



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

(Updated – Feb 2021)

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 in regard to 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.
 - *Rural students* are defined as domestic students who entered through the Rural Student Entry Scheme (RSES) (<http://rcs.med.unsw.edu.au/rural-student-entry-scheme>).
 - *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

In all three phases of the Medicine program, students will be required to travel to various clinical environments associated with UNSW.

In Phase 1, the majority of teaching is conducted on the main university campus in Kensington, with fortnightly clinical sessions held in Sydney metropolitan area hospitals. A smaller cohort of students is also located at the Port Macquarie campus of the Rural Clinical School, with those students attending clinical sessions at Port Macquarie Base Hospital. 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 local student admissions to Medicine must be students of rural 'origin', as defined in the guidelines of the RSES.

- b) Rural clinical placement whilst undertaking studies:
 - At least 30% of domestic medical students are expected to undertake an extended clinical experience in rural environments, for a minimum of 12 months. Students admitted to Medicine under the RSES will be prioritised in undertaking an extended clinical experience in rural environments (described in Section 7). RSES students undertaking Phase 2 clinical courses are not exempt from being allocated to a Rural Campus for Phase 3.
 - Depending on availability of short-term rural placements, students will have an opportunity to register their interest for an allocation later in the year.

Completion of the ILP or Honours 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 used by UNSW Medicine are listed below by the Clinical School to which it is affiliated. Students should note that rotations may still be required outside the Clinical School 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 on attachment at various locations.

Sydney Metropolitan Sites

The St. Vincent's Clinical School

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

The St. George & Sutherland Clinical School

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

The Prince of Wales Clinical School

- The Prince of Wales Hospital, Randwick

The South Western Sydney Clinical School

- Liverpool Hospital, Liverpool

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

School of Women's and Children's Health

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

Rural Sites

Rural Clinical School

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

In addition to the five main rural teaching campuses, the Rural Clinical School utilises the following rural clinical sites:

- Albury-Wodonga Health Service, Wodonga, Victoria
- Kempsey District Hospital, Kempsey
- Grafton Base Hospital, Grafton
- Broken Hill Base Hospital, Broken Hill
- Orange Health Service, Bloomfield Health Campus, Orange
- Mercy Health, Albury

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 standard of clinical teaching 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, either through the RSES or the local applicant scheme, at the Rural Clinical School Port Macquarie campus, students acknowledge that they will remain at Port Macquarie for all of Phase 1, and they are normally expected to remain at a Mid-North Coast campus throughout Phases 2 and 3. However, students who start at a Rural Clinical School in Phase 1 will have the opportunity to attend a metropolitan site by preferences. This would only be enabled if all Rural pre-allocation places were filled and there was a metropolitan site under-subscribed. There is no appeal process in this scenario.
- 3.8 In accepting a local student 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 Student Entry Scheme (RSES) place, students accept that they will be allocated to a Rural Clinical School campus in Phase 2 and/or Phase 3. RSES students commencing in Phase 1 at a Rural Clinical School campus are normally expected to complete Phase 2 and 3 in the Rural Clinical School as presented in 3.7.
- 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 Phase 2 and Phase 3 students will be given the opportunity to indicate their preferences for allocations. Students will indicate preferences for both metropolitan and rural sites. Preferences will be submitted online. If a student does not submit a preference by the advised closing date, they will be randomly allocated to an undersubscribed site.
- 4.3 The allocation process will be administered by the Medicine Education and Student Office (MESO).
- 4.4 The final decisions on 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, the Phase 2 Convenor, a representative of the Rural Clinical School and representatives of other Clinical Schools, if required, and a representative of MESO.
- 4.5 Students will be informed of the outcome of the 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 campus will be aware of their allocation on acceptance into UNSW Medicine.
- 4.6 Students who decide to defer their studies 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 they are not eligible to go through a re-allocation process.
- 4.7 Requests for swaps must be submitted in writing to MESO 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 Before finalising the preference form for Phase 2 and 3, students will have the opportunity to request special consideration during the allocation process. The faculty will call for applications for special considerations 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 clinical school preferences upon the outcome of their special consideration. A 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 for a sick relative.
- 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 Port Macquarie are given priority if their first preference for Phase 2 is either of the mid-north coast Rural Clinical School Campuses), including missing allocation preferences previously.
 - 5.3.2 Home address, except when considering students being allocated to a Rural Clinical School 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.
 - 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 considered prior to the allocation process. When considering requests, the CAC will determine whether to accept the request and in the event of accepting a request, 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 s/he 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 the allocation, he/she must submit a formal written appeal to MESO within two weeks of being notified of the allocation decision. The appeal will be considered expeditiously.
- 6.2 A student must appeal 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 local 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 consultation with the Rural Clinical School (RCS). 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 local students. Firstly, the Mid North Coast 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 School.
- 7.3 Students admitted to the Medicine program under the RSES will be required to undertake an extended rural placement in Phase 1, 2 and/or 3 for a minimum of 12 months.
- 7.4 In determining allocations, consideration may be given to students whose home address is located within 100kms driving distance of an RCS campus.
- 7.5 Students who are completing their ILP or Honours at an RCS campus will have priority for Phase 3 allocation at their 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 school and obtain agreement from their RCS campus Director of Medical Studies.
- 7.7 Students allocated to a rural site for either Phase 2 or Phase 3 will sit the relevant examinations at a rural site. It may be necessary for students to sit any supplementary examinations in Sydney. Students allocated to a RCS campus do not receive any up-front funding or subsidies, however, they are eligible to apply for a relocation allowance.

Allocation Hierarchy

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 will be allocated to campuses on the Mid-North Coast
 - b. RSES and local students will be allocated to rural sites if it is a priority preference
 - c. International students will be allocated to undersubscribed sites if it is a priority preference
 - d. RSES students are allocated to any under-subscribed sites
 - e. Local students are allocated to any undersubscribed sites
3. All remaining students are allocated to their metropolitan preference according to availability

