

# From campus to clinic:

## The role of 'university of origin' in Australian general practice and rural generalist training participation

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### Background

Understanding the 'university of origin' of general practice and rural generalist trainees informs workforce planning.

### Methods

Graduate data (2019–23) from Medical Deans Australia and New Zealand and 2025 registrar enrolments from the Australian College of Rural and Remote Medicine (ACRRM) and the Royal Australian College of General Practitioners (RACGP) were analysed. Absolute and relative contributions of each university were calculated, adjusting for average class size.

### Results

In 2025, 1226 Australian medical graduates from 21 universities commenced general practice or rural generalist training (33% of average class size). Monash University contributed the most registrars (115), while James Cook University had the highest proportional contribution (52%). Relative contributions ranged from 16% to 52%.

### Discussion

The proportion of graduates entering general practice or rural generalist training exceeded Medical Schools Outcomes Database (MSOD)-stated intent. Marked inter-university variation highlights the need to understand career choice drivers and develop targeted strategies to strengthen the general practice and rural generalist workforce.

**AUSTRALIA'S GENERAL PRACTICE** and rural generalist workforce is under sustained pressure with increasing demand due to a growing and ageing population increasingly living with chronic health conditions, coupled with both declining recruitment and maldistribution, with shortages most acute in outer regional, remote and very remote communities.<sup>1</sup>

The Medical Schools Outcomes Database (MSOD), managed by Medical Deans Australia and New Zealand (MDANZ) for the Department of Health, Disability and Ageing (DoHDA), tracks medical students' career intentions at the end of their degree.<sup>2</sup> Recent MSOD data show a decline in the proportion of final-year medical students intending to pursue general practice, from 13.6% in 2021 to 9.4% in 2024. Since the introduction of rural generalist as an option in 2021, 5.7% of students in 2024 indicated this preference. When combined, in 2024, 15.1% of students signalled an intention in general practice or rural generalist, down from 18.8% at its recent peak in 2022.<sup>2</sup>

Understanding where general practice registrars come from, particularly their 'university of origin', can highlight which institutions are producing higher proportions of graduates entering general practice or rural generalist training, and which contribute most across rural and general training pathways.

In 2025, the Royal Australian College of General Practitioners (RACGP) analysed its incoming training cohort, along with the Australian College of Rural and Remote Medicine (ACRRM), to produce, for the first time, an aggregated dataset for all general practice or rural generalist training.

This dataset links the university of origin for Australian medical graduates (AMGs) with their Fellowship training entry across general and rural pathways.

$$\text{Contribution (Overall/General/Rural)} = \frac{\text{Number of graduates from university in 2025}}{\text{Average medical school size (2019–23)}}$$

**Figure 1.** Formula for contribution (Overall/General/Rural).

## Method

### Data sources

Data on Australian university graduate numbers from 2019 to 2023 were obtained from the MDANZ dataset. This dataset provides comprehensive annual records of domestic and international medical graduates from all Australian universities.<sup>3</sup>

Data on the 2025 registrar cohort were sourced from RACGP and ACRRM enrolment data for AMGs.

### Analysis

This is a descriptive study and uses administrative training data to map university origins of general practice and rural generalist registrars; it is not designed to examine individual-level determinants of career choice. The absolute and relative contributions of each Australian university to the 2025 AMG cohort were calculated. Absolute contribution was reported as the total number of registrars commencing in 2025 from each university. Relative

contribution (Figure 1) was estimated as the proportion of the 2025 cohort from each university, adjusted for the average graduating class size between 2019 and 2023.

The 5-year graduating cohort average (2019–23) was used as the denominator for proportional estimates, based on the assumption that more than 80% of the 2025 cohort graduated within this time frame.

Descriptive statistics were used to summarise absolute and proportional contributions across universities. No inferential statistical testing was performed, as the analysis aimed to describe patterns rather than test hypotheses.

### Logic and limitations

This approach assumes that the distribution of universities of origin in the 2025 cohort is broadly representative of other years. Newer medical universities (eg Curtin University, Macquarie University) that did not graduate students across all years from

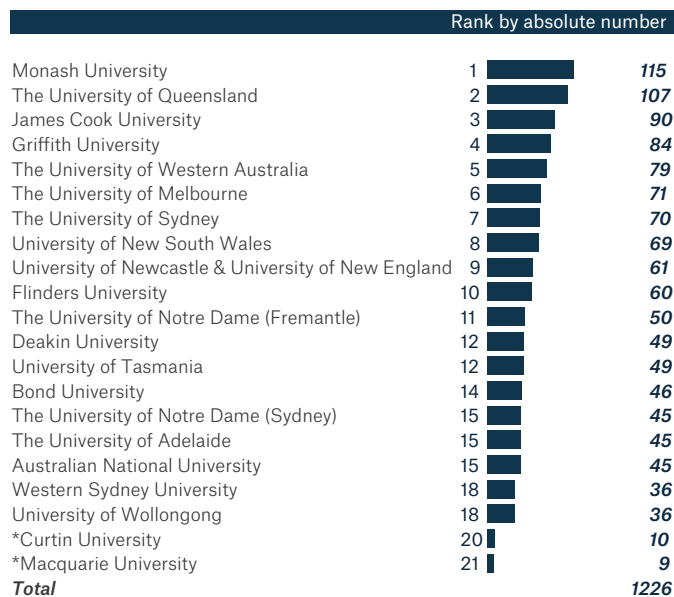
2019 to 2023 are inevitably underrepresented in analyses.

## Results

In 2025, a total of 1226 AMGs entered a general practice or rural generalist training program, comprising 762 in the RACGP General Pathway and 464 in a rural pathway on either the RACGP Rural Pathway or ACRRM program. These registrars represented graduates from 21 of Australia's universities.

### Overall trends

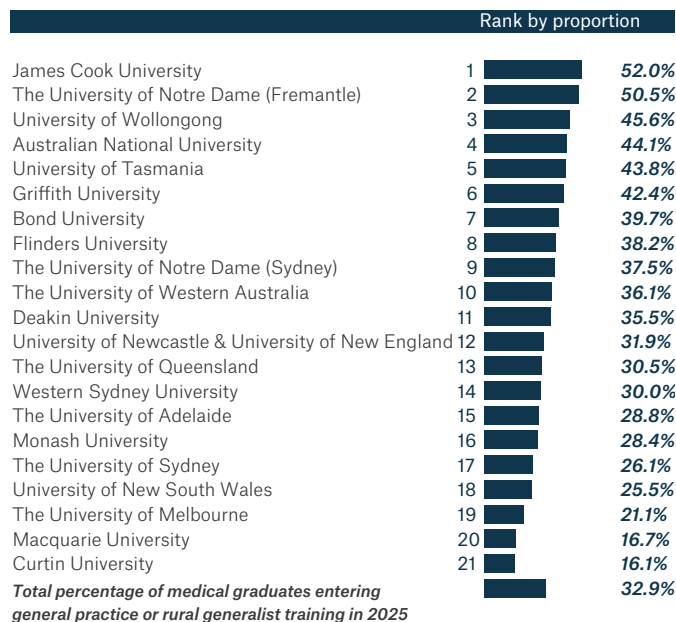
More than 80% of the 2025 AMG general practice and rural generalist training cohort graduated between 2019 and 2023, consistent with the study assumption. In 2025, 33% of the average annual graduating medical cohort from Australian universities entered general practice or rural generalist training. Of these, 20% entered the training program with an intent to train in urban locations,



**Figure 2.** Australian General Practice Training (AGPT) Program 2025 cohort by medical school by absolute number.

\* These universities are relatively new medical schools, with fewer than five graduating cohorts.

Note: The University of Newcastle and the University of New England jointly offer a 5-year Bachelor of Medical Science and Doctor of Medicine, also known as the Joint Medical Program (JMP). The combined total in 2025 cohort is 61.



**Figure 3.** 2025 cohort by medical school by relative contribution.

Note: The University of Newcastle and the University of New England jointly offer a 5-year Bachelor of Medical Science and Doctor of Medicine, also known as the Joint Medical Program (JMP).

while 13% entered regional or rural training. This reflected a substantial proportion of junior doctors choosing general practice and rural generalist training, compared with 15.1–18.8% of graduating medical students reporting an intent to pursue general practice and rural generalist training in the MSOD survey across the last 4 years.

The distribution of university of origin indicates both high-volume contributors and smaller institutions with strong proportional pathways into general practice.

### Absolute contribution

The largest absolute contributor to the 2025 cohort was Monash University with 115 registrars (9% of all AMGs in the 2025 cohort), followed by The University of Queensland with 107 registrars and James Cook University with 90 registrars (Figure 2).

### Relative contribution

When adjusted for average graduating class size (Figure 3), James Cook University had the highest proportional contribution, with 52% of its average graduating cohort entering general practice or rural generalist training in 2025. The University of Notre Dame (Fremantle) and University of Wollongong also had high proportional representation.

### Relative contribution across pathways

Across pathways, Bond University had the highest proportional contribution to training in the RACGP General Pathway, with 34% of its average graduating cohort entering general practice or rural generalist training. The University of Notre Dame (Fremantle) and The University of Notre Dame (Sydney) also had high proportional representation (33% and 29% respectively).

James Cook University had the highest proportional contribution to rural training programs (ACRRM and RACGP Rural Pathway), with 27% of its average graduating cohort entering such training. University of Tasmania and University of Wollongong also had high proportional representation (27% and 20% respectively).

### Variation between universities

Absolute and relative contributions varied substantially between universities. Larger universities generally contributed more registrars in absolute terms, while some

smaller or regionally focused schools ranked higher in proportional contribution. It should be noted that Curtin and Macquarie Universities are relatively new medical schools, with less than five graduating cohorts. As such, their contributions will be underrepresented, and future years are likely to show increased numbers as more cohorts complete training.

## Discussion

This is the first national analysis combining RACGP and ACRRM enrolment data to map the university origins of all general practice and rural generalist registrars in Australia. The 2025 intake (33% of the average annual graduating medical cohort entering) is more than double the stated intent to train reported in MSOD. This difference between stated intent and actual entry highlights the dynamic nature of career decision making beyond medical school. The discrepancy between intent and entry could be influenced by internship and residency experiences, lifestyle considerations, employment opportunities, exposure to positive general practice or rural generalist role models, or the availability of training places. While individual-level motivations cannot be examined in this descriptive analysis, understanding the underlying factors driving these shifts could help inform targeted recruitment strategies.<sup>4</sup>

There is considerable variation between universities in their contribution to general practice and rural generalist registrars, both in absolute numbers and when adjusted for graduating cohort size. This variation may reflect differences in course curriculum, rural training exposure, location of the student population, or institutional culture towards general practice and rural generalism.<sup>5</sup> Although causal relationships cannot be inferred, these variations suggest that universities represent a modifiable component of the general practice and rural generalist workforce pipeline.

Marked variation was also seen in the distribution of training location by university of origin, with some institutions contributing disproportionately to rural pathways and others primarily to metropolitan training. These differences have implications for addressing the maldistribution of the general practice workforce and may inform where

rural training incentives or targeted programs could be most effective.

Although 80% of the 2025 Australian General Practice Training (AGPT) cohort graduated within the preceding 5 years, the remaining 20% reflects a group for whom general practice training remains attractive much later in their careers. This finding indicates that recruitment efforts should not only focus on early-career doctors but also consider strategies for engaging mid-career practitioners seeking a change in scope or work-life balance.

This study is limited by its descriptive design, which does not capture individual motivation, selection and curriculum mechanisms. Further analytic and mixed-methods research is required and is planned. There is also value in repeating this analysis over time to confirm longitudinal trends.

These findings highlight opportunities to strengthen general practice and rural generalist workforce planning through coordinated undergraduate, postgraduate and policy initiatives. Understanding why some universities produce proportionally more general practice and rural generalist trainees, and why some graduates choose general practice and rural generalist training years after graduation, may inform evidence-based recruitment strategies, curriculum design and workforce planning. Repeating this analysis annually will allow policymakers, universities and colleges to monitor progress and evaluate the impact of interventions over time.

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**References**

1. Australian Government, Department of Health and Aged Care. Building the general practice workforce to strengthen medicine: Impact analysis. Australian Government, Department of Health and Aged Care, 2025. Available at <https://oia.pmc.gov.au/sites/default/files/posts/2025/02/Impact%20Analysis%20-%20Building%20the%20GP%20Workforce%20-%20OIA24-08034.pdf> [Accessed 1 October 2025].
2. Medical Deans Australia and New Zealand. National data report 2025: Responses from final year students at Australian medical schools 2020–2024 data. Medical Deans Australia and New Zealand, 2025. Available at [https://medicaldeans.org.au/md/2025/05/MSOD-National-Data-Report-2025\\_FINAL-1-1.pdf](https://medicaldeans.org.au/md/2025/05/MSOD-National-Data-Report-2025_FINAL-1-1.pdf) [Accessed 10 April 2025].
3. Medical Deans Australia and New Zealand. Medical school numbers – Australia [Power BI dashboard]. Medical Deans Australia and New Zealand, 2025. Available at <https://app.powerbi.com/view?r=eyJrJjoiMjdiNTU2NWMTMmJjYy00MTBiLTg5NTgtNzg1OTE4ZjU4NGJhliwidCI6IjY2Y4YjAxLWJhZTQtNDQ2ZC1hZWNhLTdkYTljMDFIZDBmOSJ9> [Accessed 10 April 2025].
4. Cuesta-Briand B, Coleman M, Ledingham R, et al. Understanding the factors influencing junior doctors' career decision-making to address rural workforce issues: Testing a conceptual framework. *Int J Environ Res Public Health* 2020;17(2):537. doi: 10.3390/ijerph17020537.
5. McGrail MR, Doyle Z, Fuller L, Gupta TS, Shires L, Walters L. The pathway to more rural doctors: The role of universities. *Med J Aust* 2023;219 (Suppl 3):S8–13. doi: 10.5694/mja2.52021.

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