Policy on Allocation of Students in the Medicine Program to Clinical Environments
(Updated – March 2017)

1. 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. A significant amount of teaching therefore occurs in teaching hospitals and other clinical environments.

In all three phases of the program, students will be required to travel to various clinical environments associated with UNSW. In Phase 1, the majority of teaching is done on the main university campus in Kensington with a cohort of students also located at the Port Macquarie campus of the Rural Clinical School. Fortnightly clinical sessions are held in Sydney metropolitan area hospitals for main campus students and at Port Macquarie Base Hospital for Rural Clinical School campus students. 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.

UNSW as a publicly funded university, is subject to various government requirements such as the Commonwealth Rural Health Strategy requiring UNSW to achieve the following outcomes:

a). Admission of students to the Medicine program:
   - Approximately 27% of local student admissions (Commonwealth Supported Places) to Medicine must be students of rural ‘origin’, as defined in the guidelines of the Rural Student Entry Scheme (RSES)\(^1\).

b). Rural clinical placement whilst undertaking studies:
   - At least 25% of local UNSW medical students are expected to undertake an extended clinical experience in rural environments. There is an expectation that students admitted to Medicine under the RSES will undertake an extended clinical experience in rural environments (described in Section 7 below).
   - All remaining local students are expected to undertake a minimum of 4 weeks of clinical learning in a rural location.

This policy is not applicable to the Independent Learning Project (ILP) or Honours. Completion of the ILP or Honours in a rural setting will not be considered as meeting either of the requirements noted in (b).

Further, the policy is not intended to address any internal rotations within clinical attachments.

2. Clinical environments associated with the Faculty of Medicine

The clinical sites used by UNSW Medicine in its teaching are listed below. This list is set out to show each site under the heading of the Clinical School to which it is affiliated in an organisational sense. Students should note however that rotations are possible outside the Clinical School to which they have been allocated. For example, during some Phase 3 courses (Psychiatry, O&G and Paediatrics), students may be required to spend time on attachment at various location.

\(^1\) http://rcs.med.unsw.edu.au/rural-student-entry-scheme
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, Wetherill Park
- Fairfield Hospital, Wetherill Park
- 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 Rural Referral Hospital, Wagga Wagga
- Albury Base Hospital, Albury
- Mercy Health, Mercy Hospital, 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:
- Wodonga Regional Health Service, Wodonga, Victoria
- Kempsey District Hospital, Kempsey
- Grafton Base Hospital, Grafton
- Broken Hill Hospital, Broken Hill
- Bloomfield Hospital, Orange

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 The policy must allow the Faculty to meet the objectives of:

3.1.1 Meeting the required targets set for UNSW by the Australian 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 in the Medicine program. For Phase 2, this applies only to the Integrated Clinical Courses not the ILP.

3.5 Students will be given the opportunity to submit preferences for placements in Phase 2 and Phase 3. The Faculty will consider an individual student's preference however this 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.

3.6 In accepting a local (Commonwealth Supported) place for Phase 1 at the Rural Clinical School, students accept that they will remain at Port Macquarie for all of Phase 1 and there is no appeal process under Clause 6.

3.7 Commencing students in first year will not submit preferences for clinical placement. However, first year metropolitan students may appeal their allocation according to Clause 6.

3.8 In accepting a local (Commonwealth Supported) place, students accept that they may be allocated to a rural environment in either Phase 1, Phase 2 or Phase 3.

3.9 In accepting a Rural Student Entry Scheme (RSES) place, students accept that they will be allocated to a rural environment in Phase 1, 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 of medical students to clinical locations will be made available to all students.

3.12 The process of allocation will aim to ensure an equitable distribution of students across all clinical sites (excluding rural sites) according to residential status (i.e. local and international students).

3.13 The Faculty has a responsibility to ensure that students are aware of the allocation policy prior to their entry into, and during their progress through the Medicine program. However the Policy is subject to change and students have a responsibility to understand and abide by the current policy 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 All students will be given the opportunity to indicate preferences for allocations in Phase 2 and Phase 3. Local students will indicate preferences for both metropolitan and rural sites whereas international students will indicate preferences for metropolitan sites only. Preferences will be submitted online. If a student does not submit a preference, they will be allocated according to Clause 4.3.5.

4.3 A sequential process for allocating students to clinical sites according to preferences will apply as follows:

4.3.1 If the number of students whose first preference for a site is less than the number of placements at the site, then these students will be allocated to that site.

4.3.2 If the number of students whose first preference for a site is more than the number of placements at the site, then a computer program will randomly select the required number of students (with priority given to RSES students only in relation to rural campuses). Students who have completed Phase 1 at the Port Macquarie campus will be given priority to Port Macquarie only.

4.3.3 Students who have not been allocated to a placement based on their first preference will be processed in a second round according to their second preference. The same processes described in clauses 4.3.1 and 4.3.2 will apply to second and subsequent rounds until all students are placed.

4.3.4 If a student’s second or subsequent preference is for a site which has already been filled by the preceding round of allocations, then the student’s placement will be deferred to a subsequent round when their next preference for an unfilled site is reached.

4.3.5 If a student does not submit a preference or has not been placed before a short list of preferences is exhausted, the student will be placed in an unfilled site at the completion of the allocation process.

4.4 The allocation process will be administered by the Medicine Education and Student Office.

4.5 The final decisions on allocations will be made by the Clinical Allocations Committee (CAC). The Committee will consist of the Medicine Program Authority, representatives of the Clinical Schools and a representative of the Medicine Education and Student Office.

4.6 Students will be informed of the outcome of the process preferably 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.

4.7 Students who decide to defer their studies for a year after the allocation process is completed will be required to attend the clinical site to which they were originally allocated on their return. Students who intend to defer the following year are still required to submit preferences for their clinical placements for when they return.
4.8 Students may arrange to swap their allocations between two metropolitan sites or between two rural sites and must inform the Medicine Education and Student Office within 2 weeks of the announcement of allocations. Swaps between rural and metropolitan sites can be made only with the approval of the Head, Rural Clinical School. Requests must be submitted in writing within 2 weeks of the announcement of allocations. Any student who coerces or offers incentives to another student to swap will be liable to disciplinary action under the Student Misconduct Policy.

5. Special Consideration

5.1 At the time of submitting the preference form, students will have the opportunity to request special consideration during the allocation process. Students will be expected to provide any supporting documentation related to the request at the time of submitting preferences. A student who provides false or misleading information will have their preferences ignored.

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 following circumstances are not considered in allocation decisions:

- 5.3.1 Previous allocations (except as per Clause 4.3.2 - Phase 1 students at Port Macquarie are given priority if the campus is their first preference for Phase 2), including missing allocation preferences previously.
- 5.3.2 Home address except when considering students being allocated to a Rural Clinical School campus. Note a student’s home address is not considered in allocations to metropolitan locations.
- 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 site 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 within two weeks of the allocation decision being notified. A deadline for the submission of such appeals will be advised to students at the time of the allocation decision. The appeal will be considered expeditiously.

6.2 A student may 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.

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 Pro-Vice-Chancellor (Students) if they are able to demonstrate that the Faculty did not follow the outlined process. The Office of the Pro-Vice-Chancellor (Students) 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 Australian Government has a Rural Health Enhancement Policy that requires at least 25% of local (Commonwealth Supported Places) UNSW medical students undertake an Extended Rural Clinical Experience (ERCE), for a minimum of 12 months. However the expansion of the Rural Clinical School has resulted in increased capacity in Phases 2 and 3, and therefore more than 25% of clinical placements are currently undertaken in rural environments.

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 courses only) or Phase 3.

Unless otherwise stated, the following clauses only apply to local (Commonwealth Supported Places) students.

7.1 Unless otherwise stated, allocations to a rural clinical environment will be made according to the general principles described in this policy, 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, Sydney Campus that supports the students’ Rural Health Club.

7.3 Students admitted to the Medicine program under the Rural Students Entry Scheme (RSES) will ordinarily be required to undertake an extended rural placement in Phase 1, 2 and/or 3. RSES students who are allocated to a rural site for Phase 2 will be required to also complete Phase 3 at a rural site if allocations to the rural sites are undersubscribed in Phase 3. This may be at a different rural site.

7.4 In determining allocations, consideration may be given to students whose home address is located near an RCS campus site.
7.5 A sequential process for allocating students to the rural clinical sites according to preferences will apply as follows:

7.5.1 The allocations to the rural sites are processed prior to the metropolitan sites.

7.5.2 If the number of RSES students whose first preference for a rural site is less than the number of placements at the site, then these students will be allocated to that site.

7.5.3 If the number of students whose first preference for a rural site is more than the number of placements at the site, then a computer program will randomly select the required number of students. RSES students are given priority.

7.5.4 If there are unfilled placements after the first round of allocations, RSES students who are not already allocated to a rural site will be allocated to a rural site with consideration given where possible, to their preferences for rural sites and places remaining. This will override the RSES students’ preferences for metropolitan sites.

7.5.5 If unfilled placements remain then local students who did not gain admission via the RSES will be allocated by preferences, as described in Clause 4.3. It should be noted that non-RSES students with a rural home address will be considered for allocation in the same way as all other non-RSES students.

7.6 Students who complete Phase 1 at the Port Macquarie campus who wish to continue their clinical learning in Port Macquarie in Phase 2 and Phase 3 will be given priority to do so. This is not dependant on completing the ILP or Honours at Port Macquarie. Students who complete Phase 1 at Port Macquarie wishing to complete Phase 2 or Phase 3 clinical courses in a different rural campus will be allocated according to the process outlined in Clause 7.5. Students who complete Phase 1 at Port Macquarie wishing to return to a Sydney clinical school will be allocated according to the process outlined in Clause 4.

7.7 Students who complete the Phase 2 clinical courses at an RCS campus and who wish to return to continue their clinical learning in the same rural environment in Phase 3 will generally be able to do so. This is not dependent on completing the ILP or Honours in Year 4 at a rural campus.

7.8 Students who are completing their ILP or Honours at an RCS campus will have preference for Phase 3 allocation at their campus over other students applying to that campus for the first time.

7.9 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 Head.

7.10 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.

7.11 Students allocated to the RCS campus do not receive an allowance, subsidies or reimbursements.

7.12 International UNSW medical students cannot apply for a rural placement as part of their clinical training due to the government-imposed target of local students per year cohort.