

# Annual Report

2021-22



Australian  
Medical Council Limited





The AMC acknowledges the Aboriginal and Torres Strait Islander peoples as the original Australians, and the Māori 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.



This annual report contains the audited financial statements for the Australian Medical Council (AMC) for the financial year 2021-22 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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ABN: 97 131 796 980  
Telephone: (02) 6270 9777  
Email: [amc@amc.org.au](mailto:amc@amc.org.au)  
Website: [www.amc.org.au](http://www.amc.org.au)

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Designed and Produced by:  
Angela Hagedorn, Deputy Company Secretary / Director Services  
Zuzette Kruger-Finch, Senior Executive Officer, Assessment and Innovation  
Australian Medical Council Ltd



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# President's Message



*Professor Kate Leslie AO FAHMS  
President*

In 2010, then AMC President, Richard Smallwood AO, wrote in the Foreword of the AMC's Silver Jubilee publication "Over the 25 years of the AMC's existence, there have been marked changes in the practice of medicine; in basic, vocational and continuing medical education; and in community expectations and involvement in matters medical". Since then the pace of change has only accelerated especially with the radical disruption caused by the COVID-19 pandemic.

I took on the role of President in November 2020, understanding fully that the next two years were to be an interesting and challenging time to lead the board of a not-for-profit organisation in the education sector. The COVID-19 pandemic was disrupting our business and placing unprecedented demands on our staff, contributors and those we assess and accredit.

While it has been an extremely difficult period, the determination of our people has seen the AMC continue to build its abilities and its reputation. Our shared values have allowed the AMC to meet challenges head on and often find innovative solutions, many of which will benefit us for many years to come.

Over the 11 years during which I have been part of the AMC community, it has been gratifying to see the AMC grow, developing its people and engaging with the many external contributors on which it relies to carry out its functions. The AMC is a 'home' for like-minded individuals to provide direction and leadership in achieving shared goals.

The AMC provides a high level of support - consistent, efficient and effective - to all those who are contributing to its work as members of the AMC, its committees, working parties and expert groups, and as examiners and accreditation assessors. It recognises the value of that contribution to the quality of the AMC's work.

The AMC's reputation is critical as it allows it to speak with authority in the medical education and training sector. Our reputation, which is based on our culture, values and ethics, and on our people and partners, has long been one of the AMC's strongest assets.

Similarly, acting independently in its accreditation and assessment functions is obligatory and is underpinned by its strong governance processes – including structures, policy and compliance.

The AMC is a reflection of all our standards. Which are, and should be, high.

I joined the AMC in 2011 as a Council Member and was then appointed as a Member of the Specialist Education Accreditation Committee. As Chair of that Committee I became a Director and then took on the role of Deputy President and then President.

It has been a privilege to be part of the AMC, to be actively involved in having a positive impact on the future of medical education and training, to give back to the community and to work with so many interesting and talented people.

In taking the role of President I undertook to pursue the following strategic goals, in collaboration with the Directors, Council and CEO:

- ✚ Ensure good governance, appropriate oversight of management and productive relationships with the key stakeholders to protect the AMC during the pandemic and optimise our financial position
- ✚ Work with all sectors of the medical education, training and CPD pipeline to ensure that programs reflect international best practice and the needs of the community, despite COVID-19 constraints



- ✦ Stay focused on enriching the role of Aboriginal and Torres Strait Islander Peoples and Māori within the AMC, to promote participation in medical education and training and to improve health and social outcomes for indigenous peoples.

As you will read on the following pages, it has been another momentous year for the AMC. It's been tough but our team continued to work towards and deliver on these strategic goals and I believe we have made progress

across many areas. The inclusion of Indigenous voices in the draft Medical School Accreditation Standards is a highlight of what has been achieved.

In stepping down as President, I am fully confident in the leadership of the AMC to continue to steer the course and wish them every success in what I expect will continue to be challenging years ahead.

Thank you to my fellow Directors, to Philip Pigou and Theanne Walters and the leadership team, to the AMC staff, the Members, to the many who serve on our Committees and contribute to our assessment and accreditation processes. You make a difference.





# CEO's Forward



*Mr Philip Pigou  
Chief Executive Officer*

Thank you to all staff for your commitment to the AMC over the last year and indeed throughout the whole COVID period. Through your knowledge, skill and experience we have been able to continue delivering our core functions of accreditation and assessment and adding value to the health and medical education sectors in Australia and Aotearoa New Zealand.

The last year has been a year of major transitions for the AMC.

In January 2022 we opened the doors of Australian Medical Council House, our new and permanent home in Canberra. With the input and oversight of staff, the offices have been well designed and well-built with good space and a lot of natural light. The official opening of Australian Medical Council House coincided with the May Council Meeting, and it was great to be able to re-connect at what was the first face-to-face meeting of Council since November 2019.

While the office provides a place of work for staff, for teams to get together, for meetings, and for collaboration, we are and will continue to work in a hybrid environment. Over the past three years, staff have evolved their work styles, communications and relationships and have developed a good recognition of how teams work and how to communicate when working in different spaces. This has been a real positive for the AMC and for staff. This approach will continue to be an important part of how we work and our culture and values.

As the effects and restrictions of COVID started to reduce in late 2021, work commenced to reopen the National Test Centre for the assessment of international medical graduates. The first face-to-face cohort of candidates came through the doors in February 2022, some two years after they were shut. In that first year and prior to the online clinical examination being launched, we had to cancel a year's worth of clinical exams, a loss of around \$8.5M in revenue. A total of 1,787 candidates were assessed in 2021-22; 1,371 through the online examination and 416 at the NTC.

For international medical graduates seeking to work in Australia through one of the AMC's assessment pathways, just as Australia becomes their home, we also need to ensure that in practicing medicine here they can provide equitable health care to all Australians, particularly to Aboriginal and Torres Strait Islander People. We are working to improve this through introducing assessment of cultural safety and Aboriginal and Torres Strait Islander health skills and knowledge in the assessment process. We have also significantly increased cultural safety in the Australian Medicine in Context publication which is designed to inform international medical graduates on what is required for practicing medicine in Australia. We look forward to publishing this in 2023.

Strategically and operationally, we managed to deliver most of our planned work program.

In Accreditation, we continued to have a busy program of medical school and college accreditation as well as several major projects, including Continuing Professional Development Homes, the review of Medical School Accreditation Standards, with a strong emphasis on cultural safety standards, and the prevocational review.

In Assessment, we delivered the clinical examination both online and at the NTC, running both examinations for most of 2022. And we have continued to deliver the MCQ and our verification services. We also had several major Assessment projects, including working with Pearson to deliver the MCQ in South Africa, development of the Exam Delivery System and reviewing our approach to the assessment of international medical graduates.



The Strategy Policy and Research Team led the update of the Strategic Plan, and worked on several Government disability priorities, including the Cognitive Disability Health Capability Framework, and participating on the drafting group for Development of an Intellectual Disability Capability Framework. Work has also progressed on developing a Climate emergency policy and position statements initiated by the Aboriginal, Torres Strait Islander and Māori Committee, the Medical Workforce Digital Capabilities project, and working with the Accreditation and Assessment teams, such as providing data analysis for the work in countering malpractice in AMC Exams.

There are equally high workloads in all our support teams. ICT staff have been critical, collaborating with Assessment to develop and support our clinical exam systems and in managing the project and systems work at AMC House and at the NTC. And Finance staff have helped develop accurate budgets and forecasts which have supported good management decision-making.

Staff surveys continue to identify these work pressures, and it was pleasing to be able to lift the freeze on recruitment at the end 2021. As a result of the survey and further input from staff, new HR policies have been implemented and others updated, particularly reflecting cultural needs.

As the AMC has settled back into business, the lessons of the pandemic will not be forgotten and we have worked to strengthen our risk management and governance. It was also timely to review the AMC's Strategic Plan which

was 'tweaked', and, concurrently, the Aboriginal, Torres Strait Islander and Māori Committee developed the AMC's first Indigenous Strategy. These two action plans will drive the AMC's activities over the next few years.



# 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.

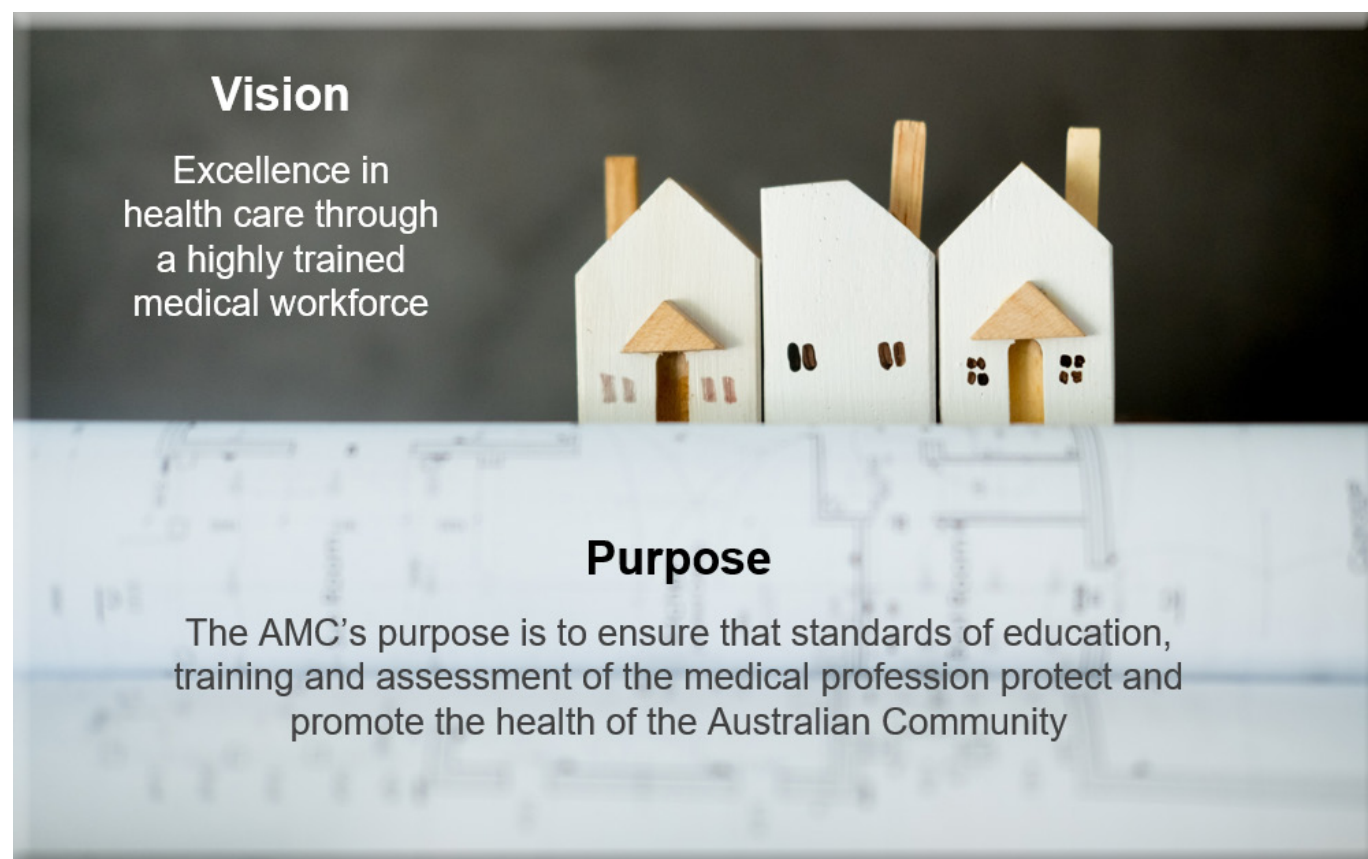
The AMC also conducts the assessment of non-specialist international medical graduates leading to general registration, and facilitates the assessment of overseas trained specialists by the relevant Specialist Medical Colleges. Examinations are undertaken at the AMC's purpose-built National Test Centre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

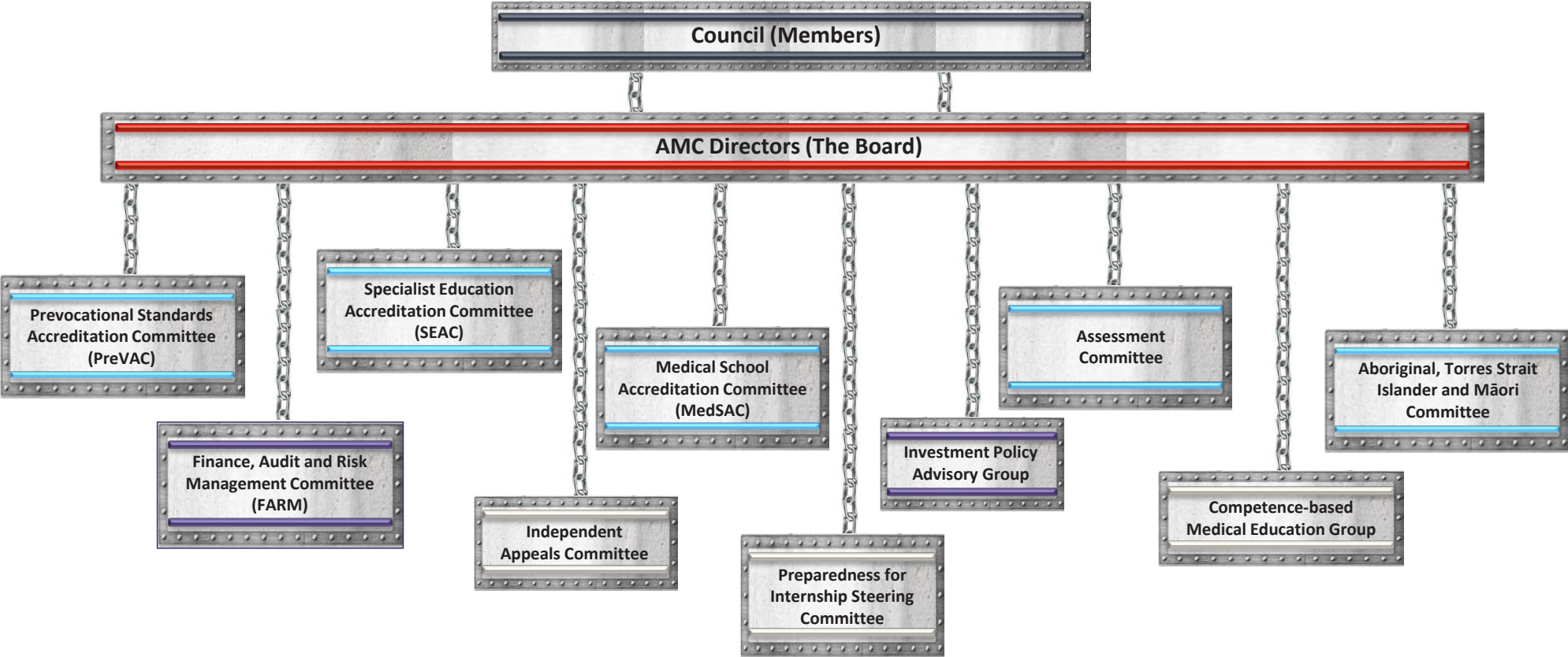
The AMC Secretariat, based in Canberra and Melbourne, supports the functions of the AMC.

## *Purpose and Vision*





High level governance structure



- Constituted Committees overseeing large functional areas of the AMC
- Established to provide expert advice on specific issues or long-term projects
- Established as required and generally with a defined task and time limit

## 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 and Directors\* as at 30 June 2022***

- |  |   |
|--|---|
| › Dr Claire Blizard                          | › Professor Geoff McColl*                 |
| › Dr Heather Buchan                          | › Professor Eleanor Milligan*             |
| › Dr Sarah Chalmers                          | › Professor Richard Murray                |
| › Dr Jenni Davidson                          | › Dr Bruce Mugford*                       |
| › Dr Sergio Diez Alvarez                     | › Dr Shyamsundar Muthuralingam            |
| › Professor Shaun Ewen* (appointed May 2022) | › Dr Jonathan Newchurch                   |
| › Dr Brian Fernandes                         | › Emeritus Professor David Prideaux*      |
| › Dr Cassandra Host                          | › Professor Papaarangi Reid               |
| › Professor Lisa Jackson Pulver AM*          | › Professor Steve Robson (to August 2022) |
| › Dr Kym Jenkins                             | › Dr Liz Rushbrook                        |
| › Dr Tammy Kimpton                           | › Dr Andrew Singer AM*                    |
| › Professor Robyn Langham AM*                | › Dr Tereza Stillerova                    |
| › Professor Kate Leslie AO FAHMS*            | › Mr Tom Symonds                          |
| › Ms Debra Letica (appointed February 2022)  | › Mr Daniel Zou                           |

### ***Non-current members and Directors serving during 2021-22***

- |                                    |  |
|------------------------------------|--|
| › Ms Dayna Duncan                  | › Ms Louise Miller Frost (to January 2022)     |
| › Associate Professor Abdul Khalid | › Adjunct Professor Debora Picone AO           |
| › Dr Iain Dunlop AO                | › Professor Suzanne Pitama* (to February 2022) |
| › Mr Fergus Leicester              | › Mr Philip Truskett AM                        |

## 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.

In May 2022, the AMC appointed Professor Shaun Ewen as Chair of its Aboriginal, Torres Strait Islander and Māori Committee. As Chair, Professor Ewen is also a Member and, ex officio, a Director of AMC Ltd.

Details on AMC Directors are provided in the Financial Report.



**AMC Directors**

Emeritus Professor  
**David Prideaux**

Professor  
**Lisa Jackson Pulver AM**

**Dr Bruce Mugford**

Professor  
**Kate Leslie AO**  
*President*

Professor  
**Geoff McColl**  
*Deputy President*

Professor  
**Eleanor Milligan**

Professor  
**Shaun Ewen**

Professor  
**Robyn Langham AM**

Associate Professor  
**Andrew Singer AM**

## Directors Meetings

AMC Directors met ten times over 2021-22. The majority of meetings were held via Zoom with a resumption of face-to-face meetings in May 2022.

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 27 July 2022.

The AMC Ltd Annual General Meeting was held via Zoom on 24 November 2021. The General Meeting was held in Canberra on 13 May 2022 at the AMC's new premises, Australian Medical Council House, in Canberra.

## Finance, Audit and Risk Management Committee

The Finance, Audit and Risk Management (FARM) Committee is an Advisory Committee to assist the AMC Directors to fulfil their corporate governance and oversight responsibilities in relation to financial reporting, risk management, internal controls, oversight of significant AMC projects, external audit and compliance with relevant laws, regulations and codes. The Committee met quarterly via Zoom.

Professor Geoff McColl was appointed to the Committee in December 2021, joining continuing members, Professor Kate Leslie AO, Professor Eleanor Milligan and Dr Bruce Mugford.

Independent Member of the Committee, Mr Don Cross, took on the role of Chair of the Committee from March 2022. Mr Geoff Knuckey's term as an Independent Member and Chair of the FARM Committee concluded in March 2022, having served the maximum allowed term in office.

## Audited Financial Report for the Year Ended 30 June 2022

At its meeting on 17 October 2022, the FARM Committee met in-camera meeting with AMC Auditors, Nexia Australia, and considered the Audited Financial Report for the Year Ended 30 June 2022. The report was accepted by AMC Directors and at their meeting on 27 October 2022.

The Audited Report including the Directors' Report, Directors' Declaration, Financial Statements, Independent auditors report and Notes are included in this Annual Report.

## Appointment of Auditor

PriceWaterhouseCoopers served as AMC's auditors since 2011 when they merged with AMC's then audit firm, Walter Turnbull. The AMC Directors in 2021 determined it timely to rotate auditors for good governance.

The AMC sought expressions of interest for the conduct of its audit commencing from the 2022 financial year. PwC did not tender and resigned as the Auditor for the AMC at the November 2021 AGM.

The AMC completed its due diligence in the appointment process which included an AMC Member providing a nomination to appoint Nexia Duesburys (Audit) as the Auditor for the AMC, unanimous resolution by Directors on the appointment subject to approval by Members at the AGM, and confirming to ASIC that there were no disagreements between the existing auditor (PwC) and the management or directors and that there are no reasons that give rise to an inability to complete any audit under the Corporations Act 2001.

The Members of AMC Ltd appointed Nexia Duesburys (Audit) as the Auditor for the AMC by simple majority resolution at the AGM on 26 November 2021.

## Investment Policy Advisory Group

The Investment Policy Advisory Group (IPAG) oversees the long term investment reserve which is managed by Macquarie Private Bank.

Professor Robyn Langham AM and Associate Professor Andrew Singer AM were appointed to IPAG in December 2021, joining continuing members Professor Lisa Jackson Pulver AM (Chair) and Dr Bruce Mugford. Professor David Prideaux stepped down from IPAG at that time.

The long term investment reserve and the role of IPAG are directed by the AMC's Long Term Investment Reserve Policy. The Policy was reviewed and updated in 2022, in particular strengthening the environmental, social and governance (ESG) criteria and targets of its investments.

IPAG met quarterly via Zoom. An additional meeting was held in March 2022 to finalise the Long Term Investment Reserve Policy.



## Performance Reviews

The AMC Directors, Finance, Audit and Risk Management Committee and the Investment Policy Advisory Group completed their first Performance Reviews under the new Policy and Review Framework in October 2021, with each developing an action plan to ensure best practice and continuous improvement. Actions were implemented over 2021/22 and all actions were considered complete at the time of the 2022 reviews.

## Compliance activities

The following key activities were undertaken:

- + development of a Compliance Framework to ensure an effective framework of policies complying with the law as well as best practice governance
- + review and update of the ACNC self-evaluation for charities which assists in assuring Directors and Management that the AMC is meeting its obligations as a registered charity and to identify issues
- + development of a Project Risk Framework incorporating a standardised approach to consideration of risk by Directors when making decisions on strategic and business initiatives and projects
- + update of the list of 'responsible persons' on the ACNC portal to reflect Director appointments
- + provision of Director Identification Numbers
- + submission of the 2021 Annual Report to the ACNC and to Health Ministers as required under Article 21.3 of the AMC's Constitution.
- + lodgement of the 2021 Annual Information Statement with the ACNC.

## Strategic Plan Review

The AMC reviewed its Strategic Plan 2018-2028 to take into account progress and changes in its operating environment and policy contexts. The Strategic Plan 2022-2028 was approved in May 2022.

In conjunction, the AMC implemented its Aboriginal, Torres Strait Islander and Māori Strategy which builds on the AMC's commitment to ensure that standards of education, training and assessment of the medical profession protect and promote the health of the Australian community including Aboriginal, Torres Strait Islander and Māori Peoples.

Reporting against the Plans is being developed.

## 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 2022 introduced a new format for reporting under the current accreditation agreement. A copy of the report was provided to AMC Council in May 2022.

## ICT Vision, Strategy and Implementation plan

The AMC's Information and Communications Technology (ICT) Strategy and Implementation Plan details project progress against deliverables. The Plan was considered by the FARM Committee each quarter. The ICT Steering Committee met six weekly, along with regular meetings with business areas, to ensure that ICT projects and strategy are aligned with business needs.

An ICT Project Management framework was implemented for inflight projects. New projects will also follow the framework. The Project Management Office monitors projects and assists in providing advice to business on best practice, providing templates, and assisting in completing project documents. Additionally, the progress and prioritisation of projects is reported and discussed at the ICT steering committee each month.



## Membership

The appointment of Members takes place at the AGM in November. The process is commenced early in the year with incumbents contacted and Members advised of terms ending at the Council meeting in May. Increased focus is being placed on cultural safety in the appointment of AMC Members, Directors and Committee Members with all selection panels including an Indigenous representative who was an AMC Director, Member, Committee Member or Staff Member.

### Retiring Members

The following members completed their terms on Council at the conclusion of the 2021 AGM:

#### Medical Student Member

- + Ms Dayna Duncan was appointed to Council for a two-year term in 2019. As Ms Duncan has completed her training she was not eligible for reappointment. Ms Duncan was a member of the MedSAC Standards Review Working Group.

#### Consumer Member

- + Mr Fergus Leicester was appointed to Council for a four-year term in 2017. Mr Leicester was a member of the Medical School Accreditation Committee and the MedSAC Standards Review Working Group.

#### Council of Presidents of Medical Colleges Member

- + Mr Philip Truskett was appointed to Council for a four-year term in 2017. Mr Truskett was a member of the Specialist Education Accreditation Committee.

#### Member of a State and Territory Board of the Medical Board of Australia

- + Associate Professor Abdul Khalid was appointed to Council for a four-year term in 2017. Positions in this category were reduced from four to two in 2019. Associate Professor Khalid was a member of the Specialist Education Accreditation Committee.

#### Australian Medical Association Federal Council Member

- + Dr Iain Dunlop was appointed to Council for a four-year term in 2017.

#### Australian Commission on Safety and Quality in Health Care Member

- + Professor Debora Picone was appointed to Council ex-officio Chief Executive Officer of ACSQHC in 2012.

### Member appointments

The following appointments by the Directors of the AMC took effect at the conclusion of the 2021 AGM:

#### Medical Student Member

Article 4.2(b) of the Constitution provides for Membership of the Council for one person who is at the time of their appointment, or who has recently been, a medical student enrolled at an Australian or New Zealand medical school accredited by the AMC.

- + Mr Daniel Zou was appointed to Council for a two-year term.

#### Consumer Member

Article 4.2(e) of the Constitution provides for Membership of the Council for two persons each of whom has a background in and knowledge of consumer health issues.

- + Dr Shyamsundar Muthuralingam was appointed to Council for a four-year term.

#### Māori Member

Article 4.2(k) of the Constitution provides for Membership of the Council for one person who is Māori and who has experience in Māori health issues.

- + Professor Papaarangi Reid was appointed for a further four-year term.

#### Council of Presidents of Medical Colleges Member

Article 4.2(a)(ii) of the Constitution provides for Membership of the Council for two persons each nominated by the Council of Presidents of Medical Colleges.

- + Dr Sarah Chalmers was appointed to Council for a four-year term.

#### Australian Medical Association Federal Council Member

Article 4.2(a)(iii) of the Constitution provides for Membership of the Council for one person nominated by the Australian Medical Association Federal Council.

- + Professor Steve Robson was appointed to Council for a four-year term and was a Member of SEAC. Professor Robson resigned in August 2022.

## Australian Commission on Safety and Quality in Health Care Member

The Constitution provides for Membership of the Council for 4.2(i) one person with current or recent experience with the Australian Commission on Safety and Quality in Health Care.

- + Dr Heather Buchan was appointed to Council for a four-year term.

## 2021 Annual General Meeting

The AMC Ltd Annual General Meeting was held on Friday 24 November 2021. Due to the continued impacts of COVID-19, particularly on 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 2021
- + Members received the 2021 Annual Report
- + Members passed a special resolution to appoint Nexia Australia as the AMC's auditor.

The following reports were received:

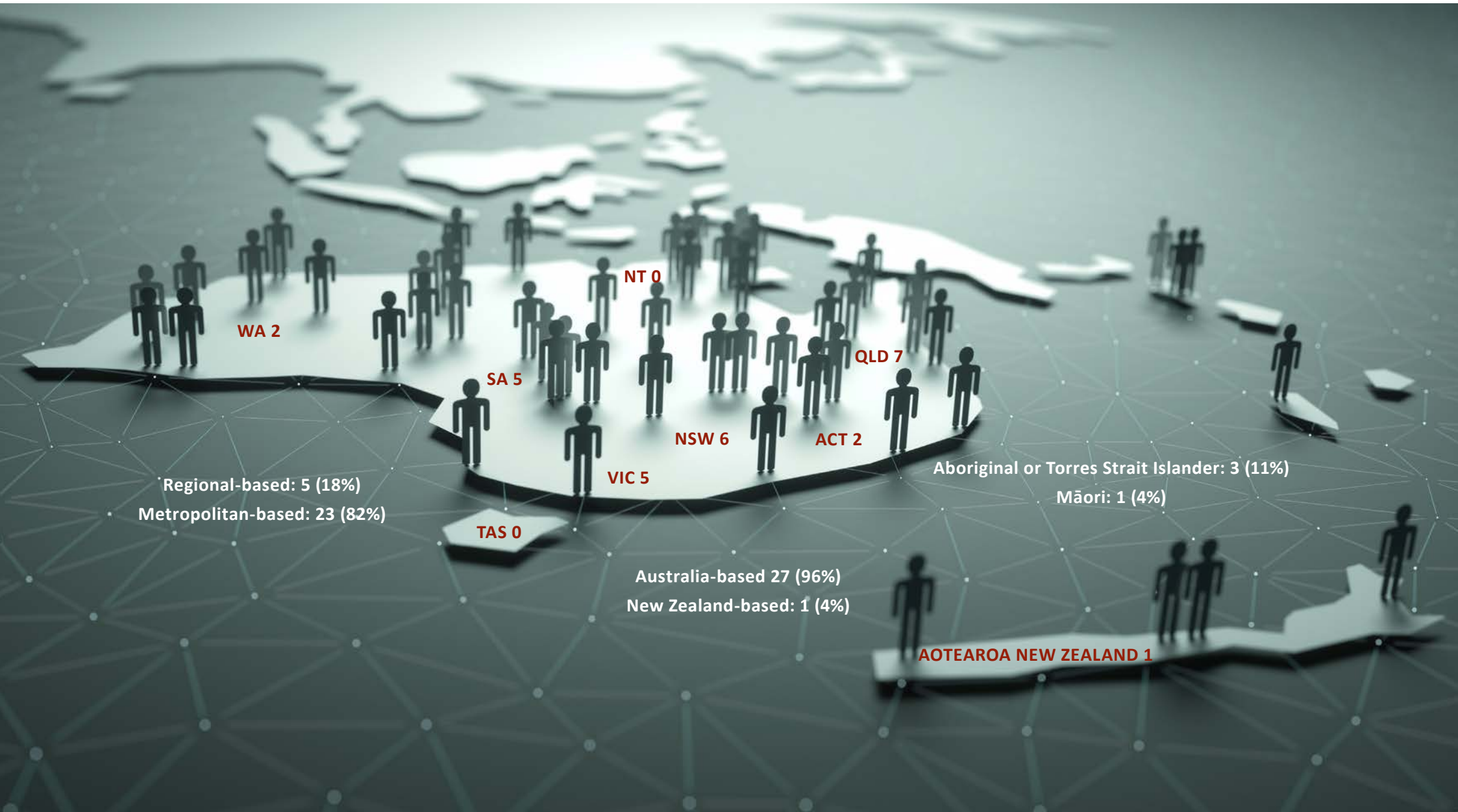
- + Aboriginal, Torres Strait Islander and Māori Committee: Professor Suz Pitama, Chair
- + Assessment Committee: Emeritus Professor David Prideaux, Chair
- + Medical School Accreditation Committee: Professor Geoff McColl, Chair
- + Prevocational Standards Accreditation Committee: Associate Professor Andrew Singer AM, Chair

- + Specialist Education Accreditation Committee: Professor Robyn Langham, AM, Chair
- + 2020 financial report: Mr Don Cross, Incoming Chair, Finance, Audit and Risk Management Committee
- + AMC Data Strategy: Mr Kim Ashwin, Manager, Policy and Research
- + AMC Assessment Strategy: Ms Zuzette Kruger-Finch, Senior Executive Officer, Assessment and Innovation

- + AMC Publications: Ms Theanne Walters, Deputy CEO, Ms Megan Lovett, Operations Manager, Assessment and Innovation, and Ms Jo Lebihan, Project Delivery Manager, Assessment and Innovation
- + Continuing Professional Development (CPD) Homes: Ms Kirsty White, Director, Accreditation and Standards.







## Governance Committees

### + Finance, Audit and Risk Management (FARM)

**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 2022*

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

Non-current Members serving during 2021-22:

- Mr Geoff Knuckey (independent), Chair

### + Aboriginal, Torres Strait Islander and Māori

**Committee:** 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 Committee Report.

+ **Investment Policy Advisory Group:** Oversees the prudent and efficient management of the AMC's long term investment reserve 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 2022*

- Professor Lisa Jackson Pulver AM (Director), Chair
- Professor Robyn Langham AM (Director)
- Dr Bruce Mugford (Director)
- Associate Professor Andrew Singer AM (Director)
- Mr Philip Pigou (CEO)
- Mr Ravi Wickramaratna (Finance Manager)

Non-current Members serving during 2021-22:

- Professor David Prideaux (Director), Chair

+ **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.

There are three Constituted Accreditation Standing Committees:

+ **Medical School Accreditation Committee:** Oversees the process for accreditation of primary medical programs and providers

+ **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

+ **Specialist Education Accreditation Committee:** Oversees the process for accreditation of specialist medical education programs and continuing professional development programs.

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





## 2022 General Meeting

The AMC Ltd General Meeting was held on 13 May 2022 via Zoom.

The following reports were received:

- + Aboriginal, Torres Strait Islander and Māori Committee: Dr Artienne Tatian, Acting 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 AM, Chair
- + Assessment Committee: Emeritus Professor David Prideaux, Chair
- + Directors Report: Professor Kate Leslie AO, President
- + AMC Strategic Plan: Mr Philip Pigou, CEO, and Ms Theanne Walters, Deputy CEO
- + Financial Report: Mr Philip Pigou, CEO
- + Australian Medical Association Update: Dr Omar Khorshid President, AMA
- + Cross profession accreditation collaboration: : Ms Bronwyn Clark, CEO, Australian Pharmacy Council, Ms Theanne Walters, Deputy CEO, and Professor Geoff McColl, Deputy President
- + Item Pre-Knowledge and Test Validity: Mr Kim Ashwin, Manager, Policy and Research
- + AMC ICT Strategic Operations: Mr Matt Kendrick, Director, ICT
- + AMC Indigenous Strategy: Dr Artienne Tatian, Acting Chair of the Aboriginal, Torres Strait Islander and Māori Committee, and Belinda Gibb, Manager, Indigenous Policy and Programs.





AMC Council Meeting Yarning Circle, 13 May 2022



*Dr Artiene Tatian, Acting Chair of the Aboriginal, Torres Strait Islander and Māori Committee and Belinda Gibb, Manager, Indigenous Policy and Programs facilitate a yarning circle on the key high level points of the AMC's Indigenous Strategy.*



# AMC Strategy and core business functions

## Reviewing performance against the strategic plan

The AMC's Strategic Plan is one of its key governing documents, defining the priorities needed to achieve its Vision and communicating these to internal and external stakeholders.

The Strategic Plan focuses on strategic actions and projects to strengthen the relationship between core business functions of standards development, accreditation and assessment and meeting community health needs.

Our strategic actions draw on our relationships with key partners, including the Medical Board of Australia, medical schools, intern training accreditation authorities and specialist colleges, on our stakeholder engagement through our advisory and governance structures, and on building new strategic relationships.

The AMC over 2021-22 reviewed its Strategic Plan 2018-2028 to consider progress and changes in its operating environment and policy contexts. The review 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.

The AMC's vision, purpose, values and the five strategic pillars of the Strategic Plan remain unchanged. Revisions have been made to the actions under the strategic pillars

reflecting the refocusing of some strategic actions, and the completion of a number of strategic projects.

The revised [Strategic Plan 2022-2028](#) was approved in May 2022.

In conjunction, in May 2022 the AMC implemented its Aboriginal, Torres Strait Islander and Māori Strategy.

The Strategy builds upon the AMC's commitment to ensure that standards of education, training and assessment of the medical profession protect and promote the health of the Australian community including Aboriginal and Torres Strait Islander Peoples.

The AMC is committed to improving outcomes for Aboriginal, Torres Strait Islander and Māori Peoples through its assessment and accreditation processes including equitable access to health services for First Nations Peoples. The AMC plays an important role in the accreditation of medical practitioners in both Australia and New Zealand, therefore making the inclusion of First Nations Peoples of both nations – Aboriginal and Torres Strait Islander People of Australia and Māori People of New Zealand – crucial to the success of the Strategy. The Strategy achieves this by including Aboriginal, Torres Strait Islander and Māori Peoples in assessment, accreditation and strategic initiatives.

## Strategic Highlights

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

- + AMC's commitment to Indigenous health outcomes
- + Review of Medical School Accreditation Standards
- + National Test Centre: a critical component of the Australian medical workforce
- + Examiner Decision Making Project
- + Clinical Assessment Futures Working Group
- + Countering Malpractice in AMC Examinations
- + Accreditation of Medical Programs
- + National Framework for Prevocational (PGY1 and PGY2) Medical Training Review
- + Accreditation of Continuing Professional Development homes
- + Improving digital literacy of the Australian and New Zealand health workforce
- + Australian Medical Council House a reality
- + Improving Indigenous Health

### VISION

Excellence in healthcare  
through a highly trained  
medical workforce

### PURPOSE

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

### Business with a Purpose

Managing our business  
in an ethical, efficient  
and sustainable way

### 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

### Professional Practice in a Changing World

Promoting professional and  
humanistic practice in a world  
of increasing technological,  
environmental and system  
change

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

Ensuring culturally safe  
practice to improve  
health outcomes

### Our Accountability

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

## Our Values

*Innovation*

*Cultural safety*

*Striving for excellence*

*Openness and accountability*

*Integrity*

*Collaboration*



## Key achievements 2021-22:

- + Review of the Strategic Plan and development of an Aboriginal, Torres Strait Islander and Māori Strategy
- + Establishment of a Strategic Policy and Research team
- + Development of AMC preferred Definitions of Terms for Cultural Safety, Competency and Proficiency
- + Development of AMC Aboriginal and Torres Strait Islander Peoples and Māori Policy Statement
- + Appointment of the AMC as the accreditation authority for Continuing Professional Development (CPD) Homes (Registration standard: Continuing Professional Development)
- + Review of Standards for Primary Medical Programs
- + Work on phases 2 and 3 of the National Framework for Prevocational Medical Training
- + 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 led by the Sub Group of the AMC Aboriginal, Torres Strait Islander and Māori Standing Committee
- + Work on updating the AMC's 2010 position paper on Competency Based Medical Education
- + Input to the National Medical Workforce Review through membership of the Medical Workforce Reform Advisory Committee and endorsement of the Draft National Medical Workforce Strategy 2021-2031

- + Input to the National Medical Training Survey and the use of results as documentary evidence that AMC assessment teams consider for accreditation reviews
- + Completion of a Commonwealth Department of Health funded AMC and Council of Presidents of Medical Colleges (CPMC) joint policy project - 'Effecting Reforms to Australia's Specialist Medical Training and Accreditation System Post COVID-19'
- + Completion of a Digital Health in Medicine project including a strategic horizon paper, a capability framework and a forum on technology in medicine for the Australian Digital Health Agency. Commencement of stage 2 of the project (communication plan)
- + Commencement of research (Masters) on how education providers identify and use information about community health needs
- + Work on the WBA Roadmap: Standardisation of the approach to Mini-CeX assessments with a consistent passing requirement across providers. Commencement of work on the Multisource Feedback assessment tool
- + Completion of a Terminology Review to ensure consistent wording across the different accreditation processes to clearly differentiate AMC and education provider documents, and to simplify accreditation cycle terminology
- + Implementation of the AMC's Innovate Reconciliation Action Plan
- + Submission to the Department of Health Draft National Aboriginal and Torres Strait Islander Health

## Workforce Strategic Framework and Implementation Plan 2021-2031

- + Aboriginal, Torres Strait Islander and Māori Standing Committee representation on all main Committees of the AMC, the Medical Workforce Digital Capabilities Project, the Primary Medical Program Standards review and the Internship Review
- + Australian Medicine in Context (previously Anthology of Medical Conditions): Review of the updated draft
- + Contribution to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability and review of AMC statements against proposed recommendations of the Royal Commission
- + Online clinical examination extended to overseas based candidates from July 2021
- + Establishment of a Clinical Examinations Working Group to report on the future development of the Clinical Examination
- + Collaboration with affiliates in the USA, Canada, Europe and the UK on medical licensure, health and commercial assessment delivery, and examination security.
- + Commenced revision of the Business Plan for the National Test Centre in Melbourne
- + Completion of fit out of 4 Marcus Clarke Street, Canberra. Staff relocated in February 2022, ending the lease at the Canberra Airport premises
- + Appointment of Nexia Australia as the Auditor for the AMC.

The AMC is an organisation with over thirty years of history.

- + It has been operating under the regime of the National Law for eight years and is now in its third cycle of assignment of accreditation function.
- + Over this time it has had significant influence over the process and principles under which accreditation operates in the Scheme.
- + In 2014 we opened the National Test Centre, a purpose-built state-of-the-art facility in Melbourne which has made a significant impact within the assessment community through its technological innovation.
- + And in 2018 we launched our five-pillar strategy which looked to strengthen the medical education foundations which underpin community health outcomes.



# AMC's commitment to Indigenous health outcomes

The AMC's Strategic plan 2018-2028 has five key pillars. One of those, Pillar 3, is Promoting Aboriginal, Torres Strait Islander and Māori Health by ensuring culturally safe practice to improve health outcomes.

A key action of the Strategic plan has been the development of the AMC Aboriginal, Torres Strait Islander and Māori Strategy (2022), which has been developed to support the integration of Aboriginal, Torres Strait Islander and Māori related activities across the AMC, expanding on initiatives included in the AMC's initial Innovate Reconciliation Action Plan 2019 – 2021 (RAP).

In 2019, the AMC's Aboriginal, Torres Strait Islander and Māori Committee was established as a Constituted Standing Committee to provide leadership and guidance for the AMC – an Indigenous Voice to the breadth of the AMC's work, with the Chair of the Committee becoming a Director of the AMC. The primary purpose of the Committee is to ensure all matters of interest and responsibility of the AMC are strengthened by ensuring they are responsive to the needs and rights of Aboriginal, Torres Strait and Māori Peoples and communities. It achieves this by including Aboriginal, Torres Strait Islander and

Māori Peoples in assessment, accreditation and strategic initiatives, from both historic and contemporary lenses, including the ongoing effects of colonisation and current inequalities, using communication and consultation practices that honour the cultural practices of Aboriginal, Torres Strait Islander and Māori communities.

The AMC also has Indigenous representation on all of its standing committees.

Medical schools play an important role in setting culture and values and ensuring that newly qualified doctors have the knowledge and the skills to practice safely. This includes cultural safety. In the current review of the graduate outcomes and standard for medical schools there is wide support across stakeholders for increasing emphasis on cultural safety and increasing focus on the role of doctors in influencing the health system, to address inequities and meet the needs of Australian and Aotearoa New Zealand's communities. In considering the goals of training the future medical workforce, it is important to consider the current disparity in the health outcomes for Aboriginal, Torres Strait Islander and Māori Peoples.

## Australian Health Practitioner Regulation Agency (Ahpra) Cultural Safety Strategy

The AMC is a signatory to the National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025, which aims to make cultural safety the norm for Aboriginal and Torres Strait Islander patients.

It sets a clear direction and course of action for Ahpra and the National Boards who regulate Australia's 740,000 registered health practitioners, and accreditation authorities whose accreditation standards and processes ensure that accredited programs are producing graduates who have the knowledge, skills and professional attributes to practice the profession in Australia.

## Te Tiriti o Waitangi (the Treaty of Waitangi) - the founding document of New Zealand

The Treaty of Waitangi establishes the basis for Māori rights to health equity through conferring on the Crown a responsibility to protect Māori and, on Māori the rights of equal citizenship, including the right to parity of outcomes.

Over time, the Waitangi Tribunal and the courts have established a body of jurisprudence in the form of principles of the Treaty that further outline the responsibilities of both government and Māori. Chief amongst these in the health sector context are the principles of Partnership, Participation and Protection.





## Primary medical program standards review

Since 2006 the accreditation standards for primary medical programs have included standards concerning Indigenous health curriculum content and clinical learning, recruitment and retention of Indigenous staff and students, and engagement with local communities. In each AMC review of the accreditation standards for programs of study, these standards have continued to be reviewed and strengthened to reflect current evidence and practice.

The current review is also aiming for standards that are consistent with and reference the National Registration and Accreditation Scheme, the Medical Board of Australia and the Medical Council of New Zealand relating to culturally safe care.

The AMC recognises that culturally safe care and cultural safety in learning environments are important for achieving good patient care and inclusive environments for students and staff of many backgrounds and cultures. It is proposed that the particular responsibilities in relation to Aboriginal, Torres Strait Islander and Māori patients, students and teachers should be explicitly identified in the standards, in keeping with the approach of the Medical Board of Australia and the Medical Council of New Zealand.

Recognising that the specific requirements, definitions and interpretations for cultural safety are different in each country, the AMC have taken a principle and strengths-based approach. This approach was widely supported across stakeholder groups.

Recent research shows that many Aboriginal, Torres Strait Islander and Māori Peoples often experience racism and bias and do not feel culturally safe. Aboriginal, Torres Strait Islander and Māori workers in the health sector also experience substantial cultural loading.

To attempt to address this, the AMC has adjusted the way it consults with Aboriginal, Torres Strait Islander and Māori Peoples. Some of these changes include:

- ✚ consulting with Aboriginal, Torres Strait Islander and Māori Peoples at the start of all consultation processes; and
- ✚ Aboriginal, Torres Strait Islander and Māori only yarning circles, which allow for participants to provide their input in de-identified, Indigenous specific, ways.

The AMC has applied this process for the Primary Medical Program Standards Review, undertaking an extensive consultation process with its Aboriginal, Torres Strait Islander and Māori Stakeholders including Yarning Circles with Aboriginal, Torres Strait Islander, and/or Māori medical school staff and faculty, and key Aboriginal, Torres Strait Islander and Māori Stakeholder groups including the Australian Indigenous Doctors Association (AIDA), the National Aboriginal Community Controlled Health Organisation (NACCHO), and the Leaders in Indigenous Medical Education Network (LIME), being undertaken before consulting with our wider stakeholder groups.

## Yarning circles

The AMC hosted two yarning circles for Aboriginal and Torres Strait Islander and Māori in November and December 2021 on the implementation of the Standards in relation to Aboriginal and Torres Strait Islander and Māori Health.

The yarning circles were facilitated by Associate Professor / Associate Dean (Aboriginal, Torres Strait Islander and Māori Engagement) Maree Toombs from University of Queensland and the AMC Manager of Aboriginal, Torres Strait Islander and Māori Policy and Programs, Belinda Gibb.

Aboriginal and Torres Strait Islander and Māori medical school staff and faculty from all medical schools subject to AMC accreditation were involved to ensure as many key voices and perspectives as possible were included before developing new proposals around the standards.

## Broader Consultation with Aboriginal and Torres Strait Islander and Māori Stakeholders

Following on from the yarning circles, a Subgroup of the AMC Aboriginal and Torres Strait Islander and Māori Committee was then asked to provide wording, based on this feedback, and their own expertise, and then Aboriginal, Torres Strait Islander and Māori stakeholders were asked to review these newly drafted standards before the draft was sent out for this broader consultation.

## The Aboriginal, Torres Strait Islander and Māori standards look different to the other standards

You will notice that the draft Aboriginal, Torres Strait Islander and Māori standards look different to the other standards. This is because they have been drafted by Aboriginal, Torres Strait Islander and Māori Peoples, so the Primary Medical Program Standards now reflect the different voice of Aboriginal and Torres Strait Islander and Māori People.

You might also notice the Aboriginal, Torres Strait Islander and Māori standards are more detailed than many of the other Standards, outlining not just the intent, but how it might be enacted.

The revised Indigenous standards are reflective of the ongoing transformation of medical education and training for and about Indigenous Peoples and build on the solid foundation that medical schools and the AMC, together, have created over the past 20 years.

## This consultation round

Based on feedback, some medical schools are well on their way to meeting the revised Primary Medical Programs Standards, although, alongside many other standards/domains (such as interprofessional practice), there remains room for improvement, innovation, and evaluation.

Some of the key difficulties identified through a review of previous accreditation reports were:

- + many medical schools don't have Aboriginal, Torres Strait Islander and Māori staff and faculty to undertake the body of work required to meet the standards
- + there remains a challenge with the available workforce to deliver on the body of work required to achieve optimal outcomes related to the standards.
- + the need of for more medically qualified Aboriginal, Torres Strait Islander and Māori graduates continues to outweigh the number enrolling, and ultimately graduating.

The AMC calls on all stakeholders consider these and other strategies that might be required to help Medical Schools achieve these goals, as well as identifying what support mechanisms might be provided.

The AMC and other peak bodies (both Aboriginal, Torres Strait Islander and Māori and non- Aboriginal, Torres Strait Islander and Māori) are keen to consider the tools, partnerships, and other structures that might be put in place to achieve these important but very necessary goals.

*"The AMC is committed to promoting Aboriginal, Torres Strait Islander and Māori health by ensuring culturally safe practice to improve health outcomes. Stakeholders strongly supported increasing the emphasis on cultural safety and Aboriginal, Torres Strait Islander and Māori health in the accreditation standards. Acknowledging the right to self-determination, the AMC proposed a shared sovereignty process for developing the standards in these areas. Stakeholders representing many different groups communicated their support for this process.*

*As the chairs of the Aboriginal, Torres Strait Islander and Māori Standing Committee and Medical School Accreditation Committee overseeing this review, we support this positive process and the proposals that have resulted. As the AMC seeks to better reflect the views of our Aboriginal, Torres Strait Islander and Māori stakeholders, we expect that the AMC will continue to commit to shared sovereignty and self-determination in our processes, with the aim of improved health outcomes for all First Nations Australians and New Zealanders."*

*Professor Geoff McColl  
Chair, Medical School Accreditation  
Committee*

*Professor Shaun Ewen  
Chair, Aboriginal, Torres Strait Islander and Māori  
Committee*







# Review of Medical School Accreditation Standards

## Consultation on the scope of the review of the accreditation standards

The AMC regularly reviews the standards that are used to accredit medical education and training providers and programs. The medical school accreditation standards include two parts: the graduate outcome statements required of newly qualified doctors and the standards for primary medical programs that must be met by medical schools.

In 2021, the AMC consulted on the scope of the review and established the themes and issues to be taken into account when updating the standards. These themes included:

- + Social accountability
- + Cultural safety
- + Student wellbeing
- + Transition to practice
- + Governance, leadership and resources
- + Emerging technologies
- + Outcomes, the curriculum and assessment
- + Innovation

The consultation also included proposals for structural realignment of the standards and outcomes with three potential models identified for feedback.

The AMC received 50 consultation responses from a broad range of stakeholders. Submissions were received from across the medical education and training sector, the medical profession, regulatory bodies, consumer groups, professional bodies and governments.

Feedback broadly supported development across the themes except in relation to Innovation; stakeholders considered that the AMC's approach to high-level standards that are not prescriptive in approach but emphasise stakeholder engagement and continuous improvement remains the best way to encourage innovation. Respondents noted that the COVID-19 pandemic had generated significant innovation in teaching and learning and student support. They considered that the revision of the standards, increasing emphasis on responsiveness to community needs, would continue to stimulate innovation in a flexible way that can adapt to local situations. See Table.

## A pause during the pandemic

The development of the proposals for the scoping review had been conducted entirely online by the Standards Review Working Group due to travel restrictions. Medical schools' adaptations in response to the impact of the COVID-19 pandemic on individuals, the schools and partner health services provided examples of both challenges and innovations, which informed development of the standards. Key initiatives in maintaining delivery of the medical program included additional support

for student wellbeing, increasing technology enhanced learning and assessment within the program, and flexibility and redesign of clinical placement learning.

The consultation on the scope of the review was followed by a pause in development and engagement over Spring and Summer 21-22 to enable medical schools and contributors to focus on the impacts of COVID-19, particularly to support the vaccination programs across Australia and New Zealand. Development work was restarted in February 2022.

## Development of detailed proposals

Along with consideration of feedback in the consultation on the scope of the review, the Medical School Standards Review Working Group has taken account of a wide range of policy work in medical education in drafting detailed proposals for revisions to the standards. This includes, for example, work by the Australian Medical Students' Association and Medical Deans of Australia and New Zealand on information sharing in the transition to practice. The AMC has also considered the findings of recent Royal Commissions in Australia of shortcomings in medical education in the areas of aged care and disability health. The proposals were also informed by the work on quality and safety in healthcare by relevant bodies in Australia and New Zealand and by the AMC's work on digital capability in medical education. International developments in accreditation standards for medical education have also been reviewed.

Additionally, proposals respond to changes to national health policy priorities, the impacts of COVID-19 on medical training and workforce, increased use of

technology, and the shifting nature of medical school governance and resourcing arrangements. As an example, proposals will move away from process focused governance standards which describe committee structures towards outcomes-focused standards which focus on academic leadership with appropriate resources and authority.

### A shared sovereignty approach to development of standards

The AMC is committed to promoting Aboriginal, Torres Strait Islander and Māori health by ensuring culturally safe practice to improve health outcomes. Stakeholders

strongly supported increasing the emphasis on cultural safety and Aboriginal, Torres Strait Islander and Māori health in the accreditation standards.

Acknowledging the right to self-determination, the AMC introduced a shared sovereignty process for developing the standards in these areas. Stakeholders representing many different groups communicated their support for this process.

The AMC Aboriginal, Torres Strait Islander and Māori Committee established a Sub Group to lead development of cultural safety and Aboriginal, Torres Strait Islander and Māori health content in the standards. The Sub Group sought input from Aboriginal, Torres Strait Islander

and Māori staff in medical schools through Yarning Circles and from Aboriginal, Torres Strait Islander and Māori health peak bodies through targeted consultation.

The AMC Standards Review Working Group provided detailed feedback on these draft proposals, which was considered iteratively by the Sub Group during development of the detailed proposals. The Aboriginal, Torres Strait Islander and Māori Committee reviewed and approved these proposals.

### Next steps: consultation on detailed proposals for revisions to the standards

The detailed proposals are due to be published in a six-week formal written consultation process that will be augmented by online and face to face engagement with stakeholders.

#### A high-level summary of consultation feedback

Graduate outcomes	Content of the Graduate Outcomes	<div>+</div> Supported modernising language and strengthening some of the outcomes
	Structure of the Graduate Outcomes	<div>+</div> Supported maintaining high level outcomes under the four existing domains <div>+</div> Some mixed views of reordering of the domains but agreement that that it is important to maintain alignment across later stages of education, which focus on clinical practice
Standards for medical schools	Content of the standards	<div>+</div> Supported increasing the emphasis on seven of the eight key areas, though there were differing views on the best approach to some of them. In the eighth area, no further revisions were considered necessary to continue to support innovation.
	Structure of the standards	<div>+</div> Supported regrouping standards to emphasise alignment of outcomes, curriculum content, teaching and learning and assessment <div>+</div> Agreed with maintaining a mix of inputs, process and outcome-based standards and reintroducing some notes and/or exemplars



# National Test Centre: a critical component of the Australian medical workforce

The AMC conducts clinical examinations for International Medical Graduates (IMGs) at its National Test Centre (NTC) in Melbourne. Approximately 2,400 IMGs are assessed annually, with between 700 and 800 reaching the standard for entry into the Australian medical workforce.

The AMC worked towards recommencing Clinical examinations at the AMC National Test Centre (NTC) in Melbourne from 2021. However, with the ongoing COVID-19 restrictions throughout Australia at the time, the AMC found it necessary to cancel all scheduled 2021 NTC Clinical examination dates. The re-opening of the NTC and recommencement of Clinical examinations was postponed to 2022.

The planning for the NTC re-opening and recommencement of clinical examinations from 2022 was substantial, particularly consideration of government regulations and guidelines. Some of the work involved to maintain a COVID-safe environment included reconfiguration of the NTC to support physical distancing, PPE (sanitizer, gowns, gloves and masks etc.), and attestation procedures and business continuity plans. During that time, the AMC

developed a policy to cover COVID-safe plans, guidelines and criteria that includes reference to vaccination of stakeholders. The AMC mandates for all stakeholders including Examiners, Marshals, Simulated Patients and Candidates who attend the NTC for a Clinical examination to be double vaccinated.

An independent report of the air conditioning systems was accepted with work completed before the reopening of the NTC. This included air recirculation controls to allow more fresh air, UV lamps and filters for recirculated air, and, where airflow was measured as poorer, portable air scrubbers (purifiers).

The NTC re-commenced clinical examinations on 29 March 2022, with 18 clinical examinations conducted in the period to 30 June 2022, assessing a total of 416 international medical graduates.

The NTC is a state-of-the-art facility. It is the only one of its kind in Australia and one of only a handful of such facilities worldwide. It utilises the latest technology and best practices of clinical assessment.

In response to the House of Representatives “Lost in the Labyrinth” Report (2012) the NTC was established to address the delays experienced by IMGs obtaining access to the AMC clinical examinations, the final assessment stage in qualifying for general registration in Australia.

In 2012/13, a collaboration between the AMC and the Australian Government through Health Workforce Australia enabled the design and build of the purpose-built facility. At that time the AMC received \$2M (ex GST) of capital funding from the Australian Government to establish the design and fit out of the NTC. The total cost of the fit-out at that time exceeded \$4M.

The NTC provides a high-quality assessment of IMGs before they join the medical workforce in Australia. The assessment methodology is a clinical examination and involves consultation between a doctor/candidate (the IMG) and a Simulated Patient, with an examiner (a specialist doctor) in the room. The examination environment is made up of 20 individual consulting suites which are built to the Victorian Health Standard of a General Practice and Emergency Department consulting space. The exam environment includes advanced Audio-Visual ICT and Security infrastructure, specially commissioned by the AMC.

The NTC is approaching its 10th anniversary and continues to be one of the world’s best facilities of its kind, through its unique design, build, and application of the latest technology. The AMC’s international counterparts view the NTC as world-leading in clinical assessment and several are eager to replicate the facility in their jurisdiction.

Additionally, the NTC is recognised by the Australasian Speciality Colleges, several of which continue to partner with the NTC to deliver their high-stakes assessment of their training programs.





# Examiner Decision Making Project

The Examiner Decision Making Project is an initiative of the Clinical Examination Reference Group and is aimed at quality improvement of the AMC Clinical Examination to better understand how examiners form judgements leading to candidate results. Due to the impact of COVID-19 on the cancellations of clinical examinations at the NTC the project was put on hold.

The Clinical Examination Reference Group proposed that the Examiner Decision Making project be applied in 2022 to study examiner decision making in the online environment. The Clinical Examination Reference Group recommended this approach which will inform the AMC's decisions about the online examination in the future.

The proposed methodology will involve video simulated recall. The examiner will be shown footage from a recent exam and will be asked to think aloud while watching. After viewing the video, a short semi-structured interview will be conducted. In the interview the examiners will be prompted to reflect on their decision-making process.

Following interviews, a qualitative analysis will be conducted aiming to develop themes and understanding from the ground up as an initial search suggests that there is very little research on this topic.

This project is expected to be completed by June 2023.



# Clinical Assessment Futures Working Group

In October 2019 the AMC held an Assessment Summit with an Assessment Strategy developed as an outcome. A key component of this is to explore and address the discrepant pass rate of the Clinical Examination and the Workplace Based Assessment (WBA) programs and to recommend a pathway combining elements of both modes.

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 Workplace Based Assessment. An expert group was formed to 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 valid and reliable assessment of physical examination, and
- + ensure assessment of cultural safety and Aboriginal and Torres Strait Islander Health skills and knowledge.

A proposal on the establishment of a Working Group to report to the Assessment Committee and AMC Directors

on the future development of a Clinical Examination was approved by AMC Directors in December 2021.

The purpose of the working group is to design a program of assessment to assess an international medical graduate's consultation and interpersonal interactional skills, including cultural safety, equivalent to the level of an Australian medical graduate commencing internship training (PGY1).

Priorities for the working group include:

## Priority 1

- + Clarify the overlap with other AMC assessments
- + Clarify the outcomes to be assessed
- + Identify challenges faced on international medical graduate journeys
- + Design principles for future assessment models

## Priority 2

- + Cultural competence / safety

## Priority 3

- + Research national and international experience to obtain a synthesis of what is working well
- + Stocktake of current issues in practice / research / data analysis to refine the outcomes to be assessed
- + Clarify relationships with other bodies, for e.g., Ahpra, Medical Board of Australia and PGY1-2 training groups.

## Proposed design structure framework

Several sessions have been held to formulate a suitable design structure framework. This has included work to

outline the domains to define the learning and assessment phases, as well as exploring various pathway options available to international medical graduates depending on their experience, skills and current employment in the Australian medical workforce. This will include the development of an improved clinical examination format.

To support the decisions made by the Futures Working Group, the AMCs Strategy, Policy and Research group is currently analysing data to understand candidate characteristics.

A meeting will also be held with the Medical Board of Australia to discuss the potential various pathway options to ensure they will align with registration requirements.

## Working group workshop

A two-day workshop will be held in Melbourne from 30 November to 1 December 2022 with activities to include:

- + Assessment outcomes with design of a blueprint relevant to an improved form of the clinical examination
- + A potential pre-assessment / assessment program for unemployed IMGs preferring to undertake the AMC clinical examination.

The outcomes of the data analysis undertaken by the AMCs Strategy, Policy and Research group will form an important part of the discussions, as it outlines the strengths and weaknesses of the AMCs current clinical examination as seen through the lens of demographic and performance analysis.



## Working group

### Members

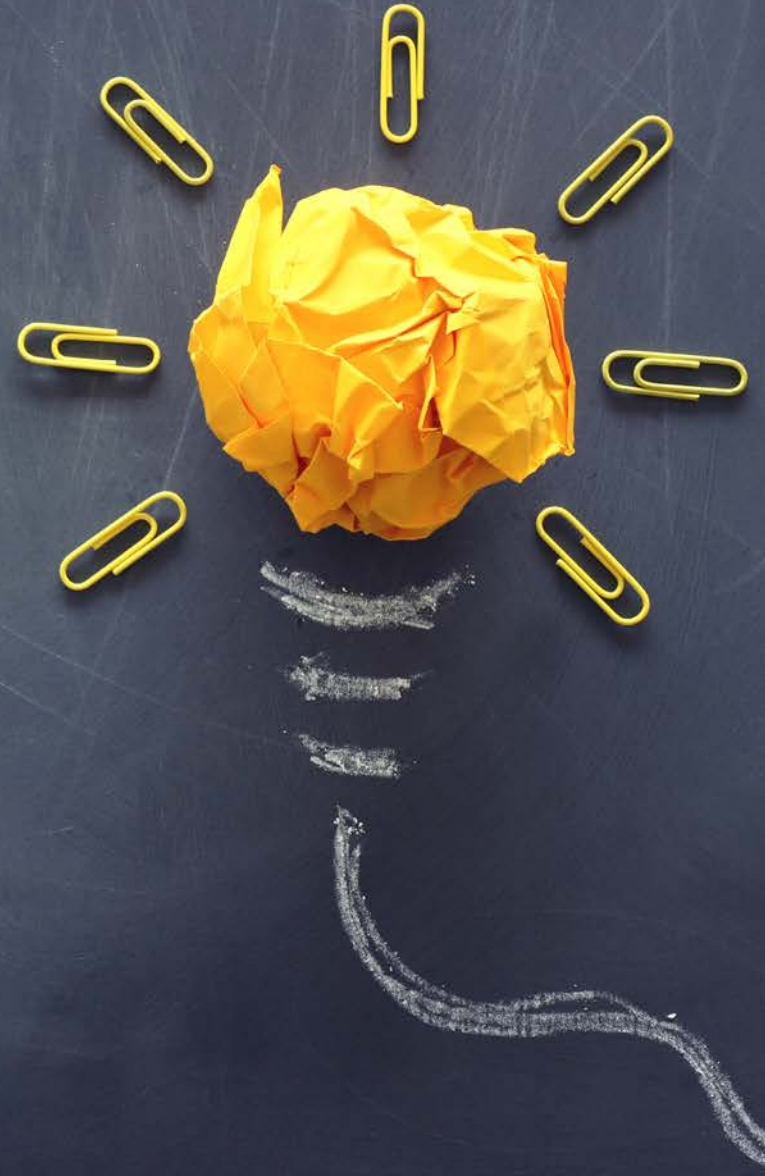
- Working Group Chair - Professor Tim Wilkinson
- Chair, Assessment Committee – Emeritus Professor David Prideaux
- IMG, Workplace Based Assessment Representative – Dr Ayesha Akram
- IMG - Clinical Examination Representative – Dr Mandeep Kalsi
- Clinical Examination Representative – Professor Amanda Barnard
- Workplace Based Assessment Representative – Professor Kichu Nair
- Consumer Representative – Ms Christine Edwards
- International Representative – Dr Steven Lillis
- Aboriginal, Torres Strait and Māori Committee Representatives – Dr Artiene Tatian and Professor Peter O’Mara
- Associate Director, Medical Education, Northern Health – Dr Rachael Coutts
- Medical Board of Australia Representative – Dr Anne Tonkin

### AMC staff

- CEO – Mr Philip Pigou
- Deputy CEO / General Manager, Strategy, Policy and Research – Ms Theanne Walters
- Director, Assessment and Innovation – Mr Carl Matheson
- Senior Executive Officer, Assessment and Innovation – Ms Zuzette Kruger-Finch

### Additional AMC subgroup members

- Manager, Policy and Research – Dr Kim Ashwin
- Research and Communications Officer – Dr Jen Desrosier
- Manager, Education Development and Projects – Dr Julie Gustavs
- Senior Operations Manager, Assessment and Innovation – Ms Megan Lovett





# Countering Malpractice in AMC Examinations

Cheating in high stakes examinations has been rising globally in recent years. Instances at Australia's medical schools have been exposed in the media, with illicit materials such as lists of examination questions being shared among students to allow them to improve their grades and their odds of passing. The AMC has also become aware of evidence of cheating in its examinations, including materials in foreign languages listing AMC examination questions, as well statistical evidence of cheating such as large numbers of similar incorrect responses being given by candidates.

In response, the AMC has strengthened its anti-malpractice capabilities with a range of security and software methods designed to minimise the effects of cheating. These methods include:

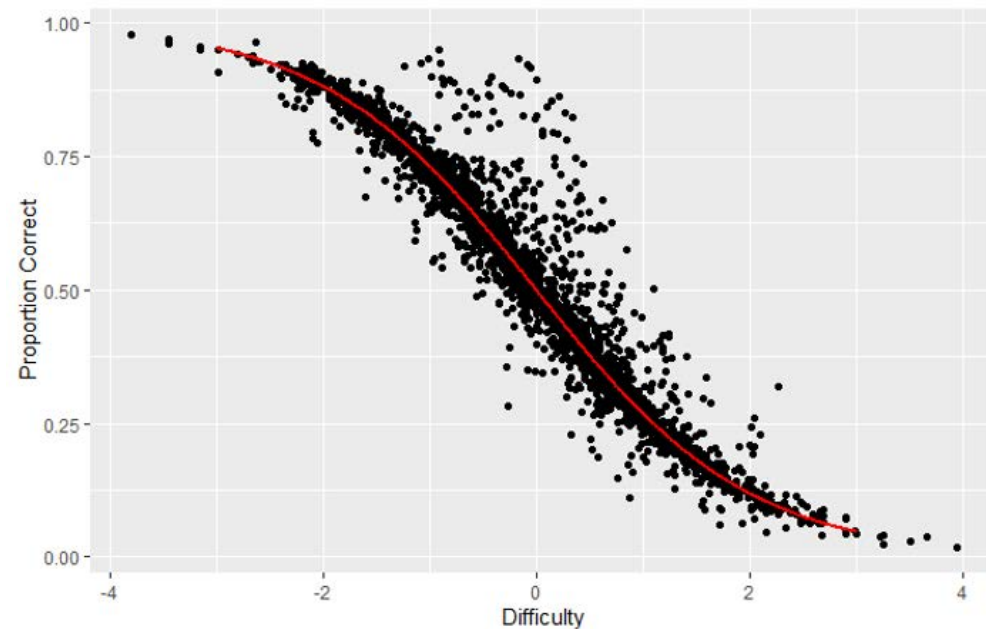
- + improved exam surveillance, both at the AMC and at Pearson, the AMC's partner for Multiple Choice Questionnaire (MCQ) exams
- + content-based measures such as rapid turnover in examination questions and scenarios, and
- + modification of examination content in such a way as to neutralise or even penalise malpractice.

As a result, many candidates who are cheating are gaining no advantage or achieving lower scores than they would have achieved through honest preparation.

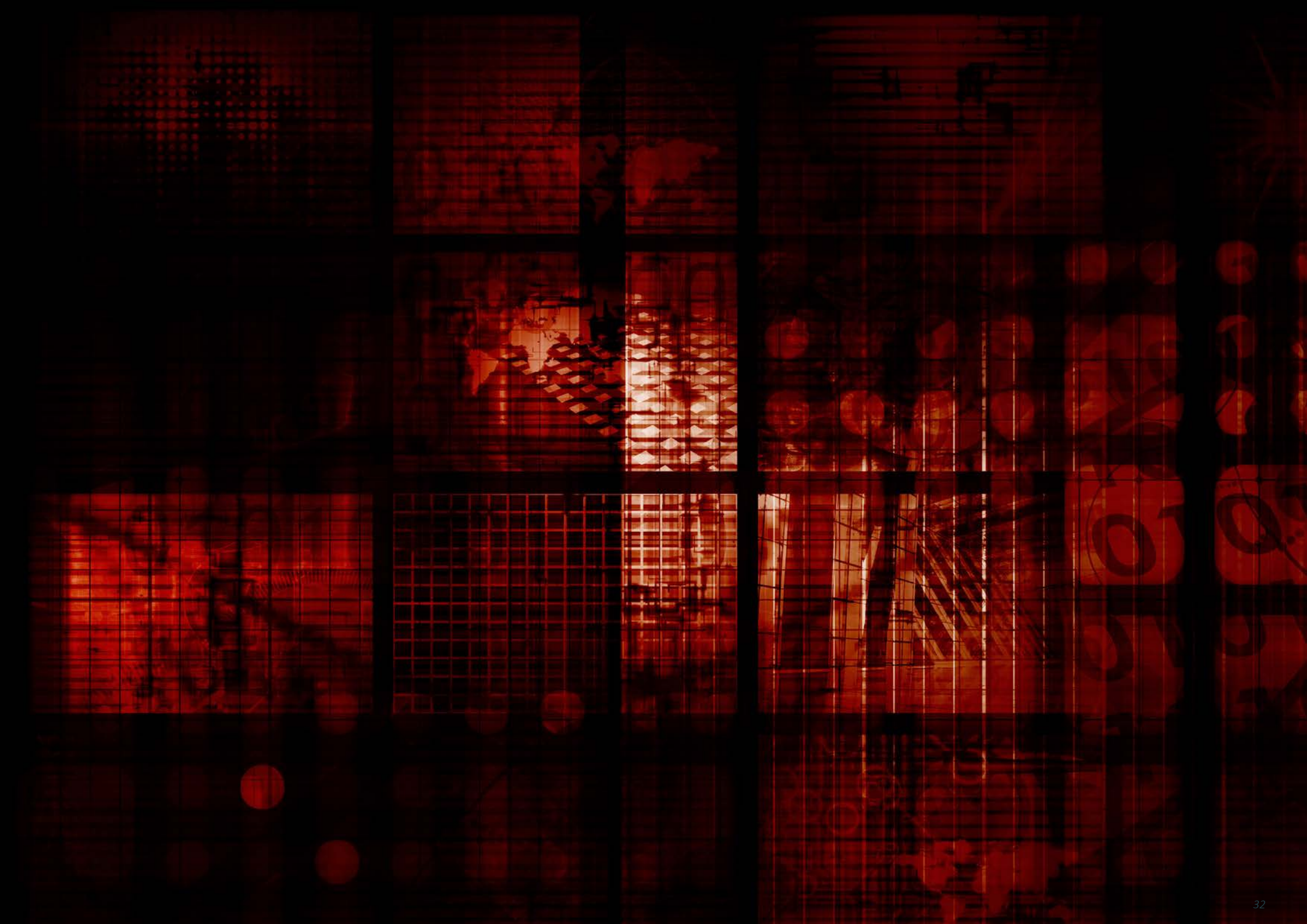
Australian patients have a right to expect that their doctors are appropriately qualified and will not resort

to unethical behaviour to achieve that qualification. The AMC is committed to ensuring that all overseas candidates meet the standards for practice in the Australian community and will continue to invest in methods that maximise examination security and integrity.

**Figure: Example of Countering Malpractice Using Statistical Techniques: Item Pre-Knowledge (IPK) Identification**



Item Pre-Knowledge (IPK) refers to unsanctioned knowledge of the questions and answers in the test before taking the test. In this example, the AMC uses IPK Item Identification techniques to assess the likelihood of item leakage. The affected items are then removed from future tests.



# National Framework for Prevocational (PGY1 and PGY2) Medical Training Review

The AMC has developed a two year framework for prevocational (PGY1 and PGY2) medical training that 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, which previously only related to internship, has been expanded to include structured development for PGY2. The point of general registration will remain at PGY1.

Over 2021-22 the full suite of new Framework documents were developed and the standards and requirements relating to PGY1 training within the Framework were

approved by the Medical Board of Australia. The revised Framework documents are now available on the AMC's website here and will be implemented from across Australia from 2024.

The Framework is structured into three packages:

- + Training and assessment requirements for prevocational (PGY1 and PGY2) training programs
- + National standards and requirements for prevocational (PGY1 and PGY2) training programs and terms
- + AMC domains and procedures for assessing and accrediting prevocational (PGY1 and PGY2) training accreditation authorities

Major changes across the Framework include:

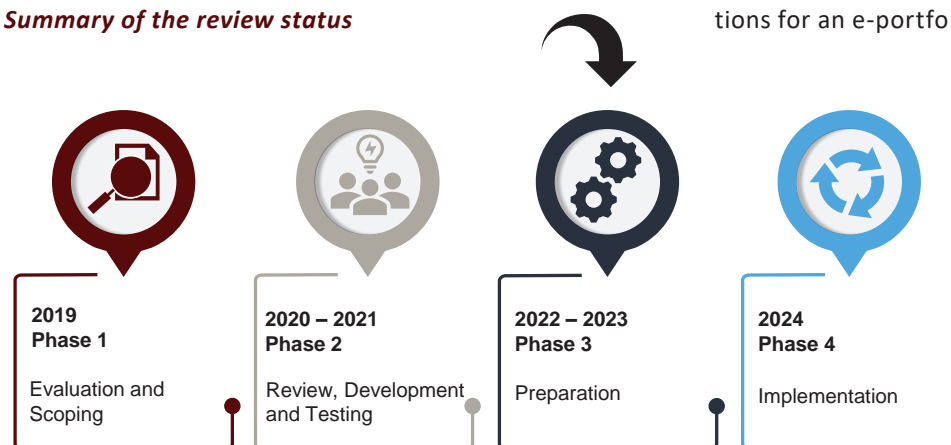
- + Expansion of the Framework to cover PGY2
- + New Entrustable Professional Activities that provide PGY1 and PGY2 doctors with structured opportunities for feedback based on observations of their clinical practice

- + Global judgment at the end of each year by a panel rather than an individual
- + New and strengthened learning outcomes and standards related to Aboriginal and Torres Strait Islander health and health equity
- + Mandatory training for term supervisors
- + Replaced current term requirements (10 weeks surgery/10 weeks medicine/8 weeks emergency medical care) with parameters more appropriate to current health context that ensure a breadth of experience, with more flexibility and a focus on quality of learning.

The Medical Board of Australia is currently consulting on changes to the Registration Standard: General Registration to support the changes to the Framework in PGY1, including the removal of the current mandatory term requirements .

In mid-2022 the AMC commenced Phase 3: Preparation. This phase will focus on communicating and developing national guides and training material to support implementation as well as development of detailed specifications for an e-portfolio.

## Summary of the review status









# Accreditation of Continuing Professional Development homes

In July 2021 Australian Health Ministers, on the recommendation of the Medical Board of Australia (the Board), approved a revised Registration standard: Continuing professional development, to take effect from 1 January 2023. The revised registration standard is part of the Board's work to strengthen continuing professional development, which supports doctors through life-long learning, and will apply to all registered medical practitioners, with a few exceptions.

## *There are three core changes to CPD*



The Board advised that the AMC will be the accreditation authority for CPD homes. Accredited CPD homes will provide a CPD program(s), as well as support and guidance to practitioners. CPD homes will also audit and report on practitioners' compliance to the Board.

As the accreditation authority, the AMC is responsible for developing criteria and a process for accrediting CPD homes, which is being undertaken through the AMC's Specialist Accreditation Education Committee. The Board is responsible for providing guidance supporting the implementation of the revised registration standard, such as the reporting requirements to the Board. All development work is being overseen by a joint group - the CPD Implementation Group - which is chaired by the Board, and includes Board, AMC, consumer and AMC-accredited specialist medical college representation.

## Criteria for AMC Accreditation of CPD Homes

The Criteria for AMC Accreditation of CPD Homes includes those drawn from the requirements of the registration standard, and from the current expectations of CPD programs that are set out across the Standards for Assessment and Accreditation of Specialist Medical Programs and Continuing Development Programs by the Australian Medical Council. These include aspects of governance and resourcing from Standard 1 and transparency of communications about requirements and change from Standard 7, as well as the standards from Standard 9.

The Criteria for AMC Accreditation of CPD Homes are separate from the Standards for Assessment and Accreditation of Specialist Medical Programs and Continuing Development Programs by the Australian Medical Council, and stand alone, as a full set of criteria, to apply to both AMC-accredited specialist medical colleges and other organisations equally. Standard 9 of the current specialist medical program accreditation standards will be removed following the implementation of the registration standard in 2023.

## Criteria for AMC Accreditation of CPD Homes



## Timeline for implementation

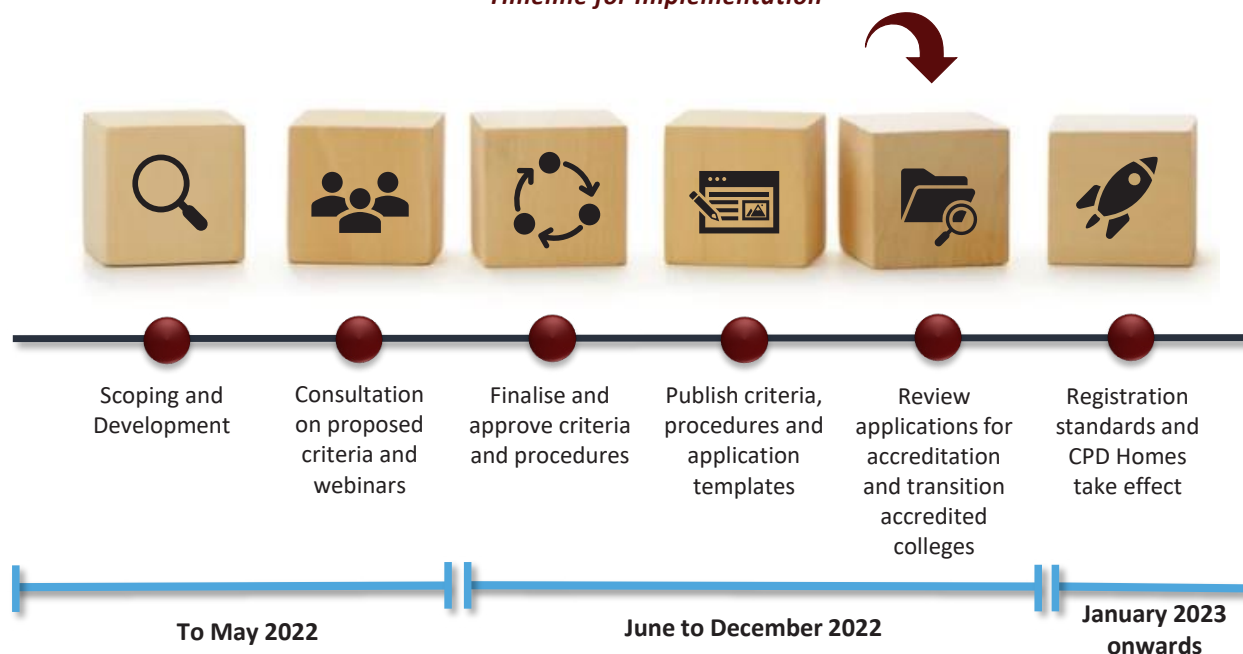
The AMC will progressively accredit organisations to be CPD homes from late 2022 and throughout 2023 and beyond. The AMC will also transition AMC-accredited specialist medical colleges to become CPD homes from 1 January 2023.

The AMC and the Board are working towards the following timeline for the accreditation of CPD homes.

The AMC conducted a six-week public consultation on the proposed criteria from April to June 2022. This included webinars held in May 2022 for organisations interested in becoming a CPD home. The AMC received over 40 responses to the consultation and this feedback was used to finalise the criteria and accompanying notes. Following consideration and approval through AMC and Board governance processes, the final criteria was published in August 2022.

The Procedures for AMC Accreditation of CPD Homes were approved in September 2022 and are published on the AMC website

## Timeline for Implementation





# Improving digital literacy of the Australian and New Zealand health workforce

The Australian Medical Council (AMC) and the Australian Digital Health Agency (the Agency) formed a partnership in 2020 to engage in a project aimed at understanding how technology impacts the standards of medical education, training and practice in Australia. This was done in alignment with the AMC's roles as a national standards body for medical education and training, and as the accreditation authority for the medical profession. This project completed in 2021 with the production of the [Digital Health in Medicine Capability Framework](#).

The Framework is designed for medical schools, pre-occupational training providers across all Australian jurisdictions as well as Specialist Medical College programs and Continuing Professional Development Programs – CPD, International Medical Graduate Assessment and Support, and other providers of digital health education i.e. professional bodies and institutes. It calls for intergenerational, cross sectorial and cross curriculum learning and assessment of digital health in medicine. The framework provides guidance as to how minimum standards can be achieved in digital health education. It can inform

*This framework aims to address the gap between real life medical services and medical education. In Australia and globally, digitally-enabled hospitals are emerging, EMRs and other systems are being implemented. But are we training our current and future medical workforce to work in this environment?*

medical education providers as they work towards new models of medical education incorporating digital capabilities in the coming years.

## Integrating learning and assessment in digital health into busy clinical environments

A key challenge in medical education programs is how to integrate learning and assessment into busy clinical environments. The Dutch medical educationalist, Olle ten Cate, has built an innovative solution to this long-standing challenge in medical education with his concept of Entrustable Professional Activities (EPAs). These are priority work tasks through which a learner needs to show that they are able to perform independently with the support of an educational supervisor through direct observation in work based assessment.

In our framework we propose three EPAs which align with the three horizons of the National Digital Workforce and Education Roadmap (2020). The three EPAs each

have two subtasks so that they can be used by doctors focused on both clinical care delivery or system change (Figure 1).

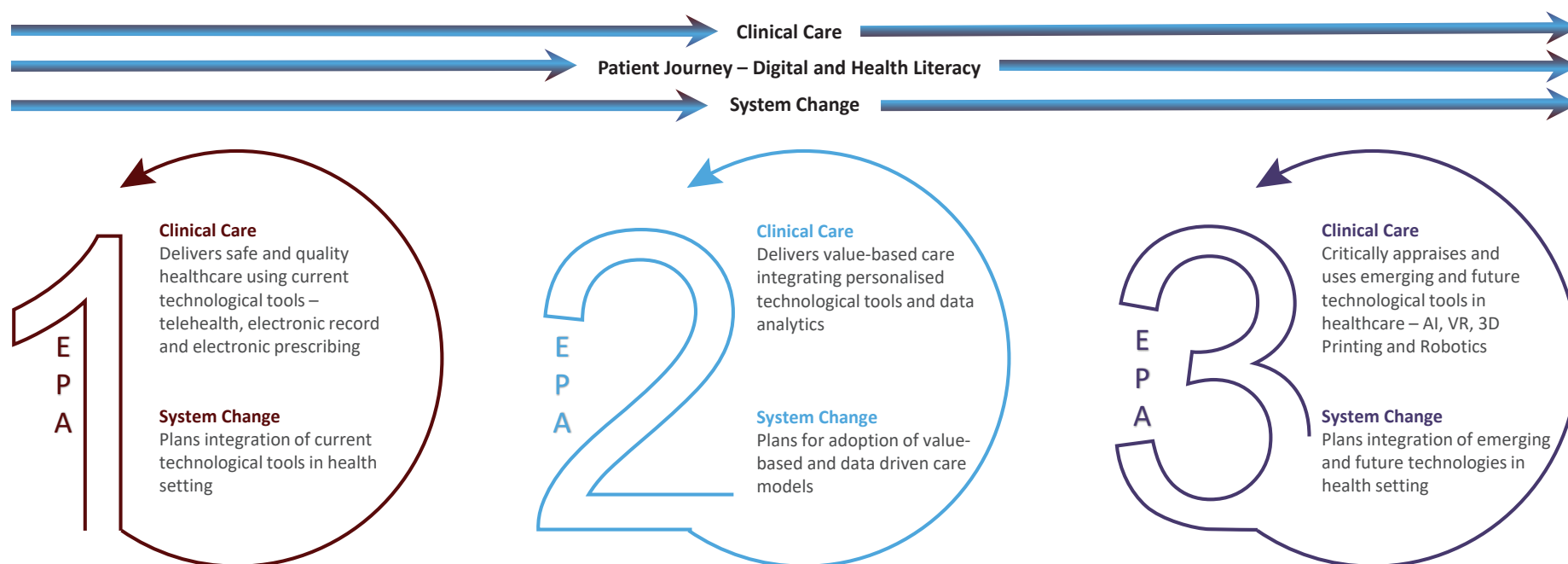
Ethical approaches to digitally enabled practice mean that practitioners recognise the limits of technology and situations where it is important that patients have access to in-person care. The tasks operate at four levels of complexity for progressive skills development (Figure 2). These levels are based on the work of UK educationalist and workplace-based learning expert Stephenson (2000).

Integral to the success of innovations in medical education is how learning is supported by access to learning resources and broader implementation strategies. The Agency has developed resources in digital health which are designed to support healthcare providers in utilising digital health tools, and include [Online Training](#), [Podcasts](#), and [Events & Webinars](#). Medical education providers are encouraged to embed these resources into their digital health curricula.

In 2021, the Agency further engaged the AMC to promote the framework along a range of online education resources developed by the Agency, which align with the framework and provide useful materials to support medical education providers further consolidate the digital health capabilities of their organisations.

The AMC completed this work in June 2022, launching the framework with medical education providers and other key stakeholders of medicine. As part of this launch, presentations on the capability framework were also provided at a number of national medical education and workforce conferences and a new look [digital health page](#) shared with stakeholders.

## The Entrustable Professional Activities in the Digital Health in Medicine Framework



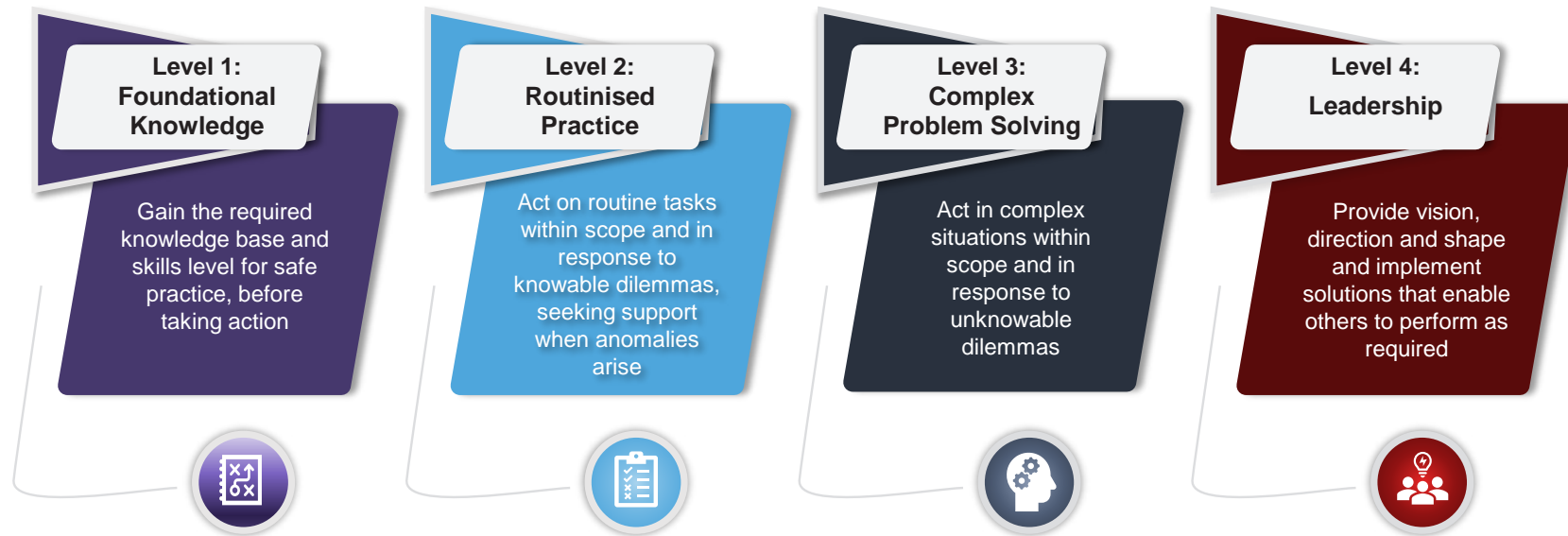
**EPA 1 Horizon one** focuses on the transition of paper-based practices and systems across healthcare settings to electronic systems of records and use of telehealth and electronic prescribing in the delivery of healthcare. This aligned EPA focuses on providing medical doctors across the continuum with the skills and experience to navigate new digital health workflows for safe and quality healthcare delivery to undertake telehealth consultations, electronic prescribing and effective use of electronic record keeping. Those doctors involved in healthcare at a population healthcare level contribute to planning and research around the integration of current technological tools in healthcare settings.

**EPA 2 Horizon three** of the Roadmap offers, as the focus of this EPA, a model for how doctors can draw on the principles of value based care and data driven care to improve community access to healthcare within the home and personalised health settings.

**EPA 3 Horizon two** of the Roadmap focuses on effective use of emerging technologies in healthcare delivery. This EPA explores the human machine interface. Key to learning about effective use of new technologies is critical appraisal of how technologies are used to support decision making, the changes to workflows and work practices, how data sets from these different technologies integrate, and how such data can be used for more sophisticated data driven models of care.

*See Digital Health in Medicine Capability Framework appendices 1 – 3 for a full copy of the EPAs pp 41-60*

### Four levels of entrustment



Additionally, the AMC recently collaborated with Health Education England (HEE) and completed a series of three digital health roundtables with doctors from both countries joining to discuss the benefits and challenges of implementing digital health policy and practice. The topics included:

- ✚ Building a digitally capable medical workforce – digital health literacy and AI
- ✚ Levers of Change – Maximising Integration and Uptake of Digital Health in Medical Education and Medical Practice
- ✚ Implications of Digital Health – Improved Access and Quality Care in Community and Rural and Remote Settings.

The AMC is looking to conduct further collaborative projects with HEE and other key stakeholder of digital health in medicine in the future.





# Australian Medical Council House a reality

*The strength of a nation derives  
from the integrity of the home.*

*Confucius*

In 2019 the AMC Directors considered the benefits of purchasing a commercial building for its Canberra office. Given the AMC's maturity, financial stability and leadership role, it was an opportune time to consider what measures might deliver efficiencies to keep the AMC on a financially sustainable path – a key aim of Strategic Plan Pillar 5, Business with a Purpose. AMC Directors and Management undertook extensive analysis on the rationale in terms of the AMC's overall strategy, its corporate positioning, its staffing strategy and financial resources.

Conservative financial stewardship coupled with stable revenues and a series of cost-saving innovations had placed the AMC in a strong financial position in 2019 and the purchase provided a number of financial benefits. The AMC is vulnerable to downturns in revenues, particularly in the assessment of international medical graduates as has been experienced from COVID. The assessment revenues cover not only direct assessment costs but also the greater part of the AMC's overheads.

The restructuring of operating costs so that part of the overheads - around \$1M per annum building rental - was removed from operating expenses - improved the long-term financial health of the AMC. Additionally, the transfer of \$14M of assets from short term financial assets into long term fixed assets brought the asset profile of the AMC more in line with comparable entities.

The key requirements for the new premises were agreed and there was consideration of several properties, reviews of engineering reports, legal advice and loan arrangements to ensure all aspects of due diligence were covered. The property at 4 Marcus Clarke Street, Canberra City, met all criteria and the AMC Directors made the decision to proceed with the purchase in December 2019. Paperwork was signed and then COVID hit.

Directors at that time considered whether it would be prudent to sell the building but based on the sound reasoning behind the purchase, it was agreed that the building should be retained. However, commencement of the fit out was delayed for nearly a year.

The purchase of 4 Marcus Clarke provided the AMC with the opportunity to signal confidence in its mission as well as bringing to life its commitment to provide an innovative workplace for its staff.

Australian Medical Council House opened its doors in late January 2022. The design of the building provides a flexible configuration around a central core, it is situated in green and natural surroundings close to the city and the lake, is in an easily accessible location, provides staff parking and is on the doorstep of the light rail extension.

There was strong collaboration with staff in the layout and fit out of the office, reflecting the AMC's values and alignment with its corporate image, influence and aspirations. Staff are enjoying the new premises and the opportunity to reconnect face-to-face after two very difficult years. Amidst further COVID concerns, the AMC continues to promote a balanced approach to working from the office and from home.

We hope this will be a long and enjoyable home for the AMC in Canberra.



#### Facilities highlights:

- Kitchen / 'town hall' meeting room, 80 persons
- Large dividable conference room, 22 people
- Seven 2-8 person meeting rooms
- Two Assessment Examination Control rooms
- Convertible office/meeting space
- Touchdown workspaces
- Quiet rooms
- Standup/collaboration space
- Booths
- Screen share / digital collaboration facilities
- Yarning room
- Planning stage: outdoor indigenous collaboration / yarning space and gardens

#### *Home:*

- + *the place where one lives permanently*
- + *a place of origin*
- + *the social unit formed by a family living together*





# Improving Indigenous Health

## Aboriginal, Torres Strait Islander and Māori Committee

The Aboriginal, Torres Strait Islander and Māori Committee, now well established at the end of its second year, continues to provide strategic advice and recommendations on important matters related to Aboriginal, Torres Strait Islander and Māori health to the AMC Directors and staff.

The Committee continues to support the AMC's purpose of making health systems free of racism and inequality, and now transitioning from the AMC's Innovate Reconciliation Action Plan to implementation of the AMC's Aboriginal, Torres Strait Islander and Māori Strategy.

Inaugural 2019 Committee Chair, Professor Suzanne Pitama (Ngati Kahungunu), resigned in February 2022. As Chair she led the Committee to refine its purpose and establish its function within the governance structure of the AMC. We thank Professor Pitama for her tireless effort and commitment to prioritising change within health systems to be free of racism and inequality.

In May 2022 the AMC Directors appointed Professor Shaun Ewen as Chair of the Committee. Professor Ewen has a strong history with the AMC, serving on its Medical Education Standards Accreditation Committee (2015-19)

and medical school accreditation teams. He also served as a member on the Aboriginal, Torres Strait Islander and Māori Strategy Committee, the predecessor to the current Standing Committee. Professor Ewen recognises the strategic emphasis that the AMC places on the work of the Committee. He holds a vision for building the next generation of leaders in the Committee and for engaging with other Committees and AMC staff in the course of the Committee's work.

The Committee has contributed to a number of key AMC processes including:

- ✚ Development of the Aboriginal, Torres Strait Islander and Māori Strategy for the AMC. Operationalising and implementing the Indigenous Strategy includes 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. AMC function areas will collaborate in workshops to examine the strategy implementation possibilities and set clear achievable outcomes to work towards. The Indigenous Strategy supports the identified areas of action under the AMC Strategic Plan
- ✚ 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
- ✚ 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 and student outcome

statements 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
- ✚ Contributing to the development of key publications such as Good Medical Practice publication
- ✚ Acknowledgement signage for the new AMC building
- ✚ Policy review including the AMC Long Term Investment Reserve Policy and the Human Resources manual recruitment policy.

## Membership of the Committee

In 2021 the Committee membership was expanded to include the Aboriginal, Torres Strait Islander and Māori members of other AMC Committees. This has proven effective to ensure that all work undertaken by the AMC is able to be considered as well as providing feedback and assessment within forums regarding AMC's commitment to and practice of cultural safety.

## Meetings of the Committee

The Committee met four times during 2021-22, three of which were via Zoom. The meeting in June 2022 was the first opportunity for the Committee to meet face to face since it was formed in 2019.

The June 2022 meeting was held at the AMC National Test Centre in Melbourne, providing an opportunity for the Committee Members present to discuss in greater detail the work of the AMC and the Committee's contributions.

**Member (Membership category)**

- Professor Shaun Ewen (appointed May 2022), Committee Chair (Member who is a current Director AMC and Member AMC Council, Aboriginal member)
- Professor Lisa Jackson Pulver AM (Member who is a current AMC Director, Aboriginal Member)
- Dr Tammy Kimpton (appointed June 2022) (Aboriginal, Torres Strait Islander or Māori persons who are members of other AMC Committees, 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, Torres Strait Islander or Māori persons who are members of other AMC Committees, 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 Committee, Aboriginal Member)
- Ms Kiri Rikihana (Aboriginal, Torres Strait Islander or Māori persons who are members of other AMC Committee, 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)
- Dr Stewart Sutherland (Member nominated by the Leaders in Indigenous Medical Education Network, Aboriginal Member)
- Mr Karl Briscoe (Community Stakeholder member, Aboriginal Member)
- Associate Professor Phillip Mills (Community Stakeholder member, Torres Strait Islander Member)

*Non-current members serving during 2021-22*

- Professor Suzanne Pitama (Resigned February 2022), Committee Chair, Member who is a current Director AMC and Member AMC Council, Māori Member
- Ms Candice McKenzie (resigned (April 2022) (Member nominated by the Leaders in Indigenous Medical Education Network, Aboriginal Member)
- Ms Monica Barolits-McCabe (Resigned June 2022) (Member nominated by the Australian Indigenous Doctors' Association)



From back left: Associate Professor Phillip Mills, Theanne Walters, Professor David Prideaux, Professor Papaarangi Reid, Louise McCormack, Dr Tania Schram, Dr Artiene Tatian, Professor Shaun Ewen, Philip Pigou, Karl Briscoe, Jacqui Gibson, Cass Inkley, Belinda Gibb

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## AMC Indigenous Procurement Policy

The Aboriginal and Torres Strait Islander procurement policy is a commitment in the AMC's Reconciliation Action Plan and ongoing strategy. 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.

## Supply Nation Membership

The AMC has continued its registration with Supply Nation, an organisation focused on creating supplier diversity, which has led to significant and measurable business benefits, including the engagement of a number of successful Indigenous supplier contracts, such as the engagement of an Indigenous owned cleaning company for the new AMC Canberra premises in Canberra.

AMC is on track for achieving a target of 5% of its contracts or purchases to Indigenous enterprises by 2025.

Another notable engagement is the Managing Contractor to fit out the AMC's new office in Canberra, Projex Building Group. Projex are a Supply Nation Registered building company based in Canberra. Projex achieved a 20% Indigenous procurement spend while maintaining value for money delivery of trades and supplies. This represented a spend of over \$500,000 on Indigenous companies and suppliers for the AMC's office fit out.



## AMC Aboriginal, Torres Strait Islander and Māori Strategy

The AMC has developed its Aboriginal, Torres Strait Islander and Māori Strategy (the Strategy) 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 engaged an Aboriginal consulting firm, Curijo Pty Ltd, to assist in the development of the Strategy. The Strategy will support the integration of Aboriginal and Torres Strait Islander related activities across the AMC, expanding on and replacing initiatives currently included in the AMC's current Reconciliation Action Plan (RAP).

The Strategy heavily draws from and builds one of five pillars of the AMC Strategic Plan 2018 –2028, which sets out the promotion of Aboriginal, Torres Strait Islander and Māori Health –ensuring culturally safe practice to improve health outcomes. Previous efforts to ensure this pillar is supported have primarily been through the Reconciliation Action Plan (RAP).

The Strategy development included 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 the cultural safety of Aboriginal, Torres Strait Islander, and Māori Peoples. The Indigenous Strategy seeks to support the identified areas of action within the AMC Strategic Plan.



## AMC Council Meeting 2022

The Council of the AMC met in May 2022, and the Manager of Indigenous Policy and Programs, along with the Deputy Chair, held a yarning circle about the new Indigenous Strategy with Council members and Directors, to discuss the intent and purpose of the new strategy. The feedback from this was very positive, with a number of council members reaching out for more information following this session.

## Staff Training

The Seedling Group Ltd has delivered three 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 webinars include first-hand accounts and ties 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.

## Informational Emails

Regular 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.



Content has included:

- + National Sorry Day
- + 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

- + Waitangi Day, NZ
- + Mabo Day
- + 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
- + Matariki - Māori New Year, NZ

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.

## The RAP newsletter

The Reconciliation Action Plan (RAP) Working Group produced a quarterly internal newsletter highlighting 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.



# Australian National Museum First Australians Exhibition





*Director, ICT, Matt Kendrick, and Acting Project Manager, National Framework for Prevocational Medical Training Review, Madeleine Novak, participate in the Smoking Ceremony*

*Photos: A Hagedorn*





**Our guide pointing out Aboriginal sites including a white ocre site under Parliament House on Capital Hill and Red Hill, which was reserved for Women's Business.**



**The impact of the Stolen Generations**

As part of Reconciliation Week 2022, the AMC arranged for staff to participate in private tours of the First Australians exhibition at the Australian National Museum in Acton.

The exhibition is extensive, flowing over two floors, and is the Museum's largest gallery.

The tour was followed by a Reconciliation Day lunch in the kitchen where staff were able to share some key takeaways from the day as well as some personal stories.

AMC Manager, Indigenous Strategy and Programs, Belinda Gibb (Dharug Ngurra), is quoted in the exhibition: *"no matter where you are, you're standing on somebody's country"*.

Ngunnawal Elder, Mr Wally Bell, The Hon. Joy Burch, MLA, and AMC President, Professor Kate Leslie AO, with the newly minted Australian Medical Council House sign.



Ngunnawal Elder, Mr Wally Bell, welcomes guests onto Country.

*"I think that AMC House is pretty cool. I love the curved walls and expansive windows with views of trees and surrounding buildings. It's in a great location close to public transport, our stakeholder organisations and great hotels and restaurants. It provides great amenity for staff and will be wonderful place for the Directors and Council to visit. And hopefully it will herald a great new era for the AMC as we exit from the pandemic, more innovative, more flexible and more engaged with our Aboriginal, Torres Strait Islander and Maori colleagues than ever before."*

AMC President Professor Kate Leslie AO FAHMS, speaking at the opening of Australian Medical Council House on the evening of Thursday, 13 May 2022





# People, Culture and Values

## Staff engagement surveys

The AMC's 2021 staff engagement survey was undertaken in August 2021, attracting an 83% response rate. Following the survey, the HR team conducted interviews with 30 staff members, on a voluntary basis, from bands 2-5 across all teams. They addressed in general terms those topics which were identified in the survey as being of most concern to staff.

The issues identified from those interviews were considered over the year with several changes implemented, including:

- + Policy changes – public holiday substitution by agreement
- + Hybrid and remote working arrangements

The 2022 Staff Engagement Survey was undertaken in September 2022 receiving a 78% response rate. While results were similar to the previous year, the impacts of COVID, high workloads and constraints on salaries and training continued to impact staff satisfaction.

The strengths of the AMC highlighted in the report included its people, commitment, flexibility and values, including cultural safety.

Further activities to explore the results and implement solutions will be undertaken over 2022-23.

## Staffing

Eleven members of staff left the AMC in the reporting period, a 2% increase on the previous year but below the levels of the years prior. This is considered reflective of the global trend of increased employee mobility.

Filling vacancies continues to be challenging, but a review of recruitment processes as well as the AMC's branding is underway, with a view to attracting a greater number of candidates.

There was an increase in unscheduled absences after a fall over the past two years. This was likely a result of the spread of COVID in Australia as well as circulation of seasonal viruses. Staff worked from home or took sick leave if unwell and there was no workplace spread of COVID recorded at any time.

The recruitment freeze imposed in March 2020 due to COVID-related financial constraints, was eased in 2022.

An Indigenous member is included on all recruitment panels, continuing to ensure that cultural safety is embedded in the recruitment process, and that new staff members have the right mindset to meet the AMC's commitment to cultural safety.

Annual Staff feedback and development reviews were undertaken from February to May 2022.

The AMC provides access to LinkedIn Learning for all staff members. With financial restraints easing the AMC was able to increase the level of training available to staff members, albeit still well below pre-COVID budget levels.

## Health and Wellbeing

Staff health and wellbeing has become increasingly important over the past few years. As a result, in June 2022 the AMC changed its Employee Assistance Program (EAP) provider. The new EAP provider offers a significantly wider range of services than the previous provider.

## Our Values





## AMC Staff Meeting

In October 2022 AMC staff met to discuss the AMC's strategic direction and the Staff Survey outcomes.

Dr Michael Kidd AM, Deputy Chief Medical Officer, practitioner, academic and author, provided a key note address, drawing on his long history with the AMC to set the scene for the meeting.

The day concluded with a Yarning Circle, facilitated by the Indigenous Policy and Programs team, where staff were able to raise issues for discussion in a safe environment.



***Deputy Chief Medical Officer, Dr Michael Kidd AM, at the AMC's new Canberra city premises.***

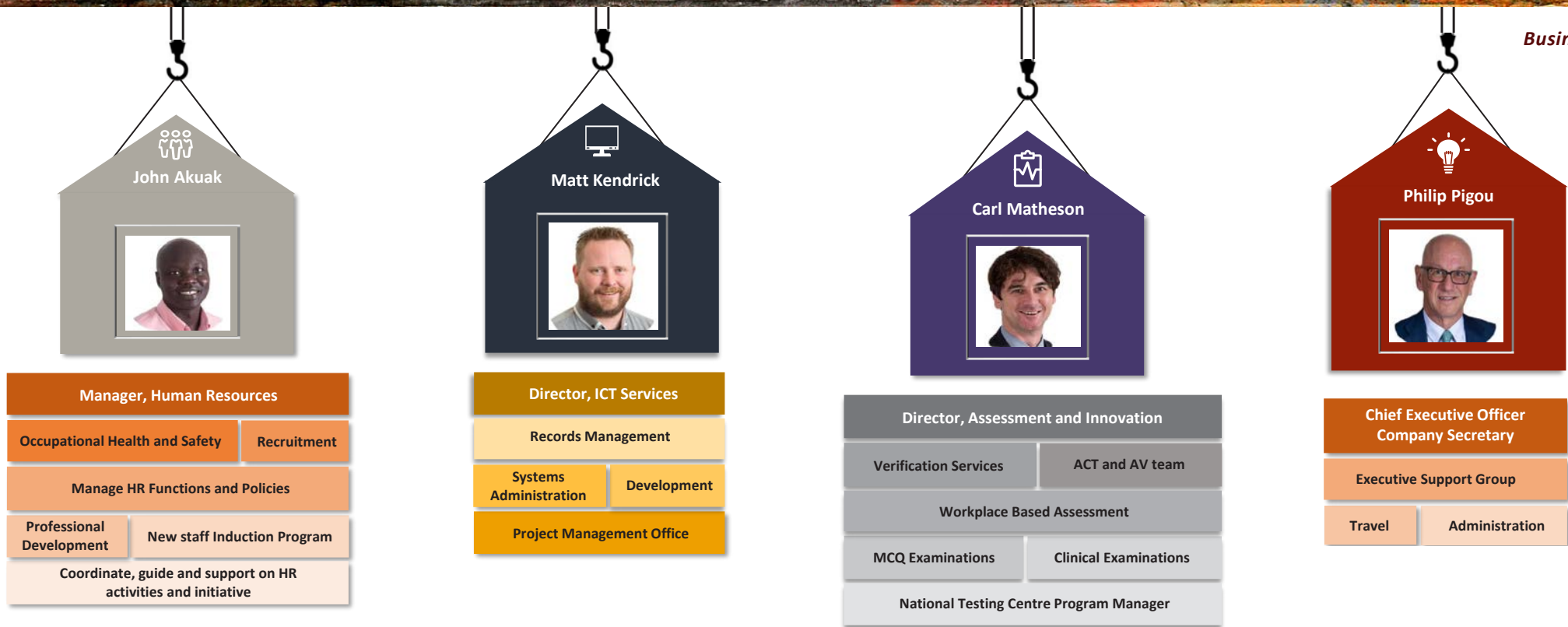
***AMC CEO, Mr Philip Pigou.***





Staff participate in a Yarning Circle

## Business Areas







Photos: A Hagedorn, Z Kruger Finch

and Management



Theanne Walters



Deputy Chief Executive Officer  
General Manager, Strategic Policy  
and Research

Health Accreditation  
Collaboration Forum

Strategic Policy

Research



Belinda Gibb



Manager, Indigenous Policy and Programs

AMC indigenous  
Strategy and Policy

Reconciliation  
Action Plan

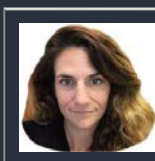
Cultural Safety Training Education and Supporting Staff

Aboriginal, Torres Strait Islander and Māori Committee

Ensuring the voices of Aboriginal, Torres Strait Islander  
and Māori people are heard in the AMCs work



Kirsty White



Director, Accreditation and Standards

Medical School  
Accreditation

Standards of Medical  
Education

Accreditation of Pe-employment  
Structured Clinical Interview Providers

Accreditation of Intern  
Training Authorities

Recognition of  
Medical Specialties

Specialist and Continuing Professional  
Development Program Accreditation



Ravi Wickramaratna



Finance Manager

Monitor budget processing and  
performance

Financial Health

Investments

Financial Risk Management

Financial Reporting





# 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 2021-22 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.

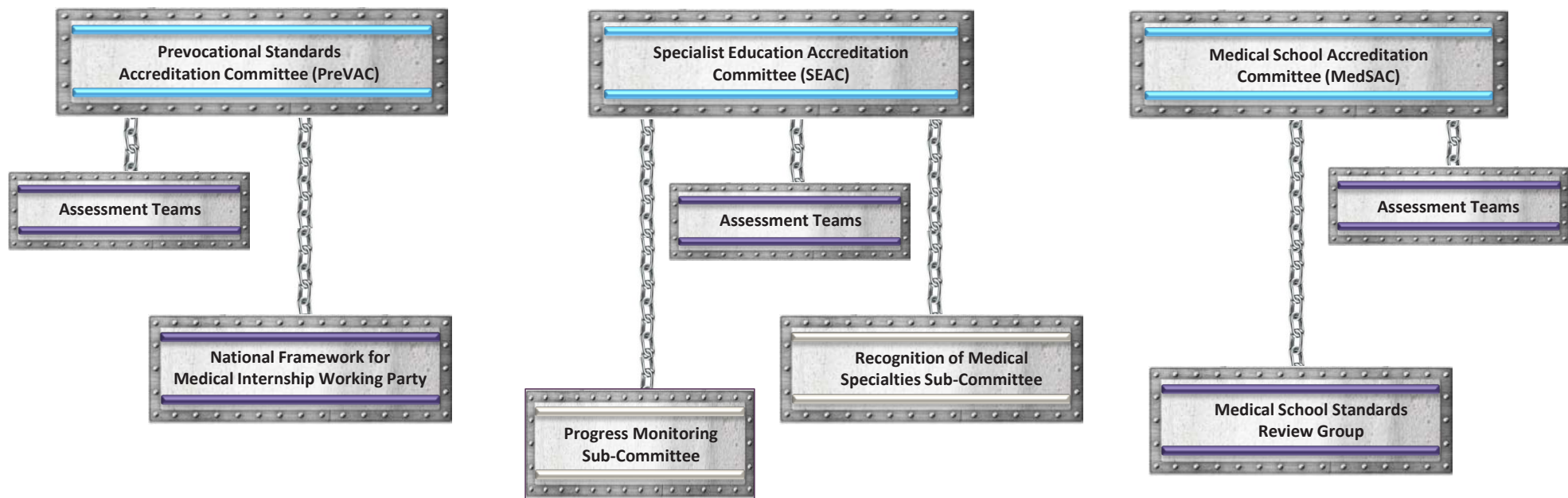
As the impacts of the COVID-19 pandemic continued in 2021-22, AMC assessments have typically involved a mix of teleconference, video-conference and face-to-face engagements, with assessment teams drawing on expertise from across Australia and New Zealand. In line with international practice and the AMC's obligations as part of its accreditation with the World Federation of Medical Education, the AMC conducts short assessment visits to health services delivering clinical placements for medical schools. In 2020, the accreditation assessments of medical schools were restructured into a modular format to allow more flexible approaches to the timing of these face-to-face visits.

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.

### Accreditation Cycle



## Accreditation Committee Structure



Constituted Committees overseeing large functional areas of the AMC

Established to provide expert advice on specific issues or long-term projects

Established as required and generally with a defined task and time limit



## 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 2022

- |   |                                 |
|---|---------------------------------|
| ▶ Professor Geoff McColl (Chair)              | ▶ Professor Gary Rogers         |
| ▶ Professor Jane Dahlstrom OAM (Deputy Chair) | ▶ Professor Dianne Stephens OAM |
| ▶ Professor Karen Adams                       | ▶ Professor Rathan Subramaniam  |
| ▶ Dr Kenneth Clark                            | ▶ Dr Mary White                 |
| ▶ Professor Jeff Hamdorf AM                   | ▶ Mr Daniel Zou                 |
| ▶ Professor Inam Haq                          |                                 |
| ▶ Ms Sophie Keen                              |                                 |
| ▶ Mr Fergus Leicester                         |                                 |
| ▶ Professor Papaarangi Reid                   |                                 |

### Non-current members serving during 2021-22

- ▶ Ms Sonya van Bremen
- ▶ Professor Wendy Hu

## Primary medical programs and providers

### Accreditation assessments: Reaccreditation

#### James Cook University, College of Medicine and Dentistry

James Cook University, College of Medicine and Dentistry offers a six-year Bachelor of Medicine/Bachelor of Surgery (MBBS).

Over May-June 2021, the AMC conducted a re-accreditation assessment on site, face-to-face meetings at university campuses and health services.

At their 21 October 2021 meeting, Directors resolved:

- that the medical program of James Cook University, College of Medicine and Dentistry meets the approved accreditation standards; and
- that the six-year Bachelor of Medicine / Bachelor of Surgery (MBBS) medical program of the James Cook University, College of Medicine and Dentistry is granted accreditation for six years to 31 March 2028, subject to conditions, and AMC monitoring requirements including satisfactory progress reports.

### Accreditation assessments: follow up assessment

#### Charles Sturt University/ Western Sydney University, Joint Program in Medicine (Follow-up of the 2020 virtual assessment)

The Joint Program in Medicine (JPM) offered by Charles Sturt University/Western Sydney University as part of the Murray Darling Medical School Network underwent the AMC's first virtual accreditation assessment by an

AMC assessment team in 2020. In 2021 a follow-up assessment with a visit to the Wagga Wagga Campus and health services was undertaken in March 2021. The accreditation report was finalised by the Committee and submitted to AMC Directors.

At their 28 July 2021 meeting, Directors 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 continues to meet the accreditation standards; and

Confirmed the 2020 accreditation decision:

- ii. 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 confirmed to 31 March 2027; and
- iii. that accreditation of the program is subject to the meeting of conditions and AMC monitoring requirements, including satisfactory progress reports.

### Accreditation assessments: material changes

Education providers must notify the AMC of material changes that may affect whether and how they or their medical program continue to meet the accreditation standards. Examples of material change are set out in the procedures and include a change in the length or format of the program, the introduction of new distinct streams/pathways, substantial changes to cohort numbers and substantial changes to program resources. The Committee will assess the plans against the accreditation

standards prior to implementation and may constitute an AMC accreditation assessment team to undertake activities such as interviews with staff, students and health services to support the Committee's assessment.

### Bond University, Faculty of Health Sciences & Medicine

The Bond University, Faculty of Health Sciences and Medicine offers a five-year Bachelor of Medical Studies/Doctor of Medicine (BMedSt/MD).

In June 2022 the AMC conducted a two-day virtual assessment of the Faculty's plans to establish a second annual cohort of students for the program. The accreditation report was finalised by the Committee and submitted to AMC Directors.

At their 28 July 2021 meeting, Directors resolved:

- i. the medical program of Bond University, Faculty of Health Sciences and Medicine substantially meets the accreditation standards; and
- ii. that accreditation of the five-year Bachelor of Medical Studies/Doctor of Medicine (BMedSt/MD) of the Bond University, Faculty of Health Sciences & Medicine be confirmed to 31 March 2024, subject to satisfactory progress reports; and
- iii. that accreditation is subject to the new conditions described in the report.

### University of Sydney, Sydney Medical School (Follow-up assessment and material change assessment)

The University of Sydney, Sydney Medical School offers a four-year Doctor of Medicine (MD) and a revised a four-year Doctor of Medicine (MD2020).

In August 2021, the AMC simultaneously conducted a follow up assessment of the implementation on the new MD2020 program, and a material change to the program (proposal to deliver the MD program beginning-to-end from a campus in Dubbo). The accreditation report was finalised by the Committee and submitted to AMC Directors.

At their 9 December 2021 meeting, Directors resolved:

- i. that the four-year Doctor of Medicine (MD2020) medical program of the University of Sydney, Sydney Medical School continues to substantially meet the accreditation standards;
- ii. that the four-year Doctor of Medicine (MD2020) medical program of the University of Sydney, Sydney Medical School accreditation be confirmed to 31 March 2025, subject to satisfactory progress reports; and
- iii. that accreditation of the program is subject to the conditions described in the reports, which include a follow-up at the Dubbo site in 2022.



## Accreditation assessments: extension of accreditation

The AMC considers requests for extension via an accreditation extension submission. In the submission, the education provider is expected to provide evidence that it continues to meet the accreditation standards, and that it has maintained its standard of education and of resources. The submission also provides an appraisal of the developments since accreditation, and information on plans leading up to the next AMC reaccreditation. The education provider's student society is also invited to contribute to the submission. The Committee may decide that that review of the submission should entail discussions with the education provider or an assessment by an AMC team. If, on the basis of the submission, the Committee decides that the education provider is continuing to satisfy the accreditation standards, it may recommend that the AMC Directors extend the accreditation of the program(s). The period of extension possible is usually three to four years, taking the accreditation to the full period that the AMC will grant between assessments, which is ten years. At the end of this extension, the education provider and its programs undergo a reaccreditation assessment.

From time to time, the AMC may also extend accreditation of programs to respond to specific situations, for example to enable teach out of a program when students' studies have been interrupted. In this situation the Committee assesses the program and provider against the accreditation standards and, if satisfied that the program continues to meet or substantially meet the standards it makes a recommendation to the AMC Directors on the period of extension.

### Bond University, Faculty of Health Sciences & Medicine

The Bond University, Faculty of Health Sciences and Medicine offers a five-year Bachelor of Medical Studies/ Doctor of Medicine (BMedSt/MD). In December 2021, a submission for extension of accreditation was considered by the Committee.

At their 3 February 2022 meeting, Directors resolved:

- i. that the Bond University, Faculty of Health Sciences and Medicine and its medical program continue to substantially meet the accreditation standards; and
- ii. granted an extension of the accreditation of the Bond University, Faculty of Health Sciences and Medicine's Bachelor of Medical Studies / Doctor of Medicine (BMedSt/MD) on the basis of the accreditation extension submission for the full period of accreditation, to 31 March 2026.

### Griffith University, School of Medicine

The Griffith University, School of Medicine offers a four-year Doctor of Medicine medical program. In May 2021, a submission for extension of accreditation was considered by the Committee.

At their 28 July 2021 meeting, Directors resolved:

- i. that the Griffith University, School of Medicine and its medical program continue to meet the accreditation standards; and
- ii. granted an extension of the accreditation of the Griffith University, School of Medicine's Doctor of Medicine (MD) on the basis of the accreditation extension submission for the full period of accreditation, to 31 March 2025.

### University of Auckland, Faculty of Medical and Health Sciences

The University of Auckland, Faculty of Medical and Health Sciences offers a six-year Bachelor of Medicine/ Bachelor of Surgery (MBChB). In August 2021, a submission for extension of accreditation was considered by the Committee.

At their 21 October 2021 meeting, Directors resolved:

- i. that the University of Auckland, Faculty of Medical and Health Sciences and its medical program continue to meet the accreditation standards; and
- ii. granted an extension of the accreditation of the University of Auckland, Faculty of Medical and Health Sciences Bachelor of Medicine / Bachelor of Surgery (MBChB) on the basis of the accreditation extension submission for the full period of accreditation, to 31 March 2026.

### University of Notre Dame Australia School of Medicine (Fremantle)

The University of Notre Dame Australia School of Medicine offers a four-year Doctor of Medicine (MD) at its Fremantle campus. In March 2022 a submission for extension of accreditation was considered by the Committee.

At their 2 June 2022 meeting, Directors resolved:

- i. the University of Notre Dame Australia, School of Medicine, and its medical program continue to meet the accreditation standards; and



- ii. granted an extension of the accreditation of the University of Notre Dame Australia School of Medicine (Fremantle), and its Doctor of Medicine (MD) medical program for the full period of accreditation, to 31 March 2026.

#### **University of Western Australia, Faculty of Health and Medical Sciences**

The University of Western Australia, Faculty of Health and Medical Sciences offers a four-and-a-half-year Bachelor of Medicine / Bachelor of Surgery (MBBS); and a four-year Doctor of Medicine (MD). The MBBS medical program is in teach-out. The Faculty reported that one student enrolled in the MBBS is yet to complete the program and in view of the impact of COVID-19.

At their 25 November 2021 meeting, Directors resolved:

- i. that the Bachelor of Medicine / Bachelor of Surgery (MBBS) offered by the University of Western Australia, Faculty of Health and Medical Science continues to substantially meet the accreditation standards.
- ii. to extend the accreditation of the University of Western Australia, Faculty of Health and Medical Science and its Bachelor of Medicine / Bachelor of Surgery medical program 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. Over 2020 – 2022, the Committee has issued bespoke reporting forms

for all medical schools to describe the impacts of COVID-19 on the delivery of their program, their student cohorts and staff. Particular attention has been paid to the graduating cohort to monitor the cumulative effects of the pandemic over the last few years. 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 2022

- ▶ 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
- ▶ Ms Bianca Field
- ▶ Mrs Kate Griggs

- ▶ Dr Jo Katsoris
- ▶ Dr Bhavi Ravindran
- ▶ Dr Wan Jun (June) Song
- ▶ Dr Greg Sweetman
- ▶ Dr Artiene Tatian
- ▶ Associate Professor John Vassiliadis

### Non-current members serving during 2021-22

- ▶ Dr Aniruddh Deshpande
- ▶ Dr Margaret Sturdy
- ▶ Ms Penelope Lello

## 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 an accreditation extension submission, taking the provider up to a maximum of eight years before a reaccreditation assessment by an AMC team.

### Accreditation assessments: reaccreditation

#### Postgraduate Medical Education Council of Tasmania (PMCT)

The Postgraduate Medical Education Council of Tasmania is the intern training accreditation authority for Tasmania. A reaccreditation assessment was undertaken over July-October 2021 using a hybrid model of virtual meetings and face-to-face meetings in Hobart. The accreditation report was finalised by the Committee and submitted to AMC Directors.

At their 3 February 2022 meeting, Directors resolved:

- ✚ the Postgraduate Medical Education Council of Tasmania substantially meets the domains for assessing intern training accreditation authorities;
- ✚ the Postgraduate Medical Education Council of Tasmania be accredited as an intern training accreditation authority for five years, to 31 March 2027, subject to satisfactory annual progress reports to the AMC; and
- ✚ this accreditation is subject to the conditions described in the report.

#### Queensland Department of Health – Prevocational Medical Accreditation Queensland (PMAQ)

Queensland Department of Health – Prevocational Medical Accreditation Queensland (PMAQ) is the intern training accreditation authority for Queensland. A reaccreditation assessment was undertaken over April-June 2021 using a hybrid model of virtual meetings and face-to-face meetings in Brisbane. The accreditation report was finalised by the Committee and submitted to AMC Directors.

At their 9 September 2021 meeting, AMC Directors resolved:

- ✚ the Queensland Department of Health – Prevocational Medical Accreditation Queensland (PMAQ) meets the domains for assessing intern training accreditation authorities;
- ✚ the Queensland Department of Health – Prevocational Medical Accreditation Queensland, be accredited as an intern training accreditation authority for three

years, to 31 March 2025, subject to satisfactory annual progress reports to the AMC; and

- ✚ the accreditation is subject to the condition described in the report.

#### South Australian Medical Education and Training Health Advisory Council (SA MET)

Planning for the reaccreditation assessment of the South Australian Medical Education and Training Health Advisory Council (SA MET) is underway with the assessment activities planned to commence in July 2022.

### Accreditation assessments: extension of accreditation

The AMC considers requests for extension via an accreditation extension submission. In the submission, the intern training accreditation authority is expected to provide evidence that it continues to meet the accreditation domains. The report also provides an appraisal of the developments since accreditation, and information on plans leading up to the next AMC reaccreditation. If, on the basis of the submission, the Committee decides that the authority is continuing to satisfy the accreditation domains, it may recommend that the AMC Directors extend the accreditation. The period of extension possible is usually two to three years, taking the accreditation to the full period that the AMC will grant between assessments, which is eight years. At the end of this extension, the authority undergoes a reaccreditation assessment.



### **Northern Territory Prevocational Medical Assurance Services (NT PMAS)**

In March 2022 a submission for extension of accreditation was considered by the Committee.

At their 2 February 202 meeting, Directors resolved:

- i. that Northern Territory Prevocational Medical Assurance Services (NT PMAS) meets the domains for assessing intern training accreditation authorities; and
- ii. to extend the accreditation of Northern Territory Prevocational Medical Assurance Services (NT PMAS) as an intern training accreditation authority for three years to 31 March 2025, taking accreditation to the full period which the AMC will grant between assessments, which is eight years.

### **Postgraduate Medical Council of Victoria (PMCV)**

In March 2022 a submission for extension of accreditation was considered by the Committee.

At their 2 February 2022 meeting, Directors resolved:

- i. that Postgraduate Medical Council of Victoria (PMCV) meets the domains for assessing intern training accreditation authorities, and
- ii. to extend the accreditation of Postgraduate Medical Council of Victoria (PMCV) as an intern training accreditation authority for two years to 31 March 2024, taking accreditation to the full period which the AMC will grant between assessments, which is eight years.

### **Postgraduate Medical Council of Western Australia (PMCWA)**

In March 2022 a submission for extension of accreditation was considered by the Committee.

At their 2 February 202 meeting, Directors resolved:

- i. that Postgraduate Medical Council of Western Australia (PMCWA) meets the domains for assessing intern training accreditation authorities, and

- ii. to extend the accreditation of Postgraduate Medical Council of Western Australia (PMCWA) as an intern training accreditation authority for two years to 31 March 2024, taking accreditation to the full period which the AMC will grant between assessments, which is eight years.



## Monitoring and changes related to the consequences of COVID-19

The Committee continues to monitor ongoing impacts to providers as a consequence of COVID-19 through the usual annual monitoring process.

## 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.

Three providers submitted an application for initial accreditation.

### Latrobe Regional Hospital

Latrobe Regional Hospital'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 February 2022.

AMC Directors at their 4 March 2022 meeting granted initial accreditation to Latrobe Regional Hospital, subject to satisfactory monitoring submissions, until the

Assessment Committee evaluates the results of the first cohort of candidates.

### Northern Adelaide Local Health Network

Northern Adelaide Local Health Network'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 December 2021.

AMC Directors at their 3 February 2022 meeting granted initial accreditation to Northern Adelaide Local Health Network, subject to satisfactory monitoring submissions, until the Assessment Committee evaluates the results of the first cohort of candidates.

### Northern New South Wales Local Health District

Northern New South Wales 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 2022.

AMC Directors at their 12 April 2022 meeting granted initial accreditation to Northern New South Wales Local Health District, subject to satisfactory monitoring submissions, 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 an accreditation extension submission 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 an accreditation extension submission:

### Limestone Coast Local Health Network (formerly managed by Flinders Rural Health South Australia)

Limestone Coast Local Health Network's extension submission and monitoring information was considered by the Committee in March 2022.

The Directors at their 12 April 2022 meeting agreed to re-accredit Limestone Coast Local Health Network and its Workplace Based Assessment accreditation for four



years to 30 June 2026, subject to satisfactory monitoring submissions reports to the AMC.

### **Mid North Coast Local Health District**

Mid North Coast Local Health District's extension submission and monitoring information was considered by the Committee in March 2022.

The Directors at their 12 April 2022 meeting agreed to re-accredit Mid North Coast Local Health District and its Workplace Based Assessment accreditation for four years to 30 June 2026, subject to satisfactory monitoring submissions reports to the AMC.

### **Monash Health**

Monash Health's extension submission and monitoring information was considered by the Committee in December 2021.

The Directors at their 9 December 2021 meeting agreed to re-accredit Monash Health and its Workplace Based Assessment accreditation for three and a half years to 30 June 2025, subject to satisfactory monitoring submissions 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.

While usual reporting resumed in 2021, the Committee continues to monitor ongoing impacts to providers as a consequence of COVID-19 through annual monitoring. 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.

## **Changes to WBA programs and providers**

During 2021-22, the AMC approved changes to the WBA programs of the following providers:

- + Limestone Coast Local Health Network
- + Hunter New England Local Health District
- + 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 three accredited PESCI providers: the Australian College of Rural and Remote Medicine, the Royal Australian College of General Practitioners and the METC Institute.

One new provider submitted an application for initial accreditation in the 2021-22 period:

### **METC Institute (Institute of Medical Education)**

METC Institute's application for accreditation was considered by the Committee in December 2021 and March 2022.

AMC Directors at their 12 April 2022 meeting granted initial accreditation to METC Institute as a PESCI provider, subject to satisfactory monitoring submissions.





## Monitoring and changes related to the consequences of COVID-19

While usual reporting resumed in 2021, the Committee continues to monitor ongoing impacts to providers as a consequence of COVID-19 through annual monitoring.

## Workplace Based Assessment

One of the five pillars in the [AMC's Strategic Plan 2022-2028](#), is Promoting medical education and training that is responsive to the workforce needs of the Australian community and this pillar includes an action (SA2.6) of 'Strengthening assessment: As the organisation assessing international medical graduates, we will share learning about good practice in assessment and support the continuous improvement of assessment of medical students and practitioners.'

Work on the WBA Roadmap has continued although scaled back to support the prioritisation of work and resourcing for the AMC clinical examinations. During 2021-22, 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 2022

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- › Professor Robyn Langham (Chair)
- › Dr Lindy Roberts (Deputy Chair)
- › Dr Emmanuel Anthony
- › Associate Professor Marco Briceno
- › Dr Caroline Clarke
- › Ms Jacqui Gibson
- › Professor Marc Gladman
- › Dr Kim Hill
- › Dr Tammy Kimpton
- › Ms Helen Maxwell-Wright
- › Dr Sarah Nicolson
- › Dr Vijay Roach
- › Professor Stephen Robson

- › Dr Laura Raiti
- › Ms Kiri Rikihana
- › Associate Professor Alan Sandford AM
- › Dr Andrew Singer AM
- › Dr Philip Truskett AM
- › Dr Margaret Wilsher

### Non-current members serving during 2021-22

- › Dr Kym Jenkins
- › Associate Professor Abdul Khalid
- › Professor Anthony Lawler
- › Professor Dominic Upton

## Training and education programs

### Accreditation assessments: reaccreditation

#### Australian College of Rural and Remote Medicine: reaccreditation assessment

In October 2021, the AMC conducted a reaccreditation assessment of the training, education and continuing professional development programs of the Australian College of Rural and Remote Medicine. AMC Directors, at their 4 March 2022 meeting, found the training, education and continuing professional development programs of the Australian College of Rural and Remote Medicine in the recognised medical specialty of General Practice substantially meet the accreditation standards and granted accreditation to 31 March 2028, subject to the submission of satisfactory monitoring submissions.

### Accreditation assessments: follow up assessments

When making an accreditation decision, AMC Directors may set the requirement for a follow up assessment to review progress on outstanding conditions on accreditation and/or to review progress on substantive changes being introduced to the accredited program over time, for example following a curriculum review.

#### Australasian College for Emergency Medicine

In August 2021, an AMC team completed an assessment of the training, education and continuing professional development programs of the Australasian College for Emergency Medicine. AMC Directors, at their 25 November 2021 meeting, found the training, education and continuing professional development programs of the Australasian College for Emergency Medicine in the

recognised medical specialties of Emergency Medicine and Paediatric Emergency Medicine, substantially meet the accreditation standards and granted accreditation to 31 March 2026, subject to the submission of satisfactory monitoring submissions.

#### Australasian College of Dermatologists

In September 2021 an AMC team completed an assessment of the training, education and continuing professional development programs of the Australasian College of Dermatologists. AMC Directors, at their 4 March 2022 meeting, found the training, education and continuing professional development program of the Australasian College of Dermatologists in the recognised medical specialty of dermatology substantially meet the approved accreditation standards and granted accreditation for a further two years, to 31 March 2024.

#### Royal Australasian College of Surgeons

In June 2021, an AMC team completed an assessment of the training, education and continuing professional development programs of the Royal Australasian College of Surgeons. AMC Directors, at their 9 December 2021 meeting, found the training, education and continuing professional development programs of the Royal Australasian College of Surgeons in the recognised medical specialty of Surgery, substantially meet the accreditation standards and granted accreditation to 31 March 2024, subject to the submission of satisfactory monitoring submissions. This accreditation decision covers the follow fields of specialty practice:

- + cardio-thoracic surgery
- + general surgery
- + neurosurgery

- + orthopaedic surgery
- + otolaryngology – head and neck surgery
- + paediatric surgery
- + plastic and reconstructive surgery
- + urology
- + vascular surgery

### Accreditation assessments: material changes

#### Royal Australian and New Zealand College of Psychiatrists

In December 2021, the Royal Australian and New Zealand College of Psychiatrists proposed a change to the assessment requirements for the specialist training program. The proposal was assessed by the Committee against the accreditation standards and at their 9 December 2021 meeting, AMC Directors accepted these changes and confirmed accreditation of the provider and its program.

### Accreditation assessments: extension of accreditation

The AMC considers requests for extension via an accreditation extension submission. In the submission, the education provider is expected to provide evidence that it continues to meet the accreditation standards, and that it has maintained its standard of education and of resources. The submission also provides an appraisal of the developments since accreditation, and information on plans leading up to the next AMC reaccreditation. The education provider's student society is also invited to contribute to the submission. The Committee may decide that that review of the submission should entail discussions with the education provider or an assessment



by an AMC team. If, on the basis of the submission, the Committee decides that the education provider is continuing to satisfy the accreditation standards, it may recommend that the AMC Directors extend the accreditation of the program(s). The period of extension possible is usually three to four years, taking the accreditation to the full period that the AMC will grant between assessments, which is ten years. At the end of this extension, the education provider and its programs undergo a reaccreditation assessment.

From time to time, the AMC may also extend accreditation of programs to respond to specific situations, for example to enable teach out of a program when students' studies have been interrupted. In this situation the Committee assesses the program and provider against the accreditation standards and, if satisfied that the program continues to meet or substantially meet the standards it makes a recommendation to the AMC Directors on the period of extension.

### **Royal Australian College of General Practitioners**

At their meeting on 4 March 2022, AMC Directors extended the accreditation of Royal Australian College of General Practitioners and training, education and continuing professional development programs in the recognised specialty of general practice for one year, to 31 March 2025.

### **Planning for accreditation assessments**

The following accreditation assessments have commenced or planning has begun:

- + College of Intensive Care Medicine of Australia and New Zealand (Assessment visit: April 2022)
- + Australian and New Zealand College of Anaesthetists and Faculty of Pain Medicine (Assessment visit: July 2022)
- + Royal Australian and New Zealand College of Psychiatrists (Assessment visit: October 2022)
- + Royal Australian and New Zealand College of Obstetrics and Gynaecology (Assessment visit: July 2023)
- + Royal Australian and New Zealand College of Radiologists (Assessment visit: August/September 2023).

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. The AMC has established a hybrid model for accreditation assessments of specialist medical colleges and their programs. When travel has been permitted, this model involves in person meetings between the assessment team, college staff, committees, supervisors, and trainees, supplemented by tele/videoconference meetings with groups across Australia and New Zealand.

In response to COVID-19 travel restrictions in Australia and New Zealand, accreditation assessments were able to be held predominantly online in 2020 and 2021

and included face to face meetings or site visits where possible, usually in capital cities or where team members are located locally.

### **Monitoring and changes related to the consequences of COVID-19**

Usual reporting resumed in 2021 and the Committee continues to monitor ongoing impacts to colleges as a consequence of COVID-19 through annual monitoring.



# Assessment and Innovation

The AMC Assessment and Innovation business area is responsible for the assessment of international medical graduates seeking medical registration to practise 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 as well as online 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.

## Assessment Committee

The Assessment Committee monitors the operation of the AMC examinations including primary The Assessment Committee monitors the operation of the AMC examinations including primary source verification, and reviews the performance of the Multiple-Choice Questionnaire (MCQ) examination, and the Clinical Examination and Workplace Based Assessment results. Several Panels and sub-groups report to the Committee, with a focus on the generation of examination questions and scenarios, approving results and ongoing development of the examinations and assessment processes.

### Membership as at 30 June 2022

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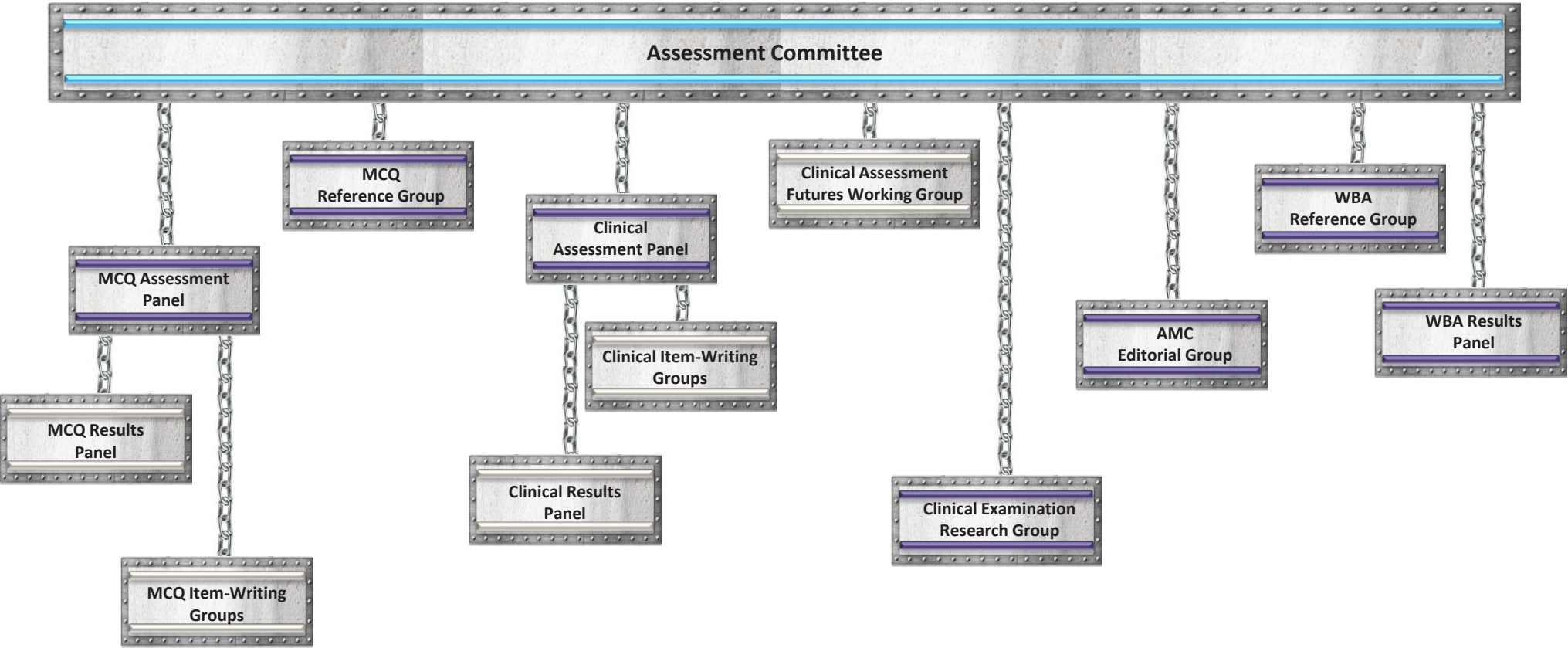
- ▶ Emeritus Professor David Prideaux - Chair
- ▶ Professor Amanda Barnard - Deputy Chair
- ▶ Dr Ayesha Akram
- ▶ Professor John Barnard
- ▶ Assoc. Professor Amanda Dawson
- ▶ Assoc. Professor Peter Devitt
- ▶ Ms Christine Edwards
- ▶ Professor Liz Farmer
- ▶ Dr Justin Gladman
- ▶ Dr Catherine Hickie
- ▶ Professor Nicky Hudson
- ▶ Professor Lisa Jackson Pulver AM
- ▶ Professor Philip Jones

- ▶ Dr Mandeep Kalsi
- ▶ Professor Kichu Nair AM
- ▶ Professor Lambert Schuwirth
- ▶ Mr Tom Symonds
- ▶ Dr David Thomas
- ▶ Professor Josephine Thomas

### *Non-current members serving during 2021-22*

- ▶ Dr Peter Harris
- ▶ Professor Philippa Hay
- ▶ Mr Fergus Leicester
- ▶ Dr Narelle Mackay

Assessment Committee structure



Constituted Committee overseeing large functional areas of the AMC

Established to provide expert advice on specific issues or long-term projects

Established as required and generally with a defined task and time limit





## Impact of the COVID-19 Pandemic

The recommencement of the MCQ and Clinical examinations has been a priority for the AMC. However, the AMC's professional standing and responsibilities to undertake assessment of international medical graduates has needed to be balanced with the potential health and safety of participants.

- ✚ The MCQ examinations were suspended for two months from April to May 2020, and then recommenced. Candidate numbers in 2022 are exceeding pre-Covid levels.
- ✚ The Online Clinical Examination was successfully introduced in March 2021. The NTC in-person Clinical Examinations recommenced on 29 March 2022. The Workplace Based Assessment programs continued to operate albeit with some modifications according to local clinical conditions.



The AMC maintained 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 were also provided to all AMC examination participants and NTC external clients.

## Priorities

In 2021-22 several projects were identified and undertaken to align with the AMC's strategic pillars. The major initiatives are set out below:

### Create efficiency and quality improvement across assessment pathways

#### AMC & Medical Deans of Australia and New Zealand (MDANZ)

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.

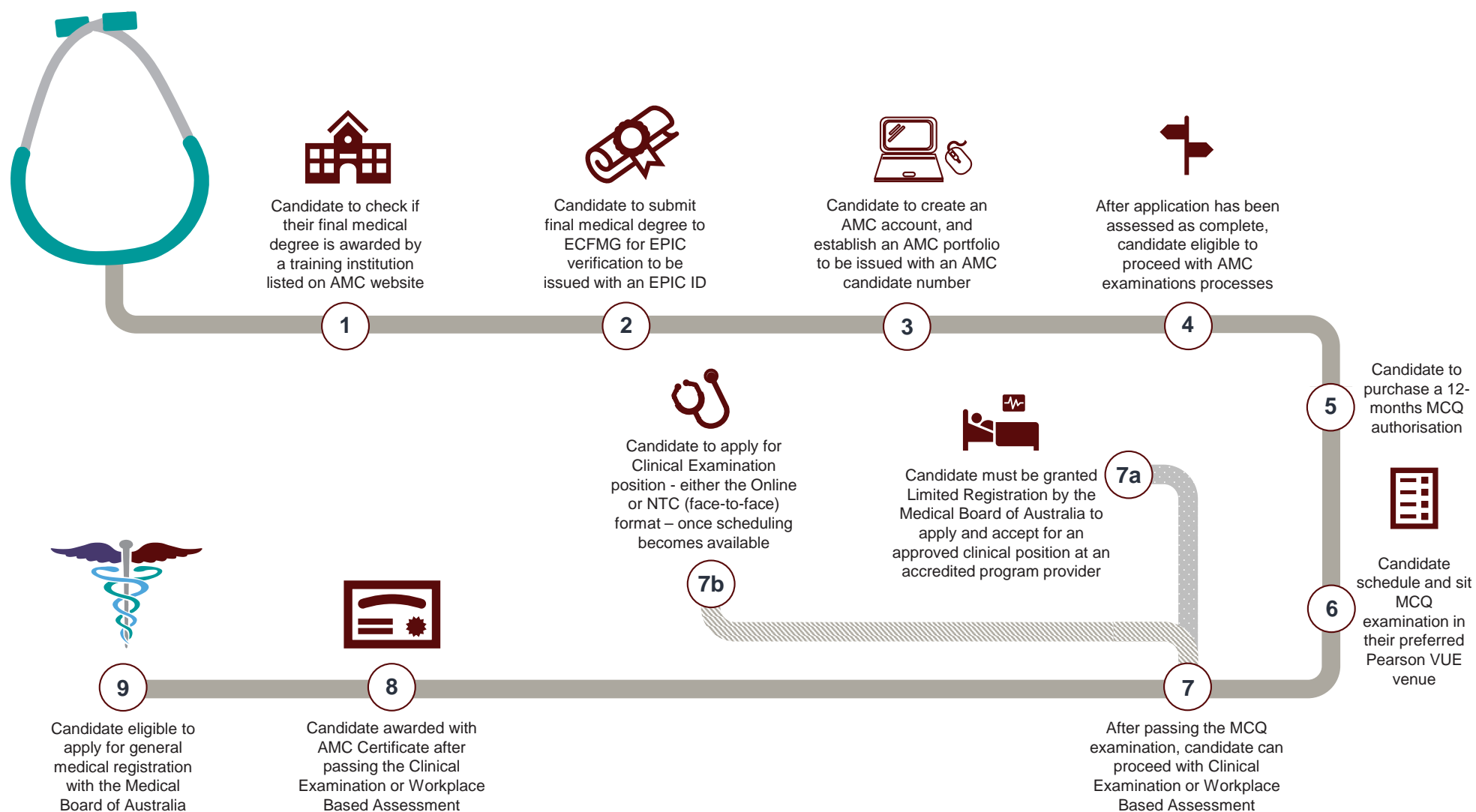
In February 2020 the AMC and MDANZ executive teams and leading academics began developing a framework to extend the collaboration opportunities for both organisations. This was interrupted in March 2020 due to COVID-19 and the focus shifted to continuing to support the collaboration and current MCQ benchmarking 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 approach to the collaboration and are currently finalising a Memorandum of Understanding document. Work will include:

- ✚ Finalising an information pack to be sent to medical schools to promote the project and report structure
- ✚ Holding capacity building workshops to upskill item-writers; and
- ✚ Benchmark the standard of the AMC's MCQ examination with Australian university students.

## Standard Pathway

This pathway is for international medical graduates seeking general registration with the Medical Board of Australia, and involves completion of the AMC CAT MCQ examination followed by either the structured AMC Clinical examination, or an approved Workplace Based Assessment program.



## Update the delivery of AMC publications and handbooks

### Australian Medicine in Context publication

The AMC Anthology of Medical Conditions, first printed 2003, will be replaced with a new publication in 2023 referred to as Australian Medicine in Context. The Editorial Group, led by Editor-in-chief and Chair, Professor Tim Wilkinson, is progressing the writing of the new publication to ensure the content remains current and reflects medicine in the context of Australian practice.

This publication is designed to assist:

- + international medical graduates who wish to practise in Australia, but first are required to pass the AMC assessments
- + panel members who write questions for the AMC examinations or those wishing to devise assessments; and
- + Australian medical students, since the book aims to set out what is needed at the point of graduation as a doctor.

The introductory chapters of Australian Medicine in Context are designed to inform international medical graduates on what is required for practicing medicine in Australia and an overview on Australian culture and society. The Professional Practice chapter contains short sections on common and important patient presentations and highlights the Legal, Ethical and Organisational topics required for practicing medicine as well as generic skills needed by doctors.

The book also includes sections on important issues in professional practice, including cultural safety and will undergo an external review by suitably qualified Aboriginal and/or Torres Strait Islander People.

There are several iterations of editing as well as indexing, graphic design, marketing and stakeholder communications before publication.

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

### Assessment Statistics







## 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 a medical school listed in the World Directory of Medical Schools (WDoMS) and AMC website. This directory lists only medical schools assessed as educational institutions that provide a complete or full program of instruction leading to a basic medical and surgery qualification; that is, a qualification that permits the holder to obtain a licence to practice as a medical doctor or physician.

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 1,714 medical institutions in the e-verifications system.

In the 2021-22 reporting period a total of 5,383 portfolio applications were established (an average of 103 applications per week). A total of 732 additional medical qualifications were added to international medical graduate portfolios.

A summary of key statistics for the 2021-22 year follows.



## AMC portfolio applications statistics

**Table 1: AMC Portfolio applications established and additional qualifications added**

Qualification type	2020-21	2021-22	Variances
AMC Portfolio applications	3,995	5,383	(35%)
Additional qualifications added to portfolios	665	732	(11%)
<b>Total qualifications verified</b>	<b>4,660</b>	<b>6,115</b>	<b>(31%)</b>

AMC Portfolio applications for the 2021-22 reporting period have recovered to pre-COVID volumes.

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

2020-21		2021-22		Significant variances (>10%)
Country	Total	Country	Total	
United Kingdom	814	United Kingdom	943	(16%)
India	659	Sri Lanka	725	
Ireland	257	India	669	
Pakistan	226	Ireland	512	
Iran	222	Iran	265	(19%)
Sri Lanka	222	Pakistan	257	
Philippines	176	Malaysia	240	
Bangladesh	164	Philippines	238	
Malaysia	151	South Africa	175	
South Africa	108	Nigeria	134	
<b>Total</b>	<b>2,999</b>	<b>Total</b>	<b>4,158</b>	<b>(39%)</b>

Compared to the 2020-21 period, only two of the ten highest countries remain unchanged. Sri Lanka, India, Ireland, Pakistan, Malaysia, Philippines and South Africa changed positions, with Bangladesh replaced by Nigeria. Overall, numbers across the top 10 countries have increased in 2021-22 by 39% to pre-COVID volumes. The top 10 countries comprise just over 77% of all applications.

**Table 3: Requests for Primary Source Verification**

Qualification type	EPIC verified 2020-21	EPIC verified 2021-22	Variances
Primary qualifications	3,294	4,745	(44%)
Postgraduate qualifications	1,421	1,852	(30%)
<b>Total qualifications verified</b>	<b>4,715</b>	<b>6,597</b>	<b>(40%)</b>

Requests for primary source verification for the 2021-22 reporting period has recovered to pre-COVID volumes.



## De-listing of Jiangxi University of Traditional Chinese Medicine in the People's Republic of China from the World Directory of Medical Schools and AMC Standard Pathway eligibility

The Educational Commission for Foreign Medical Graduates (ECFMG) and the World Federation for Medical Education (WFME) have removed the Jiangxi University of Traditional Chinese Medicine from WDoMS as it was determined this university does not provide the required program.

Graduates of this school's integrated Western and Traditional Chinese Medicine program are therefore not eligible for the AMC Standard Pathway.

## Primary Source Verification issues experienced with the Baqiyatallah University of Medical Sciences in Iran

The AMC was notified that the Baqiyatallah University of Medical Sciences in Iran is currently listed on the U.S. Department of Treasury's Office of Foreign Assets Control (OFAC) Specially Designated Nationals (SDN) list. The ECFMG is therefore unable to complete verification for this medical school.

On 24 September 2021, the Assessment Committee (Executive) members unanimously supported the recommendation for the AMC not to undertake the verifications process of medical qualifications issued by Baqiyatallah University of Medical Sciences in Iran due to concerns for the AMCs involvement with this medical school.

This decision was supported by the AMC Directors at the meeting held on 21 October 2021, and the affected candidates notified accordingly.

## Political issue in Myanmar

With the current political situation in Myanmar, medical schools are prohibited from issuing graduation documentation, or to verify graduation documentation already issued. To obtain primary source verification is a registration requirement by the Medical Board of Australia.

Due to the lack of documentation and the inability to obtain primary source verification, the AMC allowed new graduates to submit a portfolio application and to submit their internship letter. These candidates were allowed to proceed with the MCQ examination, however not permitted to continue with the Clinical Examination whilst the AMC was liaising with ECFMG on potential alternative options to obtain primary source verification.

ECFMG has confirmed that without the required documentation, they are unable to proceed with the primary source verifications process.

The AMC raised the situation with the Medical Board of Australia (the Board). In March 2022 the Board informed the AMC that the new graduates are not eligible for any type of registration due to their inability to provide evidence of being awarded a primary medical degree. The AMC informed the affected candidates of the Board's decision and provided a full refund. The AMCs candidate portal has been amended to warn potential Myanmar graduates without graduation documentation of their inability to submit an AMC application.

ECFMG has further informed the AMC that an alternative method of verifying the qualifications of Myanmar candidates will commence in April 2022. Myanmar candidates who have been awarded a medical degree can apply for verification through an attestation process. This process involves the applicant requesting an exception to the standard process and providing the following documents for assessment:

- + final diploma (and translations)
- + final transcript (and translations); and
- + three acceptable attestations. Attestations must be from US or Australian registered doctors confirming they know the applicant and that they were in the same medical school cohort together and attesting to other information such as the applicant passing their final examinations and graduating.

These candidates are allowed to proceed with the AMC examinations process, and after passing both the MCQ and Clinical Examinations, to be issued with an AMC certificate.

After providing evidence to the Board on the processes involved, including the verification documentation to be issued, it was confirmed these candidates are able to apply for registration when eligible.

## Primary qualification verification statistics

**Table 4: Ten highest volume countries by primary qualifications added to AMC portfolios in the 2021-22 reporting period compared with 2020-21**

2020-21		2021-22		Significant variances (>10%)
Country	Total	Country	Total	
United Kingdom	871	United Kingdom	955	
India	470	Ireland	562	
Ireland	295	Sri Lanka	511	
Pakistan	208	India	407	
Iran	190	Philippines	237	
Philippines	180	Pakistan	220	
Bangladesh	167	Iran	212	
Sri Lanka	136	China	127	
China	129	Bangladesh	118	
South Africa	92	Malaysia	112	
<b>Total</b>	<b>2,738</b>	<b>Total</b>	<b>3,461</b>	<b>(26%)</b>

Compared to the 2020-21 period, only one of the ten highest countries remains unchanged. Ireland, Sri Lanka, India, Philippines, Pakistan, Iran, China and Bangladesh changed positions, with South Africa replaced by Malaysia. Overall, numbers across the top 10 countries have increased in 2021-22 by 26% to pre-COVID volumes. The top 10 countries comprise just over 73% of all applications.

## Postgraduate qualification verification statistics

**Table 5: Ten highest volume countries by postgraduate training added to AMC portfolios in the 2021-22 reporting period compared with 2020-21**

2020-21		2021-22		Significant variances (>10%)
Country	Total	Country	Total	
United Kingdom	489	United Kingdom	483	
India	348	India	260	
USA	162	Sri Lanka	176	
South Africa	99	South Africa	133	(34%)
Sri Lanka	84	USA	64	
Ireland	75	Iran	54	
Canada	65	Ireland	48	
Hong Kong	59	Hong Kong	42	
Iran	57	Canada	39	
Egypt	52	Malaysia	37	
<b>Total</b>	<b>1,490</b>	<b>Total</b>	<b>1,336</b>	<b>(11%)</b>

Compared to the 2020-21 period, four of the ten highest countries remain unchanged, however Sri Lanka, USA, Iran, Ireland and Canada changed positions with Egypt replaced by Malaysia. Overall, numbers across the top 10 countries have decreased in 2021-22 by 11%. The top 10 countries comprise just over 72% of all applications.

## AMC Top Medical Schools Activity as at 30 June 2022

[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 from a medical school listed in the World Director of Medical Schools (WDOMS) and AMC website. The MCQ Examination, which is delivered as a Computer-Based Adaptive Test, 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. 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 number of candidates undertaking the MCQ Examinations are currently exceeding pre-COVID volumes, with most examination centres operating at full capacity.

However, 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.

### Item Response Theory Non-IPK Exam Scores and Future Research Directions

In 2021, the Anti Malpractice Software ('AMPS') project was initiated, aimed at improving exam validity by reducing the effects of item pre-knowledge (IPK) by identifying and removing compromised items. At this point over 1000 items have been removed and replaced, with promising results in terms of convergence of actual exam scores and the scores for the same exams recalculated using only non-compromised items.

## Statistical reporting

In the 2021-22 reporting period a total of 2,696 MCQ Examinations were conducted by the AMC in Australia or in one of 352 internationally controlled examination facilities (285 in USA and a further 67 globally (APAC & EMEA)).

Of that number, 1,760 international medical graduates were presenting for the first time. This is a significant increase from the previous year as testing centres are operating at normal capacity. Although this number increased from the previous year, those undertaking retests was consistent.

A total of 1,250 international medical graduates passed the examination and qualified to proceed to the AMC clinical examination.

### Johannesburg, South Africa

The AMC CAT MCQ Examination has not been offered in South Africa, or any other location in Sub-Saharan Africa, since 2006/2007 when the computer-administered format of the MCQ was made available internationally.

The decision not to provide the MCQ Examination in South Africa, was made to comply with the position taken by the Australian Government on the agreement of the Commonwealth Heads of Government Meeting (CHOGM) in May 2003 to adopt The Commonwealth Code of Practice for the International Recruitment of Health Workers.



The AMC is receiving regular enquiries from South African-based doctors wanting to undertake the AMC's MCQ Examinations at a venue available in South Africa as it is expensive and time consuming to travel to the nearest available Pearson VUE centre (mostly the UK).

International travel is still affected due to COVID border lockdowns, having an adverse effect on South African doctors attempting to progress with the Standard Pathway.

A discussion was held with the Medical Board of Australia in June 2021 to obtain their acceptance to expand MCQ venues to Johannesburg, South Africa. The Board confirmed their support in July 2021 with the AMC Directors approving the decision in October 2021.

This venue was made available from February 2022, with steady attendance numbers reported.

## Yangon, Myanmar

Following the 2021 general election in Myanmar, the military seized control declaring a year-long state of emergency. The coup led to Myanmar citizens being banned from leaving Myanmar, and should they choose to do so, their lives will be in serious danger if they intend to return to Myanmar.

The AMC has been contacted by Myanmar-based doctors keen to proceed with the Standard Pathway. As a result, the AMC held discussions with Pearson VUE to discuss the possibility of opening the Pearson VUE venue in Yangon for MCQ examinations as a temporary arrangement.

The venue was made available to Myanmar-based candidates from October 2021 and will continue while there is demand.



## 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 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.

**Table 6: MCQ examination Statistics comparison for the 2020-21 and 2021-22 financial years**

	2020-21	2021-22	Variances
Total international medical graduates undertaking examination	1,945	2,696	(39%)
Presenting for the first time	1,291	1,760	(36%)
<b>Total passed</b>	<b>1,049</b>	<b>1,250</b>	<b>(19%)</b>
<b>Total passed %</b>	<b>54%</b>	<b>46%</b>	<b>(-15%)</b>

Compared to the 2020-21, the numbers for the 2021-22 reporting period have recovered to pre-COVID volumes, however the pass rate has decreased by 15%.

## 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 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.

From 2013 to 2020 all AMC clinical examinations were 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 launched in March 2021.

International medical graduate eligibility, volumes and future demand are analysed and managed closely. Scheduling priority was initially provided to international medical graduates on the waiting list from postponed 2020 examinations, and was then opened to all eligible international medical graduates, including overseas-based candidates.

While conducting the online Clinical Examination, work to prepare the NTC to conduct in-person clinical examination events has been substantial with a focus on meeting government regulations and guidelines to help ensure a COVID-safe environment to protect the health and safety of all examination participants. This involved the development and implementation of a COVID-safe policy, including COVID Safe plans and guidelines, as well as the improvement of the air conditioning systems.

Following the successful trials in 2021, the Brightlink online marksheet was fully implemented for the online Clinical Examinations in March 2022. Training sessions were provided to examiners the night prior to their scheduled attendance at an examination.

In conjunction with continuing online examinations, the AMC re-commenced in-person clinical examinations on 29 March 2022 with additional examination dates added to meet international medical graduates' demand.

### Statistical reporting

In the 2021-22 reporting period the AMC conducted 119 clinical examinations, assessing 1,787 international medical graduates. A total of 381 passed the examination and qualified for the AMC Certificate. Of these, 962 presented for the first time.

**Table 7: Clinical examination Statistics comparison for the 2020-21 and 2021-22 financial years**

	2020-21	2021-22	Variances
Total International medical graduates undertaking examination			
• Online examination = 1,371	488	1,787	(266%)
• NTC examination = 416			
Presenting for the first time	231	962	(316%)
<b>Total passed</b>	<b>126</b>	<b>381</b>	<b>(202%)</b>
<b>Total passed %</b>	<b>26%</b>	<b>21%</b>	<b>(-19%)</b>

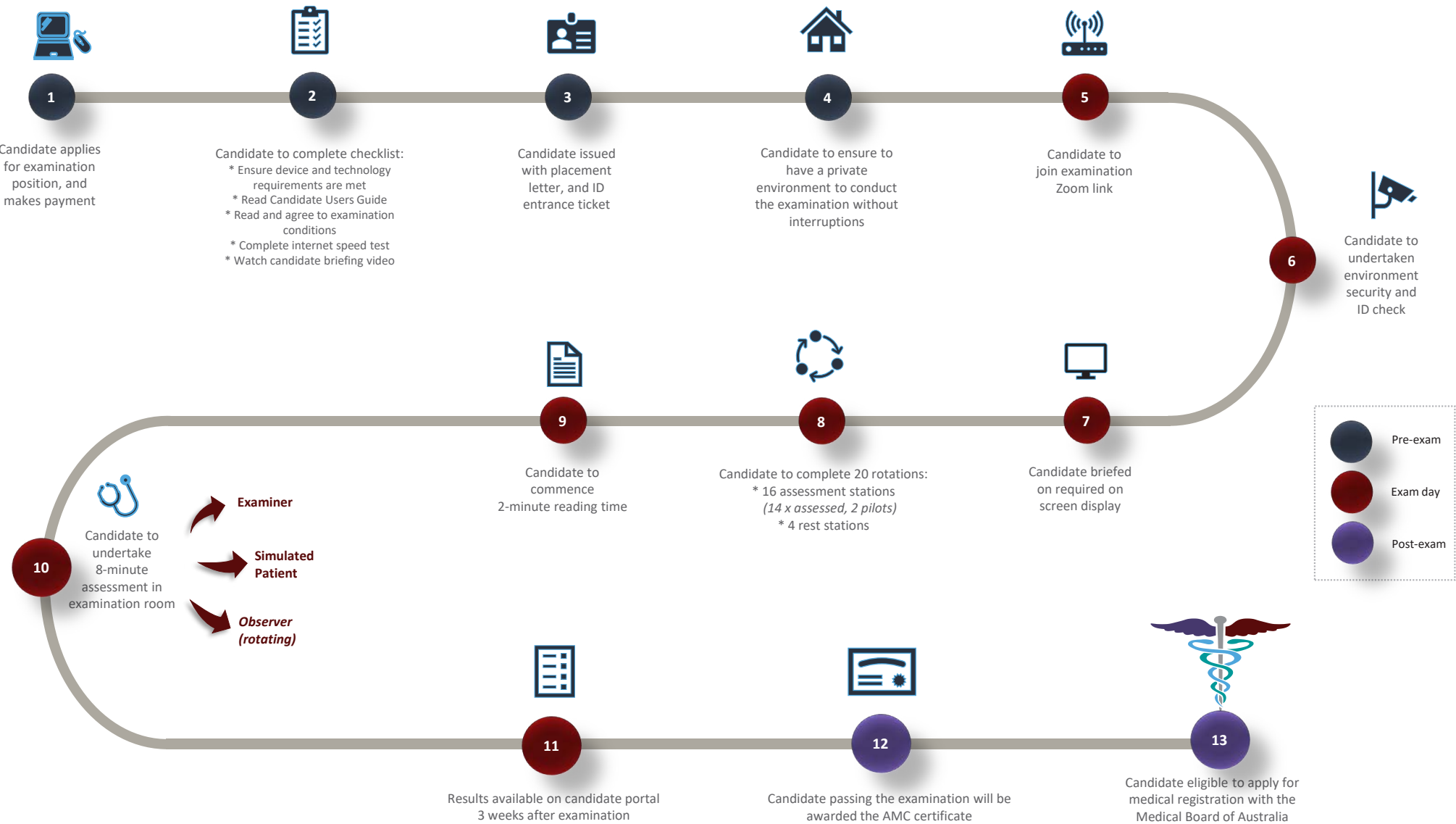
The numbers above indicate a steady increase from the previous year with both the online and face-to-face clinical examinations available. Compared to the 2020-21, the pass rate has decreased by 19%

### Clinical examination Country of Training Statistics

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

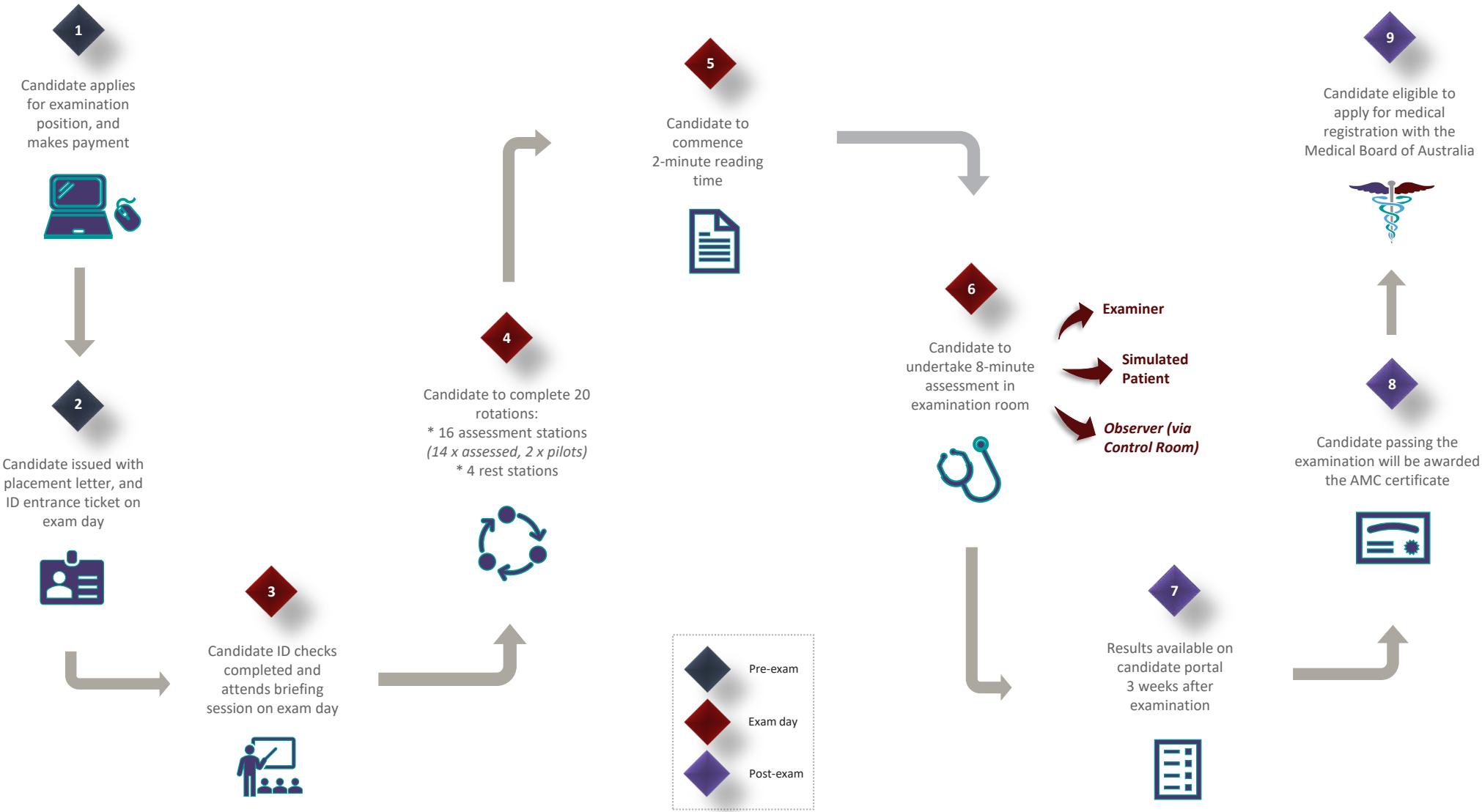


Online clinical examination process





Clinical face-to-face Examination process



## 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 Workplace Based Assessment 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 Workplace Based Assessment program is assessed in the workplace it allows international medical graduates to work under supervision 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 a workplace based assessment is on the international medical graduates' application of their knowledge and clinical skills in their clinical workplace setting. The Workplace Based Assessment program 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.

## WBA accredited providers as at June 2022

There are 14 AMC accredited Workplace Based Assessment providers, including 3 new providers accredited in 2021-22:

- + Central Coast Local Health District
- + Limestone Coast Local Health Network (previously known as Flinders Rural Health South Australia (Mount Gambier SA))
- + Hunter New England Local Health District
- + Illawarra Shoalhaven Local Health District
- + Launceston General Health
- + Mid North Coast Local Health District (Kempsey District Hospital)
- + Monash Health
- + WA Country Health
- + Wide Bay Hospital and Health Services
- + Sunshine Coast Hospital and Health Services
- + South Western Sydney Local Health District
- + Northern Adelaide Local Health Network – NEW
- + Latrobe Regional Hospital – NEW
- + Northern New South Wales Local Health District - NEW

## Impact of COVID-19 on Workplace Based Assessment

In 2020 the AMC corresponded with all workplace based assessment providers regarding 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 Workplace Based Assessment programs,

and changes to the accredited assessment plan. On advice from the Prevocational Standards Accreditation Committee, AMC Directors approved minor changes to the Workplace Based Assessment plans of most providers, with the AMC's focus being assurance that each 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 Workplace Based Assessment providers to continue to notify the AMC and seek approval of potential changes to the assessment plan in advance of their implementation.

## Statistical reporting

Workplace Based Assessment are undertaken by providers accredited by the AMC. Three new providers received initial accreditation during 2021-22. One of these commenced their first cohort from November 2021.

In the 2021-22 reporting period, ten accredited Workplace Based Assessment providers assessed 156 international medical graduates, with a total of 153 completing the assessment to a satisfactory standard and qualifying for the AMC Certificate. However, the results of three international medical graduates were pending as additional assessments were required.



Location of WBA accredited providers as at June 2022





## Electronic AMC Certificates

While the launch of the new online Clinical Examination in March 2021 allowed international medical graduates outside of Australia the opportunity to undertake the AMC Clinical Examination without the risk of travel restrictions, it raised an issue with the current process not allowing for AMC certificates to be issued and mailed to international medical graduates with non-Australian addresses.

To provide for this change, from December 2021 the AMC commenced generating electronic certificates which are uploaded to candidates' AMC Accounts to view and download.

**Table 8: WBA Statistics comparison for the 2020-21 and 2021-22 financial years**

	2020-21	2021-22	Variances
Total international medical graduates undertaking and completing the Workplace Based Assessment	153	156	
Total international medical graduates passing the Workplace Based Assessment	152	153	
Total international medical graduates Workplace Based Assessment results pending	0	*3	
Total international medical graduates failed the Workplace Based Assessment	1	0	

\* Required to undertake further assessments

### WBA Statistics

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



From L-R:

Megan Lovett (Senior Operations Manager), Zuzette Kruger-Finch (Senior Executive Officer), Emeritus Professor David Prideaux (Chair, Assessment Committee), Jessica Brewis (Assistant Manager, Project Delivery), Trish Bevacqua (Assistant Manager, Verification Services), Kylie Edwards (Manager, Verification Services)

# 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.





# Finance and Investment

## 2021-22 Annual Financial Report

AMC Ltd's 2021-22 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 profit and loss
  - 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—Simplified Disclosures Requirements of the Australian Accounting Standards Board and were audited by Nexia Duesburys. 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

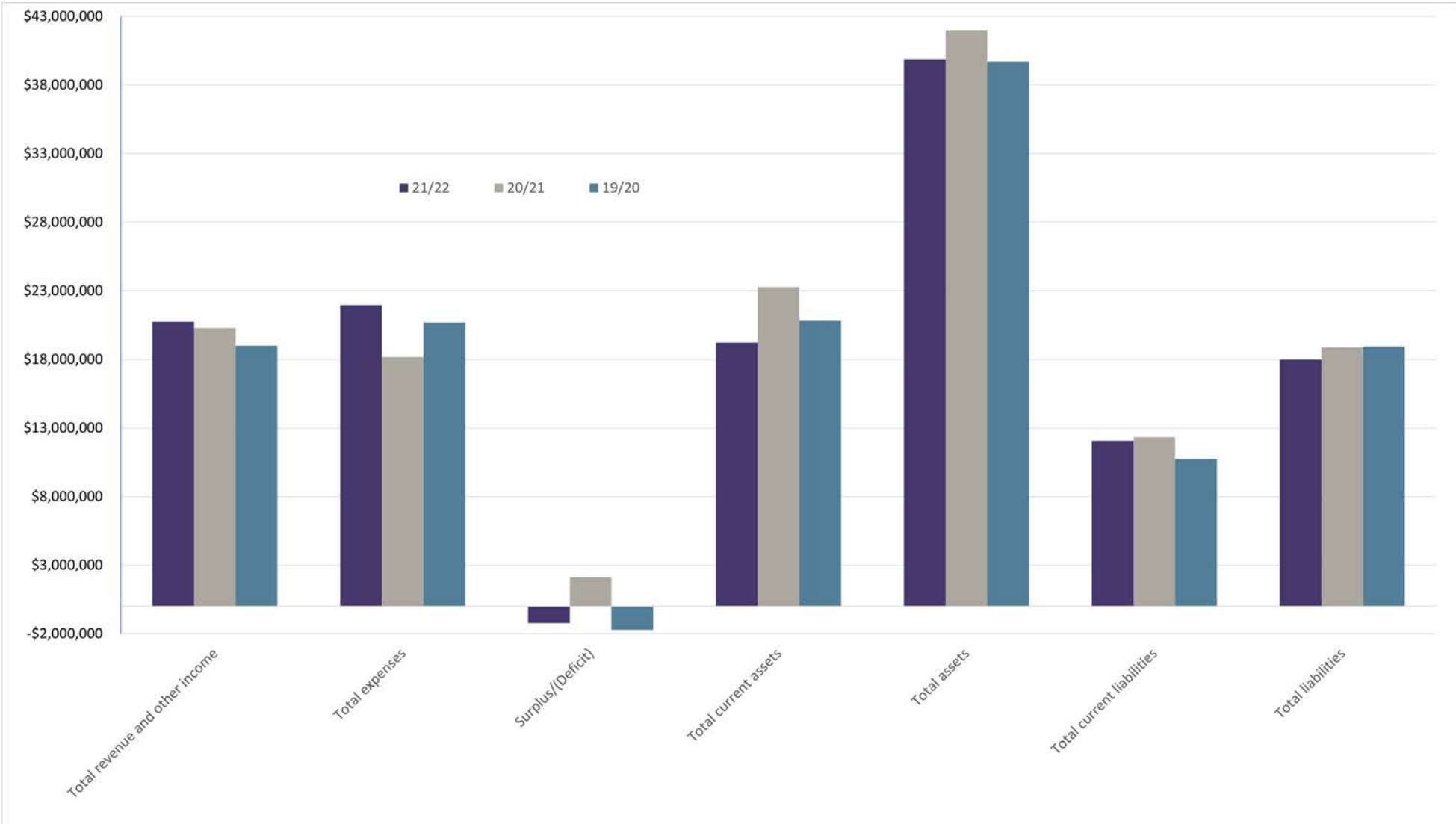
The main objectives of AMC financial operating strategy are to optimise all current revenue streams, develop new income streams to ensure future financial stability, and review and carefully manage all expenditure and maintain an efficient cost structure.

- + The AMC was in a strong financial position prior to COVID-19 due to conservative financial stewardship coupled with stable revenues and a series of cost-saving innovations over several years.
- + Expenditure reductions implemented in 2020 were continued. The majority of AMC meetings over 2021/22 were held online providing substantial savings in travel and accommodation.
- + The AMC's long term investment reserve continued to generate income and capital growth for future operational and working capital requirements. The return target is measured over a rolling 5-year period and is set at CPI + 3%. In the current year, given the tumultuous investment market movements, the return on investment is behind target.
- + The salary freeze applied in 2021 was lifted with an increase applied on 1 January 2022.
- + Supply and shipping cost increases affected the fit-out budget of 4 Marcus Clarke Street.

- + Strategies, innovations and solutions were implemented to continue providing assessment and accreditation services and maintain revenue.
- + Due to continuing travel restrictions as well as restrictions to several sites, the majority of accreditations were undertaken online (Zoom) with significant additional work in developing new processes as well as postponing and rescheduling visits.
- + Assessments continued to be affected by restrictions on international travel and lockdowns affecting the use of the NTC. Online Clinical Examinations, which commenced in March 2021, continued over the course of the year, while the NTC reopened on 29 March 2022 with reduced throughput.
- + Solvency remained in an acceptable range.



Key financial Statistics 2020-2022



## 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 Long Term Investment Reserve 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.



### AMC long-term investment reserve 12 month performance

Portfolio valuation 1/7/2021	\$12.32M
Portfolio valuation 30/6/2022 (Including any contributions and withdrawals)	\$11.32M
Portfolio Income	\$377k
Franking credits	\$50k
Market movements (unrealised growth)	(\$1.34M)
Net Contributions	Nil

The AMC recognises its important responsibility to pursue positive environmental, social and governance (ESG) change through its investments.

In selecting its investments, the AMC applies ESG criteria to seek out those that align with the United Nations' 17 Sustainable Development Goals while providing good financial returns, attractive investment portfolio characteristics and appropriate management fees.

The AMC pursues ESG criteria in its investments through the use of exclusion, integration and impact:

- ✚ exclude investments with a material exposure to the tobacco, uranium, weapons manufacturing or gambling industries, those engaged in exploitative labour practises, the inhumane treatment of animals or environmentally-damaging activities, such as the extraction of coal-seam gas



- ✚ integrate investments through share funds using screening methodologies
- ✚ invest for impact in areas aligned with the AMC's objectives and strategic priorities, i.e., health and wellbeing, positive outcomes for Aboriginal, Torres Strait Islander and Māori communities.

The AMC acknowledges that the ESG investment sector as a whole is still developing and therefore seeks to achieve the following ESG investment targets across the ESG sector: 40% by 2025; 50% by 2027, and 60% by 2030.



## The funds environmental impact in action

The Impax Sustainable Leaders Fund (the Fund) seeks to achieve sustainable, above market returns over the longer term by investing globally in companies active in Environmental Markets. These markets address a number of long-term macroeconomic themes: growing populations, rising living standards, increasing urbanisation, rising consumption, and depletion of limited natural resources.

### Impax's Classification of environmental markets

The Fund seeks companies providing a positive impact through environmental solutions and net carbon reductions to help lead the transition to a sustainable global economy, are leaders in environmental markets, and offer resource efficiency.

### **AMC investment impacts based on the \$525,000 invested in the strategy for one year as at 31 December 2021\***



*Environmental Impact:* 31.50t  
CO2 Net Impact (emitted  
avoided)  
Equivalent to: 21 cars off the  
road



*Environmental Impact:* 15.75  
megalitres total water treated,  
saved or provided  
Equivalent to: 100 households'  
annual water consumption



*Environmental Impact:*  
8.93 mwh total renewable  
electricity generated  
Equivalent to: 3 households'  
annual electricity  
consumption



*Environmental Impact:*  
30.45 tonnes total materials  
recovered/waste treated  
Equivalent to: 32 households'  
annual waste

*\*Past performance is not a reliable indicator of future performance. Based on most recently reported annual environmental data for holdings in the Impax Sustainable Leaders Fund as at 31 December 2021. Impax's impact methodology is based on equity value.*

<https://impaxam.com/insights-and-news/blog/engagement-and-policy-advocacy-report-2022/>



# Annual Financial Report

# 2022

The annual financial report of the Australian Medical Council Limited for the year ended 30 June 2022 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 2022.

### Directors

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

- Professor Shaun Ewen, Director ex officio as Chair of the Aboriginal, Torres Strait Islander and Māori Committee. Appointed on 22 April 2022.
- Professor Kate Leslie AO FAHMS, President. Appointed as President for a two-year term on 20 November 2020, ex officio a Director of the AMC.
- Professor Robyn Langham AM, 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, Deputy President. Appointed as Deputy President for a two-year term in 2020. Director, ex officio as Chair of the Medical School Accreditation Committee. Appointed in 2016 and reappointed for a further two-year term in 2020.
- Professor Eleanor Milligan, Director elected by Council. Appointed on 30 November 2016 and 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. Resigned 2 February 2022.
- 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.

## Meetings of Directors

During the 2021/22 financial year, ten Meetings of Directors were held. Attendance was as follows:

	Directors' meetings (21/22)	
	No. eligible to attend	No. attended
Professor Shaun Ewen	2	2
Professor Kate Leslie AO FAHMS	10	9
Professor Robyn Langham	10	10
Professor Lisa Jackson Pulver AM	10	9
Professor Geoffrey McColl	10	10
Professor Eleanor Milligan	10	8
Dr Bruce Mugford	10	8
Professor Suzanne Pitama	5	5
Emeritus Professor David Prideaux	10	10
Dr Andrew Singer AM	10	10

## Indemnifying the Directors

During the financial year, the AMC paid a premium of \$9,863 (2021 \$11,858) 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 Shaun Ewen

#### Qualifications

BAppSc(Physio) MMIL, D.Ed

#### Experience

- Deputy Vice Chancellor (Education), Griffith University
- Head of Campus, Griffith University, Nathan Campus
- Member, Griffith University, University Executive
- Member, Griffith University, Matins (VC Advisory Group)
- Chair, Griffith University, Learning and Teaching Committee
- Chair, Griffith University, Deans Teaching and Learning Forum

#### Special responsibilities

- Director, Australian Medical Council
- Member, Australian Medical Council
- Chair, Aboriginal, Torres Strait Islander and Māori Committee

### 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 AM

#### Qualifications

MBBS, PhD, FRACP, FAMA, GAICD

#### Experience

- Chief Medical Advisor, Therapeutic Goods Administration
- Chair, Royal Children's Hospital Human Research and Ethics Committee
- Nephrologist
- Adjunct Professor of Medicine, Monash University
- Adjunct Professor of Medicine, University of Melbourne

#### Special responsibilities

- Director, Australian Medical Council
- Member, Australian Medical Council
- Chair, Specialist Education Accreditation Committee
- Member, James Cook University Assessment Team, 2021

### Professor Lisa Jackson Pulver AM

#### Qualifications

Ph.D., MPH, MA, Grad Cert App Epi., Fellow, Centre for Defence and Strategic Studies, Australian Defence Force, Australia. MAICD, FRSN.

#### 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, the University of Sydney



#### Special responsibilities

- Director, Australian Medical Council
- Member, Australian Medical Council
- Chair, Investment Policy Advisory Group
- Member, Investment Policy Advisory Group
- Member, Aboriginal, Torres Strait Islander and Māori Committee
- Member, Assessment Committee
- Member, Anthology Group
- Member, MCQ Group

#### Professor Geoffrey McColl

##### Qualifications

BMedSci, MBBS, PhD Med, FRACP

##### Experience

- Executive Dean, Faculty of Medicine, University of Queensland
- Rheumatologist, Hervey Bay Hospital, Wide Bay Hospital and Health Service, Queensland

##### Special responsibilities

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

#### Professor Eleanor Milligan

##### Qualifications

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

##### 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
- Chair, Griffith University Student Misconduct Committee
- Member, Metro South Hospital and Health Board (2018-2022)
- Member, North West Hospital and Health Board
- Member, National Health and Medical Research Council Australian Health Ethics Committee
- Member, National Health and Medical Research Council Audit Committee

##### Special responsibilities

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

#### Dr Bruce Mugford

##### Qualifications

BM, BS, 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
- Director, Medical Indemnity Protection Society
- Practitioner Member, Medical Board of SA

##### 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 (to 2 February 2022)

##### Qualifications

MA (Hons), PGDipEdPsych, PhD

##### 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, Māori Health Committee, Health Research Council of New Zealand
- Registered Educational Psychologist, New Zealand Psychologists Board
- Te Ora Affiliated Member
- Member, Tu Maia, Māori Expert Advisory Group, New Zealand Psychologists Board
- Sub-editor, New Zealand Medical Journal
- Sub-editor (special issue), The Clinical Teacher
- Former LIME (Leaders in Indigenous Medical Education) reference group member

##### Special responsibilities

- Director, Australian Medical Council
- Member, 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, FANZAPHE

### 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
- Member, Competence in Optometry Reference Group, Optometry Council of Australia and New Zealand
- Former Deputy Dean, Professor and Head, Health Professional Education, 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
- Member, Aboriginal, Torres Strait Islander and Māori Committee
- Member, MCQ Reference Group
- Member, MCQ Results Panel
- Member, WBA Reference Group
- Member, WBA Results Panel
- Member, Clinical Examination Research Group
- Member, Clinical Results Panel
- Member, Clinical Examination Futures Group Working Party

## Dr Andrew Singer AM

### Qualifications

MBBS, FACEM

### Experience

- Senior Specialist, Emergency Medicine, Canberra Health Services
- Associate Professor, ANU Medical School
- Principal Medical Adviser, 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
- Technical Adviser, Specialist Education Accreditation Committee
- Member, Monitoring Reports Subcommittee, SEAC

## Principal activities

The principal activity of the AMC during the financial year was as 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 develops standards, assesses medical programs of study (Australian and New Zealand medical school programs, medical specialist programs, and programs for endorsement for acupuncture), 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.

The Objects of the AMC are set out in its [Constitution](#).

The AMC is a registered charity under the Australian Charities and Not-for-profits Commission and submits an Annual Information Statement to the ACNC.

### Strategy

The AMC reviewed its Strategic Plan 2018-2028 to take into account progress and changes in its operating environment and policy contexts.

The AMC's strategic plan focuses on strategic actions and projects to strengthen the relationship between core business functions of standards development, accreditation and assessment and meeting community health needs. These are:

- *Promoting and protecting the health of the Australian community through working with our partners and stakeholders*
- *Promoting medical education and training that is responsive to the workforce needs of the Australian community*
- *Ensuring culturally safe practice to improve health outcomes*
- *Promoting professional and humanistic practice in a world of increasing technological, environmental and system change*
- *Managing our business in an ethical, efficient and sustainable way*

In conjunction, the AMC implemented its Aboriginal, Torres Strait Islander and Māori Strategy which builds on the AMC's commitment to ensure that standards of education, training and assessment of the medical profession protect and promote the health of the Australian community including Aboriginal, Torres Strait Islander and Māori Peoples.

Key achievements over 2021-22 included:

- Review of the Strategic Plan and development of an Aboriginal, Torres Strait Islander and Māori Strategy
- Establishment of a Strategic Policy and Research team
- Development of AMC preferred Definitions of Terms for Cultural Safety, Competency and Proficiency
- Development of AMC Aboriginal and Torres Strait Islander Peoples and Māori Policy Statement
- Appointment of the AMC as the accreditation authority for Continuing Professional Development (CPD) Homes (Registration standard: Continuing Professional Development)
- Review of Standards for Primary Medical Programs
- Work on phases 2 and 3 of the National Framework for Prevocational Medical Training
- 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 led by the Sub Group of the AMC Aboriginal, Torres Strait Islander and Māori Standing Committee
- Work on updating the AMC's 2010 position paper on Competency Based Medical Education

- Input to the National Medical Workforce Review through membership of the Medical Workforce Reform Advisory Committee and endorsement of the Draft National Medical Workforce Strategy 2021-2031
- Input to the National Medical Training Survey and the use of results as documentary evidence that AMC assessment teams consider for accreditation reviews
- Completion of a Commonwealth Department of Health funded AMC and Council of Presidents of Medical Colleges (CPMC) joint policy project - 'Effecting Reforms to Australia's Specialist Medical Training and Accreditation System Post COVID-19'
- Completion of a Digital Health in Medicine project including a strategic horizon paper, a capability framework and a forum on technology in medicine for the Australian Digital Health Agency. Commencement of stage 2 of the project (communication plan)
- Commencement of research (Masters) on how education providers identify and use information about community health needs
- Work on the WBA Roadmap: Standardisation of the approach to Mini-CeX assessments with a consistent passing requirement across providers. Commencement of work on the Multisource Feedback assessment tool
- Completion of a Terminology Review to ensure consistent wording across the different accreditation processes to clearly differentiate AMC and education provider documents, and to simplify accreditation cycle terminology
- Implementation of the AMC's Innovate Reconciliation Action Plan
- Submission to the Department of Health *Draft National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031*
- Aboriginal, Torres Strait Islander and Māori Standing Committee representation on all main Committees of the AMC, the Medical Workforce Digital Capabilities Project, the Primary Medical Program Standards review and the Internship Review
- Australian Medicine in Context (previously Anthology of Medical Conditions): Review of the updated draft
- Contribution to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability and review of AMC statements against proposed recommendations of the Royal Commission
- Online clinical examination extended to overseas based candidates from July 2021
- Establishment of a Clinical Examinations Working Group to report on the future development of the Clinical Examination
- Collaboration with affiliates in the USA, Canada, Europe and the UK on medical licensure, health and commercial assessment delivery, and examination security.
- Commenced revision of the Business Plan for the National Test Centre in Melbourne
- Completion of fit out of 4 Marcus Clarke Street, Canberra. Staff relocated in February 2022, ending the lease at the Canberra Airport premises
- Appointment of Nexia Australia as the Auditor for the AMC.

#### Financial

The main objectives of AMC financial operating strategy are to optimise all current revenue streams, develop new income streams to ensure future financial stability, and review and carefully manage all expenditure and maintain an efficient cost structure.

- The AMC was in a strong financial position prior to COVID-19 due to conservative financial stewardship coupled with stable revenues and a series of cost-saving innovations over several years
- Expenditure reductions implemented in 2020 were continued. The majority of AMC meetings over 2021/22 were held online providing substantial savings in travel and accommodation

- The AMC's long term investment reserve continued to generate income and capital growth for future operational and working capital requirements. The return target is measured over a rolling 5-year period and is set at CPI + 3%. In the current year, given the tumultuous investment market movements, the return on investment is behind target
- The salary freeze applied in 2021 was lifted with an increase applied on 1 January 2022
- Supply and shipping cost increases affected the fit-out budget of 4 Marcus Clarke Street
- Solvency remained in an acceptable range
- Strategies, innovations and solutions were implemented to continue providing assessment and accreditation services and maintain revenue
  - Due to continuing travel restrictions as well as restrictions to several sites, the majority of accreditations were undertaken online (Zoom) with significant additional work in developing new processes as well as postponing and rescheduling visits
  - Assessments continued to be affected by restrictions on international travel and lockdowns affecting the use of the NTC. Online Clinical Examinations, which commenced in March 2021, continued over the course of the year while the NTC reopened on 29 March 2022 with reduced throughput.

#### 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 subdivision 60-40 of the *Australian Charities and Not-for-Profits Commission (ACNC) Act 2012* is set out on page 11 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 2022 the total amount that members of the company are liable to contribute if the company is wound up is \$280 (2021: \$290).



Signed in accordance with a resolution of the Directors.

Professor Kate Leslie AO (President)

Dated 27 October 2022





**Auditor's Independence Declaration**  
**Under Subdivision 60 - 40 of the Australian Charities and Not-for-profits**  
**Commission Act 2012 to the Board of Australian Medical Council Limited**

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2022 there have been no contraventions of the auditor independence requirements as set out in any applicable code of professional conduct in relation to the audit.

**Nexia Duesburys (Audit)**  
 Canberra, 27 October 2022

**G J Murphy**  
 Partner

## Financial Report

### For the year ending 30 June 2022

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

The financial statements are presented in Australian dollars (\$). The amounts presented in the financial statements are rounded to the nearest 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:

4 Marcus Clarke Street, Canberra ACT 2601

The financial statements were authorised for issue by the directors on 27 October 2022. The directors have the power to amend and reissue the financial statements.

**Canberra Office**  
 Level 5, 17 Moore Street  
 Canberra ACT 2601  
 GPO Box 500  
 Canberra ACT 2601  
 p +61 2 6279 5400  
 f +61 2 6279 5444  
 e mail@nexiacanberra.com.au  
 w nexia.com.au

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Australian Medical Council Limited ABN 97 131 796 980  
STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME  
FOR THE YEAR ENDED 30 JUNE 2022

	Note	2022	2021
		\$	\$
Revenue from contracts with customers	2	21,518,036	14,647,051
Other income	2	529,655	2,692,994
Revaluation of land and buildings		-	747,209
Fair value adjustment of investment property		-	420,000
Net (loss)/gain on Financial Assets at Fair Value through Profit and Loss		(1,311,508)	1,768,982
<b>Total revenue and other income</b>		<b>20,736,183</b>	<b>20,276,236</b>
Accreditation expenses		659,918	429,014
Examination running expenses		5,334,832	2,541,857
Publishing expenses		13,043	31,969
Council committees and executive expenses		380,798	203,941
Employee benefits	16	10,276,577	10,146,456
Depreciation and amortisation		1,758,153	1,997,462
Bank fees and charges		265,248	160,654
Interest expense		199,703	196,000
Loss on sale of investments		-	70,243
Audit, legal and consultancy expenses	13	179,646	229,510
Computer expenses		1,276,354	906,032
Administration expenses		1,621,726	1,247,229
<b>Total expenses</b>		<b>21,965,998</b>	<b>18,160,367</b>
<b>Surplus/(Deficit) for the year attributable to the Council</b>		<b>(1,229,815)</b>	<b>2,115,869</b>
<b>Other comprehensive income</b>			
<i>Items that will not be reclassified to profit or loss</i>			
Revaluation of land and buildings		-	232,791
<b>Total comprehensive Surplus/(Deficit) for the year</b>		<b>(1,229,815)</b>	<b>2,348,660</b>

The accompanying notes form part of these financial statements.

Australian Medical Council Limited ABN 97 131 796 980  
STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2022

	Note	2022	2021
		\$	\$
<b>ASSETS</b>			
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	4	1,874,323	2,346,189
Trade and other receivables	5	48,086	529,595
Contract assets	3	276,521	212,778
Inventories		17,566	76,826
Lease receivable	14	109,470	137,420
Investments – Financial assets at fair value through profit and loss	6	10,982,850	11,811,387
Financial asset at amortised cost	7	5,561,433	7,743,723
Other assets	8	346,377	406,452
<b>TOTAL CURRENT ASSETS</b>		<b>19,216,626</b>	<b>23,264,370</b>
<b>NON-CURRENT ASSETS</b>			
Intangibles	9	1,722,247	1,665,387
Lease receivable	14	-	109,437
Property, plant and equipment	10	13,691,440	11,463,434
Investment property	11	4,350,000	4,350,000
Right-of-use asset	14	886,747	1,130,583
<b>TOTAL NON-CURRENT ASSETS</b>		<b>20,650,434</b>	<b>18,718,841</b>
<b>TOTAL ASSETS</b>		<b>39,867,060</b>	<b>41,983,211</b>

The accompanying notes form part of these financial statements.

Australian Medical Council Limited ABN 97 131 796 980  
STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2022 (CONTINUED)

	Note	2022	2021
		\$	\$
<b>LIABILITIES</b>			
<b>CURRENT LIABILITIES</b>			
Trade and other payables	12	1,875,224	1,072,609
Lease liabilities	14	710,811	1,463,857
Loan	17	235,000	235,000
Employee benefits	15	2,359,691	2,098,167
Contract liabilities	3	6,884,181	7,453,278
<b>TOTAL CURRENT LIABILITIES</b>		<b>12,064,907</b>	<b>12,322,911</b>
<b>NON-CURRENT LIABILITIES</b>			
Lease liabilities	14	484,991	615,162
Loan	17	4,836,250	5,071,250
Employee benefits	15	223,201	193,747
Provision for make good		376,762	669,377
<b>TOTAL NON-CURRENT LIABILITIES</b>		<b>5,921,204</b>	<b>6,549,536</b>
<b>TOTAL LIABILITIES</b>		<b>17,986,111</b>	<b>18,872,447</b>
<b>NET ASSETS</b>		<b>21,880,949</b>	<b>23,110,764</b>
<b>EQUITY</b>			
Asset revaluation reserve		232,791	232,791
Retained earnings		21,648,158	22,877,973
<b>TOTAL EQUITY</b>		<b>21,880,949</b>	<b>23,110,764</b>

The accompanying notes form part of these financial statements.

Australian Medical Council Limited ABN 97 131 796 980  
STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2022

	Asset Revaluation Reserve	Retained earnings	Total
	\$	\$	\$
<b>Balance at 1 July 2020</b>	-	<b>20,762,104</b>	<b>20,762,104</b>
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
<b>Total comprehensive surplus/(deficit) for the year</b>	<b>232,791</b>	<b>2,115,869</b>	<b>2,348,660</b>
<b>Balance at 30 June 2021</b>	<b>232,791</b>	<b>22,877,973</b>	<b>23,110,764</b>
Deficit for the period attributable to the Council	-	(1,229,815)	(1,229,815)
Other Comprehensive Income - Revaluation of land and building	-	-	-
<b>Total comprehensive surplus/(deficit) for the year</b>	<b>-</b>	<b>(1,229,815)</b>	<b>(1,229,815)</b>
<b>Balance at 30 June 2022</b>	<b>232,791</b>	<b>21,648,158</b>	<b>21,880,949</b>

The accompanying notes form part of these financial statements.



Australian Medical Council Limited ABN 97 131 796 980  
STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2022

Note	2022	2021
	\$	\$
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Receipts from customers, grants and other sources (inclusive of GST)	22,538,830	19,447,625
Payments to suppliers and employees (inclusive of GST)	(20,088,204)	(16,402,369)
Interest paid	(199,703)	(196,000)
Net cash generated from operating activities	2,250,923	2,849,256
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Payments for plant and equipment	(3,015,055)	(439,701)
Net decrease/(increase) in investments and term deposits	1,658,767	(2,643,800)
Payments for intangible assets	(141,344)	(128,965)
Interest and distributions received from investments	379,598	386,814
Net cash (used) in investing activities	(1,118,034)	(2,825,652)
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>		
Repayment of borrowings	(235,000)	(293,750)
Repayment of leases	(1,388,612)	(1,716,970)
Net cash (used) in financing activities	(1,623,612)	(2,010,720)
<b>Net decrease in cash held</b>	(490,723)	(1,987,116)
Effects of exchange rate changes on cash and cash equivalents	18,857	(43,610)
Cash and cash equivalents at beginning of financial year	2,346,189	4,376,915
<b>Cash and cash equivalents at end of financial year</b>	4 <b>1,874,323</b>	<b>2,346,189</b>

The accompanying notes form part of these financial statements.

Australian Medical Council Limited ABN 97 131 796 980  
NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2022

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 – Simplified Disclosures, Interpretations 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 2022 were authorised for issue on 27 October 2022 by the Directors of the AMC.

**New and amended accounting policies adopted**

AMC has adopted all of the new, revised or amended accounting standards and interpretations issued by the Australian Accounting Standards Board that are mandatory for the current reporting period.

For the year ended 30 June 2022, AMC has adopted AASB 1060 General Purpose Financial Statements - Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities.

Prior to the adoption of AASB 1060, AMC prepared financial statements under the Reduced Disclosure Requirements framework. The adoption of AASB 1060 has not had any material impact on the financial performance or position of AMC in either the current or prior financial reporting periods. As a result, comparative information has not been restated.

The adoption of AASB 1060 has resulted in some minor disclosure changes in the financial statements.

(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, from the contract liability account. The Australian Digital Health Agency (ADH) Grant, Australian Health Ministers' Advisory Council (AHMAC) 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 was recognised at a point in time when AMC submitted the claim for the relevant month to the ATO, subject to the condition that AMC had complied with the requirement of having processed the payroll and paid the employees for the relevant month.

(c) Inventories

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

(d) Property, plant and equipment

*i. Plant and equipment*

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

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

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

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

Class of fixed asset	Depreciation period
Land and buildings	20 - 30 years
Computer equipment	3 - 5 years
Office equipment	2 - 10 years
Leasehold Improvements	3 - 5 years
Furniture and fittings	3 - 20 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 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 an assessment of discounted cash flows, capitalisation of net income, and direct comparison approaches).

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.

Land is not depreciated; buildings are depreciated on a straight line basis over the asset's useful life commencing from the time the building is ready for use by AMC.

(e) Investment property

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

AMC obtains an independent valuation for its investment property every two years. The last independent valuation was performed during the year ended 30 June 2021, and the next valuation will be performed during the year ended 30 June 2023.

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

Fair value is based on an assessment of discounted cash flows, capitalisation of net income and direct comparison approaches.

(f) Leases

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

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

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

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 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 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.

AMC leases premises to third parties in the NTC building and at 4 Marcus Clarke Street. The sub-lease in the NTC building is deemed to be a finance lease with rental income recognised as receivables. The lease at 4 Marcus Clarke Street is an operating lease and rental income is recognised on a straight line basis over the term of the lease.

(g) 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.

AMC's investment in managed funds and listed 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**

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. Transaction costs of financial assets carried at FVPL (fair value through profit or loss) 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 (fair value through other comprehensive income). The impairment methodology applied depends on whether there has been a significant increase in credit risk.

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

**v) Loans and receivables**

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

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

**(h) Employee benefits**

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

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

**(i) Cash and cash equivalents**

Cash and cash equivalents include cash on hand, deposits held at call with banks, and short term deposits of 90 days or less. There is a 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.

**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.

	2022	2021
	\$	\$
<b>REVENUE DERIVED OVER TIME</b>		
Medical Board of Australia grants	3,408,840	3,828,584
Health Profession Accreditation Councils Forum contributions	120,000	120,000
Australian Digital Health Agency Grant	20,000	109,091
Australian Health Ministers' Advisory Council	99,431	250,000
Department of Health Grant	-	200,000
Accreditation fees	358,945	235,469
All other segments	150,875	109,195
	<b>4,158,091</b>	<b>4,852,339</b>
<b>REVENUE DERIVED AT A POINT IN TIME</b>		
Examination fees	17,248,045	9,596,378
NTC Income	64,615	66,822
Sale of publications	47,285	131,512
	<b>17,359,945</b>	<b>9,794,712</b>
<b>TOTAL REVENUE FROM CONTRACTS WITH CUSTOMERS</b>	<b>21,518,036</b>	<b>14,647,051</b>



**Note 2: Revenue and other income (continued)**

	2022	2021
	\$	\$
<b>OTHER INCOME</b>		
Job Keeper Grants	-	2,150,800
Rental Income for 4MC	127,215	155,380
Unrealised gain on exchange differences	18,856	-
Realised gain on investments	3,986	-
Investment income	379,598	386,814
<b>TOTAL OTHER INCOME</b>	<b>529,655</b>	<b>2,692,994</b>

**Note 3: Assets and liabilities related to contracts with customers**

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

	2022	2021
	\$	\$
<b>CURRENT CONTRACT ASSETS</b>		
Other	276,521	212,778
<b>TOTAL CURRENT CONTRACT ASSETS</b>	<b>276,521</b>	<b>212,778</b>
<b>CONTRACT LIABILITIES</b>		
Accreditation fees	412,333	241,622
Examination fees	6,452,566	7,145,889
NTC Rent and other income	19,282	65,767
<b>TOTAL CONTRACT LIABILITIES</b>	<b>6,884,181</b>	<b>7,453,278</b>

**Note 4: Cash and cash equivalents**

	2022	2021
	\$	\$
Cash on hand	1,500	1,500
Cash at bank	1,763,021	2,003,594
Macquarie Vision Cash Account	109,802	341,095
	<b>1,874,323</b>	<b>2,346,189</b>

**Note 5: Trade and other receivables**

	2022	2021
	\$	\$
Trade receivables	46,100	528,941
GST receivable	1,986	-
Staff Travel/Others	-	654
	<b>48,086</b>	<b>529,595</b>

**Note 6: Investments**

	2022	2021
	\$	\$
<b>Financial assets at fair value through profit and loss</b>		
Listed Securities	4,552,736	6,408,349
Managed Investments	6,430,114	5,403,038
	<b>10,982,850</b>	<b>11,811,387</b>

**Note 7: Financial asset at amortised cost**

	2022	2021
	\$	\$
<b>CURRENT</b>		
Term deposits	5,561,433	7,743,723
	<b>5,561,433</b>	<b>7,743,723</b>

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

**Note 8: Other assets**

	2022	2021
CURRENT	\$	\$
Prepayments	245,447	317,980
Travel Credit	100,930	88,472
	<b>346,377</b>	<b>406,452</b>

**Note 9: Intangibles**

	Computer Software/ Systems	Work in progress					Total
		Accreditation Management System	App/MCQ	GMP	Anthology	Remote Marking	
	\$	\$	\$	\$	\$	\$	\$
Cost at 1 July 2021	1,813,108	517,686	357,022	5,635	467,761	231,076	<b>3,392,288</b>
Accumulated amortisation	(1,726,901)	-	-	-	-	-	<b>(1,726,901)</b>
Net book amount at 1 July 2021	86,207	517,686	357,022	5,635	467,761	231,076	<b>1,665,387</b>
Additions at cost	64,218	60,969	1,244	14,913	-	-	<b>141,344</b>
Transfer	231,076	-	-	-	-	(231,076)	-
Amortisation	(84,484)	-	-	-	-	-	<b>(84,484)</b>
<b>Closing net book amount at 30 June 2022</b>	<b>297,017</b>	<b>578,655</b>	<b>358,266</b>	<b>20,548</b>	<b>467,761</b>	<b>-</b>	<b>1,722,247</b>

**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 (at cost)	Office equipment (at cost)	Furniture and fittings (at cost)	Leasehold improvement (at cost)	Leasehold working in Progress (at cost)	Land and building (at fair value)	Total
	\$	\$	\$	\$	\$	\$	\$
Cost/fair value at 1 July 2021	2,515,985	777,610	779,854	5,844,401	82,628	10,150,000	<b>20,150,478</b>
Accumulated depreciation	(1,844,312)	(697,129)	(710,105)	(5,435,498)	-	-	<b>(8,687,044)</b>
Net book amount at 1 July 2021	671,673	80,481	69,749	408,903	82,628	10,150,000	<b>11,463,434</b>
Additions at cost	21,398	142,422	417,217	2,434,018	-	-	<b>3,015,055</b>
Transfers in/(out)	-	-	-	82,628	(82,628)	-	-
Amortisation/Depreciation charge for the period	(344,406)	(47,714)	(40,647)	(233,449)	-	(120,833)	<b>(787,049)</b>
Carrying amount at 30 June 2022	<b>348,665</b>	<b>175,189</b>	<b>446,319</b>	<b>2,692,100</b>	<b>-</b>	<b>10,029,167</b>	<b>13,691,440</b>

**Note 11: Investment property**

	2022	2021
	\$	\$
Opening balance at 1 July	4,350,000	3,930,000
Additions	-	-
Net gain/(loss) from fair value adjustment	-	420,000
Carrying amount at 30 June	<b>4,350,000</b>	<b>4,350,000</b>

**Note 12: Trade and other payables**

	2022	2021
	\$	\$
Trade payables	90,861	117,845
Accrued expenses	1,784,363	954,764
	<b>1,875,224</b>	<b>1,072,609</b>

**Note 13: Audit, Legal and Consultancy expenses**

	2022	2021
	\$	\$
Audit fee	39,000	45,000
Additional Audit fee for 2019/20	-	15,000
Legal fee	136,291	120,550
Consultancy fee	4,355	48,960
	<b>179,646</b>	<b>229,510</b>

**Note 14: Leases**

	2022	2021
	\$	\$

**(a) Right of use assets – net carrying amounts**

Building	273,016	1,121,482
Equipment	613,731	9,101
<b>Total right of use assets</b>	<b>886,747</b>	<b>1,130,583</b>

**Movement during the period**

	Building	Equipment
Balance at 1 July 2021	1,121,482	9,101
Additions	-	640,289
Adjustments	2,495	-
Depreciation	(850,961)	(35,659)
<b>Balance at 30 June 2022</b>	<b>273,016</b>	<b>613,731</b>

	2022	2021
	\$	\$

**(b) Lease receivable and liabilities****Lease receivable – Finance lease****Current lease receivable**

Building	109,470	137,420
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**Non-current lease receivable**

Building	-	109,437
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<b>Total lease receivables</b>	<b>109,470</b>	<b>246,857</b>
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- Not later than 12 months	109,470	137,420
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- Later than 12 months but not later than five years	-	109,437
--	---	---------

<b>109,470</b>	<b>246,857</b>
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	2022	2021
	\$	\$
<b>Lease liabilities</b>		
<b>Current lease liabilities</b>		
Building	602,538	1,454,356
Equipment	108,273	9,501
	<b>710,811</b>	<b>1,463,857</b>
<b>Non-current lease liabilities</b>		
Building	-	615,162
Equipment	484,991	-
	<b>484,991</b>	<b>615,162</b>
<b>Total lease liabilities</b>	<b>1,195,802</b>	<b>2,079,019</b>

Lease liabilities are secured by the underlying leased assets. The building lease relates to the NTC and expires in March 2023. Equipment leases relate to IT equipment with terms of 5 years.

The future minimum lease payments arising under AMC's lease contracts at the end of the reporting period are as follows:

- Not later than 12 months	755,509	1,507,684
- Later than 12 months but less than five years	523,959	624,309
- Later than five years	-	-
	<b>1,279,468</b>	<b>2,131,993</b>

### (c) Amounts recognised in the statement of profits or loss

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

	2022	2021
	\$	\$
<b>Depreciation charge of right-of-use assets</b>		
Building	850,961	1,182,537
Equipment	35,659	37,194
<b>Total depreciation charge of right-of-use assets</b>	<b>886,620</b>	<b>1,219,731</b>
Interest expense (included in finance cost)	43,944	104,270
Expenses recognised for short term and low value leases	63,176	-

(i) 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 lease of the NTC buildings. For equipment leases the rate is the rate implicit in 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.

## (ii) 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.

**(d) AMC as lessor – operating leases**

	2022	2021
	\$	\$
Lease of office premises – minimum lease payments receivable:		
- Not later than 12 months	110,461	106,725
- Later than 12 months but not later than five years	114,328	224,789
	<b>224,789</b>	<b>331,514</b>

Operating lease receivables relate to the lease of the ground floor of 4 Marcus Clarke Street. The initial lease term expires 30 June 2024 with an option period of 3 years.

**Note 15: Employee benefits liabilities**

	2022	2021
	\$	\$
Current - Annual leave and Long service leave	2,359,691	2,098,167
Non-current - Long service leave	223,201	193,747
	<b>2,582,892</b>	<b>2,291,914</b>

**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**

	2022	2021
	\$	\$
Wages and salaries	9,310,446	9,290,916
Superannuation	966,131	855,540
	<b>10,276,577</b>	<b>10,146,456</b>

**Note 17: Loan**

	2022	2021
	\$	\$
<b>CURRENT</b>		
Loan liabilities	235,000	235,000
<b>NON-CURRENT</b>		
Loan liabilities	4,836,250	5,071,250
<b>TOTAL LOAN LIABILITIES</b>	<b>5,071,250</b>	<b>5,306,250</b>

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 along with a general security over other property of AMC.

**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 (2021: \$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 or payable (in the case of employee benefit provisions) 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.

	2022	2021
	\$	\$
Short term benefits	1,020,767	998,674
Long term benefits	14,765	14,335
	<b>1,027,245</b>	<b>1,013,009</b>

**Note 21: Related party transactions**

During the financial year, the Council paid fees to directors amounting to \$139,647 (2021: \$138,657). These fees relate to sitting fees for attending Board and other related Meetings and are included as part of key management personnel remuneration in Note 20.

**Directors' declaration**

The Directors of the company declare that:

- 1) The financial statements and notes, as set out on pages 12 to 34 are in accordance with the *Australian Charities and Not-for-Profit Commission Act 2012* and
  - (a) comply with Australian Accounting Standards – Simplified Disclosures and other mandatory professional reporting requirements
  - (b) give a true and fair view of the financial position as at 30 June 2022 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 27 October 2022



## Independent Auditor's Report To the Members of Australian Medical Council Limited

### Report on the Audit of the Financial Statements

#### Opinion

We have audited the financial statements of Australian Medical Council Limited (the Company), which comprise the statement of financial position as at 30 June 2022, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the directors' declaration.

In our opinion, the accompanying financial statements of Australian Medical Council Limited, are in accordance with Division 60 of the Australian Charities and Not-for-profits Commission Act 2012, including:

- (i) giving a true and fair view of the entity's financial position as at 30 June 2022 and of its financial performance for the year then ended; and
- (ii) complying with Australian Accounting Standards – Simplified Disclosures and Division 60 of the Australian Charities and Not-for-profits Commission Regulation 2013.

#### 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 Responsibility for the Audit of the Financial Statements section of our report. We are independent of the entity in accordance with the ethical requirements of the Accounting Professional and 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.

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

#### Other information

The directors are responsible for the other information. The other information comprises the information in the Company's directors' report for the year ended 30 June 2022, but does not include the financial statements and the auditor's report thereon.

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

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

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

**Canberra Office**  
Level 5, 17 Moore Street  
Canberra ACT 2601  
GPO Box 500  
Canberra ACT 2601  
p +61 2 6279 5400  
f +61 2 6279 5444  
e mail@nexiacanberra.com.au

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#### Directors' responsibility for the financial statements

The directors of the Company are responsible for the preparation of the financial statements that give a true and fair view in accordance with Australian Accounting Standards – Simplified Disclosures and the Australian Charities and Not-for-profits Commission Act 2012 and for such internal control as the directors determine is necessary to enable the preparation of the financial statements that give a true and fair view and are free from material misstatement, whether due to fraud or error.


In preparing the financial statements, the directors are responsible for assessing the entity's ability 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 entity or to cease operations, or have no realistic alternative but to do so.

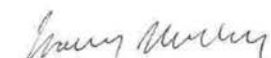
The directors are responsible for overseeing the entity's financial reporting process.

#### Auditor's responsibility for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are 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 statements.

A further description of our responsibilities for the audit of the financial statements is located at The Australian Auditing and Assurance Standards Board website at: [http://www.auasb.gov.au/auditors\\_responsibilities/ar4.pdf](http://www.auasb.gov.au/auditors_responsibilities/ar4.pdf). This description forms part of our auditor's report.

  
**Nexia Duesburys (Audit)**  
Canberra, 27 October 2022

  
**G J Murphy**  
Partner

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# Appendices

## Appendix A: AMC Top Medical Schools Activity as on 30 June 2022

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 Khartoum Faculty of Medicine	King Edward Medical University	University of Mosul College of Medicine	Isfahan University of Medical Sciences Faculty of Medicine	Mymensingh Medical College
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 (KU Leuven) Faculteit Geneeskunde
Iran University of Medical Sciences (IUMS) School of Medicine	Kasturba Medical College Manipal	University of Nairobi School of Medicine	Kursk State Medical University	Government Medical College Amritsar	Khyber Medical College	Mansoura University Faculty of Medicine
Dhaka Medical College and Hospital	Norwich Medical School, University of East Anglia	University of Ilorin College of Health Sciences	University of Damascus Faculty of Medicine	Chittagong Medical College and Hospital	Manipal College of Medical Sciences (MCOMS)	University of Jaffna Faculty of Medicine
University of Cambridge School of Clinical Medicine	Liaquat University of Medical & Health Sciences Jamshoro	Kasturba Medical College Mangalore	University of Medicine 2	University of Al-Mustansiriyah College of Medicine	Brighton and Sussex Medical School	Sir Salimullah Medical College
University of Sri Jayewardenepura Faculty of Medical Sciences	University of the Free State Faculty of Health Sciences	Medical Academy named after S.I. Georgievsky of Vernadsky CFU	Rajarata University of Sri Lanka Faculty of Medicine and Allied Sciences	University of the East/Ramon Magsaysay Memorial Medical Center College of Medicine	De La Salle Medical and Health Sciences Institute College of Medicine	West China School of Medicine, Sichuan University
Warwick Medical School	Kasturba Medical College Mangalore					

Schools using Electronic Medical School Verifications

Schools using Email

Schools using Paper



## Appendix B – MCQ Country of Training Report for 2021-22

Breakdown of the international medical graduates who have taken the MCQ examination by 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	6	3	3	0	2	8	1	2	0	1	4
Algeria	1	0	1	0	0	1	0	1	0	0	1
Argentina	8	5	5	1	0	11	3	2	1	0	6
Armenia	3	2	0	1	0	3	1	0	0	0	1
Bahrain	1	0	0	1	0	1	0	0	1	0	1
Bangladesh	166	130	30	17	8	185	70	12	10	2	94
Belarus	6	4	2	0	2	8	1	1	0	1	3
Belgium	4	3	1	1	1	6	1	1	0	1	3
Bolivia	2	1	0	1	1	3	0	0	0	0	0
Brazil	47	35	11	5	2	53	25	6	3	1	35
Cambodia	1	1	0	0	0	1	0	0	0	0	0
Canada	1	1	0	0	0	1	0	0	0	0	0
Chile	8	7	1	0	0	8	5	0	0	0	5
China	146	82	41	27	31	181	30	10	8	9	57
Colombia	30	19	9	4	5	37	5	1	1	0	7
Costa Rica	1	0	0	1	0	1	0	0	0	0	0
Cuba	4	1	2	2	0	5	0	0	1	0	1
Curacao	2	1	0	0	1	2	0	0	0	0	0
Cyprus	1	0	0	0	1	1	0	0	0	1	1
Czech Republic	2	1	0	0	1	2	1	0	0	0	1
Democratic Republic of the Congo	3	2	0	1	0	3	0	0	0	0	0
Dominica	2	2	1	0	0	3	0	0	0	0	0
Ecuador	4	1	2	2	0	5	0	1	1	0	2
Egypt	55	44	8	4	5	61	29	4	2	3	38
Ethiopia	5	5	1	0	0	6	2	1	0	0	3
Fiji	19	12	1	4	2	19	3	0	1	0	4

**Appendix B – MCQ Country of Training Report for 2021-22 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
France	1	1	0	0	0	1	1	0	0	0	1
Georgia	10	7	2	2	4	15	2	1	0	1	4
Germany	7	7	0	0	0	7	5	0	0	0	5
Ghana	4	4	1	0	0	5	2	1	0	0	3
Grenada	2	1	1	0	0	2	0	0	0	0	0
Honduras	2	1	1	0	0	2	1	0	0	0	1
Hong Kong	11	11	4	0	0	15	6	2	0	0	8
Hungary	5	3	1	0	1	5	2	0	0	0	2
India	300	216	69	38	37	360	104	25	15	6	150
Indonesia	22	16	7	2	0	25	5	4	0	0	9
Iran	175	161	14	3	3	181	131	9	1	1	142
Iraq	34	32	3	0	0	35	25	2	0	0	27
Ireland	6	5	0	0	5	10	3	0	0	0	3
Italy	4	1	3	2	1	7	0	1	0	0	1
Japan	8	7	4	2	0	13	3	0	0	0	3
Jordan	5	3	1	1	0	5	2	0	0	0	2
Kazakhstan	3	2	1	1	0	4	0	0	1	0	1
Kenya	17	13	5	2	3	23	2	1	1	0	4
Kyrgyzstan	3	1	1	1	1	4	0	0	0	1	1
Latvia	1	1	0	0	0	1	1	0	0	0	1
Lebanon	6	6	1	0	0	7	2	1	0	0	3
Libya	3	3	1	0	0	4	0	0	0	0	0
Lithuania	1	1	0	0	0	1	0	0	0	0	0
Malaysia	67	58	15	6	3	82	28	7	2	1	38
Malta	3	3	0	0	0	3	3	0	0	0	3
Mauritius	3	2	0	1	0	3	1	0	0	0	1

**Appendix B – MCQ Country of Training Report for 2021-22 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
Mexico	10	6	2	1	1	10	1	0	0	0	1
Mongolia	1	1	0	0	0	1	0	0	0	0	0
Mozambique	2	2	0	0	0	2	0	0	0	0	0
Myanmar	80	73	8	3	3	87	54	5	0	3	62
Namibia	1	1	0	0	0	1	1	0	0	0	1
Nepal	32	24	10	2	1	37	12	6	0	1	19
Netherlands	3	2	1	0	0	3	1	0	0	0	1
Nigeria	47	26	16	6	8	56	6	6	1	2	15
Oman	4	3	1	0	0	4	2	1	0	0	3
Pakistan	212	154	47	19	15	235	83	19	9	5	116
Palestinian Authority	1	0	0	1	0	1	0	0	0	0	0
Papua New Guinea	1	1	0	0	0	1	1	0	0	0	1
Peru	5	3	1	1	0	5	1	0	0	0	1
Philippines	224	171	68	20	11	270	53	22	5	4	84
Poland	6	5	3	1	0	9	2	1	0	0	3
Qatar	1	1	0	0	0	1	1	0	0	0	1
Romania	6	6	3	0	0	9	0	2	0	0	2
Russia	52	30	19	9	8	66	7	6	3	2	18
Rwanda	1	1	0	0	0	1	0	0	0	0	0
Saint Kitts And Nevis	2	0	1	1	1	3	0	1	0	1	2
Saint Lucia	3	3	1	0	0	4	0	0	0	0	0
Samoa	28	17	9	5	13	44	11	2	1	3	17
Saudi Arabia	5	4	2	0	0	6	2	0	0	0	2
Serbia	2	1	1	1	0	3	1	0	0	0	1
Seychelles	1	0	1	0	0	1	0	0	0	0	0
South Africa	35	31	7	4	0	42	19	3	0	0	22



**Appendix B – MCQ Country of Training Report for 2021-22 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
South Korea	4	2	2	0	0	4	2	0	0	0	2
Spain	1	0	0	1	1	2	0	0	0	1	1
Sri Lanka	176	162	20	6	2	190	111	9	3	1	124
Sudan	16	13	2	0	5	20	9	1	0	2	12
Sweden	1	1	1	0	0	2	0	1	0	0	1
Syria	8	6	0	1	1	8	2	0	0	0	2
Taiwan	4	4	0	0	0	4	2	0	0	0	2
Tanzania	2	0	0	1	1	2	0	0	1	1	2
Thailand	14	14	3	1	0	18	8	0	1	0	9
Trinidad And Tobago	1	1	0	0	0	1	1	0	0	0	1
Turkey	10	9	2	1	2	14	4	0	0	0	4
Uganda	4	3	2	1	0	6	1	2	0	0	3
Ukraine	39	23	14	5	7	49	10	4	1	1	16
United Arab Emirates	6	4	2	0	2	8	2	2	0	0	4
United Kingdom	3	1	2	0	0	3	1	1	0	0	2
Uruguay	1	0	1	0	0	1	0	0	0	0	0
Uzbekistan	1	1	0	0	0	1	0	0	0	0	0
Venezuela	3	2	0	0	1	3	0	0	0	0	0
Viet Nam	7	5	3	0	0	8	4	2	0	0	6
Yemen	3	3	0	0	0	3	1	0	0	0	1
Zambia	1	1	0	0	0	1	0	0	0	0	0
Zimbabwe	11	11	0	0	0	11	6	0	0	0	6
<b>Total</b>	<b>2312</b>	<b>1760</b>	<b>509</b>	<b>224</b>	<b>203</b>	<b>2696</b>	<b>928</b>	<b>192</b>	<b>74</b>	<b>56</b>	<b>1250</b>

### Appendix C: Clinical Examination Country of Training Statistics 2021-22

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	7	1	1	3	4	9	0	0	0	0	0
Albania	1	0	0	0	1	1	0	0	0	0	0
Argentina	2	2	0	0	0	2	1	0	0	0	1
Armenia	2	1	0	0	1	2	1	0	0	0	1
Austria	1	0	1	0	0	1	0	0	0	0	0
Bahrain	1	1	0	0	0	1	0	0	0	0	0
Bangladesh	187	95	59	23	42	219	14	12	4	5	35
Belarus	5	2	2	0	2	6	0	1	0	0	1
Benin	1	1	1	0	0	2	0	1	0	0	1
Bosnia and Herzegovina	1	1	0	0	0	1	1	0	0	0	1
Brazil	17	11	6	1	1	19	2	3	0	0	5
Chile	4	3	0	1	0	4	2	0	0	0	2
China	75	48	19	9	15	91	7	5	0	0	12
Colombia	14	13	3	0	0	16	0	1	0	0	1
Costa Rica	1	1	1	0	0	2	0	0	0	0	0
Cuba	2	0	1	1	0	2	0	1	0	0	1
Dominica	1	1	0	0	0	1	0	0	0	0	0
Dominican Republic	1	0	0	1	0	1	0	0	0	0	0
Ecuador	1	1	0	0	0	1	0	0	0	0	0
Egypt	57	32	18	8	8	66	5	3	0	2	10
El Salvador	1	0	0	0	1	1	0	0	0	0	0
Estonia	1	1	0	0	0	1	0	0	0	0	0
Ethiopia	2	2	0	0	0	2	1	0	0	0	1
Fiji	7	2	4	2	0	8	0	1	0	0	1
Finland	1	1	0	0	0	1	0	0	0	0	0
Georgia	3	2	1	1	0	4	1	0	1	0	2
Germany	6	4	4	1	0	9	1	1	0	0	2

**Appendix C: Clinical Examination Country of Training Statistics 2021-22 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
Ghana	2	1	1	1	1	4	0	1	0	0	1
Grenada	1	1	0	0	0	1	0	0	0	0	0
Guatemala	2	0	0	0	2	2	0	0	0	1	1
Hong Kong	7	7	0	0	0	7	3	0	0	0	3
Hungary	4	2	1	1	0	4	0	0	0	0	0
India	256	163	61	30	40	294	36	21	9	6	72
Indonesia	9	4	6	1	0	11	2	1	0	0	3
Iran	76	49	18	7	16	90	13	4	3	2	22
Iraq	30	18	7	5	5	35	3	1	2	0	6
Ireland	3	2	2	0	0	4	0	1	0	0	1
Japan	2	2	0	0	0	2	0	0	0	0	0
Jordan	1	1	0	0	0	1	0	0	0	0	0
Kenya	4	3	1	1	0	5	0	0	0	0	0
Kyrgyzstan	1	1	1	0	0	2	0	0	0	0	0
Latvia	2	0	1	0	1	2	0	0	0	0	0
Lebanon	4	3	1	0	0	4	1	0	0	0	1
Libya	1	0	0	1	0	1	0	0	0	0	0
Macedonia	1	1	0	0	0	1	0	0	0	0	0
Malaysia	21	11	10	2	2	25	0	3	1	2	6
Mauritius	7	6	1	0	0	7	0	1	0	0	1
Mexico	4	4	0	0	0	4	0	0	0	0	0
Myanmar	60	32	15	14	10	71	7	2	2	0	11
Nepal	27	17	8	3	4	32	4	1	0	1	6
Netherlands	3	1	1	0	1	3	0	0	0	0	0
Nigeria	33	15	13	3	9	40	2	1	0	0	3
Oman	1	1	0	0	0	1	0	0	0	0	0
Pakistan	214	148	51	16	16	231	41	18	4	6	69



**Appendix C: Clinical Examination Country of Training Statistics 2021-22 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
Palestinian Authority	1	0	1	0	0	1	0	0	0	0	0
Papua New Guinea	1	1	0	0	0	1	0	0	0	0	0
Peru	1	1	0	0	0	1	0	0	0	0	0
Philippines	66	44	14	2	14	74	2	4	0	2	8
Poland	1	1	0	0	0	1	0	0	0	0	0
Portugal	2	2	0	0	0	2	1	0	0	0	1
Romania	2	2	0	0	0	2	0	0	0	0	0
Russia	43	20	15	6	8	49	3	3	1	3	10
Rwanda	3	3	0	0	0	3	0	0	0	0	0
Saint Kitts and Nevis	2	2	1	0	0	3	0	0	0	0	0
Saint Lucia	1	1	0	0	0	1	0	0	0	0	0
Samoa	27	16	9	4	3	32	5	1	1	0	7
Serbia	3	2	0	0	1	3	0	0	0	0	0
Seychelles	2	1	1	0	0	2	0	0	0	0	0
Singapore	2	2	0	0	0	2	2	0	0	0	2
Slovenia	2	1	1	0	0	2	0	0	0	0	0
South Africa	34	28	9	2	0	39	18	4	0	0	22
South Korea	3	2	0	0	1	3	0	0	0	0	0
South Sudan	2	1	1	0	0	2	0	0	0	0	0
Spain	1	1	1	0	0	2	0	0	0	0	0
Sri Lanka	93	57	23	11	12	103	15	10	4	2	31
Sudan	18	9	7	2	1	19	0	1	0	0	1
Syria	8	7	3	0	1	11	1	2	0	0	3
Taiwan	1	1	1	0	0	2	0	0	0	0	0
Thailand	6	4	1	1	1	7	1	1	0	0	2
Turkey	5	4	0	0	1	5	2	0	0	0	2
Ukraine	21	12	6	2	2	22	3	0	0	0	3

**Appendix C: Clinical Examination Country of Training Statistics 2021-22 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
United Arab Emirates	8	6	3	1	0	10	3	0	0	0	3
United Kingdom	3	2	1	0	1	4	1	1	0	1	3
USA	1	1	0	0	0	1	1	0	0	0	1
Uzbekistan	1	1	0	0	0	1	0	0	0	0	0
Venezuela	2	2	0	0	0	2	0	0	0	0	0
Vietnam	8	2	6	3	2	13	0	0	1	0	1
Yemen	1	1	0	0	0	1	0	0	0	0	0
Zimbabwe	4	3	0	0	1	4	1	0	0	0	1
<b>Total</b>	<b>1557</b>	<b>962</b>	<b>424</b>	<b>170</b>	<b>231</b>	<b>1787</b>	<b>207</b>	<b>111</b>	<b>33</b>	<b>33</b>	<b>384</b>

## Appendix D: WBA 2021-22 Statistics

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

Authority	Country Trained	No of Assessed	No of Pass	No of Fail	No of Pending Result
Central Coast Local Health District	Bangladesh	1	1	0	0
	Brazil	1	0	0	1
	Egypt	1	1	0	0
	Fiji	2	2	0	0
	India	3	3	0	0
	Iraq	1	1	0	0
	Lebanon	1	1	0	0
	Malaysia	1	1	0	0
	Myanmar	1	1	0	0
	Pakistan	1	1	0	0
	Philippines	6	6	0	0
	Serbia	1	1	0	0
	South Africa	1	1	0	0
	Sri Lanka	1	1	0	0
	Taiwan	1	1	0	0
	Subtotal	23	22	0	1
Flinders Rural Health South Australia	India	1	1	0	0
	MALAYSIA	1	1	0	0
	Subtotal	2	2	0	0
Hunter New England Local Health District	Austria	1	1	0	0
	Brazil	2	2	0	0
	China	1	1	0	0
	Denmark	1	1	0	0
	Egypt	5	5	0	0
	Germany	1	1	0	0



**Appendix D: WBA 2021-22 Statistics Continued**

	Country Trained	No of Assessed	No of Pass	No of Fail	No of Pending Result
	Ghana	1	1	0	0
	India	9	9	0	0
	Indonesia	1	1	0	0
	Italy	1	1	0	0
	Nepal	1	1	0	0
	Nigeria	2	2	0	0
	Pakistan	2	2	0	0
	Philippines	2	2	0	0
	Sudan	1	1	0	0
	Syria	1	1	0	0
	Ukraine	1	1	0	0
	<b>Subtotal</b>	<b>33</b>	<b>33</b>	<b>0</b>	<b>0</b>
Illawarra Shoalhaven Local Health District	Brazil	1	1	0	0
	Egypt	2	2	0	0
	India	2	2	0	0
	Iraq	1	1	0	0
	Netherlands	1	1	0	0
	Pakistan	2	2	0	0
	South Africa	1	1	0	0
	Spain	1	1	0	0
	<b>Subtotal</b>	<b>11</b>	<b>11</b>	<b>0</b>	<b>0</b>
Launceston General Hospital	Bangladesh	2	2	0	0
	China	1	1	0	0
	Colombia	1	1	0	0
	India	8	8	0	0

**Appendix D: WBA 2021-22 Statistics Continued**

	Country Trained	No of Assessed	No of Pass	No of Fail	No of Pending Result
	Iraq	1	1	0	0
	Nepal	1	1	0	0
	Nigeria	2	2	0	0
	Pakistan	3	3	0	0
	Serbia	1	1	0	0
	South Africa	1	1	0	0
	Sri Lanka	3	3	0	0
	Sudan	1	1	0	0
	Zimbabwe	1	1	0	0
	Subtotal	26	26	0	0
Mid North Coast Local Health District	Brazil	2	2	0	0
	China	1	1	0	0
	Fiji	1	1	0	0
	Poland	2	2	0	0
	Saint Lucia	1	1	0	0
	Subtotal	7	7	0	0
Monash Health	Afghanistan	1	1	0	0
	Grenada	1	1	0	0
	India	2	2	0	0
	Nigeria	1	1	0	0
	Russia	1	1	0	0
	Samoa	1	1	0	0
	Spain	1	1	0	0
	Subtotal	8	8	0	0

**Appendix D: WBA 2021-22 Statistics Continued**

	Country Trained	No of Assessed	No of Pass	No of Fail	No of Pending Result
Sunshine Coast Hospital and Health Service	Brazil	1	1	0	0
	Fiji	1	1	0	0
	Iran	1	1	0	0
	Italy	1	1	0	0
	Netherlands	1	1	0	0
	Samoa	3	3	0	0
	South Africa	2	2	0	0
	<b>Subtotal</b>	<b>10</b>	<b>10</b>	<b>0</b>	<b>0</b>
WA Country Health Service	Bangladesh	2	2	0	0
	Brazil	1	1	0	0
	Egypt	1	1	0	0
	Germany	1	1	0	0
	India	6	6	0	0
	Iraq	1	1	0	0
	Myanmar	1	1	0	0
	Nepal	1	1	0	0
	Russia	3	3	0	0
	South Africa	1	1	0	0
	Sri Lanka	2	1	0	1
	Sudan	1	1	0	0
	United Arab Emirates	1	0	0	1
	<b>Subtotal</b>	<b>22</b>	<b>20</b>	<b>0</b>	<b>2</b>
Wide Bay Hospital and Health Service	Bangladesh	3	3	0	0
	India	4	4	0	0
	Iran	1	1	0	0



## Appendix D: WBA 2021-22 Statistics Continued

	Myanmar	2	2	0	0
	Nepal	1	1	0	0
	Pakistan	2	2	0	0
	Syria	1	1	0	0
	Subtotal	14	14	0	0
Grand Total		156	153	0	3

The Australian Medical Council is an organisation whose work impacts across the lands of Australia and New Zealand.

The AMC acknowledges the Aboriginal and Torres Strait Islander Peoples as the original Australians and the Māori People as the tangata whenua (Indigenous) Peoples of Aotearoa (New Zealand).

We recognise them as the traditional custodians of knowledge for these lands.

We pay our respects to them and to their Elders, both past, present and emerging, and we recognise their enduring connection to these lands on which we live and work every day, and honour their ongoing connection to those lands, its waters and sky.

