



Guidelines for the Allocation of Students in the Medicine Program to Clinical Environments

(Updated – April 2023)

1. Introduction & Background

The UNSW Medicine program is grounded in the principles of experiential learning, with an emphasis on authentic medical situations and actual places of medical practice. Therefore, a significant amount of teaching occurs in teaching hospitals and other clinical environments.

This document sets out the guidelines and principles used to determine the allocation of medicine students to clinical environments throughout the course of their studies. This document also outlines the processes and circumstances by which students may apply for special consideration and appeals regarding allocations.

In this document, *students* are defined in the following categories:

- *Domestic students* are defined as Australian citizens, Australian permanent residents, and New Zealand citizens.
 - *Local students* are defined as domestic students who entered through the general medical selection pathway, the Lateral Entry Scheme, or the Gateway Entry Scheme.
 - *Rural students* are defined as domestic students who entered through the [Rural Entry Scheme](#) (RES).
 - *Indigenous entry students* are defined as domestic student who entered via the Indigenous entry scheme.
- *International students* are defined as students who are not Australian citizens, Australian permanent residents, or New Zealand citizens.

Allocation by Phase

The university main campus is in Kensington and in addition, rural clinical campuses are located at Albury, Coffs Harbour, Griffith, Port Macquarie and Wagga Wagga. In all three phases of the Medicine program, students will be required to travel to various clinical environments associated with UNSW.

In Phase 1, students are allocated to the main campus in Kensington, as well as to our rural campuses at Port Macquarie and Wagga Wagga. The largest cohort of students are located, and the majority of learning activities are conducted in Kensington, with fortnightly clinical sessions held in Sydney metropolitan area hospitals. Smaller student cohorts are also located at Port Macquarie and Wagga Wagga campuses. In Phase 2, teaching in clinical environments increases to 3 days per week. By Phase 3 almost all teaching is conducted in clinical environments. Phase 2 and 3 clinical environments including hospitals and general practices, are located in Sydney and rural locations across New South Wales and north-eastern Victoria.

Government Requirements

As a publicly funded university, UNSW is subject to various Commonwealth requirements and outcomes including the *National Strategic Framework for Rural and Remote Health* that guides the targets and requirements related to student selection and rural student recruitment. In this regard,

UNSW applies the following guidelines:

- a) Admission of students to the Medicine program:
 - A percentage (determined by the Commonwealth Government) of domestic student admissions to Medicine must be students of rural 'origin', as defined in the guidelines of the RES.
- b) Rural clinical placement whilst undertaking studies:
 - Extended Rural Placements. A percentage (determined by the Commonwealth Government) of domestic medical students (currently 30%), are required to undertake an extended clinical experience in rural environments for a minimum of 12 months. However, students should normally expect the placement to be for the duration of a Phase of the program, in accordance with clause 3.4. Students admitted to Medicine under the RES will be prioritised in undertaking an extended clinical experience in rural environments (described in Section 7). RES students undertaking Phase 2 clinical courses at a Rural Campus may also be allocated to a Rural Campus for Phase 3.
 - Short-Term Rural Placements. Depending on availability of placements, all domestic students will undertake a 4-week rural short-term placement prior to completing the program.

Completion of an ILP or Honours research project in a rural setting will not be considered as meeting either of the requirements noted in (b).

2. Clinical Environments Associated with the Faculty of Medicine

The clinical teaching sites utilised by the UNSW Medicine program are listed below. Students should note that rotations may still be required outside the Clinical Campus to which they have been allocated. For example, during some Phase 2 clinical coursework terms and some Phase 3 courses (Psychiatry, O&G and Paediatrics), students may be required to spend time in attachments at various locations.

Sydney Metropolitan Sites

The St. Vincent's Healthcare Campus

- St. Vincent's Hospital, Darlinghurst
- Sacred Heart Hospice, Darlinghurst
- Sydney Hospital and Sydney Eye Hospital, Sydney

The St. George & Sutherland Campuses

- St. George Hospital, Kogarah
- The Sutherland Hospital, Caringbah
- Calvary Hospital, Kogarah

The Prince of Wales Campus

- The Prince of Wales Hospital, Randwick

The South West Sydney Campuses

- Liverpool Hospital, Liverpool
- Bankstown-Lidcombe Hospital, Bankstown
- Braeside Hospital, Prairiewood
- Fairfield Hospital, Prairiewood
- Campbelltown Hospital, Campbelltown
- Camden Hospital, Camden

Sydney Children's Hospital, Randwick

The Royal Hospital for Women, Randwick

Rural Sites

- Albury Base Hospital, Albury Wodonga Health, Albury
- Coffs Harbour Health Campus, Coffs Harbour
- Griffith Base Hospital, Griffith
- Port Macquarie Base Hospital, Port Macquarie
- Wagga Wagga Base Hospital, Wagga Wagga

In addition to the five main rural teaching campuses, the School of Clinical Medicine uses the following rural clinical settings:

- Albury-Wodonga Health Service, Wodonga, Victoria
- Broken Hill Base Hospital, Broken Hill
- Grafton Base Hospital, Griffith (NSW)
- Griffith Base Hospital, Griffith (NSW)
- Kempsey District Hospital, Kempsey
- Maclean District Hospital, Maclean
- Mercy Health, Albury
- Orange Health Service, Bloomfield Health Campus, Orange
- Wauchope District Hospital, Wauchope

Students will also be allocated to general practices and private hospitals in both metropolitan and rural locations throughout NSW and north-eastern Victoria.

3. Principles Underpinning the Allocation of Students to Clinical Environments

- 3.1 These Guidelines must enable the Faculty to meet the objectives of:
 - 3.1.1 Meeting the required targets set for UNSW by the Commonwealth Government.
 - 3.1.2 Effectively utilising the placements available at each location.
 - 3.1.3 Maximising students' opportunities to obtain a range of experiences.
- 3.2 The number and composition of placements available at each clinical location will be determined by the Faculty, based upon factors such as teaching resources and patient case mix, and may vary from year to year.
- 3.3 The Faculty will monitor the student experience at all clinical sites to ensure that students are not unfairly advantaged or disadvantaged by their allocation.
- 3.4 Allocations to clinical environments will be for the duration of the relevant Phase (subject to clauses 3.7, 3.8 and 3.9) in the Medicine program.
- 3.5 Commencing students in first year will not submit preferences for clinical allocations. However, first year metropolitan students may appeal their allocation as per the process outlined in Section 6.
- 3.6 Students will be given the opportunity to submit preferences for placements in Phase 2 and Phase 3. The Faculty will consider each student's preference. However, allocation to preferred sites cannot be guaranteed. In accepting a place in the UNSW Medicine program, students accept that they may be allocated to clinical environments at a location or locations other than their preference.
- 3.7 In accepting a place for Phase 1 at the Port Macquarie or Wagga Wagga campuses (either through the RES or the local applicant scheme), students acknowledge that they will remain at Port Macquarie or Wagga Wagga for all of Phase 1.
- 3.8 In accepting a domestic place in the UNSW Medicine program, students accept that they may

be allocated to a rural environment in Phase 1, Phase 2 and/or Phase 3.

- 3.9 In accepting a Rural Entry Scheme (RES) place, students accept that they will be allocated to a Rural Clinical Campus. RES students commencing in Phase 1 at Port Macquarie or Wagga Wagga campuses are generally expected to remain at a Mid-North Coast or Murrumbidgee–Murray Darling campus throughout Phases 2 and 3. However, students who commence at a rural campus in Phase 1 may have the opportunity to attend a metropolitan site by preferences in a later Phase. This would only be available if all Rural pre-allocation places were filled and there was a metropolitan site under-subscribed. There is no appeal process in this scenario. Students offered a place through the RES who commence Phase 1 at Kensington will be allocated to a rural campus in Phase 2 and/or Phase 3.
- 3.10 Decisions about allocation of students to clinical environments are the responsibility of the Faculty, and students have a responsibility to accept and abide by these decisions. Students may appeal an allocation as outlined in Section 6.
- 3.11 The process of allocation will aim to ensure an equitable distribution of students across all clinical sites (excluding rural sites) according to residency status (i.e. local and international students).
- 3.12 The Faculty has a responsibility to ensure that students are aware of the *Guidelines for the Allocation of Students in the Medicine Program to Clinical Environments* and how to access the document, prior to their entry into, and during their progress through the Medicine program. However, the Guidelines are subject to change, and students have a responsibility to understand and abide by the current guidelines at the time of their allocation.

4. Allocation Process

- 4.1 The Faculty will provide students with information on its clinical teaching environments to assist them in indicating preferences.
- 4.2 Students entering Phase 2 and Phase 3 will be given the opportunity to indicate their preferences for allocations. Students will submit their preferences online for both metropolitan and rural sites. If a student does not submit a preference by the advised closing date, they will be allocated to an undersubscribed site.
- 4.3 The Phase 2 and Phase 3 allocation process will be administered by the Medicine and Health Work Integrated Learning (WIL) team.
- 4.4 Final decisions on Phase 2 and Phase 3 allocations will be made by the Clinical Allocations Committee (CAC). The Committee will consist of the Senior Vice Dean (Education), the Medicine Program Authority, the Phase 3 Convenor/s, the Phase 2 Convenor/s, a representative of the Rural Clinical Campuses, representatives of other Clinical Campuses, if required, and a representative of the Medicine and Health WIL team.
- 4.5 Students will be informed of the outcome of the clinical allocation process at least 3 months prior to the commencement of the relevant Phase, excluding Phase 1. First year metropolitan students will be informed of their allocation for Phase 1 at entry to Medicine. First year students at the Port Macquarie or Wagga Wagga campus will be aware of their allocation on acceptance into the UNSW Medicine program.
- 4.6 Students who decide to defer their studies or take program leave after the allocation process is completed will be required to attend the clinical site to which they were originally allocated on their return to the Medicine program, and are not eligible to go through a re-allocation process.

- 4.7 Requests for swaps must be submitted in writing to Medicine and Health WIL team within two weeks of the announcement of allocations. Approval will be contingent on maintaining an equitable distribution of students to teaching hospitals per 3.11.

5. Special Consideration

- 5.1 Students entering Phases 2 and 3 will have the opportunity to request special consideration prior to the allocation process. The Medicine and Health WIL team will call for applications for special consideration when the submission portal is opened. Students will be expected to provide any supporting documentation related to the special consideration request. Students will be informed of the outcome of their application before the preferences portal is closed. Consequently, students will be able to amend their preferences upon the outcome of their special consideration. Any student who provides false or misleading information will have their preferences voided.
- 5.2 The following circumstances may be considered in allocation decisions:
- 5.2.1 Major health problems requiring frequent and ongoing specialised treatment which is only available in certain locations.
 - 5.2.2 Being a parent of a dependent child or children.
 - 5.2.3 Involvement in sport or music at an elite level.
 - 5.2.4 Being a registered carer.
- 5.3 The Faculty acknowledges that family and personal commitments, transport around Sydney, the cost of living, the financial pressures to undertake part-time work, and participation in extra-curricular activities are all valid issues that impact on medical students undertaking a demanding Medicine program. However, the following circumstances, albeit important, are not normally considered in allocation decisions:
- 5.3.1 Previous allocations (except Phase 1 students at Rural Campuses are given priority if their first preference for Phase 2 is either of the Mid-North Coast or Murrumbidgee-Murray Darling Rural Clinical Campuses), including missing allocation preferences previously.
 - 5.3.2 Home address, except when considering students being allocated to a Rural Clinical Campus.
 - 5.3.3 Lack of access to a motor vehicle or inability to drive.
 - 5.3.4 Other transportation issues, including time and costs.
 - 5.3.5 Relationships without dependents or registration as a carer.
 - 5.3.6 Religious grounds.
 - 5.3.7 Ownership or rental of accommodation.
 - 5.3.8 Other accommodation issues.
 - 5.3.9 Employment and other extra-curricular activities.
 - 5.3.10 Financial issues.
 - 5.3.11 Friendship groups or study groups.
- 5.4 Requests for special consideration are assessed prior to the allocation process. When assessing special consideration requests, the CAC will determine whether the request is accepted, and whether the student's allocation should be to a specific clinical site or within a range of clinical sites consistent with the student's request. For example, if a student's request that they not be allocated to a rural campus is accepted, the student will still be allocated to a metropolitan site according to preferences.
- 5.5 All considerations of the CAC will be treated in strictest confidence.

6. Appeal of Allocation

- 6.1 If a student wishes to appeal their allocation, they must submit a formal written appeal to the Medicine and Health WIL team within two weeks of being notified of the allocation decision.

The appeal will be considered expeditiously.

- 6.2 Any appeal must be based on a new circumstance that was not applicable at the time of submitting preferences or if new documentation related to a previously reported circumstance becomes available. The same circumstances as listed in 5.2 will be considered. A student who did not request special consideration of an existing circumstance at the time of submitting preferences cannot appeal following the outcome of the allocation process. A student cannot appeal because their allocation to a clinical site was low down on their preference list.
- 6.3 The final decision in any appeal will be made by the CAC.
- 6.4 If an appeal to the CAC is unsuccessful, a student may appeal to the Office of the Deputy Vice-Chancellor (Academic) within 20 working days, if they are able to demonstrate that the Faculty did not follow the outlined process in this document. The Office of the Deputy Vice-Chancellor (Academic) will not consider appeals based solely on an unfavourable decision of the CAC.

7. Special Conditions Applying to the Allocation of Students to Rural Clinical Environments

As stated in Section 1, the Commonwealth Government has a *National Strategic Framework for Rural and Remote Health* and UNSW is required to ensure that a percentage (determined by the Commonwealth Government) of domestic UNSW medical students undertake an Extended Rural Clinical Experience (ERCE), for a minimum of 12 months.

The format and structure of the ERCE is determined by the Faculty. In accordance with clause 3.4, allocations to rural environments to provide an ERCE will be for the duration of either Phase 2 (clinical coursework only) or Phase 3, or both.

Unless otherwise stated, the following clauses only apply to domestic students. Firstly, the Mid North Coast and Murrumbidgee-Murray Darling Pre-Selection Guidelines will be run and concluded (see Appendix 1) then:

- 7.1 Allocations to a rural clinical environment will be made according to the general principles described in these guidelines, including the appeals process described in Section 6.
- 7.2 Students considering undertaking a rural placement in Phase 1, 2 or 3 are strongly encouraged to liaise with the Rural Clinical Campus.
- 7.3 Students admitted to the Medicine program under the RES will be required to undertake an extended rural placement in Phase 1, 2 and/or 3 for a minimum of 12 months. However, students should normally expect the placement to be for at least the duration of the Phase, in accordance with clause 3.4.
- 7.4 In determining allocations, students will be allocated to their closest rural campus, however this may not always be possible due to the number of placements available at each rural site and students may need to travel to another (or next closest) rural campus.
- 7.5 Students completing their ILP or Honours at a rural campus will have priority for Phase 3 allocation at their rural campus over other students applying to that campus for the first time.
- 7.6 Students allocated to a rural site for Phase 3 must complete all Phase 3 courses at that campus except the Selective and Elective courses. Students wishing to complete their Selective course in a metropolitan site must apply to the relevant clinical campus and obtain agreement from their Rural Clinical Campus Director of Medical Education and the Associate Dean Rural Health.
- 7.7 Students allocated to a rural site for either Phase 2 or Phase 3 will sit all relevant examinations at a rural site. It may be necessary for students to sit any supplementary examinations in Sydney at their expense. Students allocated to a Rural Clinical Campus do not receive any up-front funding or subsidies, however, they are eligible to apply for a relocation allowance reimbursement in line with policy.

Allocation Hierarchy for Phase 2 and Phase 3

Allocations are considered across the cohort in following order:

1. Students who have been granted special considerations will be allocated as appropriate.
2. Students will be allocated to rural sites:
 - a. Students who entered the program at Port Macquarie or Wagga Wagga will be allocated to campuses on the Mid-North Coast or Murrumbidgee-Murray Darling areas respectively
 - b. RES and local students will be allocated to rural sites in line with these guidelines and with consideration to preference priority
 - c. RES students are allocated to any under-subscribed sites
 - d. Local students are allocated to any undersubscribed sites
 - e. International students will be allocated to undersubscribed rural sites if it is their preference
3. All remaining students are allocated to their metropolitan preference according to availability.

