

This submission demonstrates the many negative consequences for a particular cohort of tertiary students, medical students, of failure to gain income support. In particular this addresses “Section 3.2 Opportunities to participate in higher education” of the *Review of Australian Higher Education June 2008 Discussion Paper*. Fundamentally I wish to highlight how Youth Allowance in its current state fails to adequately, appropriately or justly provide financial support to medical students; which is not only incongruous with the ideals of higher education espoused in “Section 1.3 The characteristics of higher education in Australia”¹, but in doing so, also sets economically unsustainable trends, which fail to address the current and future key areas of workforce need in health and particularly rural health in Australia.

Background of financial hardship amongst Australian tertiary students

Recent media has highlighted the increasingly concerning and significant financial pressures faced by students undertaking tertiary study, including the startling revelations made by Professor Glyn Davis, Vice-Chancellor of The University of Melbourne that “At the University of Melbourne...we know that we’ve got 440 students who are currently homeless” and “It is clearly hard, and getting harder, to be a student”². Financial assistance schemes like Youth Allowance have come into scrutiny, in particular the eligibility requirements and the question of what may be deemed an appropriate level of income support. Whilst Australian Commonwealth Supported Place (CSP) students are fortunate compared to many of their international counterparts, with HECS (Higher Education Contribution Scheme) allowing deferral of most tuition costs until a threshold salary is reached, there remains the issue of up-front course-associated costs including textbooks, transport, and the bread-and-butter costs of daily living. Clearly there are blatant differences between these costs for the contemporary tertiary student than even one of a generation or two ago; with greater costs of living including food, petrol and accommodation, particularly in the city or inner suburbs where many tertiary institutions are located. These are the costs that a student wallet must meet now, the costs which mean the difference between a tertiary education or not – which current student income support schemes fail to adequately address.

¹ p.2 and p.39, Australian Government. 2008. Review of Australian Higher Education Discussion Paper June 2008. Commonwealth of Australia

² Tomazin, Farrah. 2008. “Homeless crisis at top university” The Age 2 July 2008 [on-line] Available world wide web at: <http://www.theage.com.au/education/homeless-crisis-at-top-university-20080701-300d.html> Date accessed 1 August 2008

Outline of Submission

Given the broader landscape of tertiary student poverty, through this submission I will demonstrate how a specific group – medical students, face particular financial hardship. Whilst this submission will focus on the financial plight of medical students, given my own knowledge and experience as a current 3rd year medical student of The University of Melbourne, much of what ensues is reflective of other health science disciplines including physiotherapy and dentistry. This submission will outline:

1. Why universal eligibility requirements for Youth Allowance which fail to consider the unique demands of different tertiary courses are inappropriate and unjust, as they both selectively favour and discriminate against the realistic capacity of students of specific courses qualifying for income support.

- That eligibility requirements to qualify for ‘financial independent’ status under Youth Allowance are unrealistic and inappropriate as they stand for medical students due to:
 - greater course study demands resulting in a comparatively lesser capacity to seek and undertake paid employment
 - why alternative and ‘loophole’ routes to qualification, which may be inapplicable for medical students, render current eligibility requirements unjust
- That failure to qualify for Youth Allowance has added significance for medical students:
 - due to greater up-front student costs unique to a medical course eg. residential components, equipment costs
 - financial hardship is borne over a longer course duration (5-6 years undergraduate degree versus 3 years undergraduate for most other single degrees)
 - lack of receipt of Youth Allowance impedes students seeking alternative non-Youth Allowance financial assistance

2. Consequences of inadequate financial assistance for medical students

- Medical workforce shortages are already dire and will only become increasingly so in the future with Australia’s ageing population. Training sufficient numbers of doctors is fundamental to addressing a key workforce need. Inadequate financial assistance has repercussions for:
 - current medical students - in compromising results and limiting their university experience
 - prospective medical students - when evaluating the reality of undertaking a medical degree, especially students from outer metropolitan areas
- The financial discouragement of current medical students to elect to undertake rural-based training rotations
 - As Centrelink does not regard students any differently who choose to/must undertake a residential course component with respect to qualifying for Youth Allowance, increased costs associated with living away from home combined with reduced/disrupted opportunity for part-time employment must be borne by the student.
 - The documented evidence that a positive undergraduate rural training experience increases the likelihood of the student returning to practice in a rural location after graduation. Hence the dangerous repercussions these financial disincentives have in addressing rural doctor shortages.

3. Conclusion and summary of proposed recommendations.

1. Why universal eligibility requirements for Youth Allowance which fail to consider the unique demands of different tertiary courses are inappropriate and unjust, as they both selectively favour and discriminate against the realistic capacity of students of specific courses qualifying for income support.

That eligibility requirements to qualify for 'financial independent' status under Youth Allowance are unrealistic and inappropriate as they stand for medical students due to:

- *greater course study demands resulting in a comparatively lesser capacity to seek and undertake paid employment*

The main objectives of student government financial assistance schemes like Youth Allowance are to enable students to finance themselves whilst undertaking their tertiary degree, in recognition that for the period of time they are studying they will have a reduced capacity to work, and to support themselves of their own accord. Indeed it is in the best interests of a nation looking towards a sustainable economic future that students be supported in developing the high level knowledge base and specialist skills which underpin a productive workforce.

However neither would it be sustainable nor realistic to provide such financial assistance across the board. Hence some evaluation of individual student financial circumstances and their supports, such as family assets/income, are appropriate, and to be expected. Currently, a student must earn 75% of the minimum wage over an 18 month period, or just be 25 or over, to be considered 'financially independent' and qualify for Youth Allowance.

The logic behind these 'blanket' eligibility requirements is flawed as it unfairly ignores the differential capacity of students to meet a certain wage threshold. In general, Youth Allowance has received criticism about eligibility requirements being unrealistic and "extremely short-sighted" according to University of Canberra Vice-Chancellor Stephen Park³. However under the current system, medical students are at a significant disadvantage to their peers from other courses, with the following factors making reaching the \$18,850 threshold ridiculously unrealistic to achieve:

- Greater number of contact hours of scheduled classes, and since expected self-directed learning is proportional to contact hours hence an also greater expectation of hours dedicated to study at home. These demands only increase as the course progresses to the equivalent of a full-time (unpaid!) job for the last few years based in hospitals.

Q. What are the timetables like at the clinical school?

A. It is expected that you be available from 8am-5pm Monday to Friday. Occasionally tutorials are held later in the evening when tutors have finished clinic. Timetables include tutorials, ward rounds, attendance at a variety of clinics and theatre. It is also your responsibility to know when semester commences and be in attendance on day one. Unapproved non-attendance is viewed very seriously.⁴

³ Tomazin, Farrah. 2008. "Homeless crisis at top university" *The Age* 2 July 2008 [on-line] Available world wide web at: <http://www.theage.com.au/education/homeless-crisis-at-top-university-20080701-300d.html> Date accessed 1 August 2008

⁴ School of Rural Health, The Faculty of Medicine, Dentistry and Health Sciences, The University of Melbourne. "Frequently asked questions" 2004. Available world wide web at:

- As further evidence of the study-related demands of a medical course, the following excerpt from the The University of Melbourne's *Bachelor of Medicine Bachelor of Surgery Course Guide 2006* indicates the faculty's stance on student paid employment.

Part-Time Employment

The medical course is a **full-time** course and the Faculty hopes that students will develop a balanced program of study and other activities. Should you need to obtain part-time employment for financial purposes during the academic year, you must obtain prior approval from the Faculty. This does not include vacation work. Generally part-time employment will be approved within reasonable limits eg. up to eight hours per week and subject to it not affecting your academic progress. If you have financial difficulties you are advised to discuss this with School of Medicine staff and/or the University's Student Financial Aid Office (part of Student Advisory Service)⁵.

If the weeks of examinations and preceding 'swot vac' revision period, during which the student will desire minimal work hours if any, are factored into the maximum hourly rate a student might expect, then it is immediately evident that \$18,850 in 18 months is ridiculously unachievable for medical students. Of course, this is also assuming the student is able to acquire employment which is sympathetically flexible to an often fluctuating timetable.

- Medical students have less vacation weeks during which to obtain employment, than students undertaking non-medical courses – 2, 4, 4, 7, 8, and 3 less weeks respectively for years 1-6 of the degree (See Appendix 1). In addition students are expected to undertake a 4-5 week elective placement between the end of 5th and commencement of 6th year.

If medical students fail to qualify for Youth Allowance not only are they minus the financial support of the scheme, but forced to support themselves of their own accord, they have a lesser capacity to do so than someone undertaking a course with comparatively lesser study demands who may have also failed to qualify. Financial hardship which may ensue is furthermore borne over a longer period – the 5-6 years of a medical degree in comparison to the standard 3 years of many non-medical single degree tertiary courses.

- *why alternative and 'loophole' routes to qualification which may be inapplicable for medical students render current eligibility requirements unjust*

Taking a 'gap' year in between completing Year 12 and commencing university, or within the duration of a course, is sometimes cited as an alternative method to achieving the threshold income for Centrelink. For medical students who are

<http://www.ruralhealth.unimelb.edu.au/undergraduate%20study/rural%20clinical%20school/faq/> , Date accessed August 1 2008.

⁵ Faculty of Medicine, Dentistry and Health Sciences, The University of Melbourne. "Bachelor of Medicine Bachelor of Surgery, Course Guide 2006: General information for students admitted to first year Medicine", p.37

otherwise likely to fail to qualify for Youth Allowance, necessitating the student delay graduation a year longer is far from ideal:

1. Medicine is already one of the longest tertiary courses a student may undertake. Delaying university graduation delays future specialty training and may also potentially equate to one year less of medical practice and productivity.
2. Taking a break during the course puts a halt on the progressive and cumulative knowledge acquisition of the student, which may make it difficult in both retaining knowledge and returning to study.

It seems grossly unjust that a system can allow any student who earns a minimum income threshold, regardless of family financial income/assets and financial support, to qualify for government assistance, when another student due to the nature of their chosen course of study may be unable to reach the income threshold, and yet have significantly lower alternative sources of financial support and hence be left to struggle. Furthermore, when in such cases the student in attempting to reach the 'financially independent' threshold exceeds the minimum taxable income of \$6,000 per year their limited financial output is then further reduced by tax deductions. Further inconsistency in logic arises when other students

...may be able to claim the costs associated with educating yourself – whether you are a part-time or full-time student – if there is a direct connection between your course of study and your current job or work activities – that is, your education will maintain or improve your skills⁶

including textbooks and transport. Medical students do not qualify to similarly claim for course-related courses.

- *lack of receipt of Youth Allowance impedes students seeking alternative non-Youth Allowance financial assistance*

Many other university-based financial assistance schemes require students to acknowledge whether they qualify for government assistance schemes such as Youth Allowance. It could therefore be argued, that students who despite true financial need, fail to qualify for Youth Allowance, are further disadvantaged by subsequently being perceived as less needy under other schemes.

⁶ Australian Taxation Office. 1998. "Taxation Ruling: TR 98/9, Income tax: deductibility of self-education expenses" [on-line] Available world wide web at: <http://law.ato.gov.au/atolaw/view.htm?docid=TXR/TR989/nat/ato/00001> Date accessed August 1 2008.

2. Consequences of inadequate financial assistance for medical students

Medical workforce shortages are already dire and will only become increasingly so in the future with Australia's ageing population. Training sufficient numbers of doctors is fundamental to addressing a key workforce need. Inadequate financial assistance has repercussions for:

- *current medical students - in compromising results and limiting their university experience*
- *prospective medical students - when evaluating the reality of undertaking a medical degree, especially students from outer metropolitan areas*

From the perspective of an individual medical student it is hopefully blatantly obvious from section 1, the glaring inconsistencies that the current standardised eligibility requirements for Youth Allowance give rise to which, even if unintentional, evidently fail to distinguish between the differential and practical capacity of different student groups in reaching an arbitrary income threshold. That this is frustrating, contradicts the ideal to “Provide opportunities for all capable students to participate”⁷ as espoused by this very review, and are unjust on an individual level, should be sufficient evidence against their inadequacy. However from a broader economic level, that there exists financial disincentive to pursue high study-demand courses such as medicine sets an exceptionally dangerous precedent. To say that universities should “Meet the needs of the labour market and industry for high level skills”⁸ is nowhere more pertinent than in the context of the medical workforce – where pressing shortages clearly make it a key area of workforce need. And yet, ... in a financial sense, the future doctors, physiotherapists, and dentists of Australia are effectively having their legs cut from beneath them.

Consequences can include:

1. For current medical students

- Financial pressures necessitating students work more than what is recommended to the extent that their studies are compromised →
 - a. the technical skills and knowledge of Australia's future doctors may be compromised
 - b. if a CSP student fails to successfully complete their medical degree this represents a significant waste of taxpayer investment and funds
- Excessive employment commitments prevent students from becoming fully immersed in the wider extracurricular and cultural aspects encouraged by universities to provide breadth to a student's tertiary education. The aim to “Provide students with a stimulating and rewarding higher education experience”⁹ is threatened.
 - a. assessment for internship places at the completion of an undergraduate medical degree includes consideration of the student's resumé of extra-academic activities

⁷ p.2, Australian Government. 2008. Review of Australian Higher Education Discussion Paper June 2008. Commonwealth of Australia.

⁸ p.2, Australian Government. 2008. Review of Australian Higher Education Discussion Paper June 2008. Commonwealth of Australia.

- b. from my own personal perspective I can list several activities I have involved myself in over the past year which, while taking away potential time that I might have undertaken employment, are indisputable in their value to my own university experience, if not also being beneficial to the wider community.
- i. *Rural High School Visits Program* – an initiative of The University of Melbourne student rural health club – Outlook. Groups of medical students voluntarily visit schools in rural locations throughout Victoria to give presentations on careers in the health sciences to senior secondary college students.
 - ii. *Australian Medical Students' Association Global Health Conference 2008* – over 500 students from medical schools throughout Australia and the Asia-Pacific met in Melbourne to discuss issues of indigenous and developing world health. Speakers included Sir Gustav Nossal of The Nossal Global Health Institute, Rev Tim Costello of World Vision, and Julian Burnside QC to name a few.
 - iii. *John Flynn Placement Program* – a government initiative whereby medical students are sponsored for travel, accommodation and a living allowance to undertake a 2 week placement once a year over 4 years in a rural or remote location in Australia. A major aim is to provide students with a realistic introduction to rural health practice in the hope that a positive experience may increase the likelihood of the student returning to practice in a rural location following graduation.
 - iv. *Victorian Students' Aid Program* – the student Global Health Group of The University of Melbourne which involves students acquiring donations of medical equipment and aid to send with 5th year medical students undertaking elective placements at resource-impooverished medical facilities overseas.

2. For prospective medical students

- For Year 12 students contemplating tertiary courses, the prospect of financially sustaining themselves on a student wage a few hours a week, with minimal likelihood of attaining any outside support, for 5-6 years is intimidating. For those considering medicine, other costs become relevant such as the student's place of residence in relation to the location of clinical schools/hospitals for the latter half of their degree. For example The University of Melbourne has clinical schools over a wide geographic area including Melbourne, Geelong, Heidelberg, Epping, Sunshine, Footscray, Warrnambool, Shepparton, Ballarat and Wangaratta. Depending on where the student lives it is quite likely they may have to consider the cost of a car, especially during rotations involving clinics commencing at 7am.
 - a. For example, consider a student residing in the Yarra Valley who is placed at The Austin Hospital (Heidelberg)/Northern Hospital (Epping) for the last 2.5 years of their course. Spending 1-1.5 hours each way on public transport is highly impractical when during a gynaecology/obstetrics rotation they may be expected to arrive at 7am. Whilst it could be argued it is the student's choice where they choose to reside, for how many students would living away from home be a financially viable option, when they can only maintain 8 hours of employment and have not managed to qualify for government

assistance? Consider also that the Shire of Yarra Ranges east of Melbourne has one of the lowest GP per capita ratios in Victoria. At a minimum, students from outer metropolitan areas should not be financially disadvantaged in pursuing a career in the health sciences. Indeed since the ties within their community mean they would be more likely than their inner-city counterparts to return to alleviate doctor shortages in the area in the future – they should be actively encouraged.

The financial discouragement of current medical students to elect to undertake rural-based training rotations

- *As Centrelink does not regard students who must undertake a residential course component any differently with respect to qualifying for Youth Allowance, increased costs associated with living away from home combined with reduced/disrupted opportunity for part-time employment must be borne by the student.*
- *The documented evidence that a positive undergraduate rural training experience increases the likelihood of the student returning to practice in a rural location after graduation. Hence the dangerous repercussions these financial disincentives have in addressing rural doctor shortages.*

As doctor shortages in rural locations have reached a critical point, various government initiatives have aimed to increase the likelihood of future doctors being able to alleviate the crisis. Such initiatives include the bonding of students to work in a rural/area of workforce need following graduation, and the HECS reimbursement scheme for doctors who practice in a rural location. It is a well-documented phenomenon that students who undertake components of their undergraduate medical training at Rural Clinical Schools (RCS) are more likely to have a positive perception of practising in a rural location after graduation. Despite this, there are currently no adequate measures to address the added up-front costs which create strong financial disincentives against students choosing RCS.

Such disincentives include:

- *Living away-from-home costs* – despite many RCS providing subsidised accommodation for students, any accommodation cost will still be more than a rent-free-at-home option. Extra costs may also include – food and telephone usage.
- *Poor employment opportunity* - tutoring opportunities, a common form of employment for students, may be difficult to obtain in smaller communities.
- *Disruption of current employment* –students may have to terminate long-standing employment positions in their home town if it is impractical to commute back on weekends. Obtaining new employment at the RCS location may then make commuting home on weekends to visit family and friends difficult.

If these disincentives are superimposed on a background of inability to qualify for Youth Allowance, where is the student suddenly expected to find the financial resources to meet these added costs? For bonded students who have no choice in allocation to RCS, eligibility for Youth Allowance does not change when they are at RCS. This is unjust for the individual. For the population at large however, it is setting another dangerous precedent to fail to attract those medical students not

locked-in to future rural practice, when RCS may likely improve the likelihood of future rural retention. Neither does this category of medical students qualify for government assistance whilst at RCS.

Such logic is flawed. When one considers under the various classifications of 'independence' for Youth Allowance there is a section for situations in which it is "unreasonable to live at home"⁹, surely the average reasonable person might also consider it 'unreasonable' that a student placed at RCS be expected to commute 2-3 hours daily each way to and fro Melbourne.

2. Conclusion and summary of proposed recommendations.

The following recommendations are based on the evidence outlined in the first two parts of my submission.

- The eligibility requirements for 'financial independent' status should be re-evaluated for medical students given the limitations on their work capacity comparative to other student groups and the near impossibility of reaching the current minimum income threshold. If recognised by Centrelink as earning a sufficiently low enough income to qualify for the Low Income Health Care Card, medical students should also qualify for government assistance schemes like Youth Allowance.
- The financial disincentives associated with relocation and lost employment should be addressed so as to not discourage students from undertaking undergraduate rural training placements.
 - a. Medical students who undertake rural placements should, for the duration of their placement, meet an 'unreasonable to live at home' category to qualify as 'independent' for Youth Allowance (Social Security Act 1991).
- Medical students whose income is below the minimum threshold to qualify for Youth Allowance, yet exceeds the minimum taxable income should not have their income further limited by tax deductions.
 - a. Medical students should be able to make claims for 'self-education costs' as per students who undertake full/part-time education courses related to their employment can. For medical students such costs might include: compulsory medical equipment (eg. 2nd year medical students at The University of Melbourne must purchase their own stethoscope ~\$100 or more), and costs associated with undertaking rural training placements such as travel and accommodation.
 - Failure to allow this discriminates against students undertaking certain courses (it would be mostly impractical for a medical student to undertake medically-associated employment), when both types of students are contributing to a productive society and

⁹ Australian Legal Information Institute. "Commonwealth Consolidated Acts: Social Security Act 1991 – Sect 1067A" [on-line] Available world wide web at: http://www.austlii.edu.au/au/legis/cth/consol_act/ssa1991186/s1067a.html Date accessed August 1 2008

medical students will also address a key area of workforce need in the future.

In short, the injustices and inconsistencies for individual students created by the 'blanket' eligibility requirements for Youth Allowance, provide a moral imperative for government action. This should be enough. It should be enough that the system as it stands disallows the fulfilment of many of the greater ideals that higher education in Australia should meet (Points 1.3.1-3 of "1 - Higher education in modern Australia: The characteristics of higher education in Australia" p.2 and Point 3.2.11 of "3 – Key challenges and issues for higher education: Opportunities to participate in higher education", p.34)¹⁰.

What would be economically inexcusable however, is a continued government disregard of the incontrovertibly inadequate and more commonly, (for the reasons outlined), non-existent access to financial support for medical students in Australia. The repercussions outlined in section 2 of this submission provide indisputable evidence of the socioeconomic unsustainability of failure to ensure adequacy of financial support for undergraduate medical training, particularly rural medical training. To fail to support, dare one even say encourage, the future doctors and medical professionals of Australia would constitute gross negligence of the health needs of the Australian population.

¹⁰ Australian Government. 2008. Review of Australian Higher Education Discussion Paper June 2008. Commonwealth of Australia.

Appendix 1 – Comparison of Academic Teaching Weeks & Holidays for Medical versus Non-Medical Students at The University of Melbourne 2008.

NON-MEDICAL STUDENTS

MEDICAL STUDENTS

		1st Year Medical Student	2nd Year Medical Student	3rd Year Medical Student	4th Year Medical Student	5th Year Medical Student	6th Year Medical Student
		No. weeks less holiday	No. of weeks less holiday	No. of weeks less holiday	No. of weeks less holiday	No. of weeks less holiday	No. of weeks less holiday
Semester 1							
Academic Teaching Weeks	3 March-1 June	3 March-1 June	18 February-1 June 2	18 February-1 June	21 January-30 May 6	11 February-20 June 3	11 February-20 June 3
Swot Vac	2 June-6 June	2 June-6 June	2 June-6 June	2 June-6 June	N/A	N/A	23 June-25 June
Examinations	9 June-27 June	9 June-27 June	9 June-27 June	9 June-27 June	N/A	23 June-4 July	26 June-4 July
Easter Non-Teaching Period	21 March-30 March	21 March-30 March	21 March-30 March	21 March-30 March	N/A 1	21 March-30 March	21 March-30 March
Winter Break	27 June-27 July	27 June-21 July 1	27 June-21 July 1	27 June-14 July 2	30 May-21 July	4 July-28 July 1	4 July-28 July 1

3 weeks extra than non-medical students

NON-MEDICAL STUDENTS

MEDICAL STUDENTS

		1 st Year Medical Student	2 nd Year Medical Student	3 rd Year Medical Student	4 th Year Medical Student	5 th Year Medical Student	6 th Year Medical Student
		<u>No. of weeks less holiday</u>	<u>No. of weeks less holiday</u>	<u>No. of weeks less holiday</u>	<u>No. of weeks less holiday</u>	<u>No. of weeks less holiday</u>	<u>No. of weeks less holiday</u>
Semester 2 Academic Teaching Weeks	28 July-2 November	21 July-2 November	21 July-2 November	14 July-21 November	21 July-28 November	28 July-28 November	28 July-7 November
Swot Vac	3 November-7 November	3 November-7 November	3 November-7 November	N/A	N/A	N/A	N/A
Examinations	10 November-28 November	10 November-28 November	10 November-28 November	N/A	1 December-5 December	4 December-12 December	10 November-21 November
September Break	22 September-5 October	29 September-3 October	29 September-3 October	N/A	2	N/A	2

Total Weeks Less Holiday for Medical Students than Non-Medical Students	2	4	4	7	8	3
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Adapted from: 'Principal Dates 2008' and "MBBS semester dates", The University of Melbourne.

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