Levy

2025 Legislative Repeal Attempts (also attempted in 2023)

HCR 3012 House Concurrent Resolution

Proposed repeal of Article X, §10 — eliminating the statewide one-mill property tax dedicated to the State Medical Center.

2025 result: FAILED in House, 43–42 *(Lacked constitutional majority.)*

SCR 4023 Senate Concurrent Resolution

Contained the same core language: repeal Article X, §10 and eliminate the constitutional one-mill levy supporting the State Medical Center.

2025 result: FAILED in Senate, 21–26.

2027 Repeal Pathway

2027 Legislature
A new concurrent resolution passes both chambers

November 2027
electors decide the amendment

January 1, 2028
If approved and drafted for this date, the dedicated levy ends

SMHS Impact
Loss of $6.7M annual revenue

Significant Negative Impact

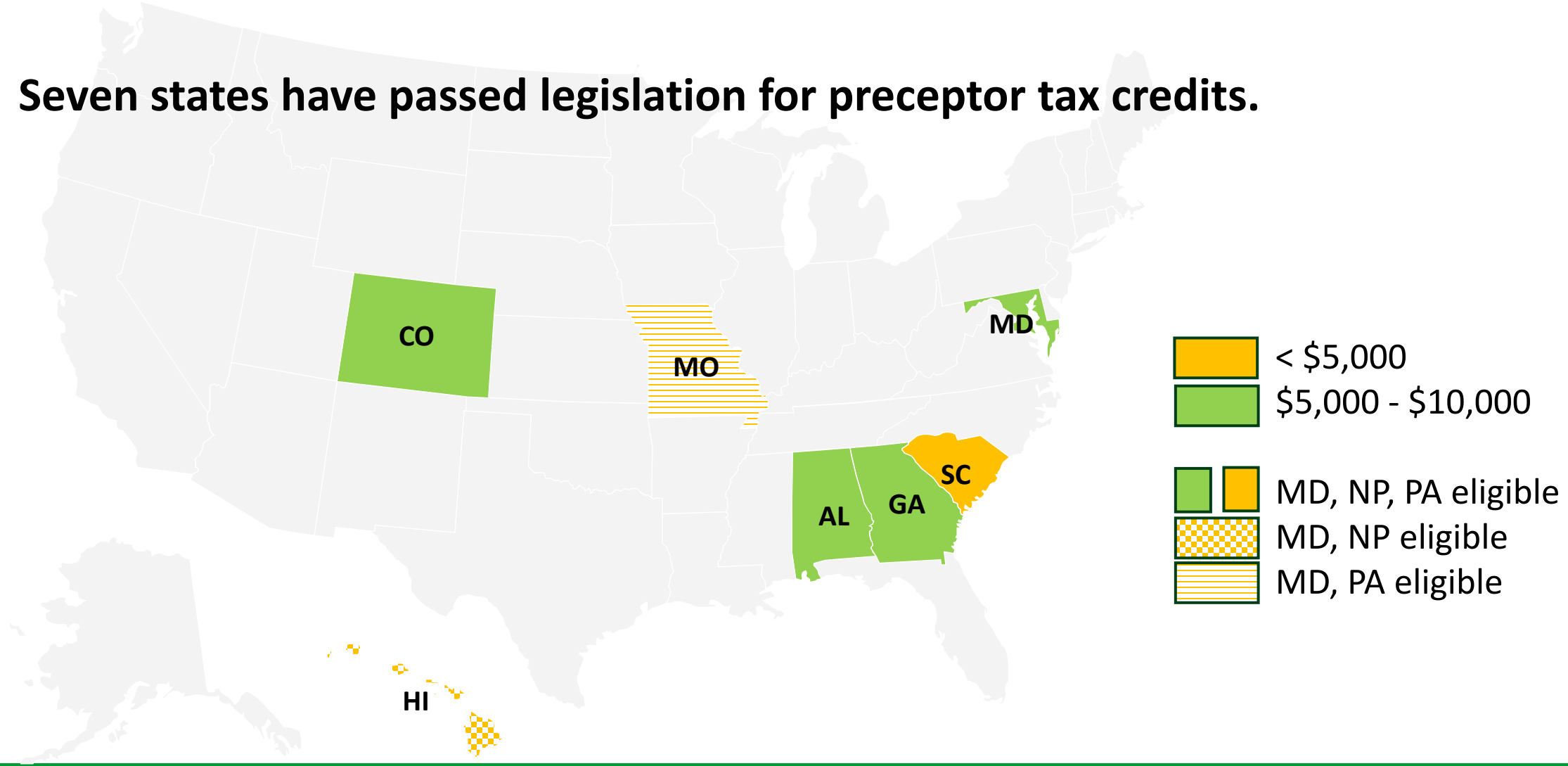
A successful repeal would remove a dedicated source of funds which support SMHS core mission areas of student recruitment, clinical training, and healthcare workforce retention.

Sources: ND Constitution Art. X §10; ND constitutional amendment history (approved Nov. 2, 1948); HCR 3012 (25.3057.01000); SCR 4023 (25.3036.01000), 69th Legislative Assembly.

Clinical Preceptor Tax Credit

States with Preceptor Tax Credit

Seven states have passed legislation for preceptor tax credits.



Preceptor Tax Credit Impact

Train Here
Stay Here
Practice Here



- Rural healthcare provider shortages
- Students stay where they train
- Lost training = Lost Workforce

- SMHS MD & PA programs require over 300,000 clinical preceptor hours annually
  - Approximately 1 in 5 Physicians or Physician Assistants are needed to precept in North Dakota
- Average tax credit $5K - $10K
  = Annual budget $2M - $4M
- ROI = More practicing providers
  = Better health & more income tax revenue



Health Professions Education Addition to Current SMHS Building

2025–27 SB2003

- $5M in appropriated funding to support the predesign
- Legislative intent language also included