

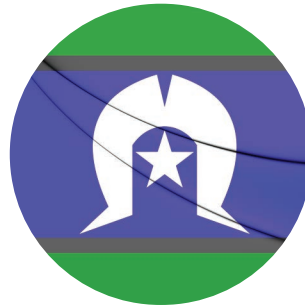


Australian
Medical Council Limited



2020 | ANNUAL REPORT

The Australian Medical Council acknowledges and pays respect to the Traditional Custodians of the lands across Australia on which our members live and work, and to their Elders and ancestors.



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This annual report contains the audited financial statements for the Australian Medical Council (AMC) for the financial year 2019-20 and information on the AMC's corporate governance arrangements, its performance in carrying out its functions, and important events and activities during that period.

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President's Message

I concluded my report last year with a statement that now seems prophetic:

“Disruption, which has been a key theme at many conferences this year, will continue to be a major influencer not just in the medical profession directly, but in every aspect of business. AMC will need to ensure it remains current and agile and continues to provide value in all aspects of its business.”

However, the disruption of a once-in-a-hundred-year global pandemic was certainly not what I expected nor could I even have imagined 12 months ago. It has relegated to the background the horrendous fires that were the east coast summer and the communities and individuals still coming to grips with the loss and devastation they caused. Those few months too will have long lasting effects on the Australian community both mentally and physically, with the smoke and ash likely to impact on the health of individuals in years to come.

Medical professionals have been hard hit by the pandemic on a professional and personal level. When we can pause and look back on this time, I think we will gain new insights into the human spirit and its resilience. Being able to build that resilience for our current and future workforce will become even more critical.

In this time the AMC has been relatively lucky: That is, we were well prepared and therefore able to meet both challenges and opportunities. We were prepared with good IT systems and IT staff which allowed the almost overnight transition for staff to be able to work from home. We were prepared financially with a solid investment portfolio, prepared with years of innovative business solutions which have translated to new opportunities such as the remote clinical exam, and also prepared with excellent staff and agile teams which allowed fast-paced changes to accreditation programs. This included undertaking a ‘virtual’ assessment, so that medical schools, colleges, workplace based assessment providers and the AMC were able to continue to meet their mandates. Luck is not a rabbit’s foot in the back pocket. It is good governance, good management, good systems and processes, good people and the ability to be agile and innovative.

2019-20 is a year that has reshaped the world. A year that has reshaped the AMC. And a year that has reshaped medicine in Australia. There have been massive challenges but there has been much to applaud, if not to celebrate. It has surely been a time when our communities and our students have truly understood the immense value and importance of our public health services.

As I write this, the opportunity for AMC Council to meet face-to-face for its November AGM lessens by the day. The June Council meeting and site visits planned for Adelaide were rescheduled to 2021, and all AMC meetings, including those of Directors and the Standing Committees, have been virtual. Whilst we are able to continue business, it has been at a loss to the engagement, communication and ideas formed when we gather together, and to the one-on-one

conversations and relationships developed over tea. In particular, our newly formed Aboriginal, Torres Strait Islander and Māori Committee had planned its first face-to-face meetings this year but instead has had to meet via videoconference. This has been even more difficult for a new Committee (and new Chair) with members whose cultures are, rightly, strongly based on building relationships before doing business. I warmly welcome our new members on this Committee and know you will have a positive and long-lasting effect on the work of the AMC and medical health as it relates to Aboriginal and Torres Strait Islander people and Māori, and the wider community.

Safety of staff was a major and immediate consideration for the AMC and both the Canberra Office and National Test Centre in Melbourne were fully closed in late March. One of the more insidious effects of the pandemic and the ensuing lockdowns is social isolation and we have put significant effort into ensuring the mental and physical, health and wellbeing of our staff through this time. Just one example was staff being given an additional ‘mental health’ leave day to take as needed. In implementing work from home arrangements there were many other considerations around health and wellbeing, as well as being able to operate effectively, which are covered in more detail in the CEO’s report and elsewhere. On behalf of the AMC Directors I would like to thank the AMC staff for their commitment to the crucial work they do.

I would also like to thank AMC Deputy President, Professor Kate Leslie, particularly for taking the lead on several key governance reviews over the year which have led to significant improvements in AMC’s governance and processes. To my fellow Directors, thank you for your dedication and time, for your work on AMC’s Standing Committees and Working Groups, and most importantly, for always being willing to ask the hard questions. To the Council Members, thank you for your collective support and your individual contributions to AMC’s work. Lastly, thank you to AMC’s CEO, Mr Philip Pigou, who has continued to strengthen the AMC as a business over the last year and empowered staff and teams to allow the AMC to meet these latest challenges head on.

It seems far longer than 12 months since my first report as President of the AMC. My term as President concludes at the November AGM and I have made the difficult decision not to re-nominate for a variety of professional and personal reasons. However, I leave the AMC in the best hands. The AMC has always attracted people of the highest caliber – as Members, as Directors and as staff. I wish the new President and Directors every success in the year ahead.



CEO's Foreword

Where will we be this time next year?

This is not the normal question posed at the start of an annual report which is focused on the previous 12 months. But as I write this report, where the AMC will find itself in the next 12 months is by far the more pressing question and it is what we are, and should be, thinking about and planning.

Because since March 2020 our world has been anything but normal. Normal is not a term I like. Normal can be complacent, and there is no room for complacency in business. Innovation, striving for excellence, and sustainability often require us to move away from normal.

The AMC has a strong focus on innovation and striving for excellence in all our work. As you will read in every facet of this report, we have reviewed and adapted our business offerings, models, operations and processes to implement improvements, to be more flexible and to ensure we remain current and sustainable. Innovations such as remote marking, the Accreditation Management System and the purchase of new office premises have all been towards this goal.

This year the AMC has lost significant income from the cancellation of all clinical examinations since March. Rather than accepting the status quo, we looked to innovate and we were able to build on the remote marking work and the expertise of our examination teams to start developing a plan to deliver the exam in an online setting. Our goal is to make an exam available to international medical graduates that is valid and reliable, and support the workforce needs of the health sector.

The AMC has been, and continues to be a successful business. As I said earlier, we innovate and respond to environmental stressors which make us stronger and more resilient. The AMC is in a strong position as we face what is undoubtedly our greatest challenge. And we are in a strong position because we were prepared with sound strategies, governance, policies, processes and operations.

This includes having a sound financial strategy and policies. While our share portfolio took an initial hit, by June this was back on firmer footing. The purchase of premises at 4 Marcus Clarke Street in the Canberra city centre was another area where the AMC will see improved financial security in the future including equity and tax benefits, income from leasing additional space as well as future potential for the premises which will be on the new light rail line linking north and south Canberra through the city. Even with all these benefits this was not a decision taken lightly. It was reviewed by Directors, the Finance, Audit and Risk Management Committee and the Investment Policy Advisory Group over several months. The fit out of the building has been delayed by 12 months and we now expect to move in around December 2021. As I write this, the opportunity for Council to meet in Canberra this November is diminishing. However, I hope

that in 2021 Council will be able to tour the new premises while meeting at its adjacent conference facility.

We have continued to make real progress with building capability and implementing our strategic plan, and business priorities. Just a few stand-out examples over the year include the establishment of the Aboriginal, Torres Strait Islander and Māori Committee and progress on the Reconciliation Action Plan, the review of the medical internship, our quality focus on workplace based assessment and assessment more broadly, the piloting of remote marking, continuing IT development at the National Test Centre (NTC) and in Canberra, our focus on artificial intelligence (AI) and medical ethics, several accreditation and assessment workshops and progress on the AMC Anthology of Medical Conditions – re-badged as Australian Medicine in Context - key presentations and topics for entry to practice. Updates on several of these can be found in the highlights section.

What has been another highlight for me over this period is the staff of the AMC. In this uncertain environment they have shown their commitment, flexibility and resilience. With a recruitment freeze implemented in March, staff took on new roles and shouldered extra workloads. They pulled together and supported each other. One of the most important priorities for me is to continuously improve how we work together – our culture. The implementation and functioning of the AMC with a remote workforce has been one of the most challenging aspects of the pandemic. But again, the AMC staff have both embraced the opportunities and adapted to the challenges. Thank you to each and every one of you.

To AMC's Directors, this year has been a difficult journey. Thank you for your continued investment and leadership of the AMC. To our Members, thank you for your continuing support and the input you provide to the AMC at Council Meetings and through the many other roles you play. To the many, many people who serve on our Committees or fill other roles, and have continued to fulfil their roles via endless online meetings, thank you.

I hope to see you all in the physical realm in the very near future. Stay safe.



Governance

The Australian Medical Council (AMC) is an independent national standards body for medical education. Its purpose is to ensure that standards of education, training and assessment of the medical profession promote and protect the health of the Australian community. It is appointed under the Health Practitioner Regulation National Law Act 2009 as the external accreditation authority for medicine. In this capacity it develops standards for medical education and training at medical school, intern and specialist medical training stages and programs for endorsement of medical registration and accredits programs that meet the standards. It also sets standards for and assesses international medical graduates seeking to practise medicine in Australia, and assesses authorities in other countries who conduct examinations or accredit programs for registration in the medical profession to advise the Medical Board of Australia on whether they meet the standards to be accepted as a competent authority.



The AMC also conducts the assessment of non-specialist international medical graduates leading to general registration, and facilitates the assessment of overseas trained specialists by the relevant Specialist Medical Colleges. Examinations are undertaken at the AMC's purpose-built National Test Centre (NTC) in Melbourne.

The AMC is a Company Limited by Guarantee and a registered charity. It is subject to the Corporations Act 2001 and the Australian Charities and Not-for-profits Commission Act 2012 and operates in accordance with its [Constitution](#).

The AMC is governed by its Directors and the Members of the Company (AMC Council). AMC Standing Committees and sub committees provide support and advice to the Directors and Council.

The AMC Secretariat, based in Canberra and Melbourne, supports the functions of the AMC.

Council

The role of Council (AMC Ltd Members) is two-fold:

- Individual Members of a Company Limited by Guarantee with the roles and responsibilities outlined in the AMC Constitution and Commonwealth Acts.
- A community of individuals bringing their views and experience as ambassadors of sectors or organisations to provide input to the operations and strategic direction of the AMC.

Members are appointed according to the categories defined in the Constitution, drawn from a wide cross-section of the groups associated with medical education, health delivery and with the standards of medical practice. The AMC aims for diversity of region, gender, ethnicity, experience and skill in its membership.

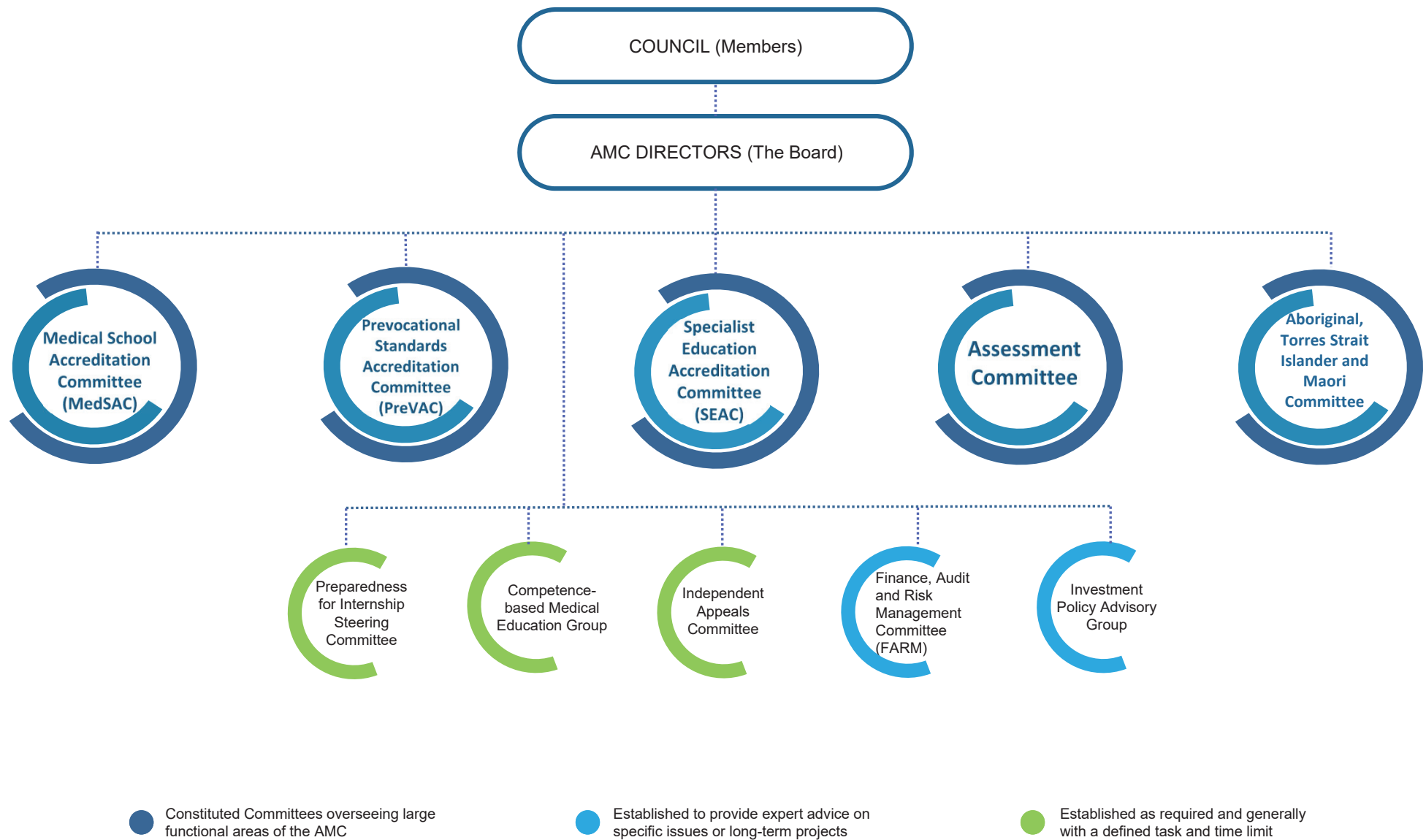
The Council's responsibilities include electing the President and Deputy President and three of the Directors, shaping the AMC's strategic direction and ensuring the AMC's Constitution is fit for purpose.

Council Members as at 30 June 2020

- Dr Claire Blizzard
- Dr Jeanette Conley
- Dr Jenni Davidson
- Dr Sergio Diez Alvarez
- Ms Dayna Duncan
- Dr Iain Dunlop AM
- Professor David Ellwood
- Dr Brian Fernandes
- Dr Sayanta Jana
- Dr Kym Jenkins
- Associate Professor Abdul Khalid
- Dr Tammy Kimpton
- Mr Fergus Leicester
- Professor Kate Leslie AO FAHMS
- Ms Louise Miller Frost
- Professor Eleanor Milligan
- Professor Geoff McColl
- Dr Bruce Mugford
- Professor Richard Murray
- Dr Jonathan Newchurch
- Adjunct Professor Debora Picone AO
- Professor Suzanne Pitama
- Emeritus Professor David Prideaux
- Professor Lisa Jackson Pulver AM
- Professor Papaarangi Reid
- Dr Andrew Singer AM
- Mr Tom Symonds
- Dr Artiene Tatian
- Dr Philip Truskett AM

Non-current members serving during 2019-20:

- Dr Bhavi Ravindran
- Laureate Professor Nicholas Talley AC



Directors

The powers and duties of the AMC Directors are set out in the AMC Constitution, the Corporations Act, the Australian Charities and Not-for-Profits Commission Act and the general law.

AMC Directors determine the AMC's strategic direction and oversee its business activities to pursue the Objects of the AMC. This includes setting the AMC's strategic direction, ensuring corporate governance compliance and good practice, promoting the AMC's reputation and standing, financial oversight, and determining the direction of AMC committees.

Directors receive high-level advice from the AMC's Finance, Audit and Risk Management Committee, Investment Policy Advisory Group and the five Standing Committees. The Directors meet regularly and have in place mechanisms for the conduct of special meetings.

Directors met nine times over 2019-20. This included additional meetings in March and May 2020 to discuss the implications of COVID-19. Since March 2020 all meetings were held via Zoom.

All Directors served the full 2019-20 year other than Professor Pitama who was appointed in October 2019.

Further details on AMC Directors are included in the Financial Report.



Committees



The Finance, Audit and Risk Management Committee assists the AMC Directors to fulfil their corporate governance and oversight responsibilities in relation to financial reporting, risk management, internal controls, projects, external audit and compliance with relevant laws, regulations and codes.

Membership as at 30 June 2020:

- Mr Geoff Knuckey (Chair) – independent
- Professor David Ellwood (Director)
- Dr Bruce Mugford (Director)
- Professor Eleanor Milligan (Director)

AMC Directors in March 2020 reappointed Mr Geoff Knuckey as an independent member and Chair of the Finance, Audit and Risk Management Committee for a two-year term ending 31 March 2022.



The Investment Policy Advisory Group oversees the prudent and efficient management of the AMC's investment portfolio as determined by the Investment Policy and AMC Directors. The Group advises, and reports to, AMC Directors and also reports to the Finance, Audit and Risk Management Committee.

Membership as at 30 June 2020:

- Professor David Prideaux (Chair)
- Professor Eleanor Milligan (Director)
- Mr Philip Pigou (CEO)
- Mr Ravi Wickramaratna (Finance Manager)



The Aboriginal, Torres Strait Islander and Māori Committee was established as a Constituted Standing Committee in June 2019 to strengthen the AMC's approach to improving the health and social outcomes for Aboriginal and Torres Strait Islander peoples in Australia and Māori in New Zealand.

Membership as at 30 June 2020:

- Professor Suzanne Pitama (Chair)
- Dr Ngaree Blow
- Ms Jacqui Gibson
- Ms Candice McKenzie
- Mr Stewart Sutherland- proxy member
- Mr Shane Mohor
- Dr Jessa Rogers
- Dr Waikaremoana Waitoki
- Professor Lisa Jackson Pulver AM
- Emeritus Professor David Prideaux



There are three Constituted Accreditation Standing Committees:

- The Medical School Accreditation Committee oversees the process for accreditation of primary medical programs and providers.
- The Prevocational Standards Accreditation Committee oversees accreditation and review processes for the prevocational phase of medical education including: review of intern training accreditation bodies, accreditation of international medical graduates, assessment processes for workplace based assessment and pre-employment structured clinical interviews.
- The Specialist Education Accreditation Committee oversees the process for accreditation of specialist medical education programs and continuing professional development programs.



Each of the accreditation committees has several subcommittees. Further details on the structure and membership are provided under the Accreditation Report.



The Assessment Committee, a Constituted Standing Committee, monitors the operation of the AMC examinations and reviews the performance of the Multiple Choice Question (MCQ) Examination, Clinical Examination and workplace based assessment.

The Assessment and Innovation Committee has several subcommittees, details of which are provided under the Assessment and Innovation Report.

AMC Constitution

A comprehensive review of the AMC's Constitution commenced in 2018 with the AMC Directors establishing a Constitution Review Group.

The review sought to ensure that the Constitution reflected the AMC's current objects, strategy, activities and operations, and that its processes continued to be workable and sufficiently flexible to meet the practical needs of the organisation.

The review resulted in several amendments to the Objects, processes and membership as well as bringing the Constitution into line with Australian Charities and Not-for-Profits Commission (ACNC) requirements and up to date from a technical perspective.

AMC Council approved changes to the Constitution in June 2019, November 2019 and June 2020. Key changes included:

- the formation of the Aboriginal, Torres Strait Islander and Māori Committee as a new Standing Committee and position for the Committee Chair as a Member and AMC Director
- addition of an Aboriginal or Torres Strait Islander registered medical practitioner
- addition of a vocational trainee Member and prevocational trainee Member
- the State and Territory Board of the Medical Board of Australia Membership reduced from four to two
- changes to all Membership categories so that all Members are appointed by AMC Directors with nominations to be received for all positions. This included the removal of ex-officio positions
- changes to Objects (b) and (c) to include developing accreditation standards for, and assessing, pre-vocational program accreditors and to encompass work in assessment of acupuncture
- the requirement for a Special Resolution should the President serve more than three terms (six years)
- maximum eight year terms for Chairs of Standing Committees (reduced from twelve years), and
- change from 60 days to 21 days notice for general meetings.

Director Workshops and Training

On 5 March 2020 AMC Directors and key staff participated in a Risk Appetite Workshop facilitated by Dr Jo Burnand, IECO Consulting.

Director Jackson Pulver attended the AIDC intensive Company Directors course in January 2020 and undertook the associated examination and assignment tasks.

Board Working Groups

Board Composition Working Group

In July 2019 the AMC Directors established a Board Composition Working Group to advise Directors on succession planning, skills, diversity and terms for Directors. The Working Group was led by the Deputy President, Director Leslie, with Directors Mugford and Jackson Pulver.

The Working Group considered the nomination and appointment process for Directors and Members to ensure the successful composition of the Board. Consideration was given to development of a skills matrix, formation of a Nominations Committee, the expression of interest process, and a Board Charter.

The Working Group developed a draft Board Charter which was approved by the AMC Board in July 2020. However, based on legal advice it was found that it would be difficult to implement any further activities without infracting on the AMC's Constitution.

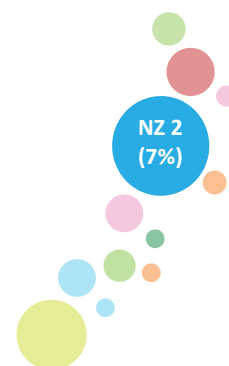
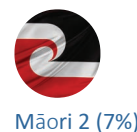
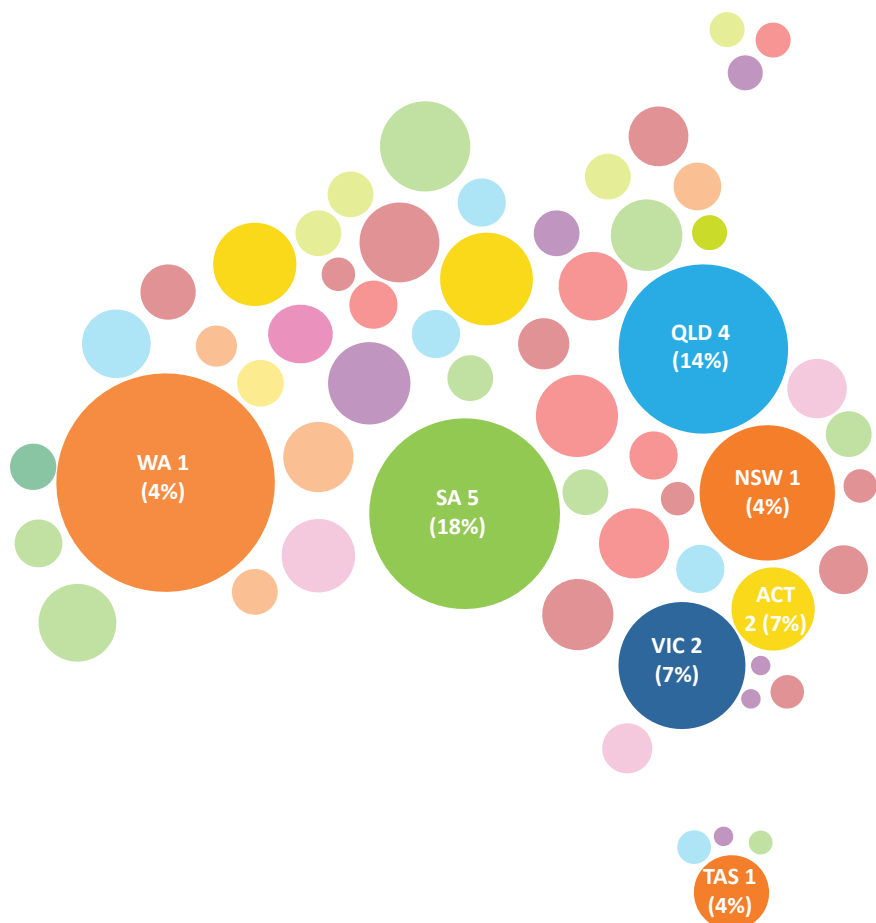
Board and Committee Performance Review Working Group

In March 2020 the AMC Directors established a small Working Group to consider options and best practice for the governance reviews of the AMC's five Standing Committees, the Finance, Audit and Risk Management Committee, the Investment Policy Advisory Group and the AMC Directors. The review resulted in the development of a practical *Board and Committee Performance Review Policy*.

Policies

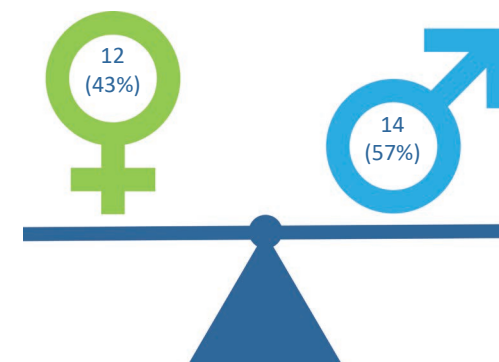
In 2019-20 the AMC introduced five new policies and updated several others:

- the amendments to the Corporations Act 2001 relating to 'whistleblowers' came into effect on 1 July 2019. As required by the amendments, the AMC developed a Whistleblower Policy to be available to officers and employees by 1 January 2020
- the Privacy Policy was updated to align with Australian Privacy Principle 1.4 and combined previous external and internal documents into the one policy
- the Delegations Policy was updated to reflect current practices
- introduction of Parental Leave Policy
- a Procurement Policy was developed to bring together AMC's corporate procurement practices in one overarching document and align with the Delegations Policy. Concurrently, the AMC developed an Indigenous Procurement Policy which was a commitment in the AMC's Reconciliation Action Plan
- amendment of the Investment Policy to apply universal benchmarks for each asset class,
- introduced a Board and Committee Performance Review Policy, and
- update of the Records Management Policy, providing for the protection of AMC records including legacy systems.



Metropolitan
22 (75%)

Regional 7
(25%)



Compliance

The following compliance activities were undertaken in 2019-20:

- Annual Performance Reviews were completed for Directors, the Finance, Audit and Risk Management Committee and the Investment Policy Advisory Group
- ACNC Lodgements included the 2019 Annual Report, Annual Information Statement, Constitutional updates, the addition of Professor Suzanne Pitama and Philip Pigou as 'responsible persons' and addition of Angela Hagedorn as an 'authorised person'
- AMC maintained its insurance coverage to meet business expectations as well as Ahpra requirements
- finances, including solvency, were reported to the Finance, Audit and Risk Management Committee and Directors

- risk reports were reviewed quarterly and reported to the Finance, Audit and Risk Management Committee and Directors
- a Metrics Report was introduced, and
- the Policy and Contracts Registers were reviewed and updated.

Company Secretary

Following the departure of the Company Secretary in October 2019, Directors appointed the CEO as Acting Company Secretary until 30 April 2020. It was expected that the new General Manager, Corporate Services, would take on this role when appointed. However, this appointment was postponed due to the need to manage AMC's finances through the COVID-19 situation. The CEO's appointment as Acting Company Secretary was therefore extended, and will expire on 30 April 2021.

Regional Implications of Māori Health and Cultural Safety

In November 2019 AMC Council headed to Aotearoa, the land of the Long White Cloud, where Members and staff were able to participate in site visits on Thursday 19 November, prior to attending the AMC's Annual General Meeting on Friday 20 November.

The theme of the site visits was "regional implications of Māori Health and cultural safety". Members and staff elected to participate in a site visit either at Whangārei or in Auckland. Each group reported on their key learnings and take away messages at the Council meeting the following day.

The visits were beneficial in raising Council's awareness and understanding of the issues and challenges facing Māori as patients and as medical students and health professionals. With many parallels to the experiences of Aboriginal and Torres Strait Islander people in Australia, the visits allowed for discussion and learning around the issues facing Indigenous people and the impacts of AMC's Standards and accreditation and assessment processes.

Whangārei

Team Members: Dr Jenni Davidson, Ms Dayna Duncan, Dr Iain Dunlop AM, Mrs Zuzette Kruger-Finch, Mr Fergus Leicester, Mr Carl Matheson, Ms Louise Miller Frost, Professor Eleanor Milligan, Emeritus Professor David Prideaux, Dr Andrew Singer AM, Mr Tom Symonds, Dr Artiene Tatian

Program:

After landing in Auckland, the team headed to Whangārei, where they met with their hosts over dinner and spent the following morning at the Whangārei Hospital Campus.

Whangārei is the northernmost city in New Zealand and the regional capital of the Northland Region. Whangārei lies within the Northland District Health Board and Whangārei Hospital is the Board's largest hospital, providing secondary specialist care to all of Northland with 246 inpatient beds.

Pūkawakawa Medical Student Program

The Pūkawakawa program, which commenced in 2008, is an initiative of the University of Auckland Medical School in collaboration with the Northland District Health Board. For two thirds of the year students are based at Whangārei Hospital with the remainder spent at one of four district hospitals: Kaitiaki, Bay of Islands, Dargaville or Hokianga. The program is open to 24 fifth-year students from the University of Auckland. With over 50 applications generally received, students are selected on the basis of their interest in regional or rural medicine with selection via ballot.

Through the program, the students experience working with General Practitioners in outpatient settings and hospitals as well as with community health expert practitioners. The students expressed the positive experiences of rural community placements, particularly by living with a close student group during these placements. During the visit, one student remarked 'I got to see a lion bite'.

Over 200 students have been through the program with 20% returning to Northland as junior medical staff. While 63% of students had intended to practice rurally after graduation, this rose to 81% after participation in Pūkawakawa.

Learning from the program's successes

- driven by the local community
- Māori health central to the program
- 30% Māori students
- builds engagement with the community
- student community
- good reputation among students

Hosts:

- Mr Harold Wereta, General Manager, Māori Health, Northland District Health Board
- Mr Kim Tito, General Manager, Māori Health, Mental Health & Addiction Services, Northland District Health Board

*"Nau te rourou,
naku te rourou,
ka ora te manuhiri."
Whakatauki*

*(With your knowledge basket,
and with my knowledge basket,
the people will thrive.)
(Maori proverb)*



- Professor Phillippa Jane Poole, Professor – Clinical and Head of School of Medicine, Faculty of Medical and Health Sciences, University of Auckland
- Dr Win Bennett, Academic Coordinator, School of Medicine, Faculty of Medical and Health Sciences, University of Auckland
- Mr Jeremy Hema, Kaiārahi / Iwi Relationship Advisor, Office of the CEO, University of Auckland
- Dr Charlotte Connell (Post Doc to Phillippa Poole), Research Fellow, School of Medicine, Faculty of Medical and Health Sciences, University of Auckland
- Dr James Johnson, surgical trainee and PhD, Auckland Hospital
- Professor Jane Lemaire, Director of Wellness, Office of Professionalism, Equity and Diversity, Cumming School of Medicine, University of Calgary, Canada

Waipapa Marae, University of Auckland

Team Members: Dr Heather Buchan, Dr Jeanette Conley, Professor David Ellwood, Ms Angela Hagedorn, Professor Lisa Jackson Pulver AM, Dr Kym Jenkins, Associate Professor Abdul Khalid, Dr Tammy Kimpton, Professor Kate Leslie AO, Professor Geoff McColl, Dr Bruce Mugford, Dr Jonathan Newchurch, Mr Philip Pigou, Professor Suzanne Pitama, Dr Bhavi Ravindran, Professor Papaarangi Reid, Ms Joan Simeon, Dr Richard Tarala, Emeritus Professor Anne Tonkin, Mrs Theanne Walters AM



Program:

The second group remained in Auckland, where the day commenced with a formal welcome to the Auckland University campus with a Pōwhiri at the Waipapa Marae, a symbolic meeting house representing all major Iwi.

Council Members and staff attending received several presentations from leaders in Indigenous health education:

- Indigenous Student Recruitment and Retention – Associate Professor Elana Taipapaki Curtis
- Indigenous Curriculum Planning - Constructing a Domain – Dr Rhys Jones and Professor Suzanne Pitama
- Teaching and Learning for Indigenous Health Equity – Professor Papaarangi Reid
- Assessment – Dr Rhys Jones and Professor Suzanne Pitama
- Cultural Safety – Associate Professor Elana Taipapaki Curtis
- Medical Council of New Zealand – reaching an agreed standard – Ms Joan Simeon
- Treaty of Waitangi – Dr Rawiri Jansen

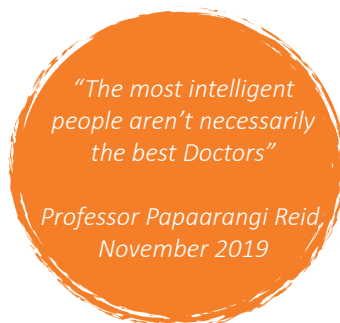
Hosts:

- Professor Papaarangi Reid, Tumuaiki and Head of Department, Māori Health, Faculty of Medical and Health Services at Auckland University; and AMC Council Member
- Associate Professor Elana Taipapaki Curtis, Public Health Physician, Senior Lecturer at Te Kupenga Hauora Māori, Director Vision 20:20, University of Auckland
- Dr Rhys Jones, Public Health Physician, Senior Lecturer – Medical, Director of Teaching at Te Kupenga Hauora Māori, University of Auckland
- Ms Joan Simeon, Chief Executive Officer, Medical Council of New Zealand
- Professor Suzanne Pitama, Associate Dean Māori, Division of Health Sciences, University of Otago; and AMC Director



The AMC would like to thank the Northland District Health Board, Whangārei Hospital and its student cohort, and presenters from Auckland University, the University of Otago, the New Zealand Medical Council and others, for sharing their knowledge and time.

The AMC would also like to acknowledge and thank Professor Papaarangi Reid, Tumuaiki and Head of Department, Māori Health, Faculty of Medical and Health Services at Auckland University and AMC Council Member, and her team, for preparing the site visit programs for the AMC.



"The most intelligent people aren't necessarily the best Doctors"

*Professor Papaarangi Reid,
November 2019*



The AMC's Role in New Zealand

The AMC assesses and accredits medical education providers and their primary medical programs; the AMC and the Medical Council of New Zealand work collaboratively to assess New Zealand primary medical education providers and their programs.

These are currently the University of Auckland and the University of Otago. AMC accreditation of these providers allows their graduates registration in Australia.

The Medical Council of New Zealand uses the accreditation reports on Australian and New Zealand medical education providers in deciding on the recognition of those medical education providers and their programs in New Zealand.

The AMC's Medical School Accreditation Committee oversees the process for assessment and accreditation of primary medical education programs and their providers.

2019 ANNUAL GENERAL MEETING

The AMC Ltd Annual General Meeting was held at the Pullman Hotel in Auckland on Friday 29 November 2019.

In opening the meeting, the Chair acknowledged the iwi of the Tāmaki isthmus on whose traditional lands the Council was meeting.

Key items of business included:

Membership:

Laureate Professor Nicholas Talley and Dr Bhavi Ravindran concluded their terms as Members at the conclusion of the AGM; both outgoing Members were thanked for their contributions to the AMC.

- Laureate Professor Nicholas Talley: Nominee of the Council of Presidents of Medical Colleges. Laureate Professor Talley was appointed for a four-year term in 2015
- Dr Bhavi Ravindran: Medical Student in Basic or Pre-professional Training. Dr Ravindran was appointed for a two-year term in 2017. During his membership of AMC, Dr Ravindran was a member of the Medical School Accreditation Committee and the 2019 University of Western Australia assessment team.



Aboriginal, Torres Strait Islander and Māori Committee 'Vision'

Professor Suzanne Pitama, Chair, AMC Aboriginal, Torres Strait Islander and Māori Committee

The following appointments had been made by Directors and took effect at the conclusion of the AGM (article numbers may have changed since appointment):

- Miss Dayna Duncan was appointed as a Member for a two-year term under Article 4.2.(a) (iv) *one person who is at the time of their appointment, or who has recently been, a medical student enrolled at a medical school accredited by the Australian Medical Council*
- Dr Kym Jenkins was appointed as a Member for a four-year term under Article 4.2(a)(ii) *two persons each nominated by the Council of Presidents of Medical Colleges*
- Dr Brian Fernandes was appointed as a Member for a four-year term under Article 4.2(a)(vi) *one person who is at the time of their appointment, or who has recently been, a vocational trainee primarily working in Australia*; this was a new position created in June 2019
- Dr Jonathan Newchurch was appointed as a Member for a four-year term under Article 4.2(a)(vii) *one person who is an Aboriginal or Torres Strait Islander*; this was a new position created in June 2019
- Dr Claire Blizzard was appointed for a further three-year term under Article 4.2(h) *Confederation of Postgraduate Medical Education Council*
- Professor Suzanne Pitama was appointed as *Chair of the Aboriginal, Torres Strait Islander and Māori Committee* for a four year-term under Article 4.2 (l). As a Chair of the Standing Committee, Professor Pitama also became, ex-officio, an AMC Director and Member
- Emeritus Professor David Prideaux was appointed as *Chair of the Assessment Committee* for a second term of four years. As Chair, Professor Prideaux continued in his role as a Director and Member
- Deputy President, Professor Kate Leslie AO, was appointed as *Chair of the Specialist Education Accreditation Committee* for a four-year term. As Chair, Professor Leslie continued as a Member of AMC.

Business

Members received the Audited Financial Report of the AMC Limited for the year ended 30 June 2019.

Members passed a special resolution to amend the AMC Constitution to change the wording of 4.2(i): Australian Commission on Safety and Quality in Health Care to remove the 'ex-officio' so that this would be consistent with changes made to other membership categories in June. The article was amended to read: "one person with current or recent experience with the Australian Commission on Safety and Quality in Health Care appointed by the Directors of the Australian Medical Council."

Presentations:

The following presentations were received:

- Assessment Committee: Committee Chair, Emeritus Professor David Prideaux
- Medical School Accreditation Committee: Committee Chair, Professor Geoff McColl
- Prevocational Standards Accreditation Committee: Committee Chair, Dr Andrew Singer AM
- Specialist Education Accreditation Committee: Committee Chair, Professor Kate Leslie AO
- AMC Strategic Plan 2019-20 priorities: Mr Philip Pigou, CEO, AMC
- AMC Aboriginal, Torres Strait Islander and Māori Scholarship: Professor Lisa Jackson Pulver AM and Professor Eleanor Milligan, Directors, AMC
- Perils of Consultation – experience of the complementary and alternative medicine consultation: Emeritus Professor Anne Tonkin, Chair, MBA
- Perspectives of a Medical Student: Dr Bhavi Ravindran, Medical Student Member, AMC
- Health Professions Accreditation Collaborative Forum activities: Ms Theanne Walters AM, Deputy CEO, AMC
- Adelaide Zero Project (dunstan.org.au/Adelaide-zero-project) – meeting the health and service needs of people experiencing homelessness: Ms Louise Miller Frost, Consumer Member, AMC
- Perspectives of a Prevocational Trainee: Dr Artiene Tatian, Prevocational Trainee Member, AMC
- Aboriginal, Torres Strait Islander and Māori Committee 'Vision': Professor Suzanne Pitama, Chair, AMC Aboriginal, Torres Strait Islander and Māori Committee
- Cultural Competence and Cultural Safety Site visit learning discussion: Professor Papaarangi Reid



Adelaide Zero Project (dunstan.org.au/Adelaide-zero-project) – meeting the health and service needs of people experiencing homelessness
Ms Louise Miller Frost, Consumer Member, AMC



Perspectives of a Prevocational Trainee
Dr Artiene Tatian, Prevocational Trainee Member, AMC



Perspectives of a Medical Student
Dr Bhavi Ravindran, Medical Student Member, AMC

2020 GENERAL MEETING

The AMC's General Meeting was held on Friday 12 June 2020. Due to COVID-19, the planned site visits and face-to-face meeting in Adelaide were postponed and a shortened General Meeting was held via Zoom.

This was AMC's first large meeting held in this format. AMC Management developed a meeting guideline for participants and presenters which ensured the meeting ran smoothly.

Business

Members:

- passed a special resolution that *"the Constitution of the Australian Medical Council Limited be amended as shown in the marked up Constitution attached to the agenda for the General Meeting to be held on 12 June 2020"*
- Noted the financial report and forecasts, and activities being undertaken in response to COVID-19
- Noted the Council Member and Director terms concluding in November 2020, and
- Noted arrangements for the AMC Ltd AGM on Friday 20 November 2020 and meeting schedule for 2021 and 2022.

Participants received presentations on:

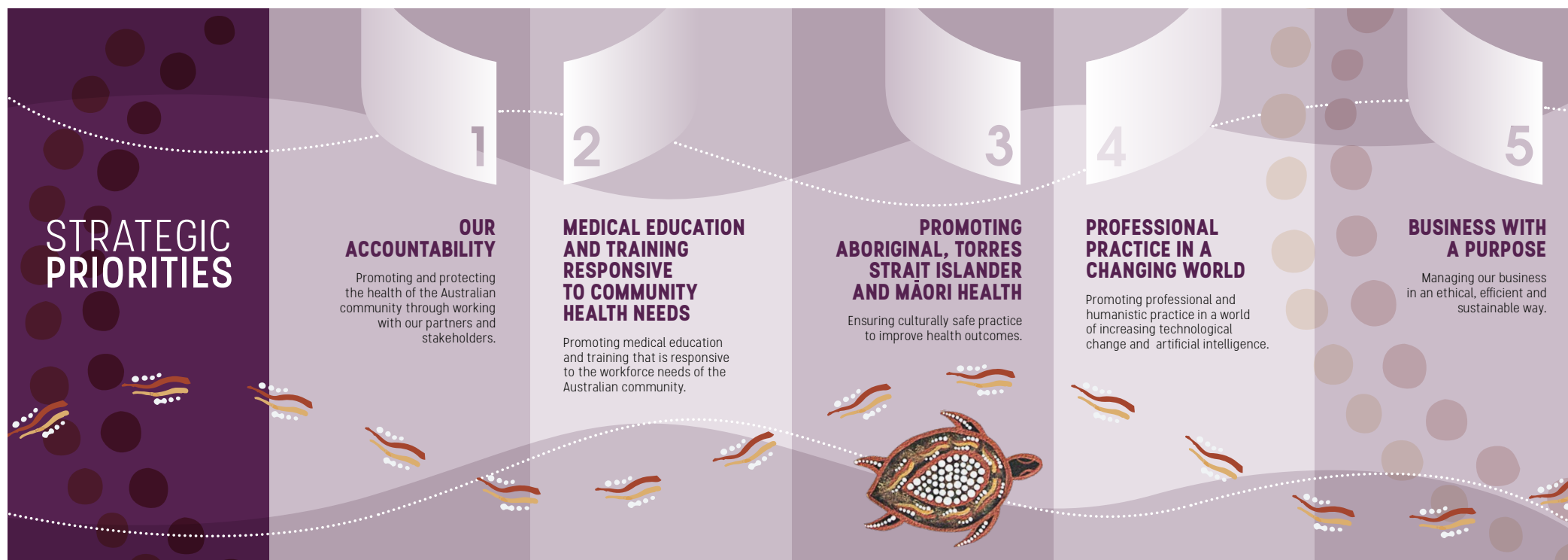
- Aboriginal, Torres Strait Islander and Māori Committee - Professor Suzanne Pitama, Committee Chair
- Medical School Accreditation Committee – Professor Geoff McColl, Committee Chair
- Prevocational Standards Accreditation Committee – Dr Andrew Singer AM, Committee Chair
- Specialist Education Accreditation Committee – Professor Kate Leslie AO (Deputy President), Committee Chair
- Assessment Committee – Emeritus Professor David Prideaux, Committee Chair
- AMC Review of the National Framework for Medical Internship – Ms Sarah Vaughan, Manager, National Framework for Medical Internship Review
- Workplace based assessment – Ms Kirsty White, Director, Accreditation and Standards.

Circumstances permitting, the Adelaide site visit and meeting will be held in 2021.



2019-20 Strategic Achievements

The [Strategic Plan 2018-2028](#) is one of the AMC's key governing documents defining its vision and what is needed to achieve the vision. Over 2019-20 the Plan continued to determine AMC's priorities leading to new initiatives as well as the continued progress of projects. A snapshot of progress against each of the five pillars is provided below.



Strategic Highlight Articles:

Business with a Purpose:

- COVID-19
- 4MC – A new place to work

Professional practice in a changing world:

- A partnership to build capability in Digital Health

Medical education and training responsive to community needs:

- Developing a new two-year Prevocational (PGY1 and PGY2) Framework

Promoting Aboriginal, Torres Strait Islander and Māori Health:

- The AMC cultural safety journey

Snapshot of progress against AMC's Strategic Priorities

PILLAR 1: PROMOTING AND PROTECTING THE HEALTH OF THE AUSTRALIAN COMMUNITY THROUGH WORKING WITH OUR PARTNERS AND STAKEHOLDERS

1.1 We will identify areas of common strategic intent with the MBA, Ahpra and other accreditation authorities and build partnerships to undertake joint initiatives in areas of shared interest.

- Meetings are held with MBA and Ahpra; the Accreditation Authorities Forum; individual Colleges; MDANZ; NSW Health, focusing on the Accreditation Systems Review and wider topics in regulation and accreditation
- We are currently reviewing how we engage more with international medical graduates regarding our processes for assessment

1.2 We will demonstrate our openness and accountability through seeking feedback and commissioning evaluation to improve what we do.

- AMC has good processes for feedback and evaluation following accreditation of medical schools and colleges
- For workplace based assessment, the AMC continued to seek providers' feedback on the updated national assessment forms in order to support implementation and, for example, to ensure the forms were capable of being used within health services' electronic systems
- The survey of Interns' perceptions of their preparedness for internship was cancelled this year, due to the anticipated impact of COVID-19. Instead, a multifaceted evaluation is being undertaken, under the oversight of the joint AMC and Board Survey Steering Group, which is composed of a range of medical school, internship and health service stakeholders



PILLAR 2: MEDICAL EDUCATION AND TRAINING RESPONSIVE TO COMMUNITY HEALTH NEEDS

2.1 We will ensure that the changing health care needs of Australian communities and changes in health delivery are reflected in the requirements for medical professional practice and education.

- The Recognition of Medical Specialties Sub-Committee considered initial (Stage 1) proposals for Rural Generalist Medicine and Breast Medicine to be recognised as new medical specialties or fields of specialty practice and prepared draft advice which was accepted by the Specialist Education Accreditation Committee and provided to the Medical Board of Australia
- The AMC Working Group on Competency Based Medical Education has continued work to update its 2010 position paper on CBME
- The Review of the National Framework for Medical Internship is currently considering preliminary findings

2.2 Using the accreditation standards and procedures we will work with medical training providers to demonstrate how medical programs respond to the community needs for medical workforce.

- Scoping for an evaluation of the impact of AMC standards requiring providers to engage with community stakeholders is underway. This will first consider the impact of standards for medical schools to inform the review of these standards. This review of standards for medical schools was paused and re-scoped due to the impact of COVID-19 on the AMC and medical schools. The review working group will be established in August 2020

2.3 We will work with partners and stakeholders, to identify and implement strategies that improve the quality of training, with particular attention to transition points in career pathways.

- The review of the National Framework for Medical Internship is proposing a range of strategies to improve quality of training
- The 2019 Survey of Interns' perception of their preparedness included updated reports for jurisdictions, which provide transparent information about results for local medical schools to support discussions about transition to practice. Due to the anticipated impact of COVID-19 in March 2020, the Survey was cancelled for 2020. The AMC is completing an outcomes-based evaluation of the survey from 2017-2020 and this is expected to be completed by January 2021

2.4 We will work with the Medical Board of Australia and other partners to develop surveys and research, to implement improvements in the quality of training programs and doctors' transitions between different stages of training.

- As noted in 2.3, the Survey of Interns' perceptions of their preparedness was not run in 2020 as planned. Instead an evaluation of the survey is taking place

- AMC continues to contribute to Steering Group and Advisory Group for Medical Board of Australia's National Medical Training Survey. The results of the first survey were published in February 2020. The AMC has embedded questions in accreditation monitoring reports for Colleges on how they are using survey results to inform the development of their training programs. The AMC has also used the results to inform the accreditation assessment of The Royal Australian and New Zealand College of Radiologists, the first to be completed since the results became available

2.5 We will continue to promote team-based practice and patient-centred care.

- The Health Professions Accreditation Collaborative Forum working group on inter-professional collaborative practice is considering the development of guidance documents on IPE accreditation standards. A benchmarking evaluation survey of accreditation authorities practice (completed October 2019) provided baseline information. AMC has representation on this group. The final report is now available on the Forum website. This work will also inform the review of AMC accreditation standards
- The AMC has led a guiding framework of principles for quality and safe use of medicines for use by the accreditation authorities for the regulated professions. The 15 accreditation authorities have now all endorsed the principles, criteria, learning outcomes for use when they review accreditation standards. This work will also inform the review of AMC accreditation standards

2.6 We will work with partners to foster a shared understanding of the changes in medical education and training required to build a medical workforce capable of providing general care in broad specialties across urban and rural settings.

- In developing guidance for responding to challenges resulting from COVID-19, the AMC worked closely with medical schools and colleges to articulate an approach that ensured the outcomes required for registration continued to be met while providing flexibility in training pathways that took account of changing contexts in local health services
- In recognition of the particular challenge technology presents to the medical workforce of the future, the AMC has formed a partnership with the Australian Digital Health Agency to develop a strategic horizon paper, a capability framework and associated forum on technology in medicine
- The development of strategic discussion papers on community health needs will commence in 2021. This work stream will form part of a Masters Research project, supporting staff development

2.7 We will support the development of WBA (work based assessment) as a method for assessing the performance of international medical graduates against the standards required for practice in Australia.

- Work on the WBA Roadmap continued although scaled back in light of COVID-19
- Plans for locally based training on the national forms and commissioned research including a literature review on the failure to fail, the recommencement of a longitudinal study and

exploration of an economic and/or qualitative study on the benefits of the programs to local health services, are on hold

- The AMC's website was redesigned to better communicate the nature of the work place based assessment program and provide case studies

PILLAR 3: PROMOTING ABORIGINAL, TORRES STRAIT ISLANDER AND MAORI HEALTH

3.1 We will develop a Reconciliation Action Plan (RAP)

- AMC's Innovate RAP launched in June 2019
- The Aboriginal, Torres Strait Islander and Māori Standing Committee formed. This Committee will oversee the achievement of Pillar 3, and the outcomes identified within the RAP
- AMC Manager, Reconciliation, commenced in March 2020
- The new Reconciliation Manager has been working closely with AMC staff and the new committee members to educate and inform about the RAP, and the cultural safety requirements to achieve it

3.2 We will work with key Aboriginal and Torres Strait Islander and Māori stakeholders and other partners to define cultural safety.

- A definition of cultural safety for the National Registration Accreditation Scheme was approved in February 2020. The AMC is a signatory to the Scheme's [cultural safety strategy and definition](#)
- Cultural Safety/Competence was the key issue at the 2019 AGM and site visit with the program developed by the Department of Māori Health, Auckland University

3.3 We will advocate for change to the National Law to incorporate cultural safety as a professional requirement.

- The roll out of the NRAS definition has begun with some support through the Scheme. In 2020, the AMC has contributed to two reports to the Medical Board of Australia and Ahpra on its activities that align to agreed strategy elements, e.g. KPI 8 Governance – Boards and Accrediting Authorities (Ensure two Aboriginal and Torres Strait Islander representatives on each National Board and Accreditation Authority by end of 2025)
- Through the Ahpra/Aboriginal and Torres Strait Islander Health Strategy, advocate with Health Ministers for change to National Law – AMC has contributed to consultations.
- PricewaterhouseCoopers Indigenous Consulting Pty Limited (PwC's Indigenous Consulting) in partnership with Griffith University First Peoples Health Unit will deliver cultural safety training for Australia's regulators of registered health practitioners
- AMC cultural safety training was piloted in the first half of 2020, and a number of other events and information have been circulated to staff to further this goal

3.4 We will review how culturally safe practice will be included in all AMC International Medical Graduate assessment models.

- AMC is working to include Aboriginal, Torres Strait Islander and Māori in assessment committees and groups
- Presentation of RAP at Assessment Summit on 21 October 2019. Highlighted importance of Aboriginal and Torres Strait Islander inclusion and voice in AMC assessment of international medical graduates. The AMC will use our networks to identify Aboriginal and Torres Strait Islander people who can provide a voice to this work
- The Anthology Group is intent on ensuring this is covered in the Anthology. The Anthology included two chapters drafted and edited by Indigenous author/ peer reviewers. A general review of the broader context and content is also being undertaken by an Indigenous reviewer. The AMC is looking at processes to ensure that this becomes 'the norm' for future publications

3.5 We will develop a reflective piece outlining the AMC's work with its Aboriginal, Torres Strait Islander and Māori partners in improving health outcomes.

- Develop a Thought Leadership paper to outline its work with its Aboriginal, Torres Strait Islander and Māori partners in improving health outcomes

3.6 We will review how accreditation standards affect health outcomes for Aboriginal, Torres Strait Islander and Māori people.

- Accreditation standards for primary medical programs being reviewed in 2020-21. A member of the Aboriginal, Torres Strait Islander and Māori Committee is a member of the Standards Review Working Group. Through the Medical School Accreditation Committee, staff are undertaking a review of the performance of the Indigenous Health standards. AMC stakeholder engagement on these two pieces of work will include the Standing Committee, key Indigenous Health organisations as partners, and Aboriginal, Torres Strait Islander and Māori people who have been accreditation assessors
- The AMC National Framework for Internship is also being reviewed (begun in 2019). AMC staff have presented to the Standing Committee, and are undertaking wide ranging consultations on proposals for change
- AMC, through the Health Professions Accreditation Collaborative Forum, is contributing to cross profession work on examining the role of accreditation. [An initial paper was produced in October 2019.](#)
- The AMC also contributed to a workshop at the February 2020 Ahpra National Conference describing actions by accreditation authorities to incorporate Indigenous health standards and cultural safety in their practices

3.7 We will work with partners to develop a best practice resource for doctors in caring for Aboriginal, Torres Strait Islander and Māori patients and their families.

- Develop a Thought Leadership paper on cultural safety/cultural competence-based on good practice. This will include other external partners, including NACCHO and other indigenous organisations, that deliver and provide health care to Aboriginal and Torres Strait Islander people

PILLAR 4: PROFESSIONAL PRACTICE IN A CHANGING WORLD

4.1 We will use accreditation standards and procedures to encourage medical education and training that is consistent with how technology and artificial intelligence could affect the future delivery of medical care.

- Prepared for the MedSAC Accreditation Standard Review in terms of inclusion of AI and technology for consideration in accreditation standards

4.2 We will collaborate with stakeholder groups to develop ethical standards for the use of technology and artificial intelligence (AI) in medical care.

- Developed a paper on the relationship between AI and ethics based on the Beauchamp and Childress ethics framework, and presented to the Federation of State Medical Boards annual meeting
- Participated in Specialist Colleges Tri-nations forum in AI in Medicine
- Presented on AI and Ethics at the AMC Council and Medical Board of Australia
- Created nine thematic scenarios on AI and ethics using interactive technology delivery
- Developed a 90 min interactive workshop targeting medical and health professional audience – including development of an ethical framework for consultation
- Participated in International Workshop on Humanising Machine Learning- ANU
- Presented on AI and Medical Ethics at the ANZPMEF 2019 and AIDA 2019
- In May 2020, the AMC formed a strategic Partnership with the Australian Digital Health Agency of the Commonwealth Government of Australia to work together to support a digitally capable health workforce – with a focus on the medical workforce

4.3 We will promote the attributes of humanism, compassion and cultural safety, which are central to the delivery of good medical care, in medical education, training and professional performance curricula.

- Developed skills framework including 'patient-centred care' in Preparedness for Internship Survey. Tracked year-on-year changes in seven skills across education providers
- Introduced teaching effectiveness question module in 2018 (continued in 2019) for preparedness to treat Indigenous patients

4.4 We will collaborate with stakeholders to encourage the use of technologies that drive higher standards of healthcare and reduce health inequity.

- Completed preliminary data analysis regarding preparedness for use of data technology (2018 and 2019 Preparedness for Internship Survey results)

PILLAR 5: BUSINESS WITH A PURPOSE

5.1 We will strive to achieve international best practice by benchmarking ourselves with comparable organisations.

- International Assessment Models for international medical graduates
- Collaboration between the AMC and Medical Council of Canada (MCC)
- Collaboration between the AMC & Medical Deans Australia and New Zealand (MDANZ)

5.2 We will host partner and stakeholder workshops to share knowledge, information and approaches as we work towards our strategic aims.

- An assessor training workshop was held in February 2020
- National Framework for Medical Internship Review engagement with stakeholders
- The Association of Test Publishers (ATP) Global Special Interest Group (SIG) Chaired by the AMC Director Assessment & Innovation
- The AMC joined an International Health Assessment Security Peer Group

5.3 We will increase our collaboration with other organisations to optimise use and potential of the National Test Centre.

- The NTC Business Plan is in the final stages of being developed.

5.4 We will improve the quality of assessment and accreditation methods with the aim of protecting the health of the Australian community.

- Review of Assessment Pathways- Assessment Summit held in October 2019
- Mobile Practice Test for MCQ questions (The App)
- Collaboration between AMC & Australian Collaboration for Clinical Assessment in Medicine (ACCLAIM)
- Standard setting exercise for the Multiple-Choice Questionnaire (MCQ) examination project
- Examiner Decision Making project
- WBA Roadmap developed

5.5 We will update the delivery media for the AMC's publications and handbooks.

- Anthology Editorial continued

5.6 We will review the feasibility of increasing the capacity of the NTC – either in collaboration with other accreditation authorities or by ourselves.

- NTC website successfully launched
- The NTC Business Plan is in the final stages of development

5.7 We will engage and seek contribution from all AMC teams, staff, and business partners to enable an approach of continual improvement and effectiveness achieving the AMC's purpose, vision, and values.

- Innovations Group established chaired by the AMC CEO
- Collaboration between Assessment and Accreditation continues on the WBA program development strategy.
- Various internal projects currently underway to address improvements in technology, operations, and policy development
- Business metrics reporting from July 2019
- Strategic Plan Pillar reporting since July 2019



COVID-19

The COVID-19 pandemic will have long and far reaching impacts on the Australian Medical Council.

From the outset of the COVID-19 pandemic in March 2020, consistent with Government advice the AMC took actions to minimise risk to staff and everyone we engage with, while seeking to continue business operations as optimally as possible. Without knowing the severity and length of the pandemic it was, and continues to be, difficult to estimate the short- and long-term effects on the AMC. Over the initial months of the pandemic, the AMC focused on addressing the key risks of reductions in income and its financial reserves.

An overview of the actions taken by the AMC in response to the COVID-19 pandemic is provided below. Details specific to each business area are provided throughout the Annual Report.

Human Resources:

- implemented remote working for all staff (Canberra and Melbourne offices) on 26 March 2020
- developed work contingency plans and priorities for each section
- suspended all new recruitment
- suspended salary increases
- all overtime and flex-related activity frozen unless vital for the business and pre-approved
- suspended all staff air travel, internationally and domestically
- changed to virtual meetings (Directors, Council, Committees)
- reviewed workplace risk management including remote working, policies, prioritising staff health and wellbeing, clear communication and regular connection
- redeployed staff where necessary and appropriate, and
- focused resources on increasing remote business functionality.

Accreditation:

- issued a statement to education providers it accredits about taking a flexible approach in accreditation processes
- supported accredited providers to manage the effects of COVID-19 on their organisations and on health service partners by providing targeted advice and streamlining reporting processes
- continued to manage accreditation processes virtually, with staff supported to work from home, during the periods of lockdown and restrictions across Canberra and Melbourne

- conducted short assessment visits to partner health services when permitted on advice from the Departments of Health in NSW and Victoria, in line with international practice and the AMC's obligations as part of its accreditation with the World Federation of Medical Education, and
- collaborated with other peak bodies (e.g. Medical Deans Australia and New Zealand, Medical Board of Australia, Universities Australia, Department of Health and Ageing) in developing joint statements and approaches to issues of common concern.

Assessments and Clinical Examinations:

- all examinations at the National Test Centre (NTC) in Melbourne were cancelled from 16 March 2020 to abide by national health guidelines and related legislation. This included all scheduled Clinical Examinations as well as the Multiple-Choice Questionnaire (MCQ) Examinations. This was a significant undertaking to cease operations, communicate with stakeholders and participants, and ensure clear communication for candidates being impacted by the situation. This work was undertaken while the Assessment team was also involved in closing the AMC offices and NTC, and working with the Accreditation team to plan responses for the Workplace Based Assessment (WBA) program
- established open communication channels with national and international affiliate organisations to collaborate and share experiences and response plans. Similar to many organisations, the AMC's approach is to monitor the situation daily and obtain advice from the Australian Department of Health, World Health Organisation (WHO) and the Australian Government Department of Home Affairs, and
- provided updated information on the AMC website and candidate portal informing the measures being taken to reduce the risk of exposure and the AMC response to the health and safety of candidates, staff, AMC stakeholders, and the community. This provision of information and ongoing communication has extended to all AMC examination participants and NTC external clients.

Other:

- registered for the government JobKeeper program with the ATO. This has been extended to March 2021 and the AMC remains eligible, and
- registered to apply for the cash boost provided by the government for businesses.

Financial impacts

The MCQ and clinical examinations brought in around 60% of the income of the AMC and their cancellation adversely affected the AMC's cash flow. This income was used for conducting examinations and paying for staff salaries and other overheads. This loss of income will have a major impact on AMC's finances for the foreseeable future.

The Australian Health Practitioners' Regulatory Agency funds the AMC's accreditation of programs on behalf of the Medical Board of Australia. The AMC had received its requested funding for the 2020-21 financial year and continued to fulfil its accreditation role, although the focus in the short term changed to assessment of changes to medical programs and to project-based work.

While the AMC has reasonable financial reserves, these were impacted by the purchase of office premises in Canberra and the substantial downturn in the share market. However, the AMC portfolio was less volatile than the market due to its defensive assets allocation (Bonds and Fixed Income), tactical overweight position to International Equities (the best performing of the risk assets) and underweight position to Property (worst performing of the risk assets). The strong 'V-shaped' recovery in the June quarter saw the portfolio recover to some extent.

The loss of income was offset in small part by the cancellation of travel and face-to-face meetings.

Regular financial forecasts and modelling were prepared for the Finance, Audit and Risk Management Committee and Directors. Work on the 2020-21 Budget was deferred until September 2020 at which time 'best case' and 'worst case' scenarios were developed, both of which took a prudent approach to managing finances with a view to continuing operations. Due to the ongoing uncertainty the AMC continues to work from its cash flow reports.

Remote Workforce

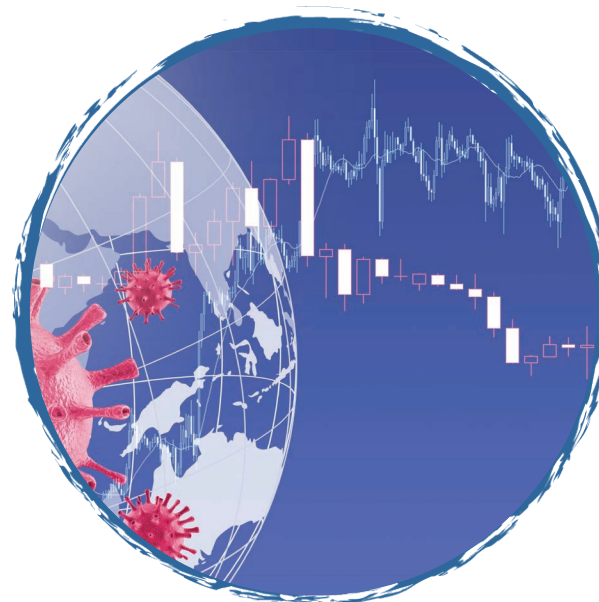
Following the implementation of remote working on 26 March 2020, the AMC commenced consideration of the return at some point to the Canberra and Melbourne offices. The AMC's decisions were informed by advice from the Department of Health and the federal, state and territory Governments and its criteria based on a conservative approach, i.e., that it would be safe for staff, that the approach would be flexible and individual, and with a view to integrating remote and office based work.

The AMC's Emergency Response Planning Committee developed a Return to the Office Contingency Plan which allowed the Canberra office to be reopened on a limited basis in early June, primarily for staff with critical tasks or those unable to work effectively in home or other environments. A roster was prepared to allow up to 20 staff to work from the office for a maximum of two days per week and this process, albeit with less rigorous requirements, has been continued. This arrangement is underpinned by social distancing and other guidelines and directions.

As of September 2020 the Melbourne Office had not reopened.

Post-COVID-19

The AMC continues to review its operations to ensure the best approach to operations during the pandemic and to prepare for the post-COVID-19 landscape. There are opportunities and challenges for the AMC in this scenario and AMC business sections, Committees and Directors have been working to generate ideas about longer term changes to practices.



A partnership to build capability in Digital Health

The Australian Medical Council (AMC) and the Australian Digital Health Agency (ADHA) have formed a partnership to engage in a new project aimed at understanding how technology impacts the standards of medical education, training and practice in Australia. This aligns with the AMC's roles as a national standards body for medical education and training, and as the accreditation authority for the medical profession under the Health Practitioner Regulation National Law. The ADHA is the corporate Commonwealth entity tasked with improving health outcomes for Australians through the delivery of digital healthcare systems and the national digital health strategy for Australia. As part of this strategic project, an Advisory Group is being established which will allow the opportunity for providing expert advice and feedback to the project and its components from peak bodies in medicine and stakeholders of digital health.

Project Outcomes


This project seeks to:

- Contribute to the strategic platform of change for the continuum of medical education in digital health by preparing a horizon series strategic paper which aims to set out some supportive plans for how to build capability in digital health across the medical education continuum in Australia.
- Create a digital capability framework for medicine to identify and support the development of foundational digital health capabilities across the medical education and practice continuum in Australia, including high level plans for teaching and learning, assessment and measurement of project impact.
- Engage with stakeholders of medicine in an online forum in early 2021 to: share insights into current, emerging and personalised health technologies; discuss the AMC and ADHA strategies and priorities related to digital health in medicine; share good practice models in digital health medical education; discuss opportunities and risks that have emerged in medicine related to digital technologies in medical education during COVID; and, consult with the broader medical profession on a possible model for a digital capability framework of foundational capabilities for the medical profession.

Our achievements to date:

- formed a partnership between the ADHA and AMC with strong project governance and oversight of deliverables and outcomes
- created an Advisory Group to guide the project with membership from across the continuum in medical education and key stakeholders of medicine
- developed a proof of concept of a digital capability framework aligned with the strategic platform of change proposed by the AMC and aligned with the ADHA Digital Capability Roadmap for the Australian Health Workforce for discussion with the Advisory Group at their working days in late 2020, and with the view to broader consultation with medical education providers and stakeholders of medicine in early 2021.

This project is on track for completion in May 2021.

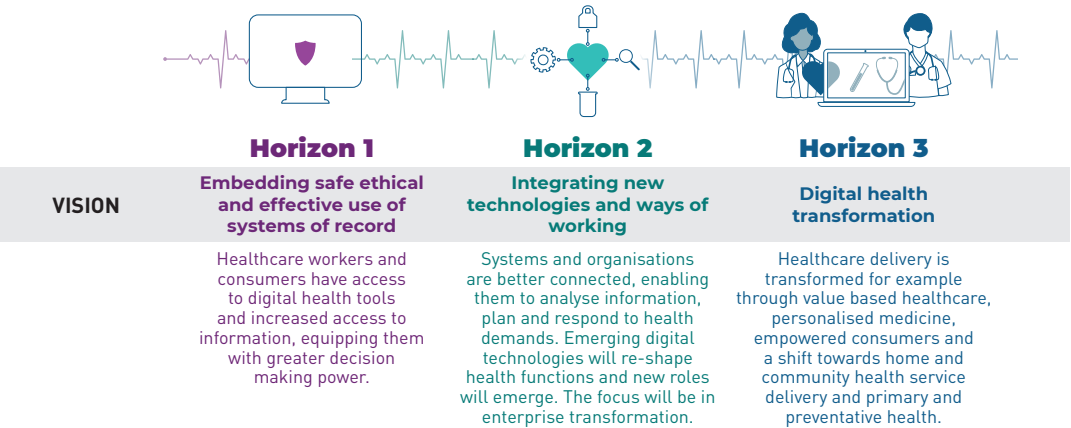


"Digital information can transform the quality and sustainability of health and care. Used effectively, it can help save lives, improve health and wellbeing and support a sustainable health system that delivers safe, high quality and effective health services for all Australians."

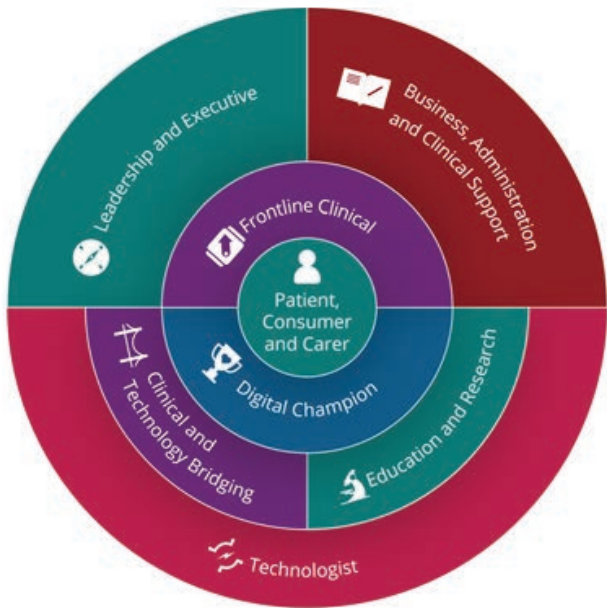
<https://conversation.digitalhealth.gov.au/australias-national-digital-health-strategy>

Alignment of AMC and ADHA Strategic Plans

ADHA Australian National Digital Health Roadmap



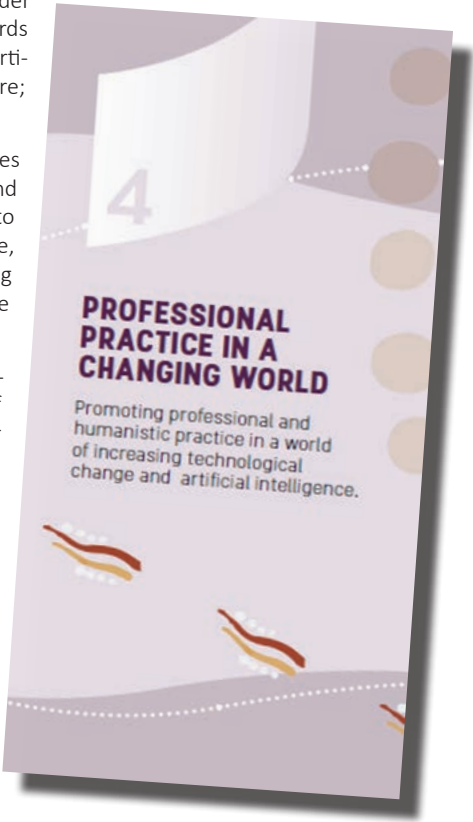
Pillar 6: Digital Health Strategy - Workforce and Education



AMC Strategic Plan 2018 - 2028

Pillar 4: Professional Practice in a Changing World

- 4.1 We will use accreditation standards and procedures to encourage medical education and training that is consistent with how technology and artificial intelligence could affect the future delivery of medical care.
- 4.2 We will collaborate with stakeholder groups to develop ethical standards for the use of technology and artificial intelligence in medical care; AND
- 4.3 We will promote the attributes of humanism, compassion and cultural safety, which are central to the delivery of good medical care, in medical education, training and professional performance curricula.
- 4.4 We will collaborate with stakeholders to encourage the use of technologies that drive higher standards of healthcare and reduce health inequity.



4MC - A new place to work

On 30 March 2020 the AMC purchased a building to meet its office accommodation needs in Canberra. The building is located at 4 Marcus Clarke Street (4MC), Canberra.

The investment is consistent with the AMC's overall business and financial strategy. It delivers a number of benefits, including:

- building AMC presence within the nation's capital, consistent with the AMC's overall strategy
- providing an opportunity to design an innovative workspace for AMC staff
- strengthening the long-term financial operating (P&L) position of the AMC, due to the discontinuation of Canberra rental expenses
- reducing cash and financial investment assets on the balance sheet and thus achieving greater consistency with other organisations in the not-for-profit and regulatory sector
- improved risk-adjusted return through investment in direct property, a diversification of investment strategy enabled by an asset class largely uncorrelated with Australian equities.

While there are risks associated with direct property investment, these are being satisfactorily mitigated through AMC's ability to tap alternative sources of funds (to mitigate financial flexibility/liquidity issues) and through insurance (to mitigate property specific risks).

The AMC has occupied its leased premises in the airport precinct since 2009. The lease will expire at the end of February 2022. At that date, the lease rental paid by AMC will be close to \$1m per annum and around \$15m over a 12-year cycle, including a contracted per annum CPI increase. In considering the overall rental costs, it was prudent to consider purchasing a property, which would also diversify the AMC investment portfolio while providing a competitive long-term return on investment. The purchase was funded partly by savings in rent and through a loan arrangement which took advantage of the current low interest rate environment.

In its initial investigations, the AMC recruited a property analyst to undertake a cost-benefit analysis and due diligence, taking into account property prices in Canberra and the advantages and disadvantages of a possible purchase. This included consideration of several properties in locations around Canberra, with the building at 4 Marcus Clarke Street, Canberra, the only property which met all the AMC's needs and provided the greatest long term benefit. This building was not on the market and it was the intention of the vendor to lease the premises once refurbishment was complete.

In agreeing on 4 Marcus Clarke Street as the preferred option, in accordance with its Procurement Policy and Delegations the AMC appointed a valuation firm to undertake a property valuation based on a combination of methodologies including projected rental income from the property, residual value, net present value and similar property sales in the city and the neighbourhood. The property was assessed at a value of \$14M, comprising a land value (based on

the Crown lease stipulations) of \$3.2M and improvements to land of \$10.8M. Additionally, the land itself is underutilised at present and there is future potential to develop this as a commercial or mixed development, potentially increasing the value of the land.

The ACT government has announced plans for the upgrade of London Circuit, which is adjacent to the property, in association with the planned extension of the light rail to Woden. This is expected to increase the building density on the south side of the city with a positive flow-on effect on property values and redevelopment options. The final plan for this development work will be prepared by 2021.



All documentation for the potential purchase was considered by the AMC's Investment Policy Advisory Group and Finance, Audit and Risk Management Committee with recommendations provided to Directors.

AMC Management also reviewed the reports, including financial details, cost-benefit analysis and overall implications for the AMC, and prepared a paper exploring the strategic rationale for the AMC to invest in a commercial office building in terms of its overall strategy, corporate positioning, staffing strategy and financial resources.

On 31 October 2019, the AMC Directors agreed to make an offer to purchase 4 Marcus Clarke Street, Canberra, which was accepted by the vendor.

Part of the ground floor (243m²) is leased, with the remainder of the ground floor and Levels 1 and 2 remaining vacant. The AMC expects to occupy most of Levels 1 and 2 with the remainder of the ground floor to be leased.

During the February 2020 hailstorms in Canberra the premises at 4 Marcus Clarke sustained hail damage to the roof. The roof was replaced under insurance which delayed settlement slightly. Settlement occurred on 30 March 2020.

Daryl Jackson Alastair Swain Pty Ltd and TSA were appointed to undertake the fit-out of the new premises. While this was delayed due to COVID-19, it is expected to be completed by the end of 2021 with AMC moving in prior to the expiry of its current lease in February 2022.

The purchase provides an expression of confidence in the AMC's future and in its mission, providing stability and bringing to life its commitment to provide an innovative and flexible workplace for its staff to promote a positive culture and an open and collaboration-oriented layout which reflects AMC values. 4MC is located in green and natural surroundings, adjacent to the lake and the city, and in a location that is accessible (including parking) for commuters from all parts of Canberra.

About 4MC:

- Originally completed circa 1990. Refurbishment works were carried out in 2002 and 2007, and a major refurbishment program was completed in early 2019
- Situated on Ngunnawal country. At the south-western fringe of the Canberra CBD between London Circuit and Marcus Clarke Street, adjacent to the New Acton mixed use precinct which in turn borders the Australian National University to the north. Approximately 500 metres from the Canberra CBD
- Located between two hotels: the QT Canberra and the Breakfree Capital Tower
- 69 on site car spaces; 28 basement level and 31 ongrade bays with a pay parking carpark located opposite
- Total office space of 2,291m² including net lettable area of 701m² at ground level, 795m² on Level 1 and 795m² on Level 2
- Two passenger lifts.



The AMC Cultural Safety Journey

The core business of the AMC includes a focus on promoting Aboriginal, Torres Strait Islander and Māori Health by ensuring culturally safe practice to improve health outcomes.

The AMC has been working to improve the health outcomes for Aboriginal, Torres Strait Islander and Māori Peoples for many years, and in 2018 this became a major Pillar of the AMC's Strategic Plan.

At its General Meeting in June 2019 the AMC constituted a new Aboriginal, Torres Strait Islander and Māori Standing Committee, launched its Innovate Reconciliation Action Plan (RAP) and completed its Constitutional review, commenced in 2018, with a key outcome of increasing Aboriginal and Torres Strait Islander people and Māori representation on AMC Council and AMC committees. These initiatives, which have been progressed over 2019-20, will strengthen the AMC's approach to improving the health and social outcomes of Aboriginal and Torres Strait Islander peoples in Australia and Māori in New Zealand.

The Aboriginal, Torres Strait Islander and Māori Standing Committee

The Aboriginal, Torres Strait Islander and Māori Standing Committee provides strategic advice and recommendations on important matters related to Aboriginal, Torres Strait Islander and Māori health to the AMC Directors. The scope of the Committee's work also includes supporting AMC's purpose of making health systems free of racism and inequality, and overseeing implementation of its RAP.

Committee Chair, Professor Suzanne Pitama, was appointed in October 2019. As a Chair of an AMC Standing Committee, Professor Pitama is also, ex-officio, an AMC Director, bringing both diversity and the views of the Committee to the table.

Professor Pitama, a registered educational psychologist, is Director of the Māori/Indigenous Health Institute at the University of Otago in Christchurch. Her involvement in Māori health research and health education spans nearly 19 years and she is focused on addressing Māori health inequities through medical education, health research and through her membership on various committees and boards, including as the government appointed Board member of the Health Research Council of New Zealand, a member of the Otago Medical School curriculum committee, and Chair of its Māori health sub-committee.

Professor Pitama is well versed on trans-Tasman issues, having served on the Leaders in Indigenous Medical Education (LIME) reference group from 2011-2017 and supporting a colleague to take on this role. She was also involved in the AMC team for accreditation of the Monash University medical program in 2018 and has a strong interest in accreditation, particularly its positive influence in gaining institutional support for Indigenous health.

Professor Pitama oversaw the establishment, via selection panel recommendation to AMC Directors, of the other Committee positions, the majority of which had been filled by 30 June 2020:

Leaders in Indigenous Medical Education

- Ms Candice McKenzie
- Mr Stewart Sutherland (proxy)

Australian Indigenous Doctors Association

- Dr Ngaree Blow

Health Consumer

- Ms Jacqui Gibson

Community Member

- Dr Jessa Rogers
- Mr Shane Mohor

Community Member (Māori)

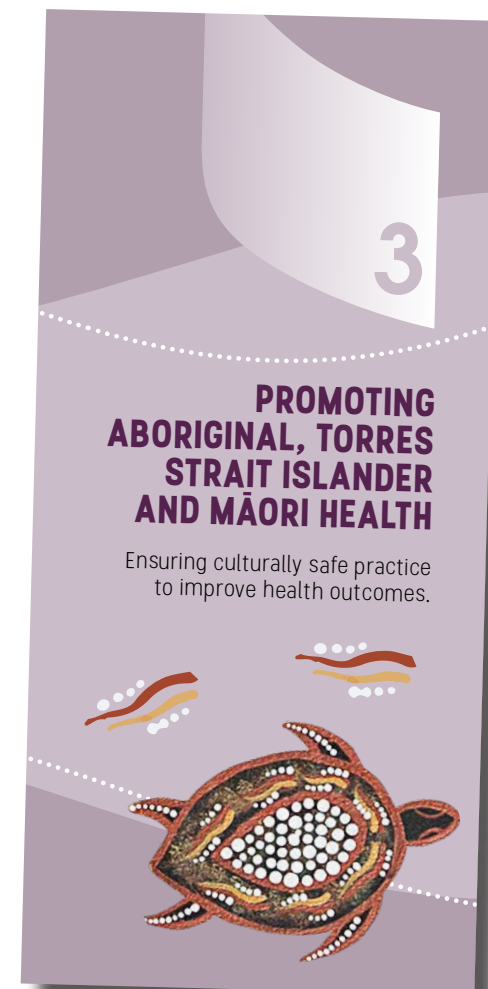
- Dr Waikaremoana Waitoki

Australian Medical Council

- Emeritus Professor David Prideaux (Director)
- Professor Lisa Jackson Pulver AM (Director)

Additionally, Dr Artiene Tatian (August 2020) and Dr Justin Gladman (October 2020) were appointed to the Committee.

The Committee held its first meeting in June 2020. As COVID-19 restrictions were in place, the Committee has only been able to meet via videoconference which added a layer of complexity for a new Committee with a large portfolio.



The Aboriginal, Torres Strait Islander and Māori Committee and Chair is supported by AMC's Manager, Reconciliation, who commenced in March 2020.

The new Reconciliation Manager has also taken on the role of Chair of the AMC's RAP Working Group and has been working closely with both AMC staff and the new committee members to educate and inform them about the Innovate RAP, and the cultural safety requirements to achieve it.

New Council Position

At the June 2019 AGM, the AMC created a position on Council for "one person who is Aboriginal or Torres Strait Islander and registered as a medical practitioner under the Health Practitioner Regulation National Law by the Medical board of Australia".

In November 2019, AMC Directors appointed Dr Jonathan Newchurch to this position on Council for a four-year term. Dr Newchurch is from South Australia and works as a Pain Medicine Trainee at the Queen Elizabeth Hospital. Dr Newchurch was a Director of AIDA from 2016 to 2019 and has training experience at institutions which the AMC accredits, including the University of Adelaide and the Royal Australian College of General Practitioners. He has also completed the AICD Company Director course. Dr Newchurch wishes to be part of the change to improve Aboriginal and Torres Strait Islander health and hopes to "bring diversity, Aboriginal knowledge and perspective to how the AMC does business, as well as guiding culturally inclusive and safe accreditation standards".

2019 Annual General Meeting

In November 2019 AMC Council headed to New Zealand where Members and staff were privileged to undertake site visits before the AMC's Annual General Meeting. The theme of the site visits was regional implications of Māori Health and cultural safety. Members and staff were able to participate in one of two visits in Whangarei or Auckland on Thursday 19 November 2019 with each group providing a report on their key learnings and take away messages at the Council meeting the following day.

AMC Indigenous Procurement Policy

The development and implementation of an Aboriginal and Torres Strait Islander procurement strategy is a commitment in the AMC's Reconciliation Action Plan. The AMC's Indigenous Procurement Policy was approved by Directors in October 2019.

Understanding that increasing Indigenous employment can have a positive impact on the key drivers of health – i.e., income, education, employment and social support, the objective of the Policy is to support the Indigenous business sector by providing Indigenous Australians with the opportunity to provide goods or services to the AMC. This requires:

- understanding the principles underpinning indigenous procurement – i.e., strengthening the Indigenous business sector, impacting positively on Indigenous employment
- organising financial resources so that they are used efficiently and effectively to meet the AMC's commitments
- overseeing procurement so that the AMC meets its Indigenous procurement goals
- monitoring success of the policy, and
- achieving competitive returns on monetary resources using Indigenous business enterprises.

The AMC is aiming for a target of 5% of its contracts or purchases to Indigenous enterprises by 2025 through a staged process begun in 2020. It also aims to ensure that Indigenous Australians gain skills and economic benefit from some of the larger pieces of work the AMC may undertake. The AMC is a Member of Supply Nation.



Professional Development Activities

Despite the restrictions of COVID-19, the AMC commenced a number of Professional Development activities in 2020, including:

- Bush tucker and bush medicine online workshops
- Stolen Generations members spoke to all staff via videoconference for Sorry Day
- the development of a long-term strategy for cultural safety training programs for all staff, and
- invitations to all Staff for Aboriginal and Torres Strait Islander led workshops and webinars.

Further details of these activities are included in the People, Values and Culture section.

As COVID-19 restrictions ease, the AMC will look to implement its comprehensive training strategy for all staff, overseen by the Aboriginal, Torres Strait Islander and Māori Standing Committee.



Mrs Karin Oldfield (Company Secretary) (r) and Mrs Nav St Louis (Executive Assistant) (l) at the AMC's booth, AIDA, 2019

Australian Indigenous Doctors' Association 2019 Conference

As in past years, the AMC was a bronze sponsor for the AIDA annual conference, 'Disruptive Innovations in Healthcare', held in Darwin from 2 to 4 October 2019. AMC Council Member Dr Artiene Tatian, with AMC's CEO, Mr Philip Pigou, and Company Secretary, Ms Karin Oldfield, presented a workshop on "Working Towards Ethical Standards for AI in Medicine". The workshop sought to explore the context of change facing the health system in the 21st century and was part of a series designed to build on the AMC's strategic initiatives in planning for changes to the medical professions and the need to develop ethical standards.

Approximately 20 people attended the workshop which included small group discussions of a number of scenarios that sought to tease out the issues that might be faced when using the design and implementation of AI-supported technologies in healthcare settings in Australia.

As part of the sponsorship package, AMC manned a booth over the three days.

The AMC's [Innovate Reconciliation Action Plan](#) is available from the AMC's website.

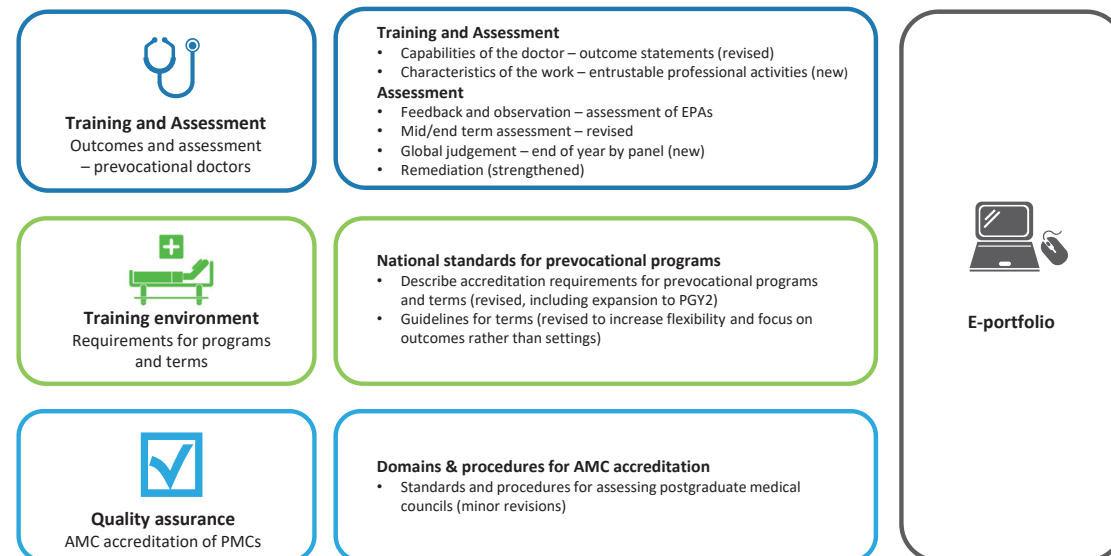
Developing a new two-year Prevocational (PGY1 & PGY2) Framework

The AMC is working on some significant changes to improve the quality and relevance of prevocational (PGY1 and PGY2) training in Australia.

The AMC is currently reviewing the National Framework for medical internship, on behalf of the Medical Board of Australia. The National Framework defines key training, assessment and program requirements for internship. When implemented in 2014, the Framework marked an important milestone in Australia, creating the first national level requirements for internship. A summary of the review progress is shown below.

In 2019, the AMC completed Phase 1 of the review: Evaluation and Scoping. After formal consultation, in April 2020 the AMC confirmed the [scope](#) with stakeholders. The review scope has been expanded to include developing a two-year Capability and Performance Framework, including Entrustable Professional Activities (EPAs), and e-portfolio specifications on behalf of the Australian Health Ministers' Advisory Council. This work arose from the 2018 Health Ministers' response to the recommendations of the 2015 COAG Review of Medical Internship. The Framework will be expanded to include support for PGY2, with the point of General registration remaining at PGY1.

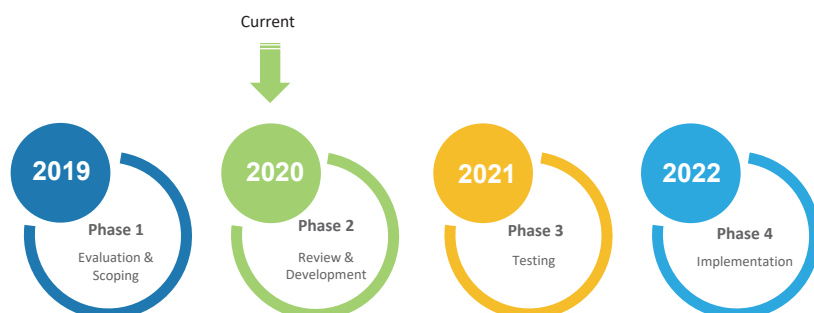
The findings of Phase 1 indicate a number of significant improvements in the system. However, in a rapidly changing healthcare context, with changes to models of care, technology, population health and with increasing capacity constraints, the AMC recognises that some challenges remain. In particular, that significant variation



remains in the quality of learning and assessment and that the structure of internship is not reflective of community health needs and modern healthcare.

In 2020, the AMC is in Phase 2 of the review: Review and Development. The proposed changes are aimed at clarifying the expectations of prevocational (PGY1 and PGY2) training, improving the consistency, quality and relevance of learning and assessment experiences and better aligning these experiences with community health needs. In line with these aims, the review is proposing some significant changes to training and assessment. A summary of the proposed revised framework is provided in the figure above.

Formal consultations will be held in September and November 2020 to seek feedback on the first phase of review and development work. The consultation periods will include written feedback, small group discussions and workshops with stakeholders. The aim is to finalise the Framework in 2021.



People, Culture and Values

Diversity and inclusion are considered essential to the AMC's continued success. The AMC values diversity of thought, experience and background. We support an inclusive and collaborative culture that underpins the accreditation and assessment of medical education. We celebrate and promote diversity as a key strength of our organisation.

The AMC Secretariat manages the day-to-day business and operations of the AMC under the direction of the CEO. The AMC's head office is located in Canberra (approximately 65 staff) with its National Test Centre (NTC) located in Melbourne (approximately 20 staff).



Cultural Safety and
Cultural Competence



Innovation



Integrity



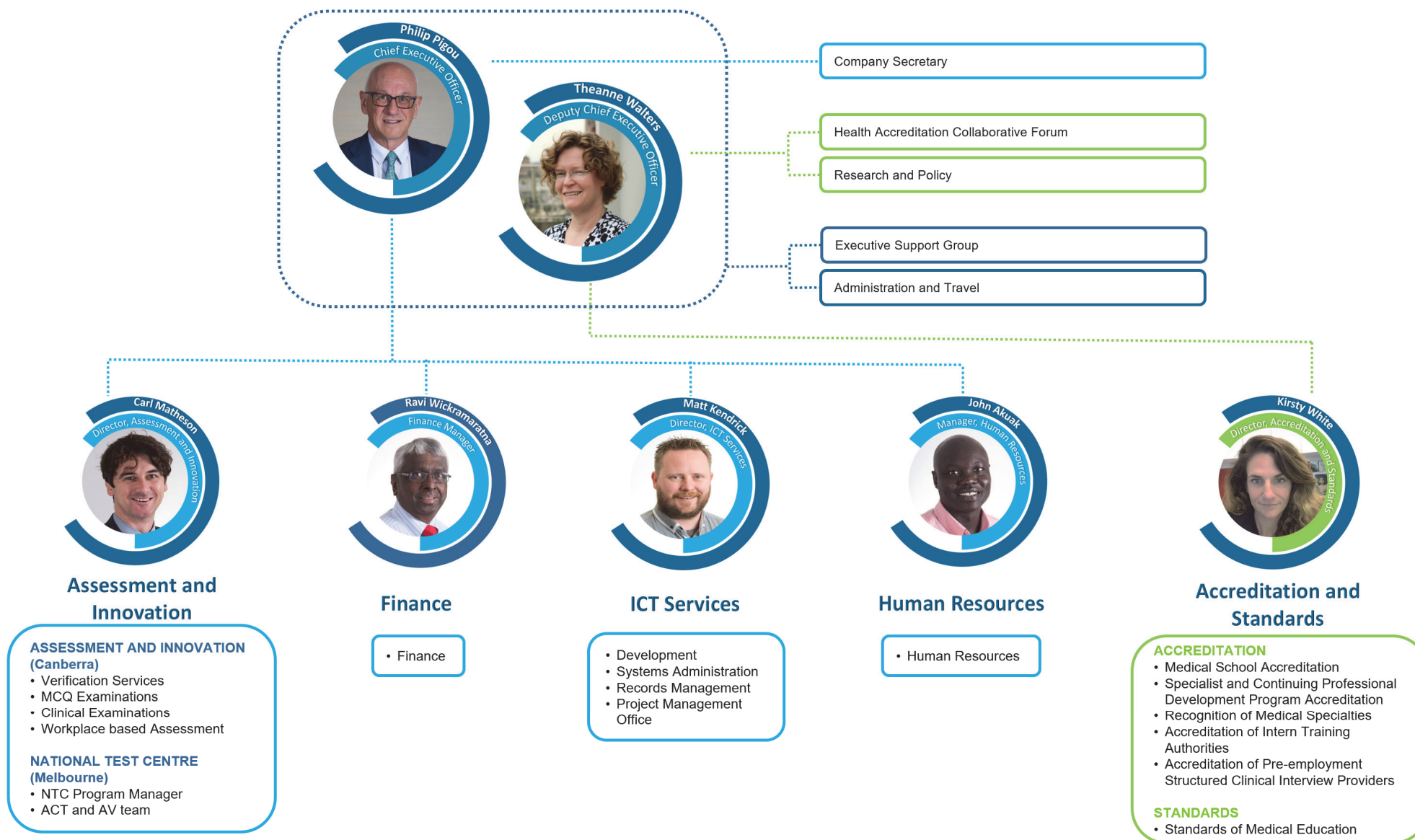
Collaboration



Striving for
Excellence



Openness and
Accountability



The face of COVID-19

The impact of COVID-19 on the AMC's staff has been varied, influenced not only by changes in the workplace but by local restrictions, family concerns and global impacts.

As detailed under the report on COVID-19, the AMC's priority was to minimise risk to staff while seeking to continue business operations as optimally as possible.

The AMC implemented remote working for all staff (Canberra and Melbourne offices) on 26 March 2020 with some staff choosing to self-isolate earlier due to personal or family risk.

The AMC worked quickly to provide staff with the tools they needed to work from home, with the ICT team working efficiently and effectively to implement this move. Staff completed work from home self-assessment checklists and were supported through the process by regular updates, discussion and advice.

While the majority of AMC's staff were able to adapt effectively to the new arrangements, this was not the case for everyone, with some finding facilities, safety, comfort and effective work space, particularly with younger children at home, difficult to achieve. Isolation also impacted many staff and was a more difficult matter to address, particularly for staff with local restrictions and for those who joined the AMC just prior to the lock downs.

The AMC sought to maintain strong connections with and between staff which were primarily based on the use of Zoom videoconferencing. Weekly 'HR Huddles' were held with the CEO providing direct updates as well as allowing for discussion and feedback. The importance of Mental Health was stressed in messaging and staff were provided with a 'Mental Health Day' as well as continued access to AMC's Employee Assistance Program, although this was through online or telephone delivery due to the COVID-19 restrictions.



Early on, each business area developed contingency plans and priorities, including communications plans with stakeholders. Over the period, rather than reducing, workloads increased across several areas. For example, AMC provided additional guidance for accredited providers and streamlined processes for providers to report on significant changes to programs in response to COVID-19 and for AMC accreditation committees to assess and respond to those changes. The AMC continued to run accreditation processes but virtually. Since 2017, the AMC and the Medical Board of Australia have jointly run a Preparedness for Internship survey. In 2020, recognising the impact of COVID-19 on interns, the AMC has paused the survey and is overseeing an evaluation of the survey.

The decision to cancel all examinations at the NTC was a significant undertaking, particularly in communicating with examination participants and NTC external clients. The Assessment team also prioritised development of a proposal to deliver the Clinical examination remotely, with stations marked by examiners using visual and audio recordings rather than in-situ marking.

Workloads were exacerbated in some areas by ongoing vacancies and the suspension of new hires. Senior managers regularly discussed workloads across teams and worked collaboratively on different priorities to ensure the right skills and capacity for each project. Staff secondments were implemented where feasible with staff taking on new roles when previous roles were non-functional and when job descriptions changed.

Emergency Response Planning Committee

The AMC's Emergency Response Planning Committee (ERPC) is responsible for coordinating internal and external personnel during an emergency, as well as providing recommendations to the Senior Executive on how to lessen any potential negative impacts on the AMC, general public, and external bodies. The ERPC have been integral in the development and implementation of AMC's COVID-19 contingency and communications plans as well as providing recommendations to the Senior Executive on the appropriate actions to complete a safe and efficient transition back into the Canberra office. This included a review of office space to ensure compliance with social distancing requirements, development of a roster system for staff requiring access to the office, cleaning and sanitisation requirements, signage and liaison with the landlord.

The ERPC is represented by members from each of the AMC's business areas:

- Beau Johnson, ICT Operations Manager
- John Akuak, Human Resources Manager
- Bernadette Cross, Administration Officer
- Julie Gustav, Manager, Education Development Project (proxy for Philip Pigou)
- Zuzette Kruger-Finch, Senior Executive Officer, Assessment and Innovation
- Andie Meredith, NTC Program Manager
- Philip Pigou, Chief Executive Officer
- Sarah Vaughan, Manager, National Framework for Medical Internship Review

The ERPC is currently focussing on drafting a Business Continuity Plans (BCP) which outline the protocols and procedures for mitigating business disruption caused by an emergency. The BCP will cover risk management planning, business impact analysis, incident response plan, and recovery plans for each business area within the AMC. Additionally, the ERPC are currently developing Crisis Management policies and procedures which cover:

- risk assessments of potential emergency scenarios
- assessing the availability and capabilities of resources for emergency management including people, systems and equipment available within the AMC and external sources
- communication with public emergency services (e.g., fire, police and emergency medical services) to determine their response time to AMC offices, knowledge of AMC offices and its hazards, as well as their capabilities to assist with an emergency
- regulations pertaining to emergency planning
- protective actions for staff and others safety (evacuation, shelter, shelter-in-place, lockdown) at AMC offices
- hazard and threat-specific emergency procedures
- coordination of emergency planning with public emergency services
- identification of training for personnel so they can fulfill their roles and responsibilities, and
- identification of exercises to practice BCP and Crisis Management plans.



A cultural shift

Reconciliation Program Manager

Ms Belinda Gibb commenced in the role of Reconciliation Program Manager at the AMC in March 2020. Belinda, who is a proud Dharug woman, the traditional owner group from Western Sydney, is excited to be a part of this journey with the AMC.

Having commenced in the week prior to the COVID-19 lockdowns unfortunately affected the normal development of relationships with staff and the foundations needed to work in what is a difficult space. However, through guest speakers as well as workshops and her candid sharing of Aboriginal and Torres Strait Islander history and current issues, Belinda has continued to take staff on their own cultural safety and competence journey, one that has been both challenging and thought provoking.

Yarning circles

AMC staff have been introduced to Yarning Circles as a new way of doing things and the AMC thanks the Dharug Nation for sharing their practice with us.

Yarning Circles provide all participants with an opportunity to have their say in a safe space without judgment. Each participant speaks, one at a time, is heard and not interrupted. It is a process that involves and develops deep listening, sharing of knowledge and continued development of higher order thinking skills and establishing rules of respect.

Several Yarning circles have been held across AMC's business areas and management which have:

- unpacked the positioning of a social position or public conversation
- developed historical knowledge and understanding
- developed historical skills such as the posing of questions
- built understanding of place or time
- shared cultural knowledge and standpoint

An acknowledgment of the history of the process and thanks to the Dharug Nation for sharing this practice is undertaken at the commencement of each Yarning Circle.

Bush Tucker Workshops

AMC staff and several Directors enjoyed participating in online sessions on bush tucker and medicines with Aboriginal man, Adam Shipp, founder of Yurbay, an organisation focused on sharing cultural knowledge of the environment. Adam is a proud Wiradjuri man, born and raised on Ngunnawal/Ngambri country in Canberra.

Adam shared his passion about native plants and how they have been used by his people for thousands of years for both food and medicinal use, and showed staff some of the modern adaptations of Aboriginal culture on using what staff thought were just weeds in their own gardens! Staff had the opportunity to provide photos of plants growing around their own gardens, or in the local environment, and Adam provided information on traditional and modern uses along with a little history of their place in our ecosystem.



Yam Daisy, Murnong, Native Dandelion

Reconciliation Action Plan Working Group

Following the launch of the Reconciliation Action Plan in June 2019 and in line with its commitments, the AMC established a RAP Working Group whose role is to oversee and report on implementation of the initiatives in the Reconciliation Action Plan. The Working Group's key responsibilities include to:

- set priorities and define resources for the Pillar 3 Plan, Promoting Aboriginal, Torres Strait Islander and Māori Health
- develop an evaluation framework to track, measure and report on RAP activities
- oversee progress on projects
- ensure internal and external connections between AMC work and AMC committees
- engage senior leadership in the delivery of RAP commitments, and
- develop internal and external reporting, including publically reporting on the AMC's RAP achievements, challenges and learnings.

Reconciliation Action Plan Working Group Members:

- John Akuak, Human Resources Manager
- Shannon Coates, Clinical Examination Content Coordinator
- Bernadette Cross, Administration Officer
- Belinda Gibb, Reconciliation Manager
- Julie Gustavs, Manager, Education Development Project
- Angela Hagedorn, Executive Officer, Directors and Council
- Philippa Henderson, NTC Assistant Program Manager and Event Coordinator
- Beau Johnson, ICT Operations Manager
- Zuzette Kruger-Finch, Senior Executive Officer, Assessment and Innovation
- Alan Merritt, Manager, Medical School Assessments
- Daan Verhoeven, Accreditation Policy Officer
- Theanne Walters, Deputy CEO

The timeframe between the departure of the Company Secretary as Pillar 3 Champion in October 2019 and commencement of the Reconciliation Manager in March 2020, along with COVID-19 implications, including changing workloads and responsibilities, created challenges for the Working Group and for progressing the commitments outlined in the RAP. However, there continued to be many positive changes at the AMC.

Some of the key achievements over the year included:

- AMC Reconciliation Manager commenced
- recruiting several new members to the RAP working group, ensuring that all business areas were represented
- increasing understanding of the Acknowledgement of Country and inclusion at the commencement of all internal and external AMC meetings
- introducing the Reconciliation Action Plan in New Starter packs and orientation for new staff
- regular updates to staff to promote an understanding of issues affecting Aboriginal and Torres Strait Islander people
- implementing an Aboriginal and Torres Strait Islander procurement strategy and membership of Supply Nation
- continued collaboration with Leaders in Indigenous Medical Education
- increasing Aboriginal and Torres Strait Islander representation across AMC Committees
- ensuring Aboriginal and Torres Strait Islander input to AMC projects such as the Anthology of Medical Conditions which is currently being updated with a new, updated publication
- sponsoring and attending the Australian Indigenous Doctors Association 2019 Conference
- arranging guest speakers to address staff and AMC Directors on issues affecting the health and wellbeing of Aboriginal and Torres Strait Islander peoples
- holding the AMC 2019 Annual General Meeting held in New Zealand with the theme of "regional implications of Māori Health and cultural safety" which allowed for consideration of parallels to the experiences of Aboriginal and Torres Strait Islander people in Australia
- introducing a calendar of events to recognise Aboriginal and Torres Strait Islander dates of significance and provided information to staff on these dates
- progressing development of an AMC Indigenous Scholarship/s that will provide financial assistance to Aboriginal or Torres Strait Islander peoples who are studying for a medical or other degree, and
- the purchase of artwork by Indigenous artist [name] for the National Test Centre in Melbourne.

HR Activities

There were significant changes to HR activities in March 2020 in response to COVID-19. Recruitment was put on hold, staff transitioned to working from home and there was significant, additional focus on the mental health and wellbeing of staff. The main HR activities pre- and post-COVID were:

Team building: A number of teams undertook team-building exercises, for example “Cooking for a Cause” with Ozharvest. Some teams were unable to undertake their planned activities due to COVID-19 restrictions and will do so when the environment is suitably safe.

Mental health and wellbeing: With all AMC staff working from home during the initial stages of COVID-19, and Melbourne staff for significantly longer, the mental health and wellbeing of staff was a major focus for HR. Staff members were given regular reminders about the importance of good mental health and provided with support in the form of: access to relevant webinars; recommended courses on LinkedIn Learning; and a talk from a representative of “Relationships Australia”, the providers of the AMC’s Employee Assistance Program. In addition, staff were offered an additional day off work to boost their mental health. A “check-in” survey indicated that AMC staff were, for the most part, coping relatively well with the difficulties presented by COVID-19.

Communication: At the onset of COVID-19 a weekly, online “HR Huddle” provided a forum for staff members to hear updates from the CEO and HR, and to raise any concerns or issues they might have. This meeting also provided teams with an opportunity to give presentations on general topics of interest to all staff.

Learning and Development: Face-to-face learning and development activities were put on hold from March 2020. Instead, staff were encouraged to use the access to LinkedIn Learning which the AMC provides. Weekly “HR News” emails recommended LinkedIn courses on a variety of topics, as well as providing links to webinars and training on offer from providers such as the “Australian Institute of Management” and “Institute of Managers and Leaders”. The Leadership in Action (LIA) group continued to meet regularly, building on the foundations of the LIA program undertaken in 2018. This group has extended since 2018 to include new managers who were not part of the original program.



Staff Engagement

Following up on the 2018 Staff Engagement Survey, a second survey was conducted in October 2019. This survey indicated that progress had been made in some areas, but that there were still areas in which the AMC could improve. Feedback from the survey resulted in a number of outcomes, including:

- The implementation of a “Discretionary Carer’s Leave” policy. AMC staff members can now draw on an additional five days’ leave per year (non-cumulative) to attend to immediate members of their family who require care. This policy helps round out AMC’s approach to supporting staff and is an important recognition of the breadth of the AMC workforce and its needs.
- The introduction of a clear timeframe for the completion of performance reviews, along with a standard approach to annual salary reviews, to address inconsistencies across the organisation.
- The introduction of mandatory management training for new managers.

A smaller, “check-in” survey was conducted in July 2020 to gauge how staff members were coping with the stress of COVID-related changes to personal and professional circumstances. This survey showed that AMC staff were experiencing some stress and anxiety, but overall were managing relatively well.

Assessment and Innovation Team Secondments

As a response to the AMC staff engagement survey of 2019, Managers in the Assessment & Innovation team undertook a six-month secondment program focusing on learning and development opportunities within the team environment. The secondment provided:

- cross training for Managers
- management experience for Assistant Managers
- supervisory/assistant management experience for some of the broader team, and
- opportunities for career advancement within the AMC

The initiative also involved trialing a new structure for the clinical examination team and project delivery team.

All of this was undertaken with the unexpected impacts of COVID-19. Throughout the process, staff not only supported each other transitioning between roles through training and sharing knowledge but continued to support the broader team members and Assessment Committee panels.

Following the conclusion of the program, seconded staff discussed the learning, development and experiences that were created. Subsequently, and with the agreement of secondees and management, each team member was permanently appointed in their seconded role.



NTC Marshal Program

The AMC is proud of its NTC Marshal cohort as, earlier in the year, final-year medical students were called upon to help “bolster the Victorian health system and join the frontline of the coronavirus pandemic”. Two of the AMC’s Marshals were featured in [The Age](#), describing their experience.

The NTC Marshal Program began as an initiative by Ms Susan Buick and Professor Geoff McColl in 2013, with students of University of Melbourne Medical School employed by the AMC to undertake the role of ‘Marshal’ during examinations. The program has evolved under the guidance of the NTC Program Team and now includes medical students from both Monash and Deakin universities.

NTC Marshals undertake several key-roles on an examination day, ensuring the smooth running of the examination while upholding the integrity and reputation of the NTC. They receive comprehensive training and are provided with ongoing learning and development opportunities throughout the year. Their professionalism is recognised throughout the AMC, as well as by the AMC’s Specialist Medical College clientele.

The NTC Marshal Program provides an excellent opportunity for doctors-in-training to share in the international medical graduate experience, gain exposure to Objective Structured Clinical Examinations (OSCE) and other assessment formats, and network with specialists from different fields. The AMC hopes that Marshals are encouraged to return one day as Examiners and Committee members.

The AMC would like to thank its current Marshals, and those who are now at different stages in their medical career, for the work they are doing during this uncertain time.



Commitment to climate change and communities

The AMC staff meeting in January 2020 focussed on how AMC could respond to the bushfire crisis and the effect of climate change. Several initiatives were agreed, some of which were also applicable to the COVID-19 pandemic, including:

1. The AMC will purchase carbon offset for all flights booked.
2. During times of crisis such as the bushfires, people suffer with mental health and trauma. There are services currently available such as EAP. However, anyone affected is encouraged to approach HR and / or his or her own manager to discuss what additional support the AMC can provide. We will also be reviewing the EAP policy to ensure it appropriately supports staff.

At a strategic level, we will also explore relationships with stakeholders in this area, such as the [Healing Foundation](#).

3. We will develop policy covering an 'additional duties / responsibility allowance', to encourage and support staff to volunteer to help in the community. This is consistent with similar policies in the Australian Public Service.

We will also consider other opportunities for how we can promote staff involvement in community activities.

4. We will set up internal committees to
 - a. Consider how we reduce the AMC's travel, particularly air travel, whilst meeting our business requirements;
 - b. Plan the re-fit of the new AMC offices at 4MC with an environment friendly focus.
5. The NTC has been implementing several innovative environmental practices and they will share their ideas and actions with the Canberra office.

There were also several other ideas such as an organisational resilience plan; and supporting staff with alternative forms of transport for getting to work which will be further considered in the overall approach.

Stakeholder Engagement Workshop

On 19 November 2019, AMC held an internal workshop on Stakeholder Engagement run by engagement and communications company, Articulous.

The workshop had a focus on influences and impacts and resulted in an increased understanding of the value that the AMC adds through what it does, and how it does it.

This work is influencing AMC's communication with stakeholders and the development of stakeholder engagement plans for major projects. It is an important part of implementing the strategic priorities.



A farewell to AMC stalwarts

2019 saw the departure of two long-term staff members. The AMC would like to acknowledge the substantial contributions made by Mrs Karin Oldfield and Mrs Susan Buick and wishes them well in their future endeavours.

Mrs Karin Oldfield, Company Secretary

AMC's Company Secretary, Mrs Karin Oldfield, retired from the AMC in September 2019. Karin had been with the AMC since 2005, apart from a three-year period – 2011 to 2014 – when she worked with Flinders University on the Indigenous Transition Pathways to Medicine project aimed at the recruitment and training of Indigenous people to become doctors in the Northern Territory, and then with the Medical Deans in Sydney on a project investigating shared assessment across medical schools.

Karin's grandmother was a child of the Wambaya of the eastern Barkly Tablelands in central Australia before she was stolen from her mother at age 3 and given to a white family on a large cattle station in outback Queensland. Progressively her Aboriginal family was moved off country by government agencies, and others, resulting in the breakdown of affiliations with country, family, traditional values and way of life.

Supported by Aboriginal and Torres Strait Islander people and Māori from a variety of institutions including universities and peak Indigenous bodies, Karin was instrumental in promoting Indigenous health in the AMC's Standards and Strategic Plan, creating cultural awareness for staff and implementing the AMC's first Reconciliation Action Plan.



Mrs Susan Buick, Program Director Examinations Development & Risk Management

Ms Susan Buick retired in August 2019 following over 30 years of service. Commencing as Receptionist in 1990 and retiring as Program Director, Quality Assurance & Development, she grew through several roles as the AMC developed as an organisation. Her lengthy tenure at the AMC is remarkable, and highlights the importance and strength of her contribution to the AMC's mission and her significant impact.

Her achievements included:

- converting MCQ examinations from paper to electronic format, then to computer adaptive testing (CAT) format
- involvement in the establishment of channel partnerships between ECFMG, Cliftons, Pearson VUE and AMC for delivery of MCQ examinations nationally and international, including engagement with stakeholders such as the Association of Test Publishers, Medical Council of Canada, General Medical Council and BrightLink
- development of item-writing workshops for MCQ examinations, the MCQ question bank and establishment of AMC publications
- involvement in the team responsible to design and build the AMC National Testing Centre in Melbourne, and developing the NTC Marshalls program; and
- secondment to the General Medical Council for shared learning and cross organisational collaboration.

Susan's guidance and encouragement have helped so many of her colleagues thrive, and the AMC has been very fortunate to have her expertise to rely on.



Accreditation of Medical Programs

The AMC develops standards for medical education and training in all phases of medical education. The standards define the knowledge, skills and professional attributes expected at the end of basic medical training and specialist medical training, and good practice in the delivery of medical education and training. Through its accreditation processes, the AMC assesses and monitors education providers and their medical programs against these standards. Medical programs that meet the standards are granted accreditation.

AMC processes entail both accreditation (validating that standards are met) and peer review to promote high standards of medical education, stimulate self-analysis and assist the organisation under review to achieve its objectives. Accreditation is conducted in a collegiate manner that includes consultation, advice and feedback to the organisation under review.

AMC accreditation processes apply to:

- primary medical education programs provided by university medical schools
- the internship, the first year after medical school, which is a year of supervised work-based training
- specialist medical training and continuing professional development programs provided by national specialist medical colleges
- programs for endorsement of registration of medical practitioners for acupuncture
- workplace based assessment programs for international medical graduates
- pre-employment structured clinical interviews.

The AMC's standards, processes and reports are also relied upon by the Medical Council of New Zealand to make decisions about programs that are acceptable qualifications for registration in New Zealand.



Review process

The AMC establishes accreditation assessment teams to assess programs and their providers. Using a peer review process, these teams assess medical programs against the approved accreditation standards, and prepare a report on their findings.

Assessment team findings are considered by the relevant AMC Standing Committee (Medical School Accreditation Committee, Specialist Medical Education Accreditation Committee and Prevocational Standards Accreditation Committee) and the recommendations of these Committees by the AMC Directors.

The AMC may grant accreditation if it is reasonably satisfied that a program of study and its provider

- **MEET** an approved accreditation standard or
- **SUBSTANTIALLY MEET** an approved accreditation standard and the imposition of conditions on the approval will ensure the program meets the standard within a reasonable time.

In 2019-20, the AMC made the accreditation decisions listed below. Each decision was reported to the Medical Board of Australia. The Medical Board makes an independent decision on whether to approve of AMC accredited programs for the purposes of registration and lists approved programs on the [Medical Board website](#).

AMC accreditation reports and provider monitoring reports for medical schools, and bi-national and Australian specialist medical colleges are also used by the Medical Council New Zealand to make decisions about acceptable qualifications for the purposes of registration in New Zealand. Approved programs are listed on the [website](#).

Full reports are available on the [AMC's website](#).

'The accreditation process is not just a visit, it is keeping the attention on quality and quality improvement.'

Professor David Prideaux
AMC Director



*Progress Reports workshop
with specialist colleges*

CONTINUOUS IMPROVEMENT

Accreditation Procedures

The AMC publishes accreditation procedures for each accreditation process on its website. The AMC has common management processes but customises procedures as necessary for each phase of medical education and training and/or assessment.

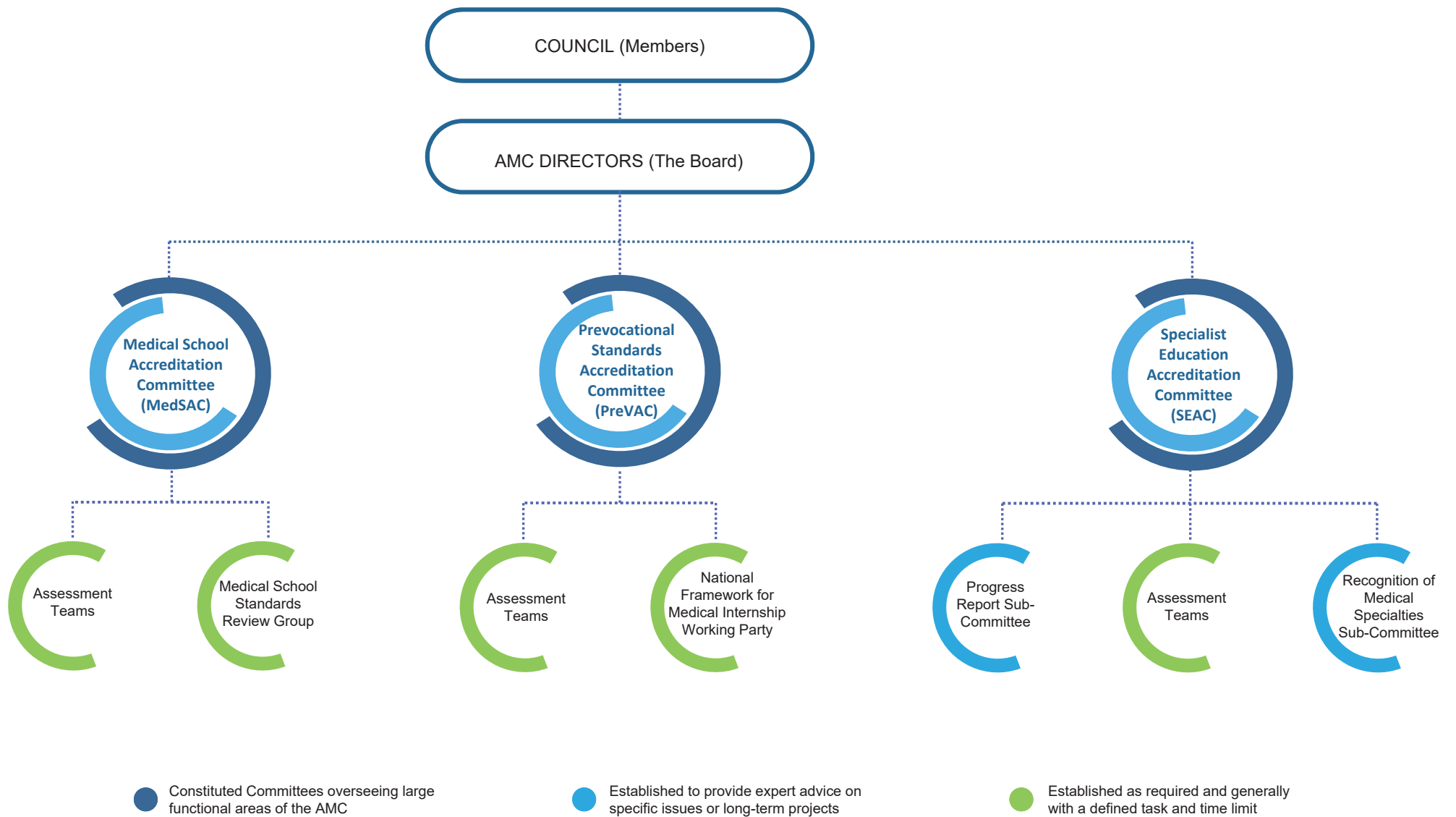
In 2019 the AMC focused on working with stakeholders to increase understanding of its accreditation processes and identify opportunities for improvement. For example, from June to December 2019:

- A workshop was held with jurisdictions on using accreditation for quality improvement and quality assurance. The workshop focused on how the AMC gathers and uses feedback and information from health jurisdictions in its accreditation function.
- A new, streamlined reporting approach was agreed by AMC accreditation committees for medical schools and specialist colleges where the provider's response to the recommendations for improvement identified in accreditation assessment reports would be reported on periodically instead of annually.
- AMC accreditation committees agreed to publish the AMC's response to providers' comprehensive reports to the AMC for the extension of accreditation to improve the transparency of AMC accreditation decisions.

In 2020 the AMC focused on supporting accredited providers to manage the effects of COVID-19 on their organisations and on health service partners by providing targeted advice and streamlining reporting processes. Further information is described below in the sections related to the relevant accredited providers.

During the periods of lockdown and restrictions across Canberra and Melbourne, the AMC continued to manage accreditation processes virtually, with staff supported to work from home.

With assessment teams drawing on expertise from across Australia and New Zealand, AMC assessments have typically involved a mix of teleconference, video-conference and face-to-face engagements. However, in 2020, they moved entirely to video-conference to enable accreditation assessments of Melbourne University and the new partnership of Western Sydney and Charles Sturt Universities to continue. The assessment program was restructured to take into account the reliance on video-conference meetings. In line with international practice and the AMC's obligations as part of its accreditation with the World Federation of Medical Education, the AMC will conduct short assessment visits to partner health services when advice from the Departments of Health in NSW and Victoria, permit. An evaluation of the virtual assessment process in 2020 has commenced.



Medical School Accreditation Committee (MedSAC)

MedSAC oversees the process for accreditation of primary medical programs and providers. Based on recommendations and reports from the Committee, the AMC Directors make accreditation decisions concerning medical programs. The AMC informs the Medical Board of Australia of Directors' accreditation decisions and provides the accreditation report so that the Medical Board is able to make a decision on approval of the accredited program for the purposes of registration.

Membership as at 30 June 2020:

- Professor Geoff McColl (Chair)
- Professor Jane Dahlstrom OAM (Deputy Chair)
- Professor Karen Adams
- Professor Kevin Forsyth
- Professor John Fraser
- Professor Inam Haq
- Professor Wendy Hu
- Dr Liza Lack
- Mr Fergus Leicester
- Professor Papaarangi Reid
- Professor Gary Rogers
- Ms Sonya van Bremen
- Dr Mary White
- Ms Jessica Yang

Non-current members serving during 2019-20:

- *Professor Ben Canny*
- *Professor Annemarie Hennessy AM*
- *Dr Bhavi Ravindran*
- *Professor Shaun Ewen*

Prevocational Standards Accreditation Committee (PreVAC)

PreVAC oversees accreditation and review processes for the prevocational phase of medical education including: review of intern training accreditation bodies, accreditation of international medical graduate assessment processes for workplace based assessment and pre-employment structured clinical interviews.

Membership as at 30 June 2020:

- Dr Andrew Singer AM (Chair)
- Associate Professor Katrina Anderson
- Dr Sheree Conroy
- Dr Victoria Cook
- Dr Georga Cooke
- Professor Brendan Crotty AM
- Associate Professor Amanda Dawson
- Dr Aniruddh Deshpande
- Professor Jeffrey Hamdorf AM
- Dr Jo Katsoris
- Ms Penelope Lello
- Professor Imogen Mitchell
- Dr Hwee Sin Chong
- Dr Margaret Sturdy
- Dr Artiene Tatian

Non-current members serving during 2019-20:

- *Dr Jamal Ghannam*
- *Professor Richard Hays*
- *Dr Melissa Naidoo*
- *Clinical Professor Richard Tarala*

Specialist Education Accreditation Committee (SEAC)

SEAC oversees the process for accreditation of specialist medical education programs and continuing professional development programs.

Membership as at 30 June 2020:

- Professor Kate Leslie AO FAHMS (Chair)
- Professor Robyn Langham (Deputy Chair)
- Associate Professor Abdul Khalid
- Dr Caroline Clarke
- Dr Tammy Kimpton
- Dr Kym Jenkins
- Dr Philip Truskett AM
- Dr Sarah Nicolson
- Dr Andrew Singer AM
- Professor Anthony Lawler
- Professor Allan Cripps AO
- Dr Laura Raiti
- Ms Jacqui Gibson
- Ms Helen Maxwell-Wright
- Dr Lindy Roberts
- Ms Kiri Rikihana
- Associate Professor Alan Sandford AM
- Professor Marc Gladman

Non-current members serving during 2019-20:

- *Ms Kim Ngārimu*
- *Professor Michael Permezel AO*
- *Professor Michelle Leech*

MEDICAL SCHOOL ACCREDITATION COMMITTEE

The Medical School Accreditation Committee manages the AMC assessments of medical education providers in Australia and New Zealand.

Role:

- Addressing policy related to medical schools and primary medical qualifications
- Reviewing standards
- Reviewing procedures
- Setting up assessment teams
- Making recommendations to AMC Directors on accreditation decisions and any related conditions
- Monitoring medical schools against the standards and progress towards meeting outstanding conditions
- Reviewing changes to the way in which medical schools meet the accreditation standards and determining consequential review and monitoring activity

Primary medical programs and providers

University of Sydney, Faculty of Medicine and Health, Sydney Medical School

The University of Sydney, Faculty of Medicine and Health, Sydney Medical School offers a four-year Doctor of Medicine (MD).

In 2018, the School advised that changes were planned to the current MD medical program and, in July 2018, the Medical School Accreditation Committee determined that the changes proposed were considered a material change, which would require accreditation of the new MD as a new medical program.

An AMC team conducted an accreditation assessment of the new MD program from 8-12 July 2019 primarily focusing on the accreditation of the new MD curriculum (MD2020).

Directors at their 31 October 2019 meeting resolved:

- i. that the four-year Doctor of Medicine (MD) medical program of the University of Sydney, Sydney Medical School be granted accreditation to 31 March 2025; and
- ii. that accreditation of the program is subject to the meeting conditions and the monitoring requirements of the AMC, including satisfactory progress reports and follow-up on the implementation of the program in 2021.

The four-year Doctor of Medicine (MD) is now in teach-out and will be replaced by the new Doctor of Medicine (MD2020) from 2020.

University of Western Australia, Faculty of Health and Medical Sciences, UWA Medical School: Reaccreditation (material change)

The University of Western Australia, Faculty of Health and Medical Sciences, UWA Medical School offers:

- a four-year Doctor of Medicine (MD)
- a four-and-a-half year Bachelor of Medicine / Bachelor of Surgery (MBBS) - in teach-out. Concludes 2021.
- a six-year Bachelor of Medicine / Bachelor of Surgery (MBBS)- in teach-out. Concludes 2020.

In 2019 the AMC conducted a reaccreditation assessment of the MD medical program following the AMC's determination in 2018 that a material change to the medical program had occurred.

An AMC team conducted a visit of the Faculty from 21-25 October 2019.

Directors at their 6 March 2020 meeting resolved:

- i. that the Doctor of Medicine (MD) of the University of Western Australia, Faculty of Health and Medical Sciences substantially meets the accreditation standards;
- ii. that the four-year Doctor of Medicine (MD) of the University of Western Australia, Faculty of Health and Medical Sciences is granted accreditation for two-and-a-half years to 31 March 2023, subject to conditions, and the AMC monitoring requirements including satisfactory progress reports; and a follow-up assessment in 2022.

Macquarie University, Faculty of Medical and Health Sciences

The Macquarie University, Faculty of Medicine and Health Sciences' four-year Doctor of Medicine (MD) program was first assessed in 2017 and is accredited to 31 March 2023.

Directors at their 23 June 2017 meeting agreed:

- i. that the four-year Doctor of Medicine (MD) medical program of the Macquarie University, Faculty of Medicine and Health Sciences be granted accreditation to 31 March 2023; and
- ii. that accreditation of the program is subject to meeting the monitoring requirements of the AMC, including satisfactory progress reports; report on conditions; and a follow-up assessment in 2019 to assess the implementation of Years 1 and 2, and plans for Years 3 to 4.

As per the 2017 accreditation decision, the focus of the 2019 follow-up assessment was to assess whether the detailed plans for the later stages of the program meet the accreditation standards. Concurrently, the assessment team considered the 2019 conditions, and the conditions that were progressing from previous years.

The AMC conducted a follow-up assessment visit to the Faculty from 16-20 September 2019.

The Directors at their 6 March 2020 meeting:

- i. confirmed the 2017 accreditation decision:
 - that the four-year Doctor of Medicine program of Macquarie University, Faculty of Medicine and Health Sciences be granted accreditation to 31 March 2023;
 - that accreditation of the program is subject to meeting the monitoring requirements of the AMC, including satisfactory progress reports;
- ii. resolved that the accreditation of the four-year Doctor of Medicine program of Macquarie University, Faculty of Medicine and Health Sciences is subject to additional conditions.

Australian National University, College of Health and Medicine, ANU Medical School: Comprehensive report

The Australian National University, College of Health and Medicine, ANU Medical School offers a four-year *Medicinae ac Chirurgiae Doctoranda* (MChD). The *Medicinae ac Chirurgiae Doctoranda* was first assessed for accreditation in 2013 and commenced in 2014.

Directors at their 24 July 2019 meeting resolved:

- i. that the *Medicinae ac Chirurgiae Doctoranda* (MChD) medical program of the Australian National University, College of Health and Medicine, ANU Medical School meets the approved accreditation standards;
- ii. that accreditation of the *Medicinae ac Chirurgiae Doctoranda* (MChD) medical program of the Australian National University be extended to 31 March 2024.

University of New South Wales, Faculty of Medicine, UNSW Medicine: Comprehensive report

The University of New South Wales, Faculty of Medicine, UNSW Medicine offers:

- a four-year Bachelor of Medicine / Bachelor of Surgery (MBBS)
- a six-year Bachelor of Medicine / Bachelor of Surgery (MBBS)
- a six-year Bachelor of Medical Studies and Doctor of Medicine (BMedStMD)
- a three-year Doctor of Medicine (MD).

The University is concurrently teaching out a six-year direct entry, and a four-year graduate entry Bachelor of Medicine / Bachelor of Surgery (MBBS) medical program. The MBBS medical programs are due to conclude in 2021.

Directors at their 31 October 2019 meeting resolved:

- i. that the medical programs of the University of New South Wales, Faculty of Medicine meet the approved accreditation standards;
- ii. that accreditation of the Bachelor of Medicine / Bachelor of Surgery (MBBS) medical program of the University of New South Wales, Faculty of Medicine be extended to 31 March 2022 to facilitate the teach-out of the program;

- iii. that accreditation of the below medical programs of the University of New South Wales, Faculty of Medicine be extended to 31 March 2024;
 - a six-year Bachelor of Medical Studies and Doctor of Medicine (BMedStMD) a three-year Doctor of Medicine (MD).

Extension of accreditation

Griffith University, School of Medicine

The Griffith University, School of Medicine offers a four-year Doctor of Medicine (MD), which commenced in 2015. The MD is accredited to 31 March 2021.

The School was due to submit a comprehensive report for extension of accreditation in 2020.

In August 2019 the AMC received correspondence from the School requesting an extension of the program's accreditation to 31 March 2022 in order to accommodate the completion of a large portion of the Curriculum Improvement Process (CIP), with the aim to introduce a new curriculum and program structure from 2022.

Directors at their 31 October 2019 meeting resolved:

- i. accreditation of the Doctor of Medicine (MD) medical program of the Griffith University, School of Medicine be granted an extension of accreditation to 31 March 2022 to accommodate the Curriculum Improvement Process (CIP) and subsequent planning for the new curriculum and implementation plan, subject to a satisfactory progress report in 2021.

University of Queensland, Faculty of Medicine

The University of Queensland, Faculty of Medicine offers a four-year Doctor of Medicine (MD) and a four-year Bachelor of Medicine / Bachelor of Surgery (MBBS) and has accreditation to 31 March 2021. The MBBS medical program is being phased out and will conclude in 2020. The Faculty and MD program were due for a reaccreditation assessment in 2020.

The Faculty requested an extension of their current accreditation to enable the Faculty to focus on development of the new program in 2020.

In March 2019 the Committee considered the request for an extension of accreditation to accommodate the review of the medical program and subsequent planning for the new curriculum and provided advice to AMC Directors on the ongoing accreditation.

AMC Directors considered the Committee's recommendation at their 11 April 2019 meeting and resolved:

- i. that the AMC defer the decision on whether to extend accreditation for the Doctor of Medicine medical program of the University of Queensland, Faculty of Medicine, until the end of 2019 at which time it would make a decision based on how the review was progressing and whether the anticipated timelines would be met.

In response to AMC Directors' April 2019 decision, the AMC requested the Faculty to provide an update on the progress of the review by 20 November 2019.

The Committee determined that it was satisfied that the current medical program continues to meet the approved accreditation standards, and that the program's continued compliance with the standards can be assessed through specific reporting in AMC progress reports.

Directors at their 6 March 2020 meeting resolved:

- i. to grant a two-year extension of accreditation, to 31 March 2023, for the Doctor of Medicine (MD), subject to AMC monitoring requirements including satisfactory progress reports (in line with the University's request);
- ii. that the AMC will not further extend the accreditation of the current program without a reaccreditation assessment.

University of Western Australia, Faculty of Health and Medical Sciences

The University of Western Australia, Faculty of Health and Medical Sciences currently delivers:

- a Bachelor of Medicine / Bachelor of Surgery (MBBS) over either four-and-a-half years or six years, as well as
- a four-year Doctor of Medicine (MD). The MBBS programs are in teach-out and will conclude by 31 March 2021.

The MBBS programs teach-out was due to complete in 2020 however, the Faculty has identified one student who will complete the final year in 2021 and has therefore requested an extension of accreditation to allow this student the opportunity to graduate before accreditation of the program expires.

Directors at their 25 June 2020 meeting resolved:

- i. that the Bachelor of Medicine / Bachelor of Surgery (MBBS) offered by the University of Western Australia, Faculty of Health and Medical Science continues to substantially meet the accreditation standards;
- ii. to extend the accreditation of the University of Western Australia, Faculty of Health and Medical Science Bachelor of Medicine / Bachelor of Surgery medical program to 31 March 2022.

Monitoring changes related to the consequences of COVID-19

In March 2020 the AMC released a statement to medical schools providing advice on AMC actions to apply flexible accreditation requirements while medical schools and health services are dealing with the impacts of COVID-19. All medical schools were advised to notify the AMC of expected changes to programs and were provided a material change form.

In early April 2020, the AMC provided medical schools with a set of explanatory notes concerning applying the Accreditation Standards for Primary Medical Programs to the final year of the medical program.

Between April and June 2020 a sub-group of the Medical School Accreditation Committee met three times to assess the material changes in response to COVID-19. The sub-group considered changes proposed from all medical schools with students in their final year and agreed:

- that changes proposed are appropriate and consistent with the accreditation standards, and
- the accreditation status of all medical programs has not been affected by the changes proposed.

Acknowledging that the situation continues to evolve, it is expected that medical schools will continue to provide notifications of material changes as they occur. The sub-group will continue to meet on an ad-hoc basis as notices are submitted.

In the second half of 2020 the Committee will issue a revised material change form with a request for information on the impact on cohorts graduating in future years, to be provided to the AMC in the first half of 2021.

James Cook University, College of Medicine and Dentistry

In line with the AMC's commitment within this guidance to be flexible in accreditation processes, at their meeting on 25 June 2020 AMC Directors resolved:

- i. that the James Cook University, College of Medicine and Dentistry and its medical program continue to meet the accreditation standards; and
- ii. that an extension of accreditation of the MBBS be granted for 12 months to 31 March 2022 to accommodate the deferment of assessment in response to COVID-19.

Deferral of monitoring report

In line with the AMC's commitment within this guidance to lessen the reporting burden on providers, the following providers deferred a progress report in 2020:

- University of Adelaide, School of Medicine
- University of Notre Dame Australia, School of Medicine Sydney
- University of Otago
- University of Tasmania

PREVOCATIONAL STANDARDS ACCREDITATION COMMITTEE

The Prevocational Standards Accreditation Committee oversees the AMC's role in setting standards for elements of the prevocational phase of the medical education continuum. The Committee reports to the AMC Directors on its oversight of AMC accreditation and approval processes for intern training accreditation authorities, workplace based assessment providers, and pre-employment structured clinical interview providers. It also provides advice to the Medical Board of Australia on matters relating to competent authorities.

Role:

- Addressing policy related to the prevocational phase of training, the workplace based assessment pathway for international medical graduates, pre-employment structured clinical interviews and matters relating to competent authorities
- Providing advice to the Medical Board of Australia on applications from existing or prospective competent authorities
- Reviewing standards
- Reviewing procedures
- Setting up teams for assessments of intern training accreditation authorities
- Making recommendations to AMC Directors on accreditation decisions and any related conditions
- Monitoring providers against the relevant standards and their progress towards meeting outstanding conditions
- Reviewing changes to the way in which providers meet the accreditation standards and determining consequential review and monitoring activity

Intern Training Accreditation Authorities

The AMC reviews and accredits authorities that accredit intern training programs in each state and territory on behalf of the Medical Board of Australia. These authorities are commonly known as Postgraduate Medical Councils (PMC). Prior to commencing accreditation activities a new PMC will submit a paper-based application for initial accreditation to the AMC. If the AMC grants initial accreditation, and the Medical Board approves the authority, the PMC commences accreditation activities. The AMC schedules an accreditation assessment by an AMC team, usually within the first 18 months of operation.

The AMC grants accreditation of new providers for a maximum of three years, and established providers for a maximum of five years subject to satisfactory progress reports. In the last year of the accreditation period, the provider may apply for an extension of accreditation through a comprehensive report, taking the provider up to a maximum of eight years before a reaccreditation assessment by an AMC team.

Health Leaders Australia, Queensland Prevocational Medical Accreditation – Accreditation withdrawn

In 2015, the AMC granted initial accreditation to Health Leaders Australia (HLA), trading as Queensland Prevocational Medical Accreditation (QPMA), as the intern accreditation authority for Queensland. An AMC team completed its review of HLA-QPMA in July 2016. The AMC Directors at their 24 February 2017 meeting considered the Committee's recommendations and the accreditation report and found that HLA-QPMA substantially met the domains for assessing intern training accreditation authorities and granted accreditation as an intern training accreditation authority for three years, to 31 March 2019, subject to satisfactory annual progress reports.

In 2018, the AMC was informed by Queensland Health that it would not offer HLA-QPMA another contract after the current contract expired in December 2018, and would instead manage accreditation services internally at Queensland Health. Following an assessment, the AMC granted initial accreditation to this new accreditation authority from 2019.

In the absence of an accreditation work program and information about any proposed new arrangements for the role and scope of HLA-QPMA's activity, Directors at their meeting on 31 October 2019 agreed to withdraw accreditation of Health Leaders Australia, trading as Queensland Prevocational Medical Accreditation, as an intern training accreditation authority as per option (iii), under section 5.1 Accreditation of an intern training accreditation authority, of the Procedures for Assessment and Accreditation of Intern Training Accreditation Authorities by the Australian Medical Council.

Monitoring and changes related to the consequences of COVID-19

In response to COVID-19 restrictions, and the Medical Board of Australia's advice to intern training accreditation authorities allowing authorities to defer accreditation of intern programs and posts during 2020, in April 2020 the Committee agreed to all authorities being asked to provide streamlined reports in the last quarter of the year with usual reporting to resume in 2021. Two accreditation authorities were due to submit comprehensive reports for extension of accreditation, and on the advice of the Prevocational Standards Accreditation Committee, AMC Directors' approved a short extension of accreditation with submission of a comprehensive report in 2021.

Postgraduate Medical Council of Victoria: Extension of accreditation

The Postgraduate Medical Council of Victoria was due to submit its comprehensive report for extension of accreditation in 2020.

AMC Directors at their 14 May 2020 meeting noted that the Postgraduate Medical Council of Victoria meets the accreditation domains and agreed to extend the accreditation of the Postgraduate Medical Council of Victoria for one year to 31 March 2022.

Directors further agreed that prior to the expiry of accreditation, the Postgraduate Medical Council of Victoria will submit a comprehensive report for extension of accreditation. If, on the basis of the comprehensive report, the Committee recommends that the authorities are continuing to satisfy the domains, Directors may extend the accreditation of the authority for a further two years, taking accreditation to the full period which the AMC will grant between assessments, which is eight years.

Postgraduate Medical Council of Western Australia: Extension of accreditation

The Postgraduate Medical Council of Western Australia was due to submit its comprehensive report for extension of accreditation in 2020.

The Directors at their 14 May 2020 meeting noted that the Postgraduate Medical Council of Western Australia meets the accreditation domains and agreed to extend the accreditation of the Postgraduate Medical Council of Western Australia for one year to 31 March 2022.

Directors further agreed that prior to the expiry of accreditation, the Postgraduate Medical Council of Western Australia will submit a comprehensive report for extension of accreditation. If, on the basis of the comprehensive report, the Committee recommends that the authorities are continuing to satisfy the domains, Directors may extend the accreditation of the authority for a further two years, taking accreditation to the full period which the AMC will grant between assessments, which is eight years.

Workplace Based Assessment (WBA) Providers

Under the *AMC Accreditation of Workplace Based Assessment Providers: Standards and Procedures*, initial accreditation is granted to new WBA providers subject to satisfactory progress reports, until the WBA Results Panel of the Assessment Committee evaluates the results of the first cohort of candidates.

Three WBA providers with initial accreditation presented progress reports, following consideration of results by the WBA Results Panel of their first cohorts. The Prevocational Standards Accreditation Committee considered the progress reports and feedback from the WBA Results Panel, in providing advice on accreditation to AMC Directors. As per the *AMC Accreditation of Workplace Based Assessment Providers: Standards and Procedures*, accreditation may be granted for up to four years.

Flinders Rural Health South Australia

Flinders Rural Health South Australia's progress report, along with feedback from the WBA Results Panel, were considered by the Committee in November 2019.

AMC Directors at their 16 December 2019 meeting agreed to accredit Flinders Rural Health South Australia and its workplace based assessment accreditation for two-and-a-half years to 30 June 2022, subject to satisfactory progress reports to the AMC.

Illawarra Shoalhaven Local Health District

Illawarra Shoalhaven Local Health District's progress report, along with feedback from the WBA Results Panel, were considered by the Committee in November 2019.

AMC Directors at their 16 December 2019 meeting agreed to accredit Illawarra Shoalhaven Local Health District and its workplace based assessment accreditation for three-and-a-half years to 30 June 2023, subject to satisfactory progress reports to the AMC.

Mid North Coast Local Health District

Mid North Coast Local Health District's progress report, along with feedback from the WBA Results Panel, were considered by the Committee in November 2019.

AMC Directors at their 16 December 2019 meeting agreed to accredit Mid North Coast Local Health District and its workplace based assessment accreditation for two-and-a-half years to 30 June 2022, subject to satisfactory progress reports to the AMC.

Under the *AMC Accreditation of Workplace Based Assessment Providers: Standards and Procedures*, accredited providers undergo a reaccreditation assessment at least every four years. Reaccreditation assessments are informed by a comprehensive report and the AMC's experience in monitoring the provider and workplace based program over the accreditation period. AMC Directors make an accreditation decision on advice from the Prevocational Standards Accreditation Committee.

Wide Bay Hospital and Health Service: Reaccreditation

Wide Bay Hospital and Health Service's comprehensive report and monitoring information was considered by the Committee in April 2020.

The Directors at their 14 May 2020 meeting agreed to reaccredit Wide Bay Hospital and Health Service and its workplace based assessment accreditation for four years to 30 June 2024, subject to satisfactory progress reports to the AMC.

Rural and Outer Metropolitan United Alliance: Accreditation revoked

Rural and Outer Metropolitan United Alliance and its workplace based assessment program were accredited until 30 June 2020.

In February 2020, Rural and Outer Metropolitan United Alliance advised the AMC that it no longer wished to provide the WBA program and that it would be redirecting its resources to support its international medical graduate employees to undertake the AMC Clinical Examination as the pathway to attain the AMC Certificate.

The Directors at their 6 March 2020 meeting agreed to revoke the accreditation of Rural and Outer Metropolitan United Alliance and its workplace based assessment program effective 29 February 2020.

Monitoring and changes related to the consequences of COVID-19

In March 2020, the AMC corresponded with all workplace based assessment providers with regard to changes to their programs in light of healthcare changes caused by COVID-19, and asked providers to provide information on certain specific changes, including resourcing, site/locations for WBA programs, and changes to the accredited assessment plan. The AMC stated to providers that its focus is on being assured that each WBA program has the capacity to implement the approved assessment plan, or an educationally equivalent plan, so that the AMC can grant successful candidates the AMC certificate.

On advice from the Prevocational Standards Accreditation Committee, AMC Directors at their 14 May 2020 meeting approved minor changes to the WBA plans and confirmed the accreditation for the following WBA providers and programs:

- Central Coast Local Health District (CCLHD)
- Flinders Rural Health South Australia (FRHSA)
- Hunter New England Local Health District (HNELHD)
- Illawarra Shoalhaven Local Health District (ISLHD)
- Launceston General Hospital (LGH) [Tasmanian-wide program]
- Mid North Coast Local Health District (MNCLHD)
- Monash Health – program suspended during COVID-19
- Wide Bay Hospital and Health Service (WBHHS).

Pre-Employment Structured Clinical Interview Providers

International medical graduates applying for limited registration or provisional registration may be required to undergo a pre-employment structured clinical interview (PESCI). The information obtained from the PESCI is considered by the Medical Board of Australia when it decides whether to grant registration.

A PESCI is an objective assessment of knowledge, skills, clinical experience and attributes to determine whether the international medical graduate is suitable to practise in a specific position. The PESCI consists of a structured clinical interview using scenarios.

Organisations conducting PESCI's must be accredited by the AMC. Applications from prospective PESCI providers are assessed by the Prevocational Standards Accreditation Committee through a paper-based process. Accredited providers are required to submit monitoring reports to the AMC (usually annually) and this information is considered along with information from the Medical Board of Australia on PESCI's undertaken by the accredited providers.

There are two accredited PESCI providers: the Australian College of Rural and Remote Medicine and the Royal Australian College of General Practitioners.

There were no accreditation decisions on PESCI providers in the 2019-20 period.

Workplace Based Assessment

One of the five pillars in the AMC's [Strategic Plan 2018-2028](#), is *Promoting medical education and training that is responsive to the workforce needs of the Australian community* and this pillar includes an action (SA2.7) to 'support the development of work based assessment programs as a method for assessing international medical graduates against the standards required for practise in Australia'.

The first step has been to mandate the use of national assessment forms in order to improve consistency in the application of the WBA assessment methods, facilitate a consistent approach to training and calibration, and to enable research and evaluation within and across programs to build confidence in the outcomes.

Following a successful pilot of revised AMC national assessment forms during 2019, on 31 October 2019 AMC Directors approved the requirement for WBA providers to use AMC-developed WBA national assessment forms from 2020 as a prerequisite for the AMC to consider candidate results. The forms cover the three required assessment methods for WBA programs: mini-clinical evaluation exercise (Mini-CEX); case-based discussion (CBD); and multi-source feedback (MSF); as well as direct observation of procedural skills (DOPS), which is a common additional method used by providers. AMC Directors at that time also approved consequential changes to the AMC Accreditation of Workplace Based Assessment Providers: Standards and Procedures, to incorporate the mandatory use of AMC assessment forms.

The roll out of WBA national assessment forms for WBA programs commenced at the end of December 2019 and was completed in February 2020. Providers were asked to adopt the national assessment forms from the next cohort intake. The AMC is continuing to monitor provider feedback with a view to beginning to evaluate the forms towards the end of 2020 with the completion of the first cohorts on six-month programs. Given the staggered start dates across programs, evaluation may take 12-18 months.

The implementation of the national assessment forms will help to inform evaluation and policy development of WBA programs through the standardisation of candidate results data across providers, and will assist with analysis of outcomes and programs, as part of the WBA roadmap.

SPECIALIST MEDICAL EDUCATION AND TRAINING

The Specialist Education Accreditation Committee manages the process for assessing and accrediting the medical education and training programs, and professional development programs of the specialist training providers – the specialist medical colleges. It also manages assessment and accreditation of programs of study for endorsement of registration for acupuncture for medical practitioners. This Committee also provides advice to the Medical Board of Australia on applications for recognition and approval of new or amended specialties.

Role:

- Addressing policy related to medical specialist colleges, specialist training and continuing professional development programs
- Providing advice to the Medical Board of Australia on applications for recognition for new medical specialties and fields of specialty practice
- Reviewing standards
- Reviewing procedures
- Setting up assessment teams
- Making recommendations to AMC Directors on accreditation decisions and any related conditions
- Monitoring providers against the standards and their progress towards meeting outstanding conditions
- Reviewing changes to the way in which providers meet the accreditation standards and determining consequential review and monitoring activity

Training and education programs

Royal Australian and New Zealand College of Ophthalmologists: Follow Up Assessment

An AMC team completed an assessment of the training, education and continuing professional development programs of the Royal Australian and New Zealand College of Ophthalmologists in October 2019.

AMC Directors, at their 6 March 2020 meeting, found the training, education and continuing professional development programs of the Royal Australian and New Zealand College of Ophthalmologists in the recognised medical specialty of ophthalmology substantially meet the accreditation standards and granted accreditation to 31 March 2023, subject to the submission of satisfactory progress reports.

Royal Australian and New Zealand College of Radiologists: Extension of Accreditation

An AMC team completed an assessment of the training, education and continuing professional development programs of the Royal Australian and New Zealand College of Radiologists in September 2019. Following the assessment visit, the team received additional information about the College's training program that required further consideration as part of the assessment. To allow time for the 2019 accreditation assessment to be finalised, the AMC Directors at their 6 March 2020 meeting approved the extension of accreditation of the Royal Australian and New Zealand College of Radiologists training and education programs in the recognised specialties of radiology and radiation oncology, and its continuing professional development programs, to 30 September 2020. Due to delays in finalising the accreditation report as a result of the COVID-19 pandemic the AMC Directors at their 29 July 2020 meeting approved a further recommendation to extend the College's accreditation until 31 December 2020 to allow time for the full reporting process to be completed.

Royal Australian College of General Practitioners: Comprehensive report

The Directors at their 31 October 2019 meeting found that Royal Australian College of General Practitioners training and education programs in the recognised specialty of General Practice and the continuing professional development programs meet the accreditation standards and approved the extension of accreditation to the maximum of four years to 31 March 2024.

Royal Australian and New Zealand College of Obstetricians and Gynaecologists: Comprehensive report

The Directors at their 28 November 2019 meeting found that the Royal Australian and New Zealand College of Obstetricians and Gynaecologists training and education program in the recognised specialty of obstetrics and gynaecology and the continuing professional development program meet the accreditation standards and approved the extension of accreditation to the maximum of four years to 31 March 2024. This accreditation decision covers the following fields of specialty practice:

- Gynaecological oncology
- Maternal fetal medicine
- Obstetrics and gynaecological ultrasound
- Reproductive endocrinology and infertility, and
- Urogynaecology.

Royal Australian and New Zealand College of Psychiatrists: Progress Report Extension of Accreditation

The Directors at their 28 November 2019 meeting found that the Royal Australian and New Zealand College of Psychiatrists training and education program in the recognised specialty of Psychiatry and the continuing professional development program meet the accreditation standards and approved the extension of accreditation to the maximum of three years to 31 March 2023.

Monitoring and changes related to the consequences of COVID-19

AMC actions in response to COVID-19 aimed to minimise the impact of its work on specialist colleges by providing flexibility in how it assesses specialist medical programs and providers against the approved accreditation standards.

The AMC advised colleges that in 2020 the Specialist Education Accreditation Committee's focus is on being assured that trainees are able to progress through training; that College communication about training requirements supports trainees and supervisors to meet program objectives; and that specialist medical trainees graduating from accredited programs will be prepared to practice as specialists. Specialist colleges were requested to notify the AMC of expected changes to programs and were provided a notification of change pro-forma.

The AMC's Progress Reports Sub Committee and the Specialist Education Accreditation Committee reviewed most colleges' proposals and determined if any further monitoring would be required. For all notification of change forms considered by the Committee and its Sub Committee, the college and its training and education programs were found to be continuing to meet or substantially meet the accreditation standards.

The Australian Government Department of Health also shared with AMC the information that colleges provided directly to the Department. The Specialist Education Accreditation Committee used this information, along with any further information submitted on the pro-forma, to assess colleges and avoid duplication for colleges.

Acknowledging that the COVID-19 situation continues to evolve, it is expected that specialist colleges will continue to notify the AMC of changes as they occur. The Committee is also modifying monitoring requirements for 2021 to embed any updates on changes that have been made to training and education programs in response to COVID-19 within the existing monitoring processes.



AMC Accreditation Team

Assessment and Innovation

The AMC Assessment and Innovation business area is responsible for the assessment of international medical graduates seeking medical registration to practice in Australia. To achieve this, the Assessment and Innovation area:

- partners with a range of subject matter experts such as medical educators, assessment experts and clinicians as well as stakeholders and staff to manage international medical graduate progress along the pathway to securing an AMC Certificate
- works collaboratively with medical schools and specialist colleges to deliver examinations at the AMC National Test Centre (NTC) in Melbourne and develops technologies, products, and services that ensure high quality assessment delivery, and
- relies on an evidence-based approach to examination quality improvement by using research and data analysis to improve examination procedures, policy, and assessment outcomes according to the AMC purpose.

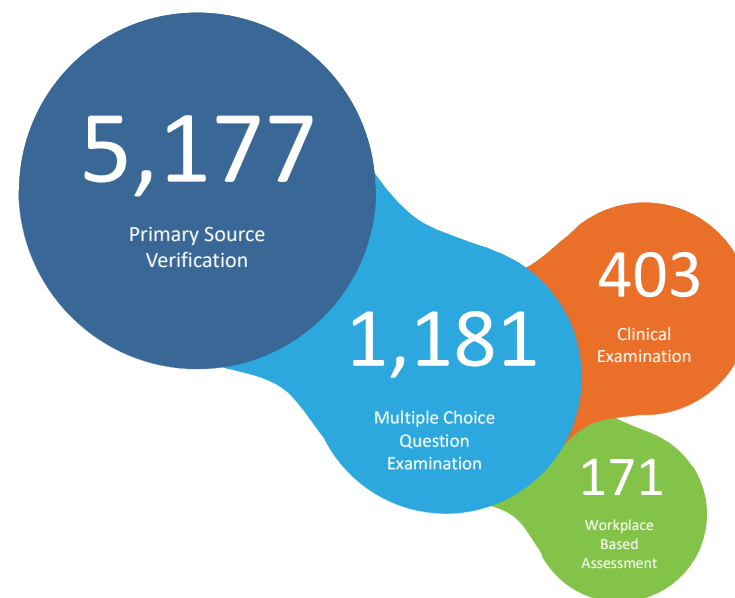
IMPACT OF THE COVID-19 PANDEMIC

The AMC Assessment team responded quickly to the COVID-19 pandemic with a decision to cancel all examinations at the NTC. This included all Clinical examinations scheduled from mid-March 2020, as well as the MCQ examinations from April 2020. This was a significant undertaking to cease operations, communicate with stakeholders and participants, and ensure a high level of care for candidates being impacted by the situation. This work was undertaken while the Assessment team was also involved in closing the AMC offices and NTC, and working with the Accreditation team to plan responses for the Workplace Based Assessment (WBA) program.

From the outset of the pandemic, the AMC established open communication channels with national and international affiliate organisations to collaborate and share experiences and response plans. Similar to many organisations, the AMC's approach was to continue to monitor the situation daily and obtain advice from the Australian Department of Health, World Health Organisation (WHO) and the Australian Department of Home Affairs.

The AMC provided updated information on the AMC website and candidate portal informing the measures being taken to reduce the risk of exposure and the AMC response to the health and safety of candidates, staff, AMC stakeholders, and the community. This provision of information and ongoing communication was extended to all AMC examination participants and NTC external clients.

Assessment Statistics



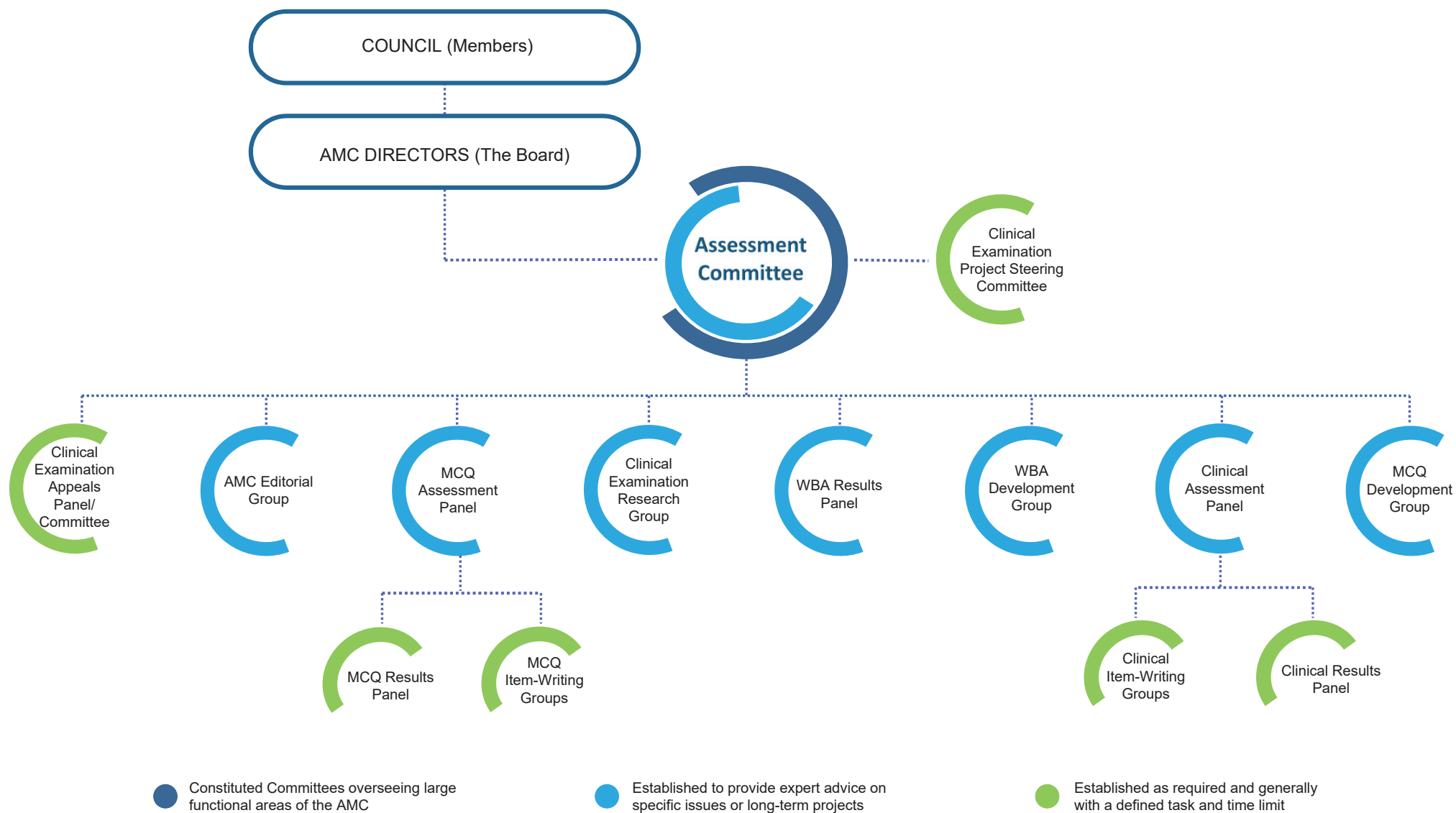
ASSESSMENT COMMITTEE

The Assessment Committee monitors the operation of the AMC examinations and reviews the performance of the Multiple Choice Questionnaire (MCQ) examination, Clinical examination and workplace based assessment. Three panels report to the Committee: MCQ Assessment Panel, the Clinical Assessment Panel and the Workplace Based Assessment Results Panel. The Committee and its panels oversee the AMC examination process and advise Directors on international medical graduate assessment issues.

Assessment Committee Membership as at 30 June 2020

- | | |
|--|------------------------------------|
| • Emeritus Professor David Prideaux- Chair | • Dr Peter Harris |
| • Dr Ayesha Akram | • Professor Judith Hudson |
| • Professor John Barnard | • Professor Lisa Jackson Pulver AM |
| • Dr Jeanette Conley | • Professor Philip Jones |
| • Assoc. Professor Amanda Dawson | • Mr Fergus Leicester |
| • Assoc. Professor Peter Devitt | • Dr Narelle Mackay |
| • Professor Liz Farmer | • Professor Barry McGrath |
| • Dr Justin Gladman | • Professor Kichu Nair AM |
| • Professor Philippa Hay | • Dr Peter Vine OAM |

Non-current members serving during 2019-20: Nil



PRIORITIES

In 2019-20 a number of strategic projects were identified and undertaken to align with the AMC's strategic pillars. These projects were defined to:

- promote our accountability and work with our stakeholders
- develop workplace based assessment as a method for assessing international medical graduates
- seek guidance and improve the engagement of Aboriginal and Torres Strait Islander Peoples and Māori in the assessment of international medical graduates
- develop technology to improve the quality of assessment, and
- manage our business in an ethical, efficient and sustainable way.

This work was undertaken to continue the improvement of international medical graduate assessment for all stakeholders according to the AMC purpose and values.

Facilitate knowledge sharing within the industry by initiating partner and stakeholder workshops

AMC Assessment Summit

The AMC Assessment Summit held on 21 October 2019 was attended by 67 stakeholders. The Summit was designed to inform the future of AMC assessment by bringing together a broad group of stakeholders and experts. This included representatives from the Medical Board of Australia/Australian Health Practitioner Regulation Agency (MBA/Ahpra), Directors of Medical Training, international medical graduates, international assessment affiliates and experts, and AMC Directors. The Summit was facilitated by Dr Jo Burnand.

The summit agenda considered the AMC assessment pathways and the themes of:

- Principles of good assessment
- Visions of the good
- Critical scrutiny, and
- Research and innovation.

The Summit report provided by Dr Burnand was been reviewed by the Assessment Committee Executive, with streams of work and key priorities identified with a strategy in development covering the following themes:

Best practice & fit for purpose: Reviewing the current pathway for international medical graduates (MCQ examinations, Clinical examinations and WBA) to consider alternative methods and combinations of assessment that are fit for purpose. This may include elements of programmatic assessment to meet the development needs of international medical graduates and understandings of Australian health systems, ethics and professionalism, and the role of the doctor working with other health professionals in Australia.

Specific Research Projects: A publications program to document AMC activities with a focus on quality improvement and contributing to the broader international assessment literature.

Cultural competence, safety, and awareness: Working with the AMC's new Aboriginal, Torres Strait Islander and Māori Standing Committee to incorporate culturally safe practice to improve health outcomes (AMC strategic pillar 3) into international medical graduate assessment.

Dissemination, Publication, and Research capacity: Dissemination of information and outcomes to both the national and international community based on best practice in assessment.

Feedback and engagement: Stakeholder engagement and representation of international medical graduates to understand experiences and provide feedback for development. This is intended as a process of continual engagement rather than a one-off event.

International links: Building on current relationships through collaboration and benchmarking with international affiliates.

The next step will be to develop an AMC Assessment Strategy aligned to the overarching AMC strategy.

The Association of Test Publishers (ATP) Global Special Interest Group (SIG)

The ATPs Health Sector SIG completed the first year of being Chaired by the AMC Director Assessment & Innovation. A key focus for 2019 was to have a full leadership group; this was successfully achieved with the appointment of AMC, Medical Council of Canada (MCC), and National Board of Medical Examiners (NBME) (USA) Assessment executives.

A strategy has been developed through engagement with international affiliate members and a number of contributing projects identified. The ATP relationship, Health Sector SIG purpose and projects are aligned with AMC interests and the strategic direction of AMC Assessment. Participating organisations and individuals are from USA, Canada, Europe and UK, Middle East, and Asia.

In response to COVID-19, participants have been meeting regularly to share knowledge, experiences and approaches to dealing with the pandemic and the longer-term opportunities that have been presented by the pandemic experience. The immediate and long-term objectives are currently focused on:

- drawing together individuals and organisations from both testing and the health care professions to promote constructive dialogue concerning key issues and challenges
- advancing the current understanding of healthcare related challenges in testing for education, training, licensure, and workforce/recruitment
- encouraging networking, shared development and collaboration with the broader testing community, including those involved in scientific research, test design, test delivery, psychometrics, and test security
- seeking opportunities for industry innovations.

Health Security Peer Group

In 2019, the AMC joined an International Health Assessment Security Peer Group. The peer group seeks to benefit individual members and the broader health assessment industry by sharing practices that enhance the security of testing assets, provide examinees a level playing field, and protect score validity. Members of the peer group are enabled to:

- share information on emerging test security threats to help improve exam security within this segment of the industry
- share information on effective security capabilities to deter or detect threats to exam security
- act as resources for one another when facing similar threats or newly uncovered concerns
- work towards establishing best practices and participate in benchmarking for the health-related assessment peer group as a whole and identify opportunities to inform best practices of the industry at-large.

Members represent 13 international AMC affiliate organisations from the USA, Canada, UK, and Australia. The AMC is represented by the Director Assessment & Innovation and Senior Assessment Operations Manager.

Medical Council of Canada (MCC)

In the week of 21 October 2019 the AMC hosted an MCC executive team in a visit to Australia. Attendees from the MCC included the Executive Director and CEO, Chief Medical Education Officer, Director Repository and Registration Services, Director IT and Director Psychometric Assessment Services. Attendees from the AMC included the CEO, Deputy CEO, Director Assessment & Innovation, and Director Accreditation, as well as operational and ICT team members.

The MCC team attended the AMC Assessment Summit on 21 October 2019 and provided a presentation focusing on assessment models and critical scrutiny from an MCC perspective. The remainder of the week included meetings held at the NTC with discussions that focused on shared learnings in assessment and other themes such as regulation, examination operations, assessments beyond MCQ and Objective Structured Clinical examinations (OSCE), and the future of assessments. A number of commonalities in the challenges of specific aspects of assessment were identified in areas such as technology and standard setting. The meeting program enabled the MCC attendees to observe a live AMC Clinical examination and view the operations and examination activity.

Meetings completed with both organisations agreeing a joint program of projects. The projects were identified in consideration of each organisation's strategic objectives where experiences, knowledge, and expertise can be shared and applied in the context of the needs of either the MCC or AMC. The collaboration is intended to continue and develop over several years.

Create efficiency and quality improvement across assessment pathways

Remote Marking of AMC Clinical examinations

The Remote Marking initiative was first conceived when the NTC was built in 2013, with the objective being to enable the marking of AMC Clinical examinations without requiring an examiner to be present in the examination room, improving the quality of AMC assessment.

The project was successfully piloted in July and August 2019. A qualitative study of feedback from candidates, examiners, simulated patients and quality assurance observers was completed as part of the pilot. The qualitative study identified 13 main themes for further development and implementation. With the completion of the operations, technology, and policy relating to this project, implementation was scheduled for the end of June 2020. However, this was unable to proceed as the AMC Clinical examinations were cancelled due to the COVID-19 pandemic.

The technology and operational developments that were completed as part of the Remote Marking project have been applied to the initial design solution of the new delivery format of the AMC Clinical examination that is being developed in response to COVID-19. This will also create longer term quality improvement opportunities.

AMC & Medical Deans of Australia and New Zealand (MDANZ) Standard Setting Exercise

The AMC & MDANZ Benchmarking Project was initiated in 2017 and has now successfully run for several years. This project led to the AMC completing a Standard Setting Exercise (SSE) for the AMC MCQ with the involvement of medical educators from MDANZ-participating universities. The revised examination cut-score resulting from the SSE was implemented successfully in February 2020. The examination cut-score will continue to be monitored against the standard of a graduating medical student into the future.

In February 2020 the AMC and MDANZ executive teams and leading academics began developing a framework to extend the collaboration opportunities for both organisations. This was interrupted in March 2020 due to COVID-19 and the focus shifted to continuing to support the collaboration and current MCQ benchmarking initiatives during the pandemic. The AMC and MDANZ project teams undertook significant work to enable universities to participate in the collaboration and deliver MCQ examinations in response to COVID-19.

Collaboration between AMC & ACCLAiM (Australian Collaboration for Clinical Assessment in Medicine)

ACCLAiM is a consortium of 16 Australian medical schools developing and delivering Objective Structured Clinical examinations (OSCEs) as a summative assessment to students in their final year of medical education.

The AMC entered into a Memorandum of Understanding with ACCLAiM which commenced in 2019. In the first phase, over 2019 to 2021, the collaboration enables the benchmarking of AMC Clinical examination scenarios with Australian medical students.

Suitable clinical scenarios and mark sheets were selected for participating ACCLAiM universities to deliver in student examinations from July 2019. It is expected that initial de-identified

data on shared items will be provided to the AMC in late 2020, and again in 2021, to continue benchmarking the standard of the AMC Clinical examination.

Work is commencing to further progress the Memorandum of Understanding and seek opportunities with the new Clinical examination delivery solution being designed by the AMC.

Examiner Decision Making (EDM) Project

The EDM Research Project is aimed at quality improvement of the AMC Clinical examination to better understand how examiners form judgements leading to candidate results. It is expected the research will also be generalisable and contribute to publishable research and assessment literature from the AMC.

The initial approach and timeline was impacted by COVID-19 and a response plan was developed between the AMC and Flinders/Otago University teams who are running the project.

As the NTC is currently closed and Clinical examinations have been postponed, the project timeline is being revised. To continue the project, alternative approaches to Clinical examination video review and examiner interviewing has been established with revised ethics approval granted to proceed. The project is expected to be completed in late 2021.

Increase collaboration to optimise use and potential of the NTC

NTC Business & Marketing Planning

With the NTC website being successfully launched in March 2019, an ongoing marketing and business plan is in the final stages of development. The NTC Business Plan covers five streams of work, which serve as a framework for both immediate and future planning:

- Client Service Model
- Marketing Analysis and Plan
- Finance Analysis and Plan
- Diversification Analysis, and
- Property Plan.

The NTC business plan is being developed with consideration to the recent implications of COVID-19. With changes to the AMC Clinical examination being developed in response to COVID-19, the NTC is expected to have increased capacity for external clients. Client engagement as well as understanding changes in client needs as a result of COVID-19 will become an important factor in creating the NTC of the future.

Charter Hall (the NTC landlord) and NTC management have explored models for increasing the capacity of the NTC. This work is being incorporated into the NTC business plan with an initial focus on considering new premises or a revised model partnering with other institutions in a phased approach towards the end of 2023 and beyond. The NTC business model will need to change to deliver services and products to match client volumes (and be scalable) as well as geographic/location needs across Australia. Various pathfinding projects are being identified in the business plan.

Update on the delivery of AMC publications and handbooks

AMC App

The AMC currently publishes a Handbook of Multiple Choice Questions to assist international medical graduates in preparing to take the AMC MCQ examination. The AMC Mobile Practice Test (App) is a project aimed at digitising the publication into an interactive mobile application. The App will utilise archived MCQ questions to create a study resource for international medical graduates and medical students preparing for examinations.

The AMC App is currently in the final stages of development. The features and functionality of the App's 'minimum viable product' have been established following feedback and consultation with international medical graduates and AMC Marshals (who are medical students). Appetiser, the company engaged to build the App, has brought a significant amount of external market expertise to help develop the technology to meet both user and organisational needs.

The sixth iteration of technological development has been completed and the functionality is in the final stages of testing. Following this testing, the App will be technically ready to launch to international medical graduates and broader markets. A potential 'soft launch' is being planned to address any possible bugs while the App content (questions and feedback) are being finalised. This will help align the work streams and develop confidence in a well-tested product before an official launch.

The App has the potential to be provided to other institutions and customers beyond international medical graduates undertaking the AMC examination.

Anthology of Medical Conditions is being replaced with a new publication

The AMC Anthology of Medical Conditions, first printed 2003, will be replaced with a new publication in 2021. The Editorial Group, led by Editor-in-chief and Chair, Professor Tim Wilkinson, are progressing the writing of the new publication to ensure the content remains current and reflects medicine in the context of Australian practice.

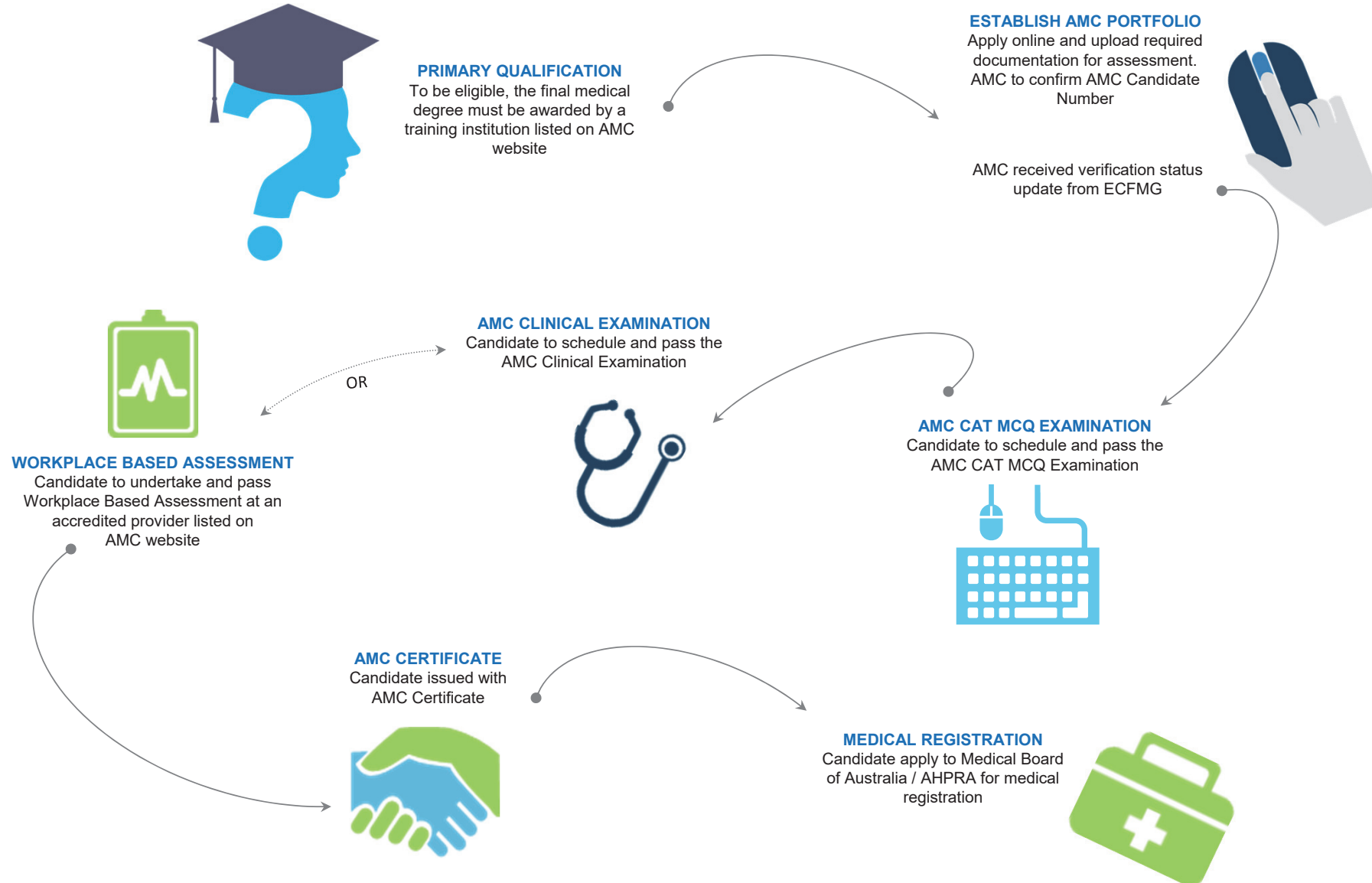
The new publication will focus on patient presentations, with less emphasis on medical conditions, and a strong emphasis on professional practice. The important content relating to Aboriginal and Torres Strait Islander people has been written by individuals who are respected Aboriginal medical education professionals. The approach to writing this content is as important as the content itself. In addition to the respected writers, the editorial group has placed a strong importance on engagement with Aboriginal and Torres Strait Islander people for guidance and peer review of the related content.

As at 30 June 2020, the majority of the publication content has been written and is undergoing external peer review. This will continue through the latter half of 2020. Prior to the planned publication in 2021 ongoing work will include iterations of editing and indexing, graphic design, marketing, and stakeholder communications before publication.

ASSESSMENT PATHWAY

The standard assessment pathway is presented below. Details and statistics for each component follow.

Standard Assessment Pathway



VERIFICATION SERVICES

The Verifications Services team:

- assesses all international medical graduate applications for primary and post-graduate and qualification verifications
- maintains the AMC qualifications portal which is accessed by Australian Specialist Medical Colleges and Ahpra to verify medical student primary and post-graduate qualifications
- assists international medical graduates in establishing an AMC online portfolio, and
- updates international medical graduate verification status with the Educational Commission for Foreign Medical Graduates (ECFMG).

An international medical graduate seeking registration in Australia and applying to complete the AMC examinations must firstly have attained an eligible medical qualification recognised by the Medical Board of Australia. The process of verifying international medical graduate qualifications is described as Primary Source Verification (PSV) and was implemented by the AMC in 2006. PSV is designed to check and ensure the integrity of basic and specialist medical qualifications and is confirmed by ECFMG who assist the AMC to verify the international medical graduate identity, check the integrity of the qualification documentation, and confirm the awarded qualification directly with the issuing institution. ECFMG now has a total of 1,450 medical institutions in the e-verifications system.

In the 2019-20 reporting period a total of 4,384 portfolio applications were established (an average of 98 applications per week). A total of 726 additional medical qualifications were added to international medical graduate portfolios.

A summary of key statistics for the 2019-20 year follows.



AMC portfolio applications statistics

Table 1: AMC Portfolio applications established and additional qualifications added

Qualification type	2018-19	2019-20	Variances
AMC Portfolio applications	5,053	4,384	(-13%)
Additional qualifications added to portfolios	909	726	(-20%)
Total qualifications verified	5,962	5,110	(-14%)

AMC Portfolio applications for the 2019-20 reporting period were less than the previous year due to the COVID-19 pandemic.

Table 2: Ten highest volume countries of birth for international medical graduate Portfolio applications

2018-19		2019-20		Significant variances (>10%)
Country	Total	Country	Total	
United Kingdom	1,038	United Kingdom	783	(-25%)
India	849	India	684	(-19%)
Iran	358	Sri Lanka	299	(-20%)
Sri Lanka	304	Pakistan	282	
Pakistan	296	Iran	281	(-24%)
Ireland	282	Ireland	255	(-10%)
Egypt	173	Malaysia	180	
Malaysia	168	South Africa	146	(-15%)
South Africa	159	Bangladesh	144	(-10%)
Bangladesh	154	Nigeria	134	(-15%)
Total	3,781	Total	3,188	(-16%)

Compared to the 2018/2019 period, Egypt did not remain in the top 10 countries and was replaced by Nigeria. Seven of the ten highest countries remain unchanged. Overall, numbers across the top 10 countries have declined in 2019-2020 by 16% due to the COVID-19 pandemic.

Table 3: Requests for Primary Source Verification

Qualification type	EPIC verified 2018-19	EPIC verified 2019-20	Variances
Primary qualifications	4,473	3,549	(-21%)
Postgraduate qualifications	2,257	1,628	(-28%)
Total qualifications verified	6,730	5,177	(-23%)

Requests for primary source verification for the 2019-20 reporting period is less than the previous year due to the COVID-19 pandemic.

Primary qualification verification statistics

Table 4: Ten highest volume countries by primary qualifications added to AMC portfolios in the 2019-20 reporting period compared with 2018-19

2018-19		2019-20		Significant variances (>10%)
Country	Total	Country	Total	
United Kingdom	995	United Kingdom	790	(-21%)
India	655	India	497	(-24%)
Ireland	361	Ireland	313	(-13%)
Iran	335	Pakistan	273	(-23%)
Pakistan	285	Iran	252	(-13%)
Sri Lanka	189	Sri Lanka	178	
Bangladesh	181	Bangladesh	159	(-12%)
Egypt	168	China	159	
Philippines	138	Philippines	122	(-12%)
South Africa	126	South Africa	120	
Total	3,433	Total	2,863	(-17%)

Compared to the 2018-19 period, Egypt did not remain in the top 10 countries, and was replaced by China. Three of the ten highest countries remain unchanged, however, Iran and Pakistan changed positions. Overall, numbers across the top 10 countries have declined in 2019-20 by 17% due to the COVID-19 pandemic. The top 10 countries comprise just over 50% of all applications.

Postgraduate qualification verification statistics

Table 5: Ten highest volume countries by postgraduate training added to AMC portfolios in the 2018-19 reporting period compared with 2019-20

2018-19		2019-20		Significant variances (>10%)
Country	Total	Country	Total	
United Kingdom	966	United Kingdom	650	(-33%)
India	436	India	371	(-15%)
South Africa	125	South Africa	148	(16%)
Sri Lanka	107	Sri Lanka	114	
USA	106	USA	98	
Egypt	92	Iran	78	
Iran	92	Canada	68	(-35%)
Ireland	74	Egypt	64	(-16%)
Canada	71	Hong Kong	57	(-25%)
Singapore	63	Ireland	51	(-24%)
Total	2,132	Total	1,699	(-20%)

Compared to the 2018-19 period, Singapore did not remain in the top 10 countries, and was replaced by Hong Kong. Four of the ten highest countries remain unchanged. However, Iran, Canada, Egypt and Ireland changed positions. Overall, numbers across the top 10 countries have declined in 2019-20 by 20% due to the COVID-19 pandemic. The top 10 countries comprise just over 50% of all applications.

AMC Top Medical Schools Activity as on 30 June 2020

[Appendix A](#): Summary of the schools with the highest volumes of applications or verifications of primary qualifications. (The schools in blue blocks in this document are now linked to ECFMG's e-verification system.)

MULTIPLE CHOICE QUESTION EXAMINATIONS

The AMC Computer Adaptive Test (CAT) Multiple-Choice Questionnaire (MCQ) examination assesses the medical knowledge of international medical graduates who attained an eligible medical qualification recognised by the Medical Board of Australia. The MCQ examination forms the first examination component of the AMC assessment pathway. All international medical graduates are required to pass the MCQ examination in order to progress on the pathway towards receiving an AMC Certificate and apply to the Medical Board of Australia for medical registration.

The MCQ examination focuses on basic and applied medical knowledge across a wide range of topics and disciplines. International medical graduates are required to demonstrate:

- understanding of the disease process
- competency in clinical examination, diagnosis, investigation, therapy and management skills
- an ability to exercise judgment and reasoning in distinguishing between the correct diagnosis and plausible alternatives
- the capacity to take a patient's history, conduct a physical examination, formulate diagnostic and management plans, and communicate with patients, their families and other health workers.

The MCQ examination is delivered as a Computer-Based Adaptive Test. The examination is a test of the principles and practice of medicine in the fields of: Adult Health- Medicine; Adult Health- Surgery; Women's Health- Obstetrics & Gynaecology; Child Health; Mental Health; and Population Health & Ethics. 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.

Impact of COVID-19 on MCQ examinations

The April 2020 MCQ examinations were cancelled and international medical graduates rescheduled for future examinations. The AMC, with its test delivery partner Pearson VUE, has monitored and responded to the situation in Australia and internationally on a daily basis. While Pearson VUE opened venues from May 2020, and it was operationally possible for the AMC to deliver the examinations, a decision was made not to proceed. This decision considered the AMC's professional standing and responsibilities with the potential health and safety of participants being the overarching factor of importance.

The AMC made the decision to proceed with the June 2020 MCQ examination series after being advised by Pearson VUE of the reopening of the majority of their test centres in Australia, with strict protocols being in place for social distancing and legislative requirements to ensure the safety of staff and international medical graduates. In June 2020, all Australian test venues and approximately 38% of international venues were open.

Statistical reporting

In the 2019-20 reporting period a total of 2,111 MCQ examinations were conducted by the AMC in Australia or in one of 52 controlled examination facilities internationally.

Of that number, 1,424 international medical graduates were presenting for the first time. Although this number declined from the previous year, those undertaking retests was consistent.

A total of 1,181 international medical graduates passed the examination and qualified to proceed to the AMC Clinical examination.

Table 6: MCQ examination Statistics comparison for the 2018-19 and 2019-20 financial years

	2018-19	2019-20	Significant variances (>10%)
Total undertaking examination	2,488	2,111	(-15%)
International medical graduates presenting for the first time	1,794	1,424	(-21%)
Total passed	1,558	1,181	(-24%)
Total passed %	63%	56%	(-9%)

The numbers above indicate a decline from the previous year due to the COVID-19 pandemic.

MCQ examination Country of Training Statistics

[Appendix B](#): Breakdown of the international medical graduates who have taken the MCQ examination by country of training.

CLINICAL EXAMINATIONS

Once an international medical graduate has passed the AMC MCQ examination, they are eligible to apply to undertake the AMC clinical examination or, alternatively, to participate in a workplace based assessment program.

The AMC clinical examination assesses an international medical graduate's clinical competency and requires demonstration of clinical ability at the level of an Australian graduating final year medical student about to commence the (pre-registration) intern year.

Examination content is developed across a broad range of required clinical disciplines such as

- History taking
- Physical examination
- Diagnostic formulation
- Management, counselling and education skills

Clinical examinations are delivered in the format of an Objective Structured Clinical Examination (OSCE), consisting of 14 scored stations (scenarios) which require the presence of an examiner and a simulated or real patient.

Since 2013 all AMC clinical examinations have been conducted at the purpose-built NTC in Melbourne.

Impact of COVID-19 on Clinical examinations

On 16 March 2020 all AMC clinical examinations were postponed until further notice and the NTC was closed.

International medical graduates already scheduled for clinical examinations from March to June 2020 were offered full refunds. However, scheduled candidates were provided with the incentive to retain their payment to the AMC in order to receive priority scheduling as soon as the clinical examinations recommenced. This approach was well received by international medical graduates, with only a very small number requesting refunds on the basis of changes to border control and personal circumstances.

The AMC's decision to recommence clinical examinations will be informed using official and credible sources of information from governments and health services. There will also remain an overarching consideration of the AMC's professional and social responsibilities to the Australian community and health systems when deciding to recommence.

Table 7: Clinical examination Statistics comparison for the 2018-19 and 2019-20 financial years

	2018-19	2019-20	Variances
Total International medical graduates undertaking examination	1,978	1,441	(-27%)
International medical graduates presenting for the first time	964	566	(-41%)
Total passed	545	403	(-26%)
Total passed %	28%	28%	Unchanged

The numbers above indicate a decline from the previous year due to the COVID-19 pandemic.

Clinical examination Country of Training Statistics

[Appendix C](#): Breakdown of international medical graduates by examination attempt and country of training.

Table 8: Clinical Retest Examination Statistics comparison for the 2018-19 and 2019-20 financial years

	2018-19	2019-20
Total International medical graduates undertaking examination	421	73
Total passed	179	28
Total passed %	43%	38%

The clinical retest examinations no longer formed part of the AMC assessment pathway from January 2019.

Clinical examination Retest Statistics 2019-20

[Appendix D](#): Breakdown of international medical graduates who presented for the clinical retest.

Statistical reporting

In the 2019-20 reporting period the AMC conducted 50 examinations at the NTC, assessing 1,441 international medical graduates; a total of 403 candidates passed the examination and qualified for the AMC Certificate. Just under 40% (566) of international medical graduates presented for the first time.

Seventy three (73) international medical graduates sat a clinical retest examination, of which 28 passed and qualified to receive the AMC Certificate. The retest examination was originally designed as a further assessment of candidates with a borderline performance in the clinical examination. The retest examination was no longer offered as a test result in January 2019, and existing eligible candidates were provided a moratorium to complete the examination by the end of December 2019.

The clinical retest examinations no longer formed part of the AMC assessment pathway from January 2019.

CLINICAL EXAMINATION DEVELOPMENT IN RESPONSE TO COVID-19

The clinical examination was suspended in March 2020 and it is unlikely that it can be held in its current form for some time.

At the time of preparing this report the NTC remains closed. Travel to Melbourne from regional Victoria, interstate and overseas is not allowed and level 4 restrictions operate in central Melbourne. Even when such restrictions are lifted it will be very difficult to conduct the clinical examination in its existing form while adhering to basic physical distancing protocols and ensuring the safety of examination personnel. The clinical examination is a 'people-intensive' operation involving AMC staff, examiners, candidates, simulated patients, observers, marshals and other key participants.

In June 2020 the AMC has been developing a proposal to deliver the clinical examination with stations marked by examiners using visual and audio recordings rather than in-situ marking. This builds on work previously completed by the AMC for the Remote Marking Project.

Under the proposal, the standard of the examination and all existing blueprinting will remain. The examination will remain set at the level of knowledge, skills and professional attributes required of a graduating Australian medical student ready to commence internship. Only the method of delivery will change.

The recommencement of the clinical examinations is a priority for the AMC as the postponement of examinations adversely impacts approximately 2,400 AMC international medical graduates per annum.

While the AMC is currently planning for the re-opening of the NTC, COVID-19 restrictions do not allow for clinical examinations to be delivered in the traditional OSCE formats. Additionally, travel restrictions for international medical graduates and examiners present significant obstacles to the recommencement of the examinations.



Under the new format the examinations should be able to recommence by February 2021. The solution will continue to ensure the integrity, reliability, and validity of the clinical examination. It will also support improved accessibility to the examination with online and digital components.

The proposal was presented to the AMC Directors and approved for implementation on 17 September 2020. It is likely to prompt a longer term review of the clinical examination post pandemic.

WORKPLACE BASED ASSESSMENT

The Workplace Based Assessment (WBA) pathway provides international medical graduates with an alternative assessment pathway to the AMC Clinical examination and leads to the award of an AMC Certificate. In the WBA pathway international medical graduates are assessed using the AMC Computer Adaptive Test (CAT) Multiple-Choice Questionnaire (MCQ) Examination, followed by a 6 to 12 month program of workplace based assessment of clinical skills and knowledge by an AMC-accredited provider.

As the WBA program is assessed in the workplace, it allows international medical graduates to work under 'supervised' registration to demonstrate their ability to integrate clinical knowledge and skills as a basis for effective clinical judgments and decisions and tracks their development towards becoming a clinical practitioner in the Australian setting.

The focus of WBA is on international medical graduates' application of their knowledge and clinical skills in their clinical workplace setting. The WBA program runs over 6 to 12 months and uses a variety of assessment methods including Case Based Discussions, Mini Clinical examinations (Mini-CEX), Direct Observation of Procedural Skills, Multi-Source Feedback from medical colleagues and other health practitioners, as well as In-Training Assessments.

Impact of COVID-19 on Workplace Based Assessment

WBA programs are accredited by the Prevocational Standards Accreditation Committee (PreVAC) and the delivery of assessments differs amongst providers. Recognising this, the Assessment and Accreditation teams coordinated communications to WBA providers requesting feedback of the impacts of COVID-19 on their program and their views on continuing assessments. The impacts and potential changes to assessment plans were presented to PreVAC. The WBA Results Panel is a panel of the Assessment Committee and confirm the candidate results have been completed according to the PreVAC accreditation. The WBA Results Panel continues to work closely with PreVAC to ensure assessments are completed according to the approved changes relating to COVID-19 impacts.

Examples from WBA providers regarding the impacts of COVID-19 on their international medical graduates and programs included reductions in Emergency Department presentations, resourcing of assessors due to urgent work in COVID-19 clinics, and international medical graduates rotations being placed on hold. Additionally, changes to assessment methods for Mini-CEXs and Case Based Discussions were needed to adhere with social distancing requirements.

Statistical reporting

WBA assessments are undertaken by providers accredited by the AMC. From 29 February 2020, one provider is no longer accepting WBA candidates for the remainder of 2020 due to the COVID-19 pandemic.

In the 2019-20 reporting period, ten accredited WBA providers assessed 171 international medical graduates. All of the 171 international medical graduates completed the assessment to a satisfactory standard and qualified for the AMC Certificate.

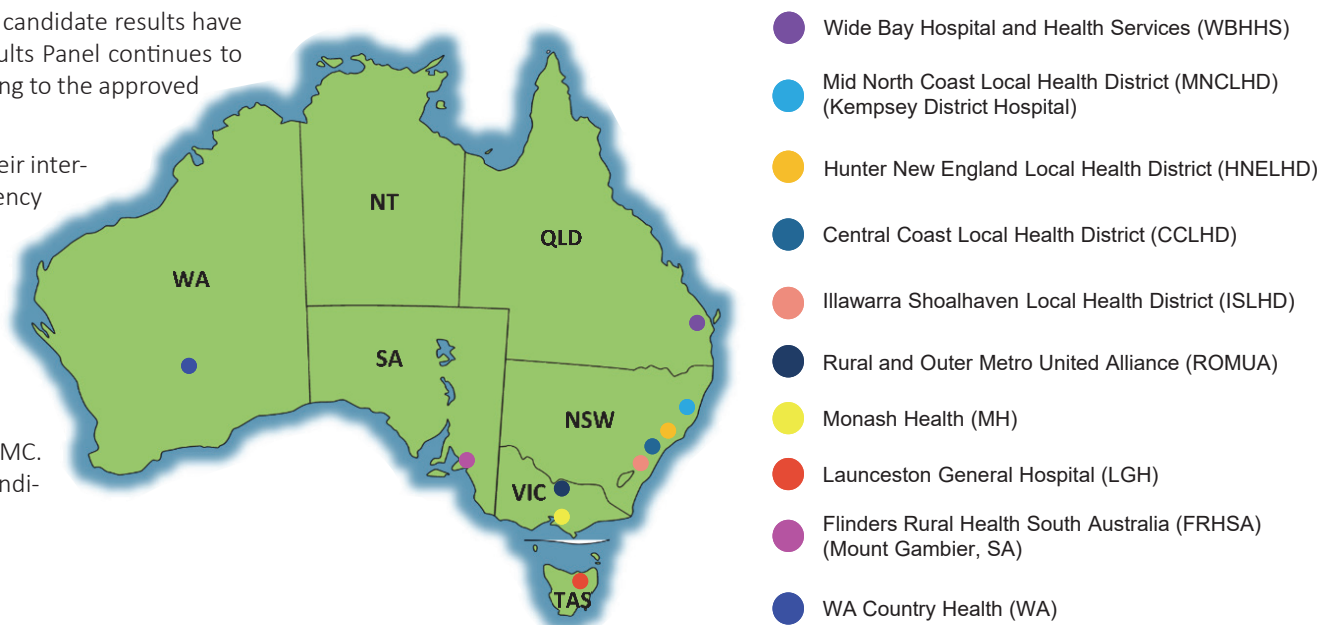
Table 9: WBA Statistics comparison for the 2018-19 and 2019-20 financial years

	2018-19	2019-20	Significant variances
Total international medical graduates undertaking and completing the WBA	126	171	(36%)
Total international medical graduates passing the WBA	124	171	(38%)
Total international medical graduates failed the WBA	2	0	

WBA Statistics

[Appendix E:](#) Breakdown of international medical graduates assessed through the WBA Program by country of training and provider.

WBA providers and locations



Engagement

The AMC's ability to promote and protect the health of the Australian community through a safe and competent medical workforce is enhanced and strengthened through working with partners and stakeholders on areas of common strategic intent, undertaking joint initiatives in areas of shared interest, and maintaining awareness of current issues across the medical continuum.

To facilitate this outcome, the AMC:

- meets regularly with national stakeholders, both formally and informally
- is represented on Committees, Boards and other groups through its Directors, Members and staff
- participates in conferences, workshops and other forums
- develops and maintains international links with accreditation agencies and other stakeholders such as health sector assessment, technology, and education affiliates
- collaborates on projects and areas of work
- hosts conferences, workshops and summits
- contributes to enquiries, and
- maintains a broad membership of the AMC and its Committees, working parties and other expert groups providing stakeholder nominees with the ability to contribute directly to decision-making and policy development.

The AMC engages with numerous peak bodies representing its many and varied stakeholders including:

Medical Board of Australia (MBA) and Australian Health Practitioner Regulation Agency (Ahpra)

The AMC, as the MBA's appointed accreditation authority under the Health Practitioner Regulation National Law (the National Law), works closely with the MBA to keep it informed of the way the AMC discharges its accreditation functions and provide it with reports and information required under the National Law. It also works collaboratively with the Ahpra, which supports the work of the MBA.

Health Professions Accreditation Collaborative Forum

The Forum is a coalition of the accreditation authorities of the regulated health professions. The AMC, as the appointed accreditation authority for the Medical Board of Australia, is a member of the Forum and since 2007 has provided its secretariat and administrative support. The Forum works collaboratively to support good accreditation practices, to strengthen networking opportunities and share understanding of accreditation processes, and to contribute to national boards and Australian Health Practitioner Regulation Agency joint meetings.

Council of Presidents of Medical Colleges (CPMC)

CPMC brings together the specialist medical colleges of Australia.

Confederation of Postgraduate Medical Education Councils (CPMEC)

CPMEC is the peak body for prevocational medical education and training.

Medical Deans Australia and New Zealand (MDANZ)

MDANZ is the peak body representing professional entry-level medical education, training and research in Australia and New Zealand.

Universities Australia

Universities Australia is the peak body for the university sector.

Australian Collaboration for Clinical Assessment in Medicine (ACCLAiM)

ACCLAiM provides the opportunity for Australian and New Zealand Medical Schools to collaborate on clinical assessment, thereby contributing to the development of a national framework for standard setting of assessment in medical schools.

Leaders in Indigenous Medical Education (LIME)

The LIME Network is a dynamic network dedicated to ensuring the quality and effectiveness of teaching and learning of Indigenous health in medical education as well as best practice in the recruitment and graduation of Indigenous medical students.

Australian Indigenous Doctors Association (AIDA)

AIDA is a not-for-profit organisation whose purpose is to contribute to equitable health and life outcomes, and the cultural wellbeing of Aboriginal and Torres Strait Islander Peoples.

Western Pacific Association for Medical Education (WPAME)

WPAME is the regional association of the World Federation for Medical Education concerned with the support and development of medical education in the countries in the Western Pacific Region of the World Health Organization. The AMC provides the Secretariat support for Western Pacific Association for Medical Education and has committed to continuing this service until at least 2022.

Te Ohu Rata o Aotearoa – Māori Medical Practitioners Association (Te ORA)

Te ORA is the professional body representing Māori medical students and doctors working as clinicians, researchers and teachers.

Medical Council of New Zealand (MCNZ)

The Medical Council of New Zealand's role is to protect and promote public health and safety.

Medical Workforce Reform Advisory Committee (MWRAC)

The Committee advises Commonwealth, state and territory health ministers on medical workforce reform priorities.

Financial Report

AMC Ltd's 2020 Financial Report includes the components required by the Australian Charities and Not-for-profits Commission Act, including the:

- Directors' report, including the auditor's independence declaration
- Audited financial statements
 - statement of financial position
 - statement of comprehensive income
 - statement of cash flows
 - statement of changes in equity
 - notes to the financial statements
- Directors' declaration that the financial statements comply with accounting standards, give a true and fair view, there are reasonable grounds to believe the company will be able to pay its debts, the financial statements have been made in accordance with the Corporations Act; and
- Independent auditor's report.



Annual Financial Report

2020

The annual financial report of the Australian Medical Council Limited for the year ended 30 June 2020 consists of the Directors' report, including the auditor's independence declaration; the financial report being the statement of financial position; the statement of profit and loss and other comprehensive income and statement of cash flows; the statement of changes in equity; notes to the financial statements; the Directors' declaration; and the auditor's report.

ABN 97 131 796 980

Directors' Report

Your Directors present this report on the Australian Medical Council Limited (the AMC) for the financial year ended 30 June 2020.

Directors

The names of each person who has been a Director during the year and to the date of this report are:

- Professor David Ellwood, President. Appointed as President on 30 November 2018
- Professor Kate Leslie AO FAHMS, Deputy President. Appointed as Deputy President on 30 November 2018. Director, ex officio as Chair of the Specialist Education Accreditation Committee. Appointed on 19 November 2015. Reappointed 24 July 2019.
- Professor Lisa Jackson Pulver AM, Director elected by Council. Appointed on 30 November 2018.
- Professor Geoffrey McColl, Director ex officio as Chair of the Medical School Accreditation Committee. Appointed on 20 October 2016.
- Professor Eleanor Milligan, Director elected by Council. Appointed on 30 November 2016. Reappointed on 30 November 2018.
- Dr Bruce Mugford, Director elected by Council. Appointed on 30 November 2018.
- Professor Suzanne Pitama. Director ex officio as Chair of the Aboriginal, Torres Strait Islander and Māori Committee. Appointed 31 October 2019.
- Emeritus Professor David Prideaux, Director ex officio as Chair of the Assessment Committee. Appointed on 19 November 2015. Reappointed on 24 July 2019.
- Dr Andrew Singer AM, Director ex officio as Chair of the Prevocational Standards Accreditation Committee. Appointed on 14 June 2018.

Directors have been in office since the start of the financial year to the date of this report unless otherwise stated.

Principal activities

The principal activity of the AMC during the financial year was to be the external accreditation authority for medicine under the Health Practitioner Regulation National Law (the National Law), functioning as an independent national standards and assessment body for medical education and training.

The AMC assesses medical courses and training programs (both Australian and New Zealand medical school courses and the programs for training medical specialists), accredits programs which meet AMC accreditation standards, and assesses doctors trained overseas who wish to be registered to practise medicine in Australia under the provisions of the National Law.

Objects

The objects of the AMC are:

- a) to improve health through advancing the quality and delivery of medical education and training associated with the provision of health services in Australia and New Zealand;
- b) to develop accreditation standards, policies and procedures for medical programs of study based predominantly in Australia and New Zealand, for prevocational supervised practice in Australia, and for assessment of international medical graduates for registration in Australia;
- c) to assess programs of study and/or supervised practice based predominantly in Australia and New Zealand leading to registration of the graduates or participants of those programs to practise medicine in Australia to determine whether the programs meet approved accreditation standards, and to make recommendations for improvement of those programs;

- d) to assess education providers based predominantly in Australia and New Zealand that provide programs of study leading to registration of the graduates of those programs to practise medicine in Australia, to determine whether the providers meet approved accreditation standards;
- e) to assess authorities in other countries that conduct examinations for registration in medicine, or that accredit programs of study relevant to registration in medicine, to decide whether persons who successfully complete the examinations or programs of study conducted or accredited by those authorities should have the knowledge, clinical skills and professional attributes necessary to practise medicine in Australia;
- f) to assess, or oversee the assessment of, the knowledge, clinical skills and professional attributes of overseas qualified medical practitioners who are seeking registration in medicine under the Health Practitioner Regulation National Law and whose qualifications are not approved qualifications under the Health Practitioner Regulation National Law for medicine;
- g) to assess the case for the recognition of new medical specialties;
- h) to act as an external accreditation entity for the purposes of the Health Practitioner Regulation National Law;
- i) to advise and make recommendations to Federal, State and Territory governments, the Australian Health Workforce Advisory Council, the Australian Health Practitioner Regulation Agency, the Medical Board of Australia and State and Territory boards of the Medical Board of Australia, and any other state and territory medical regulatory authorities in relation to:
 - i. matters concerning accreditation or accreditation standards for the medical profession;
 - ii. matters concerning the registration of medical practitioners;
 - iii. matters concerning the assessment of overseas qualifications of medical practitioners;
 - iv. matters concerning the recognition of overseas qualifications of medical practitioners; and
 - v. the recognition of medical specialties.
- j) to work with international health, education, accreditation and testing authorities and agencies to bring about improvement in standards of medical education and assessment; and
- k) to do all such matters as are ancillary to, convenient for or which foster or promote the advancement of matters that are the subject of these objects.

Objectives

The AMC's objectives are to:

- ensure the sustainability of the AMC by strengthening its funding across the accreditation and assessment activities
- maintain alignment of AMC's accreditation and assessment functions with requirements of the Medical Board of Australia and the Australian Health Practitioner Regulation Agency (AHPRA)
- continue to enhance AMC's position as a leader in accreditation and assessment standards
- support and encourage the exchange of expertise and information relating to accreditation and assessment both nationally and internationally
- develop and advocate for medical education standards that promote quality and safety in health service provision
- advance the health care of Aboriginal and Torres Strait Islander and Māori people through effective partnerships with Aboriginal and Torres Strait Islander organisations and individuals, and Māori organisations and individuals, and through engagement with government, education providers and health services
- become a leader in research and innovation in assessment
- continue to explore business opportunities for utilising the technology and systems of the National Test Centre
- continue to develop and advance policy and research in relation to accreditation and assessment in medical education
- collaborate and work with other accreditation authorities to support streamlining of accreditation processes including:
 - (a) cost effectiveness of the accreditation regime for delivering the accreditation functions;
 - (b) governance structures including reporting arrangements;
 - (c) opportunities for the streamlining of accreditation including consideration of the other educational accreditation processes – e.g., TEQSA and ASQA;
 - (d) the extent to which accreditation arrangements support educational innovation in programs including clinical training arrangements, use of simulation and inter-professional learning; and
 - (e) opportunities for increasing consistency and collaboration across professions.
- continue to engage nationally and internationally with health services, practitioners, educators, community and government leaders to strengthen stakeholder understanding of the work of the AMC and how that work supports good quality medical education and training to meet community needs

Strategy for achieving the objectives

AMC Strategic Plan 2018 – 2028

Vision: Excellence in healthcare through a highly trained medical workforce.

Purpose: To ensure that standards of education, training and assessment of the medical profession protect and promote the health of the Australian community.

Values: Openness and accountability • Collaboration • Innovation • Striving for excellence • Integrity • Cultural Safety and Cultural Competence

The AMC's strategic plan focuses on strengthening the relationship between our core business functions in accreditation and assessment and meeting community health needs. We are doing this by continuing to develop our relationship with strategic partners, including the Medical Board of Australia, medical schools, and specialist colleges. We are progressing strategic initiatives around promoting Aboriginal, Torres Strait Islander and Māori health; training of doctors during the internship; assessment of international medical graduates entering Australia; and community changes such as the effect of technology on medical education and training.

Strategic Pillars

Promoting and protecting the health of the Australian community through working with our partners and stakeholders

- 1.1 We will identify areas of common strategic intent with the MBA, AHPRA and other accreditation authorities and build partnerships to undertake joint initiatives in areas of shared interest.
- 1.2 We will demonstrate our openness and accountability through seeking feedback and commissioning evaluation to improve what we do.

Promoting medical education and training that is responsive to the workforce needs of the Australian community

- 2.1 We will ensure that the changing health care needs of Australian communities and changes in health delivery are reflected in the requirements for medical professional practice and education.
- 2.2 Using the accreditation standards and procedures, we will work with medical training providers to demonstrate how medical programs respond to the community needs for medical workforce.
- 2.3 We will work with partners and stakeholders, to identify and implement strategies that improve the quality of training, with particular attention to transition points in career pathways.
- 2.4 We will work with the Medical Board of Australia and other partners to develop surveys and research, to implement improvements in the quality of training programs and doctors' transitions between different stages of training.
- 2.5 We will continue to promote team-based practice and patient-centred care.
- 2.6 We will work with partners to foster a shared understanding of the changes in medical education and training required to build a medical workforce capable of providing general care in broad specialties across urban and rural settings.
- 2.7 We will support the development of WBA (work-based assessment) as a method for assessing the performance of IMGs against the standards required for practice in Australia.

Ensuring culturally safe practice to improve health outcomes

- 3.1 We will develop a Reconciliation Action Plan.
- 3.2 We will work with key Aboriginal and Torres Strait Islander and Māori stakeholders and other partners to define cultural safety.
- 3.3 We will advocate for change to the National Law to incorporate cultural safety as a professional requirement.
- 3.4 We will review how culturally safe practice will be included in all AMC International Medical Graduate assessment models.
- 3.5 We will develop a reflective piece outlining the AMC's work with its Aboriginal, Torres Strait Islander and Māori partners in improving health outcomes.
- 3.6 We will review how accreditation standards affect health outcomes for Aboriginal, Torres Strait Islander and Māori people.
- 3.7 We will work with partners to develop a best practice resource for doctors in caring for Aboriginal, Torres Strait Islander and Māori patients and their families.

Promoting professional and humanistic practice in a world of increasing technological change and artificial intelligence

- 4.1 We will use accreditation standards and procedures to encourage medical education and training that is consistent with how technology and artificial intelligence could affect the future delivery of medical care.
- 4.2 We will collaborate with stakeholder groups to develop ethical standards for the use of technology and artificial intelligence in medical care.
- 4.3 We will promote the attributes of humanism, compassion and cultural safety, which are central to the delivery of good medical care, in medical education, training and professional performance curricula.
- 4.4 We will collaborate with stakeholders to encourage the use of technologies that drive higher standards of healthcare and reduce health inequity.

Managing our business in an ethical, efficient and sustainable way

- 5.1 We will strive to achieve international best practice by benchmarking ourselves with comparable organisations.
- 5.2 We will host partner and stakeholder workshops to share knowledge, information and approaches as we work towards our strategic aims.
- 5.3 We will increase our collaboration with other organisations to optimise use and potential of the National Test Centre.
- 5.4 We will improve the quality of assessment and accreditation methods with the aim of protecting the health of the Australian community.
- 5.5 We will update the delivery media for the AMC's publications and handbooks.
- 5.6 We will review the feasibility of increasing the capacity of the NTC – either in collaboration with other accreditation authorities or by ourselves.
- 5.7 We will engage and seek contribution from all AMC teams, staff, and business partners to enable an approach of continual improvement and effectiveness achieving the AMC's purpose, vision, and values.

Meetings of Directors

During the 2019-20 financial year, nine Meetings of Directors were held.
Attendances by each Director were as follows:

	Directors' meetings (2019-20)	
	No. eligible to attend	No. attended
Professor David Ellwood	9	9
Professor Kate Leslie AO FAHMS	9	9
Professor Geoffrey McColl	9	9
Professor Eleanor Milligan	9	8
Dr Bruce Mugford	9	8
Professor Suzanne Pitama	6	6
Emeritus Professor David Prideaux	9	9
Professor Lisa Jackson Pulver AM	9	6
Dr Andrew Singer AM	9	9

Indemnifying the Directors

During the financial year, the AMC paid a premium of \$8,270 (2019 \$7,399) to insure the Directors of the AMC. The policy covers all of the Directors and the CEO. The liabilities insured include all costs and expenses that may be incurred in defending any claim that may be brought against the Directors for any actual or alleged breach of their professional duty in carrying out their duties for the AMC.

Information on Directors**Professor David Ellwood****Qualifications**

MA DPhil (Oxon), MB BChir (Cantab), FRANZCOG, CMFM, DDU

Experience

- Dean of Medicine and Head of School, Griffith University School of Medicine
- Professor of Obstetrics and Gynaecology, Griffith University School of Medicine
- Director of Maternal-Fetal Medicine at Gold Coast University Hospital
- Deputy Dean, Australian National University Medical School
- Senior Staff Specialist in Obstetrics and Gynaecology, Canberra Hospital
- Former Associate Dean, Canberra Clinical School, University of Sydney
- Former Medical Advisor (Acute Services) to ACT Health
- Former Acting Chief Executive Officer (Clinical Services), Canberra Hospital
- Former Executive Director, Women's and Children's Health Services, Canberra Hospital

Special responsibilities

- President, Australian Medical Council
- Deputy President, Australian Medical Council
- Director, Australian Medical Council
- Member, Australian Medical Council
- Member, Finance, Audit and Risk Management Committee
- Chair, Royal Australasian College of Dental Surgeons' 2017 Assessment Team
- Member, Health Professions Accreditation Collaborative Forum

Professor Kate Leslie AO FAHMS

Qualifications

MBBS, MD, MEpid, MHLthSrvMt, Hon DMedSc, FANZCA, FAICD

Experience

- Staff Anaesthetist and Head of Research, Department of Anaesthesia and Pain Management, Royal Melbourne Hospital
- Member, Implementation Working Group, Medical Board of Australia
- Honorary Professorial Fellow, Centre for Integrated Critical Care, Melbourne Medical School, University of Melbourne
- Honorary Adjunct Professor, Department of Epidemiology and Preventive Medicine, Monash University
- Former President, Australian and New Zealand College of Anaesthetists

Special responsibilities

- Deputy President, Australian Medical Council
- Director, Australian Medical Council
- Member, Australian Medical Council
- Chair, Specialist Education Accreditation Committee
- Member, Royal Australian and New Zealand College of Obstetricians and Gynaecologists' 2017 Assessment Team

Professor Geoffrey McColl

Qualifications

BMedSci, MBBS, FRACP, PhD MEd

Experience

- Executive Dean, Faculty of Medicine, University of Queensland
- Former Head, Melbourne Medical School, University of Melbourne
- Former Rheumatologist, the Royal Melbourne Hospital and NorthWestern Mental Health

Special responsibilities

- Director, Australian Medical Council
- Member, Australian Medical Council
- Chair, Medical School Accreditation Committee
- Chair, MedSAC Standards Review 2020 Working Group

Professor Eleanor Milligan

Qualifications

PhD, GradDipEd, BSc, BA (Hons -1st), GAICD

Experience

- Professor of Ethics and Professional Practice, Griffith University
- Member, Medical Board of Australia (Queensland)
- Chair, Notifications Committee - (MBA Queensland)
- Chair, Griffith University Human Research Ethics Committee
- Member, Metro South Hospital and Health Board
- Former Member, NHMRC Australian Health Ethics Committee (Australian Health Ethics Committee)
- Former Chair, NHMRC AHEC – National project - Clinical Ethics Capacity Building Special responsibilities

Special responsibilities

- Director, Australian Medical Council
- Member, Australian Medical Council
- Member, Investment Policy Advisory Group
- Member Finance, Audit and Risk Committee
- Member, Aboriginal and Torres Strait Islander and Maori Strategy Group (superseded by the formation of the Standing Committee)

Dr Bruce Mugford

Qualifications

BM, BS (Flinders University), FRACGP, MPH&TM, Grad Dip Family Medicine

Experience

- Private General Practice
- Group Director, Clinical Services – Primary Health Care Pty Ltd.
- Director, Primary Health Care Institute. Primary Health Care Pty Ltd
- CEO, Sturt Fleurieu General Practice Education and Training
- Foundation Director, Greater Green Triangle University Department of Rural Health, Flinders University
- Senior Lecturer, Flinders University
- Counsellor (Medical) Department of Foreign Affairs and Trade Australian Embassy, Jakarta

Special responsibilities

- Director, Australian Medical Council
- Member, Australian Medical Council
- Member Finance, Audit and Risk Committee

Professor Suzanne Pitama

Qualifications

MA (Hons) (Auckland), PGDipEdPsych (Massey), PhD (Otago)

Experience

- Associate Dean Māori, University of Otago, Christchurch
- Director of the Māori/Indigenous Health Institute, University of Otago, Christchurch
- Faculty lead, Māori Health Curriculum, Otago, Medical School, University of Otago
- Co-Director of Research Theme, Poutama Ara Arau – Indigenous pedagogies, University of Otago
- Registered Educational Psychologist, New Zealand Psychologists Board

- Membership on Tu Maia, Māori Expert Advisory Group, New Zealand Psychologists Board
- Board Member, Health Research Council of New Zealand
- Chair of Māori Health Committee – Health Research Council of New Zealand
- Membership on Ministry of Health Expert Advisory Group, Māori Health Action Plan
- Te Ora Affiliated Member
- Former Board member, Brain Health Research Centre, University of Otago
- Former LIME (Leaders in Indigenous Medical Education) reference group member

Special responsibilities

- Director of the Australian Medical Council
- Member of Council, Australian Medical Council
- Chair Aboriginal, Torres Strait Island and Māori Committee

Emeritus Professor David Prideaux

Qualifications

Dip of Teaching, BA (Hons), Master of Education, PhD, FANZAPHE

Experience

- Emeritus Professor of Medical Education, Prideaux Centre for Research in Health Professions Education, Flinders University
- Former Deputy Dean, Professor and Head, Health Professional Education, Flinders University
- Membership of Flinders University committees including School of Medicine Committees, Faculty of Health Sciences committees
- Convenor curriculum conferences and workshops for the School of Medicine, Flinders University
- Former Deputy Editor, Medical Education and Advances in Health Sciences Education
- Former Editor Focus on Health Professional Education
- Former President Australasian and New Zealand Association for Medical Education (ANZAME)

Special Responsibilities

- Director, Australian Medical Council
- Member, Australian Medical Council
- Chair, Assessment Committee
- Chair, Investment Policy Advisory Group
- Member, Aboriginal, Torres Strait Islander and Māori Committee
- Member, Innovations Group
- Member, Competency-based Medical Education (CBME) Working Group
- Member, MCQ Results Panel
- Member, NTC Innovations Group
- Member, WBA Development Group
- Member, MCQ Development Group
- Member, Clinical Results Panel
- Member, Clinical Examination Research Group

Professor Lisa Jackson Pulver AM

Qualifications

Ph.D., MPH (Sydney), MA (Strategic Studies Deakin/Australian Defence College), Grad Cert App Epi., Fellow, Centre for Defence and Strategic Studies, Australian Defence Force, Australia. Member Australian Institute Company Directors.

Experience

- Deputy Vice Chancellor, Sydney University
- Specialist Advisor (Epidemiologist), Royal Australian Air Force
- Member, Australian Statistical Advisory Committee
- Member, Health Performance Council of South Australia
- Member, Indigenous HealthInfoNet Advisory Committee
- Director, Praxis Australia
- Professor Public Health, Sydney University
- Former Pro Vice Chancellor Engagement. Pro Vice Chancellors Indigenous. Provost Western Sydney University
- Former Professor of Public Health, School Public Health and Community Medicine, Faculty Medicine, University New South Wales
- Former Chair, Indigenous Health, Muru Marri Indigenous Health Unit, SPHCM, Faculty Medicine, University of New South Wales
- Former Public Health Epidemiologist, South Eastern Area Health Service, Sydney New South Wales

Special responsibilities

- Director, Australian Medical Council
- Member, Australian Medical Council
- Member, Aboriginal, Torres Strait Islander and Maori Advisory Committee
- Member, University of Melbourne 2020 Assessment Team
- Member, Deakin University 2018 Assessment Team
- Member, Anthology Group
- Member, MCQ Group

Dr Andrew Singer AM

Qualifications

MBBS, FACEM

Experience

- Senior Specialist, Emergency Medicine, Canberra
- Adjunct Associate Professor, ANU Medical School
- Principal Medical Adviser (MO6), Australian Government Department of Health

Special responsibilities

- Director, Australian Medical Council
- Member, Australian Medical Council
- Chair, Prevocational Standards Accreditation Committee
- Member, Specialist Education Accreditation Committee

Significant changes in the state of affairs

AMC main business has resumed to be near normal after the disruption from March to June 20 due to COVID-19 as some of the examinations were cancelled. AMC purchased a building during the financial year for \$14 million. The building consists of three floors and one floor will be treated as an investment property as it will be leased out.

Events since the end of the financial year

No events since the end of financial year.

Auditor

PricewaterhouseCoopers (PwC) continues in office in accordance with section 327 of the *Corporations Act 2001*.

Auditor's independence declaration

A copy of the auditor's independence declaration as required under section 60-40 of the *Australian Charities and Not-for-Profits Commission (ACNC) Act 2012* is set out on page 13 and forms part of the Directors' report.

Members' guarantee

The AMC is incorporated under the *Corporations Act 2001* and is a company limited by guarantee. If the AMC is wound up, the Constitution states that each member is required to contribute a maximum of \$10 each towards meeting any outstanding obligations of the company. At 30 June 2020 the total amount that members of the company are liable to contribute if the company is wound up is \$290 (2019: \$270).



Signed in accordance with a resolution of the Directors.

Professor David Ellwood (President)

Dated 29 October 2020



Auditor's Independence Declaration

As lead auditor for the audit of Australian Medical Council Limited for the year ended 30 June 2020, I declare that to the best of my knowledge and belief, there have been no contraventions of any applicable code of professional conduct in relation to the audit.



David Murphy
Partner
PricewaterhouseCoopers

Canberra
29 October 2020

PricewaterhouseCoopers, ABN 52 780 433 757
28 Sydney Avenue, FORREST ACT 2603, GPO Box 447, CANBERRA CITY ACT 2601
T: + 61 2 6271 3000, F: + 61 2 6271 3999, www.pwc.com.au

Liability limited by a scheme approved under Professional Standards Legislation.

Financial Report

For the year ending 30 June 2020

These financial statements are the financial statements of Australian Medical Council Limited as an individual entity.

The financial statements are presented in Australian dollar (\$).

The Australian Medical Council Limited is a company limited by guarantee, incorporated and domiciled in Australia. Its registered office and principal place of business is:

11 Lancaster Place, Level 3, Majura, ACT 2609

The financial statements were authorised for issue by the directors on 29 October 2020. The directors have the power to amend and reissue the financial statements.

Australian Medical Council Limited ABN 97 131 796 980

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2020

	Note	2020	2019
		\$	\$
Revenue from contracts with customers	2	19,657,838	22,982,121
Other income		638,969	633,219
Net (loss)/gain on Financial Assets at Fair Value through Profit and Loss		(241,027)	659,355
Total revenue and other income		20,055,780	24,274,695
Accreditation		856,346	713,716
Examination running expenses		4,389,677	5,772,974
Publishing expenses		34,697	44,905
Council committees and executive expenses		730,961	801,438
Employee benefits	16	9,644,493	8,537,381
Depreciation and amortisation		2,035,517	915,627
Rental Expense		-	1,441,645
Bank fees and charges		218,646	274,604
Interest Expense		279,568	-
Loss on sale of investments		-	47,469
Audit, legal and consultancy expenses	13	185,288	237,033
Computer expenses		730,985	669,835
Impairment expenses		-	323,167
Administration expenses		1,578,488	1,851,234
Fair value adjustment of investment property		320,233	-
Impairment expense land and buildings		747,209	-
Total expenses		21,752,108	21,631,028
(Deficit)/Surplus for the year attributable to the Council		(1,696,328)	2,643,667
Total comprehensive (Loss)/Surplus for the year		(1,696,328)	2,643,667

The accompanying notes form part of these financial statements.

Australian Medical Council Limited ABN 97 131 796 980
STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2020

	Note	2020	2019
		\$	\$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	4	4,376,915	4,933,560
Trade and other receivables	5	182,896	132,315
Contract asset	3	568,725	244,293
Inventories		89,820	94,137
Lease receivable	14	118,296	-
Investments – Financial assets at fair value through profit and loss	6	9,839,506	8,988,883
Financial asset at amortised cost	7	5,302,822	13,871,445
Other assets	8	318,825	351,162
TOTAL CURRENT ASSETS		20,797,805	28,615,795
NON-CURRENT ASSETS			
Work in progress - Intangibles	9	1,455,169	769,855
Lease receivable	14	256,156	
Property, Plant and equipment	10	10,769,471	2,215,605
Investment properties		3,930,000	-
Intangible assets	11	133,025	225,219
Right-of-use asset	14	2,350,347	-
TOTAL NON-CURRENT ASSETS		18,894,168	3,210,679
TOTAL ASSETS		39,691,973	31,826,474

The accompanying notes form part of these financial statements.

Australian Medical Council Limited ABN 97 131 796 980

	Note	2020	2019
		\$	\$
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	12	679,467	993,012
Lease liabilities	14	1,782,195	163,592
Loan	18	235,000	-
Employee benefits	15	1,779,454	1,689,533
Contract liabilities	3	6,265,203	4,795,425
TOTAL CURRENT LIABILITIES		10,741,319	7,641,562
NON-CURRENT LIABILITIES			
Lease liabilities	14	2,013,794	-
Lease incentive		-	443,063
Loan	18	5,365,000	-
Employee benefits	15	153,505	132,315
Other payables		-	494,852
Provision for make good		656,251	656,250
TOTAL NON-CURRENT LIABILITIES		8,188,550	1,726,480
TOTAL LIABILITIES		18,929,869	9,368,042
NET ASSETS		20,762,104	22,458,432
EQUITY			
Retained earnings		20,762,104	22,458,432
TOTAL EQUITY		20,762,104	22,458,432

The accompanying notes form part of these financial statements.

Australian Medical Council Limited ABN 97 131 796 980
STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2020

	Available for sale Investment Reserve	Retained earnings	Total
	\$	\$	\$
Balance at 1 July 2018	263,735	19,551,030	19,814,765
Total comprehensive income for the year			
Surplus for the period attributable to the Council	-	2,643,667	2,643,667
Change in accounting policy	(263,735)	263,735	-
Total comprehensive income for the year	-	2,907,402	2,643,667
Balance at 30 June 2019	-	22,458,432	22,458,432
Deficit for the period attributable to the Council	-	(1,696,328)	(1,696,328)
Total comprehensive income for the year	-	(1,696,328)	(1,696,328)
Balance at 30 June 2020	-	20,762,104	20,762,104

The accompanying notes form part of these financial statements.

Australian Medical Council Limited ABN 97 131 796 980
STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2020

	Note	2020 \$	2019 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipt of grants		4,814,335	3,757,502
Receipts from customers and other sources (inclusive of GST)		15,563,814	20,900,932
Payments to suppliers and employees (inclusive of GST)		(19,361,940)	(20,765,025)
Net cash generated from operating activities		1,016,209	3,893,409
CASH FLOWS FROM INVESTING ACTIVITIES			
Purchase of land and buildings		(9,917,209)	-
Purchase of investment property		(4,250,233)	-
Purchases of Plant and Equipment		(107,466)	(335,360)
Net movements in investments and term deposits		7,476,974	(2,135,400)
Purchases of Intangible assets		(138,638)	(303,299)
Interest received from Investments		638,969	633,217
Net Loss on sale of Investments		-	(47,469)
Net cash (used) in investing activities		(6,297,603)	(2,188,311)
CASH FLOWS FROM FINANCING ACTIVITIES			
Proceeds from borrowings		5,600,000	-
Repayment of lease		(875,251)	(37)
Net cash generated/(used) in financing activities		4,724,749	(37)
Net (decrease)/increase in cash held		(556,645)	1,705,061
Cash and cash equivalents at beginning of financial year		4,933,560	3,228,499
Cash and cash equivalents at end of financial year	4	4,376,915	4,933,560

The accompanying notes form part of these financial statements.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

The financial statements are for the Australian Medical Council Limited (AMC), as an individual entity, incorporated and domiciled in Australia. The AMC is a company limited by guarantee.

Note 1: Summary of significant accounting policies**(a) Basis of preparation**

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards – Reduced Disclosure Requirements of the Australian Accounting Standards Board (AASB) and the *Australian Charities and Not-for-Profits Commission (ACNC) Act 2012*. The AMC is a not-for-profit entity for the purpose of preparing financial statements.

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless otherwise stated. The financial statements have been prepared on a historical cost basis and are presented in Australian currency.

The financial statements for the year ended 30 June 2020 were authorised for issue on 29 October 2020 by the Directors of the AMC.

(i) New and amended standards adopted by AMC

AMC has applied the following standards and amendments for the first time in their annual reporting period commencing 1 July 2019:

- AASB 15 *Revenue from Contracts with Customers*
- AASB 16 *Leases*
- AASB 1058 *Income of not-for-profit Entities*

AMC had to change its accounting policies and elected to make a modified, retrospective adjustment as at 1 July 2019. Details are disclosed in (b) revenue and (f) leases.

(b) Revenue

AMC complies with the normal customary practice for contracts with customers within the scope of the accounting standards. Based on the contract, AMC determines at the inception whether it satisfies the performance obligation over time or at a point in time. Depending on the performance obligation the revenue will be recognised either over time or at a point in time.

If the recognition is over time as in the case of the Australian Health Practitioner Regulation Agency (AHPRA) grant, it is measured in a way so that the performance obligation is met with complete satisfaction at the end of the predetermined period. The AHPRA grant is determined by the AMC work program for the financial year and complies with the basic funding principles set out by Accreditation Authorities, National Boards and AHPRA.

All other income generating activities fall under the category of point in time. The revenue recognition takes place at a point in time when AMC satisfies the performance obligation. These activities include Examination fees, NTC Rent and Hire of facility and Accreditation fees.

Examination fees (including Verification fees) are recognised at a point in time when the revenue is received and the portfolio is created. Amounts received in advance are recorded in a contract liability account, until such time as AMC delivers the contracted performance obligation. At this point in time revenue is recognised.

NTC Hire of facility is recognised at a point in time. Deposits paid by the contractual party in advance of hire are transferred to a contract liability account. The performance of the contract takes place at the specified time, and based on this performance, revenue is recognised, including the deposit in the contract liability account.

Accreditation fees are recognised at a point in time. Where a deposit is paid by the contractual party, it is transferred to a contract liability account. The performance of the contract takes place at a specified time, and based on this performance, revenue is recognised, including the deposit, in the contract liability

account. The performance obligation is completed when the accreditation visit gives rise to the recommendation report, which needs to be approved by the Board of Directors.

There are point in time contractual obligations where there is delivery of goods regarding the sale of publications. For these activities of the AMC, the revenue recognition takes place as soon as the revenue is received and simultaneously the goods are delivered thereby completing the contractual obligation.

The Job Keeper Grant and the Australian Digital Health Agency (ADH) Grant are contractual obligations at a point in time. The revenue for the Job Keeper Grant is recognised at a point in time when AMC submits the claim for the relevant month to the ATO, subject to the condition that AMC has complied with the requirement of having processed the payroll and paid the employees for the relevant month. The ADH and the Health Professional Accreditation Council grant is based on a point in time where the revenue is recognised after meeting certain criteria for different stages.

(c) Inventories

Inventories are measured at the lower of cost and net realisable value.

(d) Property, plant and equipment**i. Plant and equipment**

Plant and equipment are measured on the cost basis less accumulated depreciation and any accumulated impairment losses.

The carrying amount of plant and equipment is reviewed annually by directors to ensure it is not in excess of its recoverable amount. Each asset class's carrying amount is written down immediately to its recoverable amount if the class's carrying amount is greater than its estimated recoverable amount.

The depreciable amount of all fixed assets, including capitalised lease assets, is depreciated on a straight line basis over the asset's useful life commencing from the time the asset is held ready for use. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the useful lives of the improvements.

The depreciation rates used for each class of depreciable assets are:

Class of fixed asset	Depreciation period
Land and Building	20-30 years
Computer equipment	2-5 years
Office equipment	3-10 years
Leasehold Improvements	Term of the lease
Furniture and fittings	3-10 years

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains or losses are included in the statement of profit or loss and other comprehensive income. When revalued assets are sold, amounts included in the revaluation surplus relating to that asset are transferred to retained earnings.

ii. Land and buildings

Land and buildings represent the AMC (to be) occupied portion of 4 Marcus Clarke Street. Land and buildings are measured at fair value (fair value is determined on the basis of an independent valuation prepared by external valuation experts, based on discounted cash flows or capitalisation of net income, as appropriate).

Any revaluation increase arising on the revaluation of land and buildings is credited to a revaluation reserve, except to the extent that it reverses a revaluation decrease for the same asset previously recognised as an expense in profit or loss, in which case the increase is credited to the statement of comprehensive income to the extent of the decrease previously charged.

A decrease in carrying amount arising on the revaluation of land and buildings is charged as an expense in profit and loss to the extent that it exceeds the balance, if any, held in the revaluation reserve relating to that asset. In the event that there are revaluation increases and revaluation decreases relating to individual assets within land and buildings these are offset against one another. On the subsequent sale or retirement

of a revalued property, the attributable revaluation surplus remaining in the revaluation reserve, is transferred directly to retained earnings.

Buildings will be depreciated on a straight line basis over the asset's useful life commencing from the time the building is ready for use by AMC.

(e) Investment property

Investment property represents the ground floor of 4 Marcus Clarke Street and is held for long-term rental yields and is not occupied by AMC. They are carried at fair value. Changes in fair values are presented in profit or loss as part of other income.

AMC obtains independent valuations for its investment properties at least annually.

At the end of each reporting period, the directors update their assessment of the fair value of each property, taking into account the most recent independent valuations.

The best evidence of fair value is current prices in an active market for similar properties. Where such information is not available the directors consider information from a variety of sources including:

- Current prices in an active market for properties of a different nature or recent prices of similar properties in less active markets, adjusted to reflect those differences
- discounted cash flow projections based on reliable estimates of future cash flows
- capitalised income projections based on a property's estimated net market income, and a capitalisation rate derived from an analysis of market evidence

(f) Leases

AMC leases various offices and equipment. Rental contracts are typically made for fixed periods of 5 to 7 years.

Contracts may contain both lease and non-lease components. AMC allocates the consideration in the contract to the lease and non-lease components based on their relative stand-alone prices. However, for leases of AMC, it has elected not to separate lease and non-lease components and instead accounts for these as a single lease component.

Lease terms are negotiated on an individual basis and contain a wide range of different terms and conditions. The lease agreements do not impose any covenants other than the security interests in the leased assets that are held by the lessor. Leased assets may not be used as security for borrowing purposes.

Until the 2019 financial year, leases of property, plant and equipment were classified as either finance leases or operating leases. From 1 July 2019, leases are recognised as a right-of-use asset and a corresponding liability at the date at which the leased asset is available for use by AMC.

The new lease regime under the Accounting standards includes all contracts that convey the right to use an asset for a period of time. This gives rise to the right of use of an asset and a lease liability based on discounted payments required under the lease, taking into account the lease term determined under the new lease standard. The right of use will bring the asset to its present value based on the prevailing interest rate. Once this is determined the right of use asset will be depreciated over the period of the lease and this depreciation will be brought into the Profit or Loss statement. The right of use asset after depreciation will be brought into the Balance Sheet, under the new Lease standard. AMC has Majura Park and the NTC under a lease contract for buildings and a separate lease for Printers and Photocopiers for equipment.

(g) Financial instruments

i) Classification

AMC classifies its financial assets into the following measurement categories:

- those to be measured subsequently at fair value (either through OCI or through profit or loss), and
- those to be measured at amortised cost.

The classification depends on the entity's business model for managing the financial assets and the contractual terms of the cash flows.

For assets measured at fair value, gains and losses will either be recorded in profit or loss or OCI. For investments in equity instruments that are not held for trading, this will depend on whether the entity has made an irrevocable election at the time of initial recognition to account for the equity investment at fair value through other comprehensive income (FVOCI).

The Council's investment in managed funds, listed shares and securities are classified as financial assets at fair value through the profit or loss. After initial recognition, these assets are measured at fair value and changes there in, are recognised as a gain or loss in the profit or loss.

ii) Recognition and de-recognition

Regular way purchases and sales of financial assets are recognised on trade-date, the date on which the AMC commits to purchase or sell the asset. Financial assets are derecognised when the rights to receive cash flows from the financial assets have expired or have been transferred and the AMC has transferred substantially all the risks and rewards of ownership.

iii) Measurement

At initial recognition, the AMC measures a financial asset at its fair value plus, in the case of a financial asset not at fair value through profit or loss (FVPL), transaction costs that are directly attributable to the acquisition of the financial asset. Transaction costs of financial assets carried at FVPL are expensed in profit or loss.

iv) Impairment

AMC assesses on a forward looking basis the expected credit losses associated with its debt instruments carried at amortised cost and FVOCI. The impairment methodology applied depends on whether there has been a significant increase in credit risk.

For trade receivables, the AMC applies the simplified approach permitted by AASB 9, which requires expected lifetime losses to be recognised from initial recognition of the receivables.

v) Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market and are subsequently measured at amortised cost.

Loans and receivables are included in current assets, except for those which are not expected to mature within 12 months after the end of the reporting period. These loans and receivables are classified as non-current assets.

(h) Employee benefits

Provision is made for AMC's liability for employee benefits arising from services rendered by employees to the end of the reporting period. Employee benefits that are expected to be settled within one year have been measured at the amounts expected to be paid when the liability is settled. Employee benefits payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those benefits. In determining the liability, consideration is given to employee wage increases and the probability that the employee may not satisfy vesting requirements. Those cash outflows are discounted using market yields on national government bonds with terms to maturity that match the expected timing of cash flows.

The obligations are presented as current liabilities in the balance sheet if the AMC does not have an unconditional right to defer settlement for at least twelve months after the reporting period, regardless of when the actual settlement is expected to occur.

(i) Cash and cash equivalents

Cash and cash equivalents for 2019/20 include cash on hand and deposits held at call. In 2019/20 cash and cash equivalents include cash on hand, deposits held at call with banks, and short term deposits of 90 days or less. There is US dollar cash account which is being used for payments to suppliers in the US for carrying out work for the Accreditation Management system. The outstanding balance on this account is translated to Australian Dollars as at 30 June of the financial year for accounting purposes and any exchange gain or losses are transferred to the profit or loss.

(j) Goods and services tax

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO). In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of an item of expense. The net amount of GST recoverable from, or payable to, the ATO is included as part of receivables or payables in the statement of financial position.

Cash flows are included in the statement of cash flows on a gross basis, except for the GST component of cash flows arising from investing and financing activities which is recoverable from, or payable to, the ATO. The GST component of financing and investing activities which is recoverable from, or payable to, the ATO is classified as a part of operating cash flows.

(k) Income tax

No provision for income tax has been raised as the AMC is exempt from income tax under Division 50 of the *Income Tax Assessment Act 1997*.

(l) Intangible assets

Software assets acquired or developed by the AMC are recorded at cost and have finite useful lives.

The AMC amortises intangible assets using the straight line method over the following period:

- Computer Software 3 - 6 years

Costs incurred in developing systems and costs incurred in acquiring software and licences that will contribute to future period financial benefits are capitalised as software. Costs capitalised include external direct costs of materials and service, employee costs and relevant overheads. IT development costs include only those costs directly attributable to the development phase and are only recognised following completion of technical feasibility and where the AMC has an intention and ability to use the asset. All research expenditure is recognised as an expense as it is incurred.

(m) Provisions

Provisions are recognised when AMC has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured. Provisions recognised represent the best estimate of the amounts required to settle the obligation at the end of the reporting period.

(n) Comparative figures

Where required by Accounting Standards, comparative figures have been adjusted to conform with changes in presentation for the current financial year.

(o) Trade and other payables

Trade and other payables represent the liability outstanding at the end of the reporting period for goods and services received by AMC during the reporting period which remain unpaid. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.

(p) Impairment

Assets are assessed for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. An impairment loss is recognised for the amount by which the asset's carrying amount exceeds its recoverable amount. The recoverable amount is the higher of an asset's fair value less costs of disposal and value in use.

(q) Going concern

AMC business was affected by COVID-19 with the result that some of the examinations were cancelled from March to June 2020. In June MCQ examinations re-commenced but at a reduced scale. Clinical examinations cannot be conducted as a result of the lock down restrictions in Melbourne. A new format for delivery of clinical examinations is being developed which is planned to come into operation from February 2021.

At present, cash flows are being monitored and the levels of expenditure are at sustainable levels. AMC has introduced a Cash preservation policy reducing expenditure which includes freezing all recruitments, travel, accommodation and face to face meetings. On this basis AMC can continue into the immediate future maintaining its services at a sustainable level. As things improve AMC will take measured steps to uplift its capabilities so that it can return its operations to pre COVID - 19 levels.

Note 2: Revenue

AMC derives revenue from contracts with customers through the transfer of goods and services over time and at a point in time across the following revenue streams.

	2020	2019
	\$	\$
REVENUE DERIVED OVER TIME		
Medical Board of Australia grants	3,647,557	3,642,502
All other segments	7,710	1,462
	3,655,267	3,643,964
REVENUE DERIVED AT A POINT IN TIME		
Health Profession Accreditation Councils Forum contributions	120,000	115,000
ADH Grant	72,727	-
Job Keeper Grant	974,051	-
Accreditation fees	484,381	331,192
Examination fees	13,732,647	17,926,343
Rental Income for 4MC	30,626	-
NTC Income	447,057	758,676
Sale of publications	141,082	206,946
	16,002,571	19,338,157
TOTAL REVENUE	19,657,838	22,982,121

Note 3: Assets and liabilities related to contracts with customers

AMC has recognised the following assets and liabilities related to contracts with customers:

	2020	2019
	\$	\$
CURRENT CONTRACT ASSETS		
Job keeper Grant	368,550	-
Other	200,175	244,293
TOTAL CURRENT CONTRACT ASSETS	568,725	244,293
CONTRACT LIABILITIES		
Accreditation fees	259,495	280,208
Examination fees	5,940,364	4,445,805
NTC Rent and Hire	19,599	19,150
Other	45,745	50,262
TOTAL CONTRACT LIABILITIES	6,265,203	4,795,425

Note 4: Cash and cash equivalents

	2020	2019
	\$	\$
Cash on hand	1,500	1,500
Cash at bank	3,952,858	4,697,565
Macquarie Vision Cash account	422,557	234,495
	4,376,915	4,933,560

Note 5: Trade and other receivables

	2020	2019
	\$	\$
Trade receivables	92,281	32,932
GST receivable	90,615	99,383
	182,896	132,315

Note 6: Investments

	2020	2019
	\$	\$
Financial assets at fair value through profit and loss		
Listed Securities	6,713,190	5,635,925
Managed Investments	3,126,316	3,352,958
	9,839,506	8,988,883

Note 7: Financial asset at amortised cost

	2020	2019
	\$	\$
CURRENT		
Term deposits	5,302,822	13,871,445
	5,302,822	13,871,445

Term deposits comprise deposits with banks with original maturities of 90 days or more, but less than 12 months.

Note 8: Other assets

	2020	2019
	\$	\$
CURRENT		
Prepayments	318,825	351,162
	318,825	351,162

Note 9: Work in Progress - Intangibles

The Accreditation Management System is a software system being developed for the Accreditation section to meet its business needs. Since the end of the last financial year the project has progressed well and achieved all the milestones to date. It is expected that by the end of the next financial year the project will be completed. The cost of the project to 30 June 20 is \$431,735.

The AMC Mobile Practice Test (App) is currently in the final stages of development with the 6th iteration of technological development completed and the functionality in the final stages of testing. The cost of the project as at 30 June is \$184,255. The present plan is to finalise the project within the next six months.

The ongoing work on the Anthology project will now include iterations of editing and indexing, graphic design, marketing, and financial modelling before publication. The cost of the project as at 30 June 20 is \$461,911. When the project will be completed is unknown at this stage.

The Remote Marking project has now moved beyond the pilot phase and is commencing the implementation phase. The immediate objective was to implement at least one scored station by 30 June 2020. The cost of the project as at 30 June 20 is \$230,451. At this stage the date of completion is not known.

The MCQ book update has cost \$144,682 as at 30 June 20. At this stage final completion date is not known.

	Accreditation Management System	App	GMP	Anthology	Remote Marking	MCQ Book Update	Total
	\$	\$	\$	\$	\$	\$	\$
Opening balance as at 01 July 2019	310,377	107,396	-	328,123	-	23,959	769,855
Additions at cost	121,358	76,859	2,135	133,787	230,451	120,724	685,314
Transfer	-	-	-	-	-	-	-
Impairment	-	-	-	-	-	-	-
Closing balance as at 30 June 2020	431,735	184,255	2,135	461,910	230,451	144,683	1,455,169

Note 10: Property, Plant and equipment**Movements in carrying amounts**

Movement in the carrying amounts for each class of property, plant and equipment between the beginning and the end of the current financial year:

	Computer equipment	Office equipment	Furniture and fittings	Leasehold improvement	Building	Total
	\$	\$	\$	\$	\$	\$
Cost at 1 July 2019	2,076,678	770,448	761,783	5,844,401	-	9,453,310
Accumulated depreciation	(1,061,509)	(594,881)	(639,708)	(4,941,607)	-	(7,237,705)
Net book amount at 1 July 2019	1,015,169	175,567	122,075	902,794	-	2,215,605
Additions at cost	89,396	-	18,070	-	9,917,209	10,024,675
Decrease in fair value	-	-	-	-	(747,209)	(747,209)
Amortisation/ Depreciation charge for the period	(387,766)	(54,408)	(34,538)	(246,888)	-	(723,600)
Carrying amount at 30 June 2020	716,799	121,159	105,607	655,906	9,170,000	10,769,471

Note 11: Intangible assets

	\$
Computer software - at cost 1 July 2018	1,808,154
Accumulated depreciation	(1,582,935)
Net Book amount at 1 July 2019	225,219
Additions at cost	-
Depreciation charge for the period	(92,194)
Carrying amount at 30 June 2020	133,025

Note 12: Trade and other payables

	2020	2019
	\$	\$
Trade payables	37,516	118,099
Accrued expenses	631,304	860,538
Other current payables	10,647	14,375
	679,467	993,012

Note 13: Audit, Legal and Consultancy expenses

	2020	2019
	\$	\$
Audit fee	30,000	26,000
Legal fee	127,415	118,812
Consultancy fee	27,873	92,221
	185,288	237,033

Note 14: Leases**Schedule of Right of Use and Lease Liability**

	2020	2019
	\$	\$
CURRENT		
Lease liabilities		
Building	1,745,985	-
Equipment	36,210	-
Total lease liabilities	1,782,195	-
Lease Receivable	118,296	-
NON-CURRENT		
Right of use		
Building	2,304,018	-
Equipment	46,329	-
Total Right of use	2,350,347	-
Lease liabilities		
Building	2,001,611	-
Equipment	12,183	-
Total lease liabilities	2,013,794	-
Lease Receivable	256,156	-
Lease liabilities are secured by the underlying leased assets.		
Lease Receivable	2020	2019
	\$	\$
— not later than 12 months	118,296	-
— later than 12 months but not later than five years	256,156	-
Lease Receivable	374,452	-

Lease

(i) Amounts recognised in the statement of profits or loss

The Statement of profit or loss shows the following amounts relating to leases:

	2020	2019
	\$	\$
Depreciation charge of right-of-use assets		
Building	1,183,811	-
Equipment	35,612	-
Total depreciation charge of right-of-use assets	1,219,423	-

Interest expense (included in finance cost) \$426,162

(ii) The AMC leasing activities and how these are accounted for

Assets and liabilities arising from a lease are initially measured on a present value basis. Lease liabilities include the net present value of the following lease payments:

- Fixed payments (including in-substance fixed payments), less any lease incentives receivable
- Amounts expected to be payable by the company under residual value guarantees
- Payments of penalties for terminating the lease, if the lease term reflects the company exercising that option

The lease payments are discounted using the interest rate implicit in the lease. If that rate cannot be readily determined, which is generally the case for leases in the company, the lessee's incremental borrowing rate is used, being the rate that the individual lessee would have to pay to borrow the funds necessary to obtain an asset of similar value to the right-of-use asset in a similar economic environment with similar terms, security and conditions.

The incremental borrowing rate from ANZ for the leases:

- The incremental borrowing rate received from ANZ was 3.5% for the leases for the Majura and the NTC buildings. For equipment leases the rate is 8% and is fixed for the full period of the lease.

Lease payments are allocated between principal and finance cost. The finance cost is charged to profit or loss over the lease period so as to produce a constant periodic rate of interest on the remaining balance of the liability for each period.

Right-of-use assets are measured at cost comprising the following:

- The amount of the initial measurement of lease liability
- Any lease payments made at or before the commencement date less any lease incentives received
- Any initial direct costs, and
- Restoration costs.

(iii) Termination options

Termination options are included in a number of property and equipment leases across the company. The majority of termination options held are exercisable only by the company and not by the respective lessor.

Note 15: Employee benefits

	2020	2019
	\$	\$
Current - Annual leave and Long service leave	1,779,454	1,689,533
Non-current - Long service leave	153,505	132,315
	1,932,959	1,821,848

Provision for employee benefits

The provision for employee benefits relates to the AMC'S liability for long service leave and annual leave.

Note 16: Employee benefit expenses

	2020	2019
	\$	\$
Wages	8,807,391	7,759,396
Superannuation	837,102	777,985
	9,644,493	8,537,381

Note 17: Leasing commitments**a. Non-cancellable operating lease commitments**

	2020	2019
	\$	\$
According to the new accounting standards in respect of leases contracted, they have been capitalised in the financial statements for 2019/20.		
In the financial statements 2018/19 the contracted leases were not capitalised.		
Payable—minimum lease payments:		
– not later than 12 months	-	1,720,016
– later than 12 months but not later than five years	-	3,752,167
Minimum lease payments	-	5,472,183

	2020	2019
	\$	\$
b. Sub-lease rental income		
Future minimum lease payments expected to be received in relation to non-cancellable sub-lease or operating leases		
Receivable—minimum lease payments:		
– not later than 12 months	-	133,675
– later than 12 months but not later than five years	-	380,873
Minimum lease payment	-	514,548

Note 18: Loan

	2020	2019
	\$	\$
CURRENT		
Loan liabilities	235,000	-
NON-CURRENT	235,000	-
Loan liabilities	5,365,000	-
TOTAL LOAN LIABILITIES	5,600,000	-

AMC borrowed \$5,600,000 from ANZ bank to fund the purchase of 4 Marcus Clarke Street. The security offered was the land and building at 4 Marcus Clarke Street, Canberra, Australian Capital Territory being the land described in Certificate of Title Volume 1229 Folio 51.

Note 19: Contingent liabilities and contingent assets

There are no material contingent assets or liabilities as at 30 June 2020 which require disclosure in the financial statements (2019: nil).

Note 20: Events after the reporting period

There were no reportable events after the end of the reporting period.

Note 21: Key management personnel compensation

Key management personnel are those persons having authority and responsibility for planning, directing and controlling the activities of the Council, directly or indirectly, including any director (whether executive or otherwise).

The totals of remuneration paid to key management personnel (KMP) of AMC during the year was as follows and this was for two staff members and the Directors fees paid to the Directors of the AMC.

	2020	2019
	\$	\$
Short term benefits	948,229	884,258
Long term benefits	14,335	13,978
	962,564	898,236

Note 22: Related party transactions

During the financial year, the Council paid fees to directors amounting to \$127,862. These fees relate to sitting fees for attending Board and other related Meetings.

Directors' declaration

The Directors of the company declare that:

- 1) The financial statements and notes, as set out on pages 15 to 36 are in accordance with the *Australian Charities and Not-for-Profit Commission Act 2012* and
 - (a) comply with Australian Accounting Standards Reduced Disclosure Requirements and other mandatory professional reporting requirements
 - (b) give a true and fair view of the financial position as at 30 June 2020 and of the performance for the year ended on that date of the AMC.
- 2) In the Directors' opinion there are reasonable grounds to believe that the AMC will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Directors and is signed for and on behalf of the Directors by:



Director

Professor David Ellwood (President)

Dated 29 October 2020



Independent auditor's report

To the members of Australian Medical Council Limited

Our opinion

In our opinion:

The accompanying financial report of Australian Medical Council Limited (the Company) is in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission (ACNC) Act 2012*, including:

- giving a true and fair view of the Company's financial position as at 30 June 2020 and of its financial performance for the year then ended
- complying with Australian Accounting Standards - Reduced Disclosure Requirements and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

What we have audited

The financial report comprises:

- the statement of financial position as at 30 June 2020
- the statement of changes in equity for the year then ended
- the statement of cash flows for the year then ended
- the statement of profit or loss and other comprehensive income for the year then ended
- the notes to the financial statements, which include a summary of significant accounting policies
- the directors' declaration.

Basis for opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's responsibilities for the audit of the financial report* section of our report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Independence

We are independent of the Company in accordance with the ethical requirements of the Accounting Professional & Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (including *Independence Standards*) (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

Other information

The directors are responsible for the other information. The other information comprises the information included in the annual report for the year ended 30 June 2020, but does not include the financial report and our auditor's report thereon.

Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon.

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In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit, or otherwise appears to be materially misstated.

If, based on the work we have performed on the other information that we obtained prior to the date of this auditor's report, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of the directors for the financial report

The directors of the Company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards - Reduced Disclosure Requirements and the *Australian Charities and Not-for-profits Commission (ACNC) Act 2012* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the directors are responsible for assessing the ability of the Company to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the Company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial report.

A further description of our responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website at: http://www.auasb.gov.au/auditors_responsibilities/ar4.pdf. This description forms part of our auditor's report.

PricewaterhouseCoopers

David Murphy
Partner

Canberra
29 October 2020

Appendices

Appendix A: AMC Top Medical Schools Activity as on 30 June 2020

Summary of the schools with the highest volumes of applications or verifications of primary qualifications. (The schools in blue blocks in this document are now linked to ECFMG's e-verification system.)

University College Dublin School of Medicine	Bristol Medical School, University of Bristol	Imperial College London Faculty of Medicine	University of Kelaniya Faculty of Medicine	Islamic Azad University Tehran Faculty of Medicine	Tianjin Medical University School of Basic Medical Sciences	University of Cape Town Faculty of Health Sciences	University of Jaffna Faculty of Medicine	
NUI Galway School of Medicine	UCL Medical School	Tehran University of Medical Sciences School of Medicine	Jinnah Sindh Medical University	Dow Medical College	St. George's University of London	Mashhad University of Medical Sciences Faculty of Medicine	Kasturba Medical College Mangalore	
Trinity College Dublin School of Medicine	University of Colombo Faculty of Medicine	University of Pretoria School of Medicine	University of the Witwatersrand Faculty of Health Sciences	Peninsula College of Medicine and Dentistry	Chinese University of Hong Kong Faculty of Medicine	University of Ruhuna Faculty of Medicine	Guilan University of Medical Sciences	
University of Glasgow School of Medicine, Dentistry and Nursing	Newcastle University Faculty of Medical Sciences	University of Dundee School of Medicine	Yong Loo Lin School of Medicine, National University of Singapore	Ain Shams University Faculty of Medicine	Institute of Applied Health Sciences (IAHS)	Fiji National University College of Med, Nursing & Health Sciences	De La Salle Medical and Health Sciences Institute College of Medicine	
Cardiff University School of Medicine	Royal College of Surgeons in Ireland School of Medicine	University of Aberdeen School of Med, Med Sciences and Nutrition	Barts and the London School of Medicine and Dentistry	University of Oxford Medical Sciences Division	Alexandria University Faculty of Medicine	Rawalpindi Medical University	University of Khartoum Faculty of Medicine	University of Cambridge School of Clinical Medicine
Queen's University Belfast School of Medicine, Dentistry and Biomedical Sciences	University of Leeds School of Medicine	Dhaka Medical College and Hospital	Cairo University Faculty of Medicine	Far Eastern University Institute of Medicine, Nicanor Reyes Medical Foundation	University of Santo Tomas Faculty of Medicine and Surgery	Shahid Beheshti University of Medical Sciences Faculty of Medicine	Fatima Jinnah Medical University	University of Medicine 2
Manchester Medical School	Edinburgh Medical School, College of Med and Vet Med, University of Edinburgh	International Medical University Faculty of Medicine and Health	Li Ka Shing Faculty of Medicine, University of Hong Kong	Sir Salimullah Medical College	Shiraz University of Medical Sciences School of Medicine	Leicester Medical School, University of Leicester	Liaquat University of Medical & Health Sciences Jamshoro	Keele University School of Medicine
University of Nottingham School of Medicine	University of Liverpool School of Medicine	Sheffield University School of Medicine and Biomedical Sciences	University of Stellenbosch Faculty of Medicine and Health Sciences	University of Limerick School of Medicine	Oceania University of Medicine	Allama Iqbal Medical College	University of Baghdad College of Medicine	Brighton and Sussex Medical School
University College Cork School of Medicine	King's College London GKT School of Medicine	University of Sri Jayawardenepura Faculty of Medical Sciences	Melaka-Manipal Medical College	University of Mosul College of Medicine	Isfahan University of Medical Sciences Faculty of Medicine	Warwick Medical School	University of the Free State Faculty of Health Sciences	
University of Birmingham College of Medical and Dental Sciences	University of Peradeniya Faculty of Medicine	University of Southampton Faculty of Medicine	Chittagong Medical College and Hospital	King Saud University, Riyadh College of Medicine	Mymensingh Medical College	Katholieke Universiteit Leuven (KU Leuven) Faculteit Geneeskunde	University of Medicine 1	
Iran University of Medical Sciences (IUMS) School of Medicine	Kasturba Medical College Manipal	University of Nairobi School of Medicine	University of Ibadan College of Medicine	Government Medical College Amritsar	Khyber Medical College	Mansoura University Faculty of Medicine	Quaid-e-Azam Medical College	
University of Damascus Faculty of Medicine	Norwich Medical School, University of East Anglia	University of Ilorin College of Health Sciences	University of Zimbabwe College of Health Sciences	University of the East/Ramon Magsaysay Memorial Medical Center College of Medicine	Manipal College of Medical Sciences (MCOMS)	J.J.M. Medical College, Davangere	Islamic Azad University Mashhad Branch Faculty of Medicine	

Breakdown of the international medical graduates who have taken the MCQ examination by country of training.

Country of Training	No. of Candidate	Sat 1	Sat 2	Sat 3	Sat 4	Sat Total	Pass 1	Pass 2	Pass 3	Pass 4	Pass Total
Afghanistan	7	2	5	0	1	8	1	0	0	1	2
Argentina	5	5	0	0	0	5	4	0	0	0	4
Armenia	4	3	0	0	4	7	2	0	0	0	2
Austria	3	3	1	1	0	5	2	0	0	0	2
Bahrain	1	1	1	0	0	2	0	0	0	0	0
Bangladesh	139	109	31	10	5	155	71	23	4	2	100
Barbados	2	2	0	0	0	2	2	0	0	0	2
Belarus	7	2	3	0	3	8	1	2	0	2	5
Belgium	3	3	1	0	0	4	2	0	0	0	2
Belize	2	1	2	0	0	3	0	0	0	0	0
Benin	1	1	0	0	0	1	1	0	0	0	1
Bolivia	2	1	1	0	0	2	0	0	0	0	0
Bosnia and Herzegovina	2	1	1	1	0	3	0	0	1	0	1
Brazil	33	22	12	0	2	36	16	7	0	0	23
Canada	1	1	0	0	0	1	1	0	0	0	1
Chile	1	1	0	0	0	1	0	0	0	0	0
China	110	68	34	20	16	138	26	11	9	0	46
Colombia	31	24	7	2	3	36	13	2	0	0	15
Costa Rica	1	1	1	0	0	2	0	0	0	0	0
Cuba	2	1	1	0	0	2	1	0	0	0	1
Czech republic	1	0	1	0	0	1	0	0	0	0	0
Democratic Republic of the Congo	3	3	0	0	0	3	0	0	0	0	0
Dominica	1	0	1	0	0	1	0	0	0	0	0
Egypt	62	55	11	1	1	68	38	9	0	0	47
Fiji	16	11	4	1	1	17	3	2	0	0	5
Finland	1	1	0	0	0	1	1	0	0	0	1

Country of Training	No. of Candidate	Sat 1	Sat 2	Sat 3	Sat 4	Sat Total	Pass 1	Pass 2	Pass 3	Pass 4	Pass Total
France	2	1	1	0	0	2	1	1	0	0	2
Georgia	13	11	4	0	0	15	6	2	0	0	8
Germany	10	8	2	2	0	12	5	2	2	0	9
Greece	1	1	1	0	0	2	0	0	0	0	0
Hong Kong	8	8	2	0	0	10	6	2	0	0	8
Hungary	4	3	0	1	0	4	1	0	1	0	2
India	266	196	70	32	23	321	107	36	8	5	156
Indonesia	22	15	6	4	2	27	6	2	1	0	9
Iran	167	148	15	5	1	169	126	10	3	1	140
Iraq	38	37	5	1	1	44	25	3	0	0	28
Ireland	8	6	2	2	6	16	5	1	0	1	7
Italy	5	3	2	0	0	5	2	2	0	0	4
Japan	2	2	1	0	0	3	2	1	0	0	3
Jordan	4	4	0	0	0	4	4	0	0	0	4
Kazakhstan	2	0	1	0	1	2	0	0	0	0	0
Kenya	15	14	0	0	4	18	9	0	0	0	9
Latvia	2	0	1	1	1	3	0	0	0	1	1
Lebanon	5	5	1	0	0	6	3	1	0	0	4
Macedonia	1	1	0	0	0	1	0	0	0	0	0
Malaysia	32	26	5	1	2	34	17	2	1	2	22
Mauritius	7	5	3	1	0	9	3	1	1	0	5
Mexico	4	3	2	0	0	5	1	0	0	0	1
Mongolia	2	2	1	0	0	3	1	0	0	0	1
Myanmar	35	28	5	1	3	37	22	3	1	0	26
Namibia	2	2	0	0	0	2	1	0	0	0	1
Nepal	22	16	10	4	2	32	8	5	2	1	16

Country of Training	No. of Candidate	Sat 1	Sat 2	Sat 3	Sat 4	Sat Total	Pass 1	Pass 2	Pass 3	Pass 4	Pass Total
Netherlands	1	1	0	0	0	1	1	0	0	0	1
Nigeria	52	36	11	6	2	55	21	3	4	0	28
Oman	1	1	0	0	0	1	0	0	0	0	0
Pakistan	216	167	41	12	9	229	110	19	7	3	139
Palestinian Authority	3	3	1	0	0	4	3	1	0	0	4
Peru	4	3	0	1	0	4	1	0	1	0	2
Philippines	108	86	35	5	6	132	27	13	1	1	42
Poland	3	3	1	0	0	4	0	1	0	0	1
Romania	1	0	0	1	0	1	0	0	0	0	0
Russia	33	19	15	4	4	42	8	7	3	1	19
Saint Kitts and Nevis	4	3	2	0	0	5	2	2	0	0	4
Saint Lucia	1	0	0	0	1	1	0	0	0	0	0
Saint Vincent and the Grenadines	1	0	0	1	0	1	0	0	0	0	0
Samoa	15	11	4	1	7	23	3	3	1	1	8
Saudi Arabia	6	5	1	0	0	6	1	0	0	0	1
Serbia	5	4	5	0	0	9	1	4	0	0	5
Seychelles	1	1	0	0	0	1	1	0	0	0	1
Singapore	2	2	1	1	0	4	1	1	1	0	3
Slovenia	1	1	1	0	0	2	1	1	0	0	2
South Africa	33	25	7	1	0	33	22	5	1	0	28
South Korea	3	2	0	1	0	3	2	0	0	0	2
Spain	2	2	0	0	0	2	2	0	0	0	2
Sri Lanka	105	90	14	6	3	113	74	10	4	2	90
Sudan	23	19	3	1	1	24	15	1	0	0	16
Switzerland	1	0	1	0	0	1	0	0	0	0	0
Syria	14	11	4	1	1	17	8	2	0	0	10

Country of Training	No. of Candidate	Sat 1	Sat 2	Sat 3	Sat 4	Sat Total	Pass 1	Pass 2	Pass 3	Pass 4	Pass Total
Taiwan	1	1	1	0	0	2	0	1	0	0	1
Tanzania	1	0	1	0	0	1	0	0	0	0	0
Thailand	1	1	0	0	0	1	1	0	0	0	1
Turkey	10	7	4	1	0	12	7	2	1	0	10
Uganda	1	1	0	0	0	1	0	0	0	0	0
Ukraine	36	26	9	3	4	42	11	4	2	0	17
United Arab Emirates	5	4	2	0	0	6	3	0	0	0	3
United Kingdom	4	4	1	1	0	6	3	0	0	0	3
Uruguay	1	1	1	0	0	2	1	1	0	0	2
Venezuela	6	4	3	0	0	7	2	0	0	0	2
Vietnam	5	5	1	0	0	6	2	1	0	0	3
Yemen	2	1	0	1	0	2	1	0	1	0	2
Zambia	4	4	0	0	0	4	2	0	0	0	2
Zimbabwe	3	3	0	0	0	3	1	0	0	0	1
Total	1839	1424	428	139	120	2111	884	212	61	24	1181

Appendix C: Clinical Examination Country of Training Statistics

Breakdown of international medical graduates by examination attempt and country of training.

Country of Training	No. of Candidate	Sat 1	Sat 2	Sat 3	Sat 4	Sat Total	Pass 1	Pass 2	Pass 3	Pass 4	Pass Total
Afghanistan	8	0	3	1	5	9	0	0	0	0	0
Argentina	3	0	1	2	0	3	0	0	1	0	1
Armenia	1	0	1	1	0	2	0	0	0	0	0
Austria	1	1	0	0	0	1	1	0	0	0	1
Bangladesh	142	53	41	28	37	159	14	13	3	8	38
Belarus	5	1	2	2	1	6	0	0	0	1	1
Belgium	1	0	0	0	1	1	0	0	0	0	0
Botswana	1	1	0	0	0	1	0	0	0	0	0
Brazil	21	13	6	1	1	21	3	3	0	0	6
Bulgaria	2	1	0	0	1	2	1	0	0	0	1
Chile	1	0	1	0	0	1	0	0	0	0	0
China	71	28	19	14	18	79	5	7	3	5	20
Colombia	9	7	3	0	0	10	2	0	0	0	2
Cuba	3	2	0	1	0	3	0	0	0	0	0
Dominica	1	1	0	0	0	1	0	0	0	0	0
Egypt	56	27	19	8	13	67	3	3	2	4	12
El Salvador	1	0	0	0	1	1	0	0	0	0	0
Ethiopia	1	0	1	0	0	1	0	0	0	0	0
Fiji	11	6	3	1	1	11	1	1	1	0	3
France	1	1	0	0	0	1	1	0	0	0	1
Georgia	3	2	1	0	0	3	0	1	0	0	1
Germany	6	3	1	1	1	6	1	0	0	0	1
Ghana	2	1	1	0	0	2	1	1	0	0	2
Greece	1	1	1	0	0	2	0	0	0	0	0
Grenada	2	1	0	1	0	2	0	0	1	0	1
Guatemala	2	0	0	0	3	3	0	0	0	0	0

Country of Training	No. of Candidate	Sat 1	Sat 2	Sat 3	Sat 4	Sat Total	Pass 1	Pass 2	Pass 3	Pass 4	Pass Total
Hong Kong	1	1	0	0	0	1	0	0	0	0	0
Hungary	1	1	0	0	0	1	0	0	0	0	0
India	198	86	68	28	48	230	22	30	6	13	71
Indonesia	14	9	2	2	1	14	1	1	0	0	2
Iran	72	37	20	13	10	80	9	7	5	3	24
Iraq	38	16	14	6	8	44	6	6	1	2	15
Ireland	5	4	1	0	0	5	1	0	0	0	1
Italy	1	0	1	0	0	1	0	1	0	0	1
Japan	2	2	0	0	0	2	1	0	0	0	1
Jordan	3	2	1	0	0	3	0	1	0	0	1
Kenya	4	3	0	1	0	4	1	0	0	0	1
Latvia	2	2	0	0	0	2	0	0	0	0	0
Lebanon	1	1	0	0	0	1	1	0	0	0	1
Libya	3	3	0	0	0	3	0	0	0	0	0
Macedonia	1	0	1	0	0	1	0	1	0	0	1
Madagascar	1	1	0	0	0	1	0	0	0	0	0
Malaysia	23	11	5	7	2	25	7	1	3	0	11
Mexico	1	0	1	0	0	1	0	1	0	0	1
Myanmar	70	23	33	12	11	79	6	15	3	3	27
Nepal	24	6	12	4	5	27	3	3	2	1	9
Netherlands	4	2	1	0	3	6	0	1	0	1	2
Nigeria	22	6	8	2	9	25	1	1	0	0	2
Pakistan	147	75	49	15	17	156	25	25	6	4	60
Palestinian Authority	1	1	0	0	0	1	0	0	0	0	0
Peru	2	0	1	1	0	2	0	0	1	0	1
Philippines	58	24	16	12	13	65	5	4	3	3	15

Country of Training	No. of Candidate	Sat 1	Sat 2	Sat 3	Sat 4	Sat Total	Pass 1	Pass 2	Pass 3	Pass 4	Pass Total
Poland	5	1	2	1	1	5	0	1	1	0	2
Romania	3	1	0	0	2	3	1	0	0	0	1
Russia	42	18	16	4	12	50	3	5	0	3	11
Saint Lucia	1	1	0	0	0	1	0	0	0	0	0
Samoa	10	5	1	2	4	12	0	0	0	1	1
Serbia	2	1	0	1	0	2	0	0	0	0	0
Singapore	2	1	1	0	0	2	1	1	0	0	2
South Africa	14	10	0	3	1	14	2	0	0	0	2
South Korea	2	1	2	0	0	3	0	1	0	0	1
Sri Lanka	92	38	35	20	10	103	10	14	6	1	31
Sudan	13	9	5	0	0	14	0	3	0	0	3
Switzerland	4	2	1	0	1	4	2	1	0	1	4
Syria	8	2	5	2	0	9	0	1	2	0	3
Tanzania	1	0	0	1	0	1	0	0	1	0	1
Thailand	1	1	0	0	0	1	0	0	0	0	0
Turkey	3	0	2	0	1	3	0	0	0	0	0
Uganda	2	1	0	0	1	2	1	0	0	0	1
Ukraine	14	3	4	4	6	17	0	1	0	0	1
United Arab Emirates	5	2	1	1	1	5	0	1	0	0	1
United Kingdom	2	1	0	1	0	2	0	0	0	0	0
Venezuela	2	0	1	1	0	2	0	0	0	0	0
Vietnam	4	2	2	0	0	4	0	0	0	0	0
Zimbabwe	2	0	2	2	0	4	0	0	0	0	0
Total	1289	566	418	207	250	1441	142	156	51	54	403

Appendix D: Clinical examination Retest Statistics 2019-20

Breakdown of international medical graduates who presented for the clinical retest.

Exam Code	Date	City	Total Candidates	Candidates Passed		Candidates Failed	
				Number	Rate %	Number	Rate %
19-08-10MR	10/08/2019	NTC - Melbourne	16	6	38	10	63
19-09-26MR	26/09/2019	NTC - Melbourne	17	6	35	11	65
19-10-02AR	02/10/2019	NTC - Melbourne	1	0	0	1	100
19-10-03AR	03/10/2019	NTC - Melbourne	1	1	100	0	0
19-10-24AR	24/10/2019	NTC - Melbourne	1	1	100	0	0
19-10-26MR	26/10/2019	NTC - Melbourne	16	6	38	10	63
19-11-07AR	07/11/2019	NTC - Melbourne	1	1	100	0	0
19-11-22MR	22/11/2019	NTC - Melbourne	20	7	35	13	65
TOTAL			73	28	38.36%	45	61.64%

Appendix E: WBA Statistics

Breakdown of international medical graduates assessed through the WBA Program by country of training and provider.

Authority	Country Trained	Total Assessed	Total Passed	Total Failed	Total Pending Results
Central Coast Local Health District	Bangladesh	2	2	0	0
	Brazil	1	1	0	0
	Egypt	2	2	0	0
	Grenada	1	1	0	0
	India	6	6	0	0
	Iran	1	1	0	0
	Iraq	3	3	0	0
	Malaysia	1	1	0	0
	Netherlands	2	2	0	0
	Pakistan	1	1	0	0
	Philippines	4	4	0	0
	Poland	1	1	0	0
	South Africa	2	2	0	0
	Sri Lanka	1	1	0	0
	Syria	2	2	0	0
	Subtotal	30	30	0	0
Illawarra Shoalhaven Local Health District	Armenia	1	1	0	0
	Bangladesh	1	1	0	0
	Egypt	2	2	0	0
	India	4	4	0	0
	Iran	1	1	0	0
	Pakistan	3	3	0	0
	Sri Lanka	1	1	0	0
	Syria	1	1	0	0
	Ukraine	1	1	0	0
	Subtotal	15	15	0	0

Authority	Country Trained	Total Assessed	Total Passed	Total Failed	Total Pending Results
Hunter New England Local Health District	Bangladesh	2	2	0	0
	Belarus	1	1	0	0
	Denmark	1	1	0	0
	Egypt	4	4	0	0
	India	8	8	0	0
	Iran	2	2	0	0
	Iraq	7	7	0	0
	Italy	1	1	0	0
	Nepal	1	1	0	0
	Pakistan	4	4	0	0
	Philippines	1	1	0	0
	Poland	1	1	0	0
	Russia	1	1	0	0
	Sri Lanka	1	1	0	0
	Sweden	1	1	0	0
	United Arab Emirates	1	1	0	0
	Subtotal	37	37	0	0
Mid North Coast Local Health District	Fiji	1	1	0	0
	India	1	1	0	0
	Nigeria	1	1	0	0
	Pakistan	1	1	0	0
	Subtotal	4	4	0	0

Authority	Country Trained	Total Assessed	Total Passed	Total Failed	Total Pending Results
Launceston General Hospital	Brazil	1	1	0	0
	Bulgaria	1	1	0	0
	China	2	2	0	0
	Egypt	7	7	0	0
	Germany	1	1	0	0
	India	9	9	0	0
	Iraq	6	6	0	0
	Malaysia	2	2	0	0
	Nepal	1	1	0	0
	Netherlands	1	1	0	0
	Nigeria	1	1	0	0
	Pakistan	1	1	0	0
	Papua New Guinea	1	1	0	0
	Russia	1	1	0	0
	Saint Kitts and Nevis	1	1	0	0
	Samoa	1	1	0	0
	Sri Lanka	1	1	0	0
	Sudan	2	2	0	0
	Subtotal	40	40	0	0

Authority	Country Trained	Total Assessed	Total Passed	Total Failed	Total Pending Results
Flinders Rural Health South Australia	India	1	1	0	0
	Subtotal	1	1	0	0

Authority	Country Trained	Total Assessed	Total Passed	Total Failed	Total Pending Results
Monash Health	Egypt	1	1	0	0
	India	5	5	0	0
	Nepal	1	1	0	0
	Tanzania	1	1	0	0
	Subtotal	8	8	0	0

Authority	Country Trained	Total Assessed	Total Passed	Total Failed	Total Pending Results
Rural and Outer Metro United Alliance	Egypt	1	1	0	0
	Libya	1	1	0	0
	Subtotal	2	2	0	0

Authority	Country Trained	Total Assessed	Total Passed	Total Failed	Total Pending Results
Wide Bay Hospital and Health Services	India	2	2	0	0
	Ireland	2	2	0	0
	Malaysia	1	1	0	0
	Myanmar	2	2	0	0
	Nigeria	2	2	0	0
	Pakistan	1	1	0	0
	Sri Lanka	1	1	0	0
	Ukraine	1	1	0	0
	Subtotal	12	12	0	0

Authority	Country Trained	Total Assessed	Total Passed	Total Failed	Total Pending Results
WA Health	Bangladesh	1	1	0	0
	China	3	3	0	0
	Egypt	1	1	0	0
	Ghana	1	1	0	0
	India	4	4	0	0
	Iraq	1	1	0	0
	Kenya	1	1	0	0
	Nigeria	1	1	0	0
	Pakistan	3	3	0	0
	Philippines	2	2	0	0
	Poland	1	1	0	0
	Sudan	1	1	0	0
	Switzerland	1	1	0	0
	Yemen	1	1	0	0
	Subtotal	22	22	0	0

Authority	Country Trained	Total Assessed	Total Passed	Total Failed
Grand Total	171	171	0	0



