

Annual Report

2020-21



Australian
Medical Council Limited

The AMC acknowledges the Aboriginal and Torres Strait Islander peoples as the original Australians, and the Maori Peoples as the original people of New Zealand.

We acknowledge and pay our respects to the Traditional Custodians of all the lands on which we meet and to their ongoing connection to the land, water and sky.

We recognise the Elders of all these Nations both past, present and emerging, and honour them as the traditional custodians of knowledge for these lands.



Designed and Produced by:

Angela Hagedorn, Executive Officer, Directors and Council
Zuzette Kruger-Finch, Senior Executive Officer, Assessment and Innovation
Australian Medical Council Ltd

This annual report contains the audited financial statements for the Australian Medical Council (AMC) for the financial year 2020-21 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



At the end of 2020 we knew that the COVID-19 pandemic was not over and that the year – in fact, years – ahead would be difficult ones for the AMC. The Directors would have an important role to play in ensuring that our business remained not just viable, but vibrant, and that we continued to promote and protect the health of the Australian community by ensuring high standards of education, training and assessment of the medical profession.

To meet these challenges, the Directors focused on providing governance oversight in the areas of financial management, risk, policy and compliance while empowering the CEO and staff to manage the business through the crisis and, more recently, into recovery.

In a crisis it is important that there is not just a good, but an excellent relationship between the board and management. This has been the case over the previous twelve months at the AMC. Similarly, our relationships with our stakeholders have remained strong over the year. While we are extremely lucky to be in an age where technology has allowed meetings to continue almost as normal, we have also become very aware of the value of face-to-face communication with our stakeholders.

As a group of experienced professionals in medical and other fields, AMC Council members provide a sounding board for the AMC's strategies, projects and initiatives. Unfortunately, for nearly two years, Council Members have been unable to meet in person, limiting engagement and review. Similarly, we have Committee members who have never met in person. The AMC community is the poorer for this. While travel and meetings are normally a large component of the AMC's budget, this is an investment which provides invaluable returns. Virtual meetings will continue to play an important role, but we welcome the engagement and communication, new ideas and innovations, connections and sense of community achieved when people come together face to face.

I would like to reflect about one of the most critical areas that we are currently facing and one which has been made even more evident with the restrictions imposed by the pandemic, and that is our rural and regional workforce.

As President, I have represented the AMC on the Medical Workforce Reform Advisory Committee.

The AMC has endorsed the draft *National Medical Workforce Strategy 2021-2031*, a "collaborative vision for using data and evidence to develop and maintain a high-quality, effective, and well distributed medical workforce". As stated in the report, inequality of access to health services remains a key issue for Australian communities.

The AMC's work is a critical component to addressing doctor shortfalls in rural and regional areas. Pillar 2 of our Strategic Plan focuses on *Medical education and training responsive to community health needs – Promoting medical education and training that is responsive to the workforce needs of the Australian community*.

We do this by providing assessment pathways – clinical examinations and Workplace Based Assessment – for international medical graduates to practice in Australia; through improving cultural safety in medical education and training; and focusing on meeting community need through our Standards.

An increase in Aboriginal, Torres Strait Islander and Māori doctors is critical to addressing the needs of rural and regional, and particularly remote, communities, being more likely to return to their, or other, communities. The medical school accreditation standards are currently under review and I am pleased that the AMC has worked to strengthen consultations with Indigenous stakeholders.

While maintaining the AMC's financial viability was a key factor in developing the online clinical examination, for all of us the more important consideration was to resume the flow of international medical graduates to practice in Australia, particularly as they are more likely than Australian doctors to take up rural and regional posts. The shortfalls in these areas are already acutely felt by the border and travel restrictions and additional safety precautions imposed by COVID-19.

The AMC is well positioned for a strong recovery in 2022. On behalf of the Directors, I extend thanks to the CEO and his team - the dedication and proficiency of the AMC staff is evident in everything they do.

To my fellow Directors and to the Deputy President, thank you for your commitment and collegiality. And to the Council Members and Committee Members, thank you for enduring through a difficult time where I know that everyone's time and resources have been extremely stretched.

Let us hope that the COVID-19 pandemic will soon be a thing of the past.



CEO's Foreword



The AMC recognises and balances the relationship between taking risks and innovation, and the requirement to manage risks in the pursuit of our strategic priorities. We aim to take advantage of opportunities through informed decision making.

The AMC, like many organisations – and Governments – did not expect, and could not realise, the impact of COVID-19 over the past two years. The AMC has in place a Risk Policy and Framework and assesses business risks each quarter, reporting to the Finance, Audit and Risk Management Committee and to Directors. However, there are many 'unknowns' and many 'unknown unknowns' in business and there is a balance as to how much time, effort and resources could or should be put into risk assessment and risk mitigation for the pandemics, the financial crises, or collapse of economies now and in the future.

The key elements to the AMC surviving as a business and maintaining its services are supporting staff wellbeing and development, and ensuring the financial resources to remain solvent. Both strategies have seen the AMC through a very difficult period and have helped it be innovative and flexible. This has allowed it to continue to deliver services that meet the changing needs of medical schools, colleges, international medical graduate and other clients.

COVID-19 affected our ability to deliver our accreditation and assessment business. During one of our busiest ever accreditation years, we have been severely limited in our ability to visit medical schools and colleges as part of the accreditation assessment. Zoom has become our standard operating procedure in accreditation. In assessment, we have been unable to provide face-to-face Clinical Examinations for international medical graduates. This was caused by the lock downs in Melbourne affecting the NTC's ability to operate as well as by international medical graduates not being able to enter Australia since March 2020.

As detailed in the report, *Conducting assessments in a changing environment*, the AMC immediately implemented contingency plans, leading to the launch of the Online Clinical Examination in March 2021. This was concurrent with changes across the organisation to deliver services against a backdrop of state closures, city lockdowns and international travel bans. We commenced the online exam in March 2021 and, in the period to mid-October, 886 candidates were assessed. This is a great demonstration of the skill, commitment and dedication to candidates and to the AMC.

However, without its investment reserve underpinning its solvency, the AMC's flexibility to explore and implement innovative solutions, and take some level of risk, may not have been possible. A more likely reality would have been further reductions in expenditure – potentially resulting in staff retrenchments and a reduction of services – with long-term effects on the AMC's operations.

The AMC's investment reserve (as detailed in the *Finance Report*) provides a buffer against financial losses as well as income. At 30 June 2021 the value of the investment portfolio was \$12.3M. The total return (after fees and excluding franking credits) since its inception in June 2016 has been 7.26%. The reserve has become an increasingly important component of the AMC's business.

Even so, much of the last two years has been focused on the bottom line with close scrutiny of cash flow and cutting of expenditure. This has impacted on the AMC's strategic and business priorities with several projects and initiatives put on hold or delayed due to financial and resourcing limitations.

Additionally, AMC staff have not had a salary increase for nearly two years, the last increase being a WPI adjustment in January 2020. While staff understood the reasons and were accepting of the situation, it made it no less difficult. I am pleased that the AMC Directors at their meeting in October 2021 approved an increase to be applied in January 2022.

Staff have worked tirelessly and under great pressure to ensure the AMC continues to deliver its services and I sincerely thank each and every staff member for their efforts over this extremely difficult period. For many, workloads increased or changed, while the freeze on recruitment and on salary increases continued. With the effects of isolation from family, friends and colleagues, mental health has been a key focus over the year. Staff in Melbourne endured the world's longest lockdown while in Canberra we were fortunate to only have a small taste of life in lockdown.

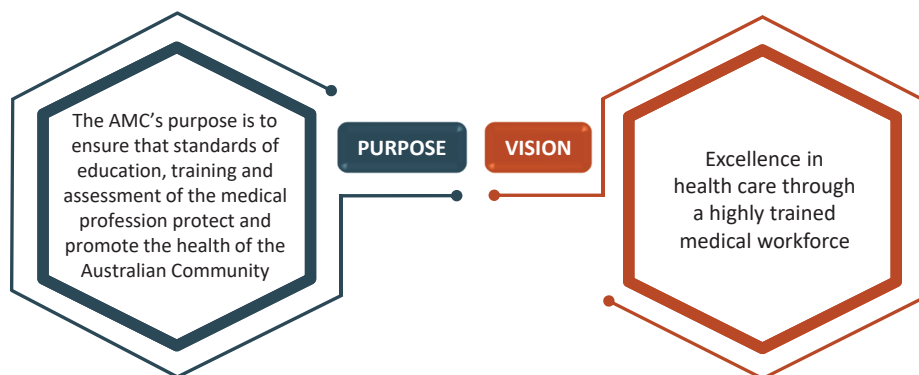
Congratulations to all staff for continuing to deliver our accreditation and assessment business or to support the teams that do so. We achieved our schedule of medical school and college accreditations and we have implemented the online clinical exam with staff from every team across the AMC involved.

With conditions starting to return to normal – the lifting of lockdowns and commencement of international travel – I truly hope that 2022 will be a dull, 'business as usual' year. But it will also be a year of review, of planning and of coming to terms with our new world.



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.

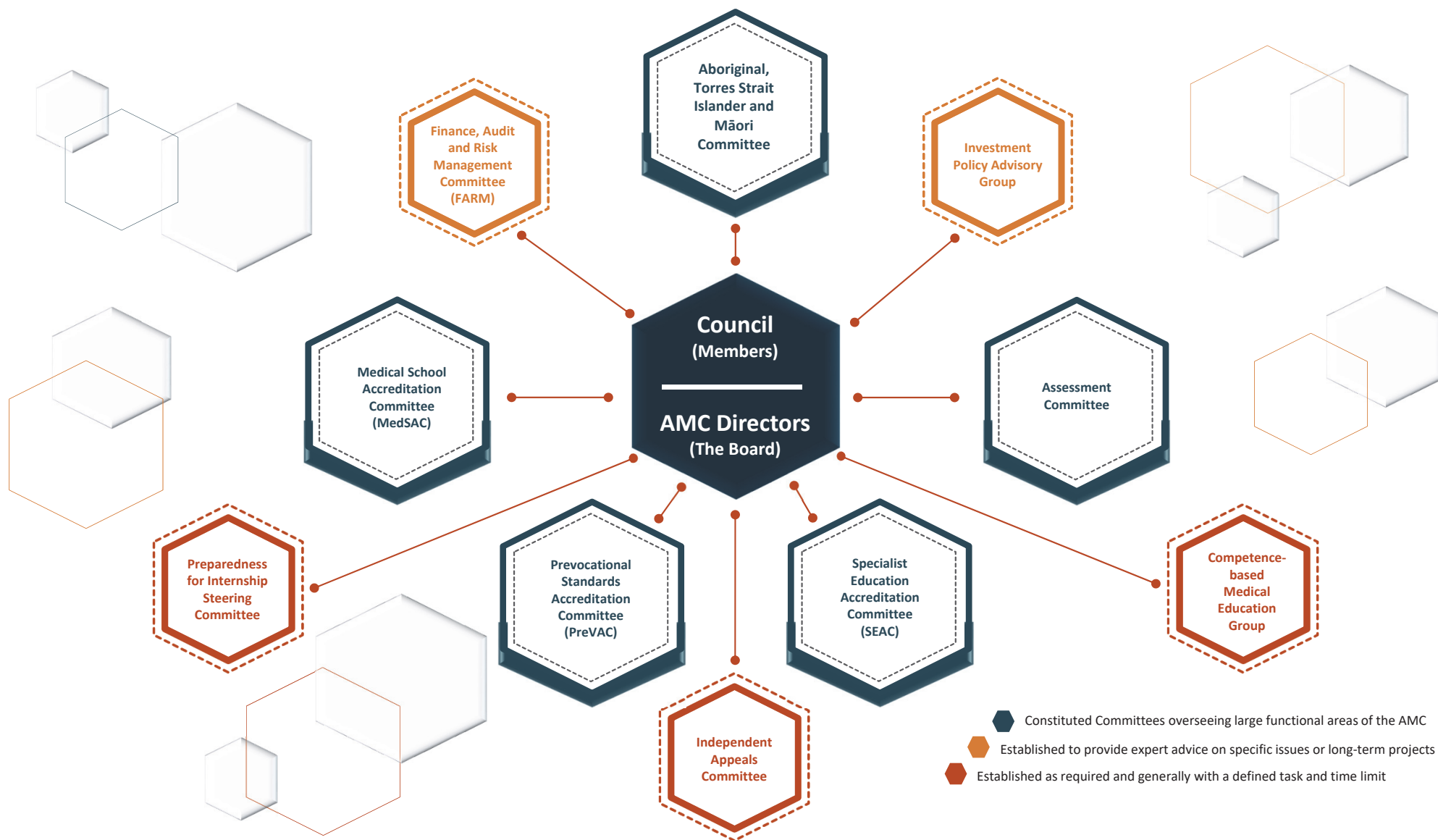
The Council's responsibilities include electing the President and Deputy President and three of the Directors, shaping the AMC's strategic direction and ensuring the AMC's Constitution is fit for purpose.

Council Members as at 30 June 2021

- | | |
|------------------------------------|--------------------------------------|
| • Dr Claire Blizzard | • Professor Geoff McColl |
| • Dr Jenni Davidson | • Dr Bruce Mugford |
| • Dr Sergio Diez Alvarez | • Professor Richard Murray |
| • Ms Dayna Duncan | • Dr Jonathan Newchurch |
| • Dr Iain Dunlop AM | • Adjunct Professor Debora Picone AO |
| • Dr Brian Fernandes | • Professor Suzanne Pitama |
| • Dr Cassandra Host | • Emeritus Professor David Prideaux |
| • Dr Kym Jenkins | • Professor Lisa Jackson Pulver AM |
| • Associate Professor Abdul Khalid | • Professor Papaarangi Reid |
| • Dr Tammy Kimpton | • Dr Liz Rushbrook |
| • Professor Robyn Langham | • Dr Andrew Singer AM |
| • Mr Fergus Leicester | • Dr Tereza Stillerova |
| • Professor Kate Leslie AO FAHMS | • Mr Tom Symonds |
| • Ms Louise Miller Frost | • Dr Philip Truskett AM |
| • Professor Eleanor Milligan | |

Non-current members serving during 2020/21

- Dr Jeanette Conley
- Professor David Ellwood (President)
- Dr Sayanta Jana
- Dr Artiene Tatian



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.

At the AGM in November 2020, AMC Members elected Professor Kate Leslie AO as President and Professor Geoff McColl as Deputy President for terms of two-years concluding in November 2022. Professor David Ellwood concluded his term as a Director and President at the AGM.

AMC Members re-elected Professor Lisa Jackson Pulver, AM, Dr Bruce Mugford and Professor Eleanor Milligan as Directors of the AMC for terms of two-years concluding in November 2022.

Following her election as President, Professor Leslie stepped down as Chair of the Specialist Education Accreditation Committee (SEAC). Following a selection process, the AMC Directors in December 2020 appointed Professor Robyn Langham as Chair of SEAC for a term of four years concluding at the close of the AGM in November 2024. With the appointment as Chair of SEAC, Professor Langham is, ex-officio, a Member and a Director of the AMC.

Directors in July 2020 re-appointed Professor Geoff McColl as Chair of the Medical School Accreditation Committee for a two year term concluding at the close of the AMC AGM in 2022.

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



Directors Meetings

AMC Directors met nine times over 2020-21. All meetings were held via Zoom.

The annual joint meeting of the Members of the Medical Board of Australia, the Australian Health Practitioner Regulation Agency and the AMC was held via Zoom on 28 July 2021.

The AMC Ltd Annual General Meeting was held on 20 November 2020 and the General Meeting on 7 May 2021. Both meetings were held via Zoom due to continuing COVID-19 restrictions.

Finance, Audit and Risk Management Committee

Professor Leslie was appointed to the Finance, Audit and Risk Management Committee in December 2020, joining continuing members, Professor Eleanor Milligan and Dr Bruce Mugford, along with independent Chair, Mr Geoff Knuckey.

Mr Geoff Knuckey's term as an Independent Member and Chair of the FARM Committee concludes in March 2022. Mr Knuckey is not eligible for reappointment having served the maximum allowed terms in office. A selection process was commenced mid-2021.

Directors at their meeting in July 2021 appointed Mr Don Cross as a Member of the Finance, Audit and Risk Management Committee for a term of two years. Mr Cross will take on the role of Chair of the Committee from March 2022.

The Finance, Audit and Risk Management Committee met quarterly via Zoom. The Committee, along with AMC Directors, continues to closely monitor the AMC's finances via cash flow and budget reports.

Investment Policy Advisory Group

Professor Lisa Jackson Pulver AM (Chair) and Dr Bruce Mugford were appointed to the Investment Policy Advisory Group (IPAG) in December 2020, joining continuing member, Professor David Prideaux.

The AMC's funds are managed as operational cash to meet short term cash flow requirements, short term reserves to maintain liquidity requirements and a long term investment reserve to generate income and capital growth for future operational and working capital requirements. IPAG oversees the long term investment reserve which is managed by Macquarie Private Bank.

The long term investment reserve and the role of IPAG are directed by the AMC's Investment Policy.

IPAG met quarterly via Zoom. An additional meeting was held in June 2021 to review whether the current asset allocation remained right for the AMC.

Company Secretary

It is expected that the new General Manager, Corporate Services, will take on the role of Company Secretary when appointed. Recruitment of this position is still on hold. In the interim, the AMC Directors in October 2019 appointed the CEO as Company Secretary. In October 2021 the appointment was extended to 31 March 2022.

Performance Reviews

In 2020-21, the AMC Directors examined the annual performance review process for the Directors, the Finance, Audit and Risk Management Committee, Investment Policy Advisory Group and Standing Committees to ensure best practice with a key objective of continuous improvement. The AMC Directors in September 2020 approved a Directors and Committee Review Policy which included that reports and action plans be provided to the AMC Directors for review.

Review Frameworks and questionnaires were developed for the Directors, the Finance, Audit and Risk Management Committee and the Investment Policy Advisory Group. Each completed their questionnaires in late 2021 and reports, which included staff and external input, were considered and action plans for improvement developed.

Directors felt it important to seek Council input to the Director performance reviews. This will be sought every two years, commencing in 2022, which will provide Council two years of operations of the current Director team.

Compliance activities

The AMC developed a Compliance Framework to ensure an effective framework of policies and compliance with the law as well as best practice governance policies and procedures.

The AMC completed the ACNC self-evaluation for charities. The evaluation will assist in assuring Directors and Management that the AMC is meeting its obligations as a registered charity and to identify issues.

The AMC developed a Project Risk Framework that incorporates a standardised approach to consideration of risk by Directors when making decisions on strategic and business initiatives and projects.

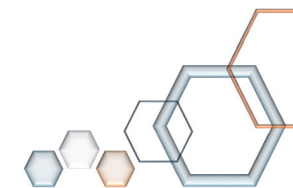
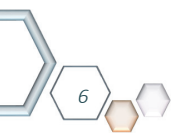
Directors at their March 2021 meeting approved amendments to the Directors' Delegation to the CEO Policy and the Guideline for Managing Conflicts of Interest at Meetings – AMC Directors.

AMC Directors approved the AMC Board Charter on 29 July 2020.

Additionally, a uniform template for Committee Terms of Reference was approved in 2020 and Directors considered several updated Terms of Reference in this format.

Australian Charities and Not-for-Profits Commission

- The AMC's list of 'responsible persons' in the ACNC portal has been updated with the addition of Professor Robyn Langham and the removal of Professor David Ellwood.
- The AMC's 2020 Annual Report was uploaded to the ACNC portal and also provided to Health Ministers as required under Article 21.3 of the AMC's Constitution.
- The AMC's 2020 Annual Information Statement was lodged with the ACNC in January 2021.



AMC reporting to Medical Board of Australia and the Australian Health Practitioner Regulation Agency

Under its agreement to provide accreditation services, the AMC must provide a six monthly report to the Medical Board of Australia which must address performance against the domains of the Quality Framework for Accreditation.

Ahpra in 2021 introduced a new format for reporting under the current accreditation agreement. The AMC in March 2021 submitted its first report in the new format. A copy of the report was provided to Council in May 2021.

Member appointments 2021

The process for appointment of Members at the 2021 AGM commenced in March 2021 with early advice provided to all incumbents as well as to all Members at the Council meeting in May.

Directors implemented some changes to the information requested from nominees and removed the requirement for referees. Additionally, increased focus is being placed on cultural safety in the appointment of AMC Members, Directors and Committee Members.



Strategic Plan Review

Directors receive six monthly (perpetual) reports on the implementation of the AMC Strategic Plan 2018-2028. The report for the year ended 30 June 2021 is provided in the Annual Report.

The AMC Strategic Plan was approved in 2018. The intention was to have regular reviews of the ten-year Plan to look at what had been achieved, what changes had occurred to our environment, and what should be added or removed.

AMC commenced a high level review of the Plan with a workshop for AMC Directors and senior executive staff held via Zoom in March 2021. The purpose of the workshop was to provide an opportunity to reflect on progress against the current plan and to review and identify any refinements required to further enhance its relevance and impact.

The directions and principles that formed the basis of the Strategic Plan are still valid:

- the role of people and culture is emphasised through our identification of, and commitment to, our values
- our accountability is central to every pillar and every aim we have – accountability is more a state of mind and action, than it is a procedure or document
- focusing on adding value through our accreditation and assessment work and thought leadership in the health and education sector
- investing in our future – how we choose to prioritise and resource activities
- Key outcomes of the workshop included:
 - the broad intent and content of the original strategic plan was endorsed and continues to be relevant, reflecting the high quality of the original Plan
 - the AMC has utilised the Plan to deliver on key initiatives and, at the same time, respond to significant global challenges brought about by the COVID-19 pandemic
 - there is an appetite from Directors and the Senior Executive to identify and resource key priorities across a shorter 3-year horizon while maintaining a longitudinal 10-year strategic horizon. This will include consideration of appropriate measures and milestones to gauge progress.

Work on the review and revision of the Plan is progressing alongside development of the new Indigenous Strategic Plan.

To assist in the process, the AMC established a new internal Strategic Committee to oversee strategic priorities and promote a greater collaboration ethos and cross-team work within the AMC.

The AMC has implemented changes to its management structure to enhance strategic focus, collaborative structure and culture and leadership with the establishment of a strategic, policy and research team with the Deputy CEO, Theanne Walters, appointed as General Manager.

Committees

Finance, Audit and Risk Management Committee (FARM)

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 2021

- Mr Geoff Knuckey (independent), Chair
- Professor Kate Leslie AO (Director)
- Dr Bruce Mugford (Director)
- Professor Eleanor Milligan (Director)

Medical School Accreditation Committee (MedSAC)

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.

Prevocational Standards Accreditation Committee (PreVAC)

Specialist Education Accreditation Committee (SEAC)

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

Assessment Committee

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.

Investment Policy Advisory Group

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 2021

- Professor David Prideaux (Director), Co-Chair
- Professor Lisa Jackson Pulver AM (Director), Co-Chair
- Dr Bruce Mugford (Director)
- Mr Philip Pigou (CEO)
- Mr Ravi Wickramaratna (Finance Manager)

Aboriginal, Torres Strait Islander and Māori Committee

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.

Further details on the structure and membership are provided under the Assessment and Innovation Report.

Membership

Retiring Members 2020 AGM

The following members completed their terms on Council at the conclusion of the 2020 AGM:

- **Dr Artiene Tatian: Prevocational trainee primarily working at an Australian hospital**

Dr Tatian was appointed to Council for a two-year term in 2018. Dr Tatian had completed his training and was therefore not eligible for re-appointment.

Dr Tatian served on the Prevocational Standards Accreditation Committee and the Aboriginal, Torres Strait Islander and Māori Committee.

- **Dr Jeanette Conley: Senior Executive of an Australian Private Hospital**

Dr Conley was appointed to Council for a four year term in 2014, and a further two year term in 2018 (the shorter second term being due to the Constitutional review of membership).

Dr Conley served on the Assessment Committee.

- **Dr Sayanta Jana: Senior Executive of an Australian Public Hospital**

Dr Jana was appointed to Council for a four-year term in 2014, and a further two-year term in 2018 (the shorter second term being due to the Constitutional review of membership).

Dr Jana was a member of the 2019 Royal Australian and New Zealand College of Radiologists and 2016 University of Wollongong assessment teams.

The Australian Medical Council thanks Dr Tatian, Dr Conley and Dr Jana for their contributions to the AMC.

- **Professor David Ellwood: AMC President**

AMC President, Professor David Ellwood, completed his two-year term as President at the close of the AGM. Professor Ellwood did not nominate for a position and therefore concluded his time as an AMC Director and Member of Council.

Professor Ellwood was appointed Chair of MedSAC in January 2010 becoming, ex-officio, an AMC Director and Member of Council.

Following six years as MedSAC Chair, he was appointed as Deputy President in 2016 and then as President in 2018. Professor Ellwood also served as a Member of the Finance, Audit and Risk Management Committee from 2016 to 2020.

In his role as President he represented the AMC at a number of national forums including the Medical Workforce Reform Advisory Committee, Council of Presidents of Medical Colleges, Medical Deans Australia and New Zealand, the Health Professions Accreditation Collaborative Forum and various executive events.

The AMC thanks Professor Ellwood for his commitment and contribution to the AMC.

Member appointments

The following appointments took effect at the conclusion of the 2020 AGM:

- **Dr Tereza Stillerova: Prevocational trainee primarily working at an Australian hospital** (two-year term)
- **Dr Cassandra Host: Senior executive of an Australian private hospital** (four-year term)
- **Dr Elizabeth Rushbrook: Senior executive of an Australian public hospital** (four-year term)
- **Professor Richard Murray: Senior academic staff member of a medical school or medical faculty of an Australian university nominated by Medical Deans Australia and New Zealand** (four-year term)

Mr Tom Symonds was appointed Community Member of the AMC Council in June 2018 for a four-year term, concluding at the General Meeting in June 2022. Due to the early resignation of the incumbent Community Member, this appointment did not align with the usual Member terms, which commence and conclude at the AMC's AGM in November. To bring this in line with other terms, the AMC Directors extended Mr Symonds' term for an additional six month term to the AGM in November 2022.

The term of Professor Lisa Jackson Pulver AM as a Member (Universities Australia nominee) was due to expire at the November 2021 AGM, while her appointment as an AMC Director would conclude in November 2022. To address this, the AMC Directors extended the appointment of Professor Jackson Pulver AM as a Member of the AMC Ltd for an additional one-year term.

AMC Members: Gender balance



Female: 16 (55%)



Male: 13 (45%)

There was a 12% increase in female Members on Council in 2020/21

President, Deputy President and Director Appointments

Under the provisions of the AMC's Constitution, the Council is required to fill the following positions at the Annual General Meeting:

- The President [Article 8.2(a)/ 8.3]
- The Deputy President [Article 8.2(b)/8.4]
- Three members elected by the Australian Medical Council [Article 8.2(c)/8.5]

In accordance with this, the President, Professor David Ellwood, Deputy President, Professor Kate Leslie AO, and three Council-elected Directors, Professor Lisa Jackson Pulver AM, Dr Bruce Mugford and Professor Eleanor Milligan, having completed their two-year terms, would retire from office at the conclusion of the 2020 AGM.

All eligible Members were invited to submit nominations for these positions.

AMC Members: Regional / metropolitan

Members elected:

- **Professor Kate Leslie AO: President** (two-year term)
- **Professor Geoff McColl: Deputy President** (two-year term)
- **Professor Lisa Jackson Pulver, AM: Director** (two-year term)
- **Dr Bruce Mugford: Director** (two-year term)
- **Professor Eleanor Milligan: Director** (two-year term)

Following her election as President, Professor Leslie stepped down as Chair of the Specialist Education Accreditation Committee (SEAC). Following a selection process, the AMC Directors in December 2020 appointed Professor Robyn Langham as Chair of SEAC for a term of four years concluding at the close of the AGM in November 2024. With the appointment as Chair of SEAC, Professor Langham is, ex-officio, a Member and a Director of the AMC.

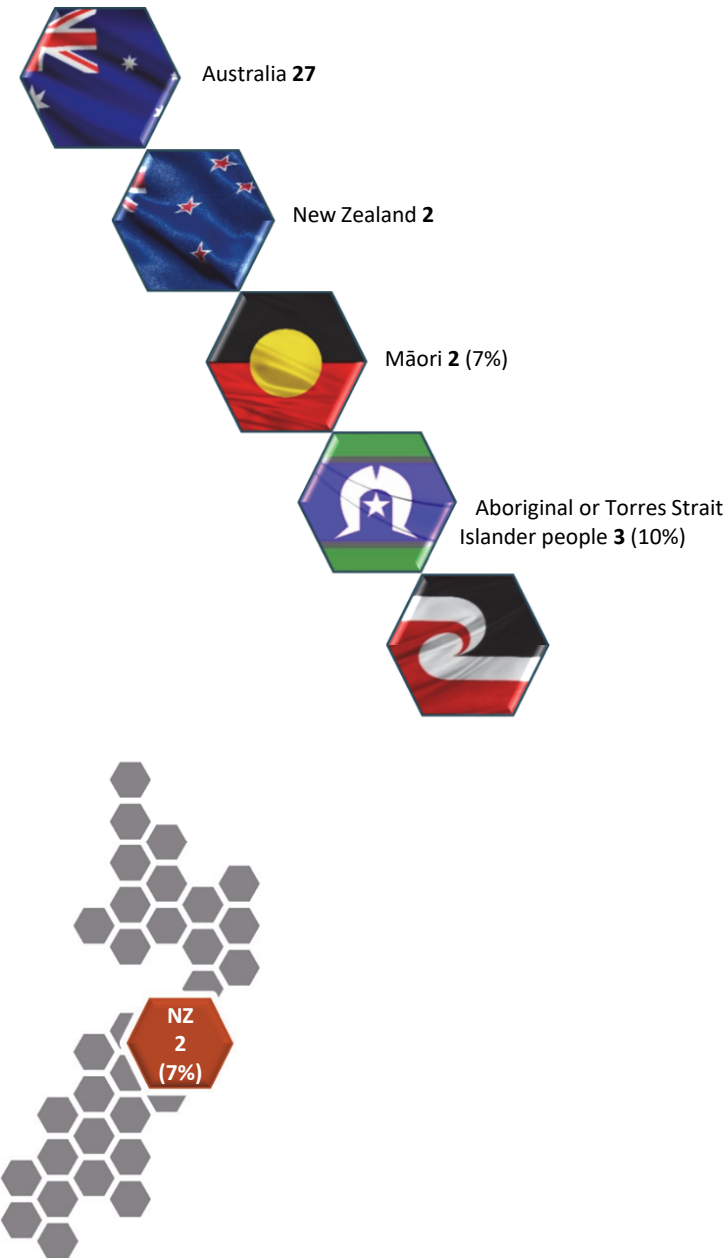
Directors in July 2020 re-appointed Professor Geoff McColl as Chair of the Medical School Accreditation Committee for a two year term concluding at the close of the AMC AGM in 2022. Professor McColl continued to serve, ex-officio, as a Member and Director of the AMC.



Regional-based members: 6 (21%) Metropolitan-based members: 23 (79%)

There was a 4% shift from regional to metropolitan members from 2019/20 to 2020/21





2020 Annual General Meeting

The AMC Ltd Annual General Meeting was held on Friday 20 November 2020. Due to the continued uncertainty of COVID-19, including travel restrictions, the AGM was held virtually via Zoom.

Key items of business included:

- Members received the Audited Financial Report of the AMC Limited for the year ended 30 June 2020
- Members received the Annual Report 2019-20
- 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 2020. 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."*

The following reports were received:

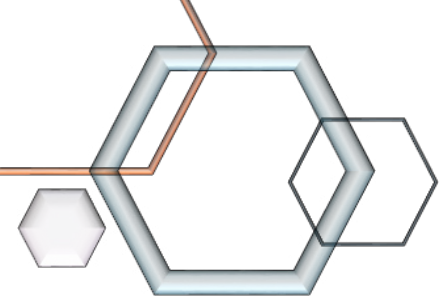
- Assessment Committee: Emeritus Professor David Prideaux, Chair
- Medical School Accreditation Committee: Professor Geoff McColl, Chair
- Prevocational Standards Accreditation Committee: Associate Professor Andrew Singer AM, Chair
- Specialist Education Accreditation Committee: Professor Kate Leslie AO, Chair
- 2020 financial report: Mr Geoff Knuckey, Chair, Finance, Audit and Risk Management Committee
- Remote Clinical Examination: Mr Carl Matheson, Director, Assessment and Innovation
- MedSAC Accreditation Review: Ms Kirsty White, Director, Accreditation and Standards
- AMC Review of the National Framework for Medical Internship: Ms Sarah Vaughan, Manager, National Framework for Medical Internship Review

2021 General Meeting

The AMC Ltd General Meeting was held on 7 May 2021 via Zoom.

The following reports were received:

- National Medical Workforce Strategy: Associate Professor Susan Wearne, Senior Medical Advisor, Department of Health, and Ms Maureen McCarty, Director, Workforce Data, Analysis & Planning, Department of Health
- Update from the Medical Board of Australia: Professor Richard Doherty, Director, MBA
- Review of the National Framework for Prevocational Medical Training: Ms Sarah Vaughan, Manager, National Framework for Medical Internship Review, AMC
- Joint AMC/CPMC Policy Project - Effecting Reforms to Australia's Specialist Medical Training and Accreditation System Post COVID-19: Ms Angela Magarry, CEO, Ms Krista Recsei, Educational Consultant, CPMC, and Ms Theanne Walters, Deputy CEO, AMC
- Medical Workforce Digital Capabilities Project 2021-21: Dr Julie Gustavs, Manager, Educational Development and Projects, AMC
- Aboriginal, Torres Strait Islander and Māori Committee: Professor Suzanne Pitama, Chair
- Medical School Accreditation Committee: Professor Geoff McColl, Chair
- Prevocational Standards Accreditation Committee: Associate Professor Andrew Singer AM, Chair
- Specialist Education Accreditation Committee: Professor Robyn Langham, Chair
- Assessment Committee: Emeritus Professor David Prideaux, Committee Chair
- AMC Strategic Plan and Financial Report: Mr Philip Pigou, CEO



Strategic Achievements

Reviewing performance against the strategic plan

The [Strategic Plan 2018-2028](#) is one of the AMC's key governing documents defining the priorities needed to achieve its vision and communicating these to internal and external stakeholders.

In March 2021 the AMC Directors and Senior Executive staff met to consider achievements against the Strategic Plan over its first three years, and to review planned actions. Despite changes to the AMC's operating environment and proposals for new AMC roles, the meeting concluded that the AMC's strategic direction remains appropriate and that the Strategic Plan has helped to galvanise the work of the AMC on key strategic priorities in a time of global change and uncertainty.

AMC staff are developing a list of proposed priority actions and reporting measures for the next three years, to give greater short-term definition to the 10-year strategic horizon. The proposed actions build on some of the notable success of the last three years, outlined in the reports that follow. Consultation about the proposed changes is planned for late 2021 and early 2022, with changes to the Strategic Plan to be considered by AMC Directors in Q1 2022.

The AMC has implemented changes to its management structure to enhance strategic focus, collaborative structure and culture and leadership with the establishment of a strategic, policy and research team with the Deputy CEO, Theanne Walters, appointed as General Manager.

Strategic Highlight Articles

The following articles highlight current work under the AMC's Strategic Plan:

Business with a Purpose

- Australian Medical Council House
- Conducting assessments in a changing environment

Promoting Aboriginal, Torres Strait Islander and Māori Health

- Improving Indigenous health

Professional practice in a changing world

- Building a digitally capable workforce

Medical education and training responsive to community needs

- National Framework for Prevocational Medical Training Review
- Review of Medical School Accreditation Standards
- Effecting Reforms to Australia's Specialist Medical Training and Accreditation System Post COVID-19



AMC Strategic Plan 2018 - 2028

**Medical
Education and
Training
Responsive to
Community
Health Needs**

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

**Promoting
Aboriginal,
Torres Strait
Islander and
Māori Health**

Ensuring culturally safe practice to improve health outcomes

**Our
Accountability**

Protecting and promoting the health of the Australian community through working with our partners and stakeholders

**Professional
Practice in a
Changing
World**

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

**Business with
a Purpose**

Managing our business in an ethical, efficient and sustainable way



Snapshot of progress against the 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 with MBA and AHPRA, the Accreditation Forum, individual Colleges, MDANZ, and NSW Health, focusing on the Accreditation Systems Review and wider topics in regulation and accreditation.
- Regular discussions with Health Workforce Division of the Department of Health on findings from our project on specialist medical training during COVID and on medical workforce development.
- 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.
- The AMC continued to seek providers' feedback on the updated national assessment forms for Workplace Based Assessment 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 COVID19. Instead, the AMC has completed a multifaceted evaluation, under the oversight of the joint AMC and Board Survey Steering Group, which is composed of medical school, internship and health service stakeholders. The evaluation report has now been published.



PILLAR 2: Medical education and training responsive to community 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 developed a guidance template to be used to support the gathering of information required for a Detailed (Stage 2) process. An expert health economist has been engaged to ensure that all economic matters are encompassed in the recognition processes for stakeholder consultation, and for the Health Council to make a decision to approve recognition.
- In 2019 the AMC established the Working Group on Competency Based Medical education to update its 2010 position paper on CBME. Work has continued with some adjustments to consultations resulting from COVID-19. This updated position paper will reflect on changes in CBME in the last 10 years and will reflect on findings from survey of education providers (complete), and interviews with medical leaders. The consultation draft will be developed in the second half of 2021.
- The findings of the National Framework for Prevocational Medical Training highlight that the current structure of PGY1 and PGY2 is not reflective of community health needs. The review has considered this in the revision of the outcome statements, national accreditation standards for prevocational programs and term requirements to support expanded settings. The review has proposed that the system consider mandating a community term in PGY1 and PGY2 in the future, acknowledging the associated challenges with governance and funding.
- An AMC staff member is conducting a research project as part of a Masters of Public Health (Research) with the Australian National University and in conjunction with the AMC. The project aims to understand how organisations responsible for developing the medical workforce (supply) use information on community health needs (demand) and perspectives in their role in aligning medical workforce supply and demand, as well as to identify information that would be important in developing the future medical workforce.

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.

- In the consultation on the scope of the review of Medical School standards, proposals included updating the standards to increase emphasis on medical schools' and medical professionals' accountability to the communities of Australia and New Zealand. These proposals were widely supported across respondent groups in consultation feedback and the Standards Review Working Group will guide the development of detailed proposals in the second half of 2021.
- Over 2021 the Review of the National Framework for Prevocational Medical Training has been engaging with stakeholders on potential changes to encourage prevocational training programs to take place in more diverse settings, reflective of the range of health services serving local communities. Based on this work the review is continuing with the proposal to replace the current mandatory term requirements with new parameters that will better reflect the current healthcare context and facilitate training in expanded settings.
- A Sub Group of the AMC Aboriginal, Torres Strait Islander and Māori Committee is leading work on revising and strengthening standards related to Aboriginal and Torres Strait Islander and Māori health as part of the Medical School Standards Review and the National Framework for Prevocational Medical Training.

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 Prevocational Medical Training is proposing a range of strategies to improve quality of training. Areas of focus include the quality and variability of assessment, limited and variable clinical contact and the disconnect between learning outcomes, role expectations and assessment.

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.

- The AMC and Medical Board decided not to run the Survey of Interns' perceptions of their preparedness to practice in 2020 or in 2021 and have instead focused on an evaluation of the survey over the three years 2017-2019. The evaluation report addresses how the survey has supported improvements in the quality of medical education and training and actions necessary to improve the use of surveys as an accreditation tool.
- AMC continues to contribute to the Steering Group and the Advisory Group for the Medical Board of Australia's National Medical Training Survey. The 2021 survey is now live. 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 is also using the results to inform the accreditation assessment of medical specialist colleges in 2019. The results are now being embedded within the accreditation processes for both intern training accreditation authorities and medical specialist colleges and is part of the documentary evidence that AMC assessment teams consider for accreditation reviews.
- The National Framework for Prevocational Medical Training is proposing changes to the domains for accrediting authorities (postgraduate medical councils) to strengthen the requirements for use of external data sources, such as the Medical Training Survey, in their accreditation of prevocational training programs.

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

- In the consultation on the scope of the review of the standards for primary medical programs, proposals included updating the standards to reflect work by the Medical Board of Australia and the Medical Council of New Zealand on partnering with patients.
- The AMC has led development of 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 has also informed the review of AMC accreditation standards.
- The AMC is revising the publication Good Medical Practice Professionalism Ethics and Law. These two areas have been identified for specific chapters.

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 continues to work closely with medical schools and colleges to articulate an approach that ensures the outcomes required for registration continue to be met while providing flexibility in training pathways that take account of changing contexts in local health services.
- The Commonwealth Department of Health is funding the AMC and Council of Presidents of Medical Colleges (CPMC) for a joint policy project - 'Effecting Reforms to Australia's Specialist Medical Training and Accreditation System Post COVID-19'. The project aims to investigate the impact of COVID-19 on Australia's medical training system, and the innovations that have been made in response to the pandemic. The work will also inform the finalisation and implementation of the National Medical Workforce Strategy.
- 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 work of the Review of the National Framework for Prevocational Medical Training in the area of structural change to support prevocational training in expanded settings, i.e., within general practice and community health settings across urban and rural areas, is intended to promote career pathways in these areas and develop supportive settings for trainees and supervisors as part of broader prevocational training programs.
- The Medical School Standards Review consultation on scope included proposals to strengthen the focus on the needs of underserved communities, including those in regional and rural areas. These proposals were widely supported across respondents and development of detailed proposals will begin in the second half of 2021.
- Research on how education providers identify and use information about 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 continues, although scaled back in light of the effects of COVID-19 and resourcing of other priorities.
- Several areas of work remained on hold over 2021 including: Plans for locally based training on the national forms; Commissioned research including 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; and, Redesign of the AMC's website to better communicate the nature of the work place based assessment program and provide case studies.

PILLAR 3: Promoting Aboriginal, Torres Strait Islander and Māori Health

3.1 We will develop a Reconciliation Action Plan (RAP)

- The AMC's Innovate RAP was finalised and launched in June 2019. The Aboriginal, Torres Strait Islander and Māori Standing Committee, which held its first meeting in June 2020, will 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. This Committee continues to oversee the achievement of Pillar 3, and the outcomes identified within the RAP.
- The Manager, Indigenous Policy and Programs, is working closely with both AMC staff and Committee members to educate and inform them about the RAP and the cultural safety requirements needed to achieve the outcomes, including the commencement of a cultural Safety Program for all staff.
- The AMC is currently looking to extend the current RAP for 6 to 12 months while it develops a more integrated strategy to support the AMC Pillar objectives.

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

Work with partners to define cultural safety and advocate for change to the National Law.

- 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.
- In 2021, the AMC endorsed its preferred Definitions of Terms for Cultural Safety, Competency and Proficiency. There are many varying definitions to describe this work currently, and The AMC Aboriginal, Torres Strait Islander and Māori Committee considered the implications of this in developing this document. The AMC is considering its role in establishing the 'framework' for this piece of work, as a non-Indigenous organisation.

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

Use the cultural safety definition as accepted by our Aboriginal and Torres Strait Islander and Māori partners and integrate cultural safety in our work, our documentation and our standards to ensure culturally safe practice for all cultures.

- The roll out of the NRAS definition has begun with some support through the Scheme. In 2020 the AMC 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).
- The AMC has contributed to consultations through the Ahpra/Aboriginal and Torres Strait Islander Health Strategy, advocate with Health Ministers for change to National Law.
- The AMC provided a submission to the Department of Health Draft National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031.

- In keeping with its RAP commitment to advocate for the inclusion of Indigenous expertise in outcomes that relate to Indigenous Peoples, the AMC provided comments on matters that may impact on the work of the AMC only, and deferred to the knowledge and expertise of Aboriginal and Torres Strait Islander Health Organisations in all other instances.

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

Review how cultural safety might be included in all AMC international medical graduate assessment models.

- The Anthology Group is intent on ensuring this is covered in the Australian Medicine in Context publication. Members of the Aboriginal, Torres Strait Islander and Māori Strategy Group (which ceased July 2019) had been involved in the revision of 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.
- A major area of change will be to bring the content concerning good medical practice and interacting with and providing medical care for Aboriginal and Torres Strait Islander people up to date. It will also be extended with a new chapter on culturally safe care for Aboriginal and Torres Strait Islanders. The AMC is looking at processes to ensure that this becomes 'the norm' for future publications.
- The AMC has commenced engagement with the Aboriginal, Torres Strait Islander and Māori Standing Committee on this process.
- The AMC is working to include Aboriginal, Torres Strait Islander and Māori in assessment committees and groups.



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.

Committee to 'sponsor' development of a Thought Leadership paper to outline its work with its Aboriginal, Torres Strait Islander and Māori partners in improving health outcomes.

- AMC staff are preparing a timeline of key events and steps in its work dating back to 2005 as background for this piece.
- The AMC Directors have approved an AMC Aboriginal and Torres Strait Islander Peoples and Māori Policy Statement. The intention of this policy is to provide a clear direction to the AMC on the language and intent of all future AMC statements, actions and policy positions with the potential to impact on Aboriginal and Torres Strait Islander and Māori Peoples whether it is clear or not that they will be affected. This policy will assist in establishing the 'framework' for this piece of work.

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 are being reviewed in 2020-21. Two members of the Aboriginal, Torres Strait Islander and Māori Committee are members 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. An update on the project was presented to the Committee on the review.
- The AMC National Framework for Prevocational Medical Training is also being reviewed (commenced in 2019). AMC staff have presented to the Standing Committee, and are undertaking wide ranging consultations on proposals for change. The review is planning to hold targeted workshops with Aboriginal and Torres Strait Islander stakeholders as part of its consultation processes. This will be aligned with the medical school accreditation standards review.
- The 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, through the Forum, is exploring the possibility of shared cultural safety training for accreditation contributors.
- The AMC continues to engage with Aboriginal, Torres Strait Islander and Māori Peoples through consultations on major pieces of work, including the Medical Workforce Digital Capabilities Project, the Medical Standards review, and the Internship Review projects.
- AMC staff are working closely with the Manager, Indigenous Policy and Programs, to ensure the methodology of these engagements are culturally safe, and gain robust and honest feedback.
- The Aboriginal, Torres Strait Islander and Māori Standing Committee has representation on all of the main Committees of the AMC. The Medical Workforce Digital Capabilities Project, the Medical Standards review, and the Internship Review projects also have Indigenous Committee representation.

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.

Aboriginal, Torres Strait Islander and Māori Committee to lead the development of work on 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 peoples.

- The new Standing Committee continues to work with the AMC to achieve this goal.



PILLAR 4: Professional practice in a changing world

In May 2020 the AMC formed a strategic partnership with the Australian Digital Health Agency (the “Agency”) of the Commonwealth Government of Australia. The aim of this partnership was to develop a strategy capability framework as well as foster community building activity across the medical sector to support the development of a digitally capable health workforce. AMC work in this area has also included collaboration on the Medical Standards Accreditation Review Project with emerging technologies in scope for both the graduate outcomes and new standards.

A collaboration with Higher Education England (HEE), a part of NHS UK, was forged to share good practice in digital health and medical workforce development.

Further activities related to the pillar include a project on the COVID-19 Pandemic and Health Reform undertaken as a joint project with CPMC and commissioned by the Workforce Department of the Department of Health.

The AMC continued to engage with Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. In the reporting period, the AMC responded to the Counsel Assisting the Royal Commission’s recommendations in response to the hearing which explored the development of a capability framework for cognitive disability and review of accreditation standards and practices.

The governance structure for the review of the AMC publication Good Medical Practice Professionalism Ethics and the Law was established and stakeholder feedback on major areas for update in the book was analysed.

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.

- Collaborated as part of the Primary Medical Programs Accreditation Standards Review Project to include digital capabilities. Feedback from the review was analysed and included as a lens for inclusion in the framework .
- Included accreditation as one of the key next steps for inclusion in stage two of the Digital Health in Medicine Project.

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 Digital Health in Medicine Capability Framework – in scope were a range of standards related to ethics and use of current, emerging and future (personalised) technologies
- Significantly enhanced standards through the extensive consultation process with close to 100 stakeholders of medicine – many stakeholders commented on ethical dimensions to digital health.
- Presented academic papers on digital capabilities with a focus on ethical issues and impacts of AI and other emerging technologies at a number of key conferences and several further abstracts were also submitted.
- Initiated a collaboration with HEE to share good practice in digital health in medicine.

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.

- Scoped the Digital Health horizon paper, forum and capability framework in a way that these deliverables align with the principles of humanism, compassion and cultural safety.
- Engaged in significant consultation with Aboriginal and Torres Strait Islander and Māori organisations concerning cultural safety and ensured that it was cascaded throughout the scope of the capability framework.
- Contributed to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability and reviewed the AMC statements against the proposed recommendations of the Royal Commission.

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

- Scoped the Digital Health horizon paper, forum and capability framework in such a way that these deliverables align with the aim of driving higher standards of healthcare and reducing health inequity.



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: The Remote Marking project objective to implement two scored stations from late June 2020 has been disrupted by the COVID-19 pandemic.
- Collaboration between the AMC and Medical Council of Canada: Regular meetings are held with affiliates in the USA, Canada and Europe. These affiliates include organisations and assessment experts working in the professions of medical licensure, health and commercial assessment delivery.
- Collaboration between the AMC & Medical Deans Australia and New Zealand (MDANZ): Development of a framework to extend the collaboration opportunities for both organisations commenced in February 2020 but, due to COVID-19, the focus shifted to continuing to support the collaboration and current MCQ benchmarking initiatives. The work to redefine the collaborations has recommenced. The AMC and MDANZ are agreeing benefits and objectives and exploring opportunities beyond the initial MCQ project.

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

- Four Zoom workshops aimed primarily at supporting colleges to develop their assessment program were held from March to June 2021 with over 250 participants registered to attend the series. Learnings from medical schools were also included within the program. The planning group members were drawn from colleges, medical schools, AMC Accreditation committees and the AMC Assessment Committee.
- The AMC Director A&I has completed the leadership term of the Health Sector Special Interest Group of the Association of Test Publishers (ATP) Global Special Interest Group (SIG).

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

- The draft NTC Business Plan is in the final stages of development, including a revised client service model, marketing analysis and planning, a revised pricing model, and property strategy plan.

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: A paper is to be developed of a 'hybrid' model and an expert group with a balance of external and internal expertise is being set up. This group will be tasked to develop innovative proposals and to provide a series of options for the AMC.
- Mobile Practice Test for MCQ questions: Work continued on question content and feedback for this project while technology expenditure and development was placed on hold. The project will recommence shortly with the related technology to be updated and a revised scoping document and plan put into place.

- Collaboration between AMC & ACCLaIM: There have been 10 AMC clinical scenarios confirmed as shared items and included in participating university examinations from late 2019. The scenarios are delivered in OSCEs for final year summative assessments for graduating medical students. Initial (de identified) data on shared items will be provided to the AMC in 2021 to continue benchmarking the standard of the AMC clinical examination.
- Examiner Decision Making (EDM) Research Project: The initial approach and timeline has been impacted by the COVID-19 pandemic and a response plan has been developed between the AMC and Flinders/Otago University teams. To continue the project, alternative approaches to clinical examination video review and examiner interviewing has needed to be established with revised ethics approval now granted to proceed. Depending on the ability to reopen the NTC, the project is expected to be completed in late 2021 or early 2022. Recommencement of this research is a priority and will be considered with relation to the Clinical Examination Project, objectives, and available resourcing.
- The WBA Roadmap was developed between Assessment and Accreditation teams.

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

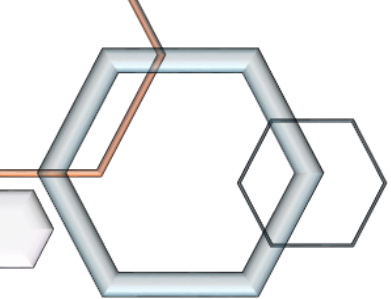
- The Australian Medicine in Context publication project: Outcomes included an approach to the peer review of Chapter 2: Practising Medicine in Australia, and specifically the Australian Aboriginal and Torres Strait Islander People content along with further medical and professional practice references to Aboriginal and Torres Strait Islander People and health throughout the book. An additional stream of work will commence to align the AMC MCQ questions and Clinical scenario banks to the publication as it replaces the "Anthology of Medical Conditions" publication that serves as the basis of the AMC blueprints.

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

- The draft NTC Business Plan is in the final stages of development, including a revised client service model, marketing analysis and planning, a revised pricing model, and property strategy plan.

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.

- An Innovations Group was established with the proposal for an alternative delivery of the clinical examination in response to COVID-19, and with longer-term opportunities, the first initiative from the Group.
- Collaboration between Assessment and Accreditation continues in the development of the WBA program development strategy.



Improving Indigenous Health

Aboriginal, Torres Strait Islander and Māori Committee

The Aboriginal, Torres Strait Islander and Māori Committee provides strategic advice and recommendations on important matters related to Aboriginal, Torres Strait Islander and Māori health to the AMC Directors and staff. The scope of the Committee's work also includes developing an Indigenous Strategy for the AMC, supporting AMC's purpose of making health systems free of racism and inequality, and overseeing implementation of the AMC's Innovate Reconciliation Action Plan.

Committee Chair, Professor Suzanne Pitama (Ngati Kahungunu), was appointed in October 2019. As a Chair of an AMC Standing Committee, Professor Pitama is also, ex-officio, an AMC Director, bringing increased diversity and the views of the Committee to Directors. Professor Pitama, a registered educational psychologist, is Director of the Māori/Indigenous Health Institute at the University of Otago in Christchurch.

In 2020/21 the Committee membership was expanded to include the Aboriginal, Torres Strait Islander and Māori members of other AMC Committees. This is to ensure that all work undertaken by the AMC is able to be considered as well as providing these representatives a forum to discuss their experiences and thoughts around the AMC's commitment to cultural safety.

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

Key elements of the Committee's work to date have included:

- the establishment of an Indigenous Policy for the AMC, including a definition of cultural safety, which acknowledges the importance of ensuring the consultation of Indigenous peoples in all aspects of the AMC's work
- the formation of a Committee subgroup to lead the Aboriginal, Torres Strait Islander and Māori consultation processes for the AMC in relation to the Medical School Standards Review and the Prevocational Framework Review
- consultation on the Medical Workforce Digital Capabilities Project, and
- consideration of Indigenous content in AMC assessment pathways for international medical graduates.

AMC Indigenous Procurement Policy

The development and implementation of an Aboriginal and Torres Strait Islander procurement policy 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 – including 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, and 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.

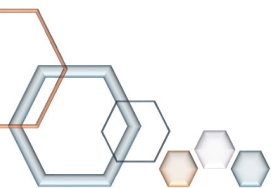
The AMC is aiming for a target of 5% of its contracts or purchases to Indigenous enterprises by 2025 through a staged process begun in 2020. It also aims to ensure that Indigenous Australians gain skills and economic benefit from some of the larger pieces of work the AMC may undertake. The AMC is a member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

Indigenous Procurement in Practice

The tender for the managing contractor to fit out the AMC's new office at 4 Marcus Clarke Street Canberra City has been awarded to Projex Building Group. Projex is a Supply Nation registered building company based in Canberra.

Four companies were invited to tender, two of which were Supply Nation registered companies.

One of the published tender evaluation criteria was the ability for the tenderer to meet the AMC's nominated target of 10% of the trade contracts value to be awarded to Indigenous businesses. While the other three tenderers indicated this was achievable, the tender response from Projex went a step beyond, stating that they believe they can achieve a 20% Indigenous procurement spend while maintaining value for money delivery of trades and supplies.



Committee Members

Member	Membership category
Professor Suzanne Pitama	Committee Chair Māori Member
Professor Lisa Jackson Pulver AM	Member who is a current AMC Director Aboriginal Member
Ms Jacqui Gibson	Aboriginal, Torres Strait Islander or Māori persons who are members of other AMC Committees Aboriginal Member
Dr Waikaremoana Waitoki	Community Member Māori Member
Professor Karen Adams	Aboriginal Member
Dr Artiene Tatian	Aboriginal, Torres Strait Islander or Māori persons who are members of other AMC Committees Aboriginal Member
Ms Bianca Field	Aboriginal, Torres Strait Islander or Māori persons who are members of other AMC Committees Aboriginal Member
Dr Justin Gladman	Aboriginal, Torres Strait Islander or Māori persons who are members of other AMC Committees Aboriginal Member
Ms Kiri Rikihana	Aboriginal, Torres Strait Islander or Māori persons who are members of other AMC Committees Māori Member
Professor Papaarangi Reid	Aboriginal, Torres Strait Islander or Māori persons who are members of other AMC Committees Māori Member
Dr Ngaree Blow	Member nominated by the Australian Indigenous Doctors' Association Aboriginal Member
Ms Candice McKenzie	Member nominated by the Leaders in Indigenous Medical Education Network Aboriginal Member
Dr Stewart Sutherland (proxy)	(Proxy) Member nominated by the Leaders in Indigenous Medical Education Network Aboriginal Member

A new Indigenous Strategy

The AMC has engaged Aboriginal consulting firm, Curijo Pty Ltd, to assist in the development of an organisation-wide Indigenous Strategy. The Strategy is intended to support the integration of Aboriginal and Torres Strait Islander activities across the AMC, expanding on and replacing initiatives currently included in the AMC's Reconciliation Action Plan.

The AMC's purpose is to ensure that standards of education, training, and the assessment of the medical profession protect and promote the health of the Australian community. In achieving this purpose, the AMC contributes to making health systems free of racism. The core values of the AMC encompass collaboration, accountability to stakeholders, and recognising the unique opportunity from partnering with Aboriginal, Torres Strait Islander and Māori Peoples. The Strategy will heavily draw from and build on Pillar 3 of the AMC Strategic Plan 2018 – 2028 which promotes Aboriginal, Torres Strait Islander and Māori Health through ensuring culturally safe practice to improve health outcomes.

Development of the Indigenous Strategy will include mapping the AMC's influence in relevant sectors and the current reach of the AMC across Australia and New Zealand to determine the best strategies to support cultural safety in the health sector.

The Indigenous Strategy will seek to support the identified areas of action under the AMC Strategic Plan, noting that the 2021/22 review of the Strategic Plan may identify additional areas for action.

Staff Training

The Seedling Group Ltd has delivered the first two of five one hour webinars, supported by one hour coaching sessions designed to bring into context for staff the impacts of both past and present policy of Government and institutions on Indigenous peoples. The webinar included firsthand accounts and was tied to the work outcomes of the AMC.

The Seedling Group Ltd reviewed topical and relevant information from the AMC to ensure the greatest impact on the strategic objectives of the AMC and to assist staff in operationalising these.



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 Working Group whose role is to oversee and report on implementation of the initiatives in the Reconciliation Action Plan (RAP). The Working Group's key responsibilities include to:

- set priorities and define resources for Pillar 3 of the Strategic Plan, Promoting Aboriginal, and 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 2020-21:

- 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

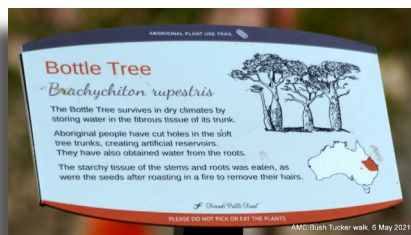


Photo credits: AMC staff

Events

A number of activities were organised by the Reconciliation Manager and the AMC Social Club for Reconciliation Week, 27 May to 3 June 2021. These included:

Bush Tucker Walks

Staff participated on a guided Bush tucker walk at the Botanical Gardens 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. The walks expanded on the talks held online the previous year.

Adam shared his passion about native plants and how they have been used by Aboriginal people for thousands of years for both food and medicinal use. Staff had the opportunity to see, smell and even taste these plants, along with the added benefit of a walk through the beautiful Botanical gardens.

Indigenous artworks

Several guided tours of the Indigenous artworks at the Australian National Gallery, the Portrait Gallery and Reconciliation Place.

A Mabo Day morning tea

Staff attended a morning tea featuring Indigenous foods and talks from staff on this historical event.



Informational Emails

Fortnightly updates on both culture and events relevant to Indigenous peoples were provided over the year. Some of these emails have been supported by speakers or yarning circles with all staff, sharing personal stories and/or expanding on these topics through practice.

Engagement continues to increase from non-Indigenous staff around these topics. Approaches from individual staff members seeking to discuss and expand on their knowledge have occurred with more frequency.

Content has included:

History (post colonisation)

- The Freedom Rides
- Invasion Day
- Racism (yarning circle)
- Black lives Matter (yarning circle)
- Stolen Generations (speakers)
- Australian history of slavery (and Black-birding policy) (speakers)
- Cultural appropriation
- Impact of poor Health care on Indigenous Patients
- Tours of Galleries

Pre-colonisation History/ongoing practice

- Weaving (workshops)
- Yarning practice
- Bush tucker (workshops)
- Art symbolism and meanings
- Songlines and dreaming
- Our different Nations (Australian context)
- NAIDOC (events, and information)
- Reconciliation Week
- Bush tucker walks on Country

The RAP newsletter

In 2021 the RAP Working Group launched a quarterly RAP newsletter. This internal publication highlights the work happening in the AMC, key events in the Aboriginal, and Torres Strait Islander and Māori communities, and individual staff reflections on their journey in this space.

REFLECTIONS

This space is for an AMC employee to reflect on something they've seen, experienced or newly understood.

Reflecting on Ian Hamm's talk

As I watched Stolen Generations survivor and Kimberley woman Daisy Howard stand by her half-sister May, just reunited fifty years of life with her family and community to never be returned, all I could think was about how sad and angry it made me. I've lived outside of my home culture for the last nine years – by choice – and it's difficult to miss the holidays, the food, the references, the conversation. I couldn't fathom more than half of my life; youth, adolescence, and most of adult life, away from family and the land that connects us. The documentary Stolen Generations (2000), in which Daisy's story featured, was a vivid reminder of the tragedy of policies, people, and particular twisted ideas of morality and 'race science' that led Australia down the path of families forced apart.

When Ian Hamm, Yorta Yorta man and a member of the Stolen Generations, came to speak to the AMC in June 2020, somewhere in the back of my mind I was prepared for him to denounce the systems in angry and sad terms, as that was my personal frame of mind. While Ian did share his story and made clear the cruelty of policies of the Stolen Generation, his message was not overwhelmingly of sadness but mainly of hope. He had worked in government in Victoria, and he had seen things shift and change. He was not bitter understanding, alongside attempts at reconciliation, truth and justice. He was not bitter towards his adoptive parents and the community he was forced into, explaining that they too were in many ways victims of a terrible system. Ian's perspective challenged me to think about our responsibilities to support forward-looking progress and acknowledge the past, rather than lament and get stuck in mistakes. I now attempt to take this hopeful and humble approach into the work I do at the AMC, including standards review processes.

Words by Daan Verhoeven

AMC INTERNAL UPDATE

Accreditation

Currently, the Accreditation section is working on two standards review processes simultaneously: the Prevocational Framework Review and the Medical School Standards review – alongside our regular accreditation assessment and committee work. We have been working with the Aboriginal, Torres Strait Islander, and Māori Committee to ensure that the review work is being shaped and guided by Indigenous voices, alongside the review working groups. This includes working with Aboriginal, Torres Strait Islander, and Māori AMC accreditation assessors on a research project to gather evidence about the performance of our existing standards. We are also conducting a series of workshops with Indigenous peak body organisations to supplement written consultations. The workshops will consider a range of data, models, and specific outcomes and standards for both reviews.

We've recently worked with Belinda to improve our implementation of the AMC Acknowledgement of Country policy. Belinda led an information session with the section, which increased our understanding of the purpose and value of acknowledging country. We are building our confidence to pay our respects in all internal and external meetings, as we committed to do in the RAP. We have pledged to empower all members of the team to hold each other to account on the policy.

Making positive changes has come with its challenges, and for many of us has pushed the boundaries of our comfort zones. The group yarning circle on Black Lives Matter had many emotionally reflecting on their experiences. We're learning more about how to make our Indigenous stakeholders feel culturally safe and demonstrate our willingness to listen and learn as we planned our workshops. Discomfort is often a signal of an opportunity for growth and we are leaning in to embrace it.



Building a digitally capable medical workforce

In late 2019 the Australian Medical Council (AMC) and the Australian Digital Health Agency (the Agency) formed a partnership to engage in a project aimed at understanding how technology impacts the standards of medical education, training and practice in Australia. This project aligned 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 Agency 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.

The Medical Workforce Digital Capabilities Advisory Group was established as part of this strategic project to provide opportunity for expert advice and feedback to the project and its components from peak bodies in medicine and stakeholders of digital health and to deliver:



A Horizon Series Strategic Paper

Health Workforce Reform Leveraged through Medical Education and Accreditation: A review of the current and future directions of the AMC and its partners using the example of the health reform priority – building a digitally capable medical workforce.

This discussion paper explores areas of future collaboration and strategic focus of the AMC and its partners in shifting medical education and AMC accreditation to focus more firmly on achieving health workforce reform. As a starting point, this paper provides one key area of workforce health reform as an illustrative example - the need to build a digitally capable medical workforce. It is demonstrated that such change is best achieved through collaboration, alignment of goals and approaches adopted (from national and international evidence-based health reform policy) to help shape the Australian medical education system.

[Download the Horizon Paper – Published July 2021 here](#)





A Capability Framework for Digital Health in Medicine

Capability Framework in Digital Health in Medicine

A capability framework has been developed to guide how medical education providers throughout the continuum of medical education can play a further role in the development of a digitally capable medical workforce in Australia and New Zealand. It calls for intergenerational and cross sectorial and cross curriculum learning and assessment of digital health in medicine.

This document is designed for medical schools, prevocational training providers across all Australian jurisdictions as well as College vocational training programs and Continuing Professional Development Programs, international medical graduate assessment and support and other providers of digital health education, i.e., professional bodies and institutes.

[Download the Digital Health in Medicine Capability Framework – Published July 2021 here](#)



An Online Forum

Building a digitally capable medical workforce

The online forum provided opportunities for participants to learn how to ensure that their medical education programs integrate digital capabilities into competency frameworks, teaching and learning support, assessment programs and evaluation. The forum occurred from March to May 2021 in a series of four workshops. Recordings of each opening session are available below.

- [Workshop 1](#): Current State in Digital Health in Medical Education across the Continuum.
- [Workshop 2](#): An Eye to the Future – Why Digital Health Matters.
- [Workshop 3](#): A Framework to Take us Forward.
- [Workshop 4](#): Next Steps – Where to from here?

Consultation

The framework has been shaped by advice from the Medical Workforce Digital Capabilities Advisory Group (with broad representation from across the continuum for medical education in Australia and New Zealand), results from an online survey and follow up consultation focus groups, as well as engagement with a broad range of medical education stakeholders in a series of online fora. Consultation was also held with Aboriginal and Torres Strait Islander organisations to ensure the framework supported cultural safety.

The AMC and the Agency express their sincere thanks to the many people and organisations who participated in the consultation. Their feedback has contributed significantly to this framework.

Next Steps

The AMC looks forward to working with Education Providers across the continuum of medical education and seeks further cross sectorial partnerships to engage in stage 2 of the project which aims to **Test Ideas on the Ground and Build Readiness Across Diverse Settings** through:

- Further thought leadership and community of practice building activity
- Piloting
- Supervisor Training, and
- Accreditation Standards.

For more information about the Digital Health in Medicine Project and to explore partnership opportunities, please contact: digitalmedicine@amc.org.au

National Framework for Prevocational Medical Review

The AMC is developing a two-year framework for prevocational (PGY1 and PGY2) medical training that combines components tasked to the AMC on behalf of the Medical Board of Australia and the Health Chief Executives Forum (formerly known as the Australian Health Ministers' Advisory Council (AHMAC)). These are significant changes to improve the quality and relevance of prevocational training in Australia.

The review combines:

1. AMC's review of the National Framework for Medical Internship (PGY1), 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.
2. The development of a two-year Capability and Performance Framework, Entrustable Professional Activities (EPAs) and specifications for an e-portfolio, on behalf of the Health Chief Executives Forum. This work arose from the 2018 Health Ministers' response to the recommendations of the 2015 Council of Australian Governments (COAG) Review of Medical Internship.

The Framework has been expanded to include support for PGY2, with the point of general registration remaining at PGY1. Flexibility to enter into specialty training in PGY2 will remain.

In developing the scope of the review (Phase 1), it was recognised there has been 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, a number of challenges were identified.

The proposed changes aim to clarify the expectations of prevocational (PGY1 and PGY2) training, improve the consistency, quality and relevance of learning and assessment experiences and better align these experiences with community health needs. This includes strengthening the focus on Aboriginal and Torres Strait Islander health. A summary of the significant changes is provided below:

- **Training and assessment:** Changes have been made to the training and assessment processes including the introduction of EPAs. The EPAs describe the key professional work of prevocational doctors and are intended to anchor the prevocational years in clinical work and, through their assessment, increase opportunities for observed practice and feedback.

Review timeframe



- **Program requirements:** Changes have been proposed to improve the relevance and quality of training including mandating training for term supervisors, revising the term requirements to focus on generalist clinical training and increase flexibility for training to occur in expanded settings (such as primary care settings). The review is proposing that the system consider mandatory community terms in the future.

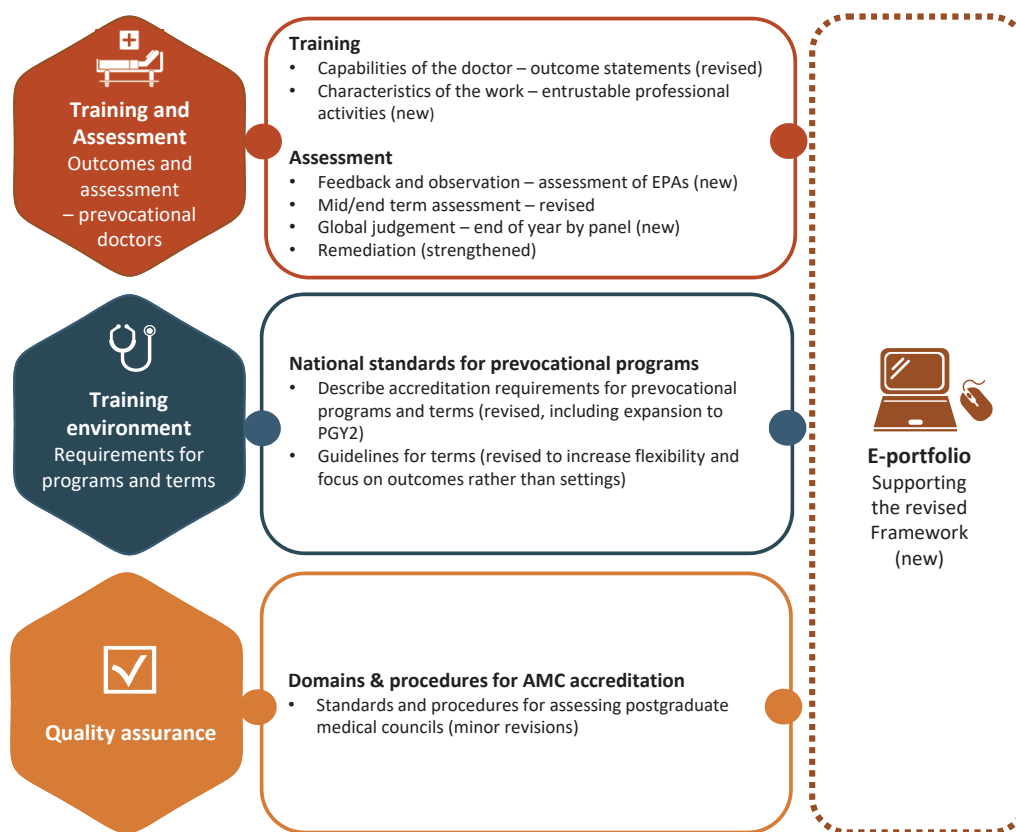
A summary of the proposed revised Framework is provided in the following diagram.

In 2021 the AMC is nearing completion of Phase 2: Review, Development and Testing. Three formal consultations were held between September 2020 and September 2021 to seek feedback on the review and development work. The consultation process included formal consultation periods for written feedback, small group discussions and a range of workshops and presentations with stakeholders to test concepts and ideas.

It is intended the review and development of the Framework documents will be completed by the end of 2021. The Review will then focus on developing training material to support the implementation phase. The following summarises the next phases of the review:

- **2022 – Phase 3 – Preparation/Transition** - transition for the system and preparing for implementation, including training supervisors and reviewing accreditation standards and procedures.
- **2023 – Phase 4 - Implementation** - phased implementation of the revised two-year Framework including an e-portfolio.

Proposed revised Framework





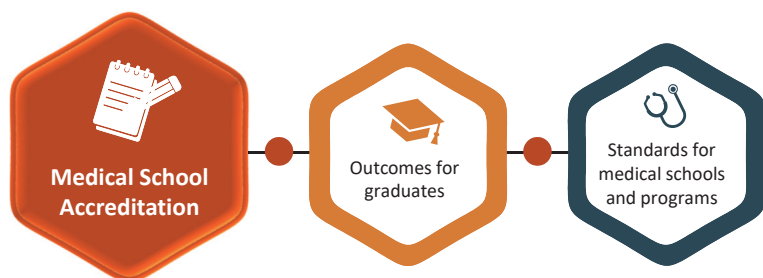
Medical School Accreditation Standards Review

The AMC is reviewing the accreditation standards for medical schools. The accreditation standards set out both the high-level outcomes that students are expected to achieve before graduating and the requirements for medical schools in the governance, delivery and continuous improvement of their accredited medical programs.

The review is being undertaken in the context of AMC work across related areas, in particular:

- the [AMC's Strategic plan](#)
- the AMC's work on improving the health of Aboriginal, Torres Strait Islander and Māori people through culturally safe practice
- the AMC's [review of the National Framework for Medical Internship](#), on behalf of the Medical Board of Australia, which includes potential extension of the framework to the second year post graduation (PGY2)
- a joint project with the Australian Digital Health Agency about [developing a digital capabilities framework for medical practitioners](#).

Further details on these projects can be found in this report and is available on the AMC's website.



The AMC recognises that responding to the impact of COVID-19 has presented both challenges and opportunities for education providers and, for some, prompted changes in relationships with local health services. It is an opportune time to reflect on the standards and consider what changes might be needed to ensure that they remain fit for the future.

In 2021 the AMC has consulted on the scope of the review: how the standards should evolve to continue to ensure that medical graduates have the knowledge, skills and professional attributes to practice safely and competently.

Proposals related to the structure of the accreditation standards for medical schools included:

- integration of standards to focus on the alignment of learning outcomes, curriculum content and assessment, and
- an increased focus on outcomes rather than process.

Proposals for changes to the content of the standards for medical schools included:

- increased focus on accountability to Australian and New Zealand Communities
- Cultural safety
- Student wellbeing
- supporting transition to practice
- governance, leadership and resources
- emerging technologies in curriculum and assessment design and delivery
- Medical Program Outcomes, Curriculum and Assessment, and
- encouraging innovation

The formal written consultation on the scope of the review ran for six weeks from 30 April to 11 June 2021. The AMC extended the timeline to the end of June at the request of stakeholders.

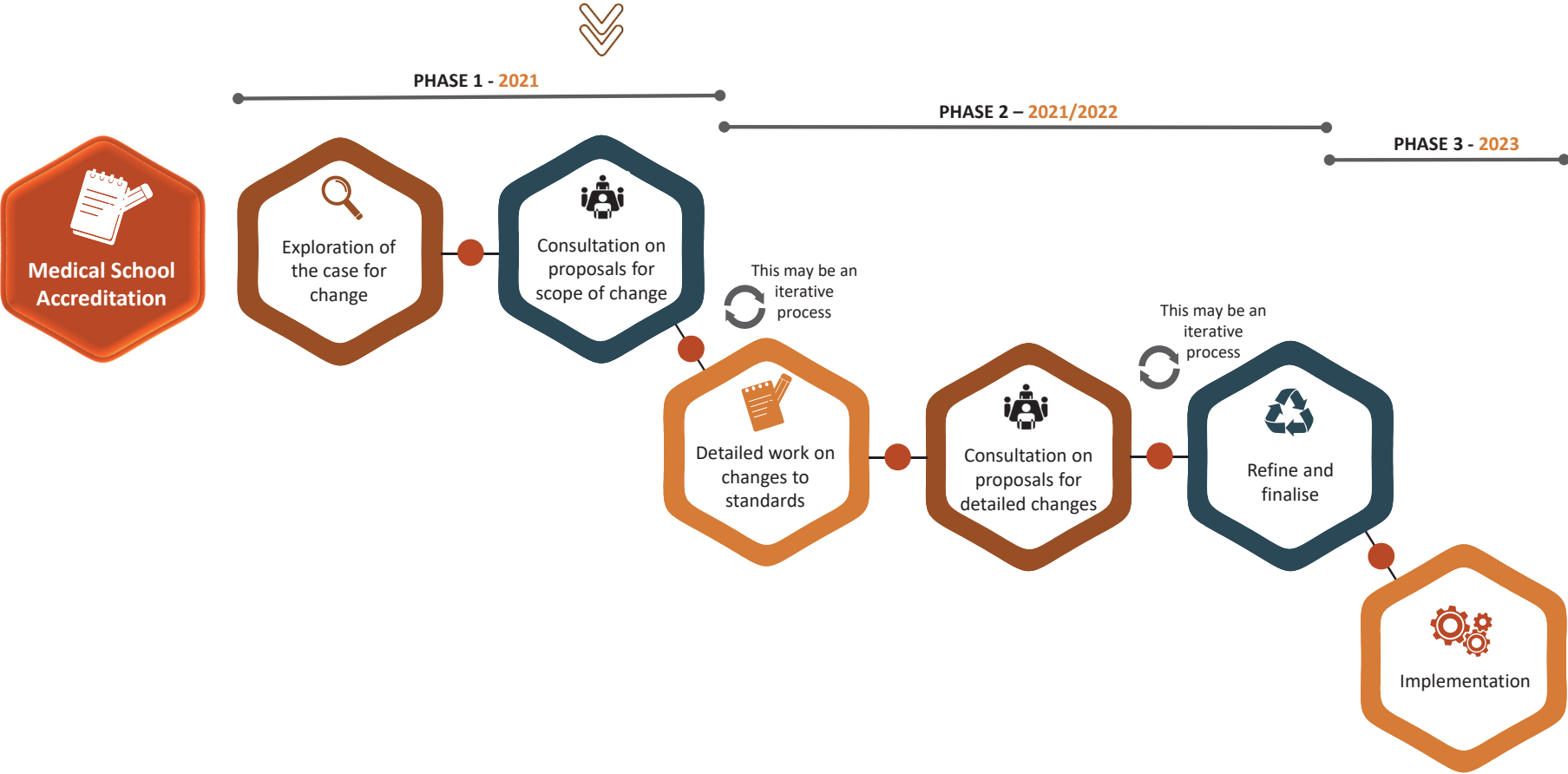
Fifty written responses were received from stakeholders across the medical education continuum, including medical students, medical schools, postgraduate medical councils responsible for pre-occupational training accreditation and medical specialist colleges. Submissions were also received from Departments of Health and patient advocates.

There was strong support for the direction of both structural and content changes across stakeholder groups.

In parallel to this consultation, a sub-group of the AMC Aboriginal and Torres Strait Islander and Māori Committee is reviewing standards related to cultural safety and Indigenous Health to ensure that the voices of Aboriginal and Torres Strait Islander and Māori peoples are leading the development work in these areas. The AMC is committed to improving health outcomes for Aboriginal and Torres Strait Islander and Māori people through medical education and training standards. As a key part of this commitment, AMC includes First Nations Peoples perspectives and is led by Aboriginal and Torres Strait Islander and Māori people when developing policy which may impact on Aboriginal and Torres Strait Islander and Māori Peoples.

The Sub-group of the AMC Aboriginal and Torres Strait Islander and Māori Standing Committee has established a combined process for review of Indigenous health content in medical school standards and Prevocational Framework documents. This process involves an open invitation to yarning circles for all Aboriginal and Torres Strait Islander and Māori staff in medical schools to inform the development of proposals, and consultation sessions with Aboriginal and Torres Strait Islander and Māori peak body organisations to discuss emerging proposals before publishing proposals for formal consultation in 2022.

Informed by the feedback from the consultation process, drafting of detailed proposals for change has begun. A consultation on proposed revisions to the standards is planned for early 2022.



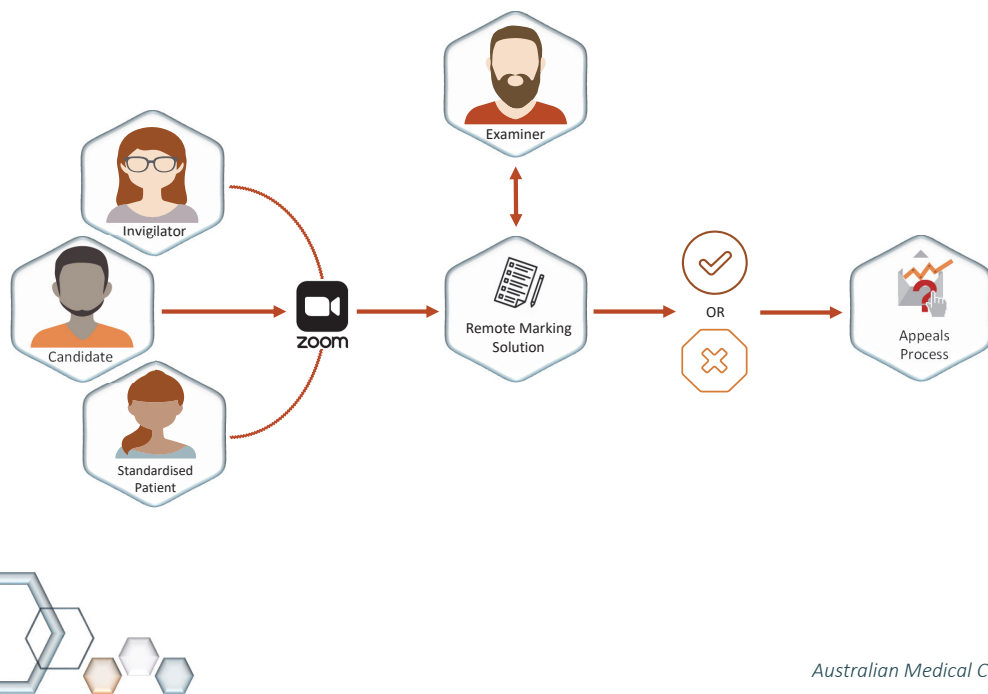
Conducting Assessments in a changing environment

Due to COVID-19 restrictions, in March 2020 all clinical examinations at the National Test Centre (NTC) were cancelled. With the length and impact of COVID-19 unknown, the AMC focused on the development of an online clinical examination to provide a mechanism to continue the examination process and allow successful candidates to progress toward medical registration.

In June 2020 the AMC Directors approved the further development of a proposal to implement a new delivery format for the AMC clinical examination. The proposal also presented long-term opportunities to protect the AMC clinical examination from future events similar to COVID-19, improve quality and accessibility, and align the examination content with the AMC Assessment Strategy.

Work commenced on the online clinical examination in late 2020 under the guidance of the Clinical Examination Project Steering Group (CESG).

The online clinical examination retained the structure of 14-scored stations and two unscored stations (pilots) with a required pass mark of 10 or higher out of 14 scored stations. The Zoom platform was chosen for the interactions between invigilator, a simulated patient and the candidate. The invigilator function was designated as a key role and was initially allocated to AMC staff with expansion to the NTC Marshal program later in 2021.



Test examinations

In February 2021 three test examinations were conducted as proof of concepts for the online examination delivery theories, technology and processes. The tests were on a small scale using only AMC staff as examination participants.

Mock examinations

Three mock examinations were conducted in late February and early March 2021 with the purpose of:

- conducting full end-to-end testing of all technology and operations with university students as candidates
- re-enforcing training with practice
- testing examination content for online delivery, and
- ensuring consistency between the users' guides for candidates, simulated patients, examiners and invigilators.

Pilot examinations

In March 2021 pilot examinations were conducted with international medical graduates. The test candidates were offered an opportunity to attempt the examination under 'real' conditions. Candidates could pass the examination or be offered another attempt free of charge if they failed.

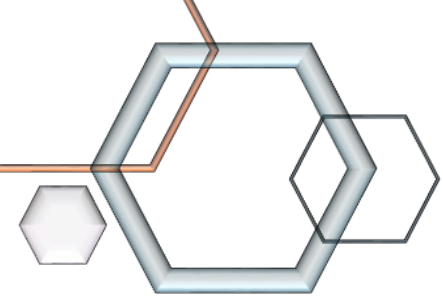
Official launch of Online Clinical Examinations

The AMC launched the online clinical examination in March 2021. The AMC website was updated with relevant information and candidate resources, including access to a candidate briefing video and updated examination specifications (policies). Scheduling priority was provided to candidates listed on the waiting list from postponed 2020 examinations. Candidates residing in Australia have been provided priority to support progression into the workforce and the successful delivery of the online examination.

In April 2021 a trial with overseas based candidates was successfully completed and the online examination was made available to overseas-based candidates from July 2021.

The continued closure of Australian international borders will remain an important factor for continuing to offer the online examination to eligible overseas based candidates and offering the examination to overseas-based candidates who may not have historically attempted the clinical examination at the NTC. Analysis shows not all candidates passing the MCQ overseas attempt the clinical examination in Australia and it is believed they may travel to UK, Canada or USA to progress their careers.





Effecting Reforms to Australia's Specialist Medical Training and Accreditation System Post COVID-19

In 2020, the AMC, the CPMC and the Health Workforce Division (HWD) of the Australian Government Department of Health all began considering the impacts of the COVID-19 pandemic on Australia's specialist medical training and accreditation system. Impacts included:

- interrupting doctor-in-training rotations, creating uneven workforce capacity
- disrupting training pathways in other ways, e.g. by interrupting exams and access to other learning
- creating challenges for workplace supervision, e.g. by expanding the need to cross skill in critical care, reallocating roles and revising scopes of practice
- requiring new streamlined reporting approaches, flexible accreditation assessment approaches, and flexible regulatory requirements, e.g. to support education providers to focus on changes required rather than reporting on them, and
- increased collaboration between specialist medical colleges, peak professional bodies, and accreditation and regulatory authorities to share learning and address common challenges.

To explore these impacts further the Department of Health funded a joint CPMC and AMC project, Effecting Reforms to Australia's Specialist Medical Training and Accreditation System Post COVID-19. The project aimed to investigate the impacts of the pandemic on stakeholders from across the medical training system, as well as how they responded, to inform recommendations for improvements and futureproofing. The complementary strengths of the two organisations meant they could explore diverse aspects of the system and engage a wide range of stakeholders. This collaboration is also a recognition of how impacts on training flow onto the accreditation standards and requirements that guide this training.

The AMC and CPMC project

The overarching project objective was to investigate the impact of COVID-19 on Australia's medical training and accreditation system, and resulting innovations.

The project outcomes were to provide recommendations for improvements to the national system of medical education, training and accreditation and to inform the development and implementation of a National Medical Workforce Strategy.

The project consisted of CPMC-led and AMC-led project deliverables:

- **Literature Review:** COVID-19 impacts on postgraduate medical education (CPMC)
- Project Report 1: COVID-19 impacts, responses and opportunities (CPMC)

- Project Report 2: Determination of training places (CPMC)
- Project Report 3: Policy recommendations (CPMC)
- Project Report 4: Preliminary report following the 2021 AMC assessment workshop series, Conducting Assessment in a Changing Environment incorporating the results of a survey of stakeholders engaged in the workshops (AMC)
- Project Report 5: A review of AMC accreditation findings on barriers and enablers of equitable access to learning opportunities and resources and policies that support recognition and accreditation of learning (AMC)
- Interactive Website development: to provide curated material on assessment, including good practice case studies and videos as well as a repository of material covered at relevant stakeholder workshops and events (AMC)
- A summary article (CPMC and AMC)

AMC findings

The AMC analysed and shared learnings from its accreditation assessments of specialist medical programs and their providers, the specialist medical colleges. This aimed to inform broader policy, resources to support innovation in medical education and accreditation, and the future review and development of accreditation standards and tools. The AMC has considered accreditation findings on specialist medical training programs pre-COVID, and findings on the changes to specialist medical education and training during COVID.

The AMC's general observations of the specialist training related responses to COVID included:

- Colleges responded rapidly to expected change but sustaining and continuing to adapt to change is challenging
- Colleges recognised trainees' completion delays
- Colleges communicated with trainees, supervisors and health services about changes but trainees frequently wanted additional information about implications of changes
- Moving assessment online and changing assessment requirements, location and timing has been complex, and caused trainees significant anxiety
- College accreditations of training posts and programs were generally postponed and some moved to videoconference
- Colleges have shared learning and there has been a shift towards greater collaboration.



For report 5, the AMC investigated the barriers to and enablers of equitable access to learning opportunities and resources in specialist medical training programs (pre-COVID), and the effect of COVID disruptions and the move to online learning on these, particularly for trainees and health services in regional and rural locations. It undertook a thematic analysis of AMC accreditation findings and college submissions, which was informed by analysis of other accreditation documents, such as stakeholder submissions. Qualitative findings were triangulated quantitatively using the results of the Medical Training Survey and, where relevant, the result of the accreditation surveys the AMC undertakes when it assesses the training programs of each college.

The AMC found that to continue to provide training during the COVID-19 pandemic specialist medical colleges adapted and accelerated some changes to training programs, such as creating new online educational resources. Some existing barriers to training, such as limited availability of learning sessions and resources, were reduced as a result. Additional flexibility in college training policies, for example recognition of other learning, leave and extensions to time, and enhanced collaboration between colleges and health jurisdictions on workforce and training requirements, were also identified.

The AMC findings are written up as thematic narratives under the main headings of ‘enablers’ and ‘barriers’. The themes identified were:

Enablers of equitable access to learning opportunities and resources for specialist medical trainees	Barriers to equitable access to learning opportunities and resources for specialist medical trainees
<ul style="list-style-type: none"> ● Investment and funding especially Specialist Training Program and Integrated Rural Training Pipeline for Medicine ● Training material and policies online ● Policy robustness and flexibility ● Policy transparency and communication ● Collaboration with health sector organisations ● Consistent assessment and resource access ● Policy robustness and flexibility ● Explicit commitment to rural health and flexible training 	<ul style="list-style-type: none"> ● Training policy inconsistency and rigidity especially flexible training and RPL ● Uneven resource access including specific requirements e.g. simulation ● Culture of specialist medical training and specialist medical programs ● Lack of stakeholder collaboration ● Facility inaccessibility ● Colleges not addressing issues (e.g. Indigenous and rural trainees needs) ● Colleges not adapting to service and workforce needs and structures

The AMC also investigated and reported on changes in assessment in specialist medical programs and opportunities for systems improvement.

A series of AMC online workshops, *Conducting assessment in a changing environment*, held from March to June 2021, explored the value proposition for assessment in specialist medical programs, the need for assessment change, innovations, barriers to change, and common challenges in meeting accreditation standards in assessment. There is shared agreement that assessments must be of high quality to support decisions about the progression of trainees to being safe and competent specialists in the workforce. Risks in the reliance on high stakes barrier examinations to determine trainee progression were highlighted, and the workshops discussed addressing and mitigating these risks in

the future. Risks in reliance on technology were also considered and contingencies for technological failure explored.

Addressing COVID-19 disruptions to specialist medical training assessment practices, particularly large scale barrier examinations, has required new thinking, agility and resilience of individuals and organisations.

Medical education providers and other stakeholders acknowledge that changes to assessment practice in specialist medical programs are required and are open to this. Analysis identified priority issues to be addressed, opportunities and significant challenges to be considered in developing, implementing and embedding changes in practice. These are summarised in the table below.

Priority assessment issue	Opportunities for improvement	Significant challenges to change
Achieving alignment of curriculum, training and assessment	Involvement of trainees in assessment design	Organisational culture – tradition, custom, and investment in current models
Ensuring fairness in assessment	The administration of assessment i.e. reliance on single site assessment	Technology issues
Support for trainees to complete once they are accepted to a specialty training program	Utilisation of technology in assessment	Security concerns
Effective supervision	Increase sector knowledge about best practice in assessment	Resources
The burden (volume) of assessment		

The AMC identified a number of conditions as necessary to underpin effective and sustained change to assessment in specialist medical education. These are:

- clear strategic planning and roadmaps accessible to all involved
- access to, and reliance on, best evidence for assessment practice
- collaboration and sharing of information across the medical education continuum and between all stakeholder groups
- trust relationships between stakeholders, particularly between trainees and education providers
- powerful evaluation, and responsiveness to this, and
- time proportionate to the change undertaken.

The AMC is continuing work on a specialist medical program assessment website, funded by the HWD. The website will house the resources developed for the assessment workshops as well as additional resources commissioned by the AMC to address challenges in assessment, good practice case studies, and resources and templates such as work based assessment portfolios and strategies for managing change. The AMC expects the resources to grow with feedback from stakeholders, and in response to its accreditation findings.

Australian Medical Council House

The Australian Medical Council's new premises at 4 Marcus Clarke, Acton, will span across the two upper levels, with panoramic views into the city on one end and Commonwealth Park on the other.

Centrally located, the building is bordered to the north and east by the city centre, to the west by the Australian National University and to the south by Lake Burley Griffin and Commonwealth Park, with its many walkways and cycle paths. Staff and visitors will have easy access by car, bike and public transport, including the Light Rail which is planning a stop nearby.

Primary design considerations for the new workplace included maximising natural light and access to external views from the working zones and providing non-intrusive access to and between business areas. Privacy, both visual and acoustic is also a key design parameter addressed through the careful placement of open workspaces, built zones and support spaces.

Following a tender process, the AMC appointed Daryl Jackson Alastair Swayn (DJAS) to undertake the interior design and project management services. DJAS has previously designed the AMC's fit outs at its current premises at Majura Park and the National Test Centre in Melbourne. They are Canberra's largest interior design studio and industry leaders in workplace design.

Unfortunately, the start of the COVID-19 pandemic in early 2020 put the commencement of the project on hold for some months.

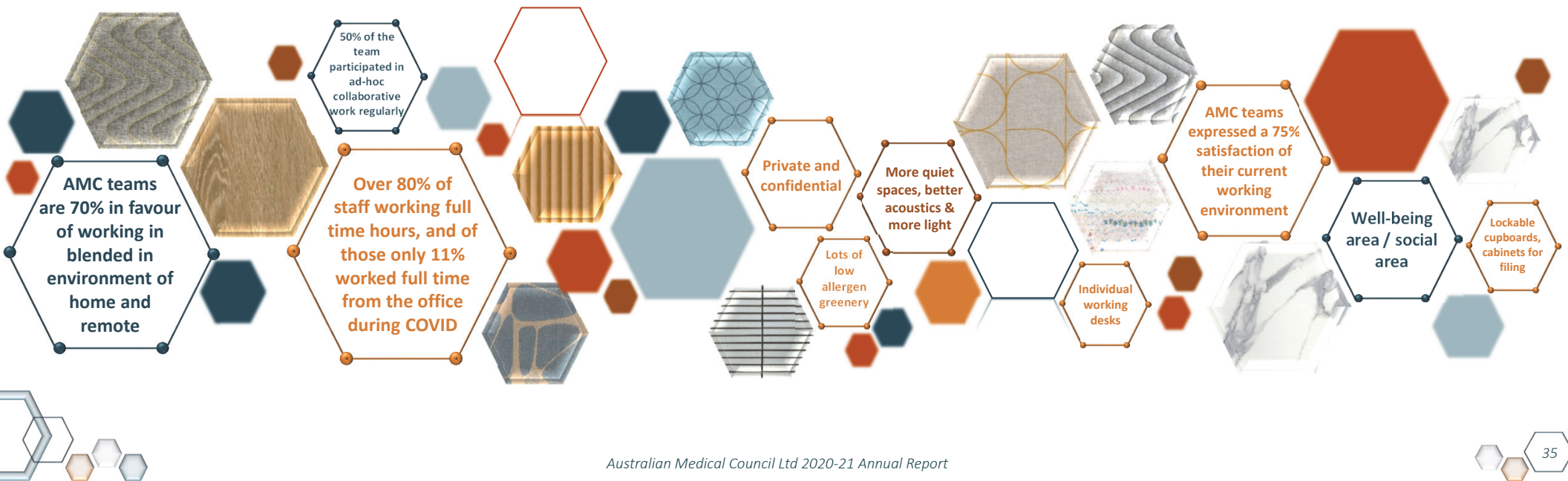
Design

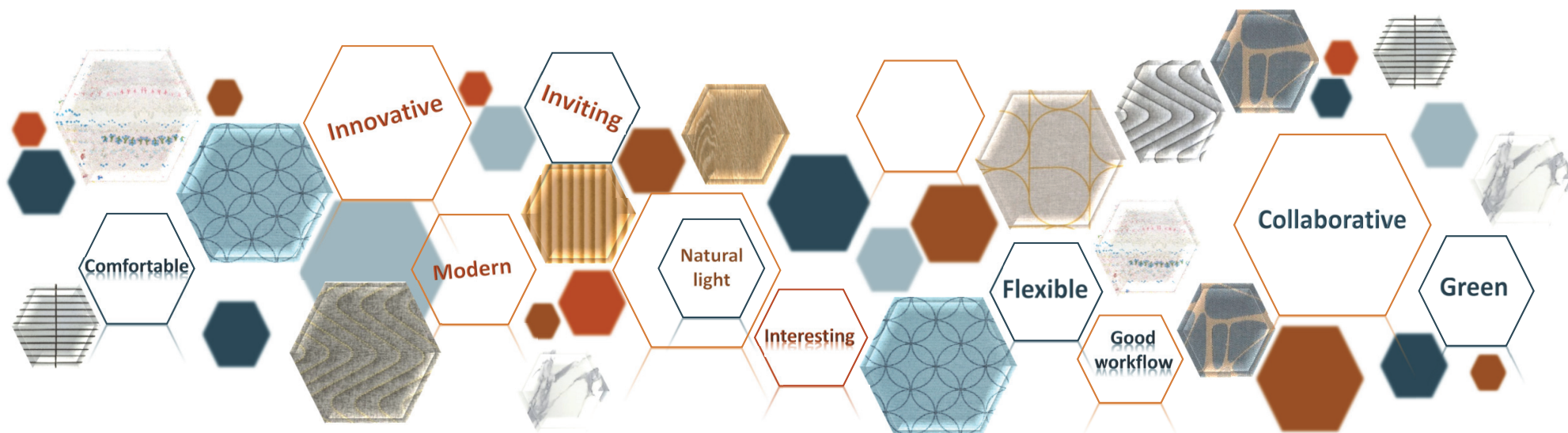
The design work for the AMC was led by Matt Kendrick, Director ICT, who ensured transparency and staff engagement throughout the process and managed communications and planning with DJAS and the managing contractor.

The Executive Management team was involved throughout the planning process, particularly across key design decisions and budget items.

Staff were engaged at several levels:

- a staff Design Committee was formed with representatives from each business area
- a comprehensive staff survey was undertaken in December 2020 ensuring that all staff had an opportunity to provide input. Updates on progress and decisions were shared at Zoom 'HR huddles' over the year
- the architects met with each business area for specific feedback, and
- an ICT subcommittee worked with the architects on data, AV, and building security design.





Key design considerations for the new workplace included a light, inviting and open space which provided good acoustics for quiet work areas and for team collaboration areas.

The main office layout along with design elements such as colours, wallpapers, furnishings and furniture were confirmed in April.

This features several meeting rooms, the largest of which will be able to host Committee and Directors meetings as well as workshops and other events.

A highlight of the new office will be the Indigenous aspects incorporated in the design elements, including an indoor Indigenous garden, the incorporation of Indigenous design wallpaper depicting a story of health, and a dedicated Yarning Room to provide a space for conversations and activities for small groups.

The approach is to have a flexible work place that allows staff to spend time in the office to work as a team, collaborate and network and also to work at home for valuable 'quiet time' to undertake tasks.

AMC House Staff Design Committee

Accreditation

- Karen Rocca
- Katie Khan
- Kirsty White

Information & Communications Technology

- Shakti Bhardwaj
- Beau Johnson
- Matt Kendrick

Assessment

- Megan Lovett
- Stewart Chinn
- Emily Burggraaff

Administration

- Bernadette Cross

Human Resources

- John Akuak

Executive

- Angela Hagedorn
- Wendy Schubert
- Andrew Frazer

Finance

- Christine Thompson
- Ivy Kong

Travel

- Simon Roche

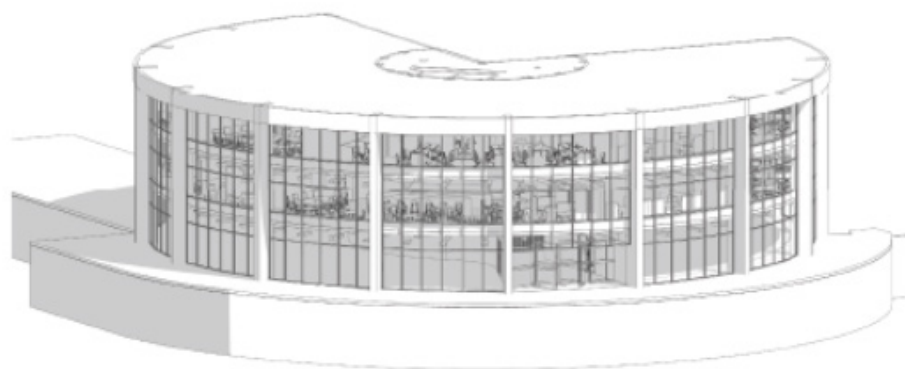
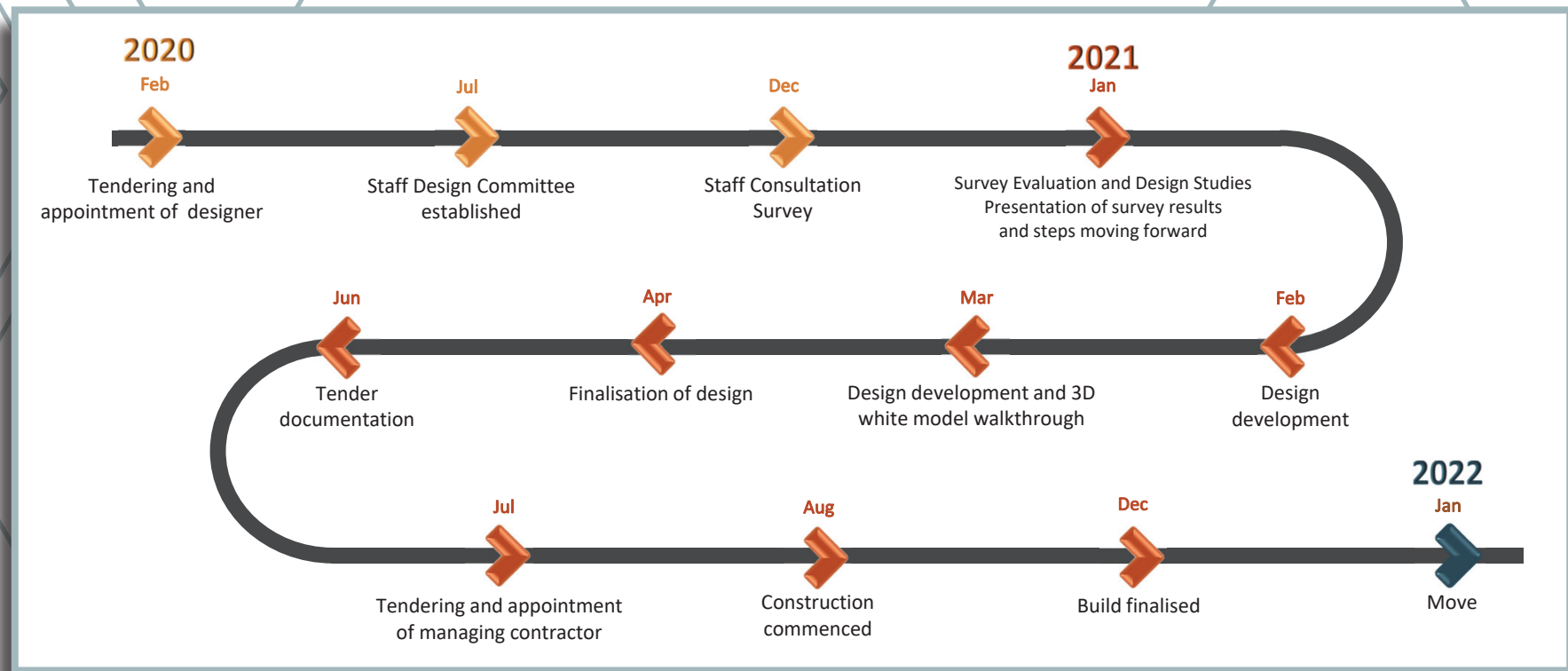


Image: DJAS



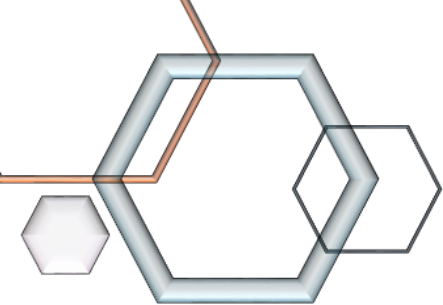
Construction

Following agreement on the layout and furnishings, a smaller Project Control group was established to undertake the tender process for appointment of a Managing Contractor and then to oversee the build process.

Projex Building Group, a Supply Nation registered building company based in Canberra, was appointed as the Managing Contractor. *(See also Indigenous Procurement in Practice, page 19)*

Unfortunately, the ACT went into lockdown just as works were to commence, delaying the process by several weeks. However, at the time of writing, it is full speed ahead for completion by year's end. We are looking forward to an official opening and moving in early 2022.





People, Culture and Values

Having quickly adapted in early 2020 to working from home, in response to COVID-19, the AMC workforce then transitioned to a 'hybrid' working environment. This involved a gradual, COVID-safe, voluntary return to the Canberra and Melbourne offices, with many employees continuing to spend part of their week working from home when lockdown ended. As is being seen worldwide, this trend is likely to be a long-term feature of AMC working patterns.

Staff members at the National Test Centre in Melbourne experienced particular challenges, with recurring lockdowns throughout the year. They handled these events with stoicism and good humour. While the Canberra office was less affected by COVID outbreaks, staff members were required to demonstrate resilience and flexibility in dealing with significant changes to working practices, moving from face-to-face to online meetings and interactions to ensure business continuity. AMC staff continue to rise to the challenges presented to them by the ongoing effects of COVID-19 and are commended for their commitment to the goals and values of the AMC.

Recruitment

A recruitment freeze was imposed in March 2020 due to COVID-related financial constraints and this continued through most of the 2020-21 year. This, combined with a general desire for job security in uncertain times, meant there was little staff movement during this time. In the first half of 2021, in order to recruit into key positions during lockdown, the HR team worked with ICT and business managers to successfully carry out recruitment and on-boarding processes entirely online, for the first time.

Cultural safety has been embedded into the recruitment process, including in position advertising and on-boarding, ensuring new staff members are engaged in the AMC's commitment to cultural safety at the outset of their career.

Learning and Development

With very few face-to-face learning and development activities taking place staff continue to make use of LinkedIn Learning, to which the AMC provides access for all staff members. Weekly "HR News" emails recommend LinkedIn courses on a variety of topics, as well as providing links to webinars and workshops run by highly regarded training providers.

Health and Wellbeing

The mental health and wellbeing of staff continued to be a major focus for the AMC. Managers undertook training, provided by the Black Dog Institute, to provide them with strategies to support the mental health of their teams. This proved extremely valuable and a version of this course will be rolled out to all staff later in 2021.

The weekly online "HR Huddle" has continued to be a popular forum for staff members to come together, either from home or the office, for news of policy updates and general topics of interest, or to simply enjoy catching up with colleagues in a remote working environment that has become the new normal.

Our Values





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 2020-21 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](#).



Continuous Improvement

Accreditation Processes

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.

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. In 2020-21, this continued to be the case with some face-to-face meetings but a greater proportion of video-conference engagements and some assessments conducted entirely virtually. In line with international practice and the AMC's obligations as part of its accreditation with the World Federation of Medical Education, the AMC conducts short assessment visits to partner health services delivering clinical placements for medical schools. Due to travel restrictions during the pandemic, the accreditation assessments of medical schools has been restructured to allow more flexible approaches to these visit.

The AMC's accreditation assessment training day has been transformed to a series of online engagements bringing stakeholders together to share information about the AMC's accreditation processes, and the culture and values of the accreditation assessments. Participants have included accredited education providers, AMC accreditation assessment team members, AMC Accreditation Committee members, Medical Board of Australia, Medical Council of New Zealand, Commonwealth Department of Health and members of other Health Professions Councils.

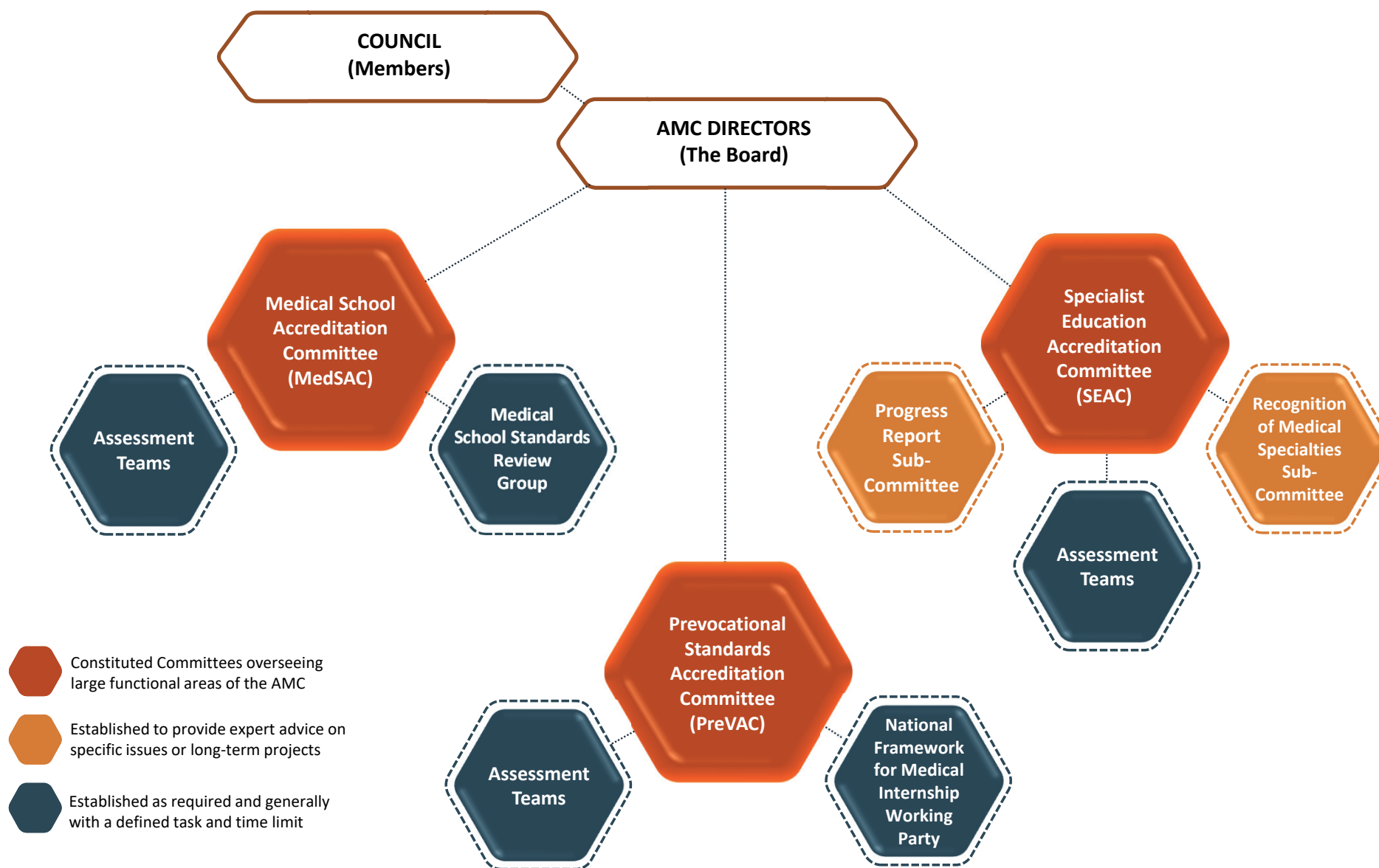
Over 2020-21, the AMC continued to support accredited providers to manage the effects of COVID-19 on their organisations and on health service partners by providing targeted advice and streamlining reporting processes. Further information is described below in the sections related to the relevant accredited providers.

Collaborative continuous improvement through workshops

A series of four online workshops on the topic of conducting assessment in a changing environment were held from March-June 2021. The workshop sessions facilitated the sharing experiences of moving assessment to online formats and developing assessment programs during the pandemic. Presenters and panelists included perspectives from Australia, New Zealand and the UK with experience in design and delivery of assessment for medical education and medical registration.

Over 250 participants registered for the workshop sessions. Participants were from colleges, medical school, prevocational training authorities, state and federal health departments and included clinicians, trainees and medical students.





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, and
- reviewing changes to the way in which medical schools meet the accreditation standards and determining consequential review and monitoring activity.

Membership as at 30 June 2021

- Professor Geoff McColl (Chair)
- Professor Jane Dahlstrom OAM (Deputy Chair)
- Dr Kenneth Clark
- Professor Karen Adams
- Professor Inam Haq
- Professor Jeff Hamdorf AM
- Professor Wendy Hu
- Ms Sophie Keen
- Mr Fergus Leicester
- Professor Papaarangi Reid
- Professor Gary Rogers
- Professor Rathan Subramaniam
- Ms Sonya van Bremen
- Dr Mary White

Non-current members serving during 2020-21

- Professor Kevin Forsyth
- Professor John Fraser
- Dr Liza Lack
- Ms Jessica Yang

Primary medical programs and providers

Accreditation assessments

Charles Sturt University/Western Sydney University, Joint Program in Medicine (material change)

The Joint Program in Medicine (JPM) offered by Charles Sturt University/Western Sydney University as part of the Murray Darling Medical School Network, undertook the AMC's first virtual accreditation assessment by the AMC assessment team. The AMC and JPM worked together to construct an assessment using online technologies, with a follow-up visit to verify the facilities at the School's physical locations that could be implemented flexibly when travel restrictions permitted.

Directors at their 17 September 2020 meeting resolved:

- i. that the five-year Bachelor of Clinical Sciences/Doctor of Medicine (BClinSci(Med)/MD) medical program of Charles Sturt University and Western Sydney University, Joint Program in Medicine be granted accreditation to 31 March 2027, 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 assessment on the implementation of the medical program.

The follow-up assessment visit was conducted in March 2021 and reported to AMC Directors in July 2021.

University of Melbourne, Faculty of Medicine, Dentistry and Health Sciences, Melbourne Medical School (re-accreditation)

The University of Melbourne, Faculty of Medicine, Dentistry and Health Sciences offers a four-year Doctor of Medicine (MD).

In August 2020, the AMC conducted a re-accreditation assessment. The assessment was conducted by video-conference, using the model developed in the assessment of the Joint Program in Medicine due to COVID-19 travel restrictions prevented face to face meetings during the scheduled accreditation.

Directors at their 10 December 2020 meeting resolved:

- i. that the four-year Doctor of Medicine (MD) of the University of Melbourne, Melbourne Medical School is granted accreditation for six years to 31 March 2027, and
- ii. that accreditation of the program is subject to the meeting conditions and AMC monitoring requirements, including satisfactory progress reports and a follow-up assessment in 2021.

During the reporting period, Melbourne has been subject to a number of lockdowns and travel restrictions continue to be in place, the follow-up assessment visit has been planned and prepared to enable implementation when travel restrictions are lifted.

University of New South Wales, Faculty of Medicine, UNSW Medicine (material change)

The University of New South Wales, Faculty of Medicine, UNSW Medicine offers three medical programs.

- A six-year Bachelor of Medicine / Bachelor of Surgery (MBBS) (currently in teach out)
- A six-year Bachelor of Medical Science and Doctor of Medicine (BMedScMD), and
- A three-year Doctor of Medicine (MD).

The medical programs of UNSW Medicine were last assessed via comprehensive report in 2019. The AMC found that the Faculty and its medical programs continue to meet the accreditation standards and, accreditation was granted to 31 March 2024. (The MBBS medical program is in teach-out and has accreditation to 31 March 2022).

In June 2020, the AMC received notification from UNSW Medicine outlining the Faculty's proposal to deliver the six-year Bachelor of Medical Science and Doctor of Medicine (BMedScMD) from Wagga Wagga as part of the Murray Darling Medical School Network scheme.

An AMC assessment team visited the new campus at Wagga Wagga in December 2020.

Directors at their 22 April 2021 meeting resolved:

- i. that the six-year Bachelor of Medical Science and Doctor of Medicine (BMedScMD) of the University of New South Wales, Faculty of Medicine, UNSW Medicine continues to meet the accreditation standards subject to satisfactory progress reports
- ii. that accreditation of the Bachelor of Medical Science and Doctor of Medicine (BMedScMD) is confirmed to 31 March 2024, and
- iii. that accreditation is subject to new conditions.

Flinders University, College of Medicine and Public Health, comprehensive report

The Flinders University, College of Medicine and Public Health offers a four-year Doctor of Medicine (MD). The Doctor of Medicine transitioned from the Bachelor of Medicine/Bachelor of Surgery (BMBS) commencing in 2013. The AMC determined that the transition was not material in nature and the program could commence within the current accreditation.

Directors at their 10 December 2020 meeting resolved:

- i. that the medical program of the Flinders University, College of Medicine and Public Health meets the accreditation standards, and
- ii. to extend accreditation of the four-year Doctor of Medicine medical program of Flinders University, College of Medicine and Public Health by four years to 31 March 2025.

Extension of accreditation

University of Queensland, Faculty of Medicine

The University of Queensland, Faculty of Medicine offers a four-year Doctor of Medicine (MD) which has accreditation to 31 March 2023 and a four-year Bachelor of Medicine / Bachelor of Surgery (MBBS) which is being phased out and due to conclude in 2020.

The Faculty is due to undertake reaccreditation in 2022.

In March 2020, AMC Directors endorsed an extension of accreditation of the MD program to accommodate the substantial review of curriculum. At the time the extension was sought, the Faculty anticipated that all remaining students enrolled in the MBBS program would have completed and graduated from their program by the end of 2020.

The Faculty has since reported that there are three remaining students currently enrolled in the MBBS who are yet to complete the program and in view of the uncertainties caused by the impact of COVID-19.

The Faculty requested an extension of the MBBS program for 12 months to allow these students the opportunity to graduate before accreditation of the program expires.

Directors at their 17 September 2020 meeting resolved:

- i. the MBBS medical program offered by the University of Queensland, Faculty of Medicine, continues to meet the accreditation standards, and
- ii. to grant a one-year extension of accreditation, to 31 March 2022, for the Bachelor of Medicine/ Bachelor of Surgery (MBBS), to accommodate the teach-out of the program subject to AMC monitoring requirements including satisfactory progress reports.

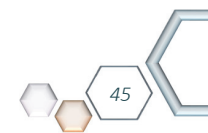
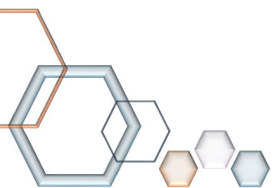
University of Adelaide, Faculty of Health and Medical Sciences, School of Medicine

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 line with the AMC's commitment within this guidance to be flexible in accreditation processes, the AMC proposed to defer the scheduled re-accreditation of the University of Adelaide, Faculty of Health and Medical Sciences, School of Medicine's six-year Bachelor of Medicine/Bachelor of Surgery (MBBS).

Directors at their 19 November 2020 meeting resolved:

- i. the University of Adelaide, Faculty of Health and Medical Sciences, School of Medicine and its medical program continue to meet the accreditation standards, and
- ii. an extension of accreditation of the MBBS be granted for 12 months to 31 March 2023.



Deakin University, Faculty of Health, School of Medicine

The Deakin University, Faculty of Health, School of Medicine was last assessed in 2018 and delivers:

- a four-year Doctor of Medicine (MD), and
- a four-year Bachelor of Medicine/Bachelor of Surgery (BMBS).

The Doctor of Medicine commenced in 2019, replacing the Bachelor of Medicine/Bachelor of Surgery and is accredited until 31 March 2025. BMBS students were given the opportunity to transfer to the MD. The BMBS is in teach-out and has accreditation until 31 March 2021.

The BMBS program teach-out was due to complete in 2020 however, the School has identified two students who will complete their final years in 2021 and 2022 and has therefore requested an extension of accreditation to allow these students the opportunity to graduate before the accreditation of the program expires.

Directors at their 28 January 2021 meeting resolved:

- i. that the Deakin University, Faculty of Health School of Medicine and its medical programs continue to meet the accreditation standards, and
- ii. that an extension of accreditation of the BMBS be granted for two years to 31 March 2023.

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 July and November 2020 a sub-group of the Medical School Accreditation Committee met three times to assess the material changes in response to COVID-19. By the end of 2020, the sub-group had considered at least one material change form 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.

In December 2020, the Committee issued a new notification form for all medical schools to describe the impacts of COVID-19 on across all years of their programs during 2021.

Based on the material change notification forms, the Committee agreed for most medical schools:

- 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, and
- to request for further updates and information to be provided supplementary to monitoring report in 2021.

In some circumstances, changes to programs raised concerns for the Committee and further information is being sought to ensure that the medical programs continue to meet the accreditation standards.

The AMC is continuing to monitor these changes closely.

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, and
- reviewing changes to the way in which providers meet the accreditation standards and determining consequential review and monitoring activity.

Membership as at 30 June 2021

- Associate Professor Andrew Singer AM (Chair)
- Dr Georga Cooke (Deputy Chair)
- Associate Professor Katrina Anderson
- Professor Stuart Carney
- Dr Hwee Sin Chong
- Dr Sheree Conroy
- Dr Georga Cooke
- Professor Brendan Crotty AM
- Associate Professor Amanda Dawson
- Dr Aniruddh Deshpande
- Ms Bianca Field
- Dr Jo Katsoris
- Ms Penelope Lello
- Dr Bhavi Ravindran
- Dr Wan Jun (June) Song
- Dr Margaret Sturdy
- Dr Artiene Tatian
- Associate Professor John Vassiliadis

Non-current members serving during 2020-21

- Dr Jamal Ghannam
- Dr Victoria Cook
- Professor Jeffrey Hamdorf AM
- Professor Imogen Mitchell



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 of Australia 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.

South Australian Medical Education and Training Health Advisory Council (SA MET): Extension of accreditation

The South Australian Medical Education and Training Health Advisory Council (SA MET) was due to undergo a re-accreditation assessment in 2021. Given the unprecedented number of accreditation visits due to occur across all three accreditation areas during 2021, including three intern training accreditation authority assessments, the Prevocational Standards Accreditation Committee recommended a deferral of one accreditation assessment to 2022.

AMC Directors at their 19 November 2020 meeting agreed to extend the accreditation of the South Australian Medical Education and Training Health Advisory Council for one year to 31 March 2023 with a reaccreditation assessment to take place during 2022.

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, all authorities submitted streamlined reports in the last quarter of 2020. Usual reporting has resumed for 2021.

Workplace Based Assessment (WBA) Providers

Under the AMC Accreditation of Workplace Based Assessment Providers: Standards and Procedures, the Prevocational Standards Accreditation Committee assesses applications for initial accreditation against the accreditation standards. The Committee also seeks advice from the Chair of the Assessment Committee on the assessment plan. On the recommendation of the Committee, AMC Directors may grant initial accreditation 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.

Two providers submitted an application for initial accreditation.

Sunshine Coast Hospital and Health Service

Sunshine Coast Hospital and Health Service's application for accreditation, along with feedback from the Chairs of the Assessment Committee and WBA Results Panel on the assessment plan, was considered by the Committee in August 2020.

AMC Directors at their 17 September 2020 meeting granted initial accreditation to Sunshine Coast Hospital and Health Service, subject to satisfactory progress reports, until the Assessment Committee evaluates the results of the first cohort of candidates.

South Western Sydney Local Health District

South Western Sydney Local Health District's application for accreditation, along with feedback from the Chairs of the Assessment Committee and WBA Results Panel on the assessment plan, was considered by the Committee in March and June 2021.

AMC Directors at their 17 June 2021 meeting granted initial accreditation to South Western Sydney Local Health District, subject to satisfactory progress reports, until the Assessment Committee evaluates the results of the first cohort of candidates.

Under the AMC Accreditation of Workplace Based Assessment Providers: Standards and Procedures, accredited providers undergo a re-accreditation assessment at least every four years. Re-accreditation 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.

Three providers submitted a comprehensive report for reaccreditation:

Central Coast Local Health District: Reaccreditation

Central Coast Local Health District's comprehensive report and monitoring information was considered by the Committee in March 2021.

The Directors at their 22 April 2021 meeting agreed to re-accredit Central Coast Local Health District and its Workplace Based Assessment accreditation for four years to 30 June 2025, subject to satisfactory progress reports to the AMC.

Hunter New England Local Health District: Reaccreditation

Hunter New England Local Health District's comprehensive report and monitoring information was considered by the Committee in March 2021.

The Directors at their 22 April 2021 meeting agreed to re-accredit Hunter New England Local Health District and its Workplace Based Assessment accreditation for four years to 30 June 2025, subject to satisfactory progress reports to the AMC.

Western Australia Country Health Service: Reaccreditation

Western Australia Country Health Service's comprehensive report and monitoring information was considered by the Committee in March 2021.

The Directors at their 22 April 2021 meeting agreed to re-accredit Western Australia Country Health Service and its Workplace Based Assessment accreditation for four years to 30 June 2025, subject to satisfactory progress reports to the AMC.

Monitoring and changes related to the consequences of COVID-19

In 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. On advice from the Prevocational Standards Accreditation Committee, AMC Directors approved minor changes to the WBA assessment plans of most providers with the AMC's focus being assurance that each WBA program has the capacity to implement the approved, or an educationally equivalent assessment plan, so that the AMC can grant successful candidates the AMC certificate.

In 2021, acknowledging that the COVID-19 situation continues to evolve, the AMC advised WBA providers to continue to notify the AMC and seek approval of potential changes to the assessment plan in advance of their implementation.

Monash Health: Extension of accreditation

Monash Health was due to submit a comprehensive report for re-accreditation in the first quarter of 2021. Given the suspension of the program during most of 2020 as a result of COVID-19, and the resources required to restart the program from February 2021, the Prevocational Standards Accreditation Committee recommended a late submission of the comprehensive report in the third quarter of 2021. Minor changes to the assessment plan were approved due to the ongoing impact of COVID-19.

AMC Directors at their 12 March 2021 meeting agreed to extend the accreditation of Monash Health and its Workplace Based Assessment program until 31 January 2022, to allow late submission and consideration of the 2021 comprehensive report for re-accreditation.

Changes to WBA programs and providers

During 2020-21, the AMC approved changes to the WBA programs of the following providers:

- Central Coast Local Health District
- Flinders Rural Health South Australia
- Hunter New England Local Health District
- Launceston General Hospital (Tasmanian-wide program)
- Monash Health
- Sunshine Coast Hospital and Health Service
- Western Australia Country Health Service
- Wide Bay Hospital and Health Service.

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 2020-21 period.

Monitoring and changes related to the consequences of COVID-19

In response to COVID-19 restrictions, both PESCI providers submitted streamlined reports in the third quarter of 2020. Usually reporting has resumed for 2021.

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'.

Work on the WBA Roadmap has continued although scaled back to support the prioritisation of work and resourcing for the AMC clinical examinations. During 2020-21, there were significant achievements in relation to the published aim of increasing standardisation.



- Updated National Assessment Forms for key assessment tools – mini clinical evaluation exercise (Mini-CEX), case-based discussion (CBD); multi-source feedback (MSF); and direct observation of procedural skills (DOPS) were rolled out across all providers over 2020. Evaluation of the forms was scheduled to begin in 2021, with the completion of the first cohorts to use the new forms, however this work has now been deferred to 2022.
- Work was undertaken across the Prevocational Standards Accreditation Committee, the Assessment Committee and the WBA Development Group to set a consistent approach to the application of the CBD method and the passing requirements. This was informed by an in-house literature review of research on the CBD assessment method. New requirements regarding the total number of assessments required, and the number required to pass, were communicated to all providers who adjusted their assessment plans accordingly and implemented the new requirements from January 2021.
- In addition, an in-house literature review on the appropriate use of other assessment methods (including Mini-CEX, MSF, , in-training assessment, and DOPS), and on failure to fail was completed during the reporting period and continues to inform work on the standardisation and further work relating to WBA programs. The requirements for the Mini-CEX assessment method and the passing requirements have also been standardised across all WBA programs.

Specialist Education Accreditation Committee

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.

Membership as at 30 June 2021

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

Non-current members serving during 2020-21

- Professor Kate Leslie AO FAHMS
- Professor Allan Cripps AO

Training and education programs

College of Intensive Care Medicine of Australia and New Zealand: Extension of Accreditation

The AMC has deferred the College of Intensive Care Medicine of Australia and New Zealand re-accreditation assessment from 2021 to 2022. The AMC Directors at their 19 December 2020 meeting approved the extension of accreditation of the College of Intensive Care Medicine of Australia and New Zealand training and education programs in the recognised specialties of intensive care medicine and paediatric intensive care medicine, and its continuing professional development programs, to 31 March 2023.

Royal Australasian College of Physicians: Comprehensive report

The Directors at their 19 November 2020 meeting found that Royal Australasian College of Physicians training and education programs, 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 2025. This decision covers the recognised specialties of:

- paediatrics and child health
- physician
- palliative medicine
- addiction medicine
- sexual health medicine
- occupational and environmental medicine
- rehabilitation medicine
- public health medicine.

Planning for accreditation assessments

The planning for the following five accreditation assessments has commenced:

- Royal Australasian College of Surgeons follow up assessment (Assessment visit: June 2021)
- Australasian College for Emergency Medicine follow up assessment (Assessment visit: August 2021)
- Australasian College of Dermatologists follow up assessment (Assessment visit: September 2021)
- Australasian College of Rural and Remote Medicine reaccreditation assessment (Assessment visit: October 2021)
- College of Intensive Care Medicine of Australia and New Zealand reaccreditation assessment (Assessment visit: April 2022).

Program planning has taken into account COVID-19 restrictions and flexibility to accommodate the needs of the colleges involved, the assessment team and the desired outcomes of the assessments. Consideration has also been given to the current load on health systems in Australia and New Zealand and safety for those involved in the assessment process. AMC Directors will make a decision on accreditation on these education, training and continuing professional development programs, with the exception of the College of Intensive Care Medicine of Australia and New Zealand, prior to the expiry the accreditation on 31 March 2022.

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.

In response to number of colleges reporting a move to online assessments in 2020 due to COVID-19, the AMC conducted online meetings for college representatives engaged with assessment on 5 November 2020. The workshop provided the opportunity for sharing peer-to-peer learning about how to plan for effective online examination delivery, mitigate risks, and how to communicate with trainees before and during the exams if issues arise.

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 modified 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.

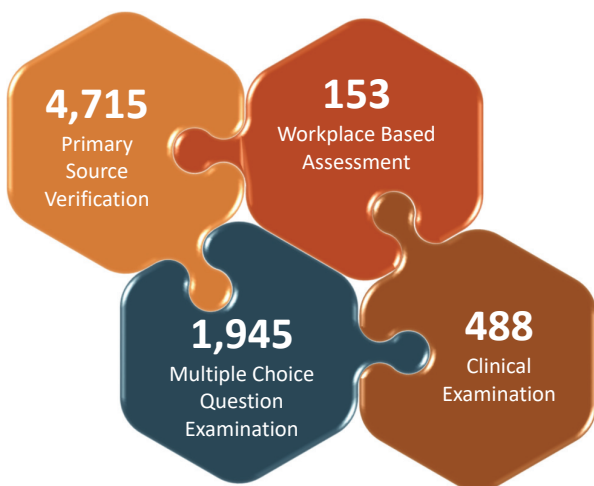


Assessment and Innovation

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.

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.

A review of the Terms of Reference of the Assessment Committee commenced in 2021 to ensure that they continue to meet the needs of the Committee and the AMC and conform to current AMC operating procedures.

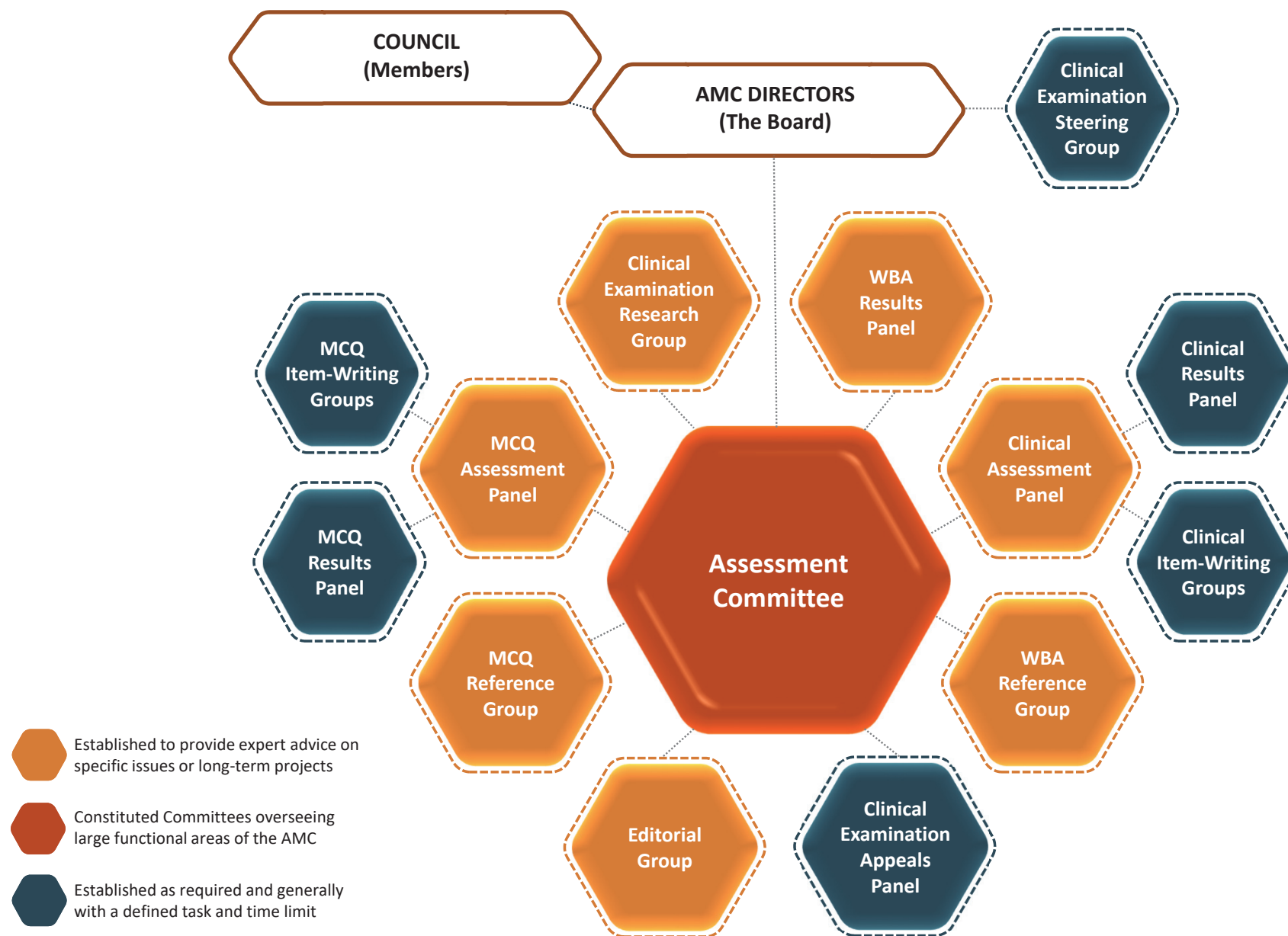
All Committee and Panel meetings over 2020-21 were undertaken via Zoom.

Membership as at 30 June 2021

- Emeritus Professor David Prideaux - Chair
- Dr Ayesha Akram
- Professor Amanda Barnard
- Professor John Barnard
- Assoc. Professor Amanda Dawson
- Assoc. Professor Peter Devitt
- Professor Liz Farmer
- Dr Justin Gladman
- Professor Philippa Hay
- Dr Peter Harris
- Professor Nicky Hudson
- Professor Lisa Jackson Pulver AM
- Professor Philip Jones
- Mr Fergus Leicester
- Dr Narelle Mackay
- Professor Kichu Nair AM

Non-current members serving during 2020-21

- Professor Barry McGrath
- Dr Peter Vine
- Dr Jeanette Conley



Impact of the COVID-19 Pandemic

In early 2020 both the MCQ and clinical examinations were placed on hold in response to restrictions imposed due to COVID-19.

- The MCQ examinations recommenced in June 2020 and have now returned to almost normal capacity.
- Following cessation of the face-to-face clinical examinations at the National Test Centre, plans were developed for an online examination to commence in early 2021. This has been a major undertaking for the AMC.
- The WBA programs continued to operate albeit with some modifications according to local clinical conditions.

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

Further details of the effects of the pandemic on each area of examinations as well as the development of the online clinical examination is provided under the reporting sections below.

Priorities

In 2020-21 a number of strategic projects were identified and undertaken to align with the AMC's strategic pillars. The major initiatives are set out below:

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

AMC Assessment Summit

The AMC Assessment Summit was held on 21 October 2019 and was attended by 67 stakeholders. The Summit was facilitated by Dr Jo Burnand and was designed to inform the future of AMC assessment by bringing together a broad group of stakeholders and experts with representatives from MBA/Ahpra, Directors of Medical Training, International Medical Graduates, international assessment affiliates and experts, and AMC Directors.

The final report provided by Dr Jo Burnand in July 2020 documented key outcomes of the Summit and is being used to inform and develop the future strategy for AMC assessment pathways.

As an outcome of the Summit and moving the clinical examination to an online format, a paper has been developed on a hybrid model of assessment combining elements of the face-to-face and online clinical examination and WBA. An expert group will develop innovative proposals and provide a series of options for the Assessment Committee to analyse and adopt.

The aim is to:

- address the difference between WBA and clinical examination results as part of the Assessment strategy
- determine if the AMC should proceed with a hybrid model for the clinical examination combining elements of online and face-to-face modes
- ensure physical examination skills of candidates are adequately assessed, and
- ensure cultural safety skills are adequately assessed.

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

In 2020 the ATPs Health Sector SIG completed the second year of being chaired by the AMC Director Assessment & Innovation.

During this period a strategy was developed through engagement with international affiliate members and a number of contributing projects have been 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 drawn from USA, Canada, Europe and UK, Middle East, and Asia.

In response to COVID-19, participants met regularly to share knowledge, experiences and approaches to deal with the pandemic and develop longer-term opportunities that have been presented by the pandemic experience. The immediate and long-term objectives 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, and
- seeking opportunities for industry innovations.

The AMC Director, Assessment & Innovation, has completed the leadership term of Health Sector Special Interest Group having appointed and handed over leadership of this group to colleagues in the MCC and NBME.

Health Security Peer Group

In 2020 the AMC participated as a founding member of 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 with 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, and
- work towards establishing best practices and participate in benchmarking for the health-related assessment, and identify opportunities to improve 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 both the Director and Senior Operations Manager of Assessment & Innovation.

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.

However, the Remote Marking project timeline has been disrupted by the COVID-19 pandemic. While the objective was to implement two remote marked stations from late June 2020, with the timeline being disrupted, the main priority shifted to develop an alternative online clinical examination delivery to allow candidates to continue with the AMC clinical examination.

The technology developments that were completed as part of the Remote Marking project were incorporated into the development of the AMC's online clinical examination.



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

The AMC & MDANZ Benchmarking Project was initiated in 2017. 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.

The AMC and MDANZ will also move to a new and revised approach to the collaboration, with discussions to continue in late 2021.

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

ACCLaIM (Australian Collaboration for Clinical Assessment in Medicine) 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 has entered into a Memorandum of Understanding (MOU) 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 have been selected. There have been 10 AMC clinical scenarios confirmed as shared items. These were included in participating university examinations from July/August 2019. The scenarios are delivered in OSCEs for final year summative assessments for graduating medical students. It is expected that initial (de identified) data on shared items will be provided to the AMC by early 2022 to continue benchmarking the standard of the AMC clinical examination.

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 needed to be established; revised ethics approval to proceed was granted.

Recommencement of this research is a priority and will be considered with relation to the clinical examination project, objectives, and available resourcing.

Update 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 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. However, this project was essentially placed on hold as the AMC responded to COVID-19 impacts and focussed on recommencing the clinical examinations. Question content and feedback work was able to continue during this time, while technology expenditure and development was placed on hold.



The project is expected to recommence late 2021. The related technology will need to be updated as part of the commencement and a revised scoping document and plan put into place. 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 for the official launch scheduled for 30 June 2022.

With the AMC Business with a Purpose strategic pillar, the App has the potential to be provided to other institutions and customers beyond International Medical Graduates undertaking the AMC examination. This remains a current consideration as historical sales analysis indicates a high amount of AMC MCQ Handbook purchases are from domestic medical students.

The main focus for the official launch is on delivery of a product that benefits AMC candidates.

Australian Medicine in Context publication

The AMC Anthology of Medical Conditions, first printed 2003, will be replaced with a new publication in 2022 referred to as Australian Medicine in Context. 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.

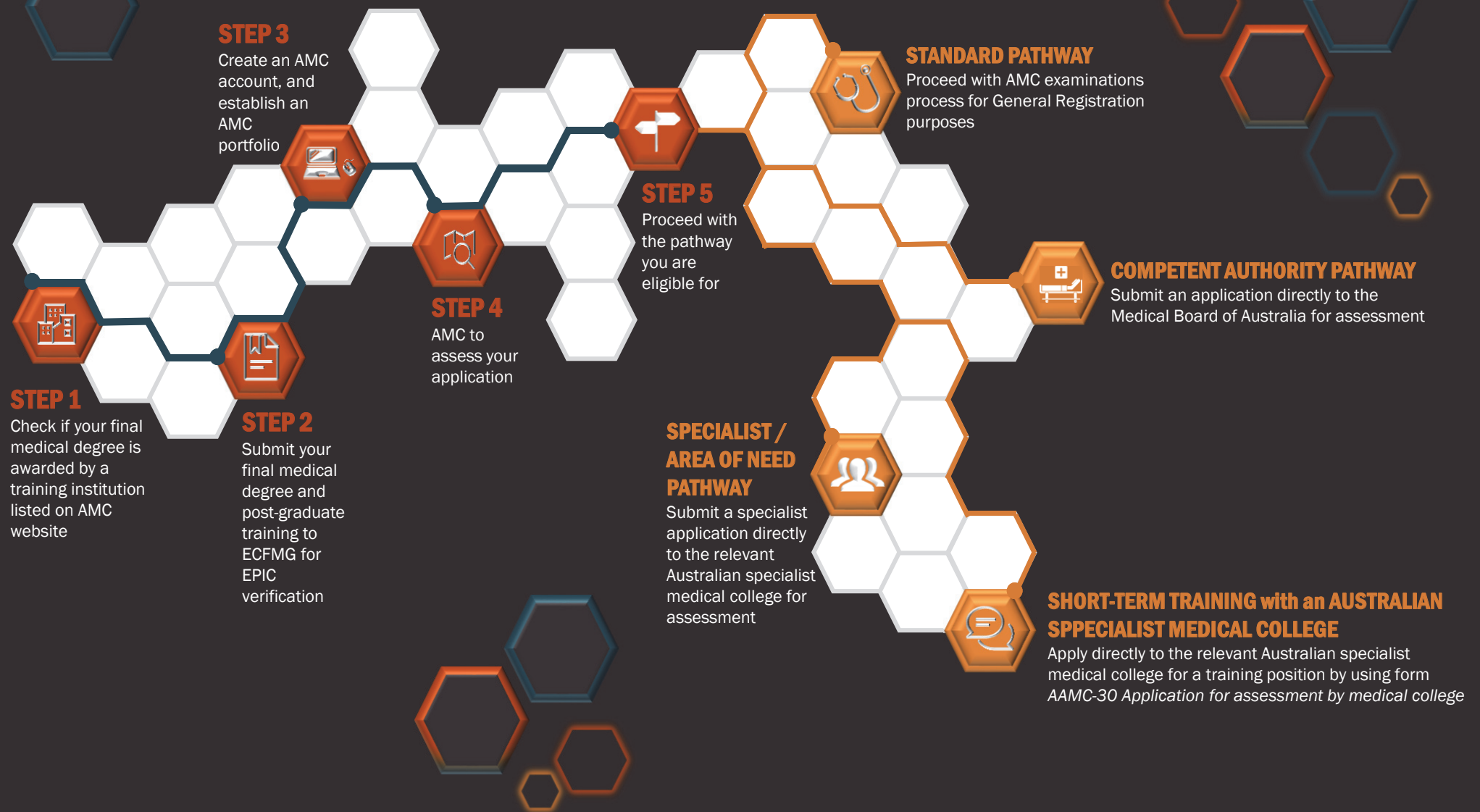
The new publication will focus on patient presentations, with less emphasis on medical conditions and a strong emphasis on professional practice. The content relating to Aboriginal and Torres Strait Islander people has been written by individuals who are respected Aboriginal medical education professionals. 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.

The majority of the publication content has been written and is undergoing external peer review but with the impact of the COVID-19 pandemic, this project was put on hold and only resumed in July 2021. Prior to the planned publication in 2022, ongoing work will include iterations of editing and indexing, graphic design, marketing, and stakeholder communications before publication.

An additional stream of work will align the AMC MCQ questions and Clinical scenario banks to the new publication which will now serve as the basis of the AMC blueprints.

Assessment Pathway

A diagram of the different registration pathway requirements is presented in the *Medical Registration Pathways* diagram. Details and statistics for the pathway components follow.



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 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 1,691 medical institutions in the e-verifications system.

In the 2020-21 reporting period a total of 3,995 portfolio applications were established (an average of 77 applications per week). A total of 665 additional medical qualifications were added to international medical graduate portfolios.

A summary of key statistics for the 2020-21 year follows.



Table 1: AMC Portfolio applications established and additional qualifications added

Qualification type	2019-20	2020-21	Variances
AMC Portfolio applications	4,400	3,995	(-9%)
Additional qualifications added to portfolios	726	665	(-8%)
Total qualifications verified	5,126	4,660	(-9%)

AMC Portfolio applications for the 2020-21 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

2019-20		2020-21		Significant variances (>10%)
Country	Total	Country	Total	
United Kingdom	783	United Kingdom	814	
India	684	India	659	
Sri Lanka	299	Ireland	257	(-14%)
Pakistan	282	Pakistan	226	(-20%)
Iran	281	Iran	222	(-21%)
Ireland	255	Sri Lanka	222	(-13%)
Malaysia	180	Philippines	176	
South Africa	146	Bangladesh	164	(12%)
Bangladesh	144	Malaysia	151	
Nigeria	134	South Africa	108	(-19%)
Total	3,188	Total	2,999	(-13%)

Table 3: Requests for Primary Source Verification

Qualification type	EPIC verified 2019-20	EPIC verified 2020-21	Variances
Primary qualifications	3,896	3,294	(-15%)
Postgraduate qualifications	1,826	1,421	(-22%)
Total qualifications verified	5,722	4,715	(-18%)

Requests for primary source verification for the 2020-21 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 2020-21 reporting period compared with 2019-20

2019-20		2020-21		Significant variances (>10%)
Country	Total	Country	Total	
United Kingdom	790	United Kingdom	871	
India	497	India	470	
Ireland	313	Ireland	295	
Pakistan	273	Pakistan	208	(-24%)
Iran	252	Iran	190	(-25%)
Sri Lanka	178	Philippines	180	
Bangladesh	159	Bangladesh	167	
China	159	Sri Lanka	136	(14%)
Philippines	122	China	129	(14%)
South Africa	120	South Africa	92	(-23%)
Total	2,863	Total	2,738	(-4%)

Compared to the 2019-20 period, seven of the ten highest countries remain unchanged, however Philippines, Sri Lanka and China changed positions. Overall, numbers across the top 10 countries have declined in 2020-21 by 4% 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 2020-21 reporting period compared with 2019-20

2019-20		2020-21		Significant variances (>10%)
Country	Total	Country	Total	
United Kingdom	650	United Kingdom	489	(-25%)
India	371	India	348	
South Africa	148	USA	162	
Sri Lanka	114	South Africa	99	(-13%)
USA	98	Sri Lanka	84	(-14%)
Iran	78	Ireland	75	
Canada	68	Canada	65	
Egypt	64	Hong Kong	59	
Hong Kong	57	Iran	57	
Ireland	51	Egypt	52	
Total	1,699	Total	1,490	(-12%)

Compared to the 2018-19 period, Singapore did not remain in the top 10 countries, and was replaced. Compared to the 2019-20 period, three of the ten highest countries remain unchanged, however USA, South Africa, Sri Lanka, Ireland, Hong Kong, Iran and Egypt changed positions. Overall, numbers across the top 10 countries have declined in 2020-21 by 12% 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.](#)

Multiple Choice Question Examinations

The AMC Multiple Choice Question (MCQ) Examination assesses the medical knowledge of international medical graduates who attained an eligible medical qualification recognised by the Medical Board of Australia. The examination is delivered as a Computer-Based Adaptive Test. 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, and
- 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 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 AMC MCQ Examinations are on the path to recover from COVID-19, with most examination centres being re-opened.

All Australian-based candidates were able to attempt the examination except at venues with increased restrictions forcing the closure of the Pearson VUE test centres. The offshore examination volumes increased slowly but are not yet at historic levels due to COVID-19 conditions internationally.

To protect candidates and staff, Pearson VUE followed recommendations from the Centre for Disease Control and World Health Organization for preventing the spread of COVID-19, with candidates required to comply with the health and safety guidelines outlined on the Pearson VUE website. At Australian test centres, Pearson VUE has COVID-19 safe work plans in place as required by government authorities.

Due to the current travel restrictions imposed world-wide, the AMC worked with Pearson VUE to increase examination venues to overcome travelling and/or visa implications.

Adjustment to MCQ Examination delivery model

The AMC is instituting a new approach to the MCQ examination following some evidence that unauthorised banks of recalled questions are in circulation. This has included:

- Adding more new questions for each examination as a security measure to reduce the use of re-call questions and to provide more robust results.
- The removal of the 'flagging for review' feature. Data analysis has shown that very few answers are changed in the review process and it is possible that the process is contributing to the risk of candidates memorising items and item pre-knowledge in the pools.

Statistical reporting

In the 2020-21 reporting period a total of 1,945 MCQ examinations were conducted by the AMC in Australia or in one of 54 controlled examination facilities internationally.

Of that number 1,291 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 1,049 international medical graduates passed the examination and qualified to proceed to the AMC clinical examination.

Table 6: MCQ examination Statistics comparison for the 2019-20 and 2020-21 financial years

	2019-20	2020-21	Variances
Total undertaking examination	2,018	1,945	(-3.6%)
International medical graduates presenting for the first time	1,424	1,291	(-9%)
Total passed	1,134	1,049	(-7.5%)
Total passed %	56%	54%	(-2%)

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, participate in a Workplace Based Assessment (WBA) 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, and
- 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. Due to COVID-19 restricting access to the NTC in 2020-21 the AMC in March 2021 launched its online clinical examination.

Impact of COVID-19 on Clinical Examinations

All clinical examinations at the National Test Centre were cancelled after March 2020 and attention was focused on the development of an online clinical examination.

Prior to the launch of the online clinical examination in March 2021, the AMC was able to successfully deliver an in-person examination in Canberra to support candidates progressing with the assessment pathway. This was possible due to the COVID-19 restrictions in Canberra at that time.

Statistical reporting

In the 2020-21 reporting period the AMC conducted 32 clinical examinations, assessing 488 international medical graduates; a total of 126 candidates passed the examination and qualified for the AMC Certificate. A total of 47% (231) of international medical graduates presented for the first time.

Table 7: Clinical examination Statistics comparison for the 2019-20 and 2020-21 financial years

	2019-20	2020-21	Variances
Total International medical graduates undertaking examination	1,441	488	(-66%)
International medical graduates presenting for the first time	566	231	(-59%)
Total passed	417	126	(-70%)
Total passed %	29%	26%	(-3%)

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.](#)

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 Question (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 Workplace Based Assessment 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

In 2020 the AMC corresponded with all WBA providers with regard to changes to their programs in light of healthcare changes caused by COVID-19. Providers were asked to provide information on certain specific changes including resourcing, site/locations for WBA programs, and changes to the accredited assessment plan. On advice from the Prevocational Standards Accreditation Committee, AMC Directors approved minor changes to the WBA assessment plans of most providers, with the AMC's focus being assurance that each WBA program has the capacity to implement the approved plan, or an educationally equivalent assessment plan, so that the AMC can grant successful candidates the AMC certificate.

In 2021, acknowledging that the COVID-19 situation continues to evolve, the AMC advised WBA providers to continue to notify the AMC and seek approval of potential changes to the assessment plan in advance of their implementation.

Statistical reporting

WBA assessments are undertaken by providers accredited by the AMC. Two new providers received initial accreditation during 2020-21. One new provider will commence their first cohort from November 2021.

In the 2020-21 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.

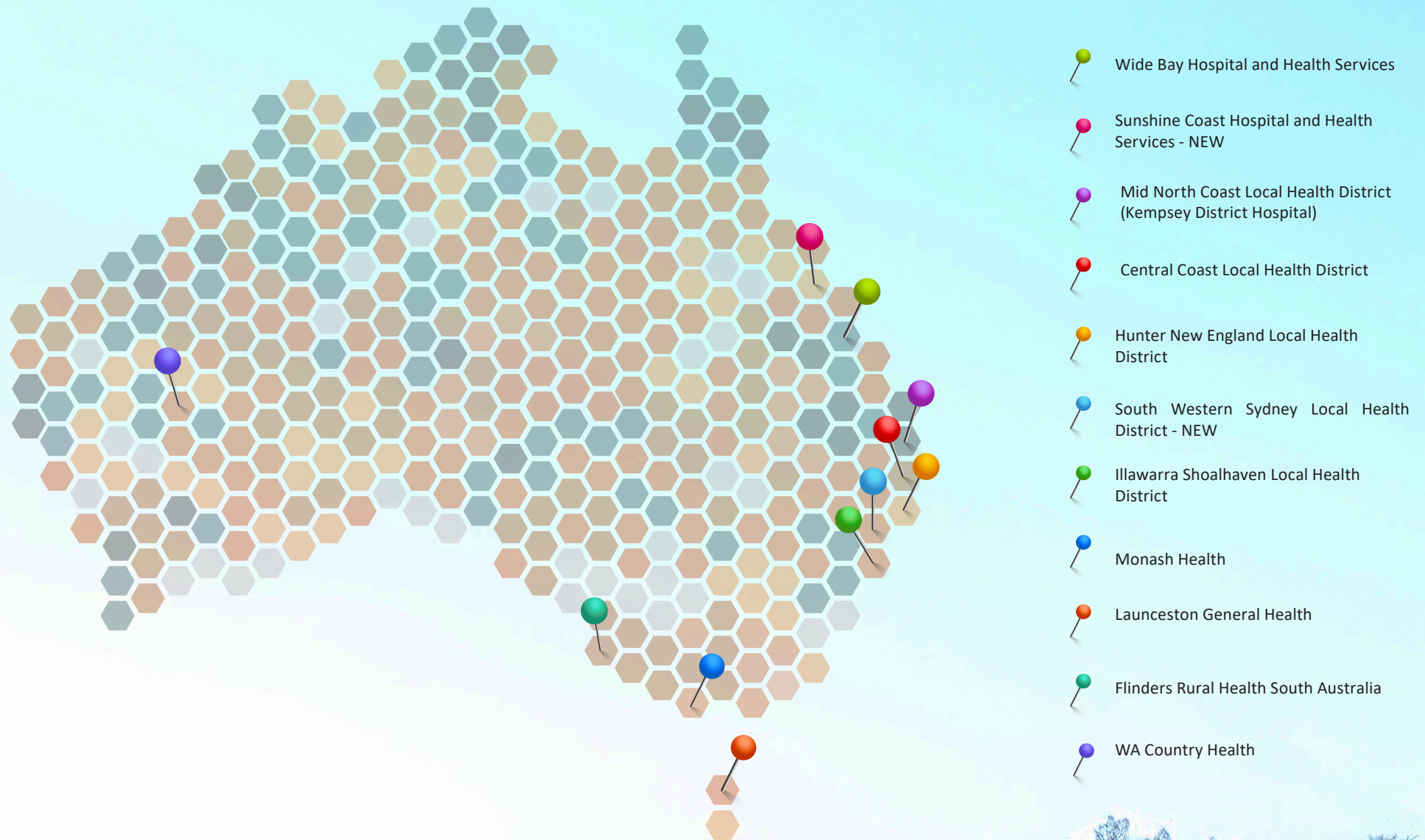
Table 8: WBA Statistics comparison for the 2019-20 and 2020-21 financial years

	2019-20	2020-21	Variances
Total international medical graduates undertaking and completing the WBA	171	153	(-11%)
Total international medical graduates passing the WBA	171	152	(-11%)
Total international medical graduates failed the WBA	0	1	(1%)

WBA Statistics

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







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
- consults on key developments such as the review of medical school accreditation standards
- 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 its Council 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)

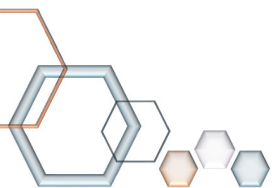
ACCLaIM provides the opportunity for Australian and New Zealand Medical Schools to collaborate on clinical assessment, thereby contributing to the development of a national framework for standard setting of assessment in medical schools.

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 as the medical regulator in New Zealand.

Medical Workforce Reform Advisory Committee (MWRAC)

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





Financial Report

2020-21 Annual Financial Report

AMC Ltd's 2020-21 Annual 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.

The financial statements were prepared according to the Australian Accounting Standards—Reduced Disclosure Requirements of the Australian Accounting Standards Board and were audited by PricewaterhouseCoopers. The auditors gave an unqualified audit report after doing a comprehensive check of bank accounts, cash statements and journals for irregularities, fraud and any items that could lead to fraud.

The financial statements were analysed and reviewed by the AMC's Finance, Audit and Risk Management Committee. This included reviewing the reported results for reasonableness and consistency with monthly management information provided to the Directors.

AMC Finances

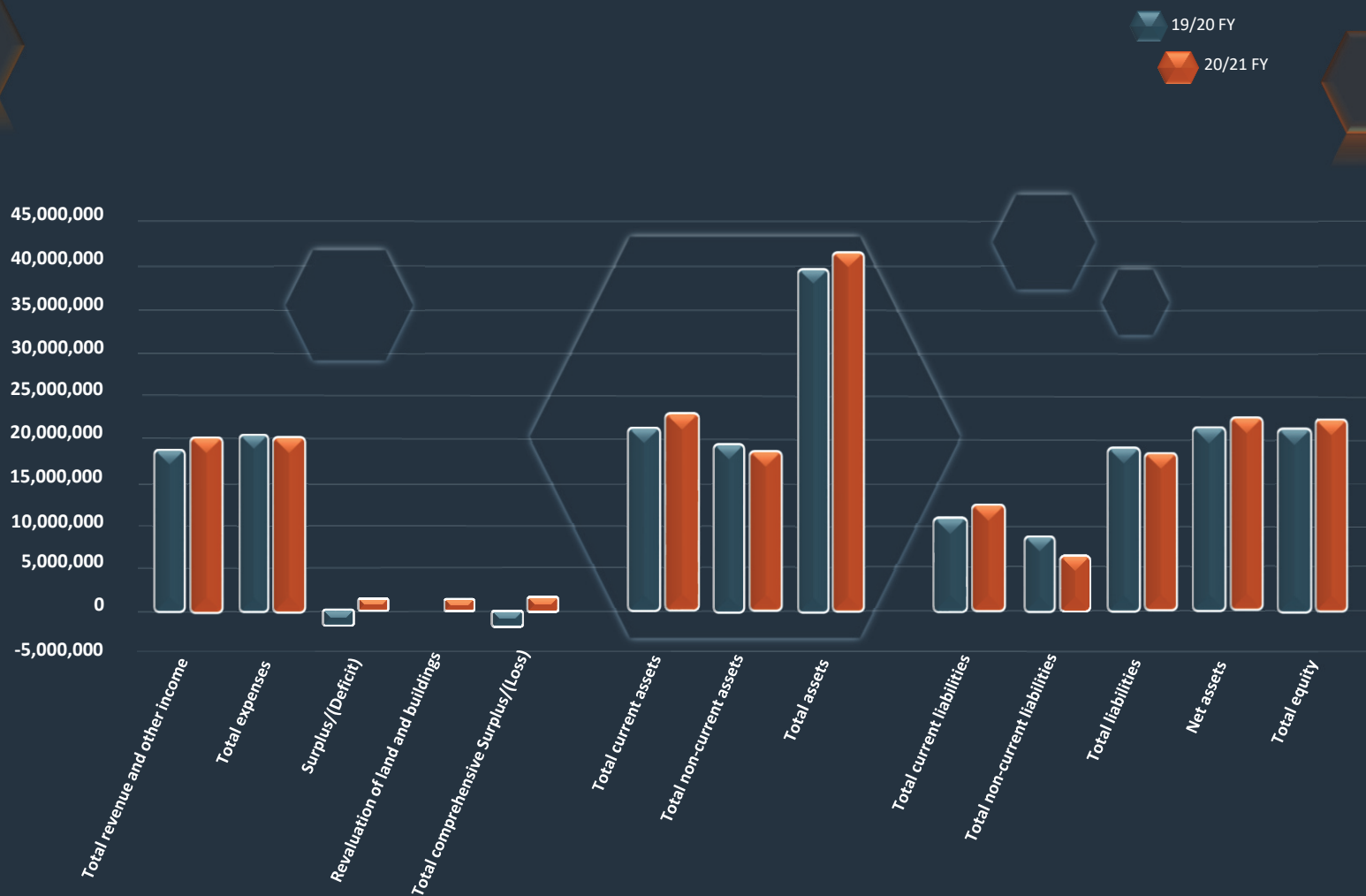
The main objectives of AMC financial operating strategy are to:

- optimise all current revenue streams
- develop new income streams to ensure future financial stability
- review and carefully manage all expenditure and maintain an efficient cost structure.

Conservative financial stewardship coupled with stable revenues and a series of cost-saving innovations over several years saw the AMC in a strong financial position prior to the effects of COVID-19.

The reduction in expenditure over the past two years and innovative strategies to continue providing assessment and accreditation services and maintain revenue, coupled with a strong rebound in the share market have allowed the AMC to maintain this position.





Investments

The AMC maintains a long term investment reserve to generate income and capital growth for future operational and working capital requirements. The AMC Investment Policy Advisory Group (IPAG) oversees the investment which is managed by Macquarie Private Bank.

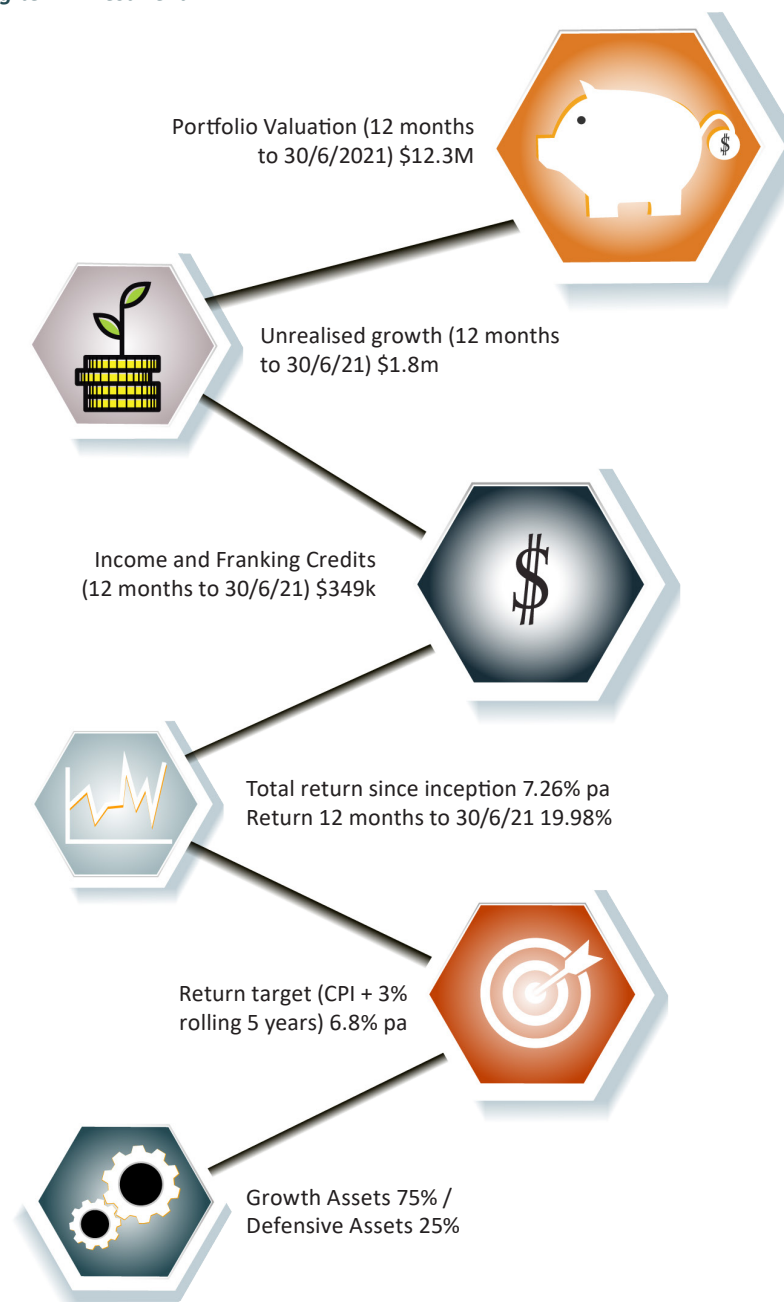
The long term investment reserve and the role of IPAG are directed by the AMC's Investment Policy.

The current asset allocations are 75% growth assets and 25% defensive assets. There is also an ethical investment overlay for active investment managers. The benchmark for the reserves is CPI + 3% over a rolling 5 year period. It is accepted that in the pursuit of long-term objectives, occasionally negative returns will occur. The AMC considers it acceptable to suffer one negative annual return in any rolling five-year period, provided that the overall five-year investment return target is achieved.

At 30 June 2021 the value of the investment portfolio was \$12.3M. The total return (after fees and excluding franking credits) since inception (June 2016) was 7.26%, the return over the previous 12 months was 19.98% and over the previous 3 years was 9.76%.



AMC long-term investment



Solvency

AMC's solvency remains a high priority issue for Management and Directors as the organisation continues to face financial pressures from the impacts of COVID-19, particularly to its Clinical Examination income stream.

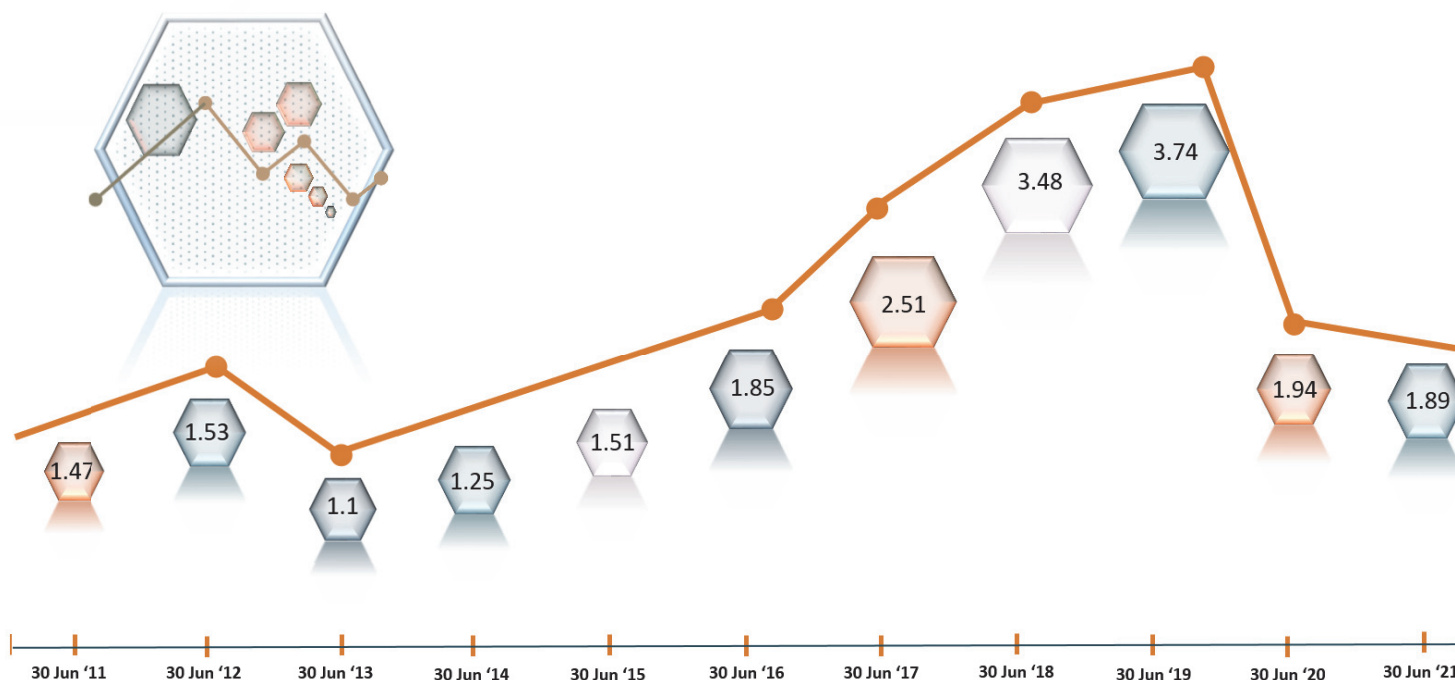
At their meetings on 19 November and 10 December 2020, AMC Directors met in camera to discuss the financial position/solvency ratio of the AMC from the perspective of the current and forecast cash flow position and the profit and loss (against both the best case and worst case budget scenarios).

Solvency as at 31 August 2021 is 2.01, a slight increase from the 30 June 2021 figure of 1.89. This has remained steady following a reduction in late 2019 following the purchase of 4 Marcus Clarke Street.

The AMC's cash flow analysis is based on conservative forecasts and Management continues to monitor the cash flow on a monthly basis. Financial monitoring by both the FARM Committee and Directors has been escalated, including in camera sessions as required. Financial and non-financial trigger points for considering further action have been agreed.

The AMC is also focussed on increasing sources of income and has taken a conservative approach to managing expenditure.

AMC Solvency 10 years to 30 June 2021





Annual Financial Report

2021

The annual financial report of the Australian Medical Council Limited for the year ended 30 June 2021 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 2021.

Directors

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

- Professor Kate Leslie AO FAHMS, President. Appointed as President on 20 November 2020. Director, ex officio as Chair of the Specialist Education Accreditation Committee, appointed on 19 November 2015, reappointed 24 July 2019 and concluding 10 December 2021.
- Professor Robyn Langham, Director, ex officio as Chair of the Specialist Education Accreditation Committee. Appointed on 10 December 2020.
- Professor Lisa Jackson Pulver AM, Director elected by Council. Appointed on 30 November 2018 and reappointed on 20 November 2020.
- Professor Geoffrey McColl, Director ex officio as Chair of the Medical School Accreditation Committee. Appointed on 20 October 2016 and reappointed 29 July 2020.
- Professor Eleanor Milligan, Director elected by Council. Appointed on 30 November 2016. Reappointed on 30 November 2018 and 20 November 2020.
- Dr Bruce Mugford, Director elected by Council. Appointed on 30 November 2018 and reappointed 20 November 2020.
- 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 and 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.
- Professor David Ellwood, appointed President 30 November 2018 and concluding 20 November 2020.

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

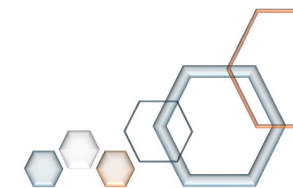
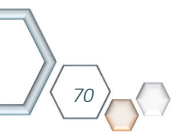
The objects of the AMC are:

- 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 practise 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 2020/21 financial year, nine Meetings of Directors were held. Attendances by each Director were as follows:

	Directors' meetings (20/21)	
	No. eligible to attend	No. attended
Professor David Ellwood	4	4
Professor Kate Leslie AO FAHMS	9	9
Professor Robyn Langham	4	3
Professor Geoffrey McColl	9	9
Professor Eleanor Milligan	9	9
Dr Bruce Mugford	9	8
Professor Suzanne Pitama	9	8
Emeritus Professor David Prideaux	9	9
Professor Lisa Jackson Pulver AM	9	9
Dr Andrew Singer AM	9	9

Indemnifying the Directors

During the financial year, the AMC paid a premium of \$11,858 (2020 \$8,270) 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, MHealthServMt, Hon DMedSc, FANZCA, FAICD

Experience

- Staff Anaesthetist and Head of Research, Department of Anaesthesia and Pain Management, Royal Melbourne Hospital
- Honorary Professorial Fellow, Department of Critical Care, Melbourne Medical School, University of Melbourne
- Honorary Adjunct Professor, Central Clinical School, Monash University
- Former President, Australian and New Zealand College of Anaesthetists

Special responsibilities

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

Professor Robyn Langham

Qualifications

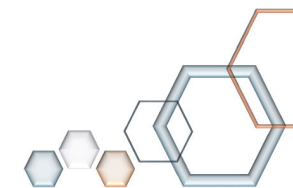
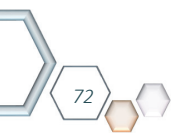
MBBS, PhD, FRACP, FAMA, GAICD

Experience

- Former Professor of Medicine, Head of Monash University School of Rural Health
- Adjunct Professor of Medicine, University of Melbourne
- Nephrologist
- Chair, Royal Children's Hospital Human Research and Ethics Committee
- Member, Advisory Committee on Medicine, TGA

Special responsibilities

- Director, Australian Medical Council
- Member, Australian Medical Council
- Chair, Specialist Education Accreditation Committee
- Chair, Royal Australian and New Zealand College of Ophthalmologist's Assessment Team 2019
- Member, James Cook University Assessment Team, 2021



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 Finance, Audit and Risk Management Committee

Dr Bruce Mugford

Qualifications

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

Experience

- Rural generalist
- 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 Management Committee
- Member, Investment Policy Advisory Group

Professor Suzanne Pitama

Qualifications

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

Experience

- Associate Dean Māori, 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
- Board Member, Health Research Council of New Zealand
- Chair of Māori Health Committee – Health Research Council of New Zealand
- Registered Educational Psychologist, New Zealand Psychologists Board
- Te Ora Affiliated Member
- Membership on Tu Maia, Māori Expert Advisory Group, New Zealand Psychologists Board
- Sub-editor of New Zealand Medical Journal
- Sub-editor (special issue) The Clinical Teacher
- 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 Islander and Māori Committee
- Member, Standards Review Working Group
- Member, Standards Review – Indigenous Assessors Consultation Group
- Member, Internship Review Consultations
- Member, Medical school standards review and Prevocational Framework Review - Indigenous Committee subgroup
- Member, Anthology Group

Emeritus Professor David Prideaux

Qualifications

Dip of Teaching, BA (Hons), MEd, PhD, FANZAHPE

Experience

- Emeritus Professor of Medical Education, Prideaux Discipline of Clinical Education, College of Medicine and Public Health, Flinders University
- Member Examinations Committee, Australian Pharmacy Council
- Former Deputy Dean, Professor and Head, Health Professional Education, School of Medicine, 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 Professor of Medical Education, Griffith and Deakin Universities
- 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, Competency-based Medical Education (CBME) Working Group
- Member, MCQ Development Group
- Member, MCQ Results Panel
- Member, WBA Development Group
- Member WBA Results Panel
- Member, Clinical Examination Research Group
- Member, Clinical Results Panel
- Member, NTC Innovations 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, Indigenous HealthInfoNet Advisory Committee
- Director, Praxis Australia
- Professor Public Health, Sydney University

Special responsibilities

- Director, Australian Medical Council
- Member, Australian Medical Council
- Member, Aboriginal, Torres Strait Islander and Maori Advisory Committee
- Member, Investment Policy Advisory Group
- 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
- Former President, Australasian College for Emergency Medicine

Special responsibilities

- Director, Australian Medical Council
- Member, Australian Medical Council
- Chair, Prevocational Standards Accreditation Committee
- Member, Specialist Education Accreditation Committee
- Member, Progress Reports Subcommittee, SEAC

Significant changes in the state of affairs

AMC main business has resumed but due to lockdowns there are disruptions in conducting examinations. The NTC remained closed but the online examinations for Clinical examination have started from March 21 and continues at a reduced level. The MCQ candidate numbers have been improving since the examinations began after the disruption of COVID - 19.

Events since the end of the financial year

No events since the end of financial year.

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 12 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 2021 the total amount that members of the company are liable to contribute if the company is wound up is \$290 (2020: \$290).



Signed in accordance with a resolution of the Directors.

Professor Kate Leslie AO (President)

Dated 25 October 2021



Auditor's Independence Declaration

As lead auditor for the audit of Australian Medical Council Limited for the year ended 30 June 2021, 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.

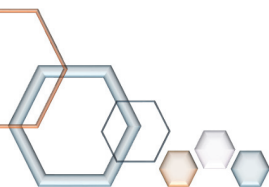
A handwritten signature in dark ink, appearing to read 'Murphy'.

David Murphy
Partner
PricewaterhouseCoopers

Canberra
25 October 2021

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 2021

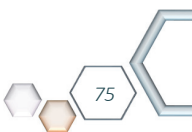
These financial statements are the financial statements of Australian Medical Council Limited as an individual entity.

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 21 October 2021. The directors have the power to amend and reissue the financial statements.



**STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2021**

	Note	2021	2020
		\$	\$
Revenue from contracts with customers	2	14,802,431	18,683,787
Other income	2	2,537,614	1,613,020
Revaluation of land and buildings		747,209	(747,209)
Fair value adjustment of investment property		420,000	(320,233)
Net (loss)/gain on Financial Assets at Fair Value through Profit and Loss		1,768,982	(241,027)
Total revenue and other income		20,276,236	18,988,338
Accreditation expenses		429,014	856,346
Examination running expenses		2,541,857	4,389,677
Publishing expenses		31,969	34,697
Council committees and executive expenses		203,941	730,961
Employee benefits	16	10,146,456	9,644,493
Depreciation and amortisation		1,997,462	2,035,517
Bank fees and charges		160,654	218,646
Interest Expense		196,000	284,758
Loss on sale of investments		70,243	-
Audit, legal and consultancy expenses	13	229,510	185,288
Computer expenses		906,032	730,985
Administration expenses		1,247,229	1,573,298
Total expenses		18,160,367	20,684,666
Surplus/(Deficit) for the year attributable to the Council		2,115,869	(1,696,328)
Other comprehensive income			
<i>Items that will not be reclassified to profit or loss</i>			
Revaluation of land and buildings		232,791	-
Total comprehensive Surplus/(Loss) for the year		2,348,660	(1,696,328)

The accompanying notes form part of these financial statements.

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2021

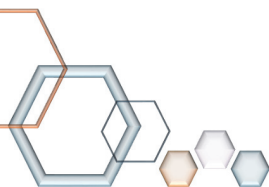
	Note	2021	2020
		\$	\$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	4	2,346,189	4,376,915
Trade and other receivables	5	529,595	551,446
Contract asset	3	212,778	200,175
Inventories		76,826	89,820
Lease receivable	14	137,420	118,296
Investments – Financial assets at fair value through profit and loss	6	11,811,387	9,839,506
Financial asset at amortised cost	7	7,743,723	5,302,822
Other assets	8	406,452	318,825
TOTAL CURRENT ASSETS		23,264,370	20,797,805
NON-CURRENT ASSETS			
Intangibles	9	1,665,387	1,588,194
Lease receivable	14	109,437	256,156
Property, Plant and equipment	10	11,463,434	10,769,471
Investment property	11	4,350,000	3,930,000
Right-of-use asset	14	1,130,583	2,350,347
TOTAL NON-CURRENT ASSETS		18,718,841	18,894,168
TOTAL ASSETS		41,983,211	39,691,973

The accompanying notes form part of these financial statements.

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2021 (CONTINUED)

	Note	2021	2020
		\$	\$
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	12	1,072,609	679,467
Lease liabilities	14	1,463,857	1,782,195
Loan	17	235,000	235,000
Employee benefits	15	2,098,167	1,779,454
Contract liabilities	3	7,453,278	6,265,203
TOTAL CURRENT LIABILITIES		12,322,911	10,741,319
NON-CURRENT LIABILITIES			
Lease liabilities	14	615,162	2,013,794
Loan	17	5,071,250	5,365,000
Employee benefits	15	193,747	153,505
Provision for make good		669,377	656,251
TOTAL NON-CURRENT LIABILITIES		6,549,536	8,188,550
TOTAL LIABILITIES		18,872,447	18,929,869
NET ASSETS		23,110,764	20,762,104
EQUITY			
Asset Revaluation Reserve		232,791	-
Retained earnings		22,877,973	20,762,104
TOTAL EQUITY		23,110,764	20,762,104

The accompanying notes form part of these financial statements.



STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2021

	Asset Revaluation Reserve	Retained earnings	Total
	\$	\$	\$
Balance at 1 July 2019	-	22,458,432	22,458,432
Total comprehensive income for the year			
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
Surplus for the period attributable to the Council	-	2,115,869	2,115,869
Other Comprehensive Income - Revaluation of land and building	232,791	-	232,791
Total comprehensive income for the year	232,791	2,115,869	2,348,660
Balance at 30 June 2021	232,791	22,877,973	23,110,764

The accompanying notes form part of these financial statements.



STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2021

	Note	2021	2020
		\$	\$
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipt of grants		6,658,475	4,814,335
Receipts from customers and other sources (inclusive of GST)		12,789,150	15,563,814
Payments to suppliers and employees (inclusive of GST)		(16,641,979)	(19,361,940)
Net cash generated from operating activities		(2,805,646)	1,016,209
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for land and buildings		-	(9,917,209)
Payments for investment property		-	(4,250,233)
Payments for Plant and Equipment		(439,701)	(107,466)
Net (increase)/decrease in investments and term deposits		(2,643,800)	7,476,974
Payments for Intangible assets		(128,965)	(138,638)
Interest received from Investments		386,814	638,969
Net cash (used) in investing activities		(2,825,652)	(6,297,603)
CASH FLOWS FROM FINANCING ACTIVITIES			
Proceeds from borrowings/(repayments)		(293,750)	5,600,000
Repayment of lease		(1,716,970)	(875,251)
Net cash generated/(used) in financing activities		(2,010,720)	4,724,749
Net (decrease)/increase in cash held		(2,030,726)	(556,645)
Cash and cash equivalents at beginning of financial year		4,376,915	4,933,560
Cash and cash equivalents at end of financial year	4	2,346,189	4,376,915

The accompanying notes form part of these financial statements.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2021

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 2021 were authorised for issue on 21 October 2021 by the Directors of the AMC.

(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. Accreditation fees are recognised over 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 over time, and based on this performance, revenue is recognised, including the deposit, in the contract liability account. The Australian Digital Health Agency (ADH) Grant and the Department of Health Grant are contractual obligations delivered over time.

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, facility hire and sale of publications.

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.

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.

Income 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.

Inventories

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

(c) 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.

(d) 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

(e) 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.

(f) Financial instruments

i) Classification

AMC classifies its financial assets into the following measurement categories:

- those to be measured subsequently at fair value (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.

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. 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.

(g) 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.

(h) Cash and cash equivalents

Cash and cash equivalents for 2020/21 include cash on hand and deposits held at call. In 2020/21 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.

(i) 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.

(j) 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*.

(k) 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.

(l) 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.

(m) Comparative figures

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

(n) 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.

(o) 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.

(p) Going concern

AMC business was affected by COVID-19 with the result that some of the examinations were cancelled from July 2020 to February 2021. In June 2020 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 was developed which came into operation from February 2021. This is an online examination and was implemented successfully. However, the number of candidates that can be examined is less than the numbers examined at the NTC. This is fairly a labour intensive process.

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 and other income

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.

	2021	2020
	\$	\$
REVENUE DERIVED OVER TIME		
Medical Board of Australia grants	3,828,584	3,647,557
Health Profession Accreditation Councils Forum contributions	120,000	120,000
Rental Income for 4MC	155,380	30,626
Australian Digital Health Agency Grant	109,091	72,727
Australian Health Ministers' Advisory Council	250,000	-
Department of Health Grant	200,000	-
Accreditation fees	235,469	484,381
All other segments	109,195	7,710
	5,007,719	4,363,001
REVENUE DERIVED AT A POINT IN TIME		
Examination fees	9,596,378	13,732,647
NTC Income	66,822	447,057
Sale of publications	131,512	141,082
	9,794,712	14,320,786
TOTAL REVENUE FROM CONTRACTS WITH CUSTOMERS	14,802,431	18,683,787

	2021	2020
	\$	\$
OTHER INCOME		
Job Keeper Grants	2,150,800	974,051
Interest	386,814	638,969
TOTAL OTHER INCOME	2,537,614	1,613,020

Note 3: Assets and liabilities related to contracts with customers

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

	2021	2020
	\$	\$
CURRENT CONTRACT ASSETS		
Other	212,778	200,175
TOTAL CURRENT CONTRACT ASSETS	212,778	200,175
CONTRACT LIABILITIES		
Accreditation fees	241,622	259,495
Examination fees	7,145,889	5,940,364
NTC Rent and Hire	20,027	19,599
Other	45,740	45,745
TOTAL CONTRACT LIABILITIES	7,453,278	6,265,203

Note 4: Cash and cash equivalents

	2021	2020
	\$	\$
Cash on hand	1,500	1,500
Cash at bank	2,003,594	3,952,858
Macquarie Vision Cash account	341,095	422,557
	2,346,189	4,376,915

Note 5: Trade and other receivables

	2021	2020
	\$	\$
Trade receivables	528,941	92,281
GST receivable	-	90,615
Job Keeper Grant	-	368,550
Staff Travel/Others	654	-
	529,595	551,446

Note 6: Investments

	2021	2020
	\$	\$
Financial assets at fair value through profit and loss		
Listed Securities	6,408,349	6,713,190
Managed Investments	5,403,038	3,126,316
	11,811,387	9,839,506

Note 7: Financial asset at amortised cost

	2021	2020
	\$	\$
CURRENT		
Term deposits	7,743,723	5,302,822
	7,743,723	5,302,822

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

Note 8: Other assets

	2021	2020
	\$	\$
CURRENT		
Prepayments	317,980	318,825
Travel Credit	88,472	-
	406,452	318,825

Note 9: Intangibles

	Other Computer Software	Work in progress					Total
		Accreditation Management System	App/ MCQ	GMP	Anthology	Remote Marking	
	\$	\$	\$	\$	\$	\$	\$
Cost at 1 July 2020	1,808,154	431,735	328,938	2,135	461,910	230,451	3,263,323
Accumulated amortisation	(1,675,129)	-	-	-	-	-	(1,675,129)
Net book amount at 1 July 2020	133,025	431,735	328,938	2,135	461,910	230,451	1,588,194
Additions at cost	4,954	85,951	28,084	3,500	5,851	625	128,965
Transfer	-	-	-	-	-	-	-
Impairment	-	-	-	-	-	-	-
Amortisation	(51,772)						(51,772)
Closing net book amount at 30 June 2021	86,207	517,686	357,022	5,635	467,761	231,076	1,665,387

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	Leasehold Working In Progress	Building	Total
	\$	\$	\$	\$	\$	\$	\$
Cost at 1 July 2020	2,166,074	770,448	779,854	5,844,401	-	9,170,000	18,730,777
Accumulated depreciation	(1,449,275)	(649,289)	(674,247)	(5,188,495)	-	-	(7,961,306)
Net book amount at 1 July 2020	716,799	121,159	105,607	655,906	-	9,170,000	10,769,471
Additions at cost	349,911	7,162	-	-	82,628	-	439,701
Increase in fair value	-	-	-	-	-	980,000	980,000
Amortisation/ Depreciation charge for the period	(395,037)	(47,840)	(35,858)	(247,003)	-	-	(725,738)
Carrying amount at 30 June 2021	671,673	80,481	69,749	408,903	82,628	10,150,000	11,463,434

Note 11: Investment property

	2021	2020
	\$	\$
Opening balance at 1 July	3,930,000	-
Additions	-	4,250,233
Net gain/(loss) from fair value adjustment	420,000	(320,233)
Carrying amount at 30 June	4,350,000	3,930,000

Note 12: Trade and other payables

	2021	2020
	\$	\$
Trade payables	117,845	37,516
Accrued expenses	954,764	631,304
Other current payables	-	10,647
	1,072,609	679,467

Note 13: Audit, Legal and Consultancy expenses

	2021	2020
	\$	\$
Audit fee	45,000	30,000
Additional Audit fee for 2019/20	15,000	-
Legal fee	120,550	127,415
Consultancy fee	48,960	27,873
	229,510	185,288

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

	2021	2020
	\$	\$
CURRENT		
Lease liabilities		
Building	1,454,356	1,745,985
Equipment	9,501	36,210
Total lease liabilities	1,463,857	1,782,195
Lease Receivable	137,420	118,296
NON-CURRENT		
Right of use		
Building	1,121,482	2,304,018
Equipment	9,101	46,329
Total Right of use	1,130,583	2,350,347
Lease liabilities		
Building	615,162	2,001,611
Equipment	-	12,183
Total lease liabilities	615,162	2,013,794
Lease Receivable	109,437	256,156
Lease liabilities are secured by the underlying leased assets.		
Lease Receivable	2021	2020
	\$	\$
– not later than 12 months	137,420	118,296
– later than 12 months but not later than five years	109,437	256,156
Lease Receivable	246,857	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:

	2021	2020
	\$	\$
Depreciation charge of right-of-use assets		
Building	1,182,537	1,183,811
Equipment	37,194	35,612
Total depreciation charge of right-of-use assets	1,219,731	1,219,423
Interest expense (included in finance cost)	\$104,270	\$284,758

(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 liabilities

	2021	2020
	\$	\$
Current - Annual leave and Long service leave	2,098,167	1,779,454
Non-current - Long service leave	193,747	153,505
	2,291,914	1,932,959

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

	2021	2020
	\$	\$
Wages and salaries	9,290,916	8,807,391
Superannuation	855,540	837,102
	10,146,456	9,644,493

Note 17: Loan

	2021	2020
	\$	\$
CURRENT		
Loan liabilities	235,000	235,000
NON-CURRENT		
Loan liabilities	5,071,250	5,365,000
TOTAL LOAN LIABILITIES	5,306,250	5,600,000

AMC borrowed \$5,600,000 in the year ended 30 June 2020 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 18: Contingent liabilities and contingent assets

There are contingent liabilities as at 30 June 2021 as recorded by Commonwealth Bank for the amount of \$467,958. This is in respect of the Bank guarantee for the rent bond for 300 Latrobe Street, Melbourne in favour of Perpetual Trustee company. (2020: \$467,958).

Note 19: Events after the reporting period

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

Note 20: 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.

	2021	2020
	\$	\$
Short term benefits	998,674	948,229
Long term benefits	14,335	14,335
	1,013,009	962,564

Note 21: Related party transactions

During the financial year, the Council paid fees to directors amounting to \$138,657. 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 14 to 35 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 2021 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 Kate Leslie AO (President)

Dated 25 October 2021



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:

- (a) giving a true and fair view of the Company's financial position as at 30 June 2021 and of its financial performance for the year then ended
- (b) 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 2021
- 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 significant accounting policies and other explanatory information
- 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 2021, but does not include the financial report and our auditor's report thereon.

PricewaterhouseCoopers, ABN 52 780 433 757
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Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon.

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.

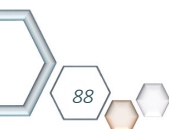
A handwritten signature in blue ink, appearing to read 'David Murphy'.

PricewaterhouseCoopers

A handwritten signature in blue ink, appearing to read 'David Murphy'.

David Murphy
Partner

Canberra
25 October 2021



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
NUI Galway School of Medicine	UCL Medical School	Tehran University of Medical Sciences School of Medicine	Jinnah Sindh Medical University	Dow Medical College	International Medical University Faculty of Medicine and Health	Mashhad University of Medical Sciences Faculty of Medicine
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
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
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
Queen's University Belfast School of Medicine, Dentistry and Biomedical Sciences	University of Leeds School of Medicine	University of Medicine 1	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
Manchester Medical School	Edinburgh Medical School, College of Med and Vet Med, University of Edinburgh	St. George's University of London	Li Ka Shing Faculty of Medicine, University of Hong Kong	University of Zimbabwe College of Health Sciences	Shiraz University of Medical Sciences School of Medicine	Leicester Medical School, University of Leicester
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 College Cork School of Medicine	King's College London GKT School of Medicine	University of Sri Jayewardenepura 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 Birmingham College of Medical and Dental Sciences	University of Peradeniya Faculty of Medicine	University of Southampton Faculty of Medicine	University of Baghdad College of Medicine	King Saud University, Riyadh College of Medicine	Fatima Jinnah Medical University	Katholieke Universiteit Leuven (KULeuven) Faculteit Geneeskunde

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
University of Damascus Faculty of Medicine	Norwich Medical School, University of East Anglia	University of Ilorin College of Health Sciences	Sir Salimullah Medical College	University of the East/Ramon Magsaysay Memorial Medical Center College of Medicine	Manipal College of Medical Sciences (MCOMS)	J.J.M. Medical College, Davangere
University of Cambridge School of Clinical Medicine	Liaquat University of Medical & Health Sciences Jamshoro	Keele University School of Medicine	University of Medicine 2	Islamic Azad University Mashhad Branch Faculty of Medicine	Brighton and Sussex Medical School	Quaid-e-Azam Medical College
Dhaka Medical College and Hospital	University of the Free State Faculty of Health Sciences	Chittagong Medical College and Hospital	University of Khartoum Faculty of Medicine	Mymensingh Medical College	De La Salle Medical and Health Sciences Institute College of Medicine	Guilan University of Medical Sciences
University of Jaffna Faculty of Medicine	Kasturba Medical College Mangalore					

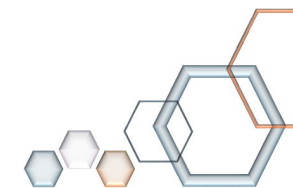
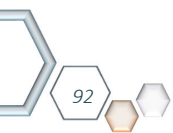
Appendix B – MCQ Country of Training Report for 2020-21

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	9	4	1	3	3	11	1	1	1	2	5
Algeria	3	3	0	0	0	3	1	0	0	0	1
Argentina	9	9	0	0	0	9	5	0	0	0	5
Armenia	1	0	1	0	0	1	0	0	0	0	0
Austria	2	1	0	1	0	2	1	0	1	0	2
Bahrain	2	1	1	0	0	2	1	0	0	0	1
Bangladesh	103	81	21	4	8	114	49	8	1	3	61
Belarus	5	3	1	2	0	6	1	0	1	0	2
Belgium	1	1	0	0	0	1	1	0	0	0	1
Belize	1	1	0	0	0	1	1	0	0	0	1
Bolivia	1	0	1	0	0	1	0	0	0	0	0
Bosnia and Herzegovina	1	0	1	0	0	1	0	1	0	0	1
Brazil	33	24	6	6	5	41	15	3	2	1	21
Burundi	1	1	0	0	0	1	0	0	0	0	0
Chile	3	3	0	0	0	3	2	0	0	0	2
China	147	107	40	18	26	191	40	13	6	4	63
Colombia	18	8	5	5	3	21	6	1	2	1	10
Costa Rica	1	1	0	0	0	1	1	0	0	0	1
Cuba	4	3	1	0	0	4	1	0	0	0	1
Cyprus	2	2	1	1	1	5	1	0	0	0	1
Czech republic	2	2	0	0	0	2	1	0	0	0	1
Democratic Republic of the Congo	1	0	1	0	0	1	0	0	0	0	0
Denmark	1	1	0	0	0	1	1	0	0	0	1
Dominica	1	0	0	1	0	1	0	0	0	0	0
Ecuador	6	6	2	0	0	8	1	1	0	0	2
Egypt	33	28	7	0	0	35	19	4	0	0	23

Appendix B – MCQ Country of Training Report for 2020-21 Continued

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
Estonia	1	1	0	0	0	1	1	0	0	0	1
Ethiopia	2	1	1	0	0	2	1	0	0	0	1
Fiji	8	3	6	2	0	11	2	1	1	0	4
Georgia	4	2	2	1	1	6	2	0	0	0	2
Germany	6	5	1	0	1	7	4	1	0	1	6
Ghana	2	2	1	0	0	3	1	0	0	0	1
Greece	1	0	1	0	0	1	0	0	0	0	0
Grenada	1	1	0	0	0	1	1	0	0	0	1
Honduras	1	1	0	0	0	1	0	0	0	0	0
Hong Kong	19	19	0	0	0	19	18	0	0	0	18
Hungary	8	5	4	1	1	11	3	1	0	0	4
India	309	229	72	25	39	365	132	34	11	15	192
Indonesia	14	10	5	0	2	17	5	2	0	0	7
Iran	168	153	13	4	0	170	134	11	1	0	146
Iraq	27	17	8	3	4	32	12	7	2	2	23
Ireland	4	3	0	0	5	8	3	0	0	0	3
Israel	1	1	0	0	0	1	1	0	0	0	1
Italy	4	4	0	0	0	4	2	0	0	0	2
Japan	3	3	0	0	0	3	2	0	0	0	2
Jordan	6	6	0	0	0	6	3	0	0	0	3
Kazakhstan	5	3	1	0	1	5	2	1	0	1	4
Kenya	5	2	2	0	3	7	1	2	0	0	3
Kyrgyzstan	4	2	1	0	1	4	2	1	0	0	3
Latvia	1	0	0	1	0	1	0	0	0	0	0
Lebanon	3	3	0	0	0	3	3	0	0	0	3
Libya	4	3	0	1	0	4	3	0	0	0	3



Appendix B – MCQ Country of Training Report for 2020-21 Continued

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
Lithuania	1	1	0	0	0	1	1	0	0	0	1
Macedonia	4	2	2	0	0	4	1	0	0	0	1
Malaysia	20	19	2	0	0	21	13	1	0	0	14
Malta	2	2	0	0	0	2	2	0	0	0	2
Mauritius	6	5	0	1	0	6	4	0	0	0	4
Mexico	11	10	1	1	0	12	6	1	0	0	7
Mongolia	1	0	1	0	0	1	0	0	0	0	0
Myanmar	11	7	2	1	2	12	4	0	0	0	4
Nepal	36	29	4	2	3	38	16	2	2	1	21
Netherlands	3	3	0	0	0	3	1	0	0	0	1
Nigeria	33	16	12	8	5	41	5	5	2	1	13
Oman	3	2	1	0	0	3	1	1	0	0	2
Pakistan	184	140	38	12	14	204	93	24	5	3	125
Palestinian Authority	2	2	1	0	0	3	1	0	0	0	1
Papua New Guinea	1	1	0	0	0	1	1	0	0	0	1
Peru	2	1	1	0	0	2	0	0	0	0	0
Philippines	113	81	26	6	10	123	40	9	0	3	52
Poland	9	8	1	0	0	9	6	1	0	0	7
Portugal	1	1	0	0	0	1	1	0	0	0	1
Romania	1	1	0	0	0	1	1	0	0	0	1
Russia	44	28	13	6	4	51	9	6	2	1	18
Rwanda	1	1	0	0	0	1	1	0	0	0	1
Saint Kitts and Nevis	5	4	1	0	0	5	2	0	0	0	2
Saint Lucia	1	0	0	0	1	1	0	0	0	1	1
Samoa	19	12	9	5	3	29	4	3	1	1	9
Saudi Arabia	1	1	0	0	0	1	0	0	0	0	0



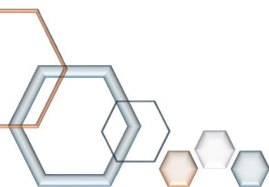
Appendix B – MCQ Country of Training Report for 2020-21 Continued

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
Serbia	3	2	1	0	0	3	1	0	0	0	1
Seychelles	2	2	0	0	0	2	1	0	0	0	1
Singapore	1	1	0	0	0	1	1	0	0	0	1
Slovenia	1	1	0	0	0	1	1	0	0	0	1
South Africa	24	24	1	0	0	25	20	0	0	0	20
South Korea	5	5	0	0	0	5	3	0	0	0	3
Spain	1	1	0	0	0	1	1	0	0	0	1
Sri Lanka	46	34	14	3	1	52	23	11	1	1	36
Sudan	12	9	2	2	1	14	6	1	1	0	8
Sweden	1	1	0	0	0	1	1	0	0	0	1
Switzerland	2	2	0	0	0	2	2	0	0	0	2
Syria	7	5	0	1	1	7	4	0	1	0	5
Taiwan	2	2	0	0	0	2	2	0	0	0	2
Tanzania	3	0	1	1	3	5	0	0	0	0	0
Thailand	3	3	1	0	0	4	2	1	0	0	3
Turkey	3	2	1	0	0	3	1	1	0	0	2
Uganda	3	3	0	0	0	3	2	0	0	0	2
Ukraine	34	23	11	5	2	41	5	2	1	1	9
United Arab Emirates	5	4	1	2	0	7	3	0	1	0	4
United Kingdom	6	5	0	1	0	6	3	0	1	0	4
Uruguay	1	1	0	0	0	1	0	0	0	0	0
USA	3	3	0	0	0	3	3	0	0	0	3
Venezuela	7	4	2	2	1	9	3	0	1	0	4
Vietnam	8	6	1	1	0	8	4	1	0	0	5
Yemen	2	1	1	0	0	2	1	1	0	0	2
Zimbabwe	1	1	0	0	0	1	1	0	0	0	1
Total	1703	1291	360	139	155	1945	794	164	48	43	1049

Appendix C: Clinical Examination Country of Training Statistics 2020-21

Breakdown of international medical graduates by examination attempt and country of training.

Country of Training	No. of Candidates	Sat 1	Sat 2	Sat 3	Sat 4	Sat Total	Pass 1	Pass 2	Pass 3	Pass 4	Pass Total
Afghanistan	5	2	1	1	1	5	0	0	0	0	0
Argentina	1	0	0	1	0	1	0	0	1	0	1
Austria	1	1	0	0	0	1	0	0	0	0	0
Bangladesh	67	31	13	5	18	67	7	5	3	0	15
Belarus	2	1	1	0	0	2	1	0	0	0	1
Belgium	1	0	0	0	1	1	0	0	0	0	0
Brazil	5	2	3	0	0	5	1	1	0	0	2
Bulgaria	1	0	0	0	1	1	0	0	0	1	1
China	24	8	6	6	5	25	1	3	2	1	7
Colombia	5	1	4	0	0	5	0	1	0	0	1
Cuba	2	1	1	0	0	2	0	0	0	0	0
Democratic Republic of the Congo	1	1	0	0	0	1	0	0	0	0	0
Egypt	22	12	3	3	4	22	3	1	0	0	4
Fiji	6	5	1	0	0	6	1	1	0	0	2
Germany	3	3	0	0	0	3	3	0	0	0	3
Guatemala	1	0	0	0	1	1	0	0	0	0	0
Hong Kong	1	0	1	0	0	1	0	1	0	0	1
Hungary	1	0	1	0	0	1	0	0	0	0	0
Iceland	1	1	0	0	0	1	1	0	0	0	1
India	72	32	13	11	16	72	10	6	4	3	23
Indonesia	3	2	1	0	0	3	1	1	0	0	2
Iran	14	9	1	2	2	14	1	1	0	0	2
Iraq	10	4	4	2	0	10	0	1	2	0	3
Ireland	1	1	0	0	0	1	1	0	0	0	1
Italy	1	1	0	0	0	1	1	0	0	0	1
Kenya	2	1	0	0	1	2	1	0	0	0	1

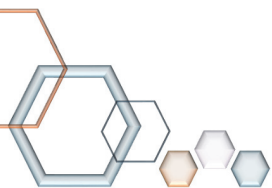


Appendix C: Clinical Examination Country of Training Statistics 2020-21 Continued

Country of Training	No. of Candidates	Sat 1	Sat 2	Sat 3	Sat 4	Sat Total	Pass 1	Pass 2	Pass 3	Pass 4	Pass Total
Kyrgyzstan	1	1	0	0	0	1	0	0	0	0	0
Libya	1	1	0	0	0	1	0	0	0	0	0
Malaysia	7	6	1	0	0	7	2	1	0	0	3
Mauritius	1	1	0	0	0	1	0	0	0	0	0
Mongolia	1	1	0	0	0	1	0	0	0	0	0
Myanmar	9	2	2	3	2	9	0	0	1	0	1
Nepal	7	2	2	1	2	7	1	1	0	0	2
Netherlands	3	1	1	0	1	3	0	1	0	0	1
Nigeria	14	5	2	4	3	14	0	1	1	1	3
Pakistan	70	43	14	9	4	70	15	3	0	0	18
Philippines	11	2	5	0	4	11	1	2	0	1	4
Poland	2	0	1	0	1	2	0	1	0	1	2
Romania	1	0	1	0	0	1	0	0	0	0	0
Russia	16	5	6	1	4	16	1	3	1	0	5
Saint Kitts and Nevis	1	1	0	0	0	1	0	0	0	0	0
Samoa	4	1	2	0	1	4	0	0	0	0	0
Saudi Arabia	1	1	0	0	0	1	0	0	0	0	0
Serbia	1	0	1	0	0	1	0	1	0	0	1
Slovenia	1	1	0	0	0	1	0	0	0	0	0
South Africa	9	4	4	0	1	9	2	2	0	0	4
South Korea	1	0	0	1	0	1	0	0	0	0	0
South Sudan	1	1	0	0	0	1	0	0	0	0	0
Sri Lanka	40	16	11	3	10	40	2	1	2	1	6
Sudan	5	2	1	2	0	5	0	1	1	0	2
Sweden	1	1	0	0	0	1	1	0	0	0	1
Switzerland	1	1	0	0	0	1	0	0	0	0	0

Appendix C: Clinical Examination Country of Training Statistics 2020-21 Continued

Country of Training	No. of Candidates	Sat 1	Sat 2	Sat 3	Sat 4	Sat Total	Pass 1	Pass 2	Pass 3	Pass 4	Pass Total
Syria	7	3	2	2	0	7	0	1	0	0	1
Thailand	1	1	0	0	0	1	0	0	0	0	0
Turkey	1	0	0	1	0	1	0	0	0	0	0
Ukraine	10	6	1	1	2	10	0	0	0	0	0
United Arab Emirates	1	1	0	0	0	1	0	0	0	0	0
Vietnam	4	2	1	0	1	4	0	0	0	0	0
Total	487	231	112	59	86	488	58	41	18	9	126



Appendix D: WBA 2020-21 Statistics

Breakdown of international medical graduates assessed through the WBA Program by country of training and provider.

Authority	Country of Training	No of Assessed	No of Pass	No of Fail	No of Pending Result
Central Coast Local Health District	Egypt	5	5	0	0
	Fiji	1	1	0	0
	Germany	1	1	0	0
	India	4	4	0	0
	Iraq	1	1	0	0
	Malaysia	1	1	0	0
	Nepal	1	1	0	0
	Netherlands	2	2	0	0
	Nigeria	1	1	0	0
	Pakistan	1	1	0	0
	Philippines	2	2	0	0
	Poland	1	1	0	0
	South Africa	1	1	0	0
	Sri Lanka	2	2	0	0
	Turkey	1	1	0	0
	Uganda	1	1	0	0
	Subtotal	26	26	0	0
Flinders Rural Health South Australia	Sri Lanka	1	1	0	0
	Subtotal	1	1	0	0
Hunter New England Local Health District	Afghanistan	1	1	0	0
	Bangladesh	1	1	0	0
	Brazil	2	1	1	0
	China	2	2	0	0
	Egypt	4	4	0	0

	Country of Training	No of Assessed	No of Pass	No of Fail	No of Pending Result
	India	2	2	0	0
	Iraq	4	4	0	0
	Lithuania	1	1	0	0
	Malaysia	1	1	0	0
	Nigeria	2	2	0	0
	Russia	1	1	0	0
	Sri Lanka	2	2	0	0
	Syria	1	1	0	0
	Subtotal	24	23	1	0
Illawarra Shoalhaven Local Health District	Bangladesh	2	2	0	0
	Bolivia	1	1	0	0
	Egypt	3	3	0	0
	Nepal	1	1	0	0
	Pakistan	2	2	0	0
	Philippines	1	1	0	0
	Syria	2	2	0	0
	Subtotal	12	12	0	0
Launceston General Hospital	Argentina	1	1	0	0
	Bangladesh	1	1	0	0
	China	2	2	0	0
	Ecuador	1	1	0	0
	Egypt	4	4	0	0
	India	13	13	0	0
	Iran	1	1	0	0



	No of Assessed	No of Pass	No of Fail	No of Pending Result	Country of Training
	Iraq	5	5	0	0
	Kenya	1	1	0	0
	Malaysia	2	2	0	0
	Nigeria	2	2	0	0
	Pakistan	1	1	0	0
	Philippines	1	1	0	0
	Russia	1	1	0	0
	Samoa	3	3	0	0
	Serbia	1	1	0	0
	Sri Lanka	6	6	0	0
	Subtotal	46	46	0	0
Mid North Coast Local Health District	Egypt	1	1	0	0
	India	1	1	0	0
	Russia	1	1	0	0
	Sri Lanka	1	1	0	0
	Subtotal	4	4	0	0
WA Country Health Service	Brazil	1	1	0	0
	Colombia	1	1	0	0
	Cuba	1	1	0	0
	Egypt	6	6	0	0
	Germany	1	1	0	0
	India	5	5	0	0
	Italy	1	1	0	0
	Kenya	1	1	0	0

	No of Assessed	No of Pass	No of Fail	No of Pending Result	Country of Training
	Libya	1	1	0	0
	Malaysia	1	1	0	0
	Nepal	1	1	0	0
	Nigeria	1	1	0	0
	Pakistan	4	4	0	0
	Russia	2	2	0	0
	South Africa	1	1	0	0
	Sri Lanka	1	1	0	0
	United Arab Emirates	1	1	0	0
	United Kingdom	1	1	0	0
	Subtotal	31	31	0	0
	India	2	2	0	0
	Japan	1	1	0	0
	Kenya	2	2	0	0
	Malaysia	1	1	0	0
	Myanmar	2	2	0	0
	Nigeria	1	1	0	0
	Sri Lanka	1	1	0	0
	Subtotal	10	10	0	0
Wide Bay Hospital and Health Service					
Grand Total		154	153	1	0

