

6/8/2026

Dear Licensing Reform Task Force,

I am Dean at Rocky Vista University's Montana College of Osteopathic Medicine in Billings and previously practiced rural family medicine in Wyoming and urgent care in Montana. RVU-MCOM was established to help address Montana's physician workforce needs by educating future physicians who understand the realities of practicing in rural and underserved communities.

From our perspective, Montana's healthcare workforce pipeline begins long before professional school. Strong pathways exist through K-12 career exploration, dual-enrollment opportunities, community colleges, universities, and professional training programs. The most successful models connect students early with healthcare careers through mentorship, hands-on experiences, and community partnerships. One example is the annual HOSA Montana State Leadership Conference hosted at RVU-MCOM, which brings high school students from across Montana together to explore healthcare careers and leadership opportunities. Expanding these experiences into more rural and frontier communities should remain a priority.

We also view healthcare education as a continuum rather than a series of separate programs. Students should be able to move from entry-level roles such as CNA, EMT, and medical assistant into nursing, allied health, and physician training through stackable credentials and clear career ladders. Interprofessional experiences, such as the mass casualty exercise involving RVU-MCOM, the Billings Fire Department, and City College nursing and paramedic students, help learners understand team-based care and explore opportunities for continued professional growth. These "grow your own" pathways are among Montana's most effective workforce strategies because students with roots in Montana are often the most likely to remain and serve Montana communities.

While Montana is producing highly qualified healthcare professionals, challenges remain. Geographic barriers, limited clinical training capacity, and workforce shortages can create disconnects between educational opportunities and community needs. For physicians, the greatest bottleneck often occurs after medical school. Montana has made important progress in graduate medical education, but residency capacity remains

limited relative to workforce needs. Because physicians frequently practice near where they complete residency, continued investment in residency training may be one of the most effective strategies for retaining physicians in Montana.

As Montana considers future workforce strategies, I would encourage policymakers to focus on three priorities:

- strengthening early healthcare career exposure
- expanding "grow your own" pathways
- increasing residency and other post-graduate training opportunities within the state.

By aligning efforts around these goals, Montana can build the healthcare workforce necessary to serve its communities across the state.

Professionally Yours,



Benjamin Wilde, DO, FAAFP

Dean

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