



Australian Government

**Department of Health,
Disability and Ageing**



BONDED RETURN OF SERVICE SYSTEM (BROSS)

PARTICIPANT USER GUIDE EXTENSION TO BONDED MEDICAL PROGRAM TIMELINE JULY 2026



Application for an extension of time

You may apply to the Secretary for an extension of time to complete your Return of Service Obligation (RoSO) if you, or a member of your family, has a medical condition that will prevent you from completing their RoSO within the 18-year period required by paragraph 124ZF(2)(a) of the [Act](#).

[Sections 11 to 13](#) of the [Health Insurance \(Bonded Medical Program\) Rule 2020](#) (Rule) outline the application requirements for an extension of time.

Section 12 of the Rule defines a member of your family as a partner, child, grandchild, parent, grandparent or sibling; or a person who:

- is a relation of the bonded participant
- has significant responsibility for the care of the person
- has no family members (other than the bonded participant) who are able to provide care to the person
- is not on a temporary visa; and
- has not been provided with an assurance of support in relation to the grant of a visa.

An application for an extension of time must include evidence that the family member satisfies the above requirements.

Section 13 of the Rule specifies that the medical condition must:

- not have been reasonably foreseeable when you entered the Program,
- be a life threatening, disabling or chronic illness which creates an insurmountable barrier to working in an eligible location,
- and either:
 - Require treatment or care for which Medicare benefits are payable, or
 - Require treatment of care for which pharmaceutical benefits are payable, or
 - Require treatment of care in a hospital.

You must also upload evidence of the medical condition from a treating practitioner dated within 3 months from the date of your application. The treating practitioner must:

- have sufficient expertise, qualifications and specialist registration to provide the medical evidence; and
- state for how long they have known you or your family member; and
- state that they do not have a personal or professional relationship with you or any potential conflicts of interest; and
- state why you cannot complete your RoSO within the 18 year period.



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To submit your request, click on the **'Manage my agreement'** accordion on the **'My dashboard'** page.

My dashboard - Daisy D Duck - 2516783

Important information

Welcome

Participants of the Bonded Medical Program (Program) are bound by [Part VD of the Health Insurance Act 1973](#) (the Act) and must abide by the [Health Insurance \(Bonded Medical Program\) Rule 2020](#) (the Rule).

You must register a Return of Service Obligation (RoSO) Plan after you have completed your course of study in medicine as outlined in Section 16 (1)(a) of the [Rule](#). After commencing eligible work you must enter the eligible location and start date of your RoSO plan in BRoSS. This plan may be changed any time before you commence the activity within BRoSS, under Plan my RoSO.

Within a year of completing work at an eligible location you must provide relevant information and evidence to confirm you have completed your work in accordance with your RoSO plan.

To help you navigate BRoSS we've developed the [BRoSS Participant User Guide](#). The guide is designed to support you in meeting your obligations and using BRoSS effectively.

Learn and Plan

For more information use the Learn and Plan sections to find out more about the Program. You can also visit the Department of Health, Disability and Ageing [website](#) for more information about the Program.

Your Details

You can view and edit your personal details at any time, under My Program information.

We use the contact information you enter in BRoSS to send you email notifications and reminders. It is a Program requirement that you keep your contact details up to date.

If you are using your university email address, please include an alternative email address so you continue to receive all necessary correspondence after you graduate.

Your Program Timeline

This shows which career phase you are in. There are reporting obligations, called Notifiable Events, for each phase. These can be updated under Manage my RoSO. Read more about your reporting obligations in Section 15 of the [Rule](#).

[Learn](#)

[Plan](#)

[Manage my agreement](#)

Tasks

[Plan my RoSO](#) [Manage my RoSO](#) [My Program information](#)

Program timeline

Student Intern Prevocational Vocational Fellow

Medical Course Completion Date: **02/11/2025**

Program Completion Deadline: **02/11/2043**

RoSO planning (Weeks)

21.0	135.0 unplanned
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RoSO summary (Weeks)

21.0	135.0 remaining
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My current notifications

Guidance: You must provide evidence of attaining fellowship within 6 months of finishing your vocational training.

From the expanded **'Manage my agreement'** accordion click on the **'Program extension'** button.

[Plan](#)

Manage my agreement

Daisy D Duck - 2516783 - Vocational

[Download PDF](#)
Copy of Part VD of the Health Insurance Act statement to participate in the Bonded Medical Program (PDF) 48KB.

[View the agreement to participate](#)

[Withdraw from the Program](#)

[Program extension](#)

[Exceptional Circumstances](#)



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The expanded '**Program extension**' accordion shows your current Program completion date. Click the '**Request**' button.

Program extension

Request an extension of time to complete my return of service obligation.

Current status

Program extension status **No extension recorded**

Current completion date **15-12-2034**

Request

Enter your '**Proposed completion date**'. Please note that the new, proposed completion date should not extend the period to complete your RoSO by more than 2 years. Click on '**Choose Files**' to upload the required evidence as detailed on [page 2](#) of this guide.

Request: Program extension

Program extension status **No extension recorded**

Current completion date **15-12-2034**

Original estimated completion date **15-12-2034**

Proposed completion date

Upload evidence

Upload supporting evidence for this request

Choose Files

No documents listed

Submit Request **Cancel**

Once you click on the '**Submit Request**' button, the following '**Warning**' message will show, click '**OK**' to continue.

Warning -

You are about to submit a request for a Program extension.

Once submitted the process cannot be cancelled.

Do you want to proceed?

OK **Cancel**

Clicking '**Cancel**' will take you back to the '**Manage**'



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Your **'Program extension'** accordion will update to **'Pending'** status and show your extension request and **'Status'**. Clicking on the **'Manage'** button will enable you to amend your request.

▼ Program extension - Pending

Current status

Program extension status **Pending**

Current completion date **17-12-2043**

Extension requests

Date submitted	Original completion	Proposed completion	Status	Action
21-07-2026	17-12-2043	17-12-2044	Pending	Manage

We will review your request for an extension of time and you will be contacted if additional evidence is required. You will receive the outcome by email when a decision has been made.

If you would like to cancel your request, please email the BondedMedicalProgram@health.gov.au providing your details.