

## 4 STUDENTS

### 4.1 Admission policy and selection

#### STANDARD 4.1.1

The medical school has a clearly defined admission policy that is consistently applied and is free of discrimination and bias, other than explicit affirmative action in favour of nominated disadvantaged groups.

#### Criteria for admission

Academic merit has been the sole criterion for selection until and including entry in 2002. New admissions criteria have been developed by the Faculty and they have been implemented for entry in 2003.

The criteria for admission are now:

1. high academic achievement. This is measured by results in the Higher School Certificate (or equivalent) and, if applicable, university studies at degree level or higher. A minimum Universities Admissions Index (UAI) of 95.00 (or equivalent) is an essential requirement for admission.
2. superior relevant attributes and skills. This is measured by results in the Undergraduate Medicine and Health Sciences Admission Test (UMAT).
3. demonstrated motivation to study and practice medicine, communication ability and related issues. These are measured by performance at a semi-structured interview.

The UAI is based on the scaled aggregate of the best 10 units of the New South Wales Higher School Certificate subjects and must include two units of English.

#### Additional requirements

No additional requirements are imposed on applicants by UNSW.

No additional requirements are imposed on applicants by the state or federal governments.

#### Selection components – local students

##### 1. Academic Merit

###### (a) Universities Admission Index (UAI)

Applicants applying on the basis of the NSW Higher School Certificate (HSC) are required to attain a UAI of at least 95.00. Interstate applicants are required to attain a score equivalent to a UAI of 95.00. Schools are asked to submit predicted HSC UAI results to assist in the selection of students for interview. The predicted UAI is only required to be reported in a band (i.e. 100-99, 98-97, 96-95, etc.).

The minimum achievement required for applicants applying on the basis of their high school results are:

New South Wales	UAI of 95.00
Victoria	ENTER of 95.00
Queensland	OP4
South Australia, Western Australia & Tasmania	TER of 95.00
New Zealand	328 in Bursaries
International Baccalaureate	35
A Levels	A Grade result in 2 subjects and B Grade result in 1 subject

(b) University Studies

Applicants who have completed less than one year of tertiary studies are assessed for the academic merit component solely on the basis of their UAI (or equivalent). They also are required to attain a UAI of at least 95.00. Tertiary results for such students will not be taken into consideration.

Applicants who have completed one year or more of tertiary studies at undergraduate degree level are assessed on the basis of both their UAI (or equivalent) and their tertiary results. These are combined in the ratio of 50:50.

2. Undergraduate Medicine and Health Sciences Admission Test (UMAT)

UMAT is designed to assess general attributes and skills gained through prior experience and learning. The three sections in UMAT assess the acquisition of skills in critical thinking and problem solving, interactions with others, and abstract non-verbal reasoning. The three sections have equal weighting and the results are added together to create a combined UMAT score. For further information about UMAT and to register to sit the test, applicants are referred to the Australian Council for Educational Research (ACER) who conducts UMAT. If an applicant sat UMAT in the previous year and resits it in the current year, UNSW Medicine will count the higher of the two sets of scores rather than the more recent scores, as stated by ACER. This is to ensure consistency with university-wide admissions policy.

3. Interview

In 2000, the Faculty constituted the Selection Working Group to advise and recommend to the Faculty on the details of new selection criteria and their implementation. One major task for this working group was to prepare the interview instrument which it did with assistance from an external consultant, an Industrial Psychologist.

A number of applicants are offered an interview, either in the main round in September/October or in the final round of interviews in January. These applicants

have a predicted UAI of at least 95 (or equivalent) and have achieved a superior performance in UMAT. Approximately 450 – 500 applicants are interviewed for the 130 standard-entry places. Applicants are selected for interview on the basis of the standardized score for their academic component and the standardized score for their combined UMAT score. For students in their final year of high school, the academic component is their predicted UAI (or equivalent) as reported by their school.

The interview is semi-structured and covers a wide range of relevant issues including motivation to study and practise medicine. There are two interviewers drawn from academic staff, medical practitioners and community representatives.

Applicants are made aware that because they are selected on the basis of a combination of all three criteria (i.e. academic merit, UMAT plus interview), they increase their likelihood of being selected by achieving the highest possible results in each of the three components.

UNSW Medicine continues to be an exceptionally popular program and there were approximately 3000 applicants for the 130 standard entry places for 2003.

#### *Structured Curriculum Vitae*

Applicants are required to submit a structured *Curriculum Vitae* (CV) which includes why they want to study medicine at UNSW, details of their relevant personal qualities and skills, their non-academic interests and activities and a brief description of their life experience. Schools are asked to comment on the school-related activities and achievements. This CV is used as a source of information to set the context of the applicant's interview. Applicants usually obtain the Application Form/CV from the Faculty's website but it is also available in hard copy from the Office of the Dean.

#### **Prerequisite subjects**

There are no prerequisites for entry into Medicine at UNSW. However, there is assumed knowledge in English, Chemistry and Mathematics. Assumed knowledge is a level of achievement at the HSC (or equivalent) considered desirable for successful study in a program or a first year course. Students who do not have the assumed level of knowledge are not prevented from enrolling, but may be placed at a disadvantage.

#### **Weighting of components**

Students are selected for entry into the UNSW Medicine Program on the basis of the combination of academic merit, results of UMAT and performance at the interview. The three components are equally weighted.

The steps in the process of creating a combined score and making the selection decisions are:

1. Eliminate from consideration all ineligible students (i.e. UAI (or equivalent) of less than 95.00 or did not sit interview).
2. Separately standardize each of the three components.
3. Rank all applicants on the basis of the sum of the three standardized scores
4. Arrange for offers to be made to the highest ranking applicants.

This process was developed in consultation with the University of Western Australia's Faculty of Medicine and is, in essence, identical to their current process.

### **Selection Components – international students**

1. Academic Merit

The academic merit requirements for international students and details provided to prospective students are the same in every respect as for local students, as detailed above.

2. Undergraduate Medicine and Health Sciences Admission Test (UMAT)

Applicants who are living in Australia or New Zealand are required to sit UMAT. International students living elsewhere are exempt from sitting UMAT. In all other respects the requirements and information provided are the same as for local students, as detailed above.

3. Interview

Many applicants are offered an interview. Those applying on the basis of final high school examinations in Australia require a predicted UAI of at least 95 (or equivalent) and a superior performance in UMAT. All other applicants living in Australia also require a superior performance in UMAT together with a superior academic record in both their high school and tertiary studies. Applicants applying from within Australia may be offered an interview that will be held in Sydney. Applicants applying from overseas may be offered an interview that will be held in selected overseas cities or may have an interview conducted by telephone. The interview is semi-structured and covers a wide range of relevant issues.

*Structured Curriculum Vitae*

Applicants are required to submit a structured *Curriculum Vitae* (CV) which is the same in every respect as that required for admission of local students, as described above.

### **Selection of applicants**

Students are be selected on the basis of academic merit and performance at the interview, and if applicable, results of UMAT.

**Age of first year students, 2002 (as at 31 March, 2002)**

Age	Local	International	Total
16	2	1	3
17	31	5	36
18	96	13	109
19	18	13	31
20	6	9	15
21	3	6	9
22	2	0	2
23	1	2	3
24	0	0	0
25	0	1	1
>25	2	0	2
Total	161	50	211

**Gender of first year students, 2002**

Gender	Local	International	Total
Female	91	23	114
Male	70	27	97
Total	161	50	211

**Country of birth of first year students, 2002**

Country of birth	Local	International	Total
Australia	81	0	81
China	13	5	18
Hong Kong	14	5	19
India	4		4
Indonesia		5	5
Japan	1	2	3
Korea	11	1	12
Malaysia	3	7	10
Singapore	2	4	6
Sri Lanka	5		5
Taiwan	9	7	16
Vietnam	2		2
France		1	1
Norway		5	5
Sweden		1	1
United Kingdom	5		5
Yugoslavia	1		1
Canada		3	3
United States	2		2

Bahrain	1		1
Iran	3		3
Iraq		1	1
Kuwait	1		1
Mauritius		3	3
South Africa	2		2
Zimbabwe	1		1
Total	161	50	211

**Qualifications on entry of first year students, 2002**

Qualifications on entry	Local	International	Total
Higher School Certificate (or equivalent)	159	45	204
Part-Completed Degree	2	3	5
Completed Degree		2	2
Total	161	50	211

**STANDARD 4.1.2**

The relationship between selection criteria, the objectives of the medical course and desired attributes of graduates is stated.

The selection criteria have been devised in order to select applicants who will be challenged and stimulated by the content of the program, who will perform well in the program, and who will make outstanding doctors.

The qualities that the selection process primarily focuses on are:

Strong intellectual capacity - selected by academic merit

Logical reasoning and problem solving }  
Interaction skills } selected by UMAT  
Non-verbal reasoning }

Empathic, caring, honest and reflective }  
Good listening/communicative skills }  
Motivation to study medicine }  
Diversity of life experience } selected by interview  
Understanding social dimensions }  
Ability to cope with change }  
Tolerate ambiguity, cognitive dissonance }  
in face of difficult ethical choices }

Evaluation of the new selection process will commence shortly after the first students are selected in January, 2003. In the first few years of running the new admission scheme, process reviews will continue, and a full review of the entire selection process, once it has been applied three times, will be undertaken. By that time, in 2005, we would expect to have a clear view of the kinds of student selected and how this relates to their progression through the program.

In addition, it is a requirement of the UNSW Council that the Faculty reports via Academic Board to Council on the demographics and other related issues each year for the first three years of implementation.

**STANDARD 4.1.3**

The medical school publishes details of the selection process, including the mechanism for appeals.

Information on the selection process and the appeals mechanism is available to all applicants on the Faculty's website and is also available in a printed booklet.

Appeals are to be made to the Faculty's Admissions Committee. This Committee is chaired by the Faculty's Presiding Member and includes the independent representation of UNSW's Registrar (or nominee).

Appeals can be made on the basis of failure to adhere to correct process, but cannot be based on the criteria used for selection.

**4.2 Student intake**

**STANDARD 4.2.1**

The size of the student intake, including the number of fee-paying students, has been defined and relates to the capacity of the medical school to provide adequate resources at all stages of education and training.

**Student numbers – 2002 (as at 31 March, 2002)**

Year	National residents		International students	
	Quota	Actual	Quota	Actual
1	164	161	55	50
2	165	171	50	32
3	160	187	40	31
4	160	168	35	36
5	160	160	35	29
6	160	165	35	24
Totals	969	1012	250	202

Within the constraints imposed by federal funding and the ceiling on government-funded admissions, together with funds raised through the admission of international students, sufficient funds are available for the proper delivery of the medicine program.

## STANDARD 4.2.2

Targeted access schemes for disadvantaged or under-represented groups are complemented by appropriate support services.

### **Special Admissions Programs**

#### **ACCESS Scheme**

Applicants may apply for entry via the ACCESS Scheme if they can demonstrate they have experienced long-term educational disadvantage and their educational performance was severely affected by circumstances beyond their control for at least 12 months during Years 11 and 12 or equivalent.

The types of disadvantage considered under the Scheme include financial hardship, English language difficulties, difficult home study conditions, illness, disability, family illness, family relationship problems and rural isolation.

#### **Indigenous Students Entry Scheme**

Indigenous students may gain entry through the Australian Aboriginal and Torres Strait Islander Admissions Scheme. A Pre-Medicine program is conducted each January/February to help prepare Indigenous students for the medical program.

#### **Rural Students Entry Scheme**

The criteria for selection are:

- a UAI (or equivalent) of greater than 90.00
- minimum of a credit average for students who have partially completed or completed a university degree
- location of the family home in a rural area in Australia during all of the students' high school years
- proficiency in communication and interpersonal skills
- a history of involvement and achievement in school activities and community affairs
- the completion of work experience over a range of health care environments during the last two years, including hospital, general practice and community health
- Australian citizen or Australian resident.

Applicants will be selected on the basis of three criteria, namely performance at interview, results of UMAT and academic merit. These three criteria have equal weighting.

#### **Medical Rural Bonded Scholarship Scheme**

This scheme is funded by the Australian Government for the purpose of delivering more doctors and better services to rural and regional communities.

## Intake via special entry schemes, 2002

Scheme	Quota		In addition to quota
	Projected	Actual	
ACCESS (Year 12 Special Entry)	8	8	Unknown
Lateral Entry	15	14	N/a
Indigenous people	3	4	0
Rural	30	30	6
Bonded Rural	4	4	N/a

### Support services

#### ACCESS Scheme Office

This office provides additional assistance to students who gain admission through the ACCESS Scheme. Some of the support services available include:

A liaison person for students with disabilities

On-going assistance with English and Study Skills

Consideration for accommodation and equity scholarships

Assistance in finding accommodation.

Successful ACCESS applicants are expected to participate in the support service program offered by the ACCESS Scheme Office.

#### Aboriginal Students' Centre

The University runs this centre to provide a meeting place for students and a focus for their support activities. Support includes tutorial assistance, advice on accommodation, and orientation for new students.

#### Indigenous Health Unit

In addition to conducting the Pre-Medicine Program and the Indigenous Students Entry Scheme, this Faculty unit provides individual and group support to indigenous students with the purpose of retaining them in the program and thus leading to the graduation of increased numbers of Indigenous doctors.

#### Rural Health Unit

This Faculty unit provides support to all students with a rural background as well as those non-rural students considering studying or working in a rural environment.

#### International Student Services

This unit of the University assists overseas students to adjust to living in Sydney and studying at UNSW. In addition, it promotes understanding between people from different cultures.

#### Counselling Unit

This unit, staffed by trained counsellors, offers confidential counselling to all UNSW students. In addition, it conducts tutorials and workshops on issues of particular relevance to undergraduate students.

## **Student Affairs Coordinator (SAC)**

This part-time Faculty position is staffed by a General Practitioner who offers confidential personal and academic counselling to all UNSW Medicine students.

### **4.3 Impairment and disability**

#### **STANDARD 4.3.1**

The medical school has policies on the admission and procedures for the support of students with disabilities and students with infectious diseases, including blood-borne viruses.

#### **STANDARD 4.3.2**

The medical school has infectious diseases policies that are in accordance with authoritative national statements on prevention and management of exposure to infectious diseases, including blood-borne viruses.

In 2002, the Faculty implemented an Immunisation and Blood-borne Viruses Policy to minimise the risk of medical students contracting or spreading an infectious or blood-borne disease. The Policy was devised in accordance with the Guidelines established by the Committee of Deans of Australian Medical Schools and is included in Appendix 7, Volume 2.

#### **STANDARD 4.3.3**

The medical school has procedures for dealing with impaired students, including students with a psychiatric condition, or drug and alcohol dependence.

Appendix 8, Volume 2 was approved by Faculty Standing Committee at its November 2002 meeting. A policy is currently being developed from this document.

### **4.4 Student support and counselling**

#### **STANDARD 4.4.1**

The medical school offers appropriate student support, including counselling, health and academic advisory services, in response to poor student progress, and the social and personal needs of the students.

#### **Student support**

The Student Affairs Coordinator (SAC) is a part time position within the Faculty of Medicine, who is responsible for the welfare of all the medical students within the Faculty. Dr Susan Pugh, a general practitioner with training and expertise in psychiatry and counselling currently holds this post. The position is independent of the teaching

within the Faculty so that the students are able to discuss any matters pertaining to academic issues without concerns of bias. The SAC is available to all students, both on campus and in the clinical schools, to provide support and counselling. As a Medical Doctor, the SAC has a good understanding of the issues facing medical students and is able to provide advice on career matters.

The week prior to the commencement of session one constitutes Orientation week for the first year students. Students from the more senior years introduce them to the University and Faculty. They are introduced to the support staff within the Faculty including the year 1 Student Coordinator and the Student Affairs Coordinator.

A student initiated mentoring program began in 1999 in response to needs expressed by students for greater support as well as recognition by the Faculty that stronger interactions between students, as well as between students and Faculty would be of benefit to individual students and to the program as a whole.

Students identified two critical periods where support was particularly important; the transition confronting 1<sup>st</sup> year students from high school to university; and the transition from classroom to clinical environment currently occurring in year 4. Academics interested in supporting student mentoring efforts are recruited to debrief student mentors at regular intervals. Each academic is assigned 3 student mentors. Student mentors are selected from 3<sup>rd</sup> and 6<sup>th</sup> years and assigned to mentor 1<sup>st</sup> and 4<sup>th</sup> year students.

A two day training program designed to develop mentor skills is provided to both student mentors and academics. Emphasis in the training is on building relationships and a sense of community across years and between students and Faculty. Additional advanced training seminars are conducted at 8 week intervals.

Since its inception in 1999 this student managed mentoring program has grown very rapidly. Plans are underway to incorporate elements of the mentor program into the new curriculum while maintaining it as a student driven program.

### **Student progress**

Students who are performing poorly academically are requested to discuss their situation with the SAC. Students can also self refer to discuss issues pertaining to their personal problems or issues concerning their health or the welfare of other students. All consultations are considered in confidence unless there is a matter, which needs to be brought to the attention of the Faculty via the Dean. The SAC acts as an advocate for the students. The SAC also provides referral to other agencies, which may be able to provide appropriate assistance to the individual student, either within the University or externally. Individual study programmes can be established for students that are coordinated by the Associate Dean for Medical Education.

### **Students on rural or remote attachments**

The Rural Health Unit provides support for all students on rural or remote attachments. They offer assistance with placement, accommodation and financial assistance with travel costs. Each of the rural campuses has a designated member of staff who is

responsible for student welfare, who liaise with the SAC who can provide assistance when required.

**STANDARD 4.4.2**

There are appropriate pathways for students to exit from the medical course.

**Pathways to exit medical studies**

Students who may be unsuited to continue medical studies are identified either through their poor academic performance or poor attendance or they may have come to this conclusion independently. There may also be health issues, which may make their continuing studies impossible. All students who have not performed satisfactorily academically are required to see the SAC to discuss their situation. Any student who wishes to take leave from the course is required to discuss this with the SAC before approval is given. Any health issues which impact upon a student's performance are also discussed with the SAC and if appropriate referred to the Medical Board of New South Wales.

Students are assisted with career choices if they decide to leave medical studies. The University will allow transfer to other subjects if the student is in good academic standing, with appropriate credits in subjects completed already. If students have completed the first three years of the current Medicine program, the University will award that student with the qualification of B.Sc. (Medicine).

For the new Program, students will enrol in an MB BS program (not a BSc(Med) MB BS program) and those students who elect not to continue their medical studies after Phase 1 can transfer to a BSc(Med) program midway through Year 3. They will then undertake a further two sessions of courses in the biomedical sciences or in public health related areas and will graduate after 3.5 years, with the additional possibility of undertaking an Honours year.

**4.5 Student representation**

**STANDARD 4.5.1**

The medical school supports student representation and has appropriate student participation in the design, management and evaluation of the curriculum, and in other matters relevant to students.

**STANDARD 4.5.2**

Student activities and organisations are encouraged and facilitated.

Students are invited to participate in matters pertaining to the curriculum via the Student Consultative Committee, various Faculty committees and Medsoc.

All students are invited to attend the Student Consultative Committee, which meets twice in each university session. This body was established to provide a regular forum for students to discuss issues directly with the Faculty, which is represented by the Student Affairs Coordinator and the Associate Dean for Medical Education. The agenda and minutes of the meetings are posted on a web site, which is accessed by all enrolled medical students. Students have the opportunity to raise issues in the Committee even if they are unable to attend in person via the web site and e-mail.

Students are represented on the following committees:

Faculty Standing Committee  
Education Committee  
Pre-Clinical Medical Education Committee  
Clinical Medical Education Committee  
Rural Health Education Sub-Committee

### **Medsoc**

The University of New South Wales Medical Society (Medsoc) is the representative body of the medical students and membership is free and automatic to all medical students. Its primary functions include initiating and maintaining communication between students, medical educators and administrators within the University. The society provides educational and support meetings on topics such as study skills, coping skills, elective terms, viva techniques and women's issues in medicine.

## **4.6 Student indemnification**

### **STANDARD 4.6.1**

The school has policies regarding adequate indemnity for the relevant activities of students.

The University has provided indemnity coverage for academic clinical staff and students enrolled in the Faculty of Medicine. Current indemnity coverage for activities of medical students has been secured for the 2002 year with a commercial insurance carrier. Negotiations are in progress regarding coverage beyond 2002.