

An analysis of applications and acceptances to the National Specialist Training Programme in General Practice Ireland from 2021-2024

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Abstract

Aim

Ireland has one of the lowest levels of General Practitioners (GP) per population in the EU (87/100,000). To address this deficit the number of National Specialist Training Programme in General Practice (NSTPGP) places has expanded to 350 annually.

This study aims to establish trends in applications to the NSTPGP including (1) the demographic profile of applicants and the location of their primary medical qualification (PMQ) and (2) application rates among different Irish Medical Schools' graduates.

Methods

This quantitative cross-sectional study analysed anonymised data over 4 years using descriptive analyses, chi square testing, Student t tests and Pearson's correlation tests.

Results

Of 3672 total applicants, 1796 (49%) were female. Significantly more male applicants earned their PMQ from non-EU medical schools (N=1027, 54%, $p<0.001$). Over the four-year study period the location of applicants' PMQ was: 1255 (34%) Republic of Ireland (ROI), 500 (14%) EU (EU/EEA/UK excluding ROI), and 1917 (52%) non-EU. The proportion of applicants who were offered and accepted a place on the NSTPGP differed significantly: 732 (58%) of ROI medical school applicants, compared to 119 (24%) of applicants from EU/EEA/UK-excluding ROI medical schools and 275 (14%) of applicants from non-EU medical schools (χ^2 (702.88, $N=3672$) =2, $p<0.001$). In 2024, 348 (27%) of applicants obtained their PMQ in a ROI medical school. Among the six ROI medical schools' graduate application rates as a percentage of their

total class size, significantly differed with a range of 18%-36% ($p < 0.001$). For acceptances of an offer as a percentage of class size, the equivalent range was 10-21%. A total of 732 (15%) of all ROI medical school graduates accepted a position on the NSTPGP over the four-year study period.

Discussion

Despite an increase in the number of training places on the NSTPGP recently, there was no corresponding increase in the proportion of applicants from ROI medical schools. By contrast, the number of applicants who graduated from other EU/EEA/ UK or non-EU medical schools has grown substantially representing 73% in 2024. There were also significant differences observed in application rates between the six ROI medical schools, but no significant differences between offer and acceptance rates.

This study demonstrates substantive changes in application trends to the NSTPGP over the study period. Further research should explore the underlying factors that motivate applications to Irish GP training and how best to continue to enhance recruitment to the programme.

Introduction

Ireland is experiencing a crisis in the retention and recruitment of General Practitioners (GPs). There are approximately 87 GPs per 100,000 population.¹ This figure lies significantly below the recommended target of 102-110 GPs per 100,000, required for safe, efficient healthcare.² Ireland is below the Organisation for Economic Co-Operation and Development (OECD) average for the percentage of GPs, as a proportion of practising doctors (21% versus 23%), ranking 16th out of 36 countries.² It is predicted that by 2028 there will be a shortage of 1,260-1,660 GPs in Ireland.³

The GP shortage is a global phenomenon. Some countries have responded by increasing their GP training programme places. The UK and the Netherlands recommend that nearly half of all postgraduate training places should be in GP, while France and Canada have a target of 40%.⁴ However attracting sufficient numbers of applicants to fill all GP training programme places can prove challenging and variation exists internationally. In the UK in 2023 and 2024 competition for GP speciality training increased two-fold compared to 2022.⁵ Conversely Ontario Canada, reported an increased number of unfilled family medicine training places in 2024.⁶

Between 2022 and 2024 the Irish College of General Practitioners (ICGP), the national body responsible for post-graduate GP training and education, increased the number of training

places on the National Specialist Training Programme in General Practice (NSTPGP) by 35%, resulting in 350 GP training places annually from 2024.⁷ It is crucial to the Irish GP workforce pipeline that all expanded GP training places are filled. The UK Wass report highlighted the importance of undergraduate GP exposure and GP clinical placements in promoting GP as a career choice amongst medical students.⁸ Medical schools in Scotland are increasing GP teaching to 25% of the undergraduate medical curriculum to encourage more applicants to a career in GP.⁹ There have been calls for a similar target in Ireland.¹⁰ The joint ICGP and Association of University Departments of General Practice Ireland (AUDGPI) “Medical Student to General Practitioner” report emphasises the importance of the GP education continuum, from medical school through to GP intern, GP trainee, GP registrar and qualified GP.⁴ Currently there is considerable variability amongst Republic of Ireland (ROI) medical schools regarding the degree of GP exposure in medical school curricula and the duration and timing of GP clinical placements. On average students in Irish medical schools spend seven weeks on GP clinical placement (range 3-18 weeks).¹¹ Previous research from 2017-2021 identified that the proportion of EU citizens applying to the NSTPGP, from the six ROI medical schools differed significantly ranging from 25-55%.¹¹ However this study was restricted to medical students from EU/EEA/ROI backgrounds only, it was conducted prior to the rapid expansion of GP training places and focused on applications rather than acceptances to the NSTPGP. The latter is more important when it comes to ensuring GP training programme places are filled. Therefore, this study aims to establish the recent trends in applications and acceptances to the NSTPGP including (1) the demographic profile of applicants and the location of their primary medical qualification (PMQ) and (2) to compare application rates among different Irish Medical Schools’ graduates.

Methods

This study was conducted and reported according to the Strengthening the Reporting of Observation Studies in Epidemiology (STROBE) guidelines for reporting observational studies.¹² A cross-sectional study design was used to analyse anonymised data on applicants to the NSTPGP from 2021-2024 inclusive.

Ethical approval was obtained from the ICGP Research Ethics Committee (ICGP_REC_21_0043). A joint shared data agreement was completed between the ICGP and the University of Galway in April 2024. Data was handled and stored in accordance with the Data Protection Act 2018. Data was originally analysed in the Discipline of General Practice, School of Medicine, University of Galway, Ireland during summer 2024.

The ICGP provided the anonymized dataset containing demographic data on all the applicants to the NSTPGP and the outcome of their applications. Data relating to the total number of GP clinical placement weeks for each university was sourced from a 2023 national report.⁴

Categorical variables included gender, and the geographical location of applicants' Primary Medical Qualification (PMQ) categorised as; Republic of Ireland (ROI), EU (which for the study includes EU/EEA/ UK-but excluding ROI) and non-EU. Continuous variables included age and years since graduation.

Each applicant was allocated a unique identifier number to retain applicants' anonymity. In keeping with ethics approval, the six ROI medical schools were each given a unique identifying number to protect anonymity and reduce bias.

Data relating to number of entrants for each ROI medical school, corresponding to the graduating years from 2021 to 2024 inclusive, were obtained from the Higher Education Authority.

Statistical analysis was completed using the Statistical Package for Social Sciences 27.0 for Windows (SPSS Inc, IBM, New York, USA).

Descriptive analyses including frequencies, means and standard deviations were performed for the variables; age, gender, years since graduation and for the location where applicants obtained their PMQ (categorised as above). Chi-square (χ^2) tests were utilised to assess association between categorical variables and student-t tests were applied to continuous variables. Where data on participants was missing, e.g. gender; this data point was omitted from the analysis.

Results

Demographics and location of applicants' primary medical qualification

A total of 3672 applicants applied to the NSTPGP from 2021 to 2024. The proportion of female applicants was 49% (N=1796), male applicants was 48% (N=1760) and 3% (N=116) of applicants did not disclose how they identify. The mean age of all applicants was 34 years (SD 5.9) with the mean age of female applicants being significantly younger than the mean age of male applicants (female mean age=33 years (SD 5.4), male mean age=34 years (SD=6.3); ($t(3447)=-6.738$, $p<0.001$) (Table 1).

Between 2021 and 2024, the number of applicants who obtained their PMQ from a non-EU medical school increased from 254 to 822. Over the same period the applications from graduates from ROI Medical Schools rose from 308 to 348 ($\chi^2(6)=140.3$, $p<0.001$) (Table 1). The gender of the applicant was significantly related to the location of their PMQ (χ^2

(2)=59.65, $p<0.001$). The majority of applicants who obtained their PMQ from ROI medical schools were female (58%) while the majority of applicants from non-EU medical schools were male (54%). There was an almost equal distribution of male and female gender for applicants who obtained their PMQ from EU/EEA/UK-excluding ROI medical schools. (Appendix 1).

Applicants from ROI medical schools were significantly younger (mean age=31 years, $N=1255$, $SD= 4.8$) than applicants who graduated from EU/EEA/UK-excluding ROI medical schools (mean age=34 years, $N=500$, $SD=6.0$) and non-EU medical schools (mean age=35 years, $N=1917$, $SD= 6.0$) ($p<0.001$).

Applicants who obtained their PMQ in the ROI had graduated more recently (mean years since graduation=4 years, $SD=2.9$), compared with graduates from EU/EEA/UK excluding ROI medical schools (mean=7 years $SD= 5.1$) and those from non-EU medical schools (mean=11 years, $SD= 5.8$) ($p< 0.001$).

Comparing application rates among graduates of the six Irish Medical Schools

There was no significant difference in male and female gender distribution of the applicants from the ROI medical schools ($\chi^2(5)=2.79$, $p=0.733$) (Appendix 1 & 3).

The mean number of graduates from ROI Medical Schools who applied to the NSTPGP from 2021 to 2024 as a proportion of their total class size was 25% (range 18-36%). Some medical schools were more likely to produce graduates who applied to the programme than others; for example, 36% of the class in medical school 6 applied to the NSTPGP, while only 18% applied from medical school 1 ($\chi^2(5) = 79.19$, $p<0.001$) (Table 2).

Within the ROI medical schools, the correlation between the number of GP Placement weeks and the percentage of applicants to GP Training was not statistically significant, albeit the r value was strong ($r=0.76$, $p= 0.08$).

Data relating to applicants who were offered and accepted a place on the GP training programme

Table 2 presents the acceptance data for the six ROI medical schools. Table 3 presents summary data, from all 4 years, comparing the location of applicants' PMQ against the proportion of applicants who were offered and accepted a place on the NSTPGP. These differed significantly. A total of 58% of ROI medical school applicants were offered and

accepted a NSTPGP place, compared with 24% of applicants from EU/EEA/UK-excluding ROI medical schools and 14% of applicants from non-EU medical schools (χ^2 (702.88, (N=3672)=2, $p<0.001$).

The differences between the acceptance rates amongst the ROI medical schools was not significant, ranging from 52%-65% (χ^2 (5)=8.80 $p=0.117$) (Table 2).

Discussion

This study provides insights into recent demographic trends in applications and acceptances onto the NSTPGP, during a period of significant expansion in GP training places. The expansion in training places was met with a substantial increase in applications (685 in 2021, to 1310 in 2024).⁷ However the proportion of total applicants whose PMQ was from ROI medical schools fell from 45% in 2021 to 27% in 2024. In real terms, there was an increase of ROI applicants from 308 to 348 applications over this time period. By contrast, the number of applicants who graduated from EU/EEA/UK-excluding ROI or non-EU medical schools has grown substantially from 55% in 2021 to account for 74% of all applicants in 2024.

Changes such as the new immigration visa laws introduced in 2022, which allow qualified doctors from outside the EU to be considered for healthcare employment and training scheme positions in Ireland may be a contributory factor.^{13,14} Similar patterns have been reported in the UK where increased emphasis is being placed on providing supports and appropriate induction programs for international medical graduate doctors.^{15,16} Consideration should be given to the provision of similar induction programmes to support the smooth transition onto the NSTPGP for doctors whose PMQ is from outside of the ROI.

The preponderance of females amongst applicants who obtained their PMQ from ROI medical schools, and higher proportion of males amongst applicants who earned their PMQ from non-EU medical schools reflects similar application trends from America¹⁷, Canada¹⁹ and Pakistan.¹⁹

A total of 58% of applicants from ROI medical schools who applied to the NSTPGP were offered and accepted a GP training place on the programme, indicating a higher success rate than the other cohorts. Nationally, the mean number of graduates from ROI medical schools who applied to the NSTPGP from 2021-2024 as a proportion of their total class size was only 25% (range 18%-36%), with some medical schools significantly more likely to produce applicants than others.

Over the study period 15% ($N=732$) of all medical school graduates from ROI medical schools accepted a position on the NSTPGP. This figure may in part reflect the high proportion of international students within ROI medical schools who either face barriers (e.g. visa requirements) to, or choose not to, continue their medical training in Ireland.

This study found a marked increase, over the time period in both the number and proportions of doctors who received their primary medical qualification outside of the ROI. This mirrors similar trends in the UK where in 2023, 68% of the doctors joining the UK medical workforce were international medical graduates, up from 47% in 2017²⁰. This current study found that 58% of ROI medical school applicants to the NSTPGP were offered and accepted places, compared to 24% of EU and 14% of non-EU medical school graduates. Given the rigorous ICGP selection process – including application submission, situational judgement and clinical competency test, and multiple mini-interviews,²¹ it would be valuable in further research to identify at which stage in the selection applicants did not progress or withdrew. The role of doctors' location of primary medical qualification in differential attainment in the UK Membership of the Royal College of General Practitioners licensing assessments recently examined.²² A key relevant finding was that prior attainment and a primary medical qualification outside the UK were the main factors influencing performance in licensing assessments.²²

Key international and national evidence emphasises the key role academic GP University departments play in the recruitment process, via GP orientated curricula and high quality GP clinical placements that are associated with enhanced applications to GP training.^{23,24} Our results of a strong but non-significant correlation between placement duration and NSTPGP application rates in ROI medical schools, are consistent with this. The non-significance may simply reflect the relatively small sample size with largely homogenous exposure to high quality GP placements. The recent “Medical Student to General Practitioner” report by the ICGP/AUDGPI outlines challenges in delivering quality GP placements for medical students and proposes a national funding model and support, along with additional measures to strengthen GP training across the education continuum.⁴

This study demonstrates several key strengths. The robust sample size of over 3500 applicants, and the longitudinal data over 4 years enhances study validity. Data relating to both applications and acceptances provides more granular understanding of recruitment to the NSTPGP. This study includes data on full ROI medical school graduating cohorts, addressing gaps in the previous study which analysed EU medical student' applicants only.¹¹ One key limitation of this study is that it accounts for two years (2022-2024) of data since the introduction of immigration visa changes and therefore may be premature to generalise findings in relation to applicant graduates from non-EU medical schools.

This study analyses the numerical trends in application rates but does not provide qualitative insights into factors influencing applicants' decision to apply to the Irish NSTPGP. Further research is required for a more in-depth exploration of motivations and barriers to pursuing GP training in Ireland.

This study demonstrates substantive changes in NSTPGP application trends over recent years. Further research should explore the underlying factors that motivate applications to Irish GP training and how best to continue to enhance recruitment to the programme.

Declarations of Conflicts of Interest:

None declared.

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References:

1. Medical Council highlights GP workforce and workload crisis.
<https://www.irishhealthpro.com/content/articles/show/name/medical-council-highlights-gp-workforce-and-workload-crisis>. Last accessed on Nov 29, 2024
2. O'Callaghan, M., <https://icgpnews.ie/press-release-new-research-shows-gp-workforce-deficits-across-ireland> (August 2024) Last accessed October 11th 2024.
3. Health at a Glance 2023; OECD Indicators, OECD Publishing, Paris, <https://doi.org/10.1787/7a7afb35-en>. Last accessed; Feb 8th, 2024
4. McNally, T., <https://www.thejournal.ie/more-gps-needed-5664914-Jan2022/> (Jan 2022) . Last accessed; October 10th 2024.
5. Medical Student to General Practitioner- an Urgent Call to Action"
<https://www.icgp.ie/go/library/catalogue/item/1688F045-AC00-49A8-834F3848614B3B90> . Last accessed on Sept 20, 2024
6. Medical Leaders Call for more training posts as competition for places increases. BMJ 2024;387:q2366 | doi: <https://doi.org/10.1136/bmj.q2366>

7. CBC news Available at: <https://www.cbc.ca/news/canada/toronto/oma-declining-number-medical-school-students-family-medicine-1.7182901>. Last accessed July 7, 2024
8. Increase in GP Training places announced 2024. ICGP.
<https://careersportal.ie/news/increase-gp-training-places-2024> (Last accessed July 18, 2024)
9. Wass V. By choice — not by chance: supporting medical students towards future careers in general practice. London: Health Education England and the Medical Schools Council; 2016
10. Gilles, J. (2019). Undergraduate medical education in Scotland: enabling more general practice based teaching. Edinburgh: Scottish Government
11. Shaping the future.
https://www.irishcollegeofgps.ie/Portals/0/Clinical%20Hub/Publications%20and%20Journals/Current%20Publications/CH_Pub_Current_Shaping_the_Future_October_2022.pdf. Last accessed 22nd Oct 2024
12. Murphy, A. et al (2022) 'Supporting medical students towards future careers in general practice: A quantitative study of Irish medical schools', Irish Medical Journal, 115(9).671.
13. Strobe – Strengthening the reporting of observational studies in epidemiology.
<https://www.strobe-statement.org/>
14. Up to 1,800 doctors benefit from changes to immigration rules. 8th March 2022.
<https://www.gov.ie/en/press-release/f5335-up-to-1800-doctors-to-benefit-from-changes-to-immigration-rules/> Last accessed August 2, 2024 (
15. HSE Medical Workforce Analysis Report 2023-2024.
<https://www.hse.ie/eng/staff/leadership-education-development/met/plan/medical-workforce-report-23-24-digital.pdf> Last accessed Jan 10th 2025
16. Jalal M, Bardhan KD, Sanders D, Illing J. INTERNATIONAL: Overseas doctors of the NHS: migration, transition, challenges and towards resolution. Future Healthc J. 2019 Feb;6(1):76-81. doi: 10.7861/futurehosp.6-1-76. PMID: 31098591; PMCID: PMC6520089.)
17. NHS Induction Programme for International Medical Graduates. *elearning for healthcare* <https://www.e-lfh.org.uk/programmes/nhs-induction-programme-for-international-medical-graduates/>. (Last accessed Jan 12, 2024).
18. Curtin, L., Officer, R. and Goldstein, R. (2023). RESEARCH BRIEF Applicant Demographics and the Transition to Residency: It's Time to Leverage Data on Preferred Specialty and Match Outcomes to Inform the National Conversation about Diversity and Equity in Medical Education. Available at: https://www.nrmp.org/wp-content/uploads/2023/02/Demographic-data-perspectives-paper_FINAL.pdf
19. Laverne, M.R., Scott, I., Mitra, G., Snadden, D., Blackie, D., Goldsmith, L.J., Rudoler, D., Hedden, L., Grudniewicz, A., Ahuja, M.A. and Marshall, E.G. (2019). Regional differences in where and how family medicine residents intend to practice: a cross-sectional survey

- analysis. Canadian Medical Association Open Access Journal, 7(1), 124–130. doi:<https://doi.org/10.9778/cmajo.20180152>.
20. Khan, U.I., Farazdaq, H., Naseem, A. *et al.* Evaluation of FamMed essentials: a blended-learning program for capacity building of general practitioners in Pakistan. *BMC Med Educ* **24**, 218 (2024). <https://doi.org/10.1186/s12909-024-05069-y>
 21. Hubbard E. BMA apologises for “upset and distress” caused by call for UK graduates to have preferential access to specialty training *BMJ* 2025; 388 :r157 doi:10.1136/bmj.r157
 22. ICGP Applicant Guide; GP Trainee Recruitment 2025.
<https://www.irishcollegeofgps.ie/Portals/0/Training%20and%20Assessment/Be%20a%20OGP/Guide%20to%20Applicant%202025.pdf> . (Last accessed 21/5/2025)
 23. Aloysius Niroshan Siriwardena, Vanessa Botan, Nicki Williams, Kim Emerson, Fiona Kameen, Lindsey Pope, Adrian Freeman, Graham Law. Performance of ethnic minority versus White doctors in the MRCGP assessment 2016–2021: a cross-sectional study. *British Journal of General Practice* 2023; 73 (729): e284-e293. **DOI:** 10.3399/BJGP.2022.0474
 24. Alberti H, Randles HL, Harding A, McKinley RK. Exposure of undergraduates to authentic GP teaching and subsequent entry to GP training: a quantitative study of UK medical schools. *Br J Gen Pract.* 2017 Apr;67(657):e248-e252. doi: 10.3399/bjgp17X689881. Epub 2017 Feb 28. PMID: 28246097; PMCID: PMC5565811
 25. Glynn, L.G., O'Regan, A., Casey, M., et al. (2020) 'Career destinations of graduates from a medical school with an 18-week longitudinal integrated clerkship in general practice: a survey of alumni 6 to 8 years after graduation', available:
<https://hdl.handle.net/10344/88>

Table 1. Demographics of all applicants to the ICGP GP Specialist Training Programme (2021-2024)

Year of application	2021	2022	2023	2024	Total
Number of applicants	N=685	N=708	N=968	N=1310	N=3672
Gender					
Female:	N=310 (45%)	N=349 (49%)	N=488 (50%)	N=649 (50%)	N=1796 (49%)
Male:	N =317 (46%)	N=331 (47%)	N=453 (47%)	N=659 (50%)	N=1760 (48%)
Other/Undisclosed:	N=58 9%	N=28 4%	N=27 3%	N=3 0.2%	N=116 (3%)
Mean Age (Female)	33 yrs	33 yrs	33 yrs	33 yrs	33 yrs
Mean Age (Male)	34 yrs	35 yrs	35 yrs	34 yrs	34 yrs
Mean Age (Other/Undisclosed)	36 yrs	37 yrs	36 yrs	32 yrs	36 yrs
Mean age of all applicants	34 yrs	34 yrs	34 yrs	34 yrs	34 yrs
Medical School of Origin for applicants					
ROI	N=308	N=291	N=308	N=348	N=1255
%Proportion of applications for the year	(45%)	(41%)	(32%)	(27%)	(34%)
EU/EEA/UK and excluding ROI	N=123	N=99	N=137	N=141	N=500
% Proportion of applications for the specific year	(18%)	(14%)	(14%)	(11%)	(14%)
Non-EU	N=254	N=318	N=523	N=822	N=1917
% Proportion of applications for the specific year	(37%)	(45%)	(54%)	(63%)	(52%)
Total:	N=685	N=708	N=968	N=1311	N=3672

Table 2. The number of ROI Applicants to the National GP Specialist Training Programme as a proportion of their total class size

Medical School	Number of Clinical GP placement weeks	Total class size (2021-2024)	Total number of applicants as a proportion of their class size (2021-2024)	Total number of applicants who were offered and accepted a place on the Training Programme as a proportion of their class size for each medical school (2021-2024)	Total number of applicants who accepted a place on the Training Programme as a proportion of the total number who applied from each medical school (2021-2024)
1	4	N=1145	N=206 (18%)	N= 118 (10%)	57%
2	4	N=775	N=229 (30%)	N=126 (16%)	55%
3	3	N=1005	N=250 (25%)	N=162 (16%)	65%
4	4	N=655	N=163 (25%)	N=85 (13%)	52%
5	8	N=795	N=194 (24%)	N=119 (15%)	61%
6	18	N=580	N=211 (36%)	N= 121(21%)	57%
Total:		N=4955	N=1253 (25%)	N=731 (15%)	

*The total dataset comprised of 1,255 ROI applicants. Two male ROI applicants did not report the specific medical school from which they graduated.

Table 3: Overview of all applicants who were offered and accepted a place onto the National GP Specialist Training Programme and the origin of their primary medical degree

Location of Medical School (PMQ)	ROI	(EU/EEA/UK-excluding ROI)	Non-EU	Total
Applied	N=1255	N=500	N=1917	N=3672
Offered & Accepted	N=732 (58%)	N=119 (24%)	N=275 (14%)	N=1126 (31%)

*Total ROI offered and accepted figure, includes one applicant who did not report the specific ROI medical school from which they graduated.

Supplemental Appendix

Appendix 1: Distribution of gender across all applicants and their medical school of graduation

Origin of medical school of graduation for applicants	ROI	EU	Non-EU
Female	N=725 (58%)	N=236 (47%)	N=835 (44%)
Male	N=503 (40%)	N=230 (46%)	N=1027 (54%)
Other/Undisclosed	N=27 (2%)	N=34 (7%)	N=55 (3%)
Overall	N=1255	N=500	N= 1917

Appendix 2. Number of applicants from each of the ROI Medical Schools

ROI Data: Number and % of applicants from each of the ROI Medical Schools					
ROI Medical School ID	2021	2022	2023	2024	Combined 2021-2024 inclusive
Medical school 1	N= 55 (18%)	N=38 (13%)	N=53 (17%)	N=60 (17%)	N=206 (16%)
Medical school 2	N=53 (17%)	N=48 (16 %)	N=70 (23%)	N=58 (17%)	N=229 (18%)
Medical school 3	N=71 (23%)	N=69 (24%)	N=54 (18%)	N=56 (16%)	N=250 (20%)
Medical school 4	N=37 (12%)	N=35 (12%)	N=38 (12%)	N=53 (15%)	N=163 (13%)
Medical school 5	N=49 (16%)	N=49 (17%)	N=38 (12%)	N=58 (17%)	N=194 (15%)
Medical school 6	N=43 (14%)	N=52 (18%)	N=54 (18%)	N=62 (18%)	N=211 (17%)
Total	N=308	N=291	N=307	N=347	N=1253

*The total dataset comprised of 1,255 ROI applicants. Two male ROI applicants did not report the specific medical school from which they graduated.

Appendix 3: Gender distribution of applicants across the 6 ROI Medical Schools

Gender	Medschool1	Medschool2	Medschool3	Medschool4	Medschool5	Medschool6	Total
Female	N=118 (57%)	N=141 (62%)	N=142 (57%)	N=89 (55%)	N=115 (59%)	N=120 (57%)	N=725 (58%)
Male	N=85 (41%)	N=82 (36%)	N=102 (41%)	N=70 (43%)	N=74 (38%)	N=88 (42%)	N=501 (40%)
Other/Undisclosed	N=3 (2%)	N=6 (3%)	N=6 (2%)	N=4 (3%)	N=5 (3%)	N=3 (1%)	N=27 (2%)
Mean Age of applicant	32 yrs (SD=5.4)	29 yrs (SD= 3.8)	31 yrs (SD=4.1)	31 yrs (SD=5.1)	31 yrs (SD=5.3)	33 yrs (SD=4.7)	31 yrs
Total	206	229	250	163	194	211	1253

*The total dataset comprised of 1,255 ROI applicants. However, this analysis excludes two male ROI applicants who did not report the specific medical school from which they graduated.