



Supporting Information

Supplementary results

**This appendix was part of the submitted manuscript and has been peer reviewed.
It is posted as supplied by the authors.**

Appendix to: Seal AN, Playford D, McGrail MR, et al. Influence of rural clinical school experience and rural origin on practising in rural communities five and eight years after graduation. *Med J Aust* 2022; doi: 10.5694/mja2.51476.

Table. Characteristics of the participating universities

Important note: As members of the Federation of Rural Australian Medical Educators (FRAME), we cannot publish any data that may lead to identification of individual RCSs as we have a commitment to not publish data that might compare RCSs.

University	Women	Rural origin	Extended RCS	PGY5			PGY8		
				MM1	MM2	MM3-7	MM1	MM2	MM3-7
1	44%	20%	15%	88%	4%	8%	86%	4%	9%
2	62%	26%	34%	77%	12%	12%	80%	8%	12%
3	50%	14%	19%	95%	0	5%	88%	2%	10%
4	53%	39%	77%	69%	2%	30%	72%	2%	27%
5	50%	34%	38%	81%	11%	9%	82%	9%	10%
6	61%	17%	42%	88%	5%	7%	83%	7%	10%
7	50%	14%	28%	93%	4%	2%	92%	5%	4%
8	52%	18%	26%	90%	4%	6%	90%	1%	8%
9	47%	23%	26%	74%	19%	7%	84%	9%	7%
10	60%	13%	33%	88%	4%	9%	85%	4%	11%
Total (1321)	696 (52.7%)	259 (19.6%)	413 (31.3%)	1136 (85%)	85 (6.4%)	100 (7.6%)	1128 (85.4%)	70 (5.3%)	123 (9.3%)

PGY5-postgraduate year 5; PGY8-postgraduate year 8; RCS-rural clinical school.

Figure. Changes in practice location type between postgraduate years 5 and 8 for 1321 medical graduates (absolute numbers adjacent to bars)

