

# Implementing Rural Selection:

A Guide for Medical Colleges

# Introduction

On behalf of the Council of Presidents of Medical Colleges (CPMC) and the National Rural Health Commissioner, we are pleased to present this guidance on implementing rural selection in for entry to specialist medical training.

Australia's rural and remote communities continue to face significant challenges in accessing timely and equitable specialist medical care. As part of our shared responsibility to address this, the specialist medical Colleges are stepping forward with meaningful action to support a more evenly distributed and sustainable medical workforce.

This document outlines an important aspect of that commitment: strengthening the way rural origin and rural experience are recognised and valued within selection processes for specialist training. It builds on the outcomes of a CPMC workshop in February 2025, held in partnership with the Office of the National Rural Health Commissioner, which brought together College leaders, researchers, and rural training experts to consider practical ways to improve rural workforce outcomes distribution through trainee selection.

The workshop highlighted strong momentum across the Colleges to support government strategies and national workforce priorities by embedding rural equity into specialist training pathways. It also affirmed the vital leadership role that specialist medical Colleges can and do play in addressing the challenges of rural health access in rural and remote communities through education and selection.

This document provides a practical framework for all Colleges to adopt consistent, transparent, and evidence-informed approaches that support a more equitable distribution of the medical workforce. By taking practical steps to recognise and implement rural origin and valuing rural experience at the point of selection, the Colleges are helping to build a future where all Australians, regardless of where they live, can access high-quality specialist care.

We thank all Colleges for their leadership and commitment to this shared work, and we look forward to continued collaboration to strengthen our rural workforce and improve health outcomes for all Australians.

**A/Prof Sanjay Jeganathan**  
President, Council of Presidents of Medical Colleges

**Professor Jenny May**  
National Rural Health Commissioner



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## Purpose

To support medical Colleges in strengthening rural workforce outcomes by implementing rural selection strategies.

## Rural Selection

Doctors of rural origin and completing early medical education in rural locations are significantly more likely to subsequently train and remain in rural practice. Recognising and supporting rural applicants at college entry is a proven step toward addressing persistent rural workforce gaps.

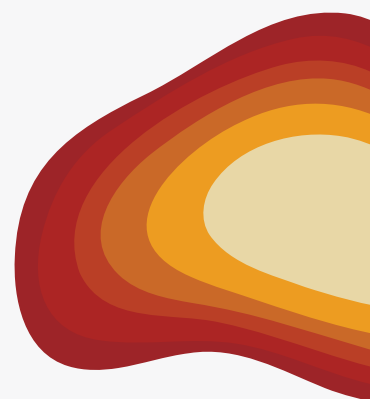
## What Colleges Are Asked to Do

Based on outcomes from the CPMC rural selection workshop, Colleges are asked to implement the following as part of efforts to strengthen rural workforce outcomes through more consistent and transparent selection approaches.

There was agreement by CPMC members to implement more substantial and consistent approaches to selection processes by adopting agreed definitions and approaches to:

- **who should be considered of 'rural origin';**
- **recognising rural experience during medical school; and**
- **valuing rural experience during prevocational training years.**

The colleges will need to consider these points and how the information can be captured and integrated into their selection criteria such as weighted in scoring rubrics or used as a contextual consideration alongside other diversity factors.



# Implementation Considerations

## 1. Adopt a standard definition of rural origin

Each college will need to create a definition of rural origin.

The Rural Health Multidisciplinary Training (RHMT) program definition is the most used and suggested for colleges to adopt (to assist with national consistency) based on an applicant's childhood period: "residency for at least 10 years cumulatively or any 5 years consecutively in a Modified Monash Model (MMM) 2 to 7 area." However, notably this definition alone does not account for rural periods after school is completed.

## 2. Account for rural experience during medical school

A minimum measurement of rural experience in medical school by recognising 12 months of rural placement as a minimum standard and separately identify those with 2+ years of rural immersion.

## 3. Value rural experience during prevocational years

Ensure selection processes reflect the value of rural experience during the prevocational phase, particularly for PGY1 and PGY2 aligned with the National Framework for Prevocational Medical Training.

## 4. Integrate rural factors into selection criteria

Rural origin and experience should be meaningfully reflected in scoring systems and/or used as contextual factors during selection.

## 5. Align selection with national workforce strategies

Ensure selection principles support the National Medical Workforce Strategy 2021–2031 (Australia) and Health Workforce Plan 2023/24 (Aotearoa New Zealand).

## 6. Improve selection transparency and eliminate bias

Review selection policies to ensure fairness, transparency, and anti-racism. Consider who is privileged by existing practices such as preference-based location matching or informal pre-selection "meet and greets"; similarly, minimise bias against rural pathway applicants such as with having 'relative to opportunity' adjustments.

## 7. Standardise data collection and monitoring

Collect and report on standardised rural origin, selection, and retention data, especially for underrepresented groups, including Aboriginal and/or Torres Strait Islander.

## 8. Prepare for changes in AMC standards for specialist medical programs

Anticipate AMC's emphasis on enabling rural training through alternative supervision models and networked accreditation especially for colleges without existing rural pathways.

# Recruitment and Support of Rural Trainees

In alignment with the revised medical school standards (e.g. 4.1.2 and 4.1.3)<sup>1</sup> and in anticipation of similar expectations in specialist medical training, Colleges are encouraged to:

## 1. Define Clear Recruitment Targets

Establish specific, measurable goals to increase the proportion of rural applicants and trainees.

Align targets with national workforce needs and rural health priorities.

## 2. Develop Targeted Recruitment Strategies

Engage with Rural Clinical Schools, Regional Training Hubs, and rural health networks to promote training opportunities.

<sup>1</sup> <https://www.amc.org.au/accredited-organisations/medical-schools/guidance-matrix-overview/guidance-matrix-standard-4/>

Ensure outreach includes support for Aboriginal and/or Torres Strait Islander and Maori applicants.

## 3. Provide Requisite Supports for Rural Trainees

Address known barriers such as financial constraints, relocation challenges, and access to metro-centric training networks.

Establish mentorship, peer support, and flexible training options tailored to rural-pathway trainees.

## 4. Monitor and Report on Progress

Regularly assess performance against rural recruitment targets.

## Outcome

Integrating rural factors into scoring systems including rural origin, medical school experience, and prevocational experience as scored or contextual components within selection criteria will assist in strengthening the rural workforce.