



METRO



DENMARK



RURAL

AMSS GUIDE

5th Year Options



ADELAIDE MEDICAL
STUDENTS' SOCIETY



CONTENTS PAGE

Introduction	3
METRO	
Overview	5
Should I 'Stay City?'	6
O&G	9
Paediatrics	11
GP-Geriatrics	14
APIC	17
<i>Student Experience</i>	19
DENMARK	
Overview	22
Should I 'Go Denmark?'	26
Application Process	29
Teaching (O&G, Paediatrics)	30
<i>Student Experience</i>	33
RURAL	
Why a Rural 'Requirement'	36
Should I 'Go Rural?'	38
Rural O&G	41
Rural Paediatrics	42
Rural GP-Geriatrics	44
Rural APIC	46
Rural Medicine	47
Rural Application	48
RURAL SITES	
Port Augusta, SA	50
Port Pirie, SA	54
Whyalla / Roxby Downs, SA	57
Port Lincoln, SA	61
Ceduna, SA	65
Broken Hill, NSW	68
The Barossa Valley, SA	72
Mount Barker, SA	77
Clare, SA	80
Kadina / Wallaroo, SA	83
Jamestown, SA	87
Rural Health Initiatives	90

RURAL REPRESENTATIVE CONTACT 2025

If you have any questions, concerns, or comments about the content in this guide, feel free to contact Annie Fewster, the AMSS Rural Representative for 2025!

- Email: annie.fewster@adelaide.edu.au
- Mobile: 0403 739 717

VICE PRESIDENT (EDUCATION) CONTACT 2025

If you have any questions, concerns, or comments about the structure of the Year 5 MD Program, feel free to contact Lachie Clarke, the AMSS Vice President (Education) for 2025!

- Email: lachlan.clarke@adelaide.edu.au
- Mobile: 0455 891 081

DISCLAIMER

This is intended as a student guide only! The document provides an overview of the expected scheduling for placement rotations in Year 5 and gives insight into how each placement or site might be structured. Created by the AMSS, its primary purpose is to help students make informed decisions about their fifth-year course options. Please note that all official program information will be communicated directly by the University Faculty.

Whether you are enrolled in the rural, Denmark, or city-based course, each offers high-quality teaching and unique opportunities to explore medicine. While the core educational principles and teaching foundations are fundamentally the same across all three fifth-year programs, the experience, structure, and specific teaching may vary. Each program is designed to achieve the same goal: to prepare you with the necessary knowledge for your fifth-year examinations and to provide appropriate clinical exposure to refine your practical skills.

[Guide Last Updated: 14 April 2025]



**ADELAIDE MEDICAL
STUDENTS' SOCIETY**





THE TEACHING PROGRAM

Type of Program: Blocked, Hospital Based

Semester 1 (Example): Women's and Children's Health – To Be Confirmed

Women's Health (9 weeks) + Paediatrics (9 weeks)

2026 Semester 1 Example (TBC)	
9 WEEKS	9 WEEKS
Women's Health 1	Paediatrics 2
Paediatrics 1	Women's Health 2

Semester 2 (Example): The Healthcare Continuum – To Be Confirmed

Introductory Teaching Block (2 weeks) + Geriatrics (4 weeks) + Anaesthesia, Pain and Intensive Care (4 weeks) + General Practice and Equity Rotation (8 weeks)

2026 Semester 2 Example (TBC)			
Teaching 2 WEEKS	Geriatrics 4 WEEKS	APIC 4 WEEKS	General Practice and Equity 8 WEEKS
Teaching 2 WEEKS	General Practice and Equity 8 WEEKS		Geriatrics 4 WEEKS
			APIC 4 WEEKS

An introductory two-week teaching block is anticipated, during which a range of broad topics will be addressed. Throughout the Healthcare Continuum semester, there will be a particular emphasis on Rehabilitation Medicine; however, the most appropriate placement for this is yet to be determined.

ASSESSMENTS

The assessment structure is **currently under development** but is expected to include a combination of written assignments, case reports, supervisor evaluations, reflective tasks, knowledge tests, workplace-based assessments, and clinical evaluations. Each course will be an “encapsulated” semester-long course. There will be no year-long examination course. While progression from one course to the next does not require a pass in the previous course, successful completion of both courses is required to progress to Year 6. It is also possible for students to commence Year 6 in the middle of the year.



PROS AND CONS OF METRO 5TH YEAR

BENEFITS OF 'STAYING CITY'

Clinical Experience

- Dedicated 9-week paediatric rotation allows for greater inpatient exposure.
- Opportunity to experience paediatric surgery, ICU and dedicated palliative care facilities.
- Exposure to a hub of more complex clinical cases and pathologies, although more often in an observer status (e.g., neonatology, chromosomal syndromes).
- Networking within metro-based hospitals should this be your intended career path, same can be said of rural.
- More experience of metro hospital systems where likely to complete internship (however, this is major focus of 6th year and there are now multiple internship positions across so many rural sites).

Study

- Familiarity with study groups and routine at home. Study group may be determined by those you study with best, rather than those you are living with.
- Some students find there is more time for study leading up to end of year (when rural students are sitting their two-day summative OSCE).

Financial

- Living at home/in current accommodation.
- Allows you to maintain a job/rent assistance.

Social

- Ability to continue with co-curriculars such as AUMO, MedRevue, club sports teams.
- Easier to attend AMSS/Med events, however 5th year attendance is typically poor regardless (given final year of examinations).
- Family/partner in Adelaide are important social supports during a stressful year.

Other Unique City Opportunities

- Continue research projects with city-based supervisors (not impossible when rural, however can be more difficult depending on projects and need to meet face to face with supervisors).

CHALLENGES OF 'STAYING CITY'

Clinical Experience

- Subspecialties within the city may involve an entire rotation in a very 'niche' area such as a paediatric ophthalmology.
- Elective rotations in fifth year metro are no longer available in BMD.
- Larger hierarchy of fellows/registrars/RMOs/interns may result in less opportunity for hands on experience. Generally, there is less independence with patient interactions.
- Less opportunity for parallel consulting.
- May lack broad 'Gen Med/Gen Surg' clinical exposure.
- Less procedural/hands on work.
- More 'standing around' during ward rounds/clinics. Typically fulfil an observer role.
- Changing between teams regularly means less consistent supervisor support.
- Rare to have one-one-one contact/tutorials with consultants, however there is regular small group teaching with roughly a maximum of 7-8 students.

Study

- No opportunity for integrated learning, only 'blocked.'

Financial

- No stipend or higher Centrelink rate (unless living out of home or over 22).
- City living is generally more expensive (e.g., parking), especially when saving for 6th year electives interstate or overseas.

Social

- More time spent driving/public transport which takes hours away from study/social.
- Feeling isolated from the rural cohort/Denmark (i.e., FOMO either way).



DISCLAIMER (PAGES 9 TO 21)

The following pages outline the current MBBS Metro course to offer insight into the structure and experience of previous cohorts. As the transition from the MBBS to the BMD program is still underway, the course structure is undergoing significant revisions, and many components are yet to be finalised. Pages 9 to 21 specifically pertain to the MBBS Fifth Year Metro course and are included to help BMD Fourth Year students gain an understanding of the previously standing course framework.

Please note that both the course content and assessment methods outlined may change and may not accurately reflect the final BMD curriculum. This serves as a reminder that this document is intended as a student guide only. All official information regarding the upcoming BMD Fifth Year courses will be communicated directly by the University.



WOMEN'S HEALTH (O&G) – 9 WEEKS

Content Overview:

This course aims to teach Obstetrics and Gynaecology, as well as Neonatology.

Available Hospitals and Method of Allocation:

Lyell McEwin (for both O&G), Women's and Children's (for both O&G, with some RAH clinics), or QEH for Gynaecology (with some RAH clinics) and WCH for Obstetrics. Students are 'randomly allocated.'

Teaching Overview and Structure:

- The first week consists of Introductory lectures as well as site orientations and a pelvic examination simulation. The lectures cover a broad range of topics, with only a few each day. The pelvic examination teaching is held late in the afternoon in small groups, where you are taken through how to conduct speculum and bimanual pelvic examinations.
- At your allocated hospital, you are then rostered onto a variety of clinical sessions, including antenatal clinic, gynaecology clinic, birthing unit (minimum 6-hour shift starting approximately 7am), women's assessment unit, gynaecology theatre, cesarean sections, neonatal ward round and postnatal ward round. You have a logbook to sign off attendance and participation in clinic, theatre, births, speculum examinations and post-natal and post-surgical ward rounds. Each week there are several site-based tutorials covering Obstetrics, Gynaecology, and Neonatology.
- Most Friday afternoons there are lectures for all Metro O&G students, covering a variety of key O&G topics. Online resources are primarily from the DAROGA YouTube channel (run by an obstetrician at LMH), PPG and various modules embedded into Canvas.

Common Ward/Clinic Base Activities:

Varies dependent on your roster. On birthing suite, you will be allocated to a patient to follow their birth. In antenatal clinic, you will learn to undertake a standard pregnancy examination and in gynaecology clinic, practice taking histories and performing pelvic examinations. In majority of theatre allocations, you will have opportunity to scrub and assist in surgery, with consultants often taking a step back and supervising to enable this.

Clinical Sessions:

- **Total Number of Clinical Sessions Per Week:** 4-6 Half Day Clinical Sessions + ½ Day Teaching/Hospital Tutorials.
- **Parallel Consulting Opportunities:** Generally none, may occur rarely during antenatal and gynaecology clinics.

Hospital Specific Information:

- **WCH:** There is one weekend shift on the birthing suite, where you shadow one woman in labor. Lots of antenatal clinic opportunities, and lovely supervising Drs who look after you and make sure you make the most of your time!
- **LMH:** There is an expectation you regularly attend 8am handover. Prof Dekker assigns patients on a Monday morning to be presented at Tuesday's handover. You are rostered on several overnight shifts, with the day before and after rostered off. Prof Dekker also runs a Medical Complications of Pregnancy Clinic and an Obstetric Counselling Clinic. There is also opportunity to attend a Family Advisory Clinic, providing women with information regarding abortion.

Rotation Assessment:

- Clinical Core Competencies Log (40%).
- Clinical Case Presentations – at least two which are assessed (15%).
- Four Online Module Quizzes (2.5% each).
- Simulation Session Assessment – Knowledge, Performance and Professionalism (20%).

EXAMPLE WEEKLY TIMETABLE MBBS

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Birthing Unit	Gynaecology Clinic	Antenatal Clinic and Tutorial	Self-Study Morning	Tutorial
PM	Birthing Unit	Women's Assessment	Self-Study Afternoon	Tutorial	Lectures



PAEDIATRICS AND CHILD HEALTH (PAEDS) – 9 WEEKS

Content Overview:

This course aims to teach core conditions and general approaches to presenting complaints in children of all ages. You will cover conditions across many Paediatric medical and surgical specialties and learn to interact with Paediatric patients and their families.

Available Hospitals and Method of Allocation:

Most students spend their whole 9 weeks at WCH. Some students may spend 2 weeks at LMH. Your three Paediatric placements (called 'internships') are randomly allocated.

Teaching Overview and Structure:

In the Metro Paediatrics rotation, you get 9 weeks of dedicated Paediatrics learning time, with the first week dedicated to Introductory Lectures, including an outline of rotation expectations and assessment requirements, and SIM sessions.

The following 8 weeks are delivered as 3 'internships.' All students will be allocated to:

1. 2-week Paediatric Medical Rotation [Gen Med (WCH or LMH) or a medical specialty, e.g., Gastro, Neuro, Cardio, Endocrine, Infectious Diseases or Genetics/Allergy/Immunology].
2. 2-week Paediatric Surgical Rotation [Paeds ED, Gen Surg, Orthopaedics, ENT, Ophthalmology or Plastics/Burns].
3. 4-week Paediatric Psych/SIM/Self-directed study.

You will also be allocated to 3x evening on-call shifts (one Gen Surg, one Gen Med, one Ortho).

Example of the 9 Week Paediatric Structure:

Week 1: Lectures

Week 2: Cardiology

Week 3: Cardiology

Week 4: Psychiatry

Week 5: Psychiatry

Week 6: General Surgery

Week 7: General Surgery

Week 8: Psychiatry

Week 9: Psychiatry

You will be assigned to a preceptor at the start of the rotation. Over the course, this preceptor will run weekly case-based discussions (4-6 students), which are approximately 1-2 hours long. In these tutorials, students can ask questions, and run through concepts and general approaches to high yield conditions, which are important for your end-of-rotation assessments and examinations.

You will also be assigned a tutor (paediatrics advanced trainee) at the start of the rotation. Over the 9 weeks, this tutor will run weekly bedside tutorials (approximately 4-5 students) on a variety of topics. The timing of these tutorials varies week to week.

Psychiatry is taught through in-person sessions on Tuesdays and Thursdays, where you will take psychiatry histories from SPs in pairs and receive feedback on your performance from peers and teaching consultants. This is supplemented by online modules.

All students will receive lectures which summarise key conditions from different disciplines of medicine, surgery, and radiology. These are delivered by specialists in the field (some who would've written the chapter in your paediatric textbooks). In addition, there are ICU teaching sessions, communication workshops, and an IPLS workshop. There are 3 simulation sessions during the 9 weeks, ensuring adequate exposure to important emergent presentations.

Common Ward/Clinic Base Activities:

This is highly variable depending on which unit you are placed on. In general, there are morning ward rounds, followed by attending consults, outpatient clinics, theatre, or other unit activities.

You will be attached with the team on the unit and attend their unit activities (e.g., ward rounds, outpatient clinics, lunchtime meetings). It is your chance to see fascinating cases from the largest paediatric hospital in SA, ranging from the common (respiratory infections, developmental assessments), to the rare (congenital heart disease, neurocutaneous syndromes and various genetic syndromes), and special (palliative care, gender transition). There are opportunities for the keen to attend specialist clinics outside of the units you are based in.

Clinical Sessions:

- **Total Number of Clinical Sessions Per Week:** The time commitment is unit-dependent but should finish in early or late afternoon. 1-2 half-days allocated off per week as study time.
If on a medical or surgical rotation, you will often have various clinical activities throughout the AM and PM during the week. This may be supplemented by Lectures or Workshops. Whilst on PMHTU, there are sessions on Tuesday and Thursday (times change each week), and this is combined with lectures, workshops, or simulation sessions. Case Based Discussions happen on Friday afternoons.
- **Parallel Consulting Opportunities:** This is dependent on which department you are placed in. For example, in Paeds ED and Ortho Clinics, it is mostly parallel consulting. However, in very specialised rotations, such as Renal, you would see the patient with the consultant instead.

Hospital Specific Information:

- **WCH:** Lectures and preceptor tutorials are common teaching for all students.
- **LMH:** If you are on LMH Gen Med, instead of travelling back to the WCH for your preceptor tutorial, you will instead receive tutorials from the Paeds Gen Med Doctors.

Rotation Assessment:

Formative

- Logbook (including 5x Case Presentations, 4x OPD/Theatre, 3x On-Calls).
- 3x simulations (Hurdle).
- Logbook of Clinical Experiences.

Summative

- Observed Clinical Assessment (15%).
- Online Child Protection Module (5%).
- 6x Case Based Discussions (40%).
- 2x Clinical Internship Assessments (10% each).
- PMHTU (20%).

EXAMPLE WEEKLY TIMETABLE MBBS

Orthopaedics

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Ward Round Fracture Clinic	Ward Round Orthopaedics/ Fracture Clinic	Ward Round Orthopaedic/ Spinal Theatres	Ward Round Orthopaedic/ Fracture Clinic	Case Based Discussion
PM	Preceptor Tutorial	Self-Study Afternoon	Orthopaedic/ Fracture Clinic	Orthopaedic/ Fracture Clinic	Lectures

Psychiatry

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Lectures	Psychiatry	Workshop / Tutorial	Psychiatry	Self-Study Morning
PM	Self-Study Afternoon	Psychiatry	Lectures	Psychiatry	Case Based Discussion

Disclaimer: Your timetable will depend on which unit you are placed on. There are 1-2 half-days protected time allocated as self-study time.



GP-GERIATRICS

Content Overview:

This rotation which aims to teach students how to assess and manage medically complex elderly patients, particularly those who have altered mental and functional status. This rotation also has a rehabilitation component and a week of GP placement, providing exposure to the primary care setting.

Available Hospitals and Method of Allocation:

RAH (6 students)

MPH (4 students)

TQEH/GTRAC (5 students)

Teaching Overview and Structure:

In the first week, numerous morning tutorials are run at the GTRAC centre for students at all sites to learn the fundamentals of general practice. There are also additional tutorials run over zoom or in person if you are allocated to the Paradise Education Precinct.

GERIATRICS

The geriatric component comprises the bulk of the rotation, and consists of attending and presenting on ward rounds, assisting on the ward, tutorials (including bedside tutorials), workshops and clinics. There is a detailed list of objectives for this section of the rotation on Canvas.

GENERAL PRACTICE

In your GP week (either week 2 or week 6 depending on site), each student is attached to a GP and expected to do a combination of sitting in with/observing the GP, performing procedures and parallel consulting. There is a GP placement workbook (now used as a learning guide) with an extensive list of common procedures, types of consultations, and a list of chronic diseases and their management. It is not expected students complete the list but do as much as they can during the week.

Common Ward/Clinic Based Activities:

A typical day on the GEM ward would consist of attending ward round, presenting a new patient to the team/consultant, then completing jobs such as taking bloods or performing cognitive assessments (you will get a lot of practice with MMSEs, FABs, MOCAs). In the afternoon, there may be memory clinic (more cognitive assessments), a bedside tutorial to practice speech assessments, or examining a patient with Parkinson's or delirium. There may be opportunities to join a physiotherapy or occupational therapy session, sit in on a consultation with an interpreter, or attend a family meeting to discuss patient care.

Clinical Sessions:

- Total Number of Clinical Sessions Per Week: 5 morning ward rounds + ½ day zoom workshop + 2-3 hospital tutorials per week
- Parallel Consulting Opportunities:
 - Geriatrics / Rehabilitation: minimal parallel consulting opportunities, students generally sit in with consultants or registrars due to time-consuming nature of consultations.
 - GP: Extremely dependent on the GP you are assigned to and whether they have the space to supply you with a consulting room. Some students parallel consult all day for all five days, whereas others sit in with the GP and observe for the entire week.

Hospital Specific Information:

- **RAH:** RAH students have their GP week in the second week of the rotation and attend the rehabilitation component at Hampstead Rehabilitation Centre (HRC). The RAH students are not attached to a specific team and only expected to attend a limited number of ward rounds and clinics, although all tutorials are compulsory.
- **MPH/LMH:** 4 students of each rotation will be at Modbury, and 4 will be at LMH. For the 2 weeks of Geriatrics, you will either be in a pair at MPH GEM, or independent at LMH on either Acute Care of the Elderly (ACE) or Ortho Geris. The pair at MPH is attached to one of the GEM ward teams and are expected to attend daily ward rounds and present at least one new patient. Students at MPH/LMH have opportunities to attend several outpatient clinics, a falls clinic, community visit, and three workshops (at the RAH). If allocated to Modbury GEM, the days are longer, roughly finishing at 3-5pm. Modbury Rehab hours and LMH Geri's are quite relaxed, most days finishing by lunchtime.
- **TQEH/GTRAC:** There are around 3 students on the GEM team, and another two working with hospital liaison. Hours are quite variable, finishing between 12-5pm on any given day. These students do not attend tutorials or workshops but engage in various ward-based activities, gaining valuable hands-on clinical experience.

Rotation Assessment:

- Rehabilitation: Students will have an assessment form to be filled by the team as well as either a case write up of a rehab patient or presenting a detailed ten-minute case to a consultant.
- Geriatrics: Geriatrics consultant will fill an assessment form based on ward attendance and workshop participation, as well as the assessment of a short case study presentation.
- General Practice: Assessment form filled out by your allocated GP clinic supervisor.

EXAMPLE WEEKLY TIMETABLE MBBS

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Falls Clinic	Consultant Ward Round	Registrar Bedside Tutorial RMO Ward Round	RMO Ward Round	Consultant Ward Round
PM	Memory Clinic	Tutorial	Outpatient Clinic / Zoom Tutorial	Falls Workshop	Community Visit with Allied Health



ANAESTHETICS, PAIN & INTENSIVE CARE

Content Overview:

Includes Intensive Care, Anaesthetics and Pain.

Available Hospitals and Method of Allocation:

RAH, QEH and LMH. Everyone has several tutorials at the Medical School regardless of what hospital you are placed at.

Teaching Overview and Structure:

Day 1 for all students is a teaching day at the RAH where Consultant Anaesthetists and ICU specialists run tutorials. No specific study or pre-reading is needed! The tutorials will cover most of the knowledge required for the rotation. There are lots of online resources too if you're keen! On Day 2, you will either start on ICU or Anesthetics, and swap for the next week. Everyone does one week of each at their hospital site.

Week 3 is 'Pain Week' which has a separate timetable and is more tutorial based than ward based. There is a logbook to sign off over the course of the rotation, and each individual specialty has different assessments as well.

There are several tutorials held across the three weeks. While the Day 1 teaching does not require any prior study, the remaining tutorials are based on real-life cases, and you will need to come prepared as you are marked on knowledge and participation. In Week 3, you will also attend two Palliative Care simulation sessions which also require preparation. Everything you need is on Canvas!

Common Ward/Clinic Based Activities:

ICU

Attached to a ward team (1 or 2 students per team). Expected to participate in ward rounds and any meetings. At some point during the week, you will need to present a case to your consultant. Each student is also allocated an ICU topic to present to the other students.

Anaesthetics

In this well-structured week, you will be allocated to one OPD session, one recovery session, and several anaesthetic theatre mornings. Plus, there are 2 tutorial sessions! You are not allocated to a team, but instead must attend the activities you have been rostered for. There is an anaesthetics-based case scenario with 5-8 questions presented as a ~10min PowerPoint presentation, but it's very relaxed.

Pain Week

Like anaesthetics, the week is structured like a roster and you simply need to attend each session. The first day is a teaching day with numerous tutorials about everything to do with pain. You will also complete one ward-based session each in Acute Pain, Chronic Pain and Palliative Care. There are 2 compulsory palliative care simulation sessions which provides examples of difficult conversations that take place in palliative care. This is also undertaken by rural students via video conference.

Clinical Sessions:

- Total Number of Clinical Sessions Per Week: Expect to be at hospital from 8am to 3pm each day. There are a couple of half days here and there. The entire 3 weeks is structured with a roster/timetable so it is super easy to plan other activities around your hospital days.

Rotation Assessment:

There is a logbook you will need to get signed over the course of the whole rotation, but each specialty has its own smaller assessments. Each are only worth 10-15% of the final grade of the rotation.

- ICU – PowerPoint presentation on an ICU topic that you are allocated.
- Anaesthetics – PowerPoint presentation on the anaesthetics topic that you are allocated
2 structured tutorials, 2 online quizzes with 5 questions each.
- Pain week – 2 Palliative care simulation sessions, 1 tutorial marked on participation.

EXAMPLE WEEKLY TIMETABLE MBBS

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Anaesthetics Tutorial	Pre-Operative Clinic	Anaesthetics Theatre	Anaesthetics Theatre	Presentation
PM	Self-Study Afternoon	Anaesthetics Tutorial	Theatre Recovery Session	Anaesthetics Tutorial	Self-Study Afternoon

Students tend to regard this rotation as particularly well organised and an opportunity to experience specialties not otherwise seen. The culture towards students is similarly positive with staff who are keen to teach and aware of the learning level of 5th year medical students.

STUDENT EXPERIENCE

I chose to do my 5th year in the metro program for a couple of reasons: firstly, living at home with my family was important to me. Staying with them during my penultimate year of study felt like a privilege, and I'm very fortunate to have had that support—it was one less thing to worry about. I had heard a lot of positive things about the metro 5th year program, particularly the Paediatrics and Obstetrics and Gynaecology (O&G) semester, and it definitely lived up to my expectations. I can confidently say that the Paediatrics/O&G semester was the best I've had in medical school so far.

The Paediatrics rotation was very well-structured, with weekly bedside tutorials, case-based-learning style case discussions, and concise lectures. The lectures were mostly 30 minutes long, which made them straightforward and engaging. The rotation included a mix of a 2-week surgical block, a 2-week medical block, and two 2-week Paediatric Mental Health Training Unit (PMHTU) blocks. During my surgical block, I was allocated to paediatric ophthalmology, which turned out to be an amazing rotation. I got to work alongside not only the consultants and registrars, but also the optometrist and orthoptist, all of whom were very involved in teaching. This experience allowed me to develop my slit lamp skills and observe some rare pathologies and procedures, such as retinoblastomas and prosthetic eye fittings. The PMHTU sessions were a fantastic opportunity to practice our communication skills with standardised patients in real-life psychiatric scenarios. It was a stress-free environment for us to make mistakes and learn from them, receive constructive feedback, and learn from our peers as well.

The O&G semester at the Women's and Children's Hospital was possibly my favourite rotation of the year. We had the opportunity to experience a variety of clinical settings, including birthing suites where we assisted midwives during labour and delivery. We also spent time in theatre for gynaecological surgeries and C-sections, where I got to scrub in and assist. Additionally, we had Women's Assessment Service shifts, which provided exposure to acute care, and I had the chance to observe how patients were managed in urgent situations. The antenatal clinic was another great experience, where we practiced measuring symphysis-fundal heights and using the foetal heart Doppler. The weekly lectures, along with tutorials on obstetrics, gynaecology, and neonatal care, were all supplemented by the active involvement of the precinct staff, making it a thoroughly enriching experience.



Student Profile
Samantha Yong
2024 Cohort

STUDENT EXPERIENCE (cont.)

Another bonus of the Paediatric/O&G rotation was meeting the Denmark exchange students! It was fascinating to hear about the differences in their medical school journey as well as the Danish healthcare system. I made some great friends last year and had the pleasure of showing them around Adelaide too.

In the second semester, I had Geriatrics and GP (GGP)/Anaesthetics, Pain, and Intensive Care (APIC). This involved 6 weeks of GGP, 3 weeks of APIC, and three blocks of 3-week MSAs. My GGP placement included an introductory lecture week, 2 weeks of rehabilitation medicine, 2 weeks of geriatrics, and 1 week of GP placement. In my opinion, 1 week of GP placement feels too short, and the scope of practice can vary widely depending on the clinic you're assigned to. Some clinics may offer opportunities for parallel consultations or minor procedures, while others may have you primarily observing consultations. I think this is one of the biggest differences between metro and rural 5th year; now that I've had a rural GP placement in 6th year, I can identify some clear differences in the rotation. I've had so much more exposure to the specialty compared to metro GP and have been able to parallel consult independently (with plenty of support from the GPs) and assist in minor procedures. This is definitely something to consider if you're interested in a career in GP.

APIC was intense, with a lot of content to cover in just 3 weeks, including two presentations. However, the simulation sessions were incredibly helpful and gave me practical skills for both OSCEs and real-world clinical situations. For my MSAs, I was allocated ophthalmology, dermatology, and neurology at the RAH. Each of these specialties was very different from the others, which made it interesting to experience how each department operates and what the day-to-day work entails.

Overall, I had a fruitful year in the metro program, with plenty of exposure to a wide range of specialties. As someone who's still unsure about which area of medicine to pursue, it was the perfect opportunity to explore various fields and continue figuring out where my interests lie.



Student Profile
Samantha Yong
2024 Cohort

PAST STUDENTS TO CONTACT

Harriet McConville
Samantha Yong

0405200484/Facebook
Facebook

harriet.mcconville@student.adelaide.edu.au
samantha.yong@student.adelaide.edu.au





DENMARK: AN OVERVIEW

The Denmark exchange will continue for the BMD students in 2026!

A BIT ABOUT AARHUS

Aarhus has a population of 300,000 and is Denmark's second largest city. As a medical student at Aarhus University, you become part of a community of more than 2000 other medical students. The international semester offers you a unique opportunity to learn in a diverse healthcare system and gain knowledge of important symptoms and diseases, mainly within the fields of Gynaecology, Obstetrics and Paediatrics.

You will be studying at the beautiful Aarhus University Campus and joining the clinical training at one of the best hospitals in the region. The large student population gives the city a young and exciting vibrancy and along the canal in the city centre students visit the many cafés and restaurants. It has all the advantages and resources of a big city; and yet everything is within walking or biking distance.

STUDENT PHOTOS!

University Grounds, Library and Lunch Area (You can get a \$5.60 plate to fill for lunch. How good!)



PHOTOS FROM THE 2024 DENMARK COHORT





THE TEACHING PROGRAM (SUBJECT TO CHANGE IN 2026)

Type of Program: Blocked, Hospital Based

Semester 1: DENMARK

Denmark O-Week (1 week) + Introductory Lectures (1 week) + Clinical Placement – Half Obs/Gyn and Half Paeds (8 weeks) + Lecture/Theory Block + (8 weeks) + Exam Period (2 weeks)

Semester 2: ADELAIDE (METRO)

3x MSA including 1x 'DENMARK MSA' and 1x 'Create Your Own MSA' (3 weeks each) + GP/Geriatrics (6 weeks) + APIC (3 weeks)

IMPORTANT:

The Denmark MSA is to compensate for the fact that the Denmark Semester starts 2 weeks after Adelaide Metro Semester 1 and as a result, eats into the beginning of Semester 2 in Adelaide. Therefore, the Denmark MSA occurs at the beginning of Semester and is the 2 extra weeks you are in Denmark + 1 week of travel back to Adelaide. Sometime in Semester 2, you will have 2 MSAs in Adelaide, one of which can be self-created if you like.

THE ASSESSMENTS

Students in Denmark are assessed within the Denmark system and are required to sit and pass the Denmark rotation exams. The Denmark assessment is semester based (not rotation based like Adelaide), so the final assessment occurs at the end of the semester and combines Obstetrics, Gynaecology, and Paediatrics (plus additional content of the lectures – forensics and clinical genetics).

All assessment is rotation specific, as outlined below, except for the End of Year MCQ and OSCE Examinations, which are common to the Metro, Denmark, and Rural programs.

- There is a logbook for the 8 weeks of clinical placement that requires signatures from doctors and your hospital partner for clinic attendance, professionalism, taking histories, and physical examinations. The logbook is required to be completed to sit the end of semester examinations.
- There are 2 written MCQ examinations. Each question only has 3 options (A/B/C). Past years' exams are published online by the university for practice.
- There is an OSCE/Viva run over two days (similar to third year/rural fifth year OSCEs) with approximately 11 stations per day. Each station is 8 minutes' duration with 2 minutes reading time. There is a panel of examiners at each station who ask you questions. There may be resources (e.g., images and dummies/phantoms) available in the station. There are no real patients.
- The Aarhus University OSCEs are more of a question-answer format where you'll get a scenario followed by ~4-5 questions that have a few minutes allocated to each of them. The examiners aim to keep you on track and will not let you waste time just because you can't complete the first question!



SHOULD I GO DENMARK?

PROS AND CONS OF DENMARK 5TH YEAR

BENEFITS OF 'GOING DENMARK'

Clinical Experience

- Highly specialised/sub-specialised exposure in a world class hospital.
- One-on-one (with your Danish buddy) teaching and mentoring from senior consultants – students in 2023 and 2024 found they had lots of time/were not rushed or stressed.
 - Parallel consulting opportunities.
 - Regularly scrubbing/assisting in surgery.
 - Multiple hands-on deliveries.
- More clinical confidence fostered by succeeding in a new environment.
- Opportunity to develop an international professional network.
- Appreciation of the global healthcare system and issues.
- Supportive learning environment, guided by education coordinators and other medical students, particularly with the initial transition. Helps lessen the feeling of being thrown into the 'deep end.'

Teaching Program

- 8 weeks of theory consisting of lectures and team-based learning and tutorials:
 - Far less contact hours during this block, which means extra time to study or explore!
 - Team-based learning is an excellent opportunity to get to know other Danish students. But does require you to put yourself out there!

Study

- Significant amounts of independent study time.
- Shorter transit to and from placement.
- Low attendance requirements (80% for clinical placements, most lectures are not mandatory).

Assessment

- Clear guidelines on what is expected (literal list of conditions to learn/what is in the exam).
- End of semester combined assessment.
- Access to official past MCQ exams used in Denmark.
- Past OSCE stations are a common tutorial topic.

Social

- Becoming involved with the local community and meeting lots of ERASMUS students from around Europe. Such a valuable and unique experience which helps broaden your worldview.
- Living out of home in a supported environment, making close friends.
- You will get assigned a local medical student buddy/mentor who can help you with the transition to Aarhus! They also get vouchers to take you to Aarhus street food and Aros (the local museum).
- Longer post office and supermarket open hours.
- The chance to explore Europe!
- Heaps of Friday Bars ('fredagsbar') which are student-run bars on campus that sell cheap drinks and provide a space for you to meet up with old and new friends!

Other Uniquely Denmark Opportunities

- The once-in-a-lifetime opportunity to spend an extended amount of time studying overseas and getting to know new people and places!
- Learning Danish! (Although you might try and grab some summer classes, a Duolingo subscription before you go may help so you're not too lost!)
 - You will get by if you don't know anything though! Most people speak pretty good English.
- Danish lessons are offered to all students. It requires a 2000 DKK (roughly 400 AUD) deposit which you get back once you pass the course. It is a great way to meet other students outside of medicine, but it is time intensive.
- Experiencing the Danish way of life.

CHALLENGES OF 'GOING DENMARK'

Clinical Experience

- Many consultations are entirely in Danish, which can impede on your learning.
- Shorter clinical exposure (16 days Paediatrics and 16 days Obstetrics/Gynaecology).
- Even though everything should theoretically be done in English during the international semester, it is important to remember that when you are in the hospital, most of the patients are stressed and would much prefer to use their native language.
 - Some team members are less confident using English than others so there are days you may feel like you miss a lot because you are unable to follow the conversation.
 - However, in saying that, many of the doctors will take the initiative to explain and reiterate the clinical scenario afterwards.

Teaching

- As in Adelaide, theory teaching is dependent on the lecturer.

- Tricky to sit through entire consults in Danish. However, the doctors are eager to talk through learning points afterwards and will endeavour to find every opportunity for you to practice histories on those who are happy to speak English.

Study

- Change from normal study environment.
 - If you have a system that has worked well for you with a study group or otherwise, it may be a big change from a known academic and social support.
- There is more time for self-study compared to Adelaide, especially during the 8-week theory block when you will have many free days.

Assessment

- Less formative feedback throughout the semester.
 - Some students find the minimal summative checkpoints, exams or OSCEs make it difficult to motivate study consistently for a whole year.

Financial

- Expensive! Discuss with most recent student's the realistic costs of going to Denmark (Typically there is a Denmark information Zoom call for upcoming fifth years hosted by the current students to discuss this! Should be organised through your Year Levels Ed Reps.)
- Denmark is an expensive country to live in. The type of accommodation you choose can make a huge difference e.g., city studio apartments will have higher rent compared to a share house.
- Groceries are generally similar in pricing.
- Expensive overall, but worth it! Consider eligibility for: HECS-HELP Loan, Global Learning Travel Grant, Centrelink at 'Living Out of Home' rate (See 'Financial Support' below).

Social

- Feeling isolated from the year level cohort in the city (FOMO either way).
- Feeling homesick and being away from family and friends with limited ability to return early.
 - During this placement you will be far from family, friends, and your normal social support. How much you need these support structures during a very stressful year should strongly weigh on your choice to go to Denmark.
 - It is important to reach out to fellow Adelaide students for support, as well as your new Denmark friends. The beauty of exchange is that it accelerates your friendships, and everyone feels very grateful to have this time together.
- Living out of home for the first time with people you may not know very well can be daunting.
 - But also, Denmark is all about stepping outside of your comfort zone and gaining heaps of new experiences! The pros of living overseas far outweigh the cons.



DENMARK APPLICATION

HOW DO I APPLY?

The selection process for Denmark involves a written application submitted via StudyOverseas (in April/May in 4th Year). StudyOverseas coordinates all the exchange programs run by the University of Adelaide. There is no interview involved. In 2022, the written application consisted of 2 questions that focused on your suitability for the Denmark Exchange:

1. What challenges have you overcome when you've previously been away from home? During your prior experiences of living/working/studying away from home, what challenges did you overcome that demonstrate your suitability to be selected for this international exchange program?
2. How have you demonstrated adaptability and succeeded in areas outside your medical studies?

THE SELECTION PROCESS

After a student is selected, they are required to respond via email within two weeks to be able to participate in the Denmark Exchange. A decline of the position results in no selection.

FINANCIAL SUPPORT

- HECS-HELP Loan: Any amount up to approximately \$7,100 can be added as a HECS Loan to help students who are travelling overseas for tertiary study. This must be paid back in the future.
- University Overseas Funding: Check out The Adelaide University's page on funding for those studying overseas for the most updated grants you may be eligible for.
Search "Study Overseas Funding" or follow this link: <https://www.adelaide.edu.au/study-overseas/funding#funding-managed-outside-study-overseas>
- Centrelink benefits: Students studying in Denmark can qualify for Centrelink benefits as students living away from home for the duration of their six-month stay.



DENMARK TEACHING

CLINICAL PLACEMENT – 8 WEEKS

Content Overview:

Aims to teach Obstetrics, Gynaecology, Neonatology, and Paediatrics at the Aarhus University Hospital.

Teaching Overview and Structure:

The 8 weeks of Clinical Placement contain 4 weeks of Obstetrics and Gynaecology and 4 weeks of Paediatrics (for some, this also includes 1 week of Neonatology).

Students attend the hospital Monday – Thursday and then attend lectures in the hospital lecture theatre every Friday. Friday lectures are not mandatory. During the hospital days (Monday – Thursday), 8am – 2pm is spent on the wards/in clinic and 2pm – 3pm every day there are peer and doctor tutorials on a relevant topic (e.g., pelvic examination teaching on mannequins, measuring fundal height on mannequins, an interactive presentation on post-partum haemorrhage, practice OSCE stations).

OBSTETRICS/GYNAECOLOGY

There are a variety of clinical sessions, and you are allocated to one area of the department each day. These include following the on-call doctor, emergency department, antenatal clinic, ultrasound clinic, gynaecology clinic, labour ward, gynaecology theatre, caesarean sections, neonatal ward round and postnatal ward round. You will also do one midwife shift (runs until 11pm) and one night shift (until 8pm). Don't let the lateness scare you off! These tend to yield great clinical experiences, and you don't have to come in during the morning if you have late shifts. Each day, you follow around one specific doctor (different doctor each day). There is a logbook to sign off participation in clinic, theatre, births, speculum examinations and clinical rounds. The Friday lectures cover a broad range of topics. You can access the Adelaide online resources, as well as those on Brightspace (the Danish equivalent of Canvas). All the Danish resources are written in English. Attendance is not taken.

PAEDIATRICS

You will undergo placement in pairs/'dyads' with a Danish buddy. Each pair will have 2 weeks in one area of the department and 2 weeks in another. You could be allocated to the acute paediatric ward, neonatal ward, outpatient, or inpatient clinic, etc. Otherwise, it is the same as above – 3 signatures are required in your logbook from a peer, doctor and learning coordinator (an individual who is a doctor and also works for the university).

Common Ward/Clinic Based Activities:

Varied dependent on your roster. In antenatal clinic, you will practice measuring symphysial-fundal height, palpating the baby to determine position and listening to the foetal heart. In Gynaecology clinic, you will practice performing pelvic examinations and transvaginal ultrasounds. During neonatal week, you will perform many newborn examinations. In Paediatric clinics and on the wards, you will examine many children and perform relevant ultrasounds. There will be some opportunities to practice history taking depending on whether the patient is happy to speak English. Students tend to find that many consultations are undertaken in Danish; however, most people speak very good English, and you can always ask the doctors to run through the case with you afterwards. A potential middle point is to get the doctors to ask questions to the patient in English (so you can kind of see their clinical reasoning and what the pertinent history points are), whilst the patient answers in Danish so it is easier for them.

Clinical Sessions:

- **Total Number of Clinical Sessions Per Week:** Monday – Friday, hours are 8am – 3pm.
- **Parallel Consulting Opportunities:** Very frequently, on all wards and in all clinics.

EXAMPLE WEEKLY TIMETABLE: DENMARK OBS/GYN/PAEDS

Monday	Tuesday	Wednesday	Thursday	Friday
Labour Ward	Gynaecology Clinic	Antenatal Clinic	Gynaecology Theatre	Lectures

LECTURES / THEORY – 8 WEEKS

Content Overview:

This course aims to teach Clinical Genetics, Track 5 (Professionalism and Pharmacology) and Radiology in an integrated manner along with Obstetrics, Gynaecology, Neonatology, and Paediatrics in a theoretical setting.

Available Hospitals:

Aarhus University Campus (+ Hospital).

Clinical Sessions:

- **Total Number of Contact Hours Per Week:** Most days have 2 – 4 hours of lectures. There are many days with only one lecture, and many lecture-free days.

Rotation Assessment:

- Logbook (only 3 lectures have mandatory attendance).

Teaching Overview and Structure:

This 8-week block contains lectures on each of the streams (as listed above) in an integrated manner. Students have 1 – 2 lectures per day Monday – Thursday (2 – 4 hours per day) and then attend lectures in the hospital lecture theatre every Friday (8am – 3pm) which cover a broad range of topics. There are sometimes lecture-free days Monday – Thursday. There is a lot of time for personal study.

- There is one Genetics tutorial per week (2 hours) – involves pre-reading from a case posted on Brightspace (MyUni) that you should read beforehand.
- There is one Radiology lecture per fortnight (1 hour) – teaches an approach to various Obstetric, Gynaecological and Paediatric imaging.
- One Symposium per fortnight (4 hours) – focuses on Obstetrics, Gynaecology, Neonatology, Paediatrics and Professionalism topics (similar style to SMTS but not as boring).
- 1 – 2 TBL sessions per week (3 hours) – focuses on a specific presenting complaint (e.g., abnormal uterine bleeding). You will be given a formative test to complete at the start of the session, go through the answers in a group, then work through cases with the lecturer. Students find this very chilled, like a mix between CBL and a lecture.
- One Mandatory Leadership Assignment.
- One Mandatory Communication Tutorial for the entire theory block.

EXAMPLE WEEKLY TIMETABLE: DENMARK LECTURES/THEORY

Monday	Tuesday	Wednesday	Thursday	Friday
Forensics Tutorial (2 hours)	Genetics Tutorial (2 hours)	Free Day	Radiology (1 hour)	Lectures

STUDENT EXPERIENCE

At the time of writing this, I'm almost halfway through the semester! Time has flown by so quickly and I get sentimental whenever I think about all my experiences thus far, making memories with both old friends and new. The fact that we're basically all expressing a desire to prolong our time here is a testament to how enjoyable and valuable the Denmark exchange is. First of all, there is the unique and rare opportunity to live and study in a different country. You'll meet students from all over the globe and enrich your worldview because of it. Not only that, but Aarhus University is incredibly supportive of its international student cohort and the city itself is very student-friendly (during O-week, we learnt that students comprise 1/6th of the population! It is also Denmark's youngest city). It is large enough to have everything you need, but still feels cosy and welcoming. The Royal Danish library is not only a beautiful place to study (complete with indoor trees and water features), but also offers a cheap buffet lunch every weekday. Student-run Fridaybars also offer a great meeting place where you can meet up with friends at the end of the week and mingle with other local and international students. I've almost completed my 8-week placement block and will be moving onto theory next. I've found the hospital environment here to be much more relaxed compared to Adelaide - doctors tend to have more time for each patient and are less rushed, so they are more likely to sit down and explain things to students or answer questions. The only downside is the language barrier; whilst most Danes speak English quite fluently, the hospital is not always the best place to ask them to do so. If they are acutely unwell and stressed, they will understandably want to do consultations in their first language. With that being said, you can always try to take initiative and ask your supervising doctors to check whether patients are willing to speak to you in English. As an international student, I've felt welcomed in the hospital and everyone has been quite accommodating. The workload is very manageable, and the university does not require you to have a very detailed understanding of all the topics in the curriculum.

Moving into the theory block, I'm excited to have even more free time (read: for gallivanting across Europe). We are, of course, all incredibly thrilled by the close proximity of various European countries and always comparing the flight/train/bus journeys to the much longer ones that we're used to in Australia. Another highlight of mine has been the accommodation - I live in a share house with 10 other international students. When I initially got my housing offer, I was sceptical and intimidated by the thought of 11 people in the same space. My fears were quickly assuaged within the first couple days of moving in when I met all of my lovely housemates and saw how well we clicked. I don't know how I managed to get this lucky, but I would strongly recommend that you consider preferencing a share house type of accommodation (if that's your thing). It's also cheaper than a studio apartment! Everyone is from different countries, studying different degrees, which makes for interesting dinner conversations and helps broaden your friendship circle! We've had several family dinners and dessert nights and have just booked a weekend trip together.

If you're curious/want to find out more, just reach out. I'm always happy to have a chat about Denmark!



Student Profile

Xueying Sun
2023 Cohort

STUDENT EXPERIENCE

If you're not sure whether to apply for the Denmark exchange, just do it! I was unsure of which path to take going into 5th year, as there are so many different opportunities that present themselves, but I can safely say that I didn't regret the choice I made! Getting to go on an exchange is a unique experience that you can ONLY do when you are a uni student – so make the most of it! And getting to do it in one of the coolest, most relaxed, stylish cities in the world is an absolute bonus.

There are so many positive things I have to say about this trip. The Danish lifestyle is honestly so blissful and enjoyable. Our weekends were spent doing Nordic dips in the ocean, visiting cute Danish bakeries, shopping, riding our bikes around town and partying at Friday bar (the weekly uni event where they turn the classrooms into clubs!). The uni itself was wonderful, with lectures that really matched the content we needed to know for exams, and warm vibes in the hospital, free from a sense of hierarchy. My favourite part of exchange though, was hanging out with friends. There was a group of about 30 exchange students on the same medicine semester as us, so we got to know them really well. I was also staying in a uni sharehouse with exchange students doing other degrees, and we all became very close (highly recommend doing this for accommodation). The city is small enough that you see everyone you know around town and it's sooo much fun. Doing exchange also means you also have a 'home base' for other travel. We would pack weekend bags and go on spontaneous trips to wherever was cheap in Europe at that time. The uni is very chill with attendance, especially during the 8-week block of lectures (which are non-compulsory).

In terms of the negatives, there aren't many. The trip was obviously a bit expensive, but with the OS-HELP loan it is very achievable. Some people also had concerns regarding the learning opportunities considering the shorter placement period compared to Adelaide (as it's only 8 weeks of the semester), and the Danish-English language barrier in the hospital. However, I personally felt like I learnt the content even better than when in Adelaide, as there was so much amazing teaching, and you are paired with a Danish buddy who helps translate for you in the hospital!

Overall, I wouldn't even hesitate to recommend this exchange to others. Why wouldn't you want to live in the cutest, friendliest, coolest city for 6 months?!



Student Profile
Hannah Brown
2024 Cohort

PAST STUDENTS TO CONTACT

Xueying Sun
Jock Duncan

0406120073/Facebook
0455456156/Facebook

xueying.sun@student.adelaide.edu.au
jock.duncan@student.adelaide.edu.au





WHY A RURAL REQUIREMENT?

Approximately 30% of our total population lives in rural and remote Australia, where the per capita ratio of doctors is half that of major cities.¹ On average, people living in rural Australia are more likely to smoke, engage in risky drinking practices, commit suicide, and suffer major injuries. Additionally, they have a higher chronic disease burden and mortality rate than their urban counterparts yet have poorer access to health services.²

To address the rural health workforce shortage, the Australian Government has introduced several schemes over the past three decades, one of these being the Rural Health Multidisciplinary Training (RHMT) Program. It offers funding for rural clinical schools at Australian universities to provide quality rural placements for Commonwealth supported medical students. It mandates (subject to change):

- 25% of the university's medical student allocation must come from a rural background*.
- 30% of all Commonwealth supported medical students must complete at least one full year of clinical training in a rural setting.
- 50% Commonwealth supported medical students must complete a short-term rural placement during their training.³ The Adelaide Medical School mandates that all students complete at least a 4-week placement in a rural location.

To meet the RHMT program requirements, the Adelaide Rural Clinical School at The Adelaide University has the following rural clinical placements:

- 8-week rural surgical placements for fourth-year students (46 places).
- Whole-year rural clinical placements for fifth-year students (up to 48 places).
- The Year 6 MD program is still in the planning stages and is subject to change. There may be some short-term rural GP placements available, with the number of spots for BMD students yet to be confirmed.

*Defined as 5 or more years of rural residency in an ASGC-RA 2-5 area since beginning primary school.

ARCS follows the internationally recognised Community Longitudinal Integrated Clerkship (CLIC) model for medical student training, aligning with the fifth-year Adelaide University program. The program is delivered through rural-based communities and provides an integrated educational experience with diverse clinical placements and broader learning opportunities.

¹ Australian Bureau of Statistics 2013, *Australian social trends*, cat. no. 4102.0.

² National Rural Health Alliance Inc. (NRHA) 2009, *The state of rural health*, NRHA.

³ Department of Health and Aged Care. (n.d). Rural health multidisciplinary training (RHMT) program. <https://www.health.gov.au/our-work/rhmt>

There are 12 ARCS rural training nodes, including locations in South Australia and Broken Hill, NSW:

- Each training node has a student coordinator, clinical teachers, and support from local doctors and practices to assist students throughout their training.
- ARCS provides support for accommodation and travel expenses and encourages student well-being and engagement within a rural community.
- Smaller, highly engaged administrative staff.

A FEW NOTES ABOUT RURAL PLACEMENTS

Regardless of whether you're planning to pursue a career in rural health or not, you will encounter patients from rural Australia in your medical career. Some fundamental differences between rural and urban practice in South Australia are:

- The Emergency Departments in most country hospitals are run by GPs. This isn't true of all the sites in the rural program, but you will get ED experience either way!
- Most rural outpatient clinics are run by visiting (not resident) specialists.
- There are fewer medical facilities in country areas, meaning that patients may have to travel for more advanced investigations and procedures.
- Patients are evacuated to Adelaide by the RFDS or MedStar when in need of further care.
- There is greater continuity of care but also more privacy/confidentiality concerns when rural.

CONTACTING STUDENTS

You will notice for each rural site listed students have kindly offered to be available to chat about their experience in 5th year so far. Please don't hesitate to contact them (via Facebook, phone, or email) or me if you have any questions about a certain location or fifth year rural in general.

FURTHER INFORMATION

ARCS is keen to assist students gain further information about this year of rural training and make an informed application and choice. To achieve this, ARCS recommends interested students contact current fifth year ARCS students, the ARCS team ([A/Prof Katrina Morgan](#), [Dr Lisa White](#), [Ms. Bronwyn Herde](#)), or the ARCS rural training nodes student coordinators or clinical academics.

FINANCIAL SUPPORT

Accommodation, utilities, and internet are covered by the ARCS and fifth-year students receive a one-off payment as a fuel allowance. This amount is determined based on-site location and travel distance. The bursary is to be used over the year to coordinate travel to placements outside of regular site and travel to and from Adelaide for break periods.



WHY GO RURAL?

PROS AND CONS OF RURAL 5TH YEAR

BENEFITS OF 'GOING RURAL'

Clinical Experience

- One-on-one teaching and mentoring from senior consultants. Easier to find a mentor when placed in 1 location for a year, and the doctors get to know you better.
- **More clinical confidence fostered by greater autonomy and 'hands-on' experience:**
 - Parallel consulting in GP, regularly scrubbing/assisting in surgery, multiple hands-on deliveries, procedural experience. Also some opportunities to parallel with specialists (site and specialist dependent).
 - Confidence in managing 'common' presentations, more generalised exposure rather than highly specialised or subspecialised.
 - Great longitudinal obstetrics experience, following through pregnancies, although variable between sites.
 - Continuity of care is a key feature of the ARCS program, offering medical students the opportunity to follow/regularly see patients over an extended period of time.
- The opportunity to develop a multidisciplinary professional network.
- Chance to sit in for multiple specialist clinics and surgeries with their undivided attention.
- An appreciation of issues pertinent to rural and Indigenous Australians.

Common Teaching

- Weekly online teaching via Zoom for Women's and Children's Health and The Healthcare Continuum – different topics every week, supplemented with clinical scenarios.
- Clear pre-reading so that you know what you need to know for tutorials each week.
- Opportunity to engage with Paediatrics Psychiatry iLab via Zoom (aligns with Metro).
- Two big common teaching weeks (O-week in Adelaide and mid-year in Port Pirie) with heaps of simulations and a Mock OSCE.

Study

- Significant amounts of free study time (somewhat site dependent).
 - Shorter transit to and from placement – hospital / GP is typically less than a 5-minute drive away, can even go home for lunch!
 - Better relationships with local team / community allows flexibility.
- Can gain experience in areas that interest you as different specialists visit your site.

Assessment

- Excellent pre-exam preparation offered by ARCS:
 - Monthly online quizzes MCQs x 40 questions used as checkpoints to assess your level of knowledge.
 - Mid-year: Formative 6 station OSCE in Port Pirie.
 - Women's Health and Anaesthetics, Pain & Intensive Care (APIC) simulation scenario assessments throughout the year.
 - Geriatric tutorial quizzes, 4 quizzes x 5 questions each.
 - APIC tutorial quizzes, 5 quizzes x 5 questions each (4 count towards summative grade).
 - Continuous logbook of clinical experiences, including a paediatric logbook to ensure exposure to a range of paediatric presentations, reviewed by site academic.
 - Social and Emotional Children's Health completed on Zoom with discussion board.
- Final 5th Year Exams – subject to change with BMD.
 - Highly likely will be same as MBBS.
 - Rural students complete a Two-Day OSCE in Semester 2 Exam Period in Port Pirie. Given identical Final 5th Year MCQ as Metro, completed at same time in the Semester 2 Exam Period, just at your rural site.

Financial

- Accommodation covered and petrol stipend.
 - Centrelink at 'living out of home' rate if >22 years old.
 - Minimal expenses with more 'simplistic' rural living (e.g., free parking). However, groceries can be more expensive in small towns.

Social

- Making new friends and becoming involved with the local community.
- Living out of home in a financially supported environment, make close friends.
- Longer post office and supermarket open hours (I KNOW RIGHT).
- The chance to explore different parts of Australia's countryside.

Other Uniquely Rural Opportunities

- Work with Indigenous and remote communities (outreach trips).
- Flights with the RFDS.
 - Both opportunities listed are site dependent.

CHALLENGES OF 'GOING RURAL'

Clinical Experience

- Being thrown in the 'deep end' (although, there is always support available).
- Generally more GP based placement compared to metro:

- May mean less exposure to specific hospital protocols and inpatient management.
- However, in saying that, particular rural sites offer significant hospital time, and most sites provide experience with acute management through On Call and ED rostering.
- Limited Paediatric exposure, particularly with the change from 2025 onwards that students no longer complete a 2-week Inpatient Paediatrics stint in Port Augusta. However, GP, on-call and ED provides ongoing Paediatrics exposure, on top of sitting in with visiting paediatricians at some sites.
 - Particular ARCS sites offer Paediatric rotations including Port Augusta and Broken Hill.
 - No clinical exposure to paediatric surgery.
- Limited to no ICU/high-risk anaesthesia experience.

Study

- Change from normal study environment.
 - If you have a system that has worked well in the city with a study group or otherwise, it may be a significant change from a known academic and social support.

Assessment

- No mid-year summative assessments.
 - Some students find the relatively fewer summative checkpoints, exams or OSCEs make it difficult to motivate study consistently for a whole year.
 - ARCS addressed this, providing fortnightly 40 MCQ formative quizzes as 'checkpoints.'

Financial

- Groceries!
- Difficult to keep up an Adelaide-based job. Rural school can help find work should you need this, although extra financial support, such as scholarships, are available.
- Need to give up a current Adelaide-based share house (especially for rural/interstate students) however SWOTVAC can be completed at your rural site.

Social

- Feeling isolated from the year level cohort in the city (FOMO either way).
- Feeling homesick and being away from family and friends for extended periods.
 - Difficult to get back for AMSS events or family occasions – dependent on location.
 - Depending on the location of your placement, you may be far from family, friends, and your normal social supports. How much you need these support structures during a stressful year should strongly weigh on your choice to go rural.
- Living out of home for the first time with people you may not know very well can be challenging/daunting. However, ARCS endeavours to place students with their friendship groups. In saying that, meeting new people in your year level is super fun!
- Fewer facilities, shops, and services than major cities.

RURAL: O&G

RURAL WOMEN'S HEALTH (O&G)

The Women's Health course is introduced during O-Week with a hands-on tutorial demonstrating how to perform bimanual and pelvic examinations. Women's Health Zoom tutorials are interspersed the academic year and are supported by pre-reading, including lectures, online modules, YouTube videos, and case discussions during the sessions. There is also Simulation Day for each site covering key Obstetric and Gynaecology concepts. The MBBS 2025 program is outlined below as an example:

O-week: O&G Intro	Week 13: Complications in pregnancy
O-week: Genital Exam eLearning	Week 14: Medical Complications of Pregnancy
Week 04: Contraception	Week 16: Breastfeeding
Week 05: Cervical cancer screening	Week 17: Medical Complications
Week 06: Pre-pregnancy & routine pregnancy	Week 19: Sexual Assault
Week 07: Early pregnancy complications	Week 20: Infertility
Week 08: Looking for trouble... solve probs b4 they occur	Week 24: Disorders of menstrual cycles
Week 09: Labour and delivery Pt 1	Week 25: Menopause
Week 10: Labour and delivery Pt 2	Week 26: Gyn Onc and Vulval Dermatology
Week 11: Sexual health Pt 1	Week 36: MCQ Revision
Week 12: Sexual Health (part 2)	Week 18, 27, 28 and 29 HRH SIMULATION DAY

ASSESSMENT EXAMPLE MBBS (SUBJECT TO CHANGE IN BMD):

OBSTETRICS AND GYNAECOLOGY (MEDIC-ST-5016ARU)				
SUMMATIVE ASSESSMENTS		DATE DUE	WEEK DUE	% WEIGHT
1	Recorded Mock Consult and Reflection	Friday 2nd May, 2025	16	30%
2	Evidence Based Long Case Report	Friday 19th September, 2025	31	35%
3	Midwife Mini-CEX x 1 (Best One)	Friday 17th October, 2025	35	15%
4	Simulation Scenario Assessment	See MyUni		20%
			TOTAL	100%
FORMATIVE ASSESSMENTS				
A	Monthly Quizzes MCQ	All Year	All Year	-
B	Sexual Health Online Module	All Year	All Year	-
C	Contraception Module	All Year	All Year	-
D	ARCS Mid-Year OSCE	Friday 30 th May, 2025	EOS (1) Exams	-

Students Not Participating in Scheduled Sessions – Will Be Provided Feedback All Year, See MyUni.



RURAL: PAEDS

RURAL PAEDIATRICS (PAEDS)

The rural program has been designed to cover the same key lecture series delivered within the city-based Paediatrics course. It runs as a year-long Zoom teaching course, with key topics covered each week. The MBBS 2025 program is outlined below as an example:

PMHTU iLab: Social and Emotional Child Health	Week 12: Endocrine - Diabetes
Week 01: O-week	Week 13: Orthopaedics
Week 02: Growth and Development	Week 14: Neonate and Paed Surgery
Week 03: Respiratory	Week 15: Neurology - Seizures and Headache
Week 04: Asthma	Week 16: Paediatric Emergencies
Week 05: Recognition of a sick child	Week 17: Child Protection
Week 06: Gastroenterology and Failure to Thrive	Week 18: Paediatric Emergencies
Week 07: Haematology, Leukaemia and Cancer	Week 19: Neonatology
Week 08: Renal	Week 24: Dermatology
Week 09: Developmental Delay and Autism	Week 25: Urology
Week 10: Childhood behavioural problems	Week 29: Allergy / Immunology
Week 11: Puberty and Thyroid	Week 31: Eyes

Each week includes 1–2 hours of online lectures or modules as pre-reading, covering key Paediatrics content in depth. This is followed by a tutorial using 4–5 PBL cases to reinforce important concepts through collaborate discussion as a cohort.

Students complete the Paediatric Psychiatry iLAB course (same as city students), but in a Zoom format throughout the year.

Prior to 2025, students completed a 2-week block placement in Port Augusta. This has now ceased with a focus on ARCS supporting students to experience paediatric clinical encounter opportunities at their home sites. General practice, including on call, and ED provide plenty of opportunities. Port Augusta and Broken Hill will still have blocked paediatric placements and Roxby Downs has high exposure to paediatric patients due to the community's demographic. Students will also get experience in Paediatrics at each of their rural sites with visiting specialists.

ASSESSMENT EXAMPLE MBBS (SUBJECT TO CHANGE IN BMD):

<u>PAEDIATRICS (MEDIC-ST-5015ARU)</u>				
SUMMATIVE		DATE DUE	WEEK DUE	% WEIGHT
1	Mid-Year MCQ	Monday 26th May, 2025	EOS (1) Exams	35%
2	Paediatric Clinical Experience LogBook	Friday 17th October, 2025	35	15%
3	Case Presentation	See MyUni (Semester 2)		30%
4	Social & Emotional Children's Health	See MyUni		20%
			TOTAL	100%
FORMATIVE				
A	Online Paediatric Module Completion	All Year, See MyUni	All Year	-
B	ARCS Midyear OSCE	Friday 30th May, 2025	EOS (1) Exams	-
C	Monthly Quizzes MCQ	Monthly, see MyUni	Monthly	-

Students Not Participating in Scheduled Sessions – Will Be Provided Feedback All Year, See MyUni.

RURAL: GP + GERIS

RURAL GENERAL PRACTICE AND GERIATRICS

In the Geriatrics program, learning is structured on a fortnightly basis. One week is typically dedicated to pre-reading, where students review relevant materials on their own. The following week, a tutorial is held to discuss and apply the content from the pre-reading. The Geris MBBS 2025 program is outlined below as an example:

Medical case presentation explained
Topic 1 - Geriatrics Introduction and foundational principles
Topic 2 - MEDICATIONS - Common medications seen in Geris / Common drug toxidromes and how they so frequently arise / Harmful under-...
Topic 3 - PHYSICAL problems 1 - Falls fundamentals, funny turns, syncope, dizziness
Topic 4 - PHYSICAL problems 2 - Unsteadiness (ataxia & other reasons for unsteadiness + high chronic falls risk)
Topic 5 - PHYSICAL problems 3 - Inability to stand (immobility) from leg weakness syndromes + hypokinetic 'slow' states (including parkinsonis...
Topic 6 - Osteoporosis Urinary symptoms (inc. urinary incontinence)
Topic 7 - Acute illness in elderly people - Delirium & its common triggers
Topic 8 - Chronic COGNITIVE impairment 1 - introductory concepts
Topic 9 - Chronic COGNITIVE impairment 2 - Common neurodegenerative diseases (AD, DLB, FTLD, PSP), & treatments (cholinesterase-inhibi...
Topic 10 - BPSD & issues in Advancing Dementia (loss of capacity / elder abuse / placement / driving safety)
Topic 11 - Supports and services for older patients

Teaching in the General Practice program involves completing online modules focused on chronic disease management, supplemented by occasional Zoom tutorials. GP in the rural program is highly valued, as placement offers the opportunity for parallel consulting. As a student, you will take patient histories, perform examinations, plan investigations and management to present to your senior, fostering independent practice. The GP MBBS 2025 Program is outlined below as an example:

O-Week: GP Audit Session 1	Week 9: GP Audit Session 5
Useful Apps for this course	Week 12: Audit Discussion Group 1a&b
Week 2: Type 2 Diabetes	Week 13: Osteoporosis
Week 3: GP Audit Session 2	Week 14: COPD
Week 4: Chronic Kidney Disease	Week 16: Men's Health
Week 5: GP Audit Session 3	Week 17: Dermatology
Week 6: Hypertension	Week 18: Audit Discussion Group 2a&b
Week 7: GP Audit Session 4	Week 26: Audit Discussion Group 3a&b
Week 8: Cardiovascular Disease	Week 32: Audit Discussion Group 4a&b

ASSESSMENT EXAMPLE MBBS (SUBJECT TO CHANGE IN BMD):

GERIATRICS & GENERAL PRACTICE (MEDIC-ST-5009ARU)				
SUMMATIVE GERIATRICS		DATE DUE	WEEK DUE	% WEIGHT
1	Geriatric Oral Case Presentation (on Zoom)	See MyUni	Timetable	45%
3	Geriatric Tutorial 4x Quizzes Each 5 Questions	See MyUni	Timetable	20%
SUMMATIVE GENERAL PRACTICE				
1	Multi-Source Feedback Professionalism (i) Clinical Site Academic (ii) Student Coordinator (iii) One Other Health Practitioner – Who You Have Worked With/ For At Least 4 Weeks	Friday 26th September, 2025	32	10%
2	GP Audit Assignment	Friday 3rd October, 2025	33	25%
			TOTAL	100%
FORMATIVE				
A	Completion of Online Training Modules	All Year	All Year	
B	Multi-Source Feedback Professionalism (i) Clinical Site Academic (ii) Student Coordinator (iii) One Other Health Practitioner – Who You Have Worked With For At Least 4 Weeks	Friday 16th May, 2025	(Semester 1) 18	
C	Monthly Quizzes MCQ	All Year	All Year	
D	ARCS Midyear OSCE	Friday 30th May, 2025	EOS (1) Exams	

Students Not Participating in Scheduled Sessions – Will Be Provided Feedback All Year, See MyUni.

RURAL: APIC

RURAL ANAESTHETICS PAIN AND INTENSIVE CARE

Clinical experience in the Rural APIC program can vary between sites. Rural students describe Anaesthetics as one of the most hands-on and practical placements. Like other topics, weekly Zoom tutorials with pre-reading support facilitated case-based discussions. The APIC Simulation Day during O-week, along with others held throughout the year, are key highlights of the course. For Palliative Care, students join Zoom sessions with various SPs—mirroring the city program—to work through a range of palliative scenarios and reflections.

The APIC MBBS 2025 program is outlined below as an example:

Week 1: O-week	Week 12: CBL - Post Op Complications
Week 3: Intro to Anaesthesia	Week 14: CBL - Acute Pain
Week 4: CBL - Pre-anaesthesia	Week 16: CBL - Cardiac & Respiratory Failure
Week 6: Acute Pain (part 1)	Week 17: CBL - Acute Pain
Week 7: Patient Monitoring	Week 19: CBL - Local and regional
Week 8: CBL - Medical Comorbidities	Week 23: Blood Management
Week 10: Acute Pain (part 2)	Week 21 & 25: Chronic Pain
	Pall Care Sim - Advanced Communication Pain End of Life

ASSESSMENT EXAMPLE MBBS (SUBJECT TO CHANGE IN BMD):

APIC (MEDIC-ST-5014ARU)				
SUMMATIVE		DATE DUE	WEEK DUE	% WEIGHT
1	Case Discussion	See MyUni		40%
2	Palliative Care Simulation Evaluation	Friday 16th May, 2025	18	40%
3	Tutorial Quizzes	See MyUni		20%
			TOTAL	100%
FORMATIVE				
A	Mid-Year Emergency/Virtual Theatre Simulation	26th May – 30th May, 2025	EOS (1) Exams	
B	Local Critical Care Simulation Workshops	To Be Confirmed		
C	Monthly Quizzes MCQ	All Year	All Year	
D	ARCS Mid-Year OSCE	Friday 30 th May, 2025	EOS (1) Exams	

Students Not Participating in Scheduled Sessions – Will Be Provided Feedback All Year, See MyUni.

RURAL MEDICINE

RURAL AND REMOTE MEDICINE

Teaching includes Zoom clinical reasoning tutorials that focus on high-yield topics, offering a great refresher on the core concepts that often come up in clinical practice. There are online panel discussions and rural-based case reviews, where students talk through patient cases with their local academic, exploring how care might differ between rural and city settings. Students also engage in Aboriginal health and cultural safety activities.

Semester 1	Semester 2
O-week: Cultural Awareness	Week 19: Rural Case Discussions
Week 02: How to get more out of A&E	Week 20: Online Module: Rheumatic Heart Disease
Week 03: GI Bleeding	Week 21: Rural Trauma 2 Panel Discussion
Week 04: Rural Case Discussions	Week 22: Rural Case Discussions
Week 05: (moved to week 9) Travel, Tropics and Top End	Week 23: Headache
Week 06: Rural Case Discussions	Week 24: Remote Palliative Care and VAD
Week 07: Liver Function Tests	Week 25: Panel - Rural Specialists
Week 08: Non-communicable disease	Week 26: Abdominal Pain
Week 10: Iron Deficiency and Transfusion	Week 27: Rural Case Discussions
Week 10: Rural Case Discussions	Week 28: Sports Injuries TBC
Week 11: FBE/Anaemia	Week 29: Diarrhoea
Week 12: Panel - Clinical Courage	Week 30: IBD
Week 14: Chest Pain	Week 31: Rural Case Discussions
Week 16: Red Eye	Week 32: Panel - Aboriginal Patient Journeys
Week 17: Asthma and Allergy	Week 33 : Falling between the Gaps
	Week 34 : Dental Pain and Trauma for Non Dentists

ASSESSMENT EXAMPLE MBBS (SUBJECT TO CHANGE IN BMD):

RURAL MEDICINE (MEDIC-ST-5007ARU)				
SUMMATIVE		DATE DUE	WEEK DUE	% WEIGHT
1	Reflection on Logit Box Summary – Develop Smart Goals	Friday 16th May, 2025	18	NGP
2	Aboriginal Health Podcast	Friday 8th August, 2025	25	NGP
3	Rural Case Presentation	Friday 10th October, 2025	34	NGP
FORMATIVE				
A	Completion of Online Modules and Collaborative Study Guides	Weekly, See MyUni	Weekly	
B	Logbook of Clinical Experiences, Reviewed with Site Academic	See MyUni	Ongoing	
C	Aboriginal Health Podcast Proposal & Cultural Orientation Module	Thursday 24th April, 2025	15	

Students Not Participating in Scheduled Sessions – Will Be Provided Feedback All Year, See MyUni.

Students who fail any assessment in the Rural Medicine Course will have one opportunity to resubmit after receiving feedback before the semester ends. If a fail grade cannot be remediated, students will be offered a summer school option.



RURAL APPLICATION

The selection process for a year of rural training involves two parts:

1. Written Application:

In 2025, applications will open Monday May 5th and close Friday May 23rd 2025.

- Focuses on your suitability for rural training through a written application submitted online via Google Forms (maximum 250 words) describing your interests and experience.
- Students' can specify their order of preferences for sites using a down-down list as well as nominate up to two peers they would like to be placed with. They can choose whether they would like to prioritise 'Place' or 'Person' when considering their placement.
- All students who apply will be offered an online interview with an ARCS panel.

2. Zoom Interview:

Interview offers will be released Friday May 30th with RSVP due by Friday June 6th 2025.

In 2025, Zoom interviews will be held Tuesday 24th – Friday 27th June 2025.

- The second part involves allocation by the ARCS panel to a rural training site, considering factors such as student's rural connection, learning styles, nominated preferences for location or friendship, and ARCS training and clinical practice sites factors, like teaching capacity, group dynamics, practice and training requirements, living arrangements etc.
- Online interviews are conducted over Zoom. In 2024, students were interviewed by a panel of 2 – 4 different ARCS members, who each ask questions regarding your application.
- Students in their application and interview, need to express upfront any pre-existing learning, training, social, medical, personal that could impact on their year of rural training.

3. Notification of Rural Site: Friday, 11th July 2025.

- As positions in the rural fifth-year cohort can be quite competitive, there is no guarantee that all students will receive a preference location; however, the ARCS do endeavour to ensure students are placed with at least one of their friends.
- International students are welcome to apply for the Rural Cohort and will be chosen based on their rural suitability in the same process as all local students. Previous rural international student contact is Laura Maharon (Roxby Downs 2021) – ashlialaura.maharon@sa.gov.au or 0400506473.

Once a student is selected and allocated to a rural training node, they simply need to confirm their acceptance. If the allocation is declined, the ARCS selection will be considered unsuccessful. For those who are successfully selected, a "face-to-face" meet and greet will be held on an evening in October with your group and local ARCS team to kickstart preparations for following year.



SITE BASED OVERVIEW

BLOCKED LEARNING

The blocked program is like the clinical rotations on offer at hospitals in the city. Students spend a set number of weeks with key specialties, and the remainder of time in General Practice. The sites that offer a blocked program in 2025 include:

- Port Augusta, SA (4 students).
- Port Pirie, SA (4 students).
- Broken Hill, NSW, with 3 weeks in Menindee or Wilcannia, NSW (4 students).
- Partially Blocked: Clare – 6 weeks Port Augusta O&G, otherwise Integrated (3 students).

It should be noted that whilst in a blocked site for Clinical Placements, the rural tutorial programs still run year-long and hence there will be some year-long ‘integrated’ revision of these topics.

INTEGRATED LEARNING

In the integrated program, students attend sessions with GPs and specialists throughout the year. Most integrated rural sites will also roster students on to two weeks of ‘labour ward’ to experience deliveries and one or two weeks of anaesthetics. There is great variability between sites.

In 2025, the integrated program is running at:

- Whyalla, with 8 weeks in Cummins, SA (6 students).
- Port Lincoln, with 4 weeks in Tumby Bay, SA (5 students).
- Ceduna for one semester, Port Lincoln for alternate semester (4 students, 2 per site).
- Barossa Valley, SA (4 students).
- Kadina and Wallaroo/Moonta, SA (4 students).
- Mount Barker, SA (2 students).
- Jamestown, SA (2 students).
- Whyalla, with 1 semester in Roxby Downs (2 students).



PORT AUGUSTA

Type of Program:

Blocked Learning.

4-week blocked placement with one of the blocks comprising an Integrated Program.

Teaching Overview and Structure:

- 4 weeks (Blocked): Paediatrics Monday – Thursday, ED on Friday.
- 4 weeks (Blocked): Obstetrics and Gynaecology Monday–Thursday, Anaesthetics on Friday.
- 4 weeks (Blocked): RFDS, PAH Ward on Friday.
- 4 weeks (Integrated): Pika Wiya HS/PAH ED/Ghan Medical Centre.

Repeat each of these blocks each semester.

Rotations:

- **Paediatrics:** Each semester students have a 4-week block in the Northern Regional Paediatric Unit based in Port Augusta Hospital (FUNLHN). Total: 8 weeks over the year. This rotation is unique to Port Augusta and provides invaluable Paediatric exposure.
- **Obstetrics and Gynaecology:** Each semester students have a 4-week block in the Port Augusta Hospital (FUNLHN). Total: 8 weeks over the year. Lots of opportunity to get hands on experience and see complicated cases. The three Clare students visit Port Augusta at different times throughout the year for their 6-week O&G placement.
- **General Practice:** Students attend the following GP Clinics as part of their Integrated weeks – Ghan Medical Centre and Pika Wiya Health Service – Aboriginal Corporation (PWHSAC). The number of clinical sessions required during these weeks will depend on the rotation.
- **RFDS:** Port Augusta Students have the unique opportunity of a placements with the RFDS, this can involve, flying out to retrieval's, outreach clinics, attending phone consults at the base and being involved in handovers during inter-hospital transfer flights.

Unique Site-Based Learning Opportunities:

The Obstetrics Team in Port Augusta is extremely willing to teach. If you are interested in Obstetrics and Gynaecology, past students recommend applying for Port Augusta (or Clare who spend 6 weeks here) to gain invaluable expert teaching. Port Augusta students can be involved with the Flinders and Far North Doctors Association; attend regular meetings with discussions about ways to improve local health outcomes. Additionally, with a large Indigenous community in Port Augusta, students gain valuable exposure to Aboriginal health.

Other Attractions to Site:

Highlights include The Flinders Ranges for hiking, camping, and breathtaking views, the Australian Arid Lands Botanic Garden, Cultural Precinct, and Matthew Flinders Lookout. Port Augusta accommodation houses first through to fifth years, meaning there's always people to hang out with!

Clinical Sessions:

- **Total Number of Clinical Sessions Per Week:** 3 Full Day Clinical Sessions + 2 Half Day Clinical Sessions + 2 Half Day Site-Based Teaching/ARCS Zoom Tutorials.
- **Parallel Consulting Opportunities:** Variable, will depend on rotation and clinic doctor.

Aboriginal Health / Outreach Trip Opportunities:

The estimated Aboriginal population in the Port Augusta region is 3,241. Students will have the opportunity to work with many Aboriginal patients at PAH and in GP. You'll also collaborate with Aboriginal Health professionals at the Pika Wiya Health Service Aboriginal Corporation (PWHSAC). RFDS will include visits to remote Aboriginal communities to explore their unique healthcare challenges.

EXAMPLE WEEKLY TIMETABLE

ARCS 5th Year MBBS Student - Port Augusta Weekly Schedule 2025 V2 DRAFT															
Integrated Week				RFDS				Paeds				O&G			
1		AM	PM	1		AM	PM	1		AM	PM	1		AM	PM
	Monday	Pika Wiya			Monday	RFDS	RFDS		Monday	Paeds	Paeds		Monday	O&G	O&G
	Tuesday	Ghan	Tutes		Tuesday	RFDS	Tutes		Tuesday	Paeds	Tutes		Tuesday	O&G	Tutes
	Wednesday	ED			Wednesday	RFDS	RFDS		Wednesday	Paeds	Paeds		Wednesday	O&G	O&G
	Thursday	Ghan	Tutes		Thursday	RFDS	Tutes		Thursday	Paeds	Tutes		Thursday	O&G	Tutes
Friday	Ghan	STUDY	Friday	WARD			Friday	ED			Friday	Anaes	Anaes		
2		AM	PM	2		AM	PM	2		AM	PM	2		AM	PM
	Monday	Pika Wiya			Monday	RFDS	RFDS		Monday	Paeds	Paeds		Monday	O&G	O&G
	Tuesday	Ghan	Tutes		Tuesday	RFDS	Tutes		Tuesday	Paeds	Tutes		Tuesday	O&G	Tutes
	Wednesday	ED			Wednesday	RFDS	RFDS		Wednesday	Paeds	Paeds		Wednesday	O&G	O&G
	Thursday	Ghan	Tutes		Thursday	RFDS	Tutes		Thursday	Paeds	Tutes		Thursday	O&G	Tutes
Friday	Ghan	STUDY	Friday	WARD			Friday	ED			Friday	Anaes	Anaes		
3		AM	PM	3		AM	PM	3		AM	PM	3		AM	PM
	Monday	Pika Wiya			Monday	RFDS	RFDS		Monday	Paeds	Paeds		Monday	O&G	O&G
	Tuesday	Ghan	Tutes		Tuesday	RFDS	Tutes		Tuesday	Paeds	Tutes		Tuesday	O&G	Tutes
	Wednesday	ED			Wednesday	RFDS	RFDS		Wednesday	Paeds	Paeds		Wednesday	O&G	O&G
	Thursday	Ghan	Tutes		Thursday	RFDS	Tutes		Thursday	Paeds	Tutes		Thursday	O&G	Tutes
Friday	Ghan	STUDY	Friday	WARD			Friday	ED			Friday	Anaes	Anaes		
4		AM	PM	4		AM	PM	4		AM	PM	4		AM	PM
	Monday	Pika Wiya			Monday	RFDS	RFDS		Monday	Paeds	Paeds		Monday	O&G	O&G
	Tuesday	Ghan	Tutes		Tuesday	RFDS	Tutes		Tuesday	Paeds	Tutes		Tuesday	O&G	Tutes
	Wednesday	ED			Wednesday	RFDS	RFDS		Wednesday	Paeds	Paeds		Wednesday	O&G	O&G
	Thursday	Ghan	Tutes		Thursday	RFDS	Tutes		Thursday	Paeds	Tutes		Thursday	O&G	Tutes
Friday	Ghan	STUDY	Friday	WARD			Friday	ED			Friday	Anaes	Anaes		

PORT AUGUSTA FAST FACTS

Number of Students 2026: 4

Type of Teaching Program: Partially Blocked

Population: ~13,500

Distance from Adelaide: 300km (~3 hours, 30 minutes)

Famous For: Port Augusta is uniquely located on Spencer Gulf, with the iconic Flinders Ranges providing a spectacular backdrop. It is also located on Australia's crossroads for both rail and road.

Accommodation: Each student is allocated a private 2-bedroom unit. You have other students living around you for when you want to study or hang out. You may be required to share with other visiting students for short periods. All Adelaide University Medical Students are housed in this complex. Located 5 minutes from Port Augusta Hospital.

STUDENT EXPERIENCE

If you're considering going rural for your fifth year, Port Augusta is hands down the best choice! I spent my fifth year here, and honestly, it's been my favourite year of medicine so far.

So, why go rural?

- **No long commutes**—everything is close by, which means more time to study, socialize, and enjoy life.
- **A tight-knit rural community** where you'll get to know your patients, doctors, and fellow students really well.
- **Travel opportunities**—you can easily visit friends at other rural placements, making it feel like one big adventure. One of my favourite trips was heading over to Port Lincoln to swim with the dolphins. We spent the entire weekend camping in the National Park and swimming to escape the heat!
- **Port Augusta placement is the perfect mid of hospital and GP placements**, including:
 - Amazing parallel consulting opportunities to improve your clinical independence.
 - Amazing obstetrics exposure – I even got the chance to be first assist in C-sections!
 - Hone your procedural skills, especially cannulas—you'll get plenty of practice.
 - RFDS (Royal Flying Doctor Service) experience—fly to remote communities and gain incredible exposure to Indigenous and remote health through both clinic visits and retrieval flights.
 - In the ED, you'll be assigned your own patients and take the lead in working them up with the full support and supervision of your team.
 - Cradle-to-grave medicine—you'll see everything from newborns to palliative care, making you a well-rounded clinician.
 - You'll gain real independence, setting you up for sixth year and making you feel confident stepping into intern-level responsibilities.
 - And trust me, you will feel extremely OSCE-ready!

But why Port Augusta specifically?

- **A strong sporting community**—great if you love footy, netball, or just staying active.
- **Stunning scenery**—camp and explore the Flinders Ranges, one of the most beautiful places in SA.
- **QUIZ NIGHTS!** Everyone from the consultant, registrar, RMO to intern would come join our student team at quiz night, often competing against the team from RFDS! It was a great way to wind down after a day at placement.
- **A great student hub**—with passing fourth years, occasional sixth years, and first years around, there was always a supportive student network to study and hang out with.

So, say yes to rural! See you in Port Augusta!



Student Profile
Amelia Etchells
2024 Cohort

STUDENT EXPERIENCE

There are so many great things about undertaking placement in Port Augusta that may not be obvious at first glance! First of all, let talk about the placement itself. The hospital experience in Port Augusta is, in my opinion, one of the best on offer through the rural school. The blocked nature of the placements was a major drawing card for me as it allows you to focus in-depth on one area of study at a time (as opposed to the integrated program which is everything all at once). I found this incredibly helpful as it makes it easier to plan study for Paeds and O&G, all of which is new content, and I found that the dedicated blocks in each department helped consolidate knowledge I had seen on the ward or clinic during the day.

A major highlight for me was my time with the Obstetrics & Gynaecology team at PAH. Port Augusta is a quite a large centre (compared to other rural sites) with a huge catchment area, meaning that women from all over South Australia travel there to receive antenatal & perinatal care. The O&G consultants, Dr Premadasa & Dr Lekamge are some of the nicest, most welcoming consultants I've ever had the privilege of meeting, and both are very willing to teach and get students involved in all aspects of their field.

Another perk is that in Port Augusta, you get to spend much more time with the Paediatrics Team compared to the majority of other sites. We also get time in local GP clinics & ED shifts where you can practise clinical skills and build clinical competence by independently assessing patients. There is also a chance to work with the RFDS, accompanying medical professionals on flights to rural and remote communities in South Australia, providing much-needed healthcare.

Another major advantage of spending 5th Year in Port Augusta is that you are very well supported by the other staff and students there. Kerry, the student coordinator, is one of the loveliest people on the planet and exceptionally helpful in ensuring students are well-informed about tutorials, schedules, and other necessities.

Accommodation wise in PA, all students are housed in the Barry Street units. While this block is definitely not as modern as the accommodation in other rural sites, it is still pretty sweet getting an entire 2-bedroom unit all to yourself so you can decorate it however you like and make it feel like home-away-from-home. It is great having your own space at the end of the day, but all the other students are close by if you want to hang out or watch a movie in the common room.

Finally, there's a great variety of activities to do in PA. Lots of students choose to play netball for a local team or join the weekly Park Run, which are great ways to get involved in the community. With the Flinders Ranges at your doorstep, there's plenty of camping and hiking spots around the area too! Quality coffee is up for grabs at Mamma Lou's and Archer's Table if you need a caffeine hit before tutes, and don't forget the weekly Pub Quiz at the Pastoral! Also, since Port Augusta is only a 3-hour drive back to Adelaide, it's fairly convenient to drive back to visit family and friends in the city over the weekend.

Overall, PA is a great location to complete your rural fifth year! You get a wide variety of experiences, medical and non-medical. There's plenty of things around to do during the weekends, so you'll never be bored. Port Augusta holds a special place in my heart, and I am incredibly grateful for the opportunity to integrate into its close-knit community in 2023. I hope this encourages you to consider it for your rural fifth year—I promise you, it's an experience you won't regret!



Student Profile
Mitali Rawat
2023 Cohort

PAST STUDENTS TO CONTACT

Amelia Etchells (2024)	0449150554/Facebook	amelia.etchells@student.adelaide.edu.au
Belle Hope (2025)	Facebook	belle.hope@student.adelaide.edu.au



PORT PIRIE + CRYSTAL BROOK

Type of Program:

Blocked Learning.

12 weeks of GP at Crystal Brook and Laura Medical Practice, 8 weeks of Obstetrics and Gynaecology, 7 weeks of ED and 6 weeks of specialist clinics, anaesthetics, and theatre.

Teaching Overview and Structure:

- **GP:** Students travel to Crystal Brook and Laura Medical Practice (25 and 35 minutes from Port Pirie) during their GP rotation. Both practices adjoin the local GP-run hospitals, and students are encouraged to attend daily ward rounds to improve their clinical and practical skills. Students are exposed to consistent parallel consulting in GP clinic and can assist on-call doctors when patients present to the local emergency departments. The GP supervisor Dr Chen provides a weekly tutorial on a topic of the students' choice.
- **Obstetrics and Gynaecology:** Students spend time with site Obstetricians and the midwife team in Port Pirie. They also travel to Crystal Brook once per fortnight for antenatal clinics. Students spend time in gynaecology and antenatal clinic, in theatre (gynaecology and elective/emergency obstetrics), at births on the labour ward as well as on-call for the duration of the rotation (hours tend to be very reasonable).
- **Emergency Department:** Students are supervised by ED doctors and locums who manage the Port Pirie ED and are expected to assess and workup their own patients. There are many opportunities to practice procedural skills including IV cannulation, suturing and NGT insertion, and students are encouraged to attend Medstar retrievals. Tends to be the rotation with the highest time-commitment (no study half-days).
- **Specialist/Anaesthetics/Theatre:** Students spend time with various visiting specialists in clinic or assisting in theatre. Specialists that visit include Cardiology, Respiratory, Paediatrics, Anaesthetics, ENT, Urology, Orthopaedics, General Surgery, and Plastic Surgery. Students also attend scope lists with local gastroenterologist Dr Bennett (Rural Medicine coordinator).

Clinical Sessions:

- **Total Number of Clinical Sessions Per Week:** 2 Full Day Clinical Sessions + 2 Half Day Clinical Sessions + Half Day Site-Based Teaching + 2 Half Day ARCS Zoom Tutorials.
- **Parallel Consulting Opportunities:** Majority of Clinical Sessions (roughly 2-3 times/week).

Unique-Site Based Learning Opportunities:

Students are invited to interprofessional learning activities with nursing and allied health students and to training nights with local doctors.

Other Attractions of Site:

Some of the GPs may invite you to go sailing, to the Cockle spit, dinner at their homes and movie nights. There are a wide variety of sports to join including basketball, volleyball, badminton, tennis, netball, football, dancing, and soccer. There are also many beautiful hikes nearby in Mount Remarkable National Park and Southern Flinders Ranges, plus many towns to visit in the Mid-North.

EXAMPLE WEEKLY TIMETABLE

GP (Crystal Brook & Laura)

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Ward Round GP Clinic	Ward Round GP Clinic	Ward Round GP Clinic	Study Morning	GP Tutorial
PM	GP Clinic	ARCS Tutorials (VC)	GP Clinic	ARCS Tutorials (VC)	Study Afternoon

O&G

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Gynaecology Clinic	Gynaecology / Elective Obstetrics Theatre	Antenatal / Midwife Clinic	Study Morning	GP Tutorial
PM	Gynaecology Clinic	ARCS Tutorials (VC)	Antenatal / Midwife Clinic	ARCS Tutorials (VC)	Study Afternoon

FAST FACTS PORT PIRIE

Number of Students 2026: 4

Type of Teaching Program: Blocked

Location: Port Pirie + Crystal Brook/Laura (Mid-North SA)

Population: ~14,000

Distance from Adelaide: 227km (2 hours and 40 minutes)

Famous For: The Smelter, Shakka the Shark, The Cocklespit

Accommodation: Two 5-bedroom, 2-bathroom share-houses on hospital campus shared with allied health/nursing students. Fifth-year students may choose to be accommodated together or separately. The house is within walking distance from the town centre. Each bedroom has a double bed, desk, and reverse-cycle air conditioning. Undercover and gated parking is available.

STUDENT EXPERIENCE

I can truly say that my 5th year of Medicine rurally in Port Pirie has been my favourite year of Medicine to date! The program in Pirie is largely blocked which was an aspect that I loved- you do 6 weeks of Obstetrics & Gynaecology (with a fantastic Obstetrician who's been working in the area for 17 years), a total of 7 weeks of ED, a total of 6 weeks of specialist clinics (including anaesthetic sessions, paediatric sessions and sitting in with visiting specialist including things like neurology, urology, dermatology and respiratory medicine), 2 weeks of Paediatrics at Port Augusta, 6 weeks of GP at Crystal Brook (a town 25 minutes from Pirie) & 6 weeks of GP at Laura (a town 30 minutes from Pirie).

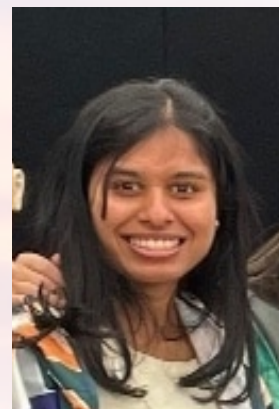
A highlight of the placement for me was the amount of time we got dedicated to ED- you get to learn so much through working up the patients, getting countless practice at cannulation, creating management plans, following up patient investigations and calling for advice from other specialties at tertiary hospitals. In addition to this, the Medstar helicopter base was right next to the house we lived in so every time a Medstar flew in, the person on their ED rotation at the time would run in to ED (which was a 2-minute walk away from the house) to see what was going on!

I also loved the fact that the GP practices were in two rural towns outside of Pirie- this meant we got to explore even more of the beautiful rural landscape and both towns had fantastic bakeries and places to explore in our lunch breaks.

Additionally, the location of Pirie being so close to the Flinders ranges meant we got to do many road trips and hikes to areas such as Pichi Richi, Mambray Creek, Dutchman's Stern, Devils Peak, St Mary's Peak and much more.

We also had some great social opportunities including going sailing with the local doctor, going to the farmhouse of the lovely local gastroenterologist for lunch, going 4-wheel driving with a few of the nurses from the ED who we made friends with, supporting our friend in social tennis, and getting involved in gym classes and making friends through that.

Rural 5th year is such a good opportunity to be included so heavily in the team & get so much exposure to parallel consulting while also maintaining a great study-life balance! What I anticipated to be the most stressful year of Med ended up being what I felt to be the most supported and enjoyable year!



Student Profile
Ayra Perakath
2021 Cohort

PAST STUDENTS TO CONTACT

Tayla Jackson (2024)	0402131495/Facebook	tayla.jackson@student.adelaide.edu.au
Phoebe Hunter (2025)	Facebook	phoebe.hunter@student.adelaide.edu.au



WHYALLA + CUMMINS / ROXBY

Type of Program:

Integrated Learning.

Whilst you can do Whyalla/Roxby or Whyalla/Cummins, the Whyalla information is applicable to both (See the Roxby Downs and Cummins Student Experiences for specific information on these sites).

Teaching Overview and Structure:

- There is a mix of both GP and hospital-based placement (ED, Inpatients, HDU). The hospital offers more hands-on time than most other sites, providing exposure to a variety of patient demographics and presentations, including those that would typically be sent to Adelaide, thanks to the on-site HDU for critically ill patients.
- Each rotation is typically 1-2 weeks, moving through GP, General Medicine, Obstetrics and Gynaecology, Inpatients, Anaesthetics, ED, and the Indigenous Health Clinic. GP days vary, but usually span from 9am – 5pm (with the very long 1-minute drive home for your hour-long lunch break), while hospital placement is like the city, usually an 8am start with a mid-afternoon finish. A bonus is every Friday afternoon off for study.

Unique Site-Based Learning Opportunities:

There is a significant amount of hands-on anaesthetics experience with a 3–4-week rotation, working alongside multiple anaesthetists each day who are eager to involve students. Additionally, with no midwifery students on site, the labour ward offers a great opportunity for students to assist with deliveries. It is also one of the only rural sites with an MRI, huge win!

- For those going to Cummins, past students often highlight it as the best part of their year, offering hands-on experience in a close-knit community. The 8-week duration allows you to settle in and fully immerse yourself in the experience.
- For those heading to Roxby Downs, the parallel consulting opportunities are outstanding. There is also a large volume and breadth paediatric and antenatal presentations.

Indigenous Health / Outreach Trip Opportunities:

In past years, there have been two weeks at Nuyyara Aboriginal Health Service.

Clinical Sessions:

- **Total Number of Clinical Sessions Per Week:** 6 Half Day Clinical Sessions + 2 Half Day ARCS Zoom Tutorials + 2 Half Day Study Sessions.
- **Parallel Consulting Opportunities:** Within all GP sessions and with some visiting specialists.

Other Attractions of Site:

If you are a bit of an adventurer, the famous jetty offers the opportunity for fishing, squidding, and crabbing as well as regular dolphins swimming up to ask for any tasty snacks you have caught. Point Lowly Beach is a wonderful spot about a 25-minute drive away and is also where you can witness the once in a lifetime, world-renowned cuttlefish breeding season. Whyalla also uniquely offers its equivalent to salty sips Dive and Thrive which is arguably better as the regulars bring along free hot choccy and coffee after your chilly dip in the marina. It's a great way to meet the locals and start your Wednesday mornings. Another Wednesday tradition is the weekly quiz night – book a table so you don't miss out, and just prefacing they take it very seriously, but still, it is a Whyalla must! Most of ARCS staff and office is based in Whyalla.

There are heaps of opportunities to stay active – YMCA gym near the accommodation, pool, sauna, social sport, classes, AND a squash court. Whyalla also has netball, cricket, and football for those who are a bit sportier. And if you decide it's your year to get into running, there are several run clubs to join!

EXAMPLE WEEKLY TIMETABLE

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	GP Clinic	GP Clinic	Study Morning	GP Clinic	GP Clinic
PM	GP Clinic	ARCS Tutorials (VC)	GP Clinic	ARCS Tutorials (VC)	Study Afternoon

FAST FACTS WHYALLA (CUMMINS OR ROXBY)

Number of Students 2026: 6 Whyalla / Cummins and 2 Whyalla / Roxby

Location: Whyalla **AND** 8 Weeks Cummins **OR** Semester in Roxby Downs

Population: ~22,000

Distance from Adelaide: 382km (4 hours and 30 minutes)

Famous For: Quiz night each week, Steel works, Cuttlefish migration, "Where the country meets the sea." There are also a few cute cafés, and a great Dive and Thrive (salty sips) group who are super welcoming. The Young People's Trade group also put on a few social events per year.

Accommodation: 8-bedroom, 4-bathroom share-house with a large kitchen living area. It is a 1-minute drive from the GP clinic and 5 minutes from Whyalla Hospital. Large number of students across multiple year levels, up to 12 students at a time in the Whyalla accommodation which means you always have a quiz team ready.

STUDENT EXPERIENCE

WHYALLA / CUMMINS

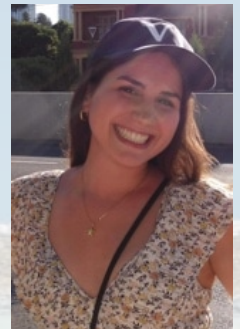
Being a part of the Whyalla/Cummins cohort for Rural 5th year involves spending 8 weeks in Cummins, a small town at the heart of the Eyre Peninsula. With a population under 1000 people, it is very likely this will be one of the smallest towns you have lived in which can seem a bit daunting at first, but it proved to be the best rotation I completed last year.

Initially, I was quite nervous going into 8 weeks straight of GP in a small country town. However, the clinical opportunities and teaching it had to offer were nothing short of incredible and it was easily the highlight of 5th year (a common consensus amongst previous students too!). Because the town is so small and there is only one GP clinic, you quickly become familiar with the locals (meaning you will most likely see familiar faces whenever you go to the pub or IGA). This is a unique experience and allows you to appreciate how doctors in small communities navigate around this. Locals were extremely welcoming and always excited for us to improve our clinical skills, whether this was in the GP or in the hospital doing procedures. As you are the only students, it is easy to build rapport and establish trust with the doctors, meaning we were seeing many patients and working them up independently in the hospital. In addition to this, you will basically be doing parallel consulting on your own for the entire two months which allows for quick development of clinical skills. Twice a week we had a hospital run skin clinic where we were able to suture and even remove skin lesions on our own. In general, the doctors in Cummins gave us a lot of freedom to learn, grow and apply clinical skills such as applying casts, venesection, cannulation, cryotherapy, suturing, countless vaccinations, and punch biopsies!

The accommodation in Cummins is a long house designed for up to 8 individuals. Whilst you are sent in Cummins in pairs, my experience was that the house was still occupied by other individuals (mainly locum nurses or nursing students) which was hit or miss depending on personalities. There is a large shared open style kitchen, dining, and lounge room. The rooms are small, but all have ensuites. The veranda was a highlight, which backed onto a quite paddock that was perfect place to enjoy our morning coffee or do our tutorials. The biggest perk is it was only a 2-minute walk from the GP and hospital meaning we had plenty of time to sleep in, could walk back for lunch breaks and never had to worry about parking or traffic (such a win)!

In terms of what the town has to offer, I won't lie, there isn't a whole lot. There is a pub, an IGA supermarket (quite expensive but with Port Lincoln not too far we found allocating a weekly shop was the way to go), a bakery (amazing pies and sweet treats) and some nice paddocks to walk around with horses to pat. BUT the greatest thing to boast about the Cummins rotation was the luxury of where the town is situated. If you are into camping, there is no better time to explore the Eyre peninsula. Our weekends were spent at different camping spots and visiting breath taking beaches, most of which were deserted and instead of the usual 7 hours away from Adelaide, were only a 40-minute drive from Cummins. Another way we got involved in the community was taking part in the volunteer paramedic training sessions every week which also gave us the bonus of going on some ambulance call outs with them.

I have nothing but positive things to say about Cummins and continue to hold this small town close to my heart! It will give you a fantastic taste of what rural medicine is like and allow for unique opportunities to get involved with volunteer paramedics and witness transfers from the minute a patient comes into a hospital to the moment the plane takes off on the tarmac!



Student Profile
Monica Margarit
2023 Cohort

STUDENT EXPERIENCE

WHYALLA / ROXBYP DOWNS

I know it's a tough sell trying to convince you to go spend half the year 6 hours from Adelaide in the middle of the desert, but I'll try.

If you do Roxby/Whyalla you'll spend one semester in Roxby Downs, then the other semester in Whyalla. I'll be honest, I was a bit sceptical going into it, but my time in Roxby was nothing short of fantastic.

Roxby itself is quite a tight-knit community, comprised of 99% of the population working for BHP. It results in a weird, dystopian eutopia in the middle of the red desert where everyone knows each other. It also has the benefit of being incredibly safe (think accidentally leaving your front door open the whole day you're at placement and not being too fussed), because everyone is there for one thing and one thing only: mining (\$\$\$). The house ARCS gives you is arguably the best of the lot, where you and your friend will both get your own bedroom (with a queen bed) and bathroom and have a separate study to share. There's a big lounge with a massive TV, and a very large yard that has some great outdoor seating. It's a 1-minute drive to the hospital, and a 3-minute drive to the clinic.

In terms of placement, you split yourselves between the two clinics in town, and the GPs in those clinics share an on-call roster with the hospital. This means your GP days can often be broken up by calls from ED of a patient coming in, and you get to be the one who goes and does the initial assessment and workup before the GP comes in. Other unique days include joining one of the GPs on his weekly clinic down in Woomera (an Air Force base about an hour out of town), which always breaks up the week. Whilst most days are usually an 8-5, this includes a generous 2-hour lunch break in the middle of the day. You also get every Friday afternoon off, which means if you want to go down to Port Augusta or Whyalla for the weekend to visit the other rural sites you can.

Whilst the drive back to Adelaide is long and quite boring, there is the option of flying, with multiple flights a day going between Adelaide and Roxby (just book in advance so it's not expensive). Otherwise, you can fill your weekends with lots of activities; camping, sightseeing, going to the nearby opal mining town Andamooka (a must), or using the time to get ahead on all the 5th year assignments for the year so your second semester is a breeze (I did not do this, but I really should have). There's a lot of young people in town and so you can easily make friends and go spend your Friday night at The Tavern having a beverage or two.

Services in town are a bit limited, there is a Woolworths, a gym with a pool, a pub, a Subway and honestly that's about it. The advantage of being a FIFO town means any online orders arrive quite quickly though, and Port Augusta is only a couple of hours away if you need.

Long story short, Roxby is a place like no other and one that, if you didn't go in 5th year you probably wouldn't go at any other point in your life. So, you have to ask yourself, *Why not?* It's one semester, but honestly one of the best semester I've had in med school.



Student Profile
Sebastian Ricci
2023 Cohort

PAST STUDENTS TO CONTACT

Sebastian Ricci (2023)
Olivia Watt (2025)

Facebook/0409226689
Facebook

sebastian.ricci@student.adelaide.edu.au
olivia.watt@student.adelaide.edu.au



PORT LINCOLN + TUMBY BAY

Type of Program:

Integrated Learning.

Students are rostered across the three general practices in the local town (Boston Bay, Investigator Clinic and Lincoln Medical Centre), the Port Lincoln Aboriginal Health Service, labour ward, anaesthetics, inpatients, and the emergency department. Students also spend 4 weeks in the Tumby Bay GP clinic/emergency department.

Teaching Overview and Structure:

The Port Lincoln program is heavily GP-based, with students rotating through the three clinics for most of the year. In between, students complete 3 weeks of obstetrics (on call 24 hours) and 2 weeks of anaesthetics. There are several visiting specialists (including gynaecology, paediatrics, cardiology, dermatology, geriatrics, palliative care, endocrinology, urology, and orthopaedics), with students rostered approximately every fortnight. Each month students undertake ED shifts, either out of hours or during the day, which is a fantastic opportunity to develop practical skills and work up undifferentiated presentations. Tumby Bay also offer an integrated teaching program where rostered students parallel consult, attend the A&E, theatre, GP, and Aged Care Facility.

Clinical Sessions:

- **Total Number of Clinical Session Per Week:** 2 Full Day Clinical Sessions + 2 Half Day Clinical Sessions + 1 Half Day (2 Hours) Site-Based Teaching Session + 2 Half Day ARCS Zoom Tutorials +/- Half or Full Day ED Sessions
- **Parallel Consulting Opportunities:** All GP clinical sessions. Minimal opportunity with anaesthetics, obstetrics, and visiting specialists.

Indigenous Health / Outreach Trip Opportunities:

Students are rostered with the Pt Lincoln Aboriginal Health Service for one week and can attend with a specialist in Paediatrics/Women's health/Endocrine or Respiratory at PLAHS over the year-long placement. Indigenous Health learning opportunities at the Port Lincoln and Ceduna GP clinics are also offered. Indigenous Health school screening program also rosters all students on one or two occasions.

Unique Site-Based Teaching Opportunities:

Students receive tutorials from various GPs who are members of the University teaching staff. These local tutorials run for approximately 2 hours and cover the required knowledge outcomes and clinical skills. Often there is a simulation session included!

Other Attractions of Site:

Port Lincoln is home to a variety of recreational facilities, including the Port Lincoln National Park, famous fishing spots, fantastic beaches (including Fisheries, Greenlys, and so many more), sandhills, walking/running trails, and 4wheel drive paths. Weekends can be spent playing for a local sporting team, camping, hiking, surfing, swimming, or exploring the beautiful Eyre Peninsula! Students also report how rewarding and enjoyable the short time spent in the town of Tumby Bay is.

EXAMPLE WEEKLY TIMETABLE

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	GP Clinic	Study Morning	GP Clinic	GP Clinic	GP Clinic
PM	Local Tutorial	ARCS Tutorials (VC)	GP Clinic	ARCS Tutorials (VC)	GP Clinic

Timetable varies during Obstetrics and Anaesthetics Blocks and depends on specialist timetabling.

FAST FACTS PORT LINCOLN

Number of Students 2026: 5

Type of Teaching Program: Integrated

Location: Port Lincoln with 4 weeks in Tumby Bay

Population: ~15,000

Distance from Adelaide: 650km (7 hours)

Famous For: Tuna/abalone fishing, shark cage diving, beaches, and the Port Lincoln National Park.

Accommodation: The 5 students are accommodated in a 5-bedroom, 2-bathroom (1 shared main, 1 ensuite) share-house with a large kitchen and two living areas which is 1500m from the Port Lincoln Hospital. The Ceduna students who rotate into Port Lincoln for a semester live 2 minutes down the road, meaning everyone can hang out. This accommodation is a 4-bedroom, 2-bathroom (again 1 shared main, 1 ensuite) share-house.

STUDENT EXPERIENCE

Ever since I started studying Medicine, I looked forward to rural 5th year. I spent 2021 in Port Lincoln, which is a town on the Eyre Peninsula. It is largely known for its fishing industry, as well as its proximity to both the Lincoln National Park and the Coffin Bay National Park. I had an amazing time, filled with excellent educational opportunities, and really got to experience being a part of the community.

The GPs in town across all 3 practices are keen to get students involved, so you get large amounts of one-on-one teaching directly from consultant GPs. I had many opportunities to work on clinical reasoning by parallel consulting, which really helps to prepare for exams. You will also be able to see patients in the treatment room, where you will gain exposure to procedures and work up patients with on-the-day appointments before handing over to the GP. The year is largely integrated, however it's not all GP - visiting specialist days allow you a chance to work with both medical and surgical specialists. You will also get allocated blocks of time on Obstetrics and Anaesthetics. Additionally, because there are blocks of time when students are not allocated to either of these, there may be opportunities for you to follow a GP from your practice to the hospital for anaesthetics and births. We also spent time on the inpatient medical wards and were rostered for days in ED, which was a fantastic way to learn.

Additionally, each student from Port Lincoln also goes to Tumby Bay or Ceduna for a few weeks, offering a different perspective. I was lucky enough to spend 3 weeks in Ceduna. I had an amazing time there, seeing how medicine works in an even more rural area. I was able to split my time between ED and the local GP practice following the morning inpatient ward round. I was also able to spend a week each at the Aboriginal Community Controlled Health Organisations in Ceduna and Port Lincoln, which were extremely valuable experiences.

The idea of moving 650 km from Adelaide (away from family and friends for many) might seem daunting, but for me, it has been a fantastic opportunity to meet some great people. Not only is there an incredibly strong medical student community (with 8 x 5th years, as well as rotating 4th years on their SHU rotation and 6th years) who will act as your own inbuilt family and support network, there's also a group of junior doctors rotating through and other young health professionals. Port Lincoln is a beautiful part of the world, and the whole group of us really enjoyed being able to explore the beaches and national parks on the weekends. There are also plenty of places to eat and socialise in your down time. A year really gives you a good opportunity to become part of the community, and you'll find that the locals are very keen for you to be as involved as possible with sport, community groups, or whatever else interests you (in my case, music!). There are so many options for community groups to join, however one of my favourite activities was joining a group who go for early morning walks/runs followed by a swim in the jetty pool and coffee.

Overall, I had an amazing year in Port Lincoln, and encourage anyone who is interested to apply. Please feel free to contact me with any questions!



Student Profile
Ella Bertolus
2021 Cohort

STUDENT EXPERIENCE

My 5th year in Port Lincoln rapidly became my favourite year of medicine to date. I could not recommend this placement more.

Port Lincoln is a vibrant community, perfectly situated within an hour of both Coffin Bay and Lincoln National Park. Here, you will find South Australia's most beautiful beaches, camping spots, hiking trails, local fishing spots and the perfect surf! There's lots of community groups to get involved in, and most of us joined the local footy and netball teams. My personal favourites were the run clubs and sunrise swims. There are many other young people who move to Port Lincoln for locum work or as backpackers, making it an easy community to make friends and get involved.

One unexpected benefit was the extended distance between Port Lincoln and Adelaide. It meant that instead of heading back to the city every second week, everyone was around on the weekends and there never any shortage of people to get out and explore the South Australian coastline!

The placement schedule comprised of 2–3-week blocks. During these blocks, you alternate between your 'home' GP clinic and specialist placements. These included Tumby Bay, anaesthetics, Obstetrics, inpatients, and the Aboriginal Health clinic. We were also allocated 1-2 days each month in ED and visiting specialist clinics of our choice. Port Lincoln has a vast array of regular specialists including paediatrics, ENT, pain, and gynaecology. Working 1 on 1 with these consultants allowed heaps of time for teaching, and the consultants were all very inclusive and loved having students.

My highlight of the year was my placement at Tumby Bay. The GP clinic is situated with ocean views, and the clinic staff went above and beyond to include us in regular pub and family dinners, after clinic social events and community groups. In the clinic, you are able to work with any emergency cases, skin suturing clinics and be on-call for emergency presentations.

I absolutely adored my year in Port Lincoln and will remember this time and the people I met for the rest of my life.



Student Profile

Katherine Dumas
2023 Cohort

PAST STUDENTS TO CONTACT

Katherine Dumas (2023) 0406581693/Facebook
Reema Madike (2024) 0426049647/Facebook

katherine.dumas@student.adelaide.edu.au
reema.madike@student.adelaide.edu.au



CEDUNA / PORT LINCOLN

Type of Program:

Integrated Learning.

As of 2025, students will spend one semester in Ceduna and the alternative semester in Port Lincoln. As there are only 2 students at a time in Ceduna, there is a high level of flexibility to your weekly schedule depending on your interests, outreach opportunities, ED presentations and visiting specialists. The Ceduna Hospital is attached to the GP Plus clinic, high-acuity aged care unit (known as Kulhmann Wing) and low-acuity aged care village (known as “The Village”).

The Hospital has:

- Theatre
- ED (Staffed by Local and Locum GPs)
- 12 Bed Ward – Labour, Delivery Suite

The GP Plus Clinic has:

- Permanent GP-Anaesthetists
- Permanent GP-Obstetricians
- Visiting Locum GP

Teaching Overview and Structure:

Students’ time is split between GP (plenty of parallel consulting), skin excision clinic (lots of suture practice), ED, ward rounds in the hospital/aged care facility, visiting specialists, assisting visiting surgeons (mostly general and ENT surgeons), scope lists, Yadu Health clinic (local Aboriginal Health Service), outreach visits to nearby Aboriginal communities, and paramedic ride-along days.

Indigenous Health / Outreach Trip Opportunities:

Ceduna has a considerable permanent Aboriginal population (about 25%) and a community of people who regularly visit from surrounding communities (mostly Yalata, Koonibba, Scott-Desco, Oak Valley). Opportunities arise throughout the year to visit these communities as part of the clinical placement.

Unique Site-Based Teaching Opportunities:

Ceduna is a very hands-on placement. You will have the opportunity improve your practical skills including suturing, venepuncture, and cannulation almost daily. In the ED, you will have considerable independence with working patients up yourself before being seen by a doctor. Additionally, you will have time on-call if you choose and the doctors/nurses will contact you if there’s something interesting or that you might like to see/do (e.g., major trauma, resuscitation, suturing, catheter insertion, fracture reduction, birthing... name it all)! Most of the time, it’s just you and the GP, midwife, or specialist (of which there is one almost weekly, e.g., General Surgery, ENT, Cardiology, Endocrinology, Dermatology, Paediatrics, Nephrology, Ophthalmology, General Medicine/Physician, and Gynaecology).

You will also be able to experience sitting in with a variety of visiting specialists at the Aboriginal Health Service if you are interested! There is no doubt you will receive excellent one-on-one teaching. The doctors, midwives, and nursing and hospital staff are all super familiar with having medical students and are very keen for you to get involved in anything you wish to get your hands on. Your site academic and student coordinator are also very supportive of you lapping up educational opportunities (e.g., RDWA education session at local pub, early childhood visits at preschool with CaFHS nurse).

Clinical Sessions:

- **Total Number of Clinical Sessions Per Week:** 2 Full Day Clinical Sessions + 3 Half Day Clinical Sessions + 2 Half Day ARCS Zoom Tutorials.
- **Parallel Consulting Opportunities:** Majority of Clinical Sessions. Varies with Specialists.

Other Attractions of Site:

- Copious fishing at your doorstep. Whale watching opportunities at the Head of Bight.
- World renowned surf beachies, which are all only a short drive away!
- Unique Aboriginal art scene.
- World's longest golf course, the Nullarbor Link Golf Course, which you just must check out!

EXAMPLE WEEKLY TIMETABLE

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Aged Care Rounds	Theatre	Visiting Specialist	Visiting Specialist	ED
PM	GP Clinic – Skin Excisions	ARCS Tutorials (VC)	GP Clinic	ARCS Tutorials (VC)	Study Afternoon

FAST FACTS CEDUNA

Number of Students 2026:	4 (2 Port Lincoln, 2 Ceduna at one time, alternative semesters)
Type of Teaching Program:	Integrated
Location:	Ceduna (and Port Lincoln)
Population:	~3,700
Distance from Adelaide:	775kms (roughly 8-to-8.5-hour drive)
Famous for:	Oysters (and Oyster Fest!), fishing, pristine beaches, and surf, whale-watching!
Accommodation:	Three-bedroom house with two bathrooms and large backyard (with lots of fruit trees) on the foreshore. The house has a great view of the Ceduna Bay, is across the road from a swimming beach, and is 400m (easy walking distance) from the local pub, hospital, and shops (everything you could ever need)!

STUDENT EXPERIENCE

I really wasn't sure about moving to a small town far away from home but spending a year living in Ceduna was a highlight of medical school for many reasons! Firstly, you are likely to be living on the foreshore with views of the bay and stunning sunsets every night. With only a 3-minute commute to placement and the ability to come home for lunch on most days, you really can't get better than this for fifth year!

More importantly, placement is very hands-on. As there were no junior doctors in Ceduna during my time there, we were always the first to be asked to observe and assist with medical procedures by the GPs. Coming to Ceduna is a great way to increase your confidence with practicing medicine and improve your clinical reasoning skills, especially when you are a 4-hour drive away from the nearest CT scanner!

The hospital, GP practice and aged care village are all conveniently located on the same premises. There is always a GP anaesthetist and obstetrician in town along with a few other locum GPs that come for a few weeks at a time. The program is largely integrated – every day of the week is different in terms of what you do. Some opportunities include parallel consulting with the GPs, working up patients in ED, assisting visiting surgeons (general surgery, ENT, gynaecology, ophthalmology) in theatre, joining visiting specialists for their clinics (cardiology, nephrology, endocrinology, dermatology, respiratory), joining the GP on their aged care rounds at the Village, attending the Aboriginal Health Service Yadu Health and joining their outreach trips to surrounding Aboriginal Communities like Koonibba and Scotdesco. More unique opportunities include joining the Community Paramedics on their trips and going to more distant Aboriginal Communities like Yalata and Oak Valley with the Kakarrara Wilurarra Health Alliance.

A highlight for me was working in the ED. I had the opportunity to work-up the patient independently by taking their history, performing an exam and commencing basic investigations and interventions such as cannulation and suturing under the supervision of supportive doctors. This really allowed me to apply what I had learnt in previous years and improve my learning.

The town and surrounds have a lot to offer! Fishing, surfing, snorkelling, 4-wheel driving, oyster shucking, camping and more. With the Nullarbor to the west and the picturesque town of Streaky Bay to the east, there is a lot to do on the weekends. If you're into sport, you can get involved in local footy or netball too. All the doctors in Ceduna kindly invited us along to many events in the town or day trips to surrounding places and beaches.

If you're worried about coming back to Adelaide to visit friends and family, there are flights in and out of Ceduna most days of the week. I really think that Ceduna is an underrated town and placement for fifth year. There is so much variety when it comes to the clinical presentations you see which prepares you well for your final exams. Why not have fun living by the sea and eating cheap oysters while doing it? 🍷



Student Profile
Aditi Kamath
2023 Cohort

PAST STUDENTS TO CONTACT

Aditi Kamath (2023)

0407 460 885/Facebook

aditi.kamath@student.adelaide.edu.au

Lachlan Matheson (2025) Facebook

lachlan.matheson@student.adelaide.edu.au

**Type of Program:**

Integrated Learning.

Students spend time on specific wards each week, one day a week at a General Practice parallel consulting and another day have their own 'clinical choices' time. This allows students to sit in with a visiting specialist, spend more time on a specific ward or attend ward rounds. During the student's time in Broken Hill, they will also spend time in O&G, Paediatrics, Emergency Department, Medical Ward, Surgical Ward, and Anaesthetics.

Teaching Overview and Structure:

The teaching students receive in Broken Hill is through the main ARCS Zoom tutorials. There is one site specific tutorial which runs monthly called "ENRICH." ENRICH is an interprofessional program which students are required to attend. The sessions range from learning about otitis media and basic life support to stroke simulations to world religion. Students can also attend weekly JMO education, Critical Care Education and Grand Rounds facilitated by the Broken Hill Health Service.

Unique Site-Based Teaching Opportunities:

Students may have the opportunity to be exposed to the work of the RDFS in Broken Hill. These opportunities vary from year to year depending on workforce capability and there is no guarantee of an RFDS placement. For those lucky enough to attend, the word is to skip breakfast and save room for the scones, they will change your life!

The ARCS students are part of a wider medical student collaborative training with up to eight other students from University of Sydney and University of Wollongong. There are usually always other elective students in Broken Hill as well, these range from medical, nursing, and allied health, so you are guaranteed to have a great experience.

Indigenous Health / Outreach Trip Opportunities:

Students have the rewarding opportunity to spend four weeks in one of the very remote communities. These communities include Wilcannia (2 hours east) and Menindee (1 hour south-east). These remote rotations are designed to push students outside of their comfort zone and provide exposure to very remote medicine and Indigenous health. Beyond that, the communities are uniquely different.

MENINDEE

Menindee is a small community with a population of approximately 650 people, with 36% being Indigenous. Menindee Health Service is a Primary Health Care Facility, consisting of an ED and consulting rooms (no inpatient services), and is staffed by Registered Nurses and Aboriginal Health Care Workers. The Royal Flying Doctor Service runs General Practice clinics up to three days per week at the Menindee Health Service. Maari Ma Aboriginal Health Service also run 2 clinics per week for Chronic Disease Management.

WILCANNIA

Wilcannia is a historic river town with a population of ~700, with many Indigenous people. Wilcannia Hospital was redeveloped as a multi-Purpose Centre and officially opened in 2002. The MPS provides integrated services including community health, 24-hour ED care, ambulance, in-patient and residential aged care places. Although there are no designated 'acute beds', there are facilities for short term, low risk admissions with the approval of the Royal Flying Doctor Service Medical Officers. The RFDS provide a minimum of 3 clinics per week, which are supported by telephone consultations and emergency retrievals. Like Menindee, Maari Ma Aboriginal Health Service run 2 clinics per week.

Clinical Sessions:

- **Total Number of Clinical Sessions Per Week:** Students have equal to 1 day GP Parallel Consulting, 2 days allocated to a ward, 1-day clinical choices and 1 day ZOOM tutorials/ENRICH (Monday) monthly.
- **Parallel Consulting Opportunities:** All GP Clinical Sessions. May vary for visiting specialists.

Other Attractions of Site: *Think Rural, Think Broken Hill!*

Broken Hill is a friendly community with amazing sunrises and sunsets, national parks with phenomenal walking tracks, fitness facilities with student rates, park run, weekly trivia and two up, and Menindee lakes are only an hour away! There are many 'must attend' events: St Pats Races, Broken Hill Festival, Silver City Cup, several Gymkhanas and Rodeos and gala events such as the RFDS Ball. Your time outside of clinical placement can be spent mountain-bike (or camel) riding, bushwalking, playing sport, camping, exploring Silverton and the Historic Daydream Mine, weekend river trips and so much more.

EXAMPLE WEEKLY TIMETABLE

Name	Mon AM	Mon PM	Tues AM	Tues PM	Wed AM	Wed PM	Thur AM	Thur PM	Fri AM	Fri PM
Student 1	Parallel Consulting CBMC		0800 - 1200 O & G	1200 Tutorials	CC		0800 - 1200 O & G	1200 Tutorials ENRICH	0800 - 1600 O & G	
Student 2	0800 - 1600 O & G		CC	1200 Tutorials	0800 - 1600 O & G		CC	1200 Tutorials ENRICH	Parallel Consulting CBMC	
Student 3	0800 - 1600 Paeds		CC	1200 Tutorials	0800 - 1600 Paeds		CC	1200 Tutorials ENRICH	0800 - 1500 ED AM	
Student 4	CC		0800 - 1200 Paeds	1200 Tutorials	Parallel Consulting William Street Surgery		0800 - 1200 Paeds	1200 Tutorials ENRICH	0800 - 1600 Paeds	

FAST FACTS BROKEN HILL

Number of Students 2026:	4
Type of Teaching Program:	Integrated ('Blocked' Paediatrics and Obstetrics)
Location:	Broken Hill (Far West NSW, NE of Adelaide)
Population:	~18,000
Distance from Adelaide:	520kms (5 hours 40 minutes)
Famous for:	Birthplace of the world's largest mining company BHP!
Accommodation:	Fifth-year students in Broken Hill share a 4-bedroom, 2-bathroom house with a communal lounge area, kitchen, and laundry. The accommodation is 800m from the Broken Hill Hospital. Cheap bike and swag hire is available for the year. Wireless internet is provided in Broken Hill and on remote placement.

STUDENT EXPERIENCE

Broken Hill, known as the “Silver City,” is a town in Far West NSW. Its traditional owners are the Wilyakali people; however, due to displacement, many Aboriginal peoples have spiritual connections with the land, including the Baakintji people of the Darling River. Established as a mining town in the 1800s, Broken Hill continues to be actively mined today. Over the years, it has evolved into more than just a centre for lead, zinc, and silver mining, becoming a cultural hub with prominent festivals such as the St. Pat's Day races, Mundi Mundi Bash, and Broken Heel Festival (referred to as the “Mardi Gras” of the bush), along with rodeos, footy club events, pop-up markets, trivia nights on Tuesdays, karaoke on Wednesdays, and various weekend activities organized by students or the footy club. For sightseeing, visitors can explore old mine tours, RFDS base tours, numerous galleries, the sculptures, Mutawintji National Park, Menindee Lakes, and much more. Heck you could ride a bull at the White Cliffs Rodeo even if you're keen.

Broken Hill attracts a significant student group from a variety of degree programs and universities who visit for periods ranging from 2 days to a year. Throughout the year, there are typically 30-40 students on placement in town, living nearby, and adding to the lively atmosphere.

During placements in Broken Hill, students experience a predominantly hospital-based curriculum. Each week spending two days on a specific ward, a day in general practice, a day attending online ARCS lectures, and a day of clinical choices (essentially if you can organise it, you can do it – see if you can get on some RFDS flights or simply sit in with visiting specialists! Also... 50% can be used for study). By the end of the year, students find themselves integrated into the hospital team while maintaining continuity of care with GP patients. Additionally, each student spends a four-week block in a remote Aboriginal community, providing a unique and enriching experience.

In summary, Broken Hill offers a well-rounded experience of living in a country town, combining a diverse mix of hospital and GP-based practice with ample opportunities for community engagement and enjoyment. I would 100% recommend.



Student Profile

Liam Halford
2023 Cohort

PAST STUDENTS TO CONTACT

Georgia Williams (2025) 0401128903/Facebook
Isabel Unwin (2024) 0490016196/Facebook

georgia.williams@student.adelaide.edu.au
isabel.unwin@student.adelaide.edu.au

BAROSSA

Type of Program:

Integrated Learning.

The Barossa is integrated for most of the year, with majority GP interspersed with different specialists. The Barossa is a bit different from other rural sites in that it comprises of 4 towns: Angaston, Kapunda, Nuriootpa, and Tanunda. A map is shown on the right so you can wrap your head around it!

Teaching Overview and Structure:

The Barossa always has a mix of Adelaide and Flinders students; however, the proportions do change from year to year. In 2025, there are 5 Adelaide and 5 Flinders students, 10 altogether. In 2026, there will be 4 students heading to the Barossa. If placed here, you will have a **second-round interview** later in Semester 2 to decide which town to go to.



Clinical Sessions:

- **Total Number of Clinical Sessions Per Week:** 6-7 Half Day Clinical Sessions (1 Day On Call + 2 Half Days at Gawler) + 1 – 1.5 Days Site-Based Teaching + ARCS Zoom Tutorials. 4 Half Day Study Sessions (built into Barossa timetable, own free time but need to be at clinic).
- **Parallel Consulting Opportunities:** 2 Half Day GP Clinical Sessions Per Week.

On Call:

Different clinics have different on call rosters; however, most are very flexible, and most students have found being on call a useful experience. You should also be able to swap shifts/take leave as you need.

- **Angaston:** 1 day a week (8am – 8am) and 1 weekend a month (8am Saturday – 8am Monday).
- **Kapunda:** 1 night a week (5pm – 8am overnight) and 1 weekend a month (5pm Friday – 8am Monday. This includes Saturday/Sunday morning ward round +/- evening OPD). You may be expected to cover Public Holidays (however most of the doctors are open to negotiate this).
- **Nuriootpa:** Shares Tanunda hospital cover with Tanunda GP's. Nuri students tend to be rostered on with Nuri doctors. On average, this is 1 weekday night a week and 1 weekend day a month. On call is 8am – 8am the following day.
- **Tanunda:** Shares Tanunda hospital cover with Nuri GP's. Tanunda students tend to be rostered on with Tanunda doctors. On average, this is 1 weekday night a week and 1 weekend day a

month. On call is 8am – 8am the following day. If you are on-call on Saturday, there is also a morning (parallel consulting) clinic, usually 9am – 11:30am. As Tanunda hospital is across the road from the GP clinic, even when you are not on call you can check on patients or follow them across.

Blocks:

- **Obstetrics and Gynaecology**

If you are placed at Angaston, Tanunda, or Nuriootpa, all your O&G experience will be either in GP or with the Gawler O&G team (since closure of Tanunda Obstetric Services in 2018). Students placed at Kapunda still gain exposure to Obstetrics, with a functioning labour ward and theatre for cesareans. Gawler is about 20 minutes away; students can expect to go there 1-2 times per week for gynaecology or antenatal clinic, theatre, or labour ward. Other towns get 1-2 weeks rostered on labour ward in Gawler, but this can be very hit and miss with involvement in natural deliveries. It is also reliant on midwives calling you in (tends to be challenging). Tanunda, Angaston, and Nuri would not be recommended if you are interested in O&G.

- **Other Specialties**

Likely 6 sessions over the year including Rheumatology, ENT, Orthopaedics, General Surgery, Urology, Obstetrics/Gynaecology, and Dermatology. May occur at local hospitals, or at Gawler.

Note that you will still live in the Barossa accommodation and drive each day e.g., to Gawler or LMH.

Flinders Content:

Barossa students take part in both Adelaide and Flinders teaching. Although the Flinders teaching is not technically part of our curriculum, there is reasonable overlap that most students have found them very useful. Students have the option of attending Flinders University teaching if interests them, occurring every Thursday all day +/- Tuesday afternoon after Adelaide University teaching. Teaching is done at the University Hub in Nuri.

Simulation:

Students in Barossa engage in APIC simulation sessions every 3 weeks with Dr Lisa White in the amazing Simulation room at the University Hub.

Indigenous Health/Outreach Trip Opportunities:

There is not a large Indigenous population in the Barossa and there is limited exposure in GP clinic. Flinders University employs an Elder who runs the Indigenous Health Education, with tutorials every 1-2 months. There is also an Indigenous Health Unit at Gawler that we are yet to participate in, but if this was a particular interest of yours, there may be potential for involvement. Opportunities to join a GP on Swan Reach clinics (Angaston) or a trip to the Northern Territory may present; however, are site dependent and may come out of non-placement times e.g., mid-year holidays.

Other Attractions of Site:

The Barossa Valley is one of Australia's most famous wine regions. There are no shortage of wineries, restaurants, and coffee shops. Being one of the most beautiful parts of South Australia, and only an hour from Adelaide, you will find your family and friends visiting often. In the wise words of Miley Cyrus, it is the best of both worlds.

FAST FACTS BAROSSA VALLEY



Number of Students 2026:	4
Type of Teaching Program:	Integrated
Location:	Barossa Valley Angaston, Kapunda, Nurioopta, Tanunda and Gawler
Population:	Approximately 20,000 including all towns
Distance from Adelaide:	71km (~1 hour)
Famous For:	Maggie Beer, Penfolds, Seppeltsfield, WINE!
Accommodation:	Each site has own accommodation. See the ARCS website https://health.adelaide.edu.au/rural/site-locations/sites/barossa/ for more details regarding accommodation at each site.

EXAMPLE WEEKLY TIMETABLE

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Parallel Consult GP Clinic	On Call	Gawler Antenatal Clinic	Site Local Tutorial	Gawler Specialist Consulting
PM	Afternoon Study	ARCS Tutorial (VC) On Call	Parallel Consult GP Clinic	ARCS Tutorial (VC)	Afternoon Study

STUDENT EXPERIENCE

Spending 5th year in Kapunda has been arguably the most formative and rewarding experience of my time in medical school. Kapunda is a charming rural town, located just on the edge of the Barossa Valley, and it turned out to provide me with the perfect balance of work and life that a 5th year medical student could ask for.

Working and studying in Kapunda offered an exceptional combination of hospital and GP practice exposure, giving me a wide range of hands-on clinical experience. The GP practice was split between Kapunda and Eudunda, two neighbouring towns rich in agricultural and mining history. Time spent in these two GP clinics was diverse, fast-paced, and deeply rewarding. These areas, with their close-knit communities, often served as the backdrop to many of my learning moments, where patient care involved building trust and continuity over time—an aspect of medicine that I hadn't fully appreciated before.

Kapunda Hospital, serving a large catchment area, provided me with an immense opportunity to broaden my clinical skills. Although the hospital is small, the wide variety of services it provides included everything from obstetrics, where I had the privilege of delivering my first baby, to paediatrics and emergency medicine. Often, we would be visited by the MedSTAR helicopter who would land in the hospital carpark and transfer sick patients to the RAH. The hands-on experience didn't just stop there; I was able to assist in theatre with multiple surgical specialties, and the combination of working in the single room emergency department and on-call exposure meant that no two days were ever the same. Kapunda gave me a true feel for the unpredictability of rural medicine—learning how to handle everything from the routine to the highly urgent.

Life in Kapunda complemented my clinical experience in ways I could never have expected. Although it was just a 55-minute drive from Adelaide, it felt like an entirely different world. The town's peaceful, country atmosphere made for a much-needed contrast to the intensity of hospital shifts and patient care. On my days off, I was never far from nature, with the stunning landscapes of the Barossa Valley just a short drive away. The region, renowned for its world-class wineries, became our escape—whether it was enjoying a glass of wine overlooking vineyards or exploring the historic townships nearby. Life in Kapunda struck the perfect balance between rural serenity and the vibrant atmosphere of one of Australia's most famous wine regions.

My experience in Kapunda had a profound impact on my professional and personal growth, and I came away with a deep appreciation for rural medicine, the community spirit of small towns, and the chance to live and work in one of the most scenic areas of South Australia. The memories of delivering my first baby, assisting in surgeries, and unwinding with a glass of local wine are things I will cherish forever.



Student Profile
William Proudman
2023 Cohort
Kapunda

STUDENT EXPERIENCE

Growing up in Gawler, I was very excited to hear that I could spend my 5th year studying out in the Barossa. I spent the year in Angaston, in a house walking distance from the GP clinics and hospital. I never paid for parking, was given free coffee almost daily, and had doctors cooking dinner for me regularly.

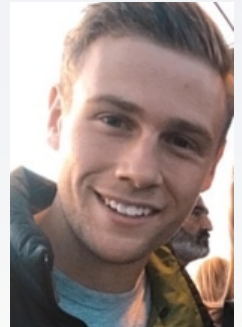
I can confidently say that the decision to head to the Barossa led to the most enjoyable and fulfilling year of medical school that I've had. The breadth of experiences for a medical student was invaluable. I had a year where I felt that I was able to get involved in clinic, hospital, and theatre work. I was lucky enough to build genuine relationships with the medical team throughout the year and (in a supported way) improve my confidence to function as an independent clinician. I found placement to be so much more rewarding when you genuinely feel like you are part of the team, not just a fly on the wall. Whilst Barossa may not have had many resident specialists, I certainly didn't feel like I missed out. We were still able to get plenty of specialist Paediatrics experience at LMH, as well as Obstetrics and Gynaecology from Gawler hospital.

The first-hand clinical experience was backed up by both university and in clinic teaching. Having the same tutors throughout the year meant that we were taught by doctors who knew our strengths and our weaknesses, and with that, were able to prepare us very well for OSCE's and exams.

Barossa also allowed me the flexibility to visit home easily when needed, a luxury which not all other sites are blessed with. This allowed me to find a balance between work and life that I had been looking for. As well as having an amazing clinical experience, I was able to spend the year playing football, winery hopping and staying in touch with friends and family.

Spending the year away from home can be a big change for a lot of us, but I was very grateful to be so well supported by both the university and the Barossa team. As with all things worth doing, there will be challenges, but in my humble opinion- the benefits far outweighed the adversity.

I can't recommend the Barossa experience to future students highly enough. To anyone thinking about it, please feel free to get in touch- I'm more than happy to chew your ear off about how much you'd love it!



Student Profile
Rhys Hankinson
2023 Cohort
Angaston

PAST STUDENTS TO CONTACT

Aleesha Proeve (2024)	0432736664/Facebook	aleesha.proeve@student.adelaide.edu.au
Ayush Lohana (2025)	Facebook	ayush.lohana@student.adelaide.edu.au



Type of Program:

Integrated Learning.

The integrated Mount Barker program is based mostly at the Summit Health Centre, a building which houses a GP practice, visiting medical specialists, allied health workers and currently a priority care centre, which takes low-acuity emergency patients referred from the nearby hospital. Mount Barker District Soldiers Memorial Hospital is located right next door, and here students can attend the ED, antenatal clinic, the maternity ward, and operating theatres.

Teaching Overview and Structure:

Throughout the year, students will spend most of their time with GPs (including GP-Anaesthetists and GP-Obstetricians) in regular general practice clinics, the priority care centre and theatre. Opportunities to sit in with visiting specialists (which may include ENT, General Surgery, Plastic Surgery, Dermatology, Endocrinology, Geriatrics, Gynaecology, Paediatrics, and Orthopaedics) and local midwives are also present. There is a maternity area in the hospital catering for around 600 births per year. Students are also rostered on ED 1-2 times per fortnight.

Clinical Sessions:

- **Total Number of Clinical Sessions Per Week:** 5 Half Day Clinical Sessions + 1 Weekly Site-Based Tutorial + ARCS Zoom Tutorials.
- **Parallel Consulting Opportunities:** Parallel Consulting in GP sessions is doctor dependent. Most GPs are happy to allow this opportunity. All ED sessions involve Parallel Consulting.

Indigenous Health/Outreach Trip Opportunities:

Unfortunately, there is limited opportunities to be involved in Indigenous Health and Outreach trips. This may change in future years. In 2023 and 2024, students have done a short-term placement in Ceduna which has a large Aboriginal community.

Unique Site-Based Teaching Opportunities:

The ED and current priority care centre are fantastic opportunities to assess patients, present the case to your supervising doctor and suggest management. Both environments provide students with numerous opportunities to improve their practical skills, such as blood taking, cannulas, casting and suturing. The Summit Health Centre itself rents out rooms to cardiologists, paediatricians, physios, psychologists and more who are more than happy to have students sit in with them to learn.

Other Attractions of Site:

Mount Barker offers a variety of attractions, including the nearby Hahndorf village, Mount Barker Summit for stunning views, Laratinga Wetlands for birdwatching, and wineries in the Adelaide Hills wine region. Other activities include visiting the Platform Theatre, exploring Kuitpo Forest, shopping at the Mount Barker Farmers' Market, and enjoying local hiking trails and nearby towns like Crafers and Stirling. It's also only a 40-minute drive away from Adelaide.

EXAMPLE WEEKLY TIMETABLE

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	APIC Simulation	GP Clinic	Acute Ward	Maternity IUD Clinic	Mt Barker / Balhannah
PM	Study Afternoon	Tutorial at Nairne ARCS Tutorial (VC)	GP Clinic	Tutorial at Nairne ARCS Tutorial (VC)	Palliative Care VC Simulation

FAST FACTS MOUNT BARKER

Number of Students 2026: 2

Type of Teaching Program: Integrated

Location: Mount Barker

Population: ~42,000

Distance from Adelaide: 34km (40 minutes)

Famous for: Laratina Wetlands, Historic Gawler Street, and a handful of wineries.

Accommodation: 4-bedroom, 2-bathroom (1 main, 1 ensuite) share-house with a large kitchen and two living areas. It is a 4-minute drive from the GP clinic and Mount Barker District Hospital. Occasionally have a 6th Year Student for 4 weeks.

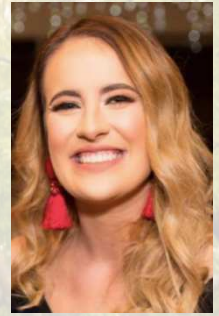
STUDENT EXPERIENCE

The rural 5th year program, particularly in Mount Barker, was something I'd been dreaming of since starting medicine and my reasons for applying were many. Firstly, the sense of community found in rural locations is absolutely incredible. I was privileged enough to have 9 weeks of surgical placement in Whyalla during 4th year. Whilst there, nurses at the hospital adopted me into their local netball club and kept an eye out for me at the hospital. In the short time they became like an extended family and I was able to engage with patients with more confidence as I was aware of local activities and felt a part of their community; subsequently patients were more willing than I expected for me to have a go taking their blood, putting in a cannula, seeing me as their initial consult in a parallel consult setting despite being a student etc. This experience has continued and blossomed this year in Mount Barker.

Secondly, being from the area myself I know how exciting Mount Barker is; it is one of the fastest growing regional centres in Australia, a catchment area for more than 70,000 people. Only recently has there been funding for a 24-hour onsite doctor which has meant exciting ED after hour experiences as a student. Also being so close to Adelaide it attracts lots of visiting specialists which has provided brilliant one on one learning with surgeons and other specialists in theatre and clinic as there are no interns or other medical students. This has kept my SHU and MHU knowledge from 4th year at the forefront as I am constantly having the opportunity to engage in these areas. Thirdly, the maternity area and number of births in Mount Barker is a large attraction. Learning from GP obstetricians and Obstetricians & Gynaecologists has meant we've had amazing teaching and experiences x600* (the number of births!)

There are a million more reasons Mount Barker has been incredible, but I will finish with the people; The patients in the community are more than happy to see a student, providing ample opportunities for parallel consults on a regular basis in the GP setting. This delivers an incredible opening to learn and grow in confidence with your own OSCE skills, which in turn become your skills as a future doctor. The GPs are incredible at what they do and how they teach. They are also keen to get you involved in the community; the local footy competition (HFL) being the next best competition in SA outside the SANFL with both men's and women's teams, the netball association equally as strong and fun, the cafés, libraries, wetlands, hiking trails, wineries mean whenever a study break is needed there's always a beautiful place to go or something to do.

*We weren't present for all the births, but the number of amazing experiences has been >600



Student Profile
Mel Kuiper
2018 Cohort

PAST STUDENTS TO CONTACT

Ashini Ekanayake (2024) 0404648795/Facebook
Tyler Wachtel (2024) 0474053917/Facebook

ashini.ekanayake@student.adelaide.edu.au
tyler-jay.wachtel-kavanagh@student.adelaide.edu.au



CLARE + PORT AUGUSTA

Type of Program:

Combined Integrated and Blocked Learning.

Students placed in Clare complete their Obstetrics and Gynaecology rotation in Port Augusta for 6 weeks as part of a blocked program. For the rest of the year, while in Clare, the teaching is integrated.

Teaching Overview and Structure:

During the Integrated Program in Clare, students have a range of 5 clinical sessions per week. These may be GP parallel consulting, on call/ED, specialist consulting, anaesthetic, theatre and procedural/treatment nurse sessions, skin check clinics, or outreach clinics in Snowtown and Burra. There is also one-half day a week scheduled for a specialised tutorial with the site's GP academic supervisor (covering a range of topics such as eyes, ears, performing slit lamp examinations) and 2 half days of private study.

Clinical Sessions:

- **Total Number of Clinical Sessions Per week:** 5-7 Half Day Clinical Sessions + 1 Half Day Site Based Teaching + 2 Half Day ARCS Zoom Tutorials.
- **Parallel Consulting Opportunities:** With All Clinical Sessions (except Anaesthetics / Visiting Specialists) i.e., 4-5 Sessions Per Week.

Indigenous Health/Outreach Trip Opportunities:

There is an opportunity to spend one week in Menindee and Wilcannia, towns approximately 150 km out of Broken Hill, with one of the Clare GPs, Michael Nugent. Dr Nugent works with Maari Ma, an Aboriginal health organisation, and focuses on building rapport with people who have higher risks of cardiovascular events, particularly those with Diabetes Mellitus. Furthermore, outreach clinics to Snowtown or Burra occur frequently, and you often drive down with a doctor for the day and parallel consult.

Unique Site-Based Teaching Opportunities:

There are a range of visiting specialists who visit the clinic on a fortnightly or monthly basis (may be on a weekend). This allows you to sit in one-on-one with consultants from various fields, such as Endocrinology, Dermatology, ENT, Rheumatology, Psychiatry, Respiratory and Sleep Medicine and Cardiology. The specialists are often keen to get you involved with their theatre lists if applicable. The GPs at Clare Medical rotate through an on-call roster in the Hospital/ED and are very encouraging of

medical students being involved. This will mean seeing inpatients, palliative medicine, emergency presentations, taking your own portable X-Rays, doing backslabs, suturing, and taking part in resuscitations. Additionally, you will be able to sit in on clinical sessions with the Optometrist, Pharmacist, Dentist and Paediatric Occupational Therapist, to gain a better understanding of the allied health team in Clare.

Other Attractions of Site:

Clare is a beautiful place to live. The surrounding valley and little towns are very picturesque and there are ample wineries to visit. Not only is there wine, but also a new Gin Distillery that is a must-visit. The main street has beautiful restaurants like Ragu and Co, a rooftop cocktail bar, and Indii, which serves the best Indian food around. Must attend events include the Clare Easter Racing Carnival, Blenheim fest, and Gourmet weekend. All your friends will want to visit! Clare Medical Centre has a great culture, and there are many social events with the GPs, nurses, and reception staff throughout the year. The community is always so excited to have medical students involved, from the weekly parkrun, walking group each Thursday on the Riesling Trail, to netball, squash and other sports, and volunteering! The main town of Clare itself has everything you need and is still an easy (less than) 2-hour drive from Adelaide should you ever need to return throughout the year (but don't worry, you won't want to).

EXAMPLE WEEKLY TIMETABLE

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	GP Parallel Consulting	Anaesthetics (Theatre)	GP Clinic / Procedural Session	Site Academic Tutorial	GP Clinic Burra Outreach
PM	GP Parallel Consulting	ARCS Tutorial (VC) Study Afternoon	Study Afternoon	ARCS Tutorial (VC) Study Afternoon	GP Clinic Burra Outreach

FAST FACTS CLARE

Number of Students 2026:	3
Type of Teaching Program:	Majority Integrated (Clare), 6 Weeks Blocked (Port Augusta)
Location:	Clare Valley, Mid-North SA + 8 Weeks in Port Augusta
Population:	3,200
Distance from Adelaide:	136km (1 hour, 45 minutes)
Famous For:	Wine, Riesling Trail, locally grown produce, boutique businesses, 'Burnside of the Mid-North'
Accommodation:	5-bedroom, 2-bathroom (1 main, 1 ensuite) share-house with a large kitchen and two living areas. It is a 4-minute drive from the GP clinic and 6 minutes from Clare Hospital. Share house with 6 th Year Student changing 4 weekly (6 students over year).

STUDENT EXPERIENCE

My name is Isuri, and I was one of three fifth-year students who spent their rural year in the beautiful Clare Valley in 2024. Clare is a truly stunning spot nestled in the northeast, only 1 hour and 40 minutes from Adelaide. It's home to some of the world's best wineries, the picturesque 30km Riesling Trail, and an incredibly welcoming community.

During the year, fifth-year students are mainly attached to the Clare Medical Centre (CMC), in addition to spending six weeks at Port Augusta Hospital for Obstetrics and Gynaecology. CMC has approximately 15–16 rural generalists with varying interests and specialisations, including anaesthetics, obstetrics and gynaecology, children's health, mental health, and skin cancer. At CMC, students are allocated approximately two GP sessions per day parallel consulting. These sessions also provide hands-on experience with small procedures such as venepuncture, wound assessment, slit lamp examination, skin biopsies, and excisions.

Once every two weeks, we were also rostered with the on-call GP, where students are usually the first assessors of acutely ill patients at both the clinic and the emergency department at Clare Hospital. Since CMC also operates centres in Burra and Snowtown, students can travel and participate in clinic-hospital-aged care attachments in these towns alongside one of the GPs.

Students also have the opportunity to attend multiple anaesthetic sessions at Clare Hospital throughout the year with many of the GP anaesthetists from CMC. These sessions were helpful in consolidating knowledge gained during weekly APIC tutorials. Anaesthetic lists allowed us to practice key skills such as cannulation and airway manoeuvres, assist in drawing up and administering medications, and deepen our theoretical knowledge of anaesthetics.

Another unique opportunity for Clare students is to visit rural communities like Wilcannia, Coober Pedy, and/or Copley and Nepabunna, accompanied by Dr Michael Nugent from CMC. These trips provide invaluable insight into the complexities of Indigenous health. We observe and conduct parallel consults, assist with minor procedures, and learn about the history and culture of these communities. Every trip we went on was fantastic — and who knows, you might even learn how to drive a manual car during one like I did!

One of the most special aspects of the Clare ARCS program is the six-week Obstetrics and Gynaecology rotation in Port Augusta. This invaluable experience allows students to be part of the O&G team's ward rounds, observe and assist in labours in the birthing suite, attend and participate in clinics, and scrub in for C-sections and various gynaecological procedures. The consultants are incredibly supportive and actively engage with students throughout the rotation. It was undoubtedly one of the highlights of our year.

Beyond all the incredible clinical and academic opportunities that the Clare ARCS program offers, it's the wonderful and welcoming community that truly made my year special. Having never been a runner before, I was introduced to parkrun by our amazing student coordinator. Not only did I discover a new hobby, but I also formed some life-long friendships through it. The beautiful Riesling Trail, which winds through the Valley, is perfect for running, walking, and cycling. Clare is also a sporting hub with a strong football and netball community, so if you're keen to get involved, there are plenty of opportunities. With world-class wineries, Thursday morning walks with locals, pub quiz nights, and events like the Gourmet Weekend and the Clare Rodeo, there's never a dull moment in the Valley.

If you're considering a rural fifth year, you're already on track for an amazing experience. Hopefully, I've convinced you that the Clare program is truly exceptional - you won't regret preferencing it high on your list!



Student Profile
Isuri Seneviratne
2024 Cohort

PAST STUDENTS TO CONTACT

Annie Fewster (2025)	0403739717/Facebook	annie.fewster@student.adelaide.edu.au
Lauren Whittington (2024)	0419222365/Facebook	lauren.whittington@student.adelaide.edu.au



KADINA + WALLAROO / MOONTA

Type of Program:

Integrated Learning.

Each of the three towns in the Copper Coast have their own medical clinic, enabling the 4 students to be spread out over the 3 different practices and the hospital. You rotate between Kadina Medical Centre and Wallaroo/Moonta.

Teaching Overview and Structure:

As the program is integrated, you'll spend most of your time rostered on with one of the GPs at the practice you're assigned to. When you're rostered on with a doctor at Kadina, you'll also be involved in antenatal/midwife clinics and complete an anesthetics week. The GP-Obstetrics and midwives love to get you really hands on so you will be able to attend lots of births. Make sure you let the team know you're interested (keep reminding them as labours can be stressful, and they can forget). New to 2025, Kadina students are rostered on for a total of 8 weeks ED with the locums at Wallaroo Hospital. This is completed in 1-week blocks interspersed throughout the year. You are also encouraged to do a couple of ED weekend shifts; this is purely to see and do as much as you can.

Clinical Sessions:

- **Total Number of Clinical Sessions Per Week:** Minimum 5 Clinical Sessions Per Week + 2 Half Days ARCS Zoom Tutorials +/- Occasionally Visiting Specialists or Midwife Clinics/Births.
- **Parallel Consulting Opportunities:** All Clinical Sessions, ~5 Sessions Per Week (can be doctor-dependent, but 90% encourage parallel consulting).

Indigenous Health/Outreach Trip Opportunities:

Students will spend time at the Aboriginal Health Clinic in the main street of Moonta and travel to Point Pearce (an Aboriginal community mid-north of the Yorke Peninsula) with the Moonta Medical Centre.

Unique Site-Based Teaching Opportunities:

The location has several speakers and seminars every month covering a range of topics. Students are encouraged to attend as many sessions as possible and socialise with the local allied health staff. Take the initiative to sit in/assist in theatre with the range of specialists that visit each week including Orthopaedics, Urology, Gynaecology, Endocrinology, Gastroenterology, ENT, Paediatrics, Ophthalmology, Colorectal/General Surgeons, Psychiatry, Plastic Surgery and Cardiology. Each

student is rostered to sit with a visiting Geriatrician and Gynaecologist twice in the year. Kadina Medical Clinic has 2 doctors who are heavily involved in ARCS tutorials (great resources for 5th year)!

Other Attractions of Site:

Wallaroo's 'North Beach' is one of the best beaches in Australia and is only a 5-minute drive from the Kadina house. Port Hughes is also a short 20-minute drive away and a wonderful beach for snorkeling! Wallaroo has a new Gin Distillery/Brewery a 10-minute walk from the accommodation, a wide range of pubs and another distillery a 45-minute drive south! Kadina has a gym, which is more than happy to do deals for students, plus each of the towns have footy, netball, and hockey teams as well as many other sports (even Squash if that's your poison). Moonta has an amazing Italian restaurant, which is busy several nights of the week and superfoods café that does delicious smoothies.

EXAMPLE WEEKLY TIMETABLE

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	GP Parallel Consulting	GP Clinic	Birthing Suite	GP Clinic	GP Clinic
PM	GP Parallel Consulting	ARCS Tutorial (VC) On Site Teaching	Antenatal Clinic	ARCS Tutorial (VC) Study Afternoon	Clinic Specialist OR Study Afternoon

FAST FACTS KADINA

Number of Students 2026: 4

Type of Teaching Program: Integrated

Location: Kadina, Moonta, Wallaroo (Copper Coast, Yorke Peninsula)

Population: 14,000

Distance from Adelaide: 160km (2 hours)

Famous For: North Beach, Fishing, Cornish History and Festival, Field Days (farming/grain show), Copper Mining and 'The Farm Shed' Museum.

Accommodation: 5-bedroom, 2-bathroom (1 main, 1 ensuite) share-house with a large kitchen, two living areas and a large outdoor area. It's a 4-minute drive from the Wallaroo Hospital.

STUDENT EXPERIENCE

Hi, I'm Tristan and I spent my 5th year in Kadina in 2024. The Copper Coast is around two hours from Adelaide and includes three towns: Kadina (the largest), Moonta, and Wallaroo. If you choose Kadina, you'll live in one of ARCS' best accommodations, located in the beach town of Wallaroo – a 10-minute walk from a great swim beach, 5 minutes from the hospital, and 8 minutes from the main street. Kadina is only an 8-minute drive away and offers a leisure centre, swimming pool, gyms, library, cinema, and several pubs. The house contains a pool and table tennis table, dishwasher, spare bedroom, two living areas, and a master bedroom with an ensuite.

During our time on the Copper Coast, my housemates and I joined the local indoor soccer competition, along with several members of the community including midwives from the hospital and local café hospitality staff. We also joined one of the local footy clubs (Bute), opening the doors to community events such as the Bute Footy Ball and social gatherings with teammates. The Yorke Peninsula is also a perfect travel location, with Innes National Park on the southernmost tip, an incredible coastline and affordable camping at some of SA's nicest beaches.

As for the placement itself, most of your time is spent parallel consulting with the local GPs in Kadina, Wallaroo or Moonta. Kadina sees a broad demographic of patients, including paediatric cases, whereas at Moonta and Wallaroo most patients 65 or older. What I appreciated most was the continuity of care. At the beginning of the year, I was introduced to many patients while parallel consulting, and the doctors I worked with made a conscious effort to ensure that I continued to see those same patients—building strong, ongoing relationships with them and their families.

You also spend time in Obstetrics at the Wallaroo Hospital. Kadina Medical has an Obstetrics outpatient clinic which you attend 1-2x per week whilst on your Kadina placement. During my time in Kadina, I helped with antenatal assessments, attended several house visits with the midwife post-natal care team, was lucky enough to be first assist on 8 C-sections and present for 3 vaginal deliveries, perform 11 newborn checks, and administer countless childhood immunisations.

During my year in the country, I attended the ED fortnightly to gain experience in emergency medicine. While there, you are treated like a doctor and given your own patients to assess and handover to the supervising staff. This provided autonomy and independence with procedural skills such as taking bloods, cannulating, and suturing, as well as enabling you to practice developing appropriate management plans and treatment goals.

For anaesthetics, we were rostered with the local GP anaesthetist in one-week blocks, totalling four weeks throughout the year. We were able to practice intubation, nerve blocks, and anaesthetic induction, alongside one-on-one teaching from the GP anaesthetist. There was also plenty of opportunity to sit in with visiting specialists including orthopaedic, general, and plastic surgeons, gastroenterologists, paediatricians, gynaecologists, ophthalmologists, and many more.

The ARCS team is fully invested in ensuring you get the most out of the year. There are many simulations to ensure you're confident in BLS and obstetric emergencies, as well as plenty of opportunity to ask questions and refine certain skills you may lack in, such as suturing. There are also weekly tutorials where you spend time covering key learning objectives for each course.

I highly recommend going rural for 5th year and coming to the Copper Coast. Not only will you gain confidence in your practice, but you will also have incredible supports around you which makes "the most stressful year of medicine" a lot more manageable and empowers you to perform at your best. You will make lifelong friends and have the greatest year of your medical schooling to date, experiencing rural healthcare and having a true impact on your community. Please feel free to reach out if you have any questions!



Student Profile
Tristan Sprumont
2024 Cohort

PAST STUDENTS TO CONTACT

Manuela Rogers (2025)
Tristan Sprumont (2024)

Facebook
Facebook

manuela.rogers@student.adelaide.edu.au
tristan.sprumont@student.adelaide.edu.au



Type of Program:

Integrated Learning.

Most days are spent parallel consulting in General Practice. Students placed in Jamestown also gain exposure to Inpatients, Emergency Department, and visiting specialists throughout the year (as explained in more detail below).

Teaching Overview and Structure:

- The General Practice itself is very lively, and extremely enthusiastic about rural medicine training. There are 5 full time Senior GPs, plus 5 or so Registrars. The practice additionally supports 1 Flinders Fourth Year, 1 Adelaide Sixth Year, and 1 CAHLN Intern most of the time, so there are plenty of students to hang out with out of hours. While only just now being large enough to support ARCS Fifth Years, the practice has hosted Interns since the 90s, and the community are well acquainted to having students around the clinic.
- There are plenty of opportunities to see Inpatients and ED presentations at all three hospitals, as well as parallel consult at the linked sites. The patient demographics vary between sites, so be prepared for a whole range of presentations! The large team of GPs staff all three sites, with a rotating roster system for on call and consulting outside of Jamestown.
- There are visiting specialists around 2-3 days per month, and there is opportunity to sit in with their consults or join their theatre lists. Currently, there is a visiting Gynaecologist, General Surgeon, Plastic Surgeon, Cardiologist, and Orthopaedic Surgeon (consulting only).
- Antenatal clinics are run once per week, and the obstetrics program is run locally with the two GP-Obstetricians. There are about 20-30 babies delivered locally at Jamestown Hospital per year, so it is a fantastic to get to know the pregnant patients in clinic and follow their journey all the way through into the post-natal period.
- General Paediatrics is seen regularly in the General Practice clinics and in ED/on call.

Clinical Sessions:

- **Total Number of Clinical Sessions Per Week:** 2 Full Day Clinical Sessions + 2 Half Day Clinical Sessions + 2 Half Day ARCS Zoom Tutorials.
- **Parallel Consulting Opportunities:** All GP Clinical Sessions. May Vary for Visiting Specialists.

Unique Site-Based Learning Opportunities:

- Being able to travel to Peterborough or Orroroo.
- A diabetes educator, psychologist, and podiatrist all visit and consult out of the clinic on a regular basis, providing exposure to allied health staff.
- You will gain exposure to most general practice, but also surgery/skin excisions, anaesthetics, and obstetrics/gynaecology.

Other Attractions to Site:

Why wouldn't you want to call Jamestown home? A town steeped in Aussie history – the legacy of R.M. Williams! Nestled in the heart of some of the best farming land in South Australia, Jamestown is renowned for its beautiful 19th-century architecture. For those who enjoy the outdoors, Jamestown has several nature reserves, including the Conservators Trail, Scenic Trail, and Sculpture Walk, perfect for hiking and birdwatching. Experience the Sheep Markets, visit the World War I Digger's Project, and enjoy the Jamestown Show, with agricultural displays, arts and crafts, of course, delicious local produce.

EXAMPLE WEEKLY TIMETABLE

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	GP Clinic Often in Peterborough or Orroroo	GP Clinic	Grand Round Clinic Meetings	GP Clinic	GP Clinic
PM		ARCS Tutorials (VC)	GP Clinic	ARCS Tutorials (VC)	Study Afternoon

FAST FACTS JAMESTOWN

Number of Students 2026: 2

Type of Teaching Program: Integrated

Location: Jamestown

Population: ~1,500

Distance from Adelaide: 215km (2 hours, 40 minutes)

Famous For: The birthplace and hometown of R.M. Williams, the famed creator of every medical student's favourite item of footwear. Jamestown is renowned for its historic charm, with well-preserved 19th century architecture. Also has heaps of great local hiking spots and heritage walks to explore.

Accommodation: A 2-bedroom cottage about 10-minute walk from both the GP clinic and Jamestown Hospital.

STUDENT EXPERIENCE

My name is Violet, and I am one of the two 5th year students based in Jamestown for 2024. This is the first year that the ARCS program is being run in this location, so Nadia and myself have the honour of being the guinea pigs, and hopefully getting everything all ironed out for you to come next year!

Jamestown is a smaller country town about 3 hours north of Adelaide, and 45 minutes inland from Port Pirie. With a population of about 1400, the town is located between the southern Flinders Ranges and Clare Valley wine country. Surrounded by both sheep grazing and agricultural regions, the town sits on Goyder's line (after which the practice is named – would recommend looking it up!).

Jamestown is a thriving country town, with a strong football and netball club, and three (3!) pubs. The university provided accommodation is in Jamestown itself, however placements span across Jamestown, Orroroo (40 minutes away), and Peterborough (30 minutes away). The medical practice owns houses in each town, so students are able to be accommodated locally if on a longer placement. During the year, there will likely be opportunities to be based at either of the secondary locations for the week and be more heavily involved with the inpatients in those towns.

The accommodation is a small cottage about 10 minutes' walk from both the GP clinic and hospital. While it is on a main thoroughfare, it is offset from the road, and doesn't get much heavy traffic. The interior of the house was recently done up, and has been newly furnished by the ARCS team, so you can anticipate newer appliances than other sites! The house has two bedrooms, with one larger room at the front and the smaller one next door. The smaller room also has the rights to a study at the back of the house to ensure space is shared equally. The town has a large Foodland, bakery, and a few cafes, plus Port Pirie is not too far away if a Kmart run is needed. In terms of spare time, there are lots of good hiking spots locally, and the community has a tennis and basketball league in summer, and football, netball, and mixed futsal in winter.

As the ARCS 5th year placement is brand new to the town, both myself and Nadia are in the process of ironing out the creases and polishing up the schedule. Feel free to reach out at any time to ask about the site, as I am writing this having only been here for 6 weeks! However, the community are very used to students, and are incredibly enthusiastic about hosting longer term placements (train up your footy/netball skills, because whether you play is the first question everyone asks).



Student Profile
Violet Spanner
2024 Cohort

PAST STUDENTS TO CONTACT

Violet Spanner (2024)	0411494199/Facebook	violet.spanner@student.adelaide.edu.au
Nadia Williams (2024)	0428088525/Facebook	nadia.williams@student.adelaide.edu.au



RURAL HEALTH ALLIANCES

The following groups provide a range of opportunities for placements, experiences, and advocacy regarding rural health, so worth getting your head around the names!

Adelaide Rural Clinical School

Lead by Prof Lucie Walters and Dr Katrina Morgan, the ARCS exists to provide a high-quality rural learning environment for medical students in years 4-6. It is responsible for organising, administering, and supporting all the rural clinical placements for medical students at The Adelaide University.

Visit <http://www.health.adelaide.edu.au/rural> for more information.

Adelaide University Rural Health Alliance (AURHA)

AURHA is the Adelaide University's student-run rural club that organises several free and ticketed events throughout the year to promote rural health. Membership is free and open to anybody studying medicine, nursing, dentistry, oral health, psychology, or health sciences at The Adelaide University.

Visit and 'Like' their Facebook page or go to <http://www.nrhsn.org.au/aurha> for more information.

National Rural Health Alliance

The NRHA is Australia's peak non-government organisation committed to improving the health and wellbeing of over 7 million people in rural and remote Australia. It comprises of 37 Member Bodies including consumer groups (e.g., Country Women's Association of Australia), health professional organisations (e.g., Australian College for Rural and Remote Medicine) and service providers (e.g., Royal Flying Doctor Service). It is also the national management agency for RAMUS.

For more information, visit www.ruralhealth.org.au.

National Rural Health Students' Network

The NRHSN is to AURHA as AMSA is to the AMSS. It is a multidisciplinary student-run health network that advocates for and promotes rural health. NRHSN represents 28 university rural health clubs and over 9,000 students from around Australia at a national level. Each year, they hold a national conference and organise Rural High School Visits across the country.

For more information, get in touch with **AURHA (2025 President Amelia Etchells)**, check out their *Rural Placements Guide* at <http://www.nrhsn.org.au/resources/publications/rural-placements-guide/>, or visit <http://www.nrhsn.org.au>.

AMSA Rural Health Committee

The Australian Medical Students' Association (AMSA) Rural Health Committee aims to connect, inform, and represent students who are from rural backgrounds, who are completing rural placements and who have an interest in rural health.

To become involved or for more information, send an email to rural@amsa.org.au.

Rural Doctors Workforce Agency

The RDWA is one of 7 government-funded Rural Workforce Agencies that form the Rural Health Workforce Australia network. It is a not-for-profit organisation that brings visiting medical specialists and locum services to South Australian rural communities, supports the rural medical workforce, and encourages rural students to work in healthcare. Throughout the year, the RDWA works with AURHA to run several free educational events for medical students, including clinical skills days, RFDS flights and an annual conference.

To keep up to date with these events or find out more about their work, **view and 'like' their Facebook page** or visit <http://www.ruraldoc.com.au>.

AMSS Rural Representative

Elected each year in September at the AMSS Annual General Meeting, the Rural Representative provides a link between the AMSS and medical students on rural placements. That person (Annie Fewster in 2025) is also responsible for collating and keeping this guide up to date! To get in touch, send an email to annie.fewster@student.adelaide.edu.au or **message me on Facebook!**

Good luck for your 5th year of Medical School, wherever you choose to go!

[Guide Last Updated: 14 April 2025]



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STUDENTS' SOCIETY