

Monash Physician Education

Information Guide 2025



Table of Contents

Introduction.....	3
Monash Health Physician Education Staff.....	4
Eligibility for BPT.....	5
Trainee Support.....	5
Training Sites.....	5
Training Opportunities.....	7
Supervision.....	8
Written Examination.....	8
Clinical Examination.....	8
FAQs.....	10
Example BPT1 Rotations.....	13

Introduction

Monash Health Physician Training Program is an exciting opportunity to acquire first class clinical exposure in one of the largest and most diverse health care facilities in Australia. Monash Health dramatically outperforms other Victorian networks in terms of the quality and volume of healthcare delivered. With a wide range of core and sub-specialist disciplines on offer, Monash Health is one of the most highly sought after organisations for RACP Advanced Training in the state.

Monash Health is a major research organization with an abundance of opportunities both during and following your training. Your research opportunities are underpinned by the co-location of Monash University, one of Australia's leading university in terms of research grant allocations and publication activity. Career paths in specialty health, population health and medical education can be developed by your training here.

In addition to the RACP lecture series we offer an in-house lecture series, communication training, advanced life support training, weekend practice exams for the written and clinical examinations, plus an abundance of rostered long and short case presentations. You have access to multiple examiners on the National Examiner Panel (NEP) and many other dedicated consultants with extensive RACP experience.

Training across a large organization such as Monash Health also has its challenges. Size and deployment across multiple sites inevitably reduces the sense of intimacy that may otherwise come from a training program at smaller hospitals. As a response to this, we have put specific countermeasures in place.

Each BPT is assigned an Educational Supervisor/Professional Development Advisor whose role is to mentor, address problems or concerns and track your progress. They will be your advocate and voice in a large organization. The Physician Education Manager is also available to support you in day to day issues.

We have very high expectations of trainees. A successful Monash BPT will show initiative and actively participate in the supervision process. It will be expected that you discuss your situation with your supervisor if you are unable to embrace these learning opportunities.

Collegiality is an essential part of our training method. We are strong believers in the value of peer learning through study groups. We heavily promote this aspect of the program. We not only intend to train high quality doctors and assist with examination success, but we also want to ensure our trainees are best placed for their Advanced Training positions.

Monash Health Physician Education Staff

Monash Health Basic Physician Education Staff



Dr Siobhan Lockwood
Director of Physician Education
Monash Health



A/Prof Claire Dendle
Director of Physician Education
Clayton



A/Prof Michael Low
Director of Physician Education –
Casey



A/Prof Andy Lim
Director of Physician Education –
Dandenong



Dr Satish Ramkumar
Director of Physician Education –
Victorian Heart Hospital



Dr Tass Nalpantidis
Physician Education Consultant –
Dandenong



Dr Michelle White
Physician Education Consultant –
Moorabbin
Wellbeing Lead



Dr Brian Koo
Physician Education Consultant
Clayton



Ms Tonina Hore
BPT Program Manager



Ms Alison Manson
Administration Manager



Dr Emily Martin
2024 Physician Education Fellow

Eligibility to apply

- General Registration - Eligible to apply for BPT.
- Provisional Registration - Eligible to apply providing your 12 months of supervised practice and application for General Registration is due to be completed by the commencement of the following clinical year.
- Limited Registration - Not eligible to apply for BPT.

Trainee Support

Directors of Physician Education (DPE)

There are DPEs available on all sites to support any trainees requiring support with both study and clinical issues. The DPEs also have responsibility for specific year levels. They are generous with their time and are easily accessed either directly or through the BPT administrator.

Program Manager

The program is supported with a fulltime manager. The manager is the first point of access when trainees have any issues. With access to DPEs, HOUs, Medical Workforce and RACP, the manager can assist trainees navigate solutions to most issues that arise. The manager also coordinates rotations and liaises with Medical Workforce.

Administration Manager

The Administration manager is another great resource when trainees have issues and can facilitate meetings with DPEs as required.

Physician Education Fellow

The BPT program is fortunate to have an Education Fellow position. This role assists with Trainee Education on a weekly basis and is heavily involved in coordinating and supporting the clinical exam preparation for BPT3s. They are also available to provide support for trainees if they have any clinical or wellbeing concerns.

Training Sites

Monash Medical Centre (MMC) – Level 3

Monash Medical Centre Clayton is the largest hospital within the Monash Health network with 640 beds. It hosts the majority of subspecialties along with intensive care. Its proximity to Monash University and research institutes provides excellent opportunity for clinical translational research. Many members of the senior medical staff at Monash Medical Centre are involved with on-site research programs.

Monash Medical Centre also provides undergraduate, postgraduate, pre-vocational and vocational training. Our comprehensive physician training program is complemented by weekly grand rounds, unit specific radiology and pathology meetings.

Dandenong Hospital (DH) – Level 2

The majority of BPT training at Dandenong hospital is conducted through the General Medicine Unit however there is exposure to sub-specialty inpatient units including Gastroenterology and Endocrinology. A consult service is provided for other medical specialties from Clayton.

The Dandenong hospital teaching sessions include the weekly clinical meeting (case presentation and journal club), and Radiology meetings. During the FRACP clinical examination season, other activities include: public long case presentations and bedside short case tutorials.

Casey Hospital – Level 1

Casey Hospital is a rapidly expanding 250 bed peripheral hospital with seven general medical units, rehabilitation, geriatrics, cardiology and palliative care. The site is supported by a new HDU/ICU. There are other medical specialties with consultative services. There is an onsite DPE with both excellent long and short case opportunities on offer.

Other Sites:

Moorabbin Hospital: General Medicine, Oncology and Palliative Care - Secondment

Kingston Centre: Rehabilitation and Geriatrics – Secondment

Victorian Heart Hospital (VHH): Cardiology – Level 1

Latrobe Regional Hospital – Traralgon – Level 2

West Gippsland Health Group – Warragul – Secondment

Epworth Freemasons Hospital – Richmond - Secondment

Training Opportunities

ALL TRAINEES
<ul style="list-style-type: none"> • Orientation evening for all new trainees
<ul style="list-style-type: none"> • All trainees will have an Educational Supervisor and Professional Development Advisor allocated to them on commencement of the program
<ul style="list-style-type: none"> • Grand Rounds weekly
Plus - BPT 1 Trainees
<ul style="list-style-type: none"> • Weekly DPE facilitated BPT1 Teaching (protected teaching time)
<ul style="list-style-type: none"> • Access to BPT3 education sessions
<ul style="list-style-type: none"> • Monash University student mentorship program
<ul style="list-style-type: none"> • Opportunity to assist with the clinical exam
Plus - BPT 2 Trainees
<ul style="list-style-type: none"> • Weekly dedicated BPT2 MCQ Teaching (protected teaching time)
<ul style="list-style-type: none"> • HILS - Hospital Intermediate Life Support Training
<ul style="list-style-type: none"> • Preparation for written exams
<ul style="list-style-type: none"> • Mock written exams
<ul style="list-style-type: none"> • Hot Topics Series for trainees sitting written exam
<ul style="list-style-type: none"> • Leave for exam study courses
<ul style="list-style-type: none"> • Opportunity to assist with the clinical exam
Plus - BPT 3 Trainees
<ul style="list-style-type: none"> • Weekly dedicated BPT3 Clinical exam teaching
<ul style="list-style-type: none"> • Long Case mentor program – allocation of individual mentors at commencement of clinical preparation
<ul style="list-style-type: none"> • Long Case schedule – with national examiner rostering
<ul style="list-style-type: none"> • Public Long Case roster
<ul style="list-style-type: none"> • Short Case Mentor Groups
<ul style="list-style-type: none"> • How to do a long case/short case sessions
<ul style="list-style-type: none"> • Individual communication skills session
<ul style="list-style-type: none"> • Mock Clinical Exams
<ul style="list-style-type: none"> • Sub-specialty mock exams – Neurology / Cardiology / Rheumatology / Abdominal / Respiratory
<ul style="list-style-type: none"> • RACP Clinical exams

Supervision

General supervision is provided by your ward service consultant. Most consultants will conduct ward service for a minimum of 4 weeks duration. Your consultants are usually derived from a variety of specialty backgrounds such as Nephrology, Respiratory, Infectious Diseases, Gastroenterology, Endocrinology, Neurology, Geriatrics and Palliative Care. There will be ample opportunity for you to complete your mini-CEX and rotation assessments. In addition, the Director of Physician Training at each site hospital will monitor your progress.

Written Examination

The written exam is held in February and October each year. It is a five-hour exam with two hours for Part A (basic science) and three hours for Part B (clinical management). The exam consists of 170 MCQs, 20 of these are repeated from previous years for standardisation and are not counted towards your score. The Monash Health pass mark is consistently higher than the national average.

Hot Topics written exam preparation lectures

These lectures are aimed at preparing the candidate for the RACP written exam in the following year. It includes up-to-date, hot topic lectures and MCQ revision. Monash registrars and consultants present in their respective fields. Lectures typically begin in September.

External exam preparation course

Written exam courses are seen by most candidates as a valuable preparation opportunity. We encourage trainees to consider attending and we work with Monash Doctors Workforce to arrange the roster to accommodate exam leave.

Mock written exam

A full 170 MCQs written mock exam will be held in December on a Saturday morning. Over the last few years, the outcome of this mock exam has been well correlated with the result of the RACP exam. The majority of the MCQs are updated every year by our senior medical staff.

Clinical Examination

The RACP Clinical exam is held in June. It comprises two long cases and four short cases. The day is divided into two cycles and each cycle consists of one long and two short cases.

Clinical prep mentorship program

Each candidate is assigned a mentor during the clinical exam preparation period. The mentor will meet with the candidate regularly for long case presentations and general exam support. It is the responsibility of the candidate to organise regular meetings with the mentor.

We also have dedicated Short Case Mentor groups who take their allocated group for weekly short case tutorials. They will be able to support short case progression throughout the preparation period.

Specialty Days

Saturday workshops to hone short case skills for the clinical exam are offered. These will include common neurology, respiratory, rheumatology, cardiology and abdominal short cases.

Scheduled Long Case Roster

We have a generous group of Consultants who volunteer their time each year to listen to long cases. A roster is coordinated by BPT where each trainee is scheduled to present a weekly/fortnightly long case in addition to presenting to their mentor.

Short Case Calendar

An extensive calendar of short case tutorials is available to support Short Case learnings. These are facilitated by consultants (including NEPS and RACP examiners).

Mock Clinical Exam

Mock exams are held at MMC, this will include one long and two short cases. The mock exams are conducted according to the same format as the official exam to best prepare the candidate for the exam.

Communication Skills for the clinical examination

The RACP clinical examination not only requires candidates to be highly skilled clinicians, it also requires advanced language and communication skills to successfully demonstrate that knowledge. Individual communication sessions with specialist Speech Pathologist evaluate candidate's presentation skills to meet these challenges. During the sessions candidates receive communication feedback on video recordings of cases they have presented and strategies for improvement are discussed. Trainees who require further support will be offered additional sessions.

Epworth Freemasons Hospital

Candidates who are rostered to Epworth Freemasons Hospital will follow the excellent clinical exam preparation program coordinated by local physicians and A/Prof Ian Fraser (NEP). Candidates are also encouraged to attend the program at Monash Medical Centre.

Support through the exam preparation period

It is well known that the exam preparation period can be difficult both physically and emotionally. Candidates are supported through their supervisor and clinical exam mentor. We encourage trainees to approach their supervisors or mentors early to manage any issues. Very often these are issues which can be resolved by discussion and forward planning. Learning how to balance work, stress and rest during this period is critical.

Roster and Rotations

During the clinical exam preparation period all the candidates are rostered to the local sites. Trainees are not rotated to rural locations during this time.

FAQs

How many BPT positions does Monash Health have?

35 BPT1s
30 BPT2s
35 BPT3s

What is the Greater South Eastern Consortium?

All Physician Training positions are provided through Consortia comprised of metropolitan, urban and rural hospitals. Monash Health is part of the Greater South Eastern Consortium (GSEC) which includes Eastern Health, Latrobe Regional Hospital (Traralgon) and West Gippsland Healthcare Group (Warragul).

What are the rotation options?

In BPT 1 and 2 there are a wide range of specialty rotations available which will ensure each trainee will experience a broad range of opportunities.

These rotation options have been specifically designed so they are equivalent in breath of experience, and access to popular rotations such as cardiology and renal. We do not believe that any single rotation option offers a better experience than any other. In addition, these rotations meet the complex requirement for training mandated by the RACP.

Over the first two years of training, you will rotate through a diverse mix of specialty, rural and general rotations (see example rotations attached).

Will I be required to go the country?

Latrobe Regional Hospital (Traralgon) and West Gippsland Healthcare Group (Warragul) are associated with Monash. All BPTs will be rostered to one of these sites at least once during their training. It is a RACP requirement that all trainees complete a rural rotations.

Will I have to do night duty?

All BPTs at Monash Health participate in night duty across their rostered year either within rotating rosters or as a specific rotation which is usually rostered as 7 nights on and 7 nights off.

What if I need my Annual Leave at a particular time?

If you have any special consideration, such as leave requirements at particular time, you need to submit this in writing to BPTtraining@monashhealth.org. Trainees are advised to preference first the rotation that is most consistent with your special consideration.

What about if I want to take a year off between BPT1 and 2?

We actively encourage doctors to take a year off if sought after. We believe this helps to prevent burnout during the exam period of the program, and further research can contribute to successful admission into your desired Advanced Training pathway. There are two things to bear in mind if you do take a year off:

1. The number of BPTs will be fixed each year, the number of BPT 2 jobs available will be dependent on the number of people exiting BPT1. Therefore, admittance back into BPT will be based on positions available. We will do all we can to accommodate your return and you will not be discriminated against in the interview process because of the year break. However job availability will dictate the number of people employed. Currently return to BPT2 will be via the PMCV match.

2. Access to the specialties you want may not be guaranteed when you return but you will definitely have access to the required number of specialty weeks.

Job security is not as tight as it would be if you did not take a year off, however on balance, we would recommend this option if you are considering it.

What about swapping rotations?

We strongly discourage swapping. Rotation options are designed to be equivalent and over two years you should be able to get a good breath of experience and if your preference sensibly, you should get exposure to your speciality of interest. All swaps must be approved by the BPT Manager.

Am I automatically offered a BPT2 position?

All trainees who show commitment to their training will be offered a position in BPT2. This is measured by attendance at protected teaching sessions, involvement in BPT3 Clinical Exams and feedback from Ward Consultants and your Educational Supervisor.

What qualities are we looking for in an interview?

We are primarily looking for doctors who are sensible, clinically sound, work well in teams, have a growth mindset (i.e. you can respond to feedback and change) and can pass exams.

Your references will be taken into account, as will any feedback from doctors with whom you have had contact. How you come across in the interview is important. Being sensible, hard-working and kind is important to us.

We value a track record of high academic performance (z score or academic prizes) but it is not essential. We do not expect publications or other extra degrees on your CV at this stage. These are a bonus but not as highly weighted as clinical performance at this junior level.

You are guaranteed an interview as an employee at Monash Health.

What if I do not get accepted into BPT training?

Every year about 400 trainees apply for 30 places so obviously, high performing, fantastic doctors are going to miss out. If this is the case for you, we would recommend you think about two things:

1. Is physician training the best route for you? Would it be worth exploring other options?
2. If you are sure it is the right path for you, seek advice on how you could work towards opportunities to engage with physicians either in teaching, service or research roles.

Can I move from General Stream into the BPT program?

Any HMO is welcome to apply for a place in the BPT program via the normal application process. Regardless of your PGY level, you will commence your training at BPT1.

I am a General HMO doing medical rotations, can I have the year accredited as BPT1?

Only those officially in the training program can have their year accredited as training. You should use these rotations to confirm your desire to apply for BPT at the next opportunity, and also obtain good references.

Can I have previous experience/rotations recognized so I can enter as BPT2?

All discussions regarding recognition of prior learning need to be through the college. We are unable to approve these. It is generally difficult to have experience recognised retrospectively, and also, the decision from the college is usually delayed past when you commence with the program. Therefore you should expect to commence your training as a BPT1.

We recommend you contact us to discuss your individual situation.

Example BPT 1 Rotations:

TERM 1	TERM 2	TERM 3	TERM 4	TERM 5
CARDIOLOGY (MONASHHEART) HMO - CLAYTON#1	GERIATRIC (WEST2) HMO - DANDENONG	NEPHROLOGY (RENAL) HMO - CLAYTON#1	GENERAL MEDICINE HMO - DANDENONG#4	RELIEVER A/L
A/L	CARDIOLOGY (MONASHHEART) HMO - CLAYTON#1	GERIATRIC (WEST2) HMO - DANDENONG	NEPHROLOGY (RENAL) HMO - CLAYTON#1	GENERAL MEDICINE HMO - DANDENONG#4
GENERAL MEDICINE HMO - DANDENONG#4	A/L	CARDIOLOGY (MONASHHEART) HMO - CLAYTON#1	GERIATRIC (WEST2) HMO - DANDENONG	NEPHROLOGY (RENAL) HMO - CLAYTON#1
NEPHROLOGY (RENAL) HMO - CLAYTON#1	GENERAL MEDICINE HMO - DANDENONG#4	A/L	CARDIOLOGY (MONASHHEART) HMO - CLAYTON#1	GERIATRIC (WEST2) HMO - DANDENONG
GERIATRIC (WEST2) HMO - DANDENONG	NEPHROLOGY (RENAL) HMO - CLAYTON#1	GENERAL MEDICINE HMO - DANDENONG#4	A/L	CARDIOLOGY (MONASHHEART) HMO - CLAYTON#1
CARDIOLOGY (MONASHHEART) HMO - CLAYTON#1	GERIATRIC (SOUTH 4) HMO - KINGSTON#1	NEPHROLOGY (RENAL) HMO - CLAYTON#2	GENERAL MEDICINE (AAU) HMO#1 - CLAYTON	GENERAL MEDICINE NIGHTS HMO A/L
GENERAL MEDICINE NIG A/L	CARDIOLOGY (MONASHHEART) HMO - CLAYTON#1	GERIATRIC (SOUTH 4) HMO - KINGSTON#1	NEPHROLOGY (RENAL) HMO - CLAYTON#2	GENERAL MEDICINE (AAU) HMO#1 - CLAYTON
GENERAL MEDICINE (AAU) HMO#1 - CLAYTON	GENERAL MEDICINE NIG A/L	CARDIOLOGY (MONASHHEART) HMO - CLAYTON#1	GERIATRIC (SOUTH 4) HMO - KINGSTON#1	NEPHROLOGY (RENAL) HMO - CLAYTON#2
NEPHROLOGY (RENAL) HMO - CLAYTON#2	GENERAL MEDICINE (AAU) HMO#1 - CLAYTON	GENERAL MEDICINE NIG A/L	CARDIOLOGY (MONASHHEART) HMO - CLAYTON#1	GERIATRIC (SOUTH 4) HMO - KINGSTON#1
GERIATRIC (SOUTH 4) HMO - KINGSTON#1	NEPHROLOGY (RENAL) HMO - CLAYTON#2	GENERAL MEDICINE (AAU) HMO#1 - CLAYTON	GENERAL MEDICINE NIG A/L	CARDIOLOGY (MONASHHEART) HMO - CLAYTON#2
CARDIOLOGY (MONASHHEART) HMO - DANDENONG	GENERAL MEDICINE (AAU) HMO#2 - CLAYTON	RESPIRATORY HMO - CLAYTON#1	NEUROLOGY/STROKE HMO - CLAYTON#1	A/L
A/L	GENERAL MEDICINE (AAU) HMO#2 - CLAYTON	GENERAL MEDICINE (AAU) HMO#2 - CLAYTON	RESPIRATORY HMO - CLAYTON#1	GENERAL MEDICINE NIGHTS HMO
NEUROLOGY/STROKE HMO - CLAYTON#1	CARDIOLOGY (MONASHHEART) HMO - DANDENONG	CARDIOLOGY (MONASHHEART) HMO - DANDENONG	RESPIRATORY HMO - CLAYTON#1	NEUROLOGY/STROKE HMO - CLAYTON#1
A/L	GENERAL MEDICINE NIG	GENERAL MEDICINE NIG	RESPIRATORY HMO - CLAYTON#1	RESPIRATORY HMO - CLAYTON#1
RESPIRATORY HMO - CLAYTON#1	NEUROLOGY/STROKE HMO - CLAYTON#1	GENERAL MEDICINE NIG	CARDIOLOGY (MONASHHEART) HMO - DANDENONG	GENERAL MEDICINE (AAU) HMO#2 - CLAYTON
GENERAL MEDICINE (AAU) HMO#2 - CLAYTON	RESPIRATORY HMO - CLAYTON#1	A/L	GENERAL MEDICINE NIG	GENERAL MEDICINE (AAU) HMO#2 - CLAYTON
GASTROENTEROLOGY HMO - CLAYTON#1	GENERAL MEDICINE (AAU) HMO#3 - CLAYTON	NEUROLOGY/STROKE HMO - CLAYTON#1	GENERAL MEDICINE NIG	CARDIOLOGY (MONASHHEART) HMO - DANDENONG#2
GENERAL MEDICINE NIG A/L	GENERAL MEDICINE (AAU) HMO#3 - CLAYTON	RHEUMATOLOGY HMO - CLAYTON	GENERAL MEDICINE NIG	GENERAL MEDICINE NIG A/L
HMO2 MED COVER#1	GASTROENTEROLOGY HMO - CLAYTON#1	GENERAL MEDICINE (AAU) HMO#3 - CLAYTON	RHEUMATOLOGY HMO - CLAYTON	GENERAL MEDICINE NIG
GENERAL MEDICINE NIG	GENERAL MEDICINE NIG A/L	GENERAL MEDICINE (AAU) HMO#3 - CLAYTON	GENERAL MEDICINE (AAU) HMO#3 - CLAYTON	HMO2 MED COVER#1
RHEUMATOLOGY HMO - CLAYTON	HMO2 MED COVER#1	GENERAL MEDICINE NIG	GENERAL MEDICINE (AAU) HMO#3 - CLAYTON	GENERAL MEDICINE NIGHTS
GENERAL MEDICINE (AAU) HMO#3 - CLAYTON	RHEUMATOLOGY HMO - CLAYTON	GENERAL MEDICINE NIG	GASTROENTEROLOGY HMO - CLAYTON#1	GENERAL MEDICINE (AAU) HMO#3 - CLAYTON
GASTROENTEROLOGY HMO - DANDENONG#1	ENDOCRINOLOGY/DIABETES HMO - CLAYTON#1	HMO2 MED COVER#1	GENERAL MEDICINE NIG	GASTROENTEROLOGY HMO - DANDENONG#1
A/L	GENERAL MEDICINE NIG	INFECTIOUS DISEASES HMO - CLAYTON#1	ONCOLOGY HMO - MOORABBIN#2	A/L
ONCOLOGY HMO - MOORABBIN#2	A/L	ENDOCRINOLOGY/DIABETES HMO - DANDENONG#1	ONCOLOGY HMO - MOORABBIN#2	ONCOLOGY HMO - MOORABBIN#2
INFECTIOUS DISEASES HMO - CLAYTON#1	ONCOLOGY HMO - MOORABBIN#2	GASTROENTEROLOGY HMO - DANDENONG#1	INFECTIOUS DISEASES HMO - CLAYTON#1	ONCOLOGY HMO - MOORABBIN#2
ENDOCRINOLOGY/DIABETES HMO - CLAYTON#1	INFECTIOUS DISEASES HMO - CLAYTON#1	A/L	ENDOCRINOLOGY/DIABETES HMO - CLAYTON#1	ONCOLOGY HMO - MOORABBIN#2
NEUROLOGY/STROKE HMO - CLAYTON#2	ENDOCRINOLOGY/DIABETES HMO - CLAYTON#2	ONCOLOGY HMO - MOORABBIN#2	GASTROENTEROLOGY HMO - DANDENONG#1	HMO2 MED COVER#2
GENERAL MEDICINE NIG A/L	NEUROLOGY/STROKE HMO - CLAYTON#2	GENERAL MEDICINE NIG	GASTROENTEROLOGY HMO - DANDENONG#1	GASTROENTEROLOGY HMO - DANDENONG#1
ONCOLOGY HMO - MOORABBIN#1	GENERAL MEDICINE NIG	NEUROLOGY/STROKE HMO - CLAYTON#2	ONCOLOGY HMO - MOORABBIN#2	GENERAL MEDICINE NIG
GENERAL MEDICINE NIG	ONCOLOGY HMO - MOORABBIN#1	GENERAL MEDICINE NIG A/L	NEUROLOGY/STROKE HMO - CLAYTON#2	GENERAL MEDICINE NIG
ENDOCRINOLOGY/DIABETES HMO - CLAYTON#2	GENERAL MEDICINE NIG	GENERAL MEDICINE NIG	NEUROLOGY/STROKE HMO - CLAYTON#2	ENDOCRINOLOGY/DIABETES HMO - CLAYTON#2
GENERAL MEDICINE NIG	GENERAL MEDICINE NIG	ONCOLOGY HMO - MOORABBIN#1	GENERAL MEDICINE NIG	NEUROLOGY/STROKE HMO - CLAYTON#2
ENDOCRINOLOGY/DIABETES HMO - CLAYTON#2	GENERAL MEDICINE NIG	GENERAL MEDICINE NIG	ONCOLOGY HMO - MOORABBIN#1	NEUROLOGY/STROKE HMO - CLAYTON#2
GENERAL MEDICINE NIG	GENERAL MEDICINE NIG	HMO2 MED COVER#1	GENERAL MEDICINE NIG	NEUROLOGY/STROKE HMO - CLAYTON#2
ENDOCRINOLOGY/DIABETES HMO - CLAYTON#2	GENERAL MEDICINE NIG	GENERAL MEDICINE NIG	ONCOLOGY HMO - MOORABBIN#1	NEUROLOGY/STROKE HMO - CLAYTON#2