



## Questions taken on notice

**1) The CHAIR: I just wonder if you could tell me how many trainees started in the last entry point into rural general practice training in New South Wales?**

**Vicki Mattiazzo:** For RACGP's Australian General Practice Training (AGPT) Program, the number of applicants who accepted a training position to start the program in the rural stream for 2023 in New South Wales totalled 271. That figure includes 78 from North Eastern New South Wales, 57 from Lower Eastern New South Wales, and 36 from Western New South Wales. For the last intake of the Practice Experience Program (PEP), RACGP had a total of 115 registered participants in New South Wales. 97 of those were MM3 – 5 (rural/regional). In the last intake of RACGP's Fellowship Support Program (FSP), there were 66 registered participants in New South Wales. Of that total, 59 were MM3 – 5 (rural/regional).

**2) Mrs LESLIE WILLIAMS: I have a question to Dr Mattiazzo from the college of general practitioners. In your submission you mentioned that you were looking to have an MOU with NSW Health so you can work better to support our rural GP and rural generalist training. Can you tell me, is that progressing, and where is that up to? Obviously, it's always a benefit when you've got those relationships and you're able to work collaboratively. Can you give us an update on that?**

**Karin Jodlowski-Tan:** I will answer that if I may. We started that discussion last year when we met first but, because of the college-led training and the changeover, it was suggested that we postpone. We are having a meeting with them on 6 December to take up that conversation again on establishing clear ways of working together.

**3) The CHAIR: Dr Mattiazzo, are you aware that the Commonwealth Government has required medical school programs in New South Wales to have 30 per cent of their intake being students from rural regions for probably the last 15 years?**

**Vicki Mattiazzo:** I am aware that there are quotas but was unaware that it was 30 per cent in New South Wales. Quotas are important in providing access, however, there are still steps that we can take to provide equity for rural students who are entering medical training. We know that rurality is intrinsically linked with historical disadvantage. Students in these areas face unique barriers to entering higher education and the medical profession. One recent Australian study identified that many students in rural secondary schools felt that medicine was not an achievable career pathway for them due to geographical, financial, and social barriers. This study highlights that there is a significant opportunity to address these barriers and consider implementing individualised wraparound services to support students and cultivate the number of rural students entering medical school from rural areas. Improving support mechanisms will ensure that these students feel equipped to apply for these positions and are supported throughout their training to achieve their goals of entering the rural general practice workforce.