

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

(Updated: September 2025)

1. Introduction and 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 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 Admission Pathway (REAP; formerly known as the Rural Entry Scheme).
 - *Indigenous entry students* are defined as domestic students 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.

For the purpose of clinical allocations, students retain the category assigned to them when they first entered the program.

Allocation by Phase

The university metropolitan 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 metropolitan campus in Kensington as well as to the rural campuses at Port Macquarie and Wagga Wagga. The largest cohort of students are located 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 [REAP](#).

- B. Studying at a Rural Campus:
 - A minimum percentage (determined by the Commonwealth Government) of domestic medical students are required to undertake an extended clinical experience in rural environments. Students who entered the Medicine program through the REAP are required to complete end-to-end rural training and as such, can expect to be allocated to a rural campus in all three phases of the program. Rural-origin (REAP) students will be prioritised to undertake extended clinical experiences at rural campuses (described in Section 7). Domestic students who do not enter the program through the REAP should expect, if allocated to a rural campus, that the placement will be for the duration of a Phase of the program in accordance with clause 3.4.
 - Short-Term Rural Placements: Depending on availability of placements, all domestic students will undertake a rural short-term placement of at least 4 weeks duration, prior to completing the program.

Completion of an Independent Learning Project (ILP) or Honours research project in a rural setting during 4th year will not be considered as meeting either of the requirements noted in (B).

Students allocated to a rural campus for Phase 3 must complete all Phase 3 courses at that campus except the Selective and Elective courses. Students wishing to complete their Selective or Elective 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.

Students allocated to a rural campus 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, may be eligible to apply for a relocation allowance reimbursement in line with policy.

2. Clinical Environments Associated with the Faculty of Medicine and Health

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.

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

Sydney Metropolitan Campuses

The Randwick Clinical Campus

- Sydney Children's Hospital
- The Prince of Wales Hospital, Randwick
- The Royal Hospital for Women

The South West Sydney Campuses

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

The St George and Sutherland Campuses

- Calvary Hospital, Kogarah
- St George Hospital, Kogarah
- Sutherland Hospital, Caringbah
- Sydney Hospital and Sydney Eye Hospital, Sydney

The St Vincent's Healthcare Campus

- St Vincent's Hospital, Darlinghurst
- Sacred Heart Hospice, Darlinghurst

Rural Clinical Campuses

- 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 hospital clinical settings:

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

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 in the Medicine program.
- 3.5 Commencing students in first year will not submit preferences for clinical allocations, with the exception of Indigenous Entry Scheme and Gateway Entry Scheme students who may preference a rural clinical campus and who may be allocated to a rural clinical campus provided this is not at the cost of a REAP student commencing their studies rurally. First year Indigenous Entry Scheme and Gateway Entry Scheme students allocated to the Kensington campus will be allocated to their preferred campus.
- 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. REAP student preferences will be considered in the context of the requirements outlined in Section 3.9.

- 3.7 In accepting a place for Phase 1 at the Port Macquarie or Wagga Wagga campuses (either through the REAP 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 REAP place in the UNSW Medicine program, students accept they are required to complete their program end-to-end at a rural campus. As such, REAP students commencing Phase 1 at Port Macquarie or Wagga Wagga campuses are expected to remain at a rural campus throughout Phases 2 and 3. Students offered a place through the REAP who commence Phase 1 at Kensington due to capacity considerations will be allocated to a rural campus for the remaining years of their studies in the Medicine program.
- 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 guidelines current 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. REAP student preferences will be considered in the context of the requirements outlined in Section 3.9. 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 Deputy Dean Education, the Head of School of Clinical Medicine, the Medicine Program Director, the Phase 3 Convenor/s, the Phase 2 Convenor/s, a representative of the Rural Clinical Campuses, a representative of Sydney Metropolitan Clinical Campuses, 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 Participation in the allocation process is permitted only once per Phase. Students who have participated in a clinical allocation process and who take program leave or who fail to progress to or through a Phase will be required to attend the clinical site to which they were originally allocated when they resume their studies. Students returning to a previously allocated site are eligible to participate in swaps of clinical campuses within the standard rules outlined in Section 4.10.
- 4.7 Students admitted to the Medicine program through the Gateway Entry Scheme and Indigenous Entry Scheme will receive a priority allocation in Phase 2 and Phase 3 (and in Phase 1 per Section 3.5). As in Phase 1, Gateway Entry Scheme and Indigenous Entry Scheme students may be allocated to a rural clinical campus provided this does not displace a REAP student completing their studies rurally.
- 4.8 Rural students completing their ILP or Honours at a rural campus will have priority for Phase 3 allocation at their ILP/Honours rural campus over other Rural students applying to that campus for the first time.
- 4.9 Local students completing their ILP or Honours at a rural campus will have priority for Phase 3 allocation at their rural campus over other Local students applying to that campus for the first time.
- 4.10 Requests for swaps of Phase 2 and Phase 3 clinical sites must first be agreed by all parties and submitted in writing to the Medicine and Health WIL team within two weeks of the announcement of allocations per the criteria below.
- 4.10.1 Students are eligible for a swap of clinical site, within the swap timeframe noted in 4.10, provided they have not yet commenced studies for the Phase for which allocation has been finalised.
- 4.10.2 In line with allocation requirements relating to residency outlined in 3.11, students seeking a swap of clinical site must belong to the same student category, i.e. Domestic students are permitted to swap sites with Domestic students only and International students are permitted to swap sites with

International students only. Rural students allocated to a rural campus can only swap sites with another Rural student at a rural campus.

- 4.10.3 Sequences remain attached to the clinical site, and not the student. Students who are approved a swap of clinical site will be reallocated to the site and sequence of the student with whom they are swapping.
- 4.11 Students allocated to the same clinical site are eligible for a swap of sequence in Phase 2 and Phase 3. Requests for swaps of sequences must first be agreed by all parties and submitted in writing to the Medicine and Health WIL team within two weeks of the announcement of allocations.

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 preference submission portal is opened. Students will be expected to provide supporting documentation to substantiate 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 and referred to UNSW Student Conduct & Integrity.
- 5.2 Students who entered the program under the REAP and who are seeking special consideration for allocation to a metropolitan campus will have their application considered in the context of their obligations as a REAP student first, and any undertaking given as part of their REAP status.
- 5.3 The following circumstances may be considered in allocation decisions:
 - 5.3.1 Major health problems requiring frequent and ongoing specialised treatment which is only available in certain locations.
 - 5.3.2 Being a parent of a dependent child or children.
 - 5.3.3 Involvement in sport or music at an elite level.
 - 5.3.4 Caring responsibilities, as demonstrated by:
 - (A) receipt of a Services Australia Carer Allowance or Carer Payment; or
 - (B) written confirmation from the medical professional overseeing the care of the individual that the student provides regular, ongoing, and significant personal care, and that this caring responsibility has a material impact on the student's capacity to be allocated to a certain location/s.
 - (C) Note, students who are employed as carers do not meet the definition of a 'carer' in these guidelines.
 - 5.3.5 Being concurrently enrolled in a PhD at UNSW with prior approval from the Program Director.
- 5.4 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:

- 5.4.1 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.
 - 5.4.2 Home address.
 - 5.4.3 Lack of access to a motor vehicle, inability to drive and any other transportation issues, including time and costs.
 - 5.4.4 Relationships outside of those outlined in 5.3.
 - 5.4.5 Ownership, rental or any other accommodation issues.
 - 5.4.6 Employment and other extracurricular activities.
 - 5.4.7 Financial issues.
 - 5.4.8 Friendship groups or study groups.
- 5.5 Students with an Equitable Learning Plan who seek allocation to a particular clinical site/s must apply for special consideration per the instructions provided by the Medicine & Health WIL team. Students may submit their Equitable Learning Plan with their application. However, as per Section 5.1, students are expected to provide supporting documentation that directly substantiates their request. Special consideration supporting documents may be submitted to the Medicine & Health WIL team directly by the student or by the Equitable Learning Service, at the request of the student. However, the student is ultimately responsible for ensuring that all information they would like considered by the CAC is provided to the Medicine & Health WIL team within the timeframe provided. Whilst Equitable Learning Plans with clinical allocation requirements that are approved after closure of the special consideration application period will be given due consideration, the Faculty may be unable to accommodate late requests due to limited capacity at clinical campuses.
- 5.6 Requests for special consideration are assessed prior to finalising 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 needs.
- 5.7 All considerations of the CAC will be treated in strictest confidence.

6. Appeal of Allocation

- 6.1 If a REAP student, incoming Phase 2 student, or incoming Phase 3 student wishes to appeal their allocation, they must submit a formal written appeal to the Medicine & Health WIL team within two weeks of being notified of the allocation decision. The appeal will be considered expeditiously.

- 6.2 Any Phase 2 or Phase 3 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 5.3 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 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 follow the process outlined in the [UNSW Complaints Management and Investigations Policy & Procedure](#). Per the procedure, the student should first try to resolve the issue locally (e.g. via a meeting with the Medicine Program Director or by raising their concerns with the School Grievance Officer, Faculty Wellbeing Officer, or a Rural Wellness Advisor, if based at a rural campus, if preferred). If resolution at the local level is unsuccessful, the student may lodge a formal appeal via CaseIQ or via email to the Office of the Deputy Vice-Chancellor (Academic) - dvcacademic@unsw.edu.au - within 20 working days, if they are able to demonstrate that the Faculty did not follow the process outlined in this document. The Office of the Deputy Vice-Chancellor (Academic) will not consider appeals based solely on an unfavourable decision of the CAC.
- 6.5 Faculty acknowledges that a student's situation in relation to a clinical allocation may change outside of the timeframe outlined in section 6.1. REAP students, incoming Phase 2 students, or incoming Phase 3 students seeking an appeal of allocation after the timeframe has passed must submit a formal written appeal to the Medicine & Health WIL team. If the appeal meets the criteria outlined in 5.3 and 6.2, the Medicine and Health WIL team will circulate the appeal to the CAC for a final decision. Students may appeal the decision of the CAC per 6.4.

7. Allocation Hierarchy for Phase 2 and Phase 3

Allocations are considered across the cohort in the following order and in line with the criteria outlined in this document:

Priority	Description	Phase 2	Phase 3
1	Students who have been granted special consideration for allocation to a specific campus are allocated.	Yes	Yes
2	Gateway Entry Scheme and Indigenous Entry Scheme students are allocated.	Yes	Yes

3	<p>REAP students who are allocated to rural campuses in their current phase will be allocated to campuses in the same regions with priority to 'local to campus' student status under REAP. Students may preference another rural campus but will only be allocated to the alternate rural campus if capacity exists.</p> <p>NB. A student's Phase 2 allocation is the campus they were allocated to in Year 3, not their ILP/Honours campus (if different).</p>	Yes	Yes
4	REAP students who have not completed a rural placement in a previous phase will be allocated to an undersubscribed rural campus with priority to 'local to campus' student status if capacity exists.	Yes	Yes
5	Any remaining REAP students are allocated to a rural campus.	Yes	Yes
6	Local students completing their ILP or Honours at a rural campus are allocated to the rural campus (if this is their first preference and the rural campus is undersubscribed).	N/A	Yes
7	Local students with rural campus preferences are allocated (if the rural campus is undersubscribed).	Yes	Yes
8	International students with rural campus preferences are allocated to under-subscribed rural campus.	Yes	Yes
9	All remaining students are allocated to their metropolitan campus preferences.	Yes	Yes