



Becoming a doctor and bonded medical school places — a guide for prospective medical students

Medicine is an exciting and rewarding career. In this guide we give you an overview of the steps to becoming a doctor and joining the medical profession. We also explain the bonded medical places that are offered by the Australian Government to increase the number of doctors in areas of medical workforce shortage.

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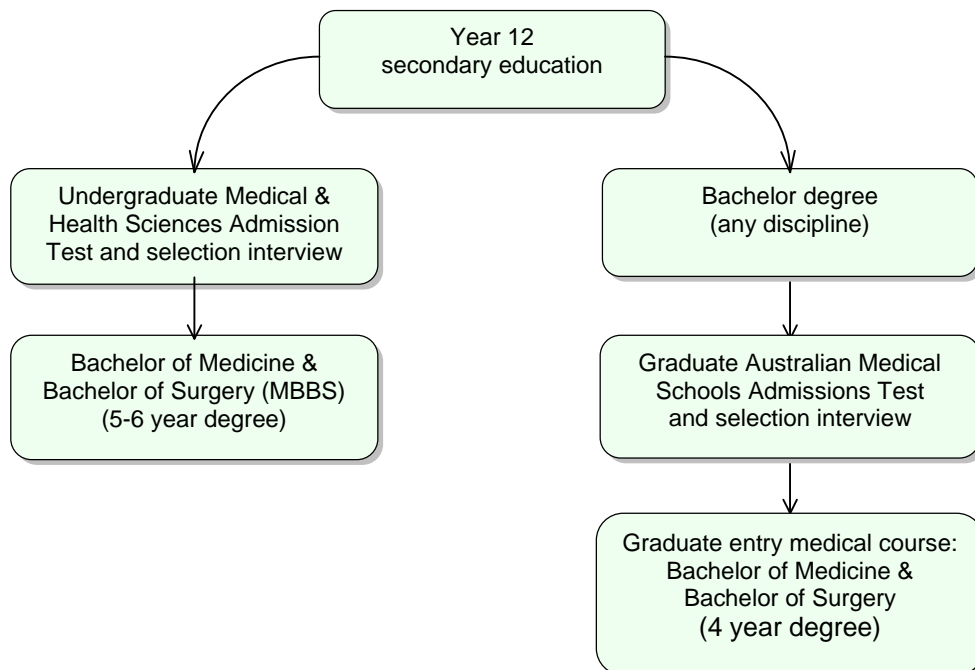
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Undergraduate medical education

The pathways to medical school



There are two types of medical degrees available in Australia:

- a five or six year Bachelor of Medicine and Bachelor of Surgery (MBBS).
- a four-year graduate entry medical degree.

If you are applying for a five or six-year Bachelor of Medicine and Bachelor of Surgery, you will need to complete Year 12 of your secondary education and obtain a very high university entrance ranking.

You are required by most medical schools to sit the [Undergraduate Medical and Health Sciences Admission Test](#) (UMAT) to assess your personal qualities and aptitude to be a doctor. An interview with the medical school is usually part of the selection process.

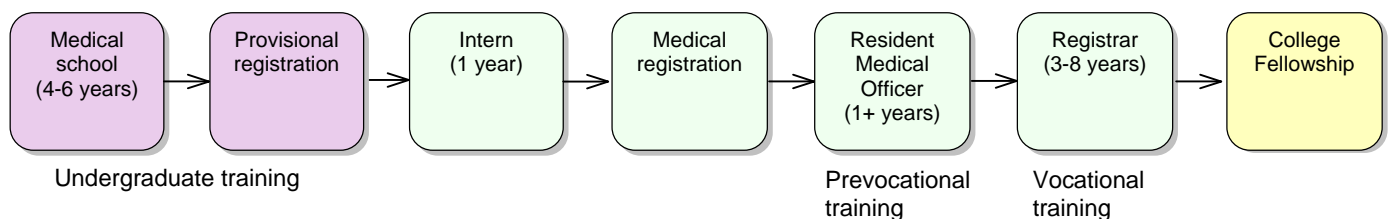
If you are applying for a four-year graduate entry medical degree you will need to have completed a bachelor degree in any discipline. You are required to sit the [Graduate Australian Medical Schools Admissions Test](#), the graduate entry equivalent to UMAT, and are interviewed as part of the selection process.

What will I study during my degree?

There are 17 [medical schools](#) in Australia. The courses offered in medicine will vary between medical schools but they will give you the solid basic knowledge of medicine and the training in clinical skills that you need to pursue the many career paths available in the medical profession. Each medical school can give you detailed information on the courses that they offer and the [2007 Australian Medical Students' Association Medical School Guide](#) has information on each medical school and the courses offered.

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Postgraduate medical education



Prevocational training – Internships

On completing your medical degree, you receive provisional registration and become a junior doctor (also known as a doctor-in-training) and enter the medical workforce. This part of your training is called an internship and lasts for 12 months. It is usually undertaken in a public hospital although interns will increasingly spend part of their training in general practice and community-based settings in the future. You will complete a series of work rotations in the clinical departments of the hospital which exposes you to a range of clinical situations and environments including surgery and emergency medicine.

When you successfully complete your internship you receive full medical registration by the relevant state medical board. Before you can begin to practice medicine independently, you must complete a program of postgraduate medical training and achieve a fellowship of a medical college.

Prevocational training – Residency

Most junior doctors spend at least one more year after their internship working in the public hospital system to gain broad clinical experience and to prepare themselves for their future medical specialist training. This might include rotations to regional and rural hospitals, both to meet the service and workforce needs of the hospital system, and to expose you to a range of clinical settings.

You will have the opportunity to work with different doctors and experience the various specialties and areas of medicine. This will help you decide on those areas that interest you or you think you are most suited to.

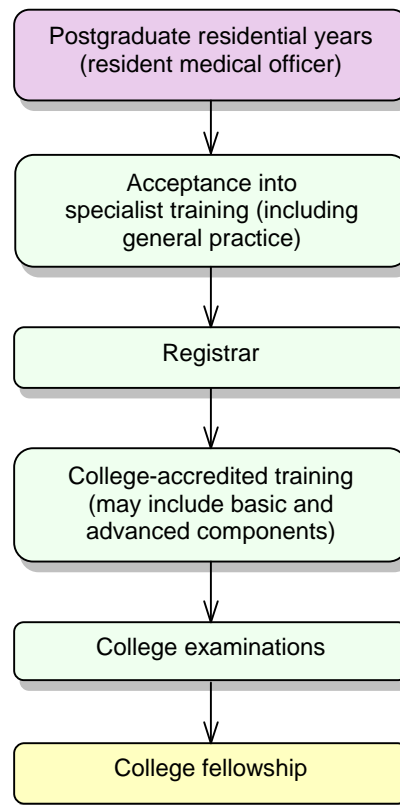
During this period of “prevocational” on-the-job training you are known as a Resident Medical Officer (RMO) or “resident”. The term Hospital Medical Officer (HMO) is used in Victoria.

Vocational training

Vocational training is the necessary training for a chosen medical specialty.

After completing an internship and one or more years additional experience as a Resident Medical Officer, most junior doctors will seek admission to a vocational training program – specialist medical education – leading to a fellowship of one of the recognised [specialist professional colleges](#). Junior doctors undergoing this training are known as registrars.

Specialist training programs and examinations are administered by the individual specialist professional colleges. They are structured differently between the colleges and generally take between three and eight years to complete. The flowchart below is a generic summary of the steps in vocational training.



Vocational training in most medical specialties is undertaken in the public hospital system. The exception is general practice, where doctors undertake most of their training in designated private general practice training practices in a community setting.

Fundamental changes to the management and delivery of health care in Australia in recent years means that many junior doctors in the future will undertake part of their vocational training in private hospitals and practices, regional, rural and community health settings.

What are the specialist disciplines?

There are a large number of [specialist disciplines](#) recognised in Australia. These are anaesthesia, dermatology, emergency medicine, general practice, intensive care and paediatric intensive care medicine, internal medicine, medical administration, obstetrics and gynaecology, occupational medicine, ophthalmology, paediatrics and child health, palliative medicine, pathology, psychiatry, public health medicine, radiology, rehabilitation medicine and surgery.

There are many more sub-specialties. In [surgery](#), for example, there are general, cardiothoracic, neurosurgery, orthopaedics, otolaryngology, paediatric, plastic & reconstructive, urology and vascular surgery. Internal medicine also encompasses subspecialties including neurology, cardiology, gastroenterology, infectious diseases and many more. There are various further “super” sub-specialties of these.

Medical graduates may also choose to specialise in medical administration and become medical administrators in hospitals or government agencies. Other career options include becoming a medical academic and researcher involved with teaching or medical research.

Fellowships – qualifying for independent practice

Upon successfully completing vocational medical training and other requirements of the relevant [specialist professional colleges](#), a doctor is awarded a fellowship of the college. Additional sub-specialty training may then be undertaken, for example, anaesthetists may undertake additional training in intensive care. As a recognised general practitioner or specialist you are entitled to an unrestricted [Medicare provider number](#), which enables you to practice medicine independently in your chosen field anywhere in Australia.

Up to this point in their training and career path, most doctors other than general practice trainees, who undertake their training in private general practice training practices, will have almost exclusively worked as employees in the public hospital system. Upon completing your specialist or general practice training, the options open to you broaden to include:

- private medical practice.
- a combination of private medical practice with a visiting medical officer engagement at one or more public hospitals.
- employment as a staff specialist in a public hospital or health facility.

Why is it important for a doctor to have a Medicare provider number?

A Medicare provider number allows doctors to practise privately and bill Medicare.

Under Australian Government legislation, any doctor who was fully registered as a medical practitioner after November 1996 cannot have an unrestricted Medicare provider number until they have completed specialist training and gained fellowship of a recognised medical college.

The unrestricted Medicare provider number enables a patient to claim a Medicare rebate for the service provided by the doctor. If you do not have a Medicare provider number, your patients cannot claim a Medicare rebate and you cannot set up your own medical practice and practise medicine privately in your chosen field. This applies even if you want to work on a salaried basis for a private medical practice, because provider numbers are issued to individual doctors, not to medical practices.

If you do not have a Medicare provider number, you are largely confined to working in public hospitals or to non-treatment roles in education, research, administration or assessment services. That is why a Medicare provider number is important!

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University student places explained

What type of medical student places are available?

There are four types of medical school places available at Australian universities.

- Commonwealth supported places.
- Domestic undergraduate full fee-paying places.
- International undergraduate full fee-paying places
- Bonded places.

[Commonwealth supported places](#) are university student places funded through the Commonwealth Grants Scheme. Under the scheme, the Australian Government funds each university for an agreed number of places. As a student you pay a component of your degree – about \$8,300 for medical students in 2007 – and the remainder of about \$16,000 is subsidised by the government. You can access HECS to defer payment of your course fees.

Full fee-paying places are for students who choose to pay the full cost of their medical education. The fees are determined by the individual university and can be in excess of \$50,000 per annum. You can access a government loan, referred to as [FEE-HELP](#), of up to \$100,000.

Depending on the length of your degree and the course cost per year, completing a medical degree as a full-fee paying student could cost you over \$240,000.

What are bonded medical school places?

A bonded place refers to a medical school place that is linked to the condition that you commit to working in a district of workforce shortage or rural or remote area. Areas of workplace shortage are usually outer metropolitan, rural or regional areas and indigenous medical services but vary according to the [type of bonded scheme](#).

There are two types of bonded programs for medical school places offered by the Australian Government.

- [Bonded Medical Places \(BMP\) Scheme](#)
- [Medical Rural Bonded \(MRB\) Scholarships Scheme](#)

The South Australian and Queensland State Governments also offer [bonded places](#).

The application and selection process for the Australian Government's bonded programs is the responsibility of the universities and takes place after your application to study medicine has been lodged. You must meet the same entry requirements as other applicants.

Under the Bonded Medical Places (BMP) Scheme, the Australian Government has created extra student places at universities. You do not receive financial assistance or other incentives and you must pay your HECS debt in full, just like everyone else.

The approach to the BMP Scheme varies between medical schools. A willingness to accept a BMP place may increase your chances of being offered a place at some medical schools but not necessarily at others. Make sure that you check with the [medical school](#) that you are applying to for their policy on bonded medical places.

For Medical Rural Bonded Scholarships, some medical schools invite all students who have applied to study medicine to express interest in a scholarship place while others invite expressions of interest from students who have been accepted into their course.

What are the drawbacks of bonded medical school places?

Unfortunately, there are significant drawbacks to accepting a bonded medical place. Under the bond contract, you must work in a locality determined by the Australian Government for a period **equal to the length of your degree**. For example, a four year degree equals four years of bonded service. When your bond period starts will depend on the type of bonded place that you accept.

Significant penalties apply if you break your contract — you could, in the case of a BMP place, lose your place in medical school and be liable to pay back the cost of the government's contribution to your education and, for MRB Scholarships, repay the entire amount of your scholarship. This could amount to tens of thousands of dollars.

You should closely review all available information, obtain independent legal advice and consider alternative options for securing a place in medical school. Things that you need to consider before accepting a bonded medical place are [outlined later](#) in this guide.

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Overview of the Bonded Medical Places Scheme and Medical Rural Bonded Scholarships

Bonded Medical Places	Medical Rural Bonded Scholarships
<ul style="list-style-type: none">The places are additional Commonwealth supported places at medical schools only. No financial incentives are available.	<ul style="list-style-type: none">Places are additional Commonwealth supported places at medical schools. You receive \$23,222 per annum, tax free and indexed annually.
<ul style="list-style-type: none">600 places available each year.	<ul style="list-style-type: none">100 places available each year.
<ul style="list-style-type: none">You sign a deed of agreement with the Australian Government to work in a district of workplace shortage for a period equal to the length of your basic medical degreeUp to half of this time can be worked during prevocational or vocational training, and the rest after completing your general practitioner or specialist training and gaining fellowship of a college.	<ul style="list-style-type: none">You sign a contract with the Australian Government to work in a rural or remote area of Australia for six continuous years after completing your general practitioner or specialist training and gaining fellowship of a college.
<ul style="list-style-type: none">You must complete your medical degree and become registered as a medical practitioner within 10 years of commencing your course.	<ul style="list-style-type: none">You must complete your medical degree and become registered as a medical practitioner within 10 years of commencing your course.
<ul style="list-style-type: none">You must start your bonded period of work in a district of workplace shortage as soon as you gain fellowship as a general practitioner or other specialist within 16 years of starting your medical degree.	<ul style="list-style-type: none">You must start your six continuous years of work within 12 months of gaining fellowship as a general practitioner or other specialist or within 16 years of starting your medical degree.
<ul style="list-style-type: none">Up to half of your bonded period can be met while completing either your prevocational or vocational training in a district of workplace shortage.	<ul style="list-style-type: none">The six year bond period is continuous.
<ul style="list-style-type: none">You pay full HECS. You may be eligible for the HECS Reimbursement Scheme in certain circumstances.	<ul style="list-style-type: none">You pay full HECS. You are not eligible for the HECS Reimbursement Scheme.

<ul style="list-style-type: none"> • If you withdraw from the scheme after starting your second year of study you lose your place in medical school. 	<ul style="list-style-type: none"> • If you withdraw from the scheme after starting your second year of study you lose your place in medical school.
<ul style="list-style-type: none"> • You break your contract if you: <ul style="list-style-type: none"> – do not complete your degree. – do not become a medical practitioner within ten years of starting your degree. – do not gain fellowship as a general practitioner or other specialist within 16 years of starting your degree. – do not complete your obligation for bonded service in an area of workplace shortage. 	<ul style="list-style-type: none"> • You break your contract if you: <ul style="list-style-type: none"> – do not complete your degree. – do not become a medical practitioner within ten years of starting your degree. – do not gain fellowship as a general practitioner or other specialist within 16 years of starting your degree. – do not complete your obligation for six years service in an area of workplace shortage.
<ul style="list-style-type: none"> • If you break your contract with the government you must repay the cost of the government's contribution to your medical education on a pro rata basis. The amount that you repay is indexed for inflation. 	<ul style="list-style-type: none"> • If you break your contract with the government you will not be able to practise privately and bill Medicare for up to 12 years. You are required to pay the full scholarship amount, with interest, from the date of the breach.

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State government bonded medical places schemes

The South Australian Government offers bonded scholarships to full time students already studying or about to commence an undergraduate degree under its [Rural Health Undergraduate Scholarship](#).

The Queensland Government offers bonded scholarships under its [Health Rural Scholarship Scheme](#) for students seeking a career in health rural and remote Queensland.

Things to consider before accepting a bonded medical place

- How could the bonded contract you sign limit your opportunities to pursue your career path and specialty of choice? Will your specialty area of choice allow you to train and work in a rural area?

You have to sign up for a bonded place before you begin your medical course and the implications of meeting your scholarship obligations may not be clear.

As your medical education will take many years, the bonded period may not commence until 10-15 years after you have started medical school. A bonded contract could potentially limit your opportunities to pursue your career path and specialty of choice.

It can be very hard to get into some specialist professional college training programs. You may not be able to get into a training program, especially in the year and discipline that you prefer. It is therefore possible that you could breach the contract and incur penalties for reasons beyond your control.

- What penalties will you face if you decide to break the contract? Can you afford to repay the money?
- What support does the scheme offer, including scholarship payments, payment of educational fees, mentoring schemes and access to other resources?
- What exposure to rural medicine does the scheme provide to help you prepare for your future?
- Have you spent time in areas that are classified as districts of workforce shortage? How would you feel about living and working in such areas, remembering that areas may be re-classified from year to year?

- What could the impact be on your personal life if you have to relocate in 10-15 years?

By the time the bonded period is set to commence you may have a partner, established a home, may even have children, and social networks that are not easy to leave.

- Are there other options that would suit you better, other than accepting a bonded place?

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Other assistance for medical students

HECS Reimbursement Scheme

Under the [HECS Reimbursement Scheme](#) medical graduates can be reimbursed one fifth of their HECS debt for each year that they undertake training or work in a designated rural or regional area.

Australian Defence Force Scholarships

The Australian Defence Force sponsors medical students through an [ADF sponsored undergraduate](#) scheme.

John Flynn Placement Program

The [John Flynn Placement Program](#) offer vacation placements in rural and remote communities, country towns or regional centres. Medical students undertake a placement in the same practice or community for a minimum of two weeks each year over a period of four consecutive years. An amount of \$500 per week is paid to cover for food and living expenses while on placement. Costs of travel and accommodation are organised and paid for by the [Australian College of Rural and Remote Medicine](#) which manages the program. Approximately 150 scholarships are available each year.

Rural Australian Medical Undergraduate Scholarship (RAMUS)

The [Rural Australian Medical Undergraduate Scholarship](#) provides \$10 000 per year to medical students who have lived in a rural area for a minimum of five consecutive years, or eight cumulative years (commencing from the age of five). The scholarship assists these students to meet accommodation, living, and travel costs incurred while undertaking their medical degree in an urban area.

NSW Rural Resident Medical Officer Cadetships

The NSW Government offers 12 [Rural Resident Medical Officer Cadetships](#) annually for students undertaking the last two years of their medical course. The cadetships are valued at up to \$15,000 pa depending on other income received. Recipients are required to work in a rural NSW Base Hospital for a period of two years following graduation.

Assistance for Aboriginal and Torres Strait Islander Students

[AMA Indigenous Peoples' Medical Scholarship.](#)

[Australian Medical Students Association Rural & Indigenous Elective Bursaries](#)

[Ginninderra Scholarship for Nursing and Medicine \(ACT\)](#)

[Peggy Hunter Memorial Scholarship Scheme](#)

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Useful links

[Australian College of Rural and Remote Medicine](#)

[Medical Rural Bonded Scholarship support](#)

[Bonded Medical Places \(BMP\) Student Support Scheme Pilot](#)

[Australian Medical Students' Association](#)

[2007 Australian Medical Students Association Medical School Guide](#)

[Going to Uni: higher education for students in Australia](#)

[National Rural Health Network](#) (represents 19 rural health clubs located at Australian universities)

Department of Health and Ageing:

[Bonded Medical Places \(BMP\) Scheme](#)

[Medical Rural Bonded \(MRB\) Scholarships Scheme](#)

[Medical schools admissions contacts](#)

Scholarship databases:

[My Future Career Information Service](#)

[NSW Rural Doctors Network – students and scholarships](#)

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