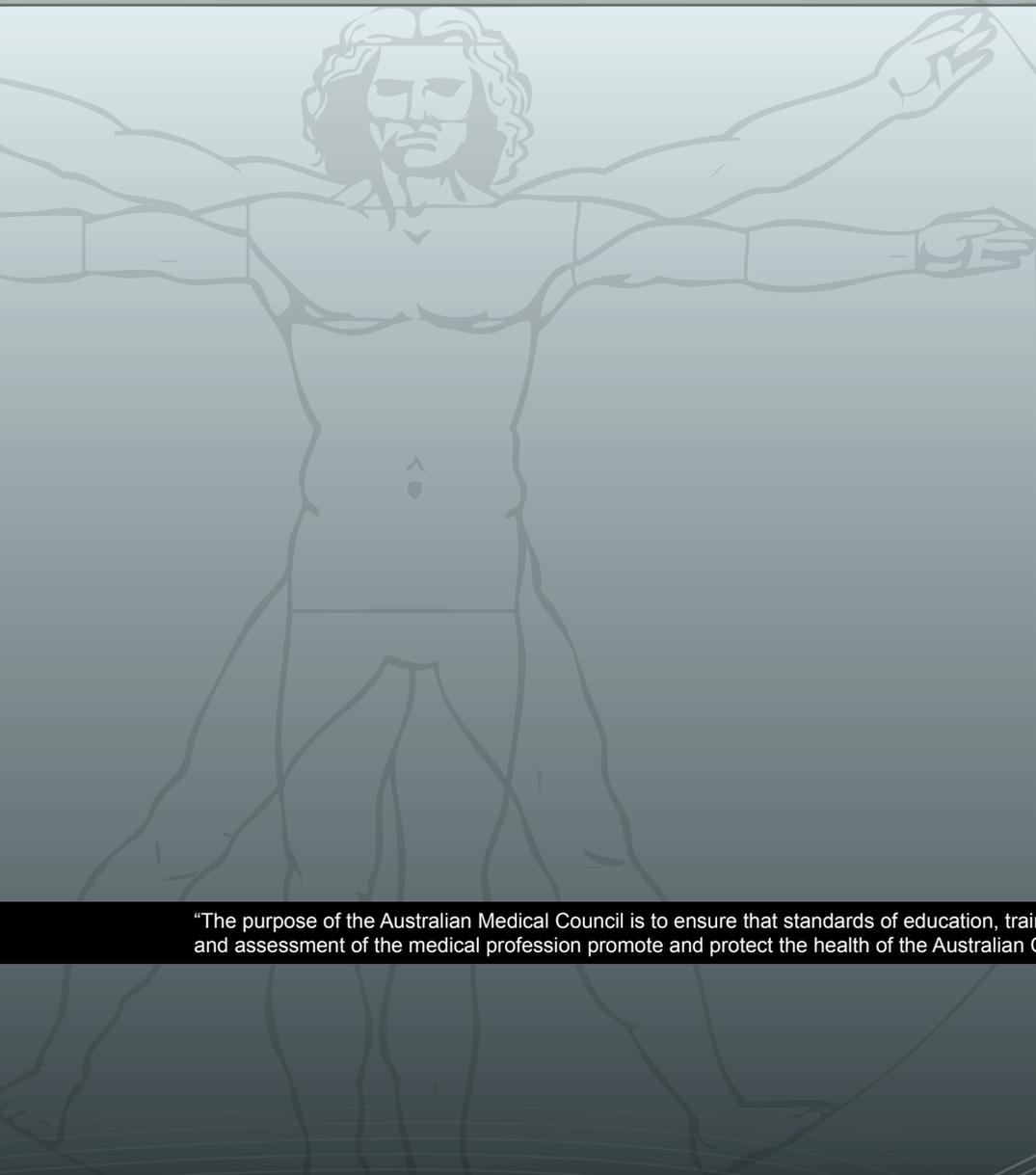


MULTIPLE CHOICE QUESTION EXAMINATION SPECIFICATIONS



Australian Medical Council



"The purpose of the Australian Medical Council is to ensure that standards of education, training and assessment of the medical profession promote and protect the health of the Australian Community."

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MCQ EXAMINATION SPECIFICATIONS BOOKLET

IMPORTANT NOTE

Candidates are advised to study this booklet closely before presenting for AMC examinations.

Candidates should note that the AMC is not involved in the administration of Medicare. Any questions concerning Medicare Provider Numbers should be directed to the Australian Department of Health and Ageing. Nor is the AMC involved directly in aspects of registration to practise, which is the responsibility of the Medical Board of Australia (MBA).

Examination requirements may change. All matters concerning the AMC examination, including any changes in the format and content or associated procedures, will be conveyed to candidates in writing by the Secretariat. Candidates are recommended to regularly check the AMC website for updates.

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GUIDELINES AND SPECIFICATIONS

INTRODUCTION

These guidelines and specifications have been prepared to assist candidates for the Australian Medical Council (AMC) examination. The guidelines contain information about:

- the format and content of the AMC Multiple Choice Question (MCQ) examination
- levels of clinical knowledge, skills and attitudes required to satisfy the requirements of the examination
- the requirements and format of the MCQ examination
- the areas and topics covered in the examination
- preparing for the AMC examination
- sample question items for the MCQ examination
- suggested reading lists for the examination.

Candidates should study these guidelines in conjunction with the current AMC publication *Applying to the Australian Medical Council*, which sets out the formal procedures for the AMC examination. This publication is available on the AMC website at <http://www.amc.org.au/index.php/pub/downloads/359-applying-to-amc>

ASSESSMENT AIMS AND OBJECTIVES

The AMC examination is designed to assess, for registration purposes, the medical knowledge and clinical skills of international medical graduates (IMG's) whose basic medical qualifications are not recognised by the Medical Board of Australia (MBA).

The MCQ examination focuses on basic and applied medical knowledge across a wide range of topics and disciplines, involving understanding of the disease process, clinical examination, diagnosis, investigation, therapy and management, as well as on the candidate's ability to exercise discrimination, judgment and reasoning in distinguishing between the correct diagnosis and plausible alternatives.

The clinical examination also assesses the candidate's capacity to take a history, conduct a physical examination, formulate diagnostic and management plans, and communicate with patients, their families and other health workers.

STRUCTURE OF THE AMC EXAMINATION

The AMC examination consists of two parts:

- a multiple choice question (MCQ) examination to test medical knowledge in a one three and a half hour session containing 150 questions. The AMC MCQ examination is a computer-administered examination.
- a clinical examination, testing clinical and communication skills, of three to four hours duration, which is administered on a single afternoon or morning. A clinical re-test examination, duration of one to two hours, will be administered if required.

The AMC examination is designed as a comprehensive test of medical knowledge, clinical competency and performance. Both MCQ and clinical assessments are multidisciplinary and integrated.

STANDARD OF THE AMC EXAMINATIONS

The standard of the AMC examinations is formally defined as the level of attainment of medical knowledge, clinical skills and attitudes which is required of newly qualified graduates of Australian medical schools, who are about to commence intern training.

The goals and objectives forming the basis of medical education in Australia, as determined by the AMC for the accreditation of medical schools, are expressed in terms of:

- objectives relating to knowledge and understanding
- objectives relating to skills and performance
- objectives relating to attitudes as they affect professional behaviour.

The objectives (Attributes of Medical Graduates) are listed in **APPENDIX A**. In undergraduate courses, these are assessed over several years in a variety of ways, whereas the AMC assessment is conducted through a MCQ examination and a clinical examination.

THE MCQ EXAMINATION

The MCQ examination operates as a pass/fail examination, with the pass mark set at the level of knowledge required by Australian medical schools for their final-year graduates.

REQUIREMENTS OF THE MCQ EXAMINATION

The MCQ examination is a test of the principles and practice of medicine in the fields of Adult Health - Medicine, Adult Health - Surgery, Womens Health - Obstetrics & Gynaecology, Child Health, Mental Health and Population Health & Ethics. The majority of the multiple choice questions reflect common clinical conditions in the Australian community. In order to achieve a satisfactory level of performance, a candidate will require a knowledge of:

- pathogenesis
- clinical features
- investigative findings
- differential diagnosis
- management and treatment.

Some questions in the MCQ examination will test basic or essential knowledge and understanding of topics covered by the examination. Other questions will require more insight and will test the candidate's capacity to distinguish between the correct diagnosis and plausible alternatives. Questions may contain images of X-rays, electrocardiograms (ECGs), scans, clinical photographs and other visual material.

In general, the MCQ examination will test a candidate's capacity for reasoning rather than rote learning. The MCQ examination includes questions which are regarded as critical to the safety or clinical outcome or threat to life for the patient, or are based upon important common conditions and one of:

- A. Related to life threatening illness; or
- B. Critical to safe practice (includes professionalism); or
- C. Successful clinical outcome; or
- D. Important aspects of public health

COMPUTER ADAPTIVE TEST (CAT) FORMAT EXAMINATION

COMMENCING 2011 SERIES

A Computer Adaptive Test (CAT) format of MCQ is a form of computer-based test administration in which each candidate takes a unique, customised examination. Research over the past decades has confirmed the comparability between CATs and fixed length tests, but with CATs requiring less than half the number of questions to obtain more precise results.

The development and refinement of Item Response Theory and Rasch models provided the theoretical structure and calibration data necessary for building item banks on a common scale. Each test is created from a common pool of previously calibrated questions and is automatically equated to any other test drawn from that pool. A pass/fail point (cut score or standard) is defined for the examination, and each candidate is measured against this point regardless of the group of candidates with whom they are examined, or the particular set of questions they are administered, or when they take the test.

DELIVERY OF THE AMC CAT FORMAT MCQ EXAMINATION

In the CAT MCQ format examination, for each candidate the first question is randomly selected from the item pool. If the answer to the question is incorrect, the next question chosen is a less difficult question; if correct, the next question is a more difficult question. This process is continued until the last question is reached. After each response, the computer calculates the ability estimate ("score") based on all the information available and obtained to that point. The precision of the ability estimate improves as the process is continued because the questions are targeted to the latest ability estimate of each candidate.

This mode of measurement is much more efficient than a traditional examination where all candidates have to answer the same set of questions. Some of the questions in a traditional examination will be too easy or too difficult for some or all candidates sitting that examination. Such questions are not administered to candidates in CATs since items are selected from the pool of calibrated questions that match the ability (knowledge and understanding) of each individual candidate, which is the reason why a shorter examination can yield more precise results for all candidates. Computer adaptive testing ensures that each candidate is given questions appropriate to his/her knowledge and understanding.

REVIEW OF ITEMS

In the AMC CAT MCQ computer-administered examination a candidate is provided with a 'review' facility on completion of the examination, if time permits. A candidate cannot go back to a question and change a response **during** the examination (before all of the 150 questions have been attempted) as the computer uses all the current information to select the next question to administer. However, once the examination has been completed and there is still examination time left, a candidate can go back to any question and change any response. If a response is changed from correct to incorrect, or from incorrect to correct, the computer will recalculate the ability estimate. In other words the final candidate ability ("score") is calculated on the final response to each question.

SCORING OF THE EXAMINATION

It is important to note that the number of correct answers is **not** used to calculate a candidate's ability. Some candidates would have been administered difficult questions whilst others would have been administered easier questions – depending on the correct or incorrect answers to previous questions. Therefore, if candidates have the same number of correct answers, the ability of the candidate that answered the difficult questions will be higher than the ability of the candidate that answered the easier questions. The AMC score is based on the **candidate ability level** and represented on the AMC scale.

PILOT ITEMS

Pilot items are non-scored items used to test and calibrate new questions, which may be used in future examinations. In addition to the 120 scored questions, each candidate will be administered 30 pilot items, which are integrated through the examination content. However, it is important to note that the final 20 items in the examination are scored items only, therefore candidates are encouraged to pace themselves during the examination [a timer-clock is included in the examination platform for each individual candidate].

CONTENT OF THE AMC CAT MCQ EXAMINATION

The content of the AMC CAT MCQ examination consists of 150 *A-type* MCQs [one correct response from five options] – 120 scored items and 30 [non-scored] pilot items.

AMC BLUEPRINT OF COMPUTER ADAPTIVE TEST FORMAT MCQ EXAMINATION – 120 SCORED ITEMS

As distributed to candidates in a computer-administered fully integrated CAT MCQ examination.

Patient groups							
AMC CAT MCQ BLUEPRINT	Adult Health [Medicine]	Adult Health [Surgery]	Womens Health [Obs] [Gyn]	Child Health	Mental Health	Population Health	ITEM TOTALS
ITEM TOTALS	35	25	15	15	15	15	120

An additional 30 pilot [non-scored] items are included in the examination session of 3½ hours.

Each candidate receives 120 scored + 30 [non-scored] pilot items = 150 items.

CANDIDATE INFORMATION ON CLINICIAN TASKS AND PATIENT GROUPS

Examination questions within the CAT MCQ examination are classified in terms of both Clinician Tasks and Patient Groups, as follows:

CLINICIAN TASKS

Data Gathering [up to 23.5% of the scored items]

History taking, mental status examination, physical examination, laboratory testing, imaging, other investigations, and clinical reasoning.

Data Interpretation and Synthesis [up to 29% of the scored items]

Interpretation and synthesis of gathered data. Clinical reasoning, problem identification, setting priorities and risk stratification. Formulation of differential and specific diagnosis, causes and associations with presenting conditions.

Management [up to 35% of the scored items]

Education and health promotion, counselling, psychotherapy, drug and non-drug therapy (including fluid and electrolyte therapy), surgical interventions, radiological interventions, drug interactions and complications, cessation of therapy, rehabilitation, palliative care, interdisciplinary management, family and community care.

PATIENT GROUPS

A total of 120 scored items are selected from the AMC pool of items and distributed across the following proportions based on the candidate's ability level.

Adult Health - Medicine [30% of scored items]

Adult Health - Surgery [20% of scored items]

These patient groups cover a broad spectrum of adult health and aged care, and involve a sound foundation knowledge of the medical sciences (physiology, biochemistry, anatomy, pharmacology) and an understanding of pathobiology and pathophysiology. They include developed and practiced clinical skills (communication, history taking, physical examination, counselling) an appropriate understanding of principles of treatment and familiarity with current management strategies (investigations, procedural interventions, drug and non-drug therapies).

Women's Health [12.5% of scored items]

Gynaecology covers a broad spectrum of women's health care, and involves all principles of adult health as above. Obstetrics also embodies these principles with the addition of the understanding of the basic sciences as they apply to reproduction and the effects of pathobiology and pathophysiology on the reproductive process (pregnancy, labour, birth and the post-natal period).

Child Health [12.5% of scored items]

Child health includes developmental dimensions of children's health from fetal development and transition to extra-uterine life to the end of adolescence, including growth, physical development, puberty and intellectual development in normal and abnormal situations. Clinical features and natural history of important conditions are covered including basic pathophysiology of medical and surgical conditions including recognition and management of developmental disability. Core clinical skills and management of common and important conditions in a range of settings (emergency, ambulatory, inpatient, convalescent) are included covering medical, surgical and psychosocial interventions.

Mental Health [12.5% of scored items]

The assessment, diagnosis and management of psychological, behavioural and mental disorders and illnesses and addictions across all age groups, based on bio-psychosocial and cognitive principles. This includes history, mental state features, investigations and co-morbidities, with management to include the use of psychological/behavioural, physical, pharmacological and psychotherapeutic interventions, with their risks and benefits.

Population Health and Ethics [12.5% of scored items]

Population health strategies are to improve the health of targeted populations, and include screening activities, surveillance, vaccination programs, population-level education, epidemiology and legislation or disease management measures. Population health concepts may arise in a range of health care settings and across all patient groups, and will include health promotion and disease prevention strategies. Ethical issues cover professional behaviour including boundary issues, patient confidentiality, informed consent and impairment of doctors. Legal issues embrace regulations covering the Australian health care system and the delivery of best practice medicine.

Note: Population Health is not classified by Clinician Tasks and makes up the balance of 12.5% of the scored items.

EXAMINATION ADMINISTRATION FOR AMC CANDIDATES

- MCQ questions in the AMC CAT MCQ format are the same as those used in the current AMC MCQ examinations and published in the *AMC Handbook of Multiple Choice Questions*
- All MCQs in the CAT MCQ examination are selected from the current AMC MCQ bank.
- All MCQs are A-type format – one correct response from five. In A-type questions, each question or incomplete statement is followed by five suggested answers, or completions, labelled A, B, C, D and E. The candidate must decide which **ONE** response is the BEST choice.
- Each question in the MCQ examination has a correct response.
- Marks will not be deducted for incorrect answers.
- The AMC CAT MCQ examination is administered by computer and is not available as a written (pencil and paper) examination.
- The AMC CAT MCQ examination blueprint covers Clinician Tasks and Patient Groups.
- 150 MCQs are administered over one session of 3½ hours.
- 120 MCQs are scored items.

- 30 Pilot [non-scored] items are integrated throughout the examination content until the final 20 items.
- 30 Pilot [non-scored] items are selected from the AMC blueprint of Clinician Tasks and Patient Groups.
- The **final 20 items** in the examination are scored items only.
- Candidates are expected to complete, in the 3.5 hour examination session, all 150 items of which 120 items are scored items. Failure to complete all 120 scored items in the AMC CAT MCQ examination may lead to insufficient information for a reliable ability to be determined and therefore a result on the AMC adaptive scale. The examination result is recorded as **Fail – insufficient data to obtain result**.
- Items are randomized across the blueprint [fully integrated format].
- Candidates must pace themselves to provide review time, if required.
- A timer-clock is included in the examination platform for each individual candidate.
- Candidates can *flag* [assign] items for *review* during the examination but will not be able to return to these items until all 150 questions have been answered.
- The *review* action is activated after the final question is answered.
- The results to candidates will be forwarded four to six weeks after the examination.

Although the new AMC CAT MCQ examination and its associated on-line scheduling procedures are substantially more sophisticated than the current AMC MCQ examinations, the AMC does not propose to change the examination fee for the CAT MCQ at this time.

AMC SCORE

The result of the AMC CAT MCQ examination is reported on the standard AMC Scale with a score of 250 overall as the pass score.

A Mastery score is not derived – therefore Mastery items are not indicated in the examination.

SCORING OF ANSWERS

The MCQ examination is marked by a national independent educational testing centre on behalf of the AMC.

The scoring system for the MCQ Examination (A-type questions) is:		
Correct response	=	SCORED
Incorrect response	=	NIL SCORE

Each question has a correct response. Marks are not deducted for incorrect answers.

Each candidate receives a computer-generated transcript of their results and feedback on their performance in the MCQ examination.

MCQ RESULTS

Each candidate receives a computer-generated transcript of their results and feedback on their performance in the MCQ examination. The expected date of dispatch of results is notified on the AMC MCQ website.

SAMPLE FEEDBACK SHEET

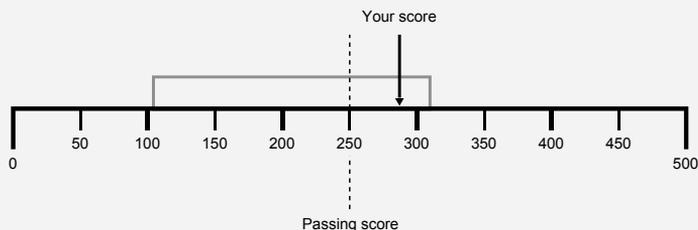


PERFORMANCE IN THE AMC CAT MCQ EXAMINATION

Candidate Number:	XXXXXXX
Candidate Name:	XXXXX XXXXXXXXXXX
Examination Date:	XXXXX XXX XXXXX
AMC Adaptive Score:	XXX
Candidate Result:	XXXXX

AMC SCALE

Distribution of Candidate Scores
(Scale indicative only. Does not reflect pass rate)



CANDIDATE RESULTS

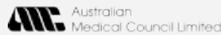
For comparative purposes, the range of candidate scores for the Australian Medical Council (AMC) Computer Adaptive Test (CAT) Multiple Choice Question (MCQ) examination is shown in the boxed area on the AMC scale.

DEFINITION OF THE AMC SCALE

- The AMC required pass standard of 250 is indicated on the scale.
- The AMC candidate's individual AMC Adaptive Score is indicated by the arrow.

Scaling of the AMC CAT MCQ examination is undertaken in order to maintain a consistent standard.

As indicated, the PASS/FAIL decision is based entirely on the overall score gained from completion of questions in all Patient Groups.



PERFORMANCE BY PATIENT GROUP FOR SCORED ITEMS AMC CAT MCQ EXAMINATION

In order to provide feedback to candidates, all scored questions in the AMC CAT MCQ examination are classified according to the AMC examination blueprint in terms of Patient Groups.

Candidate Number: XXXXXXXX
Candidate Name: XXXXX XXXXXXXXXXXX
Candidate Result: XXXX

This information, as a review of performance across the Patient Groups, is provided to assist in preparation for future AMC examinations.

PATIENT GROUP	CANDIDATE PERFORMANCE
Adult Health — Medicine	XXXXXXXXXXXX
Adult Health — Surgery	XXXXXXXXXXXX
Women's Health	XXXXXXXXXXXX
Child Health	XXXXXXXXXXXX
Mental Health	XXXXXXXXXXXX
Population Health and Ethics	XXXXXXXXXXXX

DEFINITIONS OF CANDIDATE PERFORMANCE

- Satisfactory** Reached an appropriate standard in this MCQ assessment. To maintain adequate clinical capability requires ongoing review in a clinical context.
- Borderline** Requires further and careful revision of topics in this Patient Group.
- Unsatisfactory** Performance in this discipline is clearly below a pass standard. An extensive and thorough revision of topics in this discipline is required.

PATIENT GROUPS A total of 120 scored items are selected from the AMC pool of items, based on the candidate's ability level, and are distributed across the following proportions. The approximate weightings for each patient group are indicated below.

Adult Health - Medicine (30% of scored items)

These patient groups cover a broad spectrum of adult health and aged care, and involve a sound foundation knowledge of the medical sciences (physiology, biochemistry, anatomy, pharmacology) and an understanding of pathobiology and pathophysiology. They include developed and practiced clinical skills (communication, history taking, physical examination, counselling) an appropriate understanding of principles of treatment and familiarity with current management strategies (investigations, procedural interventions, drug and non-drug therapies).

Adult Health - Surgery (20% of scored items)

Women's Health (12.5% of scored items)

Gynaecology covers a broad spectrum of women's health care, and involves all principles of adult health as above. Obstetrics also embodies these principles with the addition of the understanding of the basic sciences as they apply to reproduction and the effects of pathobiology and pathophysiology on the reproductive process (pregnancy, labour, birth and the post-natal period).

Child Health (12.5% of scored items)

Child health includes the developmental dimensions of children's health from fetal development and transition to extra-uterine life to the end of adolescence. Normal growth and puberty, physical and intellectual development in normal and abnormal situations are important components of this. The clinical features, natural history and diagnosis of important conditions are covered. This includes basic pathophysiology of medical and surgical conditions in children and the recognition and management of developmental disability. Core clinical skills and the management of common and important medical, surgical and psychosocial conditions in a range of settings (emergency, ambulatory, inpatient, convalescent) are also considered essential components of the Children's Health content.

Mental Health (12.5% of scored items)

The assessment, diagnosis and management of psychological, behavioural and mental disorders and illnesses and addictions across all age groups, based on bio-psychosocial and cognitive principles. This includes history, mental state features, investigations and co-morbidities, with management to include the use of psychological/behavioural, physical, pharmacological and psychotherapeutic interventions, with their risks and benefits.

Population Health and Ethics (12.5% of scored items)

Population health strategies are to improve the health of targeted populations, and include screening activities, surveillance, vaccination programs, population-level education, epidemiology and legislation or disease management measures. Population health concepts may arise in a range of health care settings and across all patient groups, and will include health promotion and disease prevention strategies. Ethical issues cover professional behaviour including boundary issues, patient confidentiality, informed consent and impairment of doctors. Legal issues embrace regulations covering the Australian health care system and the delivery of best practice medicine.

Examination questions in the AMC CAT MCQ examination relate to the AMC MCQ blueprint of three broad Clinician Tasks - Data Gathering, Data Interpretation and Synthesis, Management - as outlined in the *AMC MCQ Examination Specifications* booklet.

ONLINE MCQ TRIAL EXAMINATION AND SAMPLE QUESTIONS

The AMC conducts the computer-administered MCQ examinations throughout the year, in centres within Australia and overseas. In order for the candidates to familiarise themselves with the computer-administered examination, an online MCQ Trial examination, consisting of 50 questions, is available on the AMC website, <http://www.amc.org.au/index.php/img/exam/mcq/trial-examination#>

Appendix B contains sample MCQs which reflect the format and structure of questions to be used in the MCQ examination.

TOPICS COVERED IN THE MCQ EXAMINATION

Note: This list is not exhaustive and is provided as a guide only.

The content of the MCQ examination is determined and set by the AMC Board of Examiners prior to each examination. The following topics illustrate the range of conditions and topics that MAY be covered in the AMC MCQ examination.

SYSTEMS, REGIONS AND DISCIPLINES

1. **INTEGUMENT / DERMATOLOGY** May include: common disorders of skin, dermatology, subcutaneous tissues; burns, wounds and wound healing, plastic and reconstructive surgery.
2. **HEAD AND NECK / ENT** May include: ophthalmology, head and neck, otorhinolaryngology, pharynx, salivary glands.
3. **NERVOUS SYSTEM / NEUROLOGY** May include: brain, cranial nerves, cerebrospinal fluid, spinal cord, peripheral nerves, regional anaesthesia and autonomic nervous system.
4. **MUSCULOSKELETAL / ORTHOPAEDICS / RHEUMATOLOGY** May include: bones, joints, ligaments, muscles, tendons, physical medicine, trauma, geriatrics, rehabilitation.
5. **CIRCULATORY SYSTEM / HEART / VESSELS** May include: heart, circulation, hypertension, haemorrhage, shock, pericardium, great vessels, peripheral arteries, veins, lymphatics.
6. **RESPIRATORY SYSTEM / LUNGS / CHEST WALL** May include: respiration, mechanics of gas exchange and transport, lungs, bronchial tree, mediastinum, chest, chest wall.
7. **GASTROINTESTINAL SYSTEM / ABDOMEN / ABDOMINAL WALL** May include: digestion and excretion, oesophagus and diaphragm, stomach, duodenum, small bowel, colon, appendix, rectum, anus, perito-neal cavity, acute abdomen, liver, biliary tree, pancreas, pelvic floor, perineum, abdominal wall, her-nias, inguinoscrotal region.
8. **BREAST / ENDOCRINE SYSTEM** May include: breast, pituitary, thyroid, parathyroid, calcium, bone metabolism, adrenal, diabetes and pancreatic islets, gut hormones, neuroendocrine interactions, metabolic responses to injury.
9. **FEMALE REPRODUCTIVE SYSTEM / OBSTETRICS GYNAECOLOGY** May include: female reproductive system, disorders of uterus, tubes, ovaries, vagina, fertility, contraception, hormones, menstruation, obstetrics, pregnancy, labour, abortion, eclampsia, obstetrical haemorrhage, menopause, pelvic infection, vaginal discharge, pruritus, gynaecological malignancies.

10. **HAEMOPOIETIC SYSTEM / HAEMATOLOGY / BLOOD / BLOOD PRODUCTS** May include: blood cells, proteins, blood products and transfusion, fat embolism, bone marrow and blood production, coagulation and anticoagulation, haemolysis, haemostasis, bleeding disorders.
11. **RENAL SYSTEM / UROLOGY / MALE REPRODUCTIVE SYSTEM** May include: fluid and electrolyte renal homeostasis, nephrology, renal function, urology, urinary collecting system, disorders of kidneys, bladder, prostate, male reproductive system, disorders of testis, epididymis, penis.
12. **MENTAL STATE / INTELLECTUAL FUNCTION / BEHAVIOURAL PROBLEMS** May include: mental deficiency, personality disorders, psychosomatic and psychosocial problems.
13. **MAJOR PSYCHIATRIC DISORDERS / DRUG & ALCOHOL ABUSE** May include: anxiety disorders, mood disorders, psychosis, organic brain disorders, alcoholism, substance abuse.
14. **NORMAL AND ABNORMAL GROWTH AND DEVELOPMENT / CHILD HEALTH / PAEDIATRICS** May include: genetics, embryology, normal growth and development, errors of development, child health and paediatrics.
15. **NUTRITION / METABOLISM** May include: metabolism and nutrition, normal fluid and electrolyte balance and disorders, acid-base balance and disorders.
16. **INFECTIOUS DISEASES** May include: bacterial infectious diseases, parasites, viruses and viral disease.
17. **CLINICAL PHARMACOLOGY** May include: physiological regulation, pharmacology and pharmacokinetic, psycho-pharmacology, therapeutics, synaptic transmission, toxicity and poisoning.
18. **CLINICAL ONCOLOGY** May include: histology and ultrastructure, disordered cell growth, degeneration, calcification, neoplasia, medical and surgical oncology, radiotherapy, chemotherapy, immunotherapy.
19. **CLINICAL IMMUNOLOGY** May include: lymph nodes and lymphatics, immunology, transplantation, spleen and reticulo-endothelial system, allergy, immune deficiency disorders.
20. **CRITICAL CARE / ANAESTHESIA / EMERGENCY MEDICINE** May include: general, regional and local anaesthesia and analgesia, consciousness, pre- and post-operative care, perioperative pain relief and complications, trauma, emergency medicine, intensive care.
21. **GENERAL PRACTICE / PUBLIC HEALTH** May include: community, family and hospital medicine, general practice, demography, statistics, public health, informatics, social and preventive medicine, forensic and legal medicine, health economics and ethics.

GLOSSARY OF MEDICAL TERMS USED IN MULTIPLE CHOICE QUESTIONS

A glossary of medical terms used in the MCQ examination has been prepared by the Board of Examiners as a guide to interpretation of questions. This is shown in **APPENDIX C**.

REFERENCE RANGE FOR LABORATORY INVESTIGATIONS USED IN MULTIPLE CHOICE QUESTIONS

The units used for expressing the results of investigations are SI units which are standardised throughout Australia. The candidate is expected to know the normal values and range for full blood count, common serum electrolytes, glucose, CSF and microurine microscopy and culture. For other estimations the value is given, the standard abbreviation for the units followed, in brackets, by the reference range. The reference range is appropriate for the age and sex of the patient described.

PREPARING FOR THE MCQ EXAMINATION

REVIEW OF TOPICS

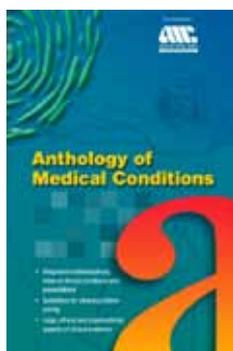
The MCQ examination is a comprehensive examination of medical knowledge and practice. The AMC recommends that candidates undertake a thorough review of the major topics covered in the examination.

Candidates should familiarise themselves with the MCQ format. A wide range of general texts is readily available on this form of examination and its associated techniques. The AMC publication *Annotated Multiple Choice Questions* also covers these aspects. To assist candidates, the AMC has prepared a list of the major textbooks in common use in Australian medical schools, which is set out in **APPENDIX D**.

Please note that some of the textbooks and websites listed in **APPENDIX D** are intended to provide background reading on key topics and contain a great deal of reference material. The questions in the MCQ examination are oriented towards the more common clinical applications, differential diagnosis and therapeutics. Accordingly, care should be taken when using major reference type textbooks for revision. Many candidates find it more useful to undertake a comprehensive review of medical journals, such as *Australian Family Physician*, *Current Therapeutics*, *Australian Prescriber* or any of the other journals in general practice medicine. These journals contain useful review articles and summaries of the identification, treatment and management of the more common clinical conditions in the Australian community.

The AMC has prepared two major publications for candidates preparing for the MCQ and clinical examinations.

ANTHOLOGY OF MEDICAL CONDITIONS



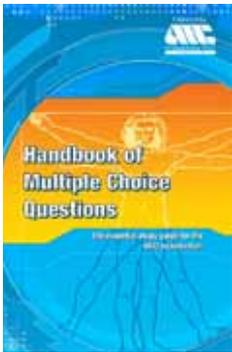
The AMC publication *Anthology of Medical Conditions* has been produced not only to assist International Medical Graduates (IMGs) to prepare for the AMC Examinations but also as an essential tool for clinical practice. The publication lists over 130 Clinical Presentations of clinical conditions and classifies them to assist in a problem-solving approach to diagnosis and management.

It is essential for all doctors to be familiar with the laws of the society in which they practise medicine and the ethics that underpin medical practice. It

is also important to understand the organisational aspects of medicine in the Australian context. The *Anthology of Medical Conditions* contains a separate section dealing with these important issues, entitled *Legal, Ethical and Organisational Aspects of the Practice of Medicine (LEO)*. The publication is enhanced throughout with medical illustrations. The publication is recommended for use in preparing for the AMC Multiple Choice Question (MCQ) and Clinical Examinations.

To purchase the *Anthology of Medical Conditions* go to the AMC's online store at <https://store.amc.org.au/>

HANDBOOK OF MULTIPLE CHOICE QUESTIONS



The AMC Handbook of Multiple Choice Questions is a major publication designed to assist IMGs prepare for the AMC's Multiple Choice Question (MCQ) Examination. It contains almost 600 Multiple Choice Questions drawn from the AMC Examination banks. The handbook covers all disciplines and clinical categories and contains a complete multidisciplinary 150 question MCQ paper.

To purchase the *Handbook of Multiple Choice Questions* go to the AMC's online store at <https://store.amc.org.au/>

RECONSTRUCTED AMC PAPERS

The AMC is aware that MCQ examination papers which are circulated are claimed to be accurate reproductions of AMC MCQ examination papers. Candidates should exercise care when using these reconstructed papers. The AMC has been provided with copies of these papers and has found the question stems and responses to be incorrect. Candidates who base their preparation on such reconstructed papers may have a distorted impression of the format and content of the actual multiple choice questions used in the AMC examination.

GENERAL PREPARATION FOR THE MCQ EXAMINATION

Poor preparation on the day of the examination may heighten stress and lead to an impairment of performance. The following approaches have been found useful by previous candidates and may assist candidates to prepare for and to undertake the MCQ examination:

- Avoid intensive study immediately before the examination.
- Try to get a good night's sleep before the examination and avoid the use of stimulants.
- Dress comfortably on the day of the examination.
- Have a light meal before the examination and avoid a large heavy meal which could make you drowsy.
- Allow ample time for travel to ensure that you arrive on time for the examination session.

The following general instructions are provided to candidates for the MCQ examination:

- There are 150 questions in the MCQ examination. Of these 150 questions, 120 are scored towards your total mark. You should attempt every question.
- Read each question and the options/answers carefully. It is important to pace yourself and to avoid spending too much time on one question.

STRATEGIES FOR ANSWERING MULTIPLE CHOICE QUESTIONS

A-TYPE QUESTIONS (ONE OUT OF FIVE CORRECT)

Each question consists of a stem followed by five suggested answers or completions. The candidate is required to select the best answer to the question or the best response to the statement. A-type questions aim to determine whether the candidate can differentiate the correct item of information, procedure, treatment or so on, from the plausible alternative. Answers or responses other than the single best answer may be partially correct, but there is only one best answer or response to this type of question.

The candidate must:

- read each question or statement carefully to understand what is being asked
- read each option carefully and eliminate those which appear to be only partially correct
- select the option that they consider to be the most appropriate answer.

IMAGE OR DATA INTERPRETATION QUESTIONS

In this type of question, an image, diagram, graph, X-ray, ECG or scan is followed by a question or statement and five responses. The candidate is required to decide which is the best answer or response. The aim of this type of question is to test appropriate clinical material in the MCQ examination.

In image and data interpretation questions, candidates may find it easier to read the question or statement first in order to determine what is being asked and then study the image or diagram. It is easier to find the specific information in the image or diagram to answer the question or complete the response if you know what is required.

APPLYING FOR THE MCQ EXAMINATION

Applying for an MCQ examination is available online via the AMC website. To apply online for an MCQ examination go to <https://candidates.amc.org.au/login>

For more information on *How to Schedule for an MCQ examination* view the helpful guide at the AMC website <http://www.amc.org.au/index.php/img/exam/mcq#how-to-apply-for-mcq-examination-authorisation>

CONDUCT OF CANDIDATES PRESENTING FOR THE AMC MCQ EXAMINATION

All candidates **must comply** with the instructions of MCQ examination supervisors during examinations. Failure to do so will constitute a breach of examination procedures and may result in action being taken against the candidate concerned. Candidates are expected to conduct themselves courteously in examinations, correspondence and personal contact with examiners, employees or agents of the AMC. A candidate who does not comply with the instructions of an MCQ examination supervisor, or whose conduct is disruptive or is considered by the AMC to have been outside the bounds of reasonable and decent behaviour, may be debarred from continuing with the examination.

No books or examination material may be used in the AMC MCQ examination. Candidates found to be giving, receiving or recording information during examinations will not be permitted to continue in the examination and may forfeit their eligibility to sit future AMC examinations.

Candidates are advised that NO mobile telephones, recording devices, microphones or textbooks are to be taken into the examination. Mobile telephones must be switched off and left in the candidate's bag at the allocated baggage area. Any candidate found contravening this regulation will be reported to the Board of Examiners for possible disciplinary action. Candidates' family/friends accompanying them to an examination centre will NOT be allowed into the examination area, and are reminded that the use of mobile phones is NOT permitted. (Family members MUST not enter the building of the examination venue.)

All AMC candidates should be aware that, under Australian law, copyright of all examination materials rests with the Australian Medical Council. No part of any examination may be reproduced, stored or transmitted by any means.

Any attempt to reproduce examination materials will be considered a breach of examination procedures and constitutes a breach of Australian copyright law. The AMC Board of Examiners will investigate any such breaches and the AMC may take action against individual candidates that may include, but not be limited to:

- withholding or cancellation of the results of the candidate involved
- suspension of candidature for a period to be determined
- termination of eligibility to sit future amc examinations for the purposes of registration
- reporting of breaches of examination rules to all state/territory medical boards
- legal action to recover the cost of the examination material involved.

THE AMC COMPUTER-ADMINISTERED MCQ EXAMINATION

As the AMC MCQ examination is computer-administered, the AMC and the computer vendor will make every effort to ensure a smooth and orderly examination administration. However, in extraordinary circumstances

Note: Whilst the AMC provides examination venues to AMC candidates undertaking the examination process, the AMC does not provide 'prayer rooms' for candidates on the day of the examination. Candidates are required to make their own arrangements if a quiet place is required; it should also be noted the timing schedule of the examination cannot be delayed due to observance of religious requirements. Candidates are in breach of the examination process if remaining in the examination venue when directed to leave.

beyond the control of the AMC, such as a significant power outage, computer malfunctions or network difficulty, the AMC will take such circumstances into account.

In instances where technical issues prevent a candidate from completing the AMC MCQ examination under standard conditions, the AMC Board of Examiners may review the results of the quality assurance procedures and the statistical analyses of candidate responses, to determine whether the results obtained by a candidate reliably reflect their true level of ability. The Board of Examiners may also order a new examination to be undertaken. No additional examination fee will be charged.

The AMC will NOT be responsible for any other costs associated with the examination, including travel costs.

REQUEST FOR DUPLICATE COPIES OF AMC RESULTS

For reasons of privacy, the AMC will not send copies of a candidate's official examination results to anyone but the candidate. However, upon request for duplicate copies of results, the AMC will issue candidates with an application form, which should be completed and returned to the AMC with the appropriate fee. It may take up to ten working days before duplicate copies of results are forwarded. To obtain the form go to <http://www.amc.org.au/index.php/img/exam/forms>

GENERAL INFORMATION

CHANGE OF ADDRESS

It is important that candidates advise the AMC promptly of each change of address and/or telephone number. This will ensure that contact can be made quickly with candidates as the occasion arises to notify examination venue changes, rule or eligibility changes, or to confirm information provided by the candidate on his or her application forms. Change of address is available via telephone or by submitting a Change of address Form.

To update your address and/or telephone details, you can contact the AMC on +61 02 6270 9878. Alternatively to obtain the Change of address Form go to <http://www.amc.org.au/index.php/img/exam/forms>

When advising of a change of address via telephone, you will be required to answer some security identity questions. Upon completion of these questions, your new address will be taken and updated on the AMC system and a confirmation email will be forwarded.

FURTHER INFORMATION

If a candidate is in doubt about any aspect of the MCQ examination, he/she should contact the AMC.

AUSTRALIAN MEDICAL COUNCIL

PO BOX 4810
KINGSTON, ACT, 2604
AUSTRALIA

Telephone: 02 6270 9878
Facsimile: 02 6270 9799
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APPENDIX A

ATTRIBUTES OF MEDICAL GRADUATES

The goal of medical education is to develop junior doctors who possess attributes that will ensure that they are competent to practise safely and effectively as interns in Australia or New Zealand, and that they have an appropriate foundation for lifelong learning and for further training in any branch of medicine. Attributes should be developed to an appropriate level for the graduates' stage of training.

Specific attributes incorporating:

- knowledge and understanding
- skills and
- attitudes as they affect professional behaviour

are described in the list below.

Doctors must be able to care for individual patients by preventing and treating illness, assisting with the health education of the community, being judicious in the use of health resources, and working with a wide range of health professionals and other agents. They must be able to work effectively, competently and safely in a diversity of cultural environments, including a diversity of Indigenous health environments.

The quality of each medical school will ultimately be judged by the ability of its graduates to perform at a high level in the changing roles the community requires of its medical practitioners. This requires a flexibility of approach and a commitment to a lifetime of continuing medical education. Medical courses should produce graduates who are willing and able to develop further their knowledge and skills, beginning in the intern year and continuing throughout their professional careers. Graduates must possess a sufficient educational base to respond to evolving and changing health needs throughout their careers.

In Australia and New Zealand, inequalities remain in the health status of various social and cultural groups. Medical schools have a responsibility to select students who can reasonably be expected to respond to the needs and challenges of the whole community, including the health care of these groups. This may include selection of students who are members of such groups. The medical curriculum should also provide opportunities for cultural education programs, and opportunities for training and provision of service in under-serviced communities. A balance of rural, remote and urban area health needs should also be reflected in the curriculum.

Australia has special responsibilities to Aboriginal and Torres Strait Islander people, and New Zealand to Māori, and these responsibilities should be reflected throughout the medical education process.

Doctors work in a context in which the Indigenous peoples of Australia and New Zealand bear the burden of gross social, cultural and health inequity. Doctors must be aware of the impact of their own culture and cultural values on the delivery of services, historically and at present, and have knowledge of, respect for and sensitivity towards the cultural needs of Indigenous people. In this context, beginning doctors need to be able to relate the knowledge and understanding, skills, and particularly attitudes set out below specifically to Indigenous peoples.

KNOWLEDGE AND UNDERSTANDING

Graduates completing basic medical education should have knowledge and understanding of:

1. Scientific method relevant to biological, behavioural and social sciences at a level adequate to provide a rational basis for present medical practice, and to acquire and incorporate the advances in knowledge that will occur over their working life.
2. The normal structure, function and development of the human body and mind at all stages of life, the factors that may disturb these, and the interactions between body and mind.
3. The aetiology, pathology, symptoms and signs, natural history, and prognosis of common mental and physical ailments in children, adolescents, adults and the aged.
4. Common diagnostic procedures, their uses and limitations.
5. Management of common conditions including pharmacological, physical, nutritional and psychological therapies. A more detailed knowledge of management is required for those conditions that require urgent assessment and treatment.
6. Normal pregnancy and childbirth, the more common obstetrical emergencies, the principles of antenatal and postnatal care, and medical aspects of family planning.
7. The principles of health education, disease prevention and screening.
8. The principles of amelioration of suffering and disability, rehabilitation and the care of the dying.
9. Factors affecting human relationships, the psychological, cultural and spiritual well-being of patients and their families, and the interactions between humans and their social and physical environment.
10. Systems of provision of health care in a culturally diverse society including their advantages and limitations, the principles of efficient and equitable allocation and use of finite resources, and recognition of local and national needs in health care and service delivery.
11. Indigenous health, including the history, cultural development and health of the Indigenous peoples of Australia or New Zealand.
12. The principles of ethics related to health care and the legal responsibilities of the medical profession.

SKILLS

Graduates completing basic medical education should have developed the following skills and abilities:

13. The ability to construct, in consultation with a patient, an accurate, organised and problem-focused medical history.
14. The ability to perform an accurate physical and mental state examination.
15. The ability to choose, from the repertoire of clinical skills, those that are appropriate and practical to apply in a given situation.
16. The ability to interpret and integrate the history and physical examination findings to arrive at an appropriate diagnosis or differential diagnosis.
17. The ability to select the most appropriate and cost effective diagnostic procedures.
18. The ability to interpret common diagnostic procedures.
19. The ability to formulate a management plan, and to plan management in concert with the patient.
20. Communication skills, including being able to listen and respond, as well as being able to convey information clearly, considerately and sensitively to patients and their families, doctors, nurses, other health professionals and the general public.
21. The skills needed to work safely as an intern, as outlined in the National Patient Safety Education Framework developed by the Australian Council for Quality and Safety in Health Care.
22. The ability to counsel patients sensitively and effectively, and to provide information in a manner that ensures patients and families can be fully informed when consenting to any procedure.
23. The ability to recognise serious illness and to perform common emergency and life-saving procedures, including caring for the unconscious patient and cardiopulmonary resuscitation.
24. The ability to interpret medical evidence in a critical and scientific manner and an understanding of the epidemiology of disease in differing populations and geographic locations.
25. The ability to use information technology appropriately as an essential resource for modern medical practice.

ATTITUDES AS THEY AFFECT PROFESSIONAL BEHAVIOUR

At the end of basic medical education, students should demonstrate the following professional attitudes that are fundamental to medical practice:

26. Recognition that the doctor's primary professional responsibilities are the health interests of the patient and the community.
27. Recognition that the doctor should have the necessary professional support, including a primary care physician, to ensure his or her own well-being.
28. Respect for every human being, including respect of sexual boundaries.
29. Respect for community values, including an appreciation of the diversity of human background and cultural values.
30. A commitment to ease pain and suffering.
31. A realisation that it is not always in the interests of patients or their families to do everything that is technically possible to make a precise diagnosis or to attempt to modify the course of an illness.
32. An appreciation of the complexity of ethical issues related to human life and death, including the allocation of scarce resources.
33. A realisation that doctors encounter clinical problems that exceed their knowledge and skills, and that, in these situations, they need to consult and/or refer the patient for help, in clinical, cultural, social and language related matters as appropriate.
34. An appreciation of the responsibility to maintain standards of medical practice at the highest possible level throughout a professional career.
35. An appreciation of the responsibility to contribute towards the generation of knowledge and the professional education of junior colleagues.
36. An appreciation of the systems approach to health care safety, and the need to adopt and practise health care that maximises patient safety including cultural safety.
37. A commitment to communicating with patients and their families, and to involving them fully in planning management.
38. A desire to achieve the optimal patient care for the least cost, with an awareness of the need for cost-effectiveness to allow maximum benefit from the available resources.
39. A preparedness to work effectively in a team with other health care professionals.
40. A realisation that one's personal, spiritual, cultural or religious beliefs should not prevent the provision of adequate and appropriate information to the patient and/or the patient's family, or the provision of appropriate management including referral to another practitioner.

APPENDIX B

SAMPLE QUESTIONS

This appendix contains sample question items which reflect the format and structure of questions to be used in the MCQ examination. The sample questions are provided as a representative sample only.

For the MCQ examination there will be a total of 150 questions:

- 150 MCQs are administered over one session of 3½ hours.
 - 120 MCQs are scored items.
 - 30 Pilot [non-scored] items are integrated throughout the examination.

IMAGE QUESTIONS

In the AMC MCQ examination photographic questions may be included.

SAMPLE MCQ EXAMINATION

1. An infant develops jaundice 6 hours after birth. Which one of the following is the most likely diagnosis?
 - A. Haemolytic disease of the newborn.
 - B. Umbilical sepsis.
 - C. Physiological jaundice.
 - D. Atresia of the bile ducts.
 - E. Neonatal hepatitis.

2. A woman who is 16 weeks pregnant presents with symptoms suggestive of a urinary tract infection. Which of the following is correct?
 - A. She should be assured that urinary tract infections are common in pregnancy and require no treatment.
 - B. A midstream urine should be collected and the bacteriology report awaited.
 - C. A midstream urine should be collected and a wide spectrum antibiotic prescribed.
 - D. A self-retaining catheter should be introduced to promote free drainage of urine.
 - E. A suprapubic bladder tap should be carried out to ensure the collection of an uncontaminated specimen of urine.

3. A 45-year-old man develops weakness and wasting of the right hand. Which one of the following is least likely to be the cause?
 - A. Old injury to the elbow joint.
 - B. Bronchogenic carcinoma of the right upper lobe.
 - C. Multiple sclerosis.
 - D. Syringomyelia.
 - E. Motor neurone disease.

4. A 10-year-old boy presents with a history of central abdominal pain of a few hours' duration. On examination he has minimal tenderness in the right iliac fossa and no abnormal findings on rectal examination. Which of the following alternatives should be carried out?
 - A. Arrange a barium meal/follow through.
 - B. Arrange to see the patient later on in the day for review.
 - C. Send the patient away with instructions to return if the pain becomes worse.
 - D. Tell the patient to come back in a week.
 - E. Immediate appendicectomy.

5. A 65-year-old woman has a two-year history of mucous diarrhoea due to a large villous adenoma of the rectum. She is also taking digoxin and diuretics for chronic congestive failure. Which of the following investigations would be the most helpful prior to surgery?
 - A. Serum chloride.
 - B. Serum digoxin.
 - C. Serum calcium.
 - D. Serum potassium.
 - E. Haemoglobin.

6. A 38-year-old woman, who had a subtotal thyroidectomy 8 years previously, is again thyrotoxic. Which one of the following is the most appropriate management?
 - A. Perform total thyroidectomy after preparation with carbimazole.
 - B. Radioactive iodine after preparation with oral iodine treatment.
 - C. Prescribe immunosuppressive treatment with azathioprine.
 - D. Control with carbimazole and then administration of radioactive iodine.
 - E. Short-term treatment with beta blockers until remission occurs.

7. A patient, who has had three successive spontaneous abortions, reached the twelfth week of pregnancy on the fourth attempt, when she passed a moderate amount of blood with clots per vaginam and complained of intermittent lower abdominal pain. On vaginal examination, the cervical canal admitted one finger readily and bimanual palpation revealed a uterus compatible in size with a pregnancy of only eight weeks duration. The menstrual cycle had been regular (5/28) before this pregnancy and the duration of pregnancy calculated from the first day of the last menstrual period was definitely known. Which one of the following is the most likely diagnosis?
 - A. Threatened abortion.
 - B. Cervical incompetence.
 - C. Incomplete abortion.
 - D. Ectopic pregnancy.
 - E. Missed abortion.

8. A primigravida patient at 34 weeks gestation presents with a history of not having felt fetal movements for 24 hours. Which one of the following statements is most appropriate?
- A. She probably has an intra-uterine fetal death.
 - B. You should immediately arrange transfer to labour ward for early induction labour, providing the baby is still alive.
 - C. She should have urgent antenatal cardiotocography (CTG).
 - D. She should have an ultrasound scan.
 - E. Urgent serum oestriol assay should be arranged.
9. A 5-year-old presents with a history of urgency of micturition, occasional enuresis, and a slight, non-offensive vaginal discharge for 3 months. She has had no vaginal bleeding. Examination reveals some reddening of the labia majora. Which one of the following is the most likely diagnosis?
- A. Trichomonal infection.
 - B. Gonorrhoea.
 - C. Cystitis.
 - D. Foreign body.
 - E. Non-specific vulvo-vaginitis.
10. A 19-year-old woman, prescribed a triphasic oral contraceptive for the first time one month ago, complains of frequent spotting. Which one of the following is the most appropriate management?
- A. Increase the dose of oestrogen.
 - B. Increase the dose of progestogen.
 - C. Advise alternative contraception.
 - D. Continue the medication and review in two months.
 - E. Change to biphasic pill.
11. A 5-year-old boy is diagnosed in the Emergency Department as having measles, the first symptoms having started 2 days previously. He has a 2-year-old sister, who has received the recommended immunisation schedule. Which one of the following is the most appropriate treatment?
- A. Treat him symptomatically and send him home.
 - B. Refer him to the infectious diseases hospital.
 - C. Give him gamma globulin.
 - D. Give gamma globulin to the sister.
 - E. Reassure the mother that 'he is over the worst of it'.

12. A 67-year-old woman recently noticed a non-painful lump in the right breast (see image). Which one of the following is the most likely diagnosis?



- A. Subacute mastitis with early abscess formation.
- B. Advanced adenocarcinoma of the breast.
- C. Early intraduct carcinoma with obstruction of ductal ampullae.
- D. Severe fibrocystic disease of the breast (fibroadenosis with multiple cysts).
- E. Extensive fat necrosis of the breast.

CORRECT RESPONSES FOR AMC MCQ SAMPLE QUESTIONS

AMC MCQ sample questions	
Question No.	Correct response
1	A
2	C
3	C
4	B
5	D
6	D
7	C
8	C
9	E
10	D
11	A
12	B

APPENDIX C

GLOSSARY OF MEDICAL TERMS USED IN MULTIPLE CHOICE QUESTIONS

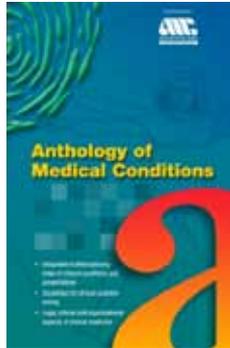
The Board of Examiners has prepared the following glossary of suggested definitions and, where appropriate, approximate percentages as a guide to interpretation of questions.

Term	Definition	Approximate percentage
Characteristic of, typical of, associated with	Significantly more frequent than in the general population; within the definition.	-
Uncharacteristic, atypical, not associated with	Significantly less frequent than in the general population; outside the definition.	-
Invariable	At all times	100
Essential	Indispensable	100
Necessary	Indispensable	100
Requisite	Indispensable	100
Always	At all times	100
Never	Not at all	0
Nearly always	At almost all times	>90
Almost always		
The majority, many	More than half	>50
The great majority	Very much more than half	>80
The minority, few	Less than half	<50
Predominate	The main element, in the ascendancy	>50
Usual	More than half	>50
Unusual	Not usual, less than half	<50
Likely	To be expected	>50
Unlikely	Not to be expected	<50
Probable	More likely than not	>50
Improbable	Not likely	<50
More, less	Greater or smaller in amount	-
Most, least	Greatest or smallest in amount	-
Extremely common	Almost always	>90
Very common	Very much more than half	>80
Common, uncommon	Preferably qualified and used in comparison to other options	Variable
Frequent, rare		Variable
Often, seldom		Variable
Can, may, possible	To be possible, not impossible	>0

APPENDIX D

LIST OF SUGGESTED READING MATERIAL FOR EXAMINATION PREPARATION

ANTHOLOGY OF MEDICAL CONDITIONS

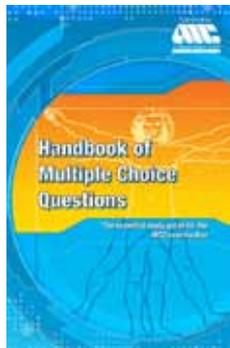


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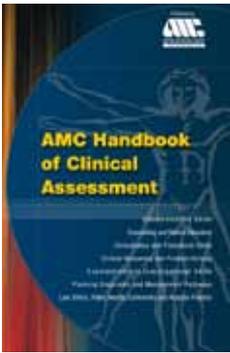
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HANDBOOK OF CLINICAL ASSESSMENT



The AMC Handbook of Clinical Assessment publication is a comprehensive guide to clinical medical practice in Australia. It is designed around self-test clinical tasks with accompanying commentaries and performance guidelines reflecting best practice principles. The handbook is the third in a series of publications prepared by the AMC to support IMGs.

To purchase the *AMC Handbook of Clinical Assessment* go to the AMC's online store at <https://store.amc.org.au/>

MULTI-STATION STRUCTURED CLINICAL ASSESSMENT DVD

The AMC in association with the Royal Australian College of General Practitioners has produced a film of the Medical and Surgical Consulting Skills components and the assessment of Obstetrics, Gynaecology and Paediatrics in the clinical examination. The film takes the candidate through each step of the clinical examination. It also provides a good introduction to the general format of the AMC Clinical Examination.

To purchase the AMC's *Multi-station Structured Clinical Assessment DVD* go to the AMC's online store at <https://store.amc.org.au/>

SUGGESTED TEXT BOOKS

There are many medical textbooks available and most of them are of high standard. They range from quite short texts, which cover essential knowledge, to long and comprehensive treatises which most people use as reference books. The AMC has drawn up the following list, as a guide to some useful texts. They are not intended as prescribed reading.

AMC Examinations are set on the latest editions of the recommended textbooks. It is up to the AMC candidate to obtain the latest information. Material contained in previous editions of the recommended textbooks, or other unspecified textbooks, may not be correct and will not be used to determine the result of AMC Examinations.

MEDICINE

Devitt P, Barker J, Mitchell J and Hamilton-Craig C. *Clinical Problems In General Medicine*, 2nd edn. Churchill Livingstone, 2003, ISN 0443073236.

shop.elsevier.com.au

Edwards C and Bouchier IA (eds). *Davidson's Principles and Practice of Medicine*, 18th edn. Livingstone, Edinburgh, 1999, ISBN 0443059446.

www.us.elsevierhealth.com/

Braunwald, E. Harrison's Principles of Internal Medicine, 15th edn. McGraw-Hill, New York, 2001. ISBN 0070072744 (hardcover). ISBN 0079136869 (hardcover, 2 volume set). ISBN 0071374795 (CD-ROM)

www.bookstore.mcgraw-hill.com/

Larkins R, Smallwood R. Clinical Skills: The Medical Interview, Physical Examination and Assessment of the Patient's Problems. Melbourne University Press, Melbourne, 1994. ISBN 0522844677 (paperback).

www.mup.unimelb.edu.au

Lau L. Imaging Guidelines, 4th edn. The Royal Australian and New Zealand College of Radiologists, Melbourne, 2001. ISBN 0959285415.

www.ranzcr.edu.au

Talley NJ, O'Connor S. Clinical Examination: A Systematic Guide to Physical Diagnosis. 4th edn MacLennan & Petty, Sydney, 2001. ISBN 9780729539050,

shop.elsevier.com.au

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Clunie GJA, Tjandra JJ, Ross H. MCQ's and Short Answer Questions for Surgery. Wiley-Blackwell, Melbourne, 1999. Paperback. ISBN 9780867930108.

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Hunt PS, Marshall VC. Clinical Problems in General Surgery. Butterworths, Sydney, 1991. ISBN 0409492132. This publication is out of print and only available second hand

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Royal Children's Hospital (Melbourne, Vic.). Paediatric Handbook, 8th edn. Wiley-Blackwell, Oxford 2009. ISBN 9781405174008

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OBSTETRICS & GYNAECOLOGY

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Llewellyn-Jones D. Fundamentals of Obstetrics & Gynaecology. Mosby, London 1999, 7th edn ISBN 0723431507. www.mosby.com Mackay EV, Beischer NA, Pepperell R, Wood C. Illustrated Textbook of Gynaecology, 2nd edition, WB Saunders, Sydney 1992. ISBN 0729512118.

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GENERAL PRACTICE

Murtagh J. General Practice, 4th edn. Hardcover. McGraw Hill Australia 2007. ISBN 9780074717790

www.bookstore.mcgraw-hill.com

Murtagh J. Practice tips, 5th edn. Soft cover. McGraw Hill Australia 2008. ISBN 9780070158986

www.bookstore.mcgraw-hill.com

POPULATION HEALTH

The following list provides a summary of guidelines on a range of Australian population health topics. These are freely available online from the Heart Foundation and the Royal Australian College of General Practitioners' website.

Guidelines for preventive activities in general practice (The Red Book) 7th Edition 2009

www.racgp.org.au/guidelines/redbook

Putting Prevention Into Practice - The Green Book 2nd edition

www.racgp.org.au/guidelines/greenbook

SNAP: a population health guide to behavioural risk factors in general practice

www.racgp.org.au/guidelines/snap

National guide to a preventive assessment in Aboriginal and Torres Strait Islander peoples

www.racgp.org.au/guidelines/nationalguide

National Heart Foundation of Australia physical activity recommendations for people with cardiovascular disease

www.racgp.org.au/guidelines/cardiovascularisease

Smoking cessation guidelines for Australian general practice

www.racgp.org.au/guidelines/smokingcessation

The Australian Immunisation Handbook 9th Edition 2008

www.racgp.org.au/guidelines/immunisation

National HPV vaccination program

www.racgp.org.au/guidelines/immunisation/hpv

Diabetes management in general practice (16th Edition) 2010/11

www.racgp.org.au/guidelines/diabetes

Absolute cardiovascular disease risk assessment – quick reference guide

www.heartfoundation.org.au/SiteCollectionDocuments/A_AR_QRG_FINAL%20FOR%20WEB.pdf

Care of Patients with Dementia

www.racgp.org.au/guidelines/dementia

REFUGEE HEALTH

www.racgp.org.au/guidelines/refugeehealth

Cancer Council's recommendations for screening and surveillance for specific cancers: Guidelines for general practitioners.

www.cancer.org.au/File/HealthProfessionals/CCA-Screening-Card-for-GPs.pdf

ETHICAL AND LEGAL RESPONSIBILITIES

Ian Kerridge, Michael Lowe and Cameron Stewart. Ethics and the law for health professionals 3rd edition. 2009. The Federation Press.

The following list provides a summary of freely available guidelines on a range of Australian ethical and legal topics.

Advance Care Plans

www.racgp.org.au/guidelines/advancecareplans

Code of Conduct for Corporations

www.racgp.org.au/guidelines/codeofconduct

Assessing fitness to drive for commercial and private vehicle drivers

www.austroads.com.au/aftd/downloads/AFTD_text_08-2006.pdf

Abuse and violence: Working with our patients in general practice

www.racgp.org.au/guidelines/abuseandviolence

Intimate Partner Violence

www.racgp.org.au/guidelines/intimatepartnerabuse

MISCELLANEOUS

Therapeutic Guidelines from Therapeutic Guidelines Limited, North Melbourne, Vic.

www.tg.org.au

Therapeutic Guidelines: Analgesic, version 5, 2007

Therapeutic Guidelines: Antibiotic, version 14, 2010

Therapeutic Guidelines: Cardiovascular, version 5, 2008

Therapeutic Guidelines: Dermatology, version 3, 2009

Therapeutic Guidelines: Endocrinology, version 4, 2009

Therapeutic Guidelines: Gastrointestinal, version 4, 2006

Therapeutic Guidelines: Neurology, version 3, 2007

Therapeutic Guidelines: Oral and Dental, version 1, 2007

Therapeutic Guidelines: Palliative Care, version 3, 2010

Therapeutic Guidelines: Psychotropic, version 6, 2008

Therapeutic Guidelines: Respiratory, version 4, 2009

Therapeutic Guidelines: Rheumatology, version 1, 2006

Management Guidelines: Developmental Disability, version 2, 2005

Available in print individually or as a complete set in the form of an electronic subscription ('eTG complete').

Manual of Use and Interpretation of Pathology Tests, 4.0 edn. The Royal College of Pathologists of Australasia, 2004. ISSN 1449-8219. This edition available on CD-ROM or online only.

www.rcpa.edu.au

MIMS Australia. St Leonards, NSW. MediMedia Australia Pty Limited. Subscriptions: ISSN 10355723 (MIMS Australia Bi-monthly), ISSN 0725-4709 (MIMS Australia Annual), ABNRID 000012656851 (eMIMS - CD-ROM or MIMS on PDA (Personal digital assistant)).

www.mims.com.au

Australian Medicine Handbook, 11th edn. 2010 ISBN 0957852126. Electronic version available via Australian Medicines Handbook website

www.amh.net.au/

I Feel Crook Doc" Language, Cultural Issues and Etiquette in the Australian Consulting Room. S Reid. ISBN 0975682962 Second Edition 2006

JOURNALS

In addition to the major texts, journals should be read selectively, using editorials, annotations and review articles. The following journals are suggested as source material:

Australian Family Physician

www.racgp.org.au/publications

Australian Prescriber

www.australianprescriber.com

British Medical Journal

www.bmj.com

British Journal of Hospital Medicine

www.hospitalmedicine.co.uk

Current Therapeutics, Lancet

www.thelancet.com

Medical Journal of Australia

www.mja.com.au

New England Journal of Medicine

www.nejm.org/

