

The University of New South Wales
Faculty of Medicine
Policy on Allocation of Students in the Medicine Program
to Clinical Environments
(Updated - January 2011)

1. Background to Policy

The Medicine program at UNSW is grounded in the principles of experiential learning, with an emphasis on learning in real places of medical work. 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 (at Kensington) with fortnightly clinical sessions held in hospitals in the Sydney metropolitan area. In Phase 2, teaching in clinical environments increases to 3 days per week. By Phase 3, almost all teaching is conducted in clinical environments. In Phase 2 and Phase 3, clinical environments including hospitals and general practices are located in Sydney and in rural sites in New South Wales.

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 Strategy, requires UNSW to achieve the following outcomes:

A. With respect to admission of students to the Medicine program:

- Approximately 25% of local student admissions (Commonwealth Supported Places and Full Fee paying) to Medicine should be students of rural 'origin', as defined in the guidelines of the Rural Student Entry Scheme¹. There is an expectation that students admitted to Medicine under this scheme will undertake an extended clinical experience in rural environments (described in Section 7 below).

B. With respect to rural clinical placement whilst undertaking studies:

- At least 25% of local (Commonwealth Supported Places and Full Fee paying) UNSW medical students must undertake a minimum of 12 months in residential rural environments.
- 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 policy does not address those internal rotations.

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 during some of the Phase 3 courses (Psychiatry, O&G and Paediatrics) students may be required to spend time on attachment to a number of locations.

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

Sydney Metropolitan Sites

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
- The Sutherland Hospital, Caringbah

The Prince of Wales Clinical School

- The Prince of Wales Hospital, Randwick
- 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

School of Women's and Children's Health

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

Rural Sites

The Rural Clinical School

- Wagga Wagga Base Hospital, Wagga Wagga
- Albury Base Hospital, Albury
- Port Macquarie Base Hospital, Port Macquarie
- Coffs Harbour Hospital, Coffs Harbour

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

- Wodonga Regional Health Service, Wodonga, Victoria
- Griffith Base Hospital, Griffith
- Kempsey District Hospital, Kempsey
- Grafton Base Hospital, Grafton
- Broken Hill Hospital
- Bowral District Hospital
- Bloomfield Hospital, Orange

Students will also be allocated to primary care practices in both metropolitan and rural locations throughout NSW and possibly private hospitals.

3. Principles underlying the Policy on Allocation of Students to Clinical Environments

- 3.1 The policy must allow the Faculty to meet its objectives of:
 - 3.1.1 Meet the required targets set for UNSW by the Australian Government.
 - 3.1.2 Effectively utilise the 'placements' available at each location.
 - 3.1.3 Maximise 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.
- 3.5 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 "General Entry" (Commonwealth Supported) place, students accept that they may be allocated to a rural environment in either Phase 2 or Phase 3.
- 3.7 In accepting a "Rural Student Entry Scheme" place, students accept that they will be allocated to a rural environment in Phase 2 and/or Phase 3.
- 3.8 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.
- 3.9 The process of allocation of medical students to clinical locations should be transparent.
- 3.10 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 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 a preference for allocation to a metropolitan site and all local (Commonwealth Supported Places and Full Fee paying) for a rural site by submission of the appropriate preference form. It will be assumed that a student has no particular preferences if he/she does not submit a preference form. A student who provides false or misleading information will have their preference ignored.
- 4.3 If the required number of students to be allocated, or fewer than the required number to be allocated, has selected a location as their first preference, the students will be allocated to the location without a ballot.

- 4.4 If more students than the required number to be allocated to a location have requested that location as their preference, the following will occur:
 - 4.4.1 A ballot will be held to determine which students will be allocated to the over-subscribed location. If more than one location is over-subscribed, one or more ballots will occur for the over-subscribed locations.
 - 4.4.2 Students who have not been allocated according to their preference will be allocated by ballot to remaining unfilled placements.
- 4.5 Allocation decisions will be made by staff within the Medicine Education and Student Office and the Rural Clinical School in accordance with this policy.
- 4.6 Students will be informed of allocation decisions preferably at least 3 months prior to the commencement of the relevant phase, excluding phase 1. First year students will be informed of their allocation for Phase 1 at entry to Medicine.
- 4.7 Students who intend to defer the following year are required to note this on their preference form. Students who defer their studies for a year following the allocation process will be required to attend the clinical site to which they were allocated on their return.
- 4.8 Students may arrange to swap their allocations and must inform the Medicine Education and Student Office 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 report special circumstances to be considered during the allocation process.
- 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, including missing allocated preferences previously.
 - 5.3.2 Home address except when giving preference to 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.

6. Appeal of Allocation

- 6.1 If a student is dissatisfied with the allocation and wishes to appeal, he/she must submit 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. An appeal may be based on new circumstances which were not present at the time of the submission of preference.
- 6.2 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. The appeal will be considered expeditiously.
- 6.3 The CAAC will consist of the Senior Associate Dean, Associate Dean (Education) and the Head of the Rural Clinical School, and a representative of the Medicine Education and Student Office. All considerations of the CAAC will be treated in strictest confidence.
- 6.4 When a student has been successful in an appeal, the Faculty may need to change the allocation of another student in order to maintain the objectives as stated in Section 3.1. The affected student will also have the right of review and appeal.
- 6.5 When an appeal has not been successful, a student may appeal to the Office of the Pro-Vice-Chancellor (Students) if the student is dissatisfied with the process.

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 and Full Fee paying) UNSW medical students to undertake an Extended Rural Clinical Experience (ERCE) which is a minimum of 12 months and an average of 18 months of their clinical learning in structured residential rural environments. However the development and 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 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 3.3, 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 and Full Fee paying) 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 either Phase 2 or Phase 3 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 Students who wish to undertake Phase 2 clinical courses in the Rural Clinical School must complete their Independent Learning Program first, that is, during the third year of the Medicine program.

- 7.4 Students admitted to the Medicine program under the Rural Students Entry Scheme (RSES) will ordinarily be required to undertake a rural placement in either Phase 2 or Phase 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.
- 7.5 RSES students may request to be exempted from an ERCE by written submission outlining the reasons for the request.
- 7.6 In considering allocation to a rural site, issues such as rural background and knowledge of or demonstrated interest in rural health and the student's home address will be considered. Students applying for a rural placement may be interviewed by staff from the Rural Clinical School prior to a final decision being made.
- 7.7 If more students apply for a rural site than there are 'placements' available, then RSES students will have priority. All RCS campuses must be oversubscribed for RSES students to have priority.
- 7.8 If fewer students apply for rural sites than there are 'placements' available, then the following will apply:
 - 7.8.1 RSES students will be allocated to the rural sites.
 - 7.8.2 If there is still a shortfall in rural placements, then local (Commonwealth Supported Places and Full Fee paying) students will be allocated by ballot. 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.
- 7.9 Students who complete the Phase 2 clinical courses at a RCS campus and who wish to continue their clinical learning in a rural environment in Phase 3 will generally be able to do so. They should submit a written request, to their Campus Coordinator and the Medicine Education and Student Office. The ability to allow such a request will depend upon the overall number of 'placements' available in the RCS.
- 7.10 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.
- 7.11 Students who have completed or are completing their Independent Learning Project (ILP) or Honours at a RCS campus have preference over other students applying to that campus for the first time. This includes students completing their ILP in either Year 3 or Year 4 of Phase 2.
- 7.12 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.
- 7.13 International UNSW medical students can apply for a rural placement as part of their clinical training. However the Faculty must achieve the government-imposed target of 25% of local students per year cohort before considering applications from international students. International students cannot receive the Rural Relocation Allowance which subsidises travel and living expenses.