

The University of New South Wales

Faculty of Medicine

Policy on Allocation of Students to Clinical Environments

1. Background to Policy

The medical education program at UNSW is grounded in the principles of experiential learning, with an emphasis in learning in real places of medical work. A significant amount of teaching therefore occurs in teaching hospitals and other clinical environments.

In the Medicine 3802 Program, the majority of teaching in Phase 1 (first 2¼ years) is done on the main university campus (at Kensington) and during these years, clinical sessions are held in hospitals across Sydney. In Phase 2 Coursework, the clinical sessions held in clinical environments increase to 3 days per week. Campus teaching is held on the other 2 days per week. In Phase 3 of the Program (final 2 years), almost all teaching is conducted in hospitals. Hospitals in Phase 2 and Phase 3 are located in Sydney and elsewhere in New South Wales, including rural locations. In all three Phases of the Program, students will be required to travel to various clinical environments associated with UNSW. These will be the predominant locations for learning in Phases 2 and 3, and will include at least 4 weeks in a non-metropolitan setting and for some students will involve between 12 and 24 months in a non-metropolitan setting in Phase 2 and 3.

The particular health issues available for learning in each clinical environment vary, and a general principle is that students need to be exposed to a range of clinical environments to ensure they receive the diversity of experiences required to achieve the stated objectives of the Medicine Program at UNSW.

As UNSW is a publicly funded university, it is subject to various government requirements. One such requirement of the Australian Government, the Rural Health Enhancement Policy, requires UNSW to achieve the following outcomes:

- A. With respect to admission of students to the Medical Program:
 - 1. Approximately 25% of local student admissions (Commonwealth Supported Places and Full Fee paying) to the Program should be students of rural 'origin', as defined in the guidelines of the Rural Student Entry Scheme¹
 - 2. It should be noted that there is an expectation that students admitted to the Program under this Scheme will undertake an extended clinical experience of an average of 18 months in rural environments (described in Section 7 below).
- B. With respect to rural clinical placement whilst undertaking studies
 - 1. At least 25% of local (Commonwealth Supported Places and Full Fee paying) UNSW medical students must undertake a minimum of 12 months and an average of 18 months of their clinical learning in residential rural environments, termed extended rural clinical experience (ERCE).
 - 2. All other local (Commonwealth Supported Places and Full Fee paying) students must undertake a minimum of 4 weeks of clinical learning in a rural location.

There may be rotations within clinical attachments. This document does not address policies for those internal rotations.

¹ <http://rcs.med.unsw.edu.au/RCSWeb.nsf/page/RSES>

2. Clinical environments associated with the Faculty of Medicine

Below is a listing of the Clinical sites used by the Faculty of Medicine in its teaching. 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 a student allocated to Sydney Children's Hospital may be required to spend some time on attachment to a number of other locations (e.g. including Wagga Wagga or St George or Liverpool Hospitals).

The St. Vincent's Clinical School

- St. Vincent's Hospital, Darlinghurst
- Sydney Hospital and Sydney Eye Hospital, Sydney
- St Luke's Hospital Complex, Potts Point
- Sacred Heart Hospice, Darlinghurst

The St. George Clinical School

- St. George Hospital, Kogarah
- Calvary Hospital, Kogarah
- Wollongong Hospital, Wollongong

The Prince of Wales Clinical School

- The Prince of Wales Hospital, Randwick
- Wollongong Hospital, Wollongong
- The Langton Centre, Surry Hills

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
- Bowral Hospital, Bowral

The Sutherland Hospital, Caringbah

The Rural Clinical School

- Wagga Wagga Base Hospital, Wagga Wagga
- Albury Base Hospital, Albury
- Wodonga Regional Health Service, Wodonga, Victoria
- Port Macquarie Base Hospital, Port Macquarie
- Coffs Harbour Hospital, Coffs Harbour
- Griffith Base Hospital, Griffith
- Kempsey District Hospital, Kempsey
- Grafton Base Hospital, Grafton

School of Women's and Children's Health

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

A range of privately owned clinical environments including private hospitals and primary care practices in both urban and rural locations throughout NSW.

3. Aims of the Policy on Allocation of Students to Clinical Environments

- 3.1 The process of allocation of medical students to clinical locations should be transparent.
- 3.2 The policy must allow the Faculty to meet its objectives of:
 - (a) ensuring students obtain a range of experiences,
 - (b) balancing student allocations with the 'placements' available at each location, and
 - (c) meeting required targets set for UNSW by the Australian Government.
- 3.3 Subject to 3.2, the Faculty will generally attempt to meet an individual student's first preference however this cannot be guaranteed (see Section 6).

4. Awareness and Acceptance of the Policy

- 4.1 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. Students have a responsibility to understand the policy.
- 4.2 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.
- 4.3 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.
- 4.4 In accepting a place in the UNSW Medicine Program, students must understand that they may be required to undertake a clinical 'placement' at a location or locations other than their first preference. Furthermore, in accepting a local (Commonwealth Supported) place, students must understand that they may be required to undertake at least 12 months of clinical learning in a rural environment.

5. Student Participation in Allocation Decisions

- 5.1 Students will be given the opportunity to indicate their personal preferences for allocation to particular locations by submission of the appropriate preference form.
- 5.2 It will be assumed that a student has no particular preferences if he/she does not submit a preference form.
- 5.3 The Faculty will provide students with information on its clinical teaching environments to assist them in indicating preferences.
- 5.4 A student who provides false or misleading information, especially about their residential address during university sessions, will have their preferences ignored.

6. Allocation Decisions

- 6.1 The following factors may be considered in allocation decisions:
- (a) number of available 'placements' at individual locations.
 - (b) student preferences as indicated on the submitted form.
 - (c) address of students' residence during university sessions.
 - (d) a student's previous clinical experiences.
 - (e) where relevant, ensuring a balance of gender and academic levels between locations.
 - (f) when allocating to extended rural clinical experiences, whether or not the student is a rural student (see Section 7).
 - (g) special consideration as detailed in 6.2 below, details of which must be submitted by the date nominated by the Faculty. If no date is nominated, the final date for submission of special consideration will be the final date for submission of preferences.
- 6.2 Special consideration **may** include (in respect of the student):
- (a) major health problems requiring frequent and ongoing specialised treatment which is only available in certain locations.
 - (b) being a parent of a dependent child or children.
 - (c) involvement in sport or music at an elite level.
- 6.3 Examples of circumstances concerning the student that are **not** classed as special consideration:
- (a) lack of access to a motor vehicle or inability to drive
 - (b) other transportation issues
 - (c) relationships without dependents
 - (d) religious grounds
 - (e) ownership or rental of accommodation
 - (f) other accommodation issues
 - (g) employment
 - (h) financial issues
- 6.4 Students will be allocated without a ballot to any hospital where the required number of students to be allocated, or fewer than the required number to be allocated, have selected that hospital as their first preference.
- 6.5 Where more students than the required number to be allocated to a hospital have requested that hospital as their first preference, the following will occur:
- (a) a ballot will be held to determine which students will be allocated to the over-subscribed hospital or hospitals.
 - (b) if more than one hospital is over-subscribed, one or more ballots will occur for the over-subscribed hospitals.
 - (c) as each student is drawn from the ballot, the student will be allocated their highest possible preference; that is, they will not be allocated to a hospital whose number of 'placements' has already been reached, but will be allocated

to the first hospital on their preference list that still has not filled their quota of 'placements'.

- 6.6 Allocation decisions will be made by administrative officers within the Office of the Dean and staff from the Rural Clinical School in accordance with this policy.
- 6.7 Students will be informed of allocation decisions preferably at least 3 months prior to the clinical attachment.
- 6.8 Students who are unhappy with allocation decisions can arrange an appointment with a senior administrative officer in the Office of the Dean, to discuss their concerns, at which time the allocation decision may be reviewed.
- 6.9 If students are dissatisfied with the result of the review described in 6.8 and wish to appeal, they must do so by submission of a formal written appeal, reiterating the special circumstances and basis for such a request, to the Clinical Allocations Appeal Committee (CAAC) which will review the decision.
- 6.10 Except in extraordinary circumstances, appeals must be submitted within two weeks of the allocation decision being made. A deadline for the submission of such appeals will be set and advised to students prior to or at the time of the allocation decision.
- 6.11 The CAAC will consist of the Senior Associate Dean, at least one other senior Academic member of the Faculty, and a representative of the Office of the Dean. All considerations of the CAAC will be treated in strictest confidence, and the decision of the CAAC will be final.
- 6.12 When students have been successful in their review or appeal, the Faculty may need to change the allocation of another student or students in order to maintain the objectives as stated in Section 3.2. Such student or students will also have the right of review and appeal as detailed in paragraphs 6.8 to 6.11.

7 Special Conditions Applying to the Allocation of Students to Extended Rural Clinical Experiences (ERCE)

As stated in Section 1, the Australian Government has a Rural Health Enhancement Policy that requires at least 25% of local (Commonwealth Supported Places and Full Fee paying) UNSW medical students to undertake a minimum of 12 months and an average of 18 months of their clinical learning in structured residential rural environments. The format and structure of this Extended Rural Clinical Experience (ERCE) is determined by the Faculty in consultation with the Rural Clinical School. Unless otherwise stated, the following clauses only apply to local (Commonwealth Supported Places and Full Fee paying) students.

- 7.1 Unless otherwise stated, allocations to an ERCE will be made according to the general principles described in this policy, including the appeals process described in paragraphs 6.8 to 6.11.
- 7.2 Students considering undertaking an ERCE are strongly encouraged to liaise with the Rural Clinical School, Sydney Campus, which organises information sessions, conducts student rural excursions, and supports the students' Rural Health Club.
- 7.3 International (ISFEE) UNSW medical students can apply for an ERCE as part of their clinical training, but the Faculty will allocate local (Commonwealth Supported Places and Full Fee paying) students to an ERCE to achieve the government-imposed target of 25% of students per year cohort before considering applications from International Students. In doing so, students admitted to the Medicine Program under the Rural Students Entry Scheme will ordinarily be

required to undertake an ERCE of an average of 18 months duration (see 7.8 to 7.9 below).

- 7.4 However, allocation to undertake an ERCE is not a guaranteed outcome of admission to the Medicine Program under the Rural Students Entry Scheme.
- 7.5 Rural Entry Scheme students may request to be exempted from an ERCE by written submission outlining the reasons for the request. The rural allocation committee (see 7.10) will consider such requests.
- 7.6 All students complete a preference form for allocation to a clinical hospital. The preference form will be made available to students preferably in July/August for placement in the following year. Students should indicate preferences for each of the campuses within the Rural Clinical School and the Sydney Clinical Schools and any preferred study partners. Students who wish to undertake Phase 2 coursework in the Rural Clinical School must complete their Independent Learning Program first, that is, during the third year of the Medicine Program. Students who intend to defer the following year are required to note this on their preference form.
- 7.7 The following factors will also be considered in allocation decisions:
- (a) student preferences.
 - (b) a student's home address.²
 - (c) preferred study partners if indicated by the student.
 - (d) issues such as rural background and knowledge of or demonstrated interest in rural health.
- 7.8 If more students apply for ERCEs than there are 'placements' available, then students who gained admission via the Rural Students Entry Scheme will have priority.
- 7.9 If fewer students apply for ERCEs than there are 'placements' available, then the following will apply:
- (a) students who gained admission via the Rural Students Entry Scheme will be required to undertake ERCEs.
 - (b) if there is still a shortfall in ERCE placements, then the Faculty will decide which other students will fill those places. It should be noted that in those circumstances, students who had a rural home address but did not gain admission via the Rural Students Entry Scheme will be considered for allocation in the same way as all other non-Rural Students Entry Scheme students.
 - (c) All local (Commonwealth Supported Places and Full Fee paying) students must understand that although the Faculty anticipates receiving more applications for ERCEs than available 'placements', if insufficient applications are received to achieve the targeted number of 'placements' to ERCEs, the Faculty reserves the right to allocate any local (Commonwealth Supported Places and Full Fee paying) student to an ERCE.
- 7.10 All applications for an ERCE will be considered by a committee consisting of the Campus Coordinator, Sydney Campus of the Rural Clinical School, Manager of the Undergraduate Program, and a representative of the Office of the Dean.

² 'Home' address generally refers to parental address or primary residential address in non-university session

- 7.11 Students applying for an ERCE may be interviewed by this committee prior to a final decision being made.
- 7.12 Acceptance into an ERCE guarantees allocation to a rural location for at least 12 months. However, students wishing to continue their clinical learning in a rural environment beyond 12 months will generally be able to do so. They should submit a written request, to their Campus Coordinator and the Office of the Dean. The ability to allow such a request will depend upon the overall number of 'placements' available in the Rural Clinical School.
- 7.13 Students who are currently attending a Rural Clinical School campus and wish to extend their placement for another year at that campus will where possible have precedence over students applying to that campus for the first time if more preferences are received than places are available for that campus.
- This will not occur in some circumstances, such as the need to meet the Australian Governments imposed quota availability of places in the Rural Clinical School campus for that year or the availability of the attachments that the students need to complete.
- 7.14 Students allocated to an ERCE for 12 month, may be required to remain in a Rural Clinical School campus for a second period of 12 months in order for the Faculty to meet the requirement of the average of 18 months stay.