

Rules Relating to Appeal of Clinical Examination Stations for Clinical Examinations occurring after 15 March 2021.

These rules apply to appeals from examinations occurring after **15 March 2021**.

Where candidates have commenced an appeal process by lodging a stage 1 appeal (under the previous appeal rules prior to that date), the process will be conducted in accordance with the rules that applied at the time the appeal process was commenced.

1. INTRODUCTION

- 1.1 Candidates for an AMC clinical examination may appeal their result in a station or stations in which the candidate has been awarded a fail in relation to that clinical examination.
- 1.2 Candidates should study these Rules carefully before lodging their documentation.
- 1.3 These Rules apply only to AMC clinical examinations. They replace the previous rules relating to clinical appeals.
- 1.4 A candidate may only appeal a station or stations where a change or changes to the scoring could change the overall result awarded to entitle the candidate to a Pass for the exam.

2. TIMETABLE

- 2.1 An appeal must be submitted on the relevant Application Form to the AMC within **28 days** of the examination result being available to candidates via the AMC candidate portal.

3. PROCESS

- 3.1 An appeal must:
 - A. be submitted on the relevant application form available from the AMC's web site;
 - B. be accompanied by the relevant fee.
- 3.2 An appeal will not be accepted unless:
 - A. the results of the appeal could result in the candidate's overall result for the exam changing to a Pass;
 - B. the application form has been properly completed; and
 - C. the relevant fee has been paid.

4. PROCESS OF APPEAL

- 4.1 Following receipt of an appeal in accordance with paragraph 3.2, the AMC will review any vision or sound recording of the candidate's performance in the station or stations the subject of the appeal

("administrative review"). The AMC may discuss any matter including the subject of the station or stations with the clinical examiner or examiners and any other person involved.

4.2 If the AMC considers:

4.2.1 that the procedural requirements for one or more stations of the clinical examination, as specified in the AMC **Clinical Examination Specifications** booklet current at the time of the examination, were not followed by the AMC in a significant manner or to a significant extent; or the candidate's performance in one or more stations of the clinical examination was impaired by significant deficiencies in the examination procedures beyond the control of the candidate, then the AMC may set aside the result of the clinical examination awarded to the candidate, in which case the AMC will;

- A. direct that the candidate be offered a further attempt at the whole or part of the clinical examination; and
- B. determine what if any fee is to be paid by the candidate if the offer is accepted.

4.2.2 that the video or audio recording for the station or stations the subject of the appeal are not available or not of sufficient quality to enable the appeal to proceed, then the AMC may set aside the result of the clinical examination awarded to the candidate, in which case the AMC will;

- A. direct that the candidate be offered a further attempt at the whole or part of the clinical examination; and
- B. determine what if any fee is to be paid by the candidate if the offer is accepted.

4.3 If the AMC does not take action under paragraph 4.2 above, then the appeal will proceed as a re-mark, and the AMC will appoint a first and a second 're-mark' examiner to re-mark each station in the appeal.

4.4 The first examiner will re-mark the station by reviewing the vision and sound recording of the candidate's performance in the station.

If the first 're-mark' examiner assesses the candidate's overall performance in the station as a fail, then the fail result for the station will be confirmed.

However, if the first 're-mark' examiner assesses the candidate's overall performance in the station as a pass, then the second 're-mark' examiner will re-mark the station by reviewing the vision and sound recording of the candidate's performance in the station. This will be done independently of the first 're-mark' examiner.

4.5 A candidate's overall result for the station will be altered from a fail to a pass only if both the first and second 're-mark' examiners agree.

4.6 Following re-mark of all stations in the appeal the AMC will notify the candidate of the results for each station, and whether the candidate's overall result for the clinical examination is changed from a fail to a pass.

4.7 Candidates will not be given access to the clinical examination information sheets for candidates or the vision and/or sound recording of the candidate's performance in the station or stations. Further the AMC will not have regard to any submissions from the candidate.

4.8 Neither the re-mark examiners nor the AMC will hear oral representations from the candidate or any person on the candidate's behalf.

- 4.9 Neither the re-mark examiners nor the AMC are required to give reasons for their decision.
- 4.10 A candidate who is permitted a further clinical examination, or offered to sit part of a clinical examination, must apply to sit the examination within any period specified by the AMC, and must provide satisfactory evidence in writing that they have met or complied with any conditions imposed by the AMC.
- 4.13 The AMC's decision is final and not subject to further review or appeal.

5. IMPORTANT NOTES

- 5.1 The AMC will notify the candidate in writing of the decision on the appeal.
- 5.2 The AMC reserves the right to change its examination and appeal procedures. Candidates should check with the AMC Secretariat concerning the current procedures.
- 5.3. Further information regarding these Rules may be obtained from the AMC Secretariat at the following address:

AUSTRALIAN MEDICAL COUNCIL LIMITED.
PO BOX 4810
KINGSTON ACT 2604
Telephone: (02) 6270 7878
Facsimile: (02) 6270 9799
Email: appeals@amc.org.au

Appeal Application Form
Clinical Examination

CANDIDATE ID NUMBER: _____

FAMILY NAME: _____

GIVEN NAMES: _____

ADDRESS: _____

POSTCODE: _____ STATE: _____ COUNTRY: _____

CONTACT DETAILS

HOME TEL: _____ WORK TEL: _____

MOBILE: _____ EMAIL: _____

You should carefully read the **Rules Relating to Clinical Examination Appeals** before completing this form.

Please provide full details below of the details to be considered and ensure the application is accompanied by the relevant fee, including any supporting documentation, as explained in the Rules.

Please indicate the station number/s:

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Clinical Examination code/date this appeal application refers to: _____

PRIVACY

Your privacy is respected by the AMC. The AMC Privacy Policy, available at www.amc.org.au describes the ways in which the AMC collects, stores, uses and discloses personal information.

If you have any privacy concerns or would like to verify information held about you, please contact the Clinical Section at the Australian Medical Council Limited by email at clinical@amc.org.au

CERTIFICATION AND NON-DISCLOSURE AGREEMENT

I certify that the information provided in this application is correct. I acknowledge that AMC examination materials (including video footage used in the Appeal) are confidential to the AMC and protected by Law. I undertake to the AMC not to mis-use or disclose the contents of any examination materials accessed by me in relation to my appeal.

Signature: _____

Date: _____

PAYMENT OF FEES

Appeal Fee payment: Appeal fee is A\$646 for one station

Additional stations: Add A\$174 for each additional station

} **AMOUNT PAYABLE**

Bank cheque or money order: Attach a bank cheque or money order made payable to the Australian Medical Council Limited

Credit card (Master/Visa): Mastercard Visa Recording your signature is taken as consent to process payment. A 0.9% credit card surcharge fee will be added.

Card number:

Name on Card: Card expiry date (mm/yy)

Cardholder's signature Date (dd/mm/yyyy)

Email completed form to: appeals@amc.org.au

OFFICE USE ONLY

Payment processed:

Date: _____

Amount: _____

Receipt No. _____

Processed by: _____

Refund approved:

Date: _____

Refund amount: _____

Approved by: _____

Refund processed:

Amount refunded: _____

Receipt No. _____

Processed by: _____