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ACKNOWLEDGEMENT TO THE TRADITIONAL CUSTODIANS



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

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This annual report contains the audited financial statements for the Australian Medical Council (AMC) for the financial year 2018-19 and information on the AMC's corporate governance arrangements, its performance in carrying out its functions, and important events and activities during that period.

FROM THE PRESIDENT



Professor David Ellwood
President

I am pleased to be able to present my first report as President of the AMC in a year when there has been much to celebrate and applaud.

First and foremost, in meeting our commitment to ensure culturally safe practice to improve health outcomes, the AMC established an Aboriginal, Torres Strait Islander and Māori Committee as a Standing Committee under Article 12.1(h) of its Constitution, it increased Aboriginal, Torres Strait Islander and Māori representation on Council and on AMC committees, and it launched its *Innovate Reconciliation Action Plan*. These are, and will continue to be, landmark changes for the AMC and for the Australian community.

There were many other achievements as detailed in the Highlights section and throughout this Report. Importantly, all of the AMC's work and any position or decision it reaches are based on sound science, research and governance, underpinned by data, consultation, expert opinion and review. This process is critical to maintaining the AMC's integrity and is non-negotiable. It is underpinned by the AMC's highly trained and professional staff and the governance applied to every AMC committee and process.

In 2018-19 the AMC commenced reviews of its Constitution, Board composition, membership, policies, committees and terms of reference. The creation of the new Standing Committee and the membership changes endorsed by Council at the June General meeting were important components of this process. These governance reviews will continue over 2019-20 to ensure that the AMC is operating under best practice as well as ensuring it has the right people, and the right number of people, contributing through Council, the Board and AMC committees.

To this end, it is important for the AMC to have the right membership base and, more importantly, that these members are able to contribute effectively. As a company limited by guarantee, AMC members – the Council – have an important yet somewhat limited role, such as appointing the Directors. It continues to be an AMC priority to increase the involvement of our members in AMC activities. The presentations, workshops, discussions and site visits at AMC's General and Annual General Meetings provide Council with input to AMC issues and, just as important, with information to take back to their networks and communities. Council's role as a conduit of information and a barometer of the medical landscape is vital to AMC.

We will continue to look at ways to increase engagement with members and for members to both inform and challenge the AMC and the status quo.

The contribution of Council members as participants at AMC workshops and summits, on AMC committees and working parties, as members of assessment teams, and as Directors, enhances the AMC's capabilities. Thank you to all who have so willingly offered their time and perspectives to the AMC over the year. Your contributions have shaped AMC's direction. Without doubt, the complexity of issues and the volume of work, and therefore the range of committees, will continue to grow.

I would like to thank AMC's CEO, Mr Philip Pigou, for his leadership and stewardship, and the AMC staff for their continued commitment to excellence.

I would like to thank Deputy President, Professor Kate Leslie, for her assistance over the year, and the AMC Directors for their dedication, expertise, time commitment, and collegiality, as well as for the differences of perspective and opinion that they bring to the table.

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

The AMC's work and any position or decision it reaches are based on sound science, research and governance, underpinned by data, consultation, expert opinion and review.

Acknowledgements

On behalf of the Directors and Council of the AMC, I would like to acknowledge and formally thank the following people for their contributions to AMC:

Associate Professor Jill Sewell – Retiring President 2018 AGM Jill took up leadership of the AMC in 2015, following six years as a Director. She also chaired the Specialist Education Accreditation Committee for six years, was a member of the Finance, Audit and Risk Management Committee from 2010, a member of the Recognition of Medical Specialties Sub-Committee, and member of the 2003 and 2006 Royal Australian College of General Practitioners (RACGP) assessment teams. As President, Jill represented the AMC at a number of national forums including the National Medical Training Advisory Network, the Council of Presidents of Medical Colleges, Health Professions Accreditation Collaborative Forum and various executive events.

Dr Greg Kesby, Associate Professor Kim Rooney, and Dr Jules Catt – Retiring Directors 2018 AGM Dr Greg Kesby served on the AMC from 2011 and as Director for two years; Associate Professor Kim Rooney was a member of the Council and Director from 2011; and Dr Jules Catt was a member of Council from 2014 and a Director in 2017-18.

Members of the Aboriginal and Torres Strait Islander Peoples and Māori Strategy Group: Mr Gregory Phillips (Chair), Professor Shaun Ewen, Dr Artiene Tatian, Dr Tammy Kimpton, Dr Justin Gladman, Professor Papaarangi Reid, Professor Lisa Jackson Pulver AM, Professor Eleanor Milligan, Emeritus Professor David Prideaux. While the AMC's journey will continue through the new Standing Committee, reaching this point was only possible through the work of the Strategy Group over many years.

Great things in business are never done by one person.

Steve Jobs

FROM THE CEO



Philip Pigou
Chief Executive Officer

My initial priority when starting as CEO of the AMC in 2018 was to provide the organisation with a strong sense of direction. This was achieved through the development of the Strategic Plan 2018-2028. The Strategic Plan has now been through its first year of implementation and has served its purpose well in both guiding and driving the AMC's governance and operations and, I am pleased to report, leading to strong performance and innovative approaches to our business. These outcomes are reflected throughout this report and particularly in the several stories in the *Highlights* section.

While it maps out the next decade, the Strategic Plan is very much a living document. It enables us to continually look at the AMC business to ensure it is not just on track, but best placed to continue to meet the AMC's purpose to *ensure that standards of education, training and assessment in the medical profession promote and protect the health of the Australian community*.

I am confident that the AMC's strong governance and management over the past year and going forward, underpinned by the Strategic Plan, will ensure our business has the people, resources, information and technology to support excellence in operations, to allow us to adapt and innovate, and to provide the financial security for the business to be sustainable for the long term.

However, to achieve this it will be imperative that AMC has external support. The support of our members, the support of all organisations across the medical continuum and the support of regulatory agencies and government. Relationships though are not with organisations – they are with people. With almost every aspect of the AMC's operations relying on

these relationships it is critical that our sector engages with trust, integrity, high standards, leadership, and excellence. It is only through relationships based on sound values, open dialogue and support that the AMC will be sustainable and provide the best service possible.

I would like to take this opportunity to thank AMC's Directors, Members and Committees for their expertise, leadership and generosity in committing their time to the AMC. I look forward to their continued guidance of the AMC over the next twelve months.

Thank you also to AMC's staff. Your professionalism and dedication to the AMC, its purpose and values, has been instrumental in meeting AMC's many challenges and opportunities over the year. None of AMC's achievements would be possible without you.

In closing I am pleased to report that in June 2019 the AMC renewed its Agreement with the Australian Health Practitioner Regulation Agency to continue to exercise accreditation functions for the medical profession for a five-year period from 1 July 2019 to 30 June 2024. The AMC looks forward to continuing to serve the Australian community in this role.

GOVERNANCE

The AMC is a charitable company limited by guarantee operating under a [Constitution](#) that is subject to the *Corporations Act 2001* and the *Australian Charities and Not-for-profits Commission Act 2012* (ACNC Act).

Purpose: The AMC's purpose is to ensure that standards of education, training and assessment of the medical profession protect and promote the health of the Australian community.

Vision: Excellence in health care through a highly trained medical workforce.

GOVERNANCE ACTIVITIES 2018-19 A changing of the guard, Constitutional Review, establishment of the Aboriginal, Torres Strait Islander and Māori Committee, and strategic discussions at the AGM and GM defined AMC's 2018-19 governance activities.	OPERATIONS DRIVEN BY STRATEGIC PLAN AND GOOD GOVERNANCE The AMC implemented several business changes over the year and worked to strengthen its people and culture with good results.
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GOVERNANCE ACTIVITIES 2018-19

Strategic Plan drives activities

The [Strategic Plan 2018-2028](#), as presented to Council in June 2018, was the driver of the AMC's governance and operational activities over 2018-19. The Strategic Plan is one of the AMC's central documents, setting out the public value of the work it does, defining its vision and what is needed to achieve the vision. Over 2018-19, the AMC developed Strategic Pillar Plans to determine priorities and drive initiatives and progress the implementation of specific projects, several of which are outlined in the highlights section.

Annual General Meeting of Council 2018: Launceston



The 2018 AMC AGM was held in Launceston, Tasmania, on Friday 30 November 2018. Site visits were conducted in rural and regional Tasmania on Thursday 29 November 2018. The AGM marked the appointment of the new President (Professor David Ellwood) and Deputy President (Professor Kate Leslie) of the AMC.

The focus of the site visits was regionalism and generalism, and included meetings with representatives at the following:

Launceston: Launceston General Hospital

Launceston Community: Northern Community Centre, Aboriginal Community Health Centre, Northern Midlands Medical Centre, Headspace

Burnie and Regional North Tasmania: St Vincent Nursing Home, Rural Clinical School – Burnie, North West Regional Hospital, Rural and Regional Medical Training Hub, Mersey Community Hospital

Hobart: University of Tasmania, The Wicking Dementia Research and Education Centre, Postgraduate Council of Tasmania, Australian Antarctic Division, Workplace Planning Unit - DHHS

Discussions focused on the interdependence of local and national healthcare and education challenges and their intersection with key local and national health and education systems, institutions and community centres.

The AGM commenced with Rural Health Commissioner, Emeritus Professor Paul Worley, presenting to Council his work on rural generalism. Other presentations including review of the AMC's Constitution, membership linkages with the AMC's strategic direction, values and engagement approach of the AMC, model of governance and how we invite nominations to Council, the Reconciliation Action Plan, and Workplace Based Assessment project work following the WBA National Summit hosted by the Assessment and Accreditation teams earlier in the year, and changes to Intern training.

General Meeting of Council 2019: Canberra

The AMC's General Meeting was held in Canberra on Friday 14 June 2019. A key item for discussion included a Special Resolution to amend the Constitution of the AMC to implement changes to the membership and the formation of a new Standing Committee, as detailed elsewhere in this report.

Council received a report from three of the four Chairs of the AMC Standing Committees: Professor Geoff McColl, Chair, Medical School Accreditation Committee, Professor Kate Leslie AO, Chair, Specialist Education Accreditation Committee, and Emeritus Professor David Prideaux, Chair, Assessment Committee

Following the General Meeting, three workshops were presented under the AMC's Strategic Pillars:

- Implementing AMC's Innovate Reconciliation Action Plan objectives (Strategic Pillar 3 – Promoting Aboriginal, Torres Strait Islander and Māori Health)
- Medical student and trainee wellbeing (Strategic Pillar 2 – Medical education and training responsive to community health needs)
- Artificial Intelligence and Ethics (Strategic Pillar 4 – Promoting Professional Practice in a technology and AI driven world)



AMC Constitutional Review 2018-19

AMC Directors established a Constitutional Review Group (CRG) in June 2018 following discussions and feedback from members that the AMC Constitution needed further review particularly regarding the selection of members and the skills mix of members. The Group was tasked to review the Constitution to ensure it reflected the AMC's current objects, strategy, activities and operations and that its processes continued to be workable and sufficiently flexible to meet the practical needs of the organisation.

The CRG, comprising Mr Philip Pigou, CEO (Chair); Professor David Ellwood, President; Professor Kate Leslie AO, Deputy President; Dr Jules Catt, AMC Director; Ms Karin Oldfield, Company Secretary; Mr John Topfer, Legal Counsel; Ms Kirsty White, Director, Accreditation and Standards (observer), reported to Council in November 2018.

On the recommendation of Directors, and in accordance with Article 5.5 of the AMC Ltd Constitution, Members adopted a Special Resolution to amend the AMC Constitution at their meeting on 14 June 2019. The changes included:

- formation of an Aboriginal, Torres Strait Islander and Māori Committee as a Standing Committee of the AMC (see below)
- appointment of additional registered medical practitioners taking the number of registered medical practitioner appointments from eight to nine with new categories for a vocational trainee and an Aboriginal and Torres Strait Islander registered medical practitioner along with reducing the number of members of State or Territory Medical Boards of the medical Board of Australia from four to two; and
- removal of external ex-officio Council member positions with review and appointment of all members by Directors to provide consistency across appointments.

Establishment of Aboriginal, Torres Strait Islander and Māori Standing Committee

The AMC established the Aboriginal, Torres Strait Islander and Māori Committee as a Standing Committee under Article 12.1 (h) of its Constitution 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.

As for all AMC standing committees, the Committee will report to the AMC Directors and will provide strategic advice and recommendations on important matters related to Aboriginal, Torres Strait Islander and Māori health. The scope of the Committee's work will also include supporting AMC's stated purpose of making health systems free of racism and inequality. The Committee will comprise up to 12 members and will be established in the latter part of 2019.

Responsibilities

- | | |
|----|--|
| a) | Working with the AMC to change attitudes and behaviours so that the rights and cultures of Aboriginal and Torres Strait Islander peoples and Māori are respected and affirmed throughout the work of the AMC. |
| b) | Working with the AMC to show leadership in the accreditation and assessment of Aboriginal, Torres Strait Islander and Māori health education and training. |
| c) | Representing the AMC Directors on government, professional and community groups and other forums related to the health and wellbeing of Aboriginal and Torres Strait Islander peoples and Māori. |
| d) | Facilitating and supporting the development and maintenance of partnerships, relationships and linkages with key stakeholders that lead to the legal recognition of, and respect for, the distinctive status of Aboriginal and Torres Strait Islanders as First Peoples. |

- e) Leading the development of policies and positions that address matters concerning the health of Aboriginal and Torres Strait Islander peoples and Māori.
- f) Working with Directors to establish an Aboriginal, Torres Strait Islander and Māori mentoring network across the organisation.
- g) Facilitating the development of formal agreements with AMC's Indigenous stakeholder organisations including but not limited to the Australian Indigenous Doctors Association; Te Ohu Rata o Aotearoa Māori Medical Practitioners Association, National Aboriginal Controlled Community Health Organisation and the Leaders in Indigenous Medical Education.
- h) Working with Directors on research that can inform the AMC's Aboriginal, Torres Strait Islander and Māori health strategy and workforce planning strategy.
- i) Working with AMC senior management on internal policies and strategies that will support the AMC's Aboriginal, Torres Strait Islander and Māori Health Statement.
- j) Working with AMC committees to address strategies that improve health outcomes for Aboriginal and Torres Strait Islander peoples and Māori.
- k) Embedding a succession plan into the work of the Committee – develop a plan for shadowing and mentoring as a way of building leadership capacity for Aboriginal, Torres Strait Islanders and Māori in the work of the AMC.
- l) Make recommendations to the Directors on the appointment of Aboriginal and Torres Strait Islander peoples and Māori to all AMC committees.

Membership

- a) At least six members of the AMC including two AMC Directors, preferably the Chairs of other AMC standing committees and up to four Aboriginal, Torres Strait Islander or Māori persons who are members of other AMC Committees .
- b) Two Aboriginal, Torres Strait Islander or Māori community members.
- c) One representative of the Australian Indigenous Doctors' Association nominated by that organisation.
- d) One representative of the Leaders in Indigenous Medical Education Network nominated by that organisation.
- e) One representative of the National Aboriginal Community Controlled Health Organisation nominated by that organisation.
- f) One representative of the Te Ohu Rata o Aotearoa Māori Medical Practitioners Association nominated by that organisation.

Council Membership



AMC Directors as at 30 June 2018: (back l-r) Dr Bruce Mugford, Professor Kate Leslie AO (Deputy President), Professor Geoff McColl, Emeritus Professor David Prideaux (front l-r) Professor Eleanor Milligan, Professor David Ellwood (President), Dr Andrew Singer AM. Absent: Professor Lisa Jackson Pulver AM

Membership changes over 2018-19 were:

President: Associate Professor Jill Sewell's term as President concluded at the end of the 2018 AGM. Deputy President, Professor David Ellwood, was elected to the position for a two year term to the end of the AGM in November 2020.

Deputy President: Professor Kate Leslie AO was elected to the position for a two year term to the end of the AGM in November 2020.

Directors: Professor Eleanor Milligan, Professor Lisa Jackson Pulver AM and Dr Bruce Mugford were elected as Directors for a term of two years, to the end of the AGM in November 2020.

Community Member: Professor Eleanor Milligan was reappointed by Directors on 1 November 2018 for a further four-year term to the end of the AGM in November 2022

Practitioner Member: Dr Bruce Mugford was reappointed by Directors on 1 November 2018 for a further four-year term to the end of the AGM in November 2022

Senior Executive of a Public Hospital: Dr Sayanta Jana was reappointed by Directors on 1 November 2018 for a further two-year term to the end of the AGM in November 2020

Senior Executive of a Private Hospital: Dr Jeanette Conley was reappointed by Directors on 1 November 2018 for a further two-year term to the end of the AGM in November 2020

Aboriginal or Torres Strait Islander member: Dr Tammy Kimpton was appointed to Council in November 2018 for a four-year term to the end of the AGM in November 2022

Practitioner member of the MBA: The terms of Associate Professor Kim Rooney and Dr Greg Kesby expired at the conclusion of the 2018 AGM; Dr Jenni Davidson and Dr Sergio Diez Alvarez were each appointed to Council for a four-year term to the end of the AGM in November 2022

Post-graduate trainee practitioner member: Dr Jules Catt's term expired at the conclusion of the 2018 AGM; Dr Artiene Tatian was appointed to Council for a two-year term to the end of the AGM in November 2020

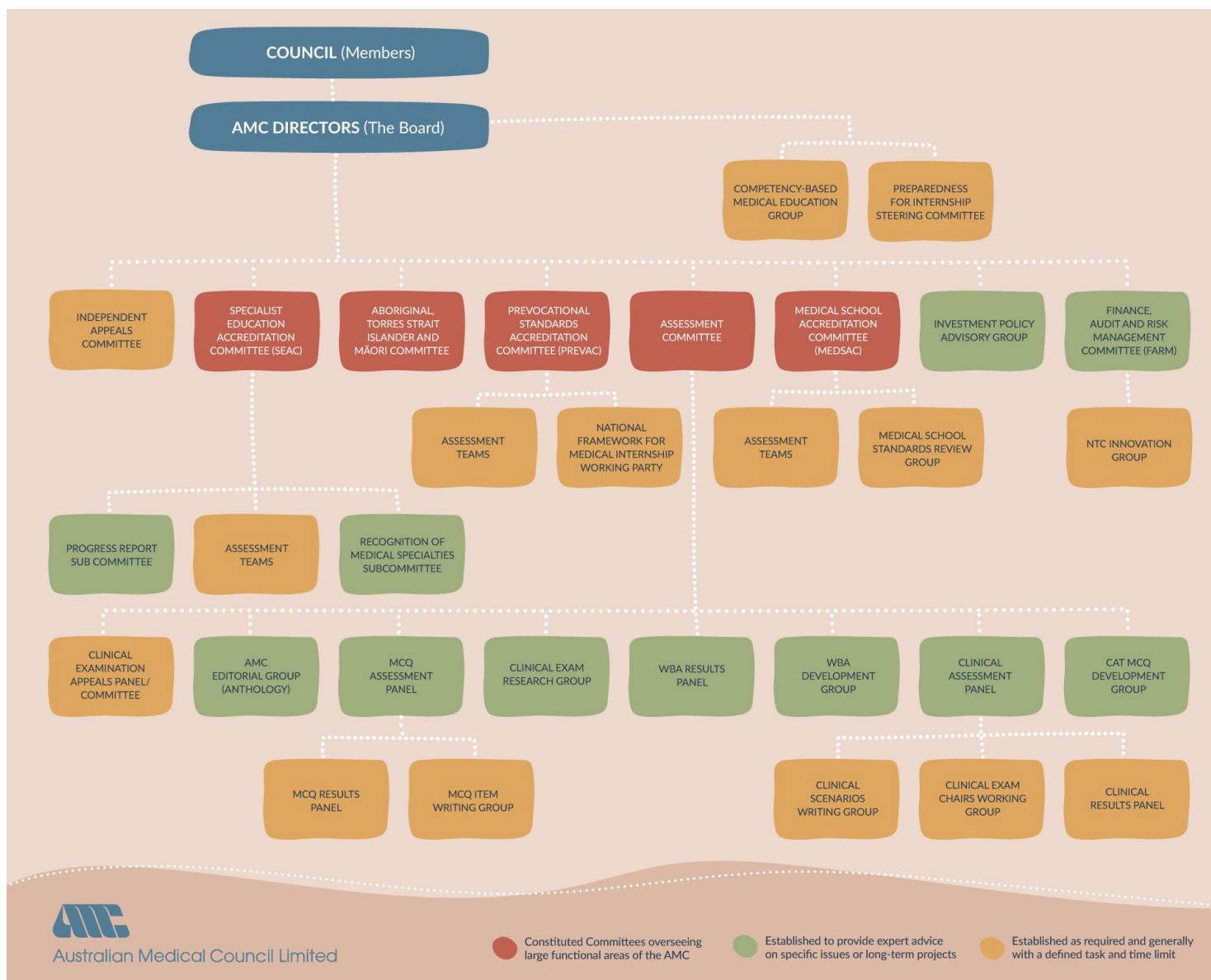
Confederation of Post Graduate Medical Education Councils (CPMEC): Dr Claire Blizard was appointed the new Chair of CPMEC in late 2018 following the retirement of Professor Richard Tarala and was appointed as Council Member by Directors.

Consumer member: In 2018 AMC Consumer Member Ms Eileen Jerga was appointed to the Medical Board of Australia and resigned from Council due to the conflict of interest with her new role. Ms Louise Miller Frost was appointed to Council by Directors in May 2019.

Governance Structure

Figure 1: AMC Governance structure

The AMC's governance structure is defined by its Constitution



COUNCIL

The Council (AMC Ltd Members) is responsible for electing the President and Deputy President and appointing and removing directors, determining the AMC's future and maintaining the AMC's Constitution to ensure it is fit for purpose. The 27 Members are appointed according to the Constitution and are drawn from a wide cross-section of the groups associated with medical education, health delivery and with the standards of medical practice in Australia.

Membership as at 30 June 2019:

- Dr Claire Blizzard
- Dr Jeanette Conley
- Dr Jenni Davidson
- Dr Sergio Diez Alvarez
- Dr Iain Dunlop AM
- Professor David Ellwood
- Dr Sayanta Jana
- Associate Professor Abdul Khalid
- Dr Tammy Kimpton
- Mr Fergus Leicester
- Professor Kate Leslie AO FAHMS
- Ms Louise Miller Frost
- Professor Eleanor Milligan
- Professor Geoff McColl
- Dr Bruce Mugford
- Professor Richard Murray
- Adjunct Professor Debora Picone AO
- Emeritus Professor David Prideaux
- Professor Lisa Jackson Pulver AM
- Dr Bhavi Ravindran
- Professor Papaarangi Reid
- Dr Andrew Singer AM
- Mr Tom Symonds

- Laureate Professor Nicholas Talley AC
- Dr Artiene Tatian
- Dr Philip Truskett AM

Non-current members serving during 2018-19:

Associate Professor Jill Sewell AM

Dr Jules Catt

Associate Professor Kim Rooney

Dr Greg Kesby

DIRECTORS

The AMC Directors determine the AMC's strategic direction and manage its business activities including having responsibility for determining the direction of AMC committees and authorising expenditure of moneys for the purposes relating to the AMC's affairs. Directors' receive high-level advice from the AMC's Finance, Audit and Risk Management Committee, Investment Policy Advisory Group and Standing Committees. The Directors for all or part of the 2018-19 financial year are listed in the Directors' 2019 Report in the financial statements, where their attendance at meetings is also detailed. The Directors meet at regular intervals and have in place mechanisms for the conduct of special meetings.

Membership as at 30 June 2019:

- Professor David Ellwood
- Kate Leslie AO FAHMS
- Professor Eleanor Milligan
- Professor Lisa Jackson Pulver AM
- Dr Bruce Mugford
- Professor Geoff McColl
- Dr Andrew Singer AM
- Emeritus Professor David Prideaux

Non-current members serving during 2018-19

Associate Professor Jill Sewell AM

Dr Jules Catt

Associate Professor Kim Rooney

FINANCE, AUDIT AND RISK MANAGEMENT (FARM) COMMITTEE

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

Membership as at 30 June 2019:

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

Non-current members serving during 2018-19:

Associate Professor Jill Sewell

Dr Jules Catt

Associate Professor Kim Rooney

MEDICAL SCHOOL ACCREDITATION COMMITTEE

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

Membership as at 30 June 2019:

- Professor G McColl (Chair)
- Professor J Dahlstrom OAM
- Professor K Forsyth
- Professor J Fraser
- Ms J Yang
- Professor I Haq
- Dr L Lack
- Mr F Leicester
- Professor P Reid
- Ms S van Bremen

- Dr M White
- Professor B Canny
- Professor S Ewen
- Professor A Hennessy AM
- Dr B Ravindran

Non-current members serving during 2018-19:

Mr R Thomas

PREVOCATIONAL STANDARDS ACCREDITATION COMMITTEE

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

Membership as at 30 June 2019:

- Adjunct Associate Professor A Singer AM (Chair)
- Associate Professor K Anderson
- Dr S Conroy
- Dr V Cook
- Dr G Cooke
- Professor B Crotty
- Associate Professor A Dawson
- Dr J Ghannam
- Professor J Hamdorf AM
- Professor R Hays
- Dr J Katsoris
- Ms P Lello
- Professor I Mitchell
- Dr M Naidoo
- Clinical Professor R Tarala
- Dr A Tatian

Non-current members serving during 2018-19:

Associate Professor A Jones

Dr J Lawler

Professor B McGrath

Associate Professor D Smallwood

SPECIALIST EDUCATION ACCREDITATION COMMITTEE

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

Membership as at 30 June 2019:

- Professor K Leslie AO FAHMS (Chair)
- Professor R Langham
- Associate Professor A Khalid
- Dr C Clarke
- Dr T Kimpton
- Ms K Ngārimu
- Professor M Permezel
- Dr K Jenkins
- Dr P Truskett
- Dr S Nicolson
- Dr A Singer AM
- Professor T Lawler
- Professor M Leech
- Professor A Cripps AO
- Dr L Raiti
- Ms J Gibson
- Ms H Maxwell-Wright

Non-current members serving during 2018-19:

Professor I Civil CNZM

Dr J Grabek

ASSESSMENT COMMITTEE

The Assessment Committee monitors the operation of the AMC examinations and reviews the performance of the MCQ Examination, Clinical Examination and Workplace-based Assessment. Three panels' report to the Committee: MCQ Assessment Panel, the Clinical Assessment Panel and the Workplace-based Assessment Results Panel. The Committee and its panels oversee the AMC examination process and advise Directors on international medical graduate assessment issues.

Membership as at 30 June 2019:

- Emeritus Professor D Prideaux (Chair)
- Professor B McGrath
- Associate Professor P Devitt
- Professor N Hudson
- Professor K Nair AM
- Professor P Jones
- Associate Professor A Dawson
- Dr N Mackay
- Dr P Vine OAM
- Professor P Hay
- Dr P Harris
- Professor L Jackson Pulver AM
- Dr J Gladman
- Dr J Conley
- Mr F Leicester
- Professor E Farmer
- Dr A Akram
- Professor J Barnard

Non-current members serving during 2018-19:

Dr R Sweet

ABORIGINAL, TORRES STRAIT ISLANDER AND MĀORI COMMITTEE

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

Membership as at 30 June 2019:

Committee to be formed in the second half of 2019

OPERATIONS DRIVEN BY STRATEGIC PLAN AND GOOD GOVERNANCE

Key business changes implemented

Several business changes were put into practice over 2018-19, including:

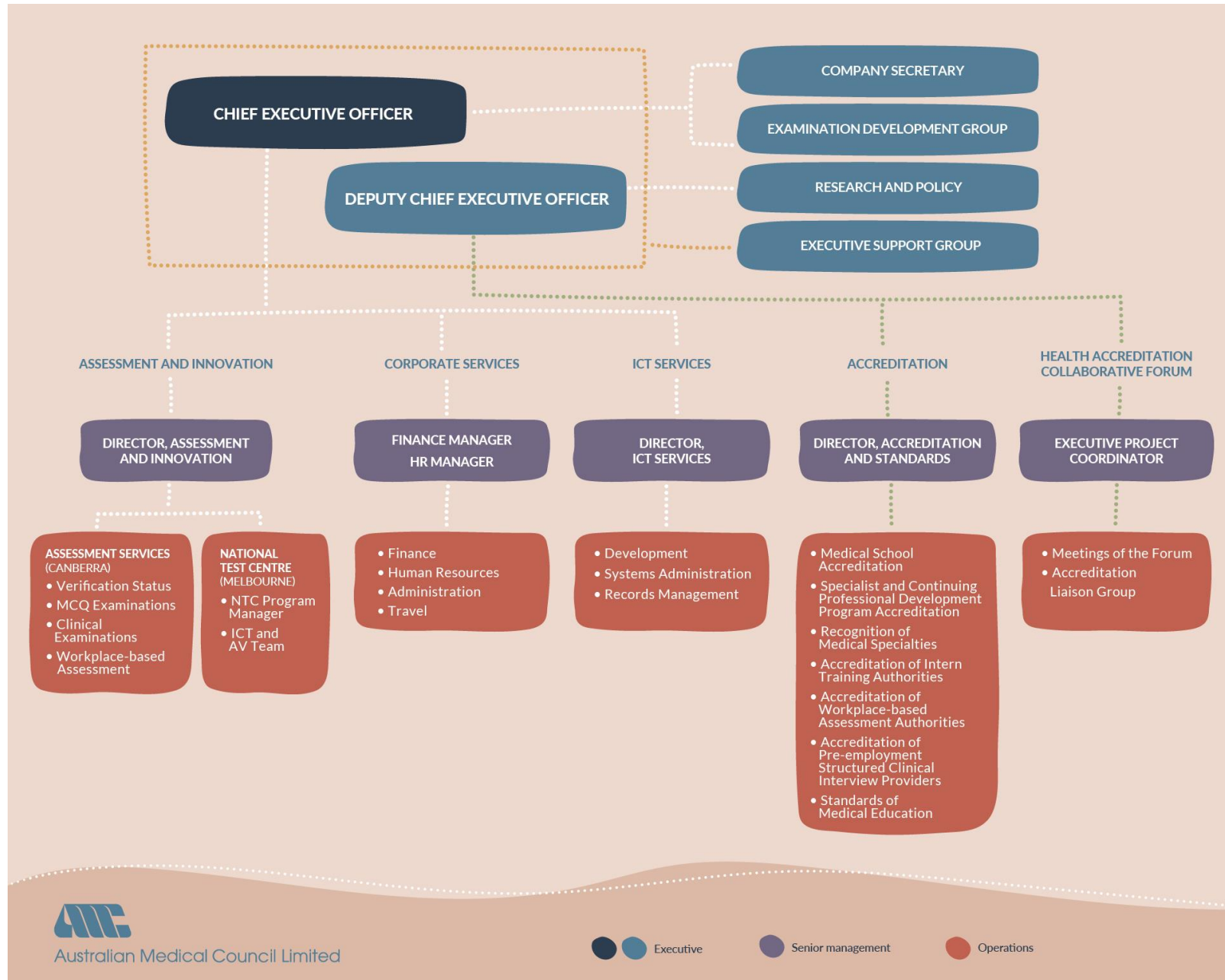
- implementation of an operational budget for all of the AMC to improve financial management accuracy; the AMC's 2019-20 Budget was approved by Directors on 23 May 2019
- development of a Whistleblower Policy to comply with amendments to the Corporations Act 2001 to be in place by 1 January 2020
- update of the Privacy Policy to ensure continuing compliance with the Privacy Act 1988 (Cwth)
- redesign of the scheduling process for clinical exam candidates to provide greater certainty for examination delivery
- review of AMC's performance partnership model to bring it up to current good practice, including the promotion of AMC's value and work to improve staff engagement and development of leadership, in teamwork and in cultural safety and cultural competence
- development of a separate website for the National Test Centre as an initiative under Pillar 5, *Business with a Purpose – managing our business in an ethical, efficient and sustainable way*
- appointment of Strategic Pillar Champions to provide strategic leadership, implementation of initiatives and communication
- the introduction of new reporting frameworks for Strategic Pillars activities and metrics on key operational areas, including finance and ICT, decision-making and delegation authorities, and
- in line with its Strategic Priority Action 5.5, *We will update the delivery media for the AMC's publications and handbooks*, the AMC took a digital-first approach to produce an entirely online edition of its 2018-19 Annual Report. The new framework would provide interactive functionality to create an engaging online experience with a responsive, mobile-first design to display on any device.

Strengthening our People and Culture

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

The AMC Secretariat manages the day to day governance and operations of the AMC under the direction of the CEO. The AMC's head office is located in Canberra (approximately 60 staff) and at the National Test Centre in Melbourne (approximately 20 staff).

Figure 2: AMC Secretariat



The AMC's Strategic Plan for 2018-2028 commits the organisation to becoming an 'employer of choice'. As one of the first steps in that direction the AMC conducted a staff engagement survey in October 2018 in order to obtain an honest view of how the staff felt about their roles, their managers, the senior executive group and the AMC generally. The feedback from this survey led to a review of AMC policies, comparing the AMC with other similar organisations and with best practice, and resulted in, most significantly, the introduction of paid parental leave for secondary carers and an additional three days leave each year, to be taken between Christmas and New Year. In addition, team-building activities are underway and a reward and recognition policy has been developed. A second survey is being undertaken in October 2019 in order to monitor progress and continue to identify areas for improvement.

Two major leadership programs were run for mid-level managers, and for the senior executive team. An external provider was contracted to deliver custom-designed programs resulting in very positive outcomes. As well as developing the leadership skills of the participants, the programs also led to improved communication across teams and provided a solid basis for ongoing growth of the AMC's managers and leaders.

An increased focus on learning and development and career progression for all staff members is helping to improve staff retention, staff satisfaction and the ability of the organisation to meet its strategic goals. The AMC will continue to review and improve its people and culture strategies based on the outcomes of future staff engagement surveys and staff feedback throughout the year.

The senior executive team remained unchanged over the 2018-19 year and there was a notable increase in staff retention from the previous year.



AMC Values

Openness & Accountability Collaboration Innovation Striving for Excellence Integrity Cultural Safety & Cultural Competence

The AMC has a very diverse workforce, with approximately 30% of staff members being born overseas (compared to 23% of the Australian population). Among the 80 staff members there are 17 languages spoken other than English. A variety of cultural events are organised by the AMC social club to celebrate this diversity.

Approximately two-thirds of staff are female and one-third male, with similar percentages across the seven levels of operations and management.

This diversity is also reflected in AMC's membership with females making up 42% of AMC Council Members and 37.5% of AMC Directors.

Additionally, Membership positions specifically for Aboriginal and Torres Strait Islander people and Māori were increased in June 2019. Membership is also balanced across the medical spectrum to provide diversity from different sectors and age groups.



DIFFERENT BUT EQUAL

FINANCIAL REPORT

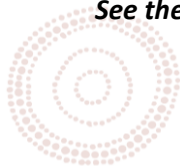
AMC Ltd's 2018-19 Financial Report includes the components required by the *Australian Charities and Not-for-profits Commission ACT*, including the:

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

The financial statements were prepared according to the Australian Accounting Standards—Reduced Disclosure Requirements of the Australian Accounting Standards Board and were audited by PricewaterhouseCoopers. The auditors gave an unqualified audit report after doing a comprehensive check of bank accounts, cash statements and journals for irregularities, fraud and any items that could lead to fraud. The emphasis was on checking all systems, procedures and controls to ensure that fraud had not been committed and to strengthen the controls to prevent any possible future fraud.

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

See the 2018-19 Financial Report (PDF) [here](#)



2018-19 HIGHLIGHTS

The AMC is internationally recognised for its work in the key areas of accreditation of medical programs and assessment of international medical graduates. The AMC commits itself to national and international review, to build on its strengths and develop and implement a range of new activities.

The following section covers:

- Current state analysis of Competency-Based Medical Education
- Workplace Based Assessment continues to strengthen
- AMC's Innovate Reconciliation Action Plan to drive outcomes for Aboriginal and Torres Strait Islander Peoples
- What impacts will artificial intelligence and ethics have on health provision and education?
- National Internship Framework Review – we're proposing some big changes and here's why
- Making a difference to workforce transition for interns

CURRENT STATE ANALYSIS OF COMPETENCY-BASED MEDICAL EDUCATION

An AMC Working Group on Competency-based Medical Education, chaired by Professor Nicholas Glasgow, was established in early 2019. The purpose of the group was to update the 2010 AMC position on Competency-Based Medical Education.

To facilitate this, all Australian and New Zealand Medical Education Providers across the continuum of medical education were invited to complete a survey.

The purpose of the survey was to undertake a current state analysis of Competency-Based Medical Education (CBME) in terms of the terminology usage, uptake, barriers and challenges and preferred support of medical education providers across the medical education in Australia and New Zealand.

Response rates to the survey questions varied and generally reflected a response rate of 33/62 provider responses, representing 53.2%. The survey results indicated that while 67 percent of Colleges used the **terminology** CBME to describe their medical education programs, medical schools and intern training used the language of CBME only 38 and 33 percent respectively.

By contrast, overwhelmingly providers strongly agreed that the **principles of CBME** were useful in medical education.

In terms of **uptake** of the key components of Medical Education-based CBME, 34 percent of providers are in progress or partial implementation; 18.75 percent have fully implemented CBME; and a further 18.79 percent have considered but not progressed. Only 6.29 percent have not considered CBME as an option in their medical education programs.

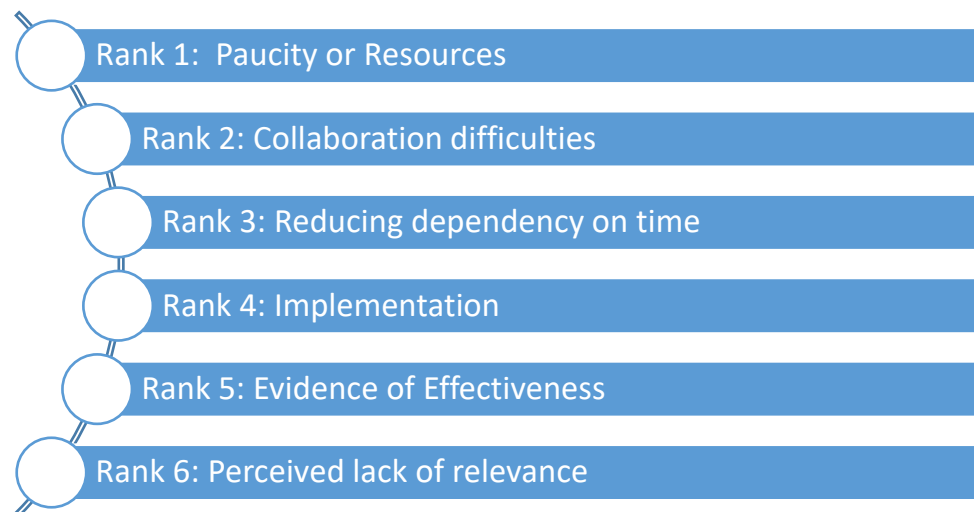
Benefits of CBME

- CBME provides a framework to improve transition points throughout training – basic, advanced and through to CPD
- Focus on outcomes achieves constructive curriculum alignment
- Integral to workplace improvements in medical education
- Integral to operationalisation of lifelong learning – with competencies clarifies expectations for all the stages of professional learning i.e. entry, training, assessment and maintenance of competence.

Challenges of CBME

- The continuum is hampered by governance of three separate entities of – medical schools, medical council and specialist Colleges
- Impact and implementation is challenging
- Learners may need to take more responsibility and ownership for training and learning
- Providers need to move beyond a “tick box” model of education
- CPD needs to move in this direction with a more outcomes focus.

Providers ranked **barrier and complexities of CBME** as follows:



Providers indicated that they would like further support from the AMC in standards and best practice guides to support them further in innovating in medical education and implementation of CBME. Workshops and advocacy support for resources and capability were also seen by providers to be important.

The next steps for the AMC CBME Working Group will be to undertake focus groups to further explore themes, prepare a report on CBME mid-2020, share results at National and International Medical Education Conferences, and use results to inform future directions in other key AMC projects including standards review, the Postgraduate Intern Training Review and support for providers on medical education innovation.

WORKPLACE BASED ASSESSMENT CONTINUES TO STRENGTHEN

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

The policy approach has been to enable the development of bespoke programs to support the assessment and placement of doctors in areas that have had difficulty recruiting medical workforce. The increase in providers to 10 (a 30% increase over the last 12 months) indicates that the WBA assessment pathway is valued by local health services that are investing in them.

Location of WBA accredited providers as at June 2019

NSW:

- Central Coast Local Health District – Gosford and Wyong
- Hunter New England Local Health District (HNELHD) – Newcastle
- Illawarra Shoalhaven Local Health District (ISLHD) – Wollongong
- Mid North Coast Local Health District (MNCKHD) - Kempsey

SA:

- Flinders Rural Health SA (FRHSA) – Mount Gambier

TAS:

- Launceston General Hospital (LGH) – statewide program

VIC:

- Monash Health – Dandenong
- Rural and Outer Metropolitan United Alliance (ROMUA) – Shepparton

WA:

- WA County Health Service (WACHS) – Bunbury, Geraldton and Kalgoorlie

QLD:

- Wide Bay Hospital and Health Service (WBHHS) – Hervey Bay

Given that it had been nearly 10 years since the development of the WBA pathway, in September 2018 the AMC held a national WBA workshop which brought together 65 participants from across Australia, representing WBA providers, assessors, regulators, jurisdictions and trainees. The purpose of the workshop was to inform the national agenda for the development of the WBA program, describe AMC expectations, promote sharing of good practice and challenges and strengthen relationships between key stakeholders.

A report outlining key benefits, challenges and priorities for WBA program development was drafted with four emerging themes:

1. **Developing an evidence base:** The need to evaluate WBA and develop a research base, including longitudinal measurement of outcomes and data
2. **Continuous quality improvement:** The identification of a number of areas for quality improvement including calibration of assessors and tools, training of assessors, standardised forms, conflict of interest and minimising bias in assessment
3. **Engagement with providers:** The opportunities for better collaboration between stakeholders, particularly between WBA providers and a need to encourage sharing of resources
4. **Promoting WBA** The recognised need for further promotion of the WBA program, particularly within health services and the community

Progress has been made in a number of areas, including continuous improvement of AMC processes and work towards the standardisation of WBA assessment forms across providers. In February 2019 the AMC released national assessment forms for providers to pilot in their programs during 2019. The forms cover the three required assessment methods for WBA programs: mini-clinical evaluation exercise (Mini-CEX); case-based discussion (CBD); and multi-source feedback (MSF); as well as direct observation of procedural skills (DOPS), which is a common additional method used by providers. The initial feedback from a number of providers has been positive, in particular with regard to the introduction of a five-point marking scale and the simple presentation of the forms. Some providers made a number of modifications to the forms, and feedback will continue to be sought during 2019 with a view to finalising the content of the forms later in the year.

AMC'S INNOVATE RECONCILIATION ACTION PLAN TO DRIVE OUTCOMES FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES

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

Through its 2018-2028 Strategic Plan, the AMC has committed to implementing and measuring practical actions that build respectful relationships, create opportunities and improve health outcomes for Aboriginal and Torres Strait Islander peoples. The AMC's Innovate Reconciliation Action Plan (RAP), developed over 2018/19 and launched at AMC's Council Meeting in Canberra in June 2019, provides the roadmap for turning these intentions into real actions. As a business plan, the RAP uses a holistic approach to create meaningful relationships, enhance respect and promote sustainable opportunities for Aboriginal and Torres Strait Islander peoples.

The AMC acknowledges that it has a responsibility to address the inequalities that relate to the health of Aboriginal and Torres Strait Islander peoples. Since 2006 the AMC has worked to privilege the voice of Aboriginal and Torres Strait Islander peoples by embedding the delivery of culturally responsive education and clinical care and services into its work. The AMC has been a global leader in including Aboriginal and Torres Strait Islander health as part of its accreditation standards for medical education and training. The AMC's accreditation standards ensure medical education programs have learning outcomes for Aboriginal, Torres Strait Islander and Māori health - including First Nations peoples' perspectives, and support targeted, evidence-based action.

Key outcomes for the 2018-19 year include:

- Innovate Reconciliation Action Plan completed
- over 10% of AMC staff completed training to ensure AMC is a culturally safe and respectful workplace
- establishment of an Aboriginal, Torres Strait Islander and Māori Committee under Article 12.1 (h) of the AMC Constitution adopted by Council on 14 June 2019
- amendment of AMC's Constitution to include an Aboriginal and Torres Strait Islander registered medical practitioner
- Sponsorship of and attendance at the Australian Indigenous Doctors Association 2018 Conference.

Key outcomes to be progressed for 2019-20 year include:

- all AMC staff to undertake training to ensure AMC is a culturally safe and respectful workplace and to better understand how to embed cultural safety and respect in all aspects of the AMC's operations, including Standards and Committees
- progressing membership of, and operationalising, the Aboriginal, Torres Strait Islander and Māori Committee
- appointment of a Reconciliation Manager to implement the AMC's Pillar 3 Strategic Initiatives, including the Reconciliation Action Plan and the Aboriginal, Torres Strait Islander and Māori Committee, and
- input into the review of Accreditation Standards.

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

AMC launches its Reconciliation Action Plan at its Council Meeting, 14 June 2019



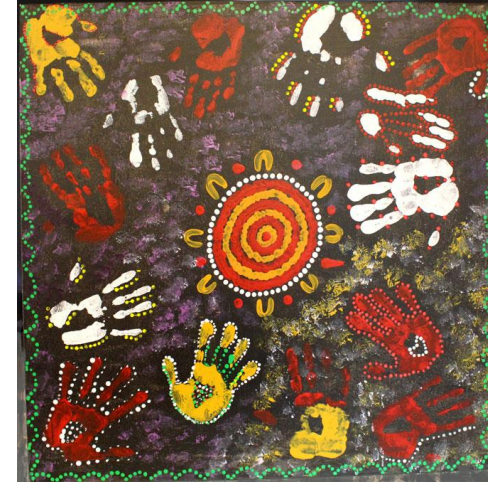
(l-r) Ms Karin Oldfield (AMC), Professor Lisa Jackson Pulver AM (AMC Director), Jay Daley (Ngunnawal Aboriginal Corporation), Ms Donnella Mills (National Aboriginal Community Controlled Health Organisation), and Warren Daley (Ngunnawal Elder)



AMC Māori Member, Professor Papaarangi Reid, participating in the smoking ceremony with Jay Daley

RAP Outcome 1.2: Relationships between Aboriginal and Torres Strait Islander peoples and other Australians are enhanced through celebrating and participating in significant Aboriginal and Torres Strait Islander events, particularly National Reconciliation Week

AMC was pleased to be able to have the services of local artist, Linda Huddleston Nungjingi of the Wiradjuri, Ngandi and Gurindji tribes, who ran an Aboriginal Collaborative Hands Workshop in the Canberra Office on Monday 8 July. Canberra staff were joined by many of their colleagues from the Melbourne Office to place their painted hands on three canvases representing The 1976 Referendum, The Stolen Generation and Reconciliation while hearing stories from Linda. The three completed canvases are displayed in the AMC's offices.



WHAT IMPACTS WILL ARTIFICIAL INTELLIGENCE AND ETHICS HAVE ON HEALTH PROVISION AND EDUCATION?

Physician competence is an evolving construct. It changes as the world changes – as medical science evolves. As technology and Artificial Intelligence, evolve. As community need and values evolve, and individual patient knowledge increases.

The central question for the Australian Medical Council (AMC) in Artificial Intelligence and Ethics is focused on the challenges and opportunities for AI in medicine and the broader health community:

‘What is the impact of AI on the health workforce of the future? What collective action do we need to take now to ensure that AI models of care strike a balance between delivering on the benefits of efficiency, cost reduction and accessibility of healthcare in health settings in Australia, whilst also ensuring Ethical considerations such as the provision of humanistic care, the goal of increased equity and non-bias treatment of the health community and privacy of health information are not compromised?’

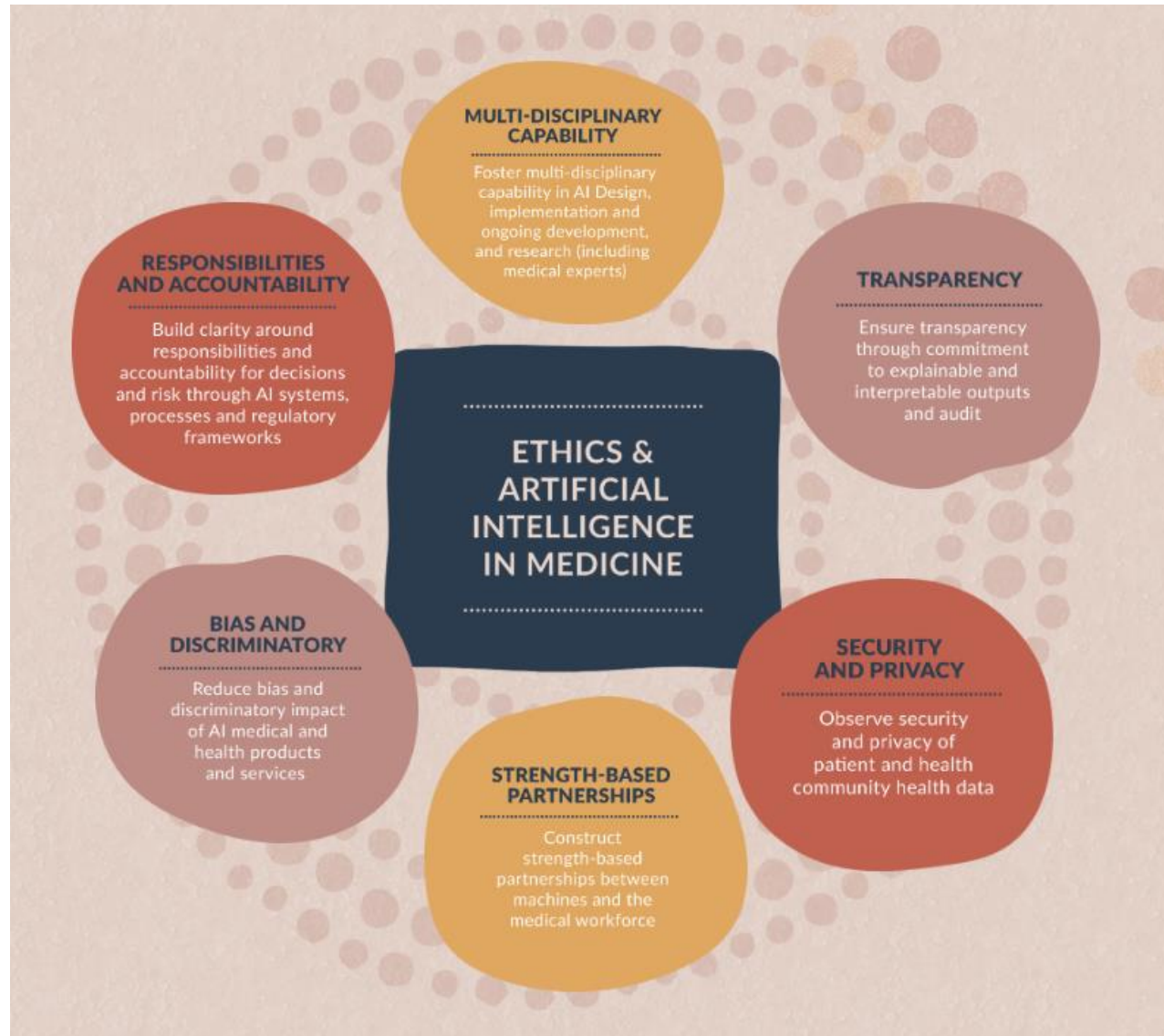
AI and Ethics is a cornerstone of the AMC’s 2018-2028 Strategic Plan. A key outcome of the AMC’s work in this area will be to work with collaborators to further explore the impact of future technologies on health provision, specifically in medical education across the continuum and impacts on Indigenous communities. The AMC will seek to develop ethical standards to guide the appropriate use of technologies in medicine as well as adopting broader support strategies to assist health professionals use AI effectively across the medical professions.

Exploring the ethics argument, Beauchamp and Childress in ‘Principles of Biomedical Ethics’ 1979 articulated four principles:

- Autonomy, or respect for the will of the individual
- Beneficence, or the need to maximise beneficial outcomes
- Non-maleficence, or the ‘first do no harm’ principle of the Hippocratic Oath, and
- Justice or the need to consider equity and the distribution of resources – something that has become a major health priority in Australia and New Zealand.

The AMC has incorporated these principles into a framework to build multi-level capability across the sector when engaging with ethics in AI.

Diagram: Framework to build multi-level cross sectoral capability when engaging with ethics in AI



In 2019, the AMC conducted several workshops to explore a range of ethical scenarios which impact the medical profession. AMC is working with partners to consider the possibilities that AI offers to address health service delivery challenges such as improving access to care and addressing workforce shortages through remote delivery of care, decision aid support at point of care, and opportunities for task delegation.

The AMC will continue to work collaboratively with its partners to ensure that the Australian and New Zealand workforce are well place to deal with the challenges and opportunities of AI and Ethics in the future.

In the workshops, AMC explored a range of ethical scenarios which impact the medical profession. One of these scenarios is provided below: *What are your responses to the questions? Do these align with results from your colleagues?*

Scenario:


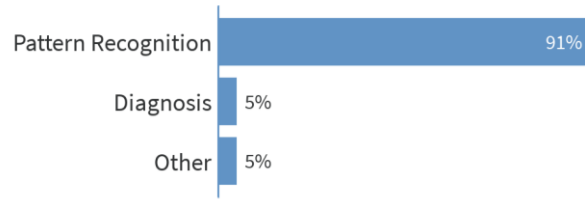
Ninety one year old Bill Horta has a pain in his back. He puts it down to rheumatism and tries to ignore it. He has put up with the pain for a few years and does not tell his GP as he already takes over 30 pills for other health conditions he has raised with her over the last two decades of care.

His GP, Dr Mary Gospel, notices that Bill is struggling to get out of his chair after the consultation and hears him call out in pain when he gets to his feet. On examining his back Dr Gospel notices a large growth on his spine and immediately writes a referral for a PET scan at the local hospital.*

24 hours after the scan, Bill receives an SMS to return to the hospital to get the results from his test. He is surprised to get the results so quickly as 10 years back when he was diagnosed with Parkinson's disease he had waited two weeks for the diagnosis.

On entering the consultation room in the oncology department he is stunned that a robot rolls into the consultation room and says "Mr Bill Horta the results of your test are positive. You have a tumor consistent with spinal cancer and metastatic spinal tumors in the prostate and kidneys. Life expectancy is five months". Bill remains in the room in silence for a few moments and then gets slowly to his feet muttering "I guess that is the brave new world".

** PET scan - Positron Emission Tomography*

<u>Questions</u>	<u>Answers</u>								
<p>1. Is it appropriate for robots to deliver bad news?</p> <p>A Yes</p> <p>B No</p>	 <table border="1"> <thead> <tr> <th>Response</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>5%</td> </tr> <tr> <td>No</td> <td>95%</td> </tr> </tbody> </table>	Response	Percentage	Yes	5%	No	95%		
Response	Percentage								
Yes	5%								
No	95%								
<p>2. Are there other functions, which are more appropriate for the use of AI? Why?</p> <p>A Pattern Recognition</p> <p>B Diagnosis</p> <p>C Other</p>	 <table border="1"> <thead> <tr> <th>Function</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Pattern Recognition</td> <td>91%</td> </tr> <tr> <td>Diagnosis</td> <td>5%</td> </tr> <tr> <td>Other</td> <td>5%</td> </tr> </tbody> </table>	Function	Percentage	Pattern Recognition	91%	Diagnosis	5%	Other	5%
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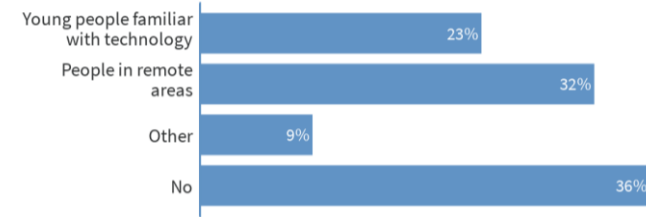
3. Are there some groups it would be more appropriate for:

A Young people familiar with technology

B People in remote areas

C Other

D No



AMC REVIEW OF INTERNSHIP – WE'RE PROPOSING SOME BIG CHANGES AND HERE'S WHY

The AMC is proposing some significant changes to improve the quality and relevance of intern training in Australia. This is as a result of its review of the National Framework for Medical Internship, on behalf of the Medical Board of Australia.

The National Framework, implemented in 2014, defines key training, assessment and program requirements for internship. The Framework marked an important milestone in Australia, creating the first national level requirements for internship. Aims included to improve national consistency, particularly in assessment processes, and to improve flexibility in other areas, such as the intern terms.

The AMC conducted an evaluation of the current framework which included consideration of policy initiatives, an evaluation of the framework impact and testing ideas with stakeholders. The review also took into account the Health Ministers' agreement to changes to internship in response to recommendations of the 2015 COAG Review of Medical Intern Training, including a change to a two-year transition to practice model. The AMC will incorporate the agreed recommendations in its review.

'AMC standards focusing on independent review of intern training have been really helpful... in discussions about the balance of service and training in hospitals'
PMC, 2018 AMC focus groups

The initial findings of the review highlight improved national consistency and quality, improved focus on junior doctor wellbeing and support for the AMC's involvement through the National Framework. The AMC recognises many of the observed improvements are due to the significant work undertaken by health services, postgraduate medical councils and those responsible for supervising interns. However, in a rapidly changing healthcare context, with changes to models of care, technology, population health and with increasing capacity constraints, the AMC recognises that some challenges remain. Review findings suggest that significant variation remains in the quality of learning and assessment and the structure of internship is not reflective of community health needs and modern healthcare.

Strengthened focus on junior doctor wellbeing and patient safety in national standards have had a positive impact. Including *'improvements in identifying and supporting junior doctors who are struggling'*

Term supervisor, 2018 AMC focus groups

The AMC will commence formal consultation on the scope of the review in October 2019. This will include proposals for change to the teaching and assessment frameworks and the way terms are structured. The proposed changes are aimed at clarifying the expectations of internship, fostering conversations across the training continuum, improving the consistency, quality and relevance of learning and assessment experiences, better aligning these experiences with community health needs and supporting and promoting the innovative work of those delivering and assessing training.

MAKING A DIFFERENCE TO WORKFORCE TRANSITION FOR INTERNS

A core aim of medical student training is to make sure that medical graduates are prepared to start work safely as junior doctors working under supervision. The Preparation for Internship Survey began in 2017 and is a joint effort between the Australian Medical Council (AMC) and the Medical Board of Australia.

The survey is undertaken annually with graduates of Australian medical schools to improve how medical schools prepare graduates for internship, and the Medical Board and AMC address difficulties in the transition from medical school to the workplace, close potential gaps in training and avoid duplication between intern and medical school training.

The survey includes questions about eight skill groups, including core clinical skills, patient-centred care, documentation, hospital systems, procedural skills, self-management, team work, and professionalism.

From 2018 the survey included questions about programs specifically designed to prepare graduates for internship and overall preparedness, as well as gathering views on which factors were most effective in increasing preparedness for prescribing safely and for treating Indigenous patients.

The 2019 survey, run in May, was completed by 17% of interns in Australia. Consistent with previous survey results, respondents generally agreed that medical school prepared them for internship. In response to the question 'Overall, I felt my medical education was sufficient to undertake the role and responsibilities of intern', responses were:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
2019	22%	52%	16%	9%	2%
2018	19%	55%	14%	8%	3%
2017	16%	59%	15%	8%	2%

Despite a lower response rate than hoped for, results were felt to be consistent with schools' internal feedback mechanisms and broadly consistent with accreditation findings.

Results from the survey provide a national comparative view of medical education from the point of view of the end-user. It is evident in the results that medical schools have different strengths, and it is hoped that the survey will be useful as a quality improvement tool to support discussions between medical schools, local internship training providers and state and territory health networks about how to support the transition of graduates to internship.

Feedback from interns is already making a difference. Intern feedback from previous surveys is being used by:

- medical schools to review and improve how they support medical students transition to internship and share good practice
- the AMC and Medical Board to drive the scope of reviews of medical school accreditation standards and the National Internship Framework, and
- intern training accreditation authorities and intern training providers to support the transition from medical school to internship.

ENGAGEMENT

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

To facilitate this outcome, the AMC:

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

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



Medical Board of Australia and Australian Health Practitioner Regulation Agency

The AMC, as the Medical Board of Australia's appointed accreditation authority under the Health Practitioner Regulation National Law (the National Law), works closely with the Medical Board 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 Australian Health Practitioner Regulation Agency, which supports the work of the Medical Board of Australia.

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 brings together the specialist medical colleges of Australia.

Confederation of Postgraduate Medical Education Councils

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

Medical Deans Australia and New Zealand

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 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

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

Medical Workforce Reform Advisory Committee (nee National Medical Training Advisory Network)

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

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.

‘Medical schools take accreditation by the AMC very seriously. It generates a cycle of reflection and work that, over time, improves every medical program.’

Prof Geoff McColl

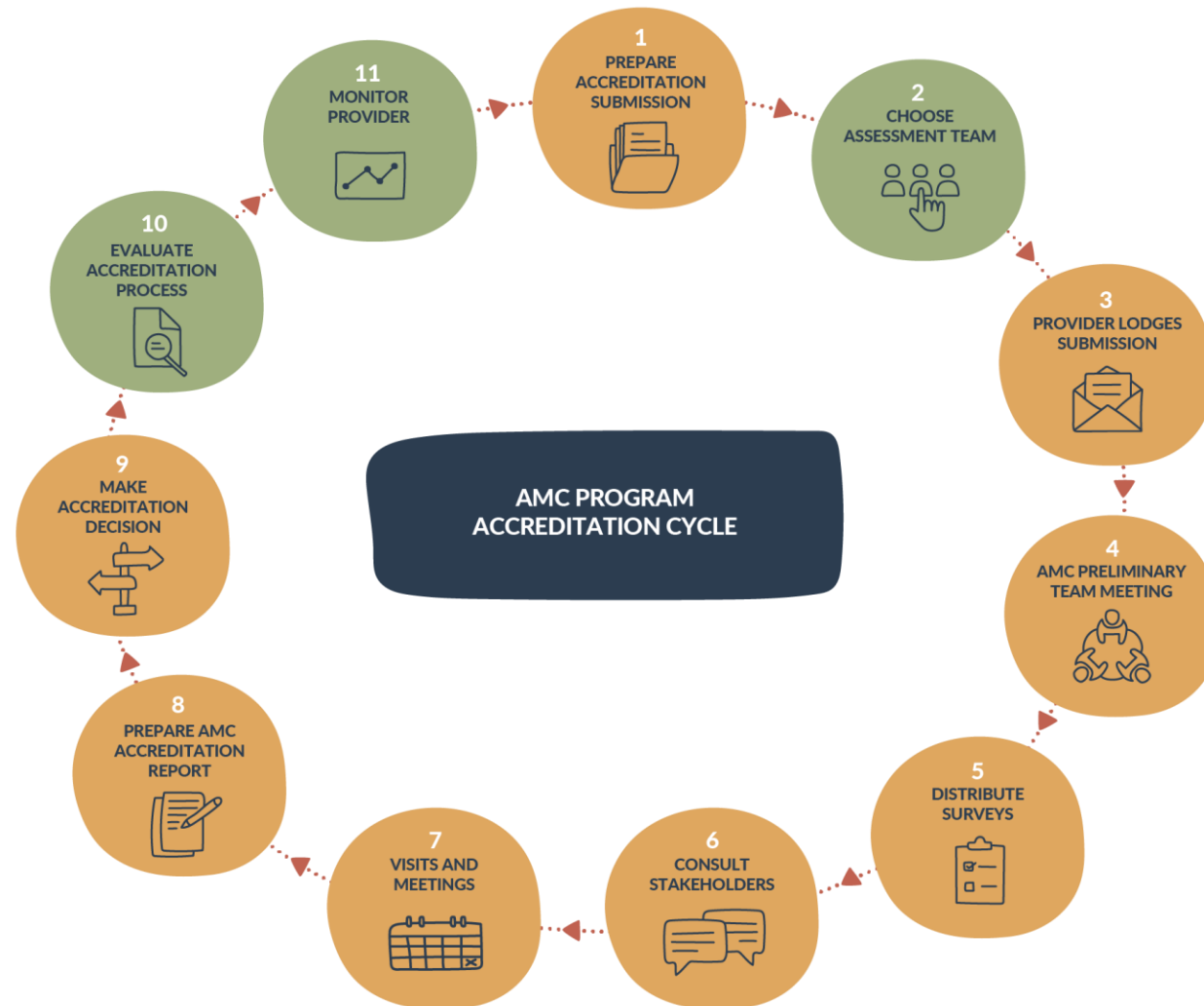
AMC accreditation processes apply to:

- 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 Australian Medical Council’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

Diagram 1: Accreditation Cycle



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 2018-19, 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 MBA website:

<http://www.medicalboard.gov.au>

AMC accreditation reports and provider monitoring reports for medical schools and binational 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: <https://www.mcnz.org.nz/>

Full reports are available on the AMC's website at <https://www.amc.org.au/accreditation-and-recognition/accreditation-reports/>.

CONTINUOUS IMPROVEMENT

Accreditation Procedures

The AMC publishes accreditation procedures for each accreditation process on its website. The AMC has common management processes but customises procedures as necessary for each phase of medical education and training and/or assessment. In 2018/19 the AMC focused on improvements in a number of processes, through stakeholder consultation and workshops on:

- monitoring of accredited programs with streamlined reporting processes. It held a Workshop for Colleges on Maximising the Value of Progress Reporting (May 2019) and set up a new governance structure for considering monitoring reports by specialist medical colleges (the Progress Reports Sub Committee was established in May 2019 replacing the Progress Reports Working Party)
- accreditation training for potential members of AMC assessment teams as well as education providers, through workshops and the development on online training materials
- continuous improvement of reporting templates across education providers
- collaboration with other accreditation authorities on standardised terminology.

Progress reports workshop with Colleges



Progress reports workshop with Colleges



MEDICAL SCHOOL ACCREDITATION COMMITTEE

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

Role:

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

Primary medical programs and providers

Deakin University, Faculty of Health, School of Medicine: Reaccreditation

The Deakin University, Faculty of Health, School of Medicine offers a four-year graduate-entry Doctor of Medicine (MD) program and is concurrently teaching out a four-year graduate-entry Bachelor of Medicine / Bachelor of Surgery program (BMBS).

An AMC team conducted a reaccreditation assessment of the School of Medicine's programs from 26 February – 2 March 2018.

The Directors at their 20 September 2018 meeting found that the medical programs of the Deakin University, Faculty of Health, School of Medicine meet the accreditation standards. Directors granted accreditation of the Bachelor of Medicine / Bachelor of Surgery program to 31 March 2021, and granted accreditation of the Doctor of Medicine program to 31 March 2025. Accreditation of both programs is subject to satisfactory progress reports and reports on conditions.

University of Otago, Otago Medical School: Reaccreditation

The University of Otago, Otago Medical School offers a six-year direct-entry Bachelor of Medicine / Bachelor of Surgery (MB ChB).

An AMC team conducted a reaccreditation assessment of the Otago Medical School's program from 6 - 10 August 2018.

The Directors at their 1 March 2019 meeting found that the medical program of the University of Otago, Otago Medical School meets the accreditation standards. Directors granted accreditation of the Bachelor of Medicine / Bachelor of Surgery program to 31 March 2025. Accreditation is subject to satisfactory progress reports and reports on conditions.

Curtin University, Faculty of Health Sciences, Curtin Medical School: Follow-up assessment

The Curtin University, Faculty of Health Sciences, Curtin Medical School offers a five-year direct-entry Bachelor of Medicine / Bachelor of Surgery (MBBS). The School was first assessed for accreditation in 2016. Directors reviewed the accreditation report in October 2016, and found that the proposed MBBS program substantially meets the approved accreditation standards. In granting accreditation, the Directors set a requirement for a follow up visit in the first half of 2018 to assess whether the detailed plans for the later stages of the program meet the standards, and progress against conditions.

An AMC team conducted a follow-up assessment of the Curtin Medical School's program from 14 - 17 May 2018.

The Directors at their 17 December 2018 meeting found that the medical program of the Curtin University, Faculty of Health Sciences, Curtin Medical School substantially meets the accreditation standards. Directors confirmed the 2016 accreditation decision that accreditation of the Bachelor of Medicine / Bachelor of Surgery program be granted to 31 March 2023. Accreditation is subject to satisfactory progress reports and reports on conditions, and a follow-up assessment of the preparation for clinical years in 2019.

University of Newcastle/University of New England, Joint Medical Program: Follow-up assessment

The University of Newcastle/University of New England, Joint Medical Program offers a five-year direct entry Bachelor of Medical Sciences and Doctor of Medicine (BMedSc and MD) and is concurrently teaching out a five-year direct-entry Bachelor of Medicine. The Bachelor of Medicine program will conclude in 2021.

The Bachelor of Medical Sciences and Doctor of Medicine was first assessed for accreditation in 2016. Directors reviewed the accreditation report in October 2016, and found that the proposed BMedSc and MD program substantially meets the approved accreditation standards. In granting accreditation, the Directors set a requirement for a follow-up assessment in 2018 to review the implementation of the first two years of the BMedSc and MD program and detailed plans for Years 3 and 4, and progress on conditions.

An AMC team conducted a follow-up assessment of the Bachelor of Medical Sciences and Doctor of Medicine medical program from 12 – 15 June 2018.

The Directors at their 17 December 2018 meeting found that the Bachelor of Medical Sciences and Doctor of Medicine meets the accreditation standards. Directors confirmed the 2016 decision that accreditation of the Bachelor of Medical Sciences and Doctor of Medicine medical program be granted to 31 March 2023. Accreditation is subject to satisfactory progress reports and reports on conditions. AMC Directors agreed to extend the accreditation of the five-year Bachelor of Medicine to 31 March 2023 to further accommodate the teach out.

Griffith University, School of Medicine: Major change assessment

The Griffith University, School of Medicine offers a four-year graduate-entry Doctor of Medicine (MD). In March 2018, the Medical School Accreditation Committee considered a proposal for delivery of the Griffith medical program at a new site at the Sunshine Coast in Queensland. The Committee resolved that this was a major change that would require assessment.

An AMC team conducted a short major change assessment of the School of Medicine on 3 September 2018.

The Directors at their 17 December 2018 meeting found that the MD program of the Griffith University, School of Medicine meets the accreditation standards and confirmed accreditation of the program to 31 March 2021.

University of Western Australia, Faculty of Health and Medical Sciences: Comprehensive report

The University of Western Australia, Faculty of Health and Medical Sciences offers a four-year Doctor of Medicine (MD), and in its comprehensive report for accreditation described changes occurring in the program. The University is concurrently teaching out a six-year direct entry, and a four and a half year graduate entry Bachelor of Medicine / Bachelor of Surgery (MBBS) medical program. The MBBS medical programs are due to conclude in 2020.

The Directors at their 1 March 2019 resolved:

- i. that the comprehensive report and additional information supplied by the Faculty meet the requirements of a comprehensive report;
- ii. that the Doctor of Medicine program of the University of Western Australia, Faculty of Health and Medical Sciences meets the approved accreditation standards for the cohort graduating in 2019;

- iii. that the changes to the Doctor of Medicine medical program are of comprehensive impact that requires reaccreditation of the whole program (as per AMC procedures) and invited the Faculty to submit its program for assessment by an AMC team in 2019;
- iv. that accreditation be extended to 30 June 2020 to allow a reassessment to confirm that subsequent years of the program are consistent with the accreditation standards.

SPECIALIST MEDICAL EDUCATION AND TRAINING

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

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

Training and education programs

Australasian College for Emergency Medicine: Reaccreditation

An AMC team completed an assessment of the training, education and continuing professional development programs of the Australasian College for Emergency Medicine in November 2017.

The Directors at their 25 July 2018 meeting found the training, education and continuing professional development program of the Australasian College for Emergency Medicine in the speciality of emergency medicine substantially meet the accreditation standards and granted accreditation to 31 March 2022, subject to the submission of satisfactory progress reports.

The Directors at their 17 December 2018 meeting found the Australasian College for Emergency Medicine's paediatric emergency medicine training program in the recognised specialty of emergency medicine, field of specialty practice of paediatric emergency medicine be granted accreditation until 31 March 2022.

Australasian College of Sport and Exercise Physicians: Reaccreditation

An AMC team completed an assessment of the training, education and continuing professional development programs of the Australasian College of Sport and Exercise Physicians from 31 July to 3 August 2018.

The Directors at their 17 December 2018 meeting found that the training, education and continuing professional development programs of the Australasian College of Sport and Exercise Physicians in the recognised specialty of sport and exercise medicine substantially meet the accreditation standards and granted accreditation to 31 March 2025, subject to satisfactory progress reports.

Royal Australasian College of Medical Administrators: Reaccreditation

An AMC team completed an assessment of the training, education and continuing professional development programs of the Royal Australasian College of Medical Administrators in October 2018.

The Directors at their 14 February 2019 meeting found that the training, education and continuing professional development programs of the Royal Australasian College of Medical Administrators in the recognised specialty of medical administration substantially meet the accreditation standards and granted accreditation to 31 March 2025, subject to satisfactory progress reports.

Royal Australasian College of Physicians: Progress Report with visit

An AMC team completed a progress report review of the training, education and continuing professional development programs of the Royal Australasian College of Physicians in November 2018. The review considered the College's progress particularly in the implementation of the large body of education change that was the subject of many of the conditions of the College's accreditation.

The Directors at their 1 March 2019 meeting found the College's training and education programs and continuing professional development programs substantially meet the accreditation standards. Accreditation continues to be granted to 31 March 2021, subject to satisfactory progress reports.

The accreditation decision covers the programs of the College; its Divisions (Adult Medicine Division and Paediatrics & Child Health Division); the three Australasian Faculties: Public Health Medicine, Rehabilitation Medicine, and Occupational and Environmental Medicine; and the three Australasian Chapters: Palliative Medicine, Addiction Medicine, and Sexual Health Medicine.

College of Intensive Care Medicine of Australia and New Zealand: Comprehensive report

The Directors at their 20 September 2018 meeting found that the College of Intensive Care Medicine of Australia and New Zealand's training and education programs in the recognised specialties of Intensive Care Medicine and Paediatric Intensive Care Medicine and the continuing professional development programs meet the accreditation standards and approved the extension of accreditation to the maximum of three years to 31 March 2022.

Australian and New Zealand College of Anaesthetists: Comprehensive report

The Directors at their 17 December 2018 meeting found that the Australian and New Zealand College of Anaesthetists and Faculty of Pain Medicine's training and education programs in the recognised specialties of Anaesthesia and Pain Medicine and the continuing professional development programs meet the accreditation standards and approved the extension of accreditation to the maximum of four years to 31 March 2023.

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.

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

Intern Training Accreditation Providers

The AMC reviews and accredits authorities that accredit intern training programs in each state and territory on the Medical Board of Australia's behalf. 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 Board approves the authority, the PMC commences accreditation activities. The AMC schedules an accreditation assessment by an AMC team, usually within the first 18 months of operation.

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

Queensland Department of Health - Prevocational Medical Accreditation Queensland: Initial accreditation

In May 2018, the AMC considered a proposal by Queensland Health to bring accreditation services in-house at Queensland Health.

The AMC considered information from Queensland Health regarding its plans and provided feedback to be included in the accreditation submission.

The Directors at their 17 December 2018 meeting granted initial accreditation to the Queensland Department of Health - Prevocational Medical Accreditation Queensland as an intern training accreditation authority for Queensland subject to meeting the monitoring requirements of the AMC, including satisfactory progress reports.

Canberra Region Medical Education Council: Extension of accreditation

In 2014, the AMC conducted an accreditation assessment of the Canberra Region Medical Education Council. Since this was a new authority, the AMC granted three rather than five years' accreditation.

The Canberra Region Medical Education Council submitted its 2018 comprehensive report in October 2018, which was considered by the Committee at its November 2018 meeting.

The Directors at their 17 December 2018 meeting found that the Canberra Region Medical Education Council meets the accreditation domains and agreed to extend the accreditation of Canberra Region Medical Education Council, for five years to 31 March 2024 subject to meeting the monitoring requirements of the AMC, including satisfactory progress reports.

Postgraduate Medical Education Council of Tasmania: Extension of accreditation

In 2013, the AMC conducted an accreditation assessment of the Postgraduate Medical Education Council of Tasmania. The AMC granted the maximum possible period of five years' accreditation.

The Postgraduate Medical Education Council of Tasmania submitted its 2018 comprehensive report in October 2018, which was considered by the Committee at its November 2018 meeting.

The Directors at their 17 December 2018 meeting found that the Postgraduate Medical Education Council of Tasmania meets the accreditation domains and agreed to extend the accreditation of Postgraduate Medical Education Council of Tasmania, for three years to 31 March 2022 subject to meeting the monitoring requirements of the AMC, including satisfactory progress reports.

South Australian Medical Education and Training Health Advisory Council: Extension of accreditation

In 2013, the AMC conducted an accreditation assessment of the South Australian Medical Education and Training Health Advisory Council. The AMC granted the maximum possible period of five years' accreditation.

The South Australian Medical Education and Training Health Advisory Council submitted its 2018 comprehensive report in October 2018, which was considered by the Committee at its November 2018 meeting.

The Directors at their 17 December 2018 meeting found that the South Australian Medical Education and Training Health Advisory Council meets the accreditation domains and agreed to extend the accreditation of the South Australian Medical Education and Training Health Advisory Council, for three years to 31 March 2022 subject to meeting the monitoring requirements of the AMC, including satisfactory progress reports.

Workplace Based Assessment Providers

Providers undergo a reaccreditation assessment at least every four years. Reaccreditation assessments are informed by a comprehensive report and the AMC's experience in monitoring the provider and workplace based program over the accreditation period. Directors make an accreditation decision on advice from the Prevocational Standards Accreditation Committee. The recent change in the length of the accreditation cycle from three to four years enables the AMC to maintain a proportionate approach to WBA programs with a longer period between reaccreditation assessments where warranted, by both balancing the increased rigour of the monitoring process with targeted information requests and the collection of structured annual data across providers, and recognising the recent development work via the AMC's National WBA Workshop which brought together providers and other stakeholders to cement understanding of accreditation requirements.

Hunter New England Local Health District: Reaccreditation

Hunter New England Local Health District's comprehensive report and monitoring information was considered by the Committee in October 2018.

The Directors at their 1 November 2018 meeting agreed to extend Hunter New England Local Health District's workplace based assessment accreditation for three years to 30 June 2021, subject to satisfactory progress reports to the AMC.

Launceston General Hospital: Reaccreditation

Launceston General Hospital's comprehensive report and monitoring information was considered by the Committee in May 2019.

The Directors at their 23 May 2019 meeting agreed to extend the Launceston General Hospital's workplace based assessment accreditation for four years, to 30 June 2023, subject to satisfactory progress reports to the AMC.

Monash Health: Reaccreditation

Monash Health's comprehensive report and monitoring information was considered by the Committee in May 2019.

The Directors at their 23 May 2019 meeting agreed to extend Monash Health's workplace based assessment accreditation for two years, to 30 June 2021, subject to satisfactory progress reports to the AMC.

Rural and Outer Metropolitan United Alliance: Reaccreditation

Rural and Outer Metropolitan United Alliance's comprehensive report and monitoring information was considered by the Committee in May 2019.

The Directors at their 23 May 2019 meeting agreed to extend Rural and Outer Metropolitan United Alliance's workplace based assessment accreditation for 1 year, to 30 June 2020, with a further report required in August 2019.

WA Country Health Service: Transfer of program and Reaccreditation

The November 2018 meeting of the Committee considered the transfer of the Western Australian Department of Health WBA program to the WA Country Health Service and agreed that the program and provider continued to meet the standards.

The Directors at their 17 December 2018 meeting noted the transfer of the WBA program and agreed to extend WA Country Health Service's workplace based assessment accreditation to 30 June 2019 to meet current reporting timeframes.

WA Country Health Service's comprehensive report and monitoring information was considered by the Committee in May 2019.

The Directors at their 23 May 2019 meeting agreed to extend the WA Country Health Service's workplace based assessment accreditation for two years, to 30 June 2021, subject to satisfactory progress reports to the AMC.

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 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.

Health Workforce Assessment Victoria: Withdrawal of accreditation

In November 2018, Health Workforce Assessment Victoria advised the AMC that it would be ceasing to provide pre-employment structured clinical interviews from December 2018 following a significant reduction in demand.

The Directors at their 17 December 2018 meeting resolved to discontinue pre-employment structured clinical interview provider accreditation for Health Workforce Assessment Victoria from 31 January 2019 and notified the Medical Board of Australia.

AMC Accreditation Team



ASSESSMENT AND INNOVATION

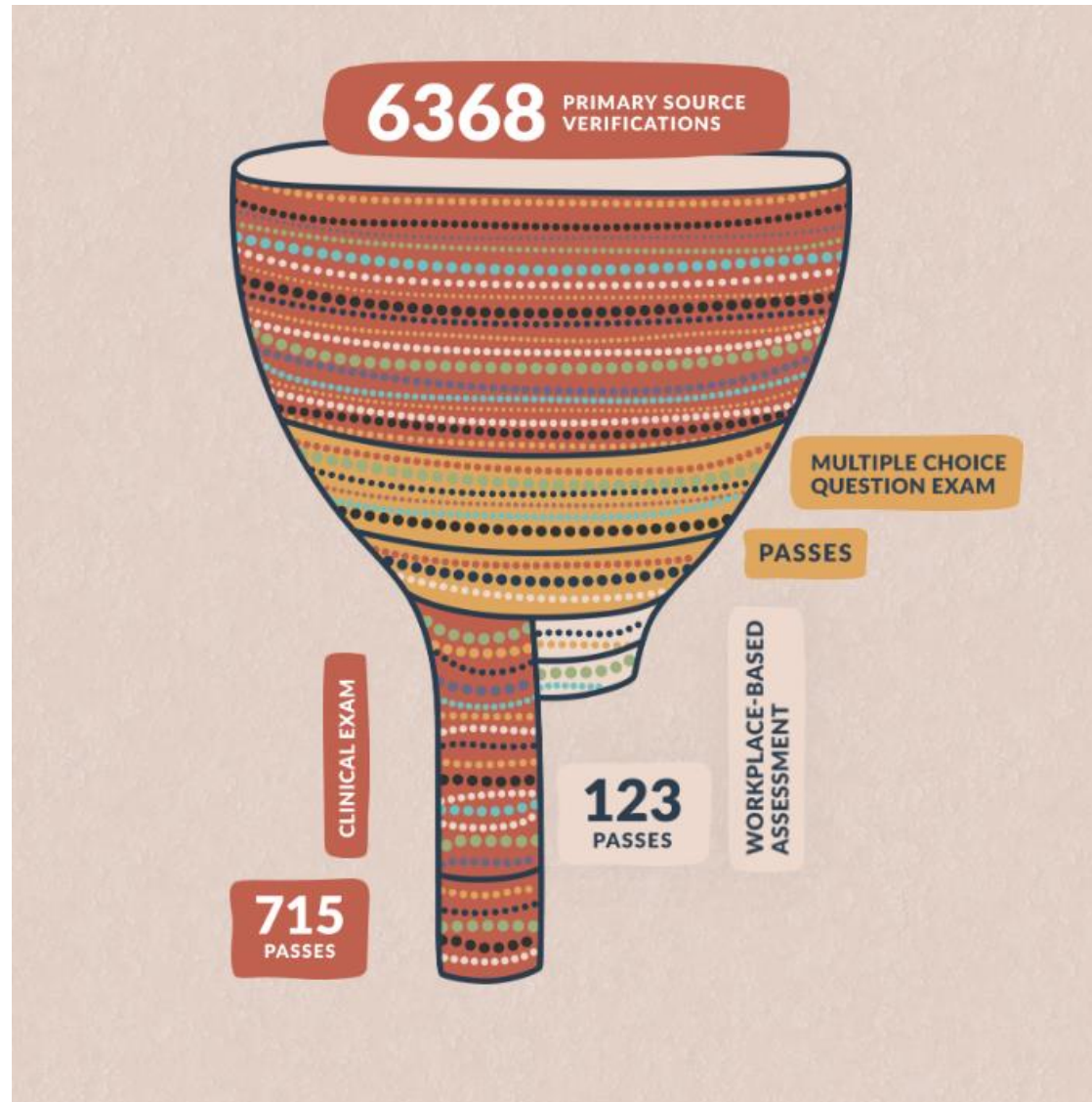
The AMC Assessment and Innovation business area is responsible for the assessment and examination of International Medical Graduates (IMGs) seeking medical registration to practice in Australia. To achieve this, the Assessment and Innovation area:

- partners with a range of committees, experts, stakeholders and staff to manage IMGs progress along the pathway to securing an AMC Certificate
- works collaboratively with medical schools and specialist colleges to deliver examinations at the National Test Centre in Melbourne and develops technologies, products, and services that ensure high quality assessment delivery, and
- relies on an evidence-based approach to examination quality improvement, using research and data analysis to improve the implementation of examination procedures.

The following section covers:

- Priorities
- Verification Services
- Multiple-Choice Question Examinations
- Clinical Examinations
- Workplace-Based Assessment

2018/19 assessment pipeline



PRIORITIES

1. Create efficiency and quality improvement across assessment pathways

Removal of the Clinical Examination Retest

The AMC clinical retest examination was no longer offered to IMGs from January 2019. The retest was historically offered to IMGs who were assessed as having a borderline performance as an opportunity to provide the AMC with a further indication of the IMG's ability. However, there were often long periods between the main clinical exam and the retest, resulting in the retest exam becoming equivalent to a main exam but with half the number of stations.

An IMG's performance in the clinical examination is now scored as either a pass or fail overall. In conjunction with this change, examination performance feedback will be reviewed to provide more useful information to IMGs. This is expected to be introduced in 2019/20.

Remote Marking of AMC Clinical Examinations

The remote marking initiative was first conceived when the NTC was built in 2013 and will enable the marking of AMC Clinical Examinations without requiring an examiner to be present in the examination room. The ability to assess clinical examinations using video for the AMC has been substantiated through the AMC Clinical Examination Appeals process, and the technology is well developed by the NTC Team and technology partners.

The project completed initial phases of technical, operational and strategic development in June 2019 with piloting to take place in July/August 2019.

The implementation of this initiative is aimed to improve the quality of AMC assessment.

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

In May 2019 the AMC undertook a standard setting exercise (SSE) of the MCQ examination.

The AMC MCQ examination is set at the standard of a graduating Australian medical student about to enter into the first day of internship. While there is no common exit examination for Australian medical graduates, this project allows each university to administer different MCQ items that are all calibrated to a common difficulty scale using item response theory and the AMC MCQ question bank.

The SSE was constructed using a modified Angoff and other standard setting approaches and involved a 1.5 day program of work. The exercise was facilitated by a psychometrician and educational expert working with the Chair of the AMC CAT MCQ Development Group as co-facilitator. Participants included members of the MDANZ group and AMC discipline leaders along with the AMC executive, assessment management and operational teams.

Examiner Decision Making Project

In February 2019 the AMC initiated a research project to better understand how examiners form judgements with the aim improving the quality of the AMC clinical examination and adding to international assessment literature. The project, which involves researchers reviewing video footage of AMC examiners marking clinical examinations, was released as a public tender with Flinders/Otago Universities the successful respondents to the tender.

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

AMC Assessment Summit

The AMC Assessment Summit, held on 21 October 2019, was an initiative to bring together a broad stakeholder representation group, including MBA/AHPRA, Directors of Medical Training, IMGs, international assessment affiliates and experts, along with AMC Directors to discuss the AMC assessment pathways.

The four key areas of focus for the Summit were to:

1. Inform the future strategic direction of non-specialist IMG assessment practice, including identifying priorities for future work
2. Share information on current approaches, including new initiatives in assessment by the AMC and both national and international partner organisations
3. Identify common challenges and opportunities for improvement in non-specialist IMG assessment, and
4. Strengthen relationships between key stakeholders to promote and support best practice in non-specialist IMG assessment.

Some of the considerations highlighted in the Summit were:

- the importance of patient centric care as a priority to achieve fair, valid and reliable assessment
- support of the continued work on the clinical and WBA assessment pathways
- the requirement for better engagement with IMGs
- the requirement for improved feedback to IMGs in order to inform self-directed learning and support, and
- greater need for understanding longitudinal outcomes of assessment through research and work with MBA and AHPRA.

Initial feedback from attendees suggested strong support for a 3 step pathway which incorporates an MCQ examination, clinical examination and WBA.

The Summit Facilitator is currently preparing a report to document key outcomes of the summit and inform future strategy for AMC assessment pathways. Key areas will include identifying priorities for future work by the AMC in collaboration with key partners. The document will be a key component of a broader and continuing body of work developing the AMC non-specialist IMG Assessment Strategy.

AMC National Workshop on Workplace-Based Assessment

The AMC held a National Workshop on Workplace Based Assessment in Melbourne on 17 September 2018.

3. Increase collaboration to optimise use and potential of the NTC

NTC Business Planning

The National Test Centre (NTC) is a purpose-built and state of the art facility designed for high-stakes examination delivery. In the 2018/2019 year, the AMC NTC was used for examination delivery by seven external clients, including various specialist colleges and universities.

With the NTC operational for six years, the AMC has commenced reviewing the NTC business plan and opportunities for sustainable growth, including ways to improve the client service model, diversify the client base, and seek future expansion in alignment with the AMC Strategic Plan.

NTC Website

A dedicated website for the NTC was launched in March 2019 to raise the profile of the NTC as a leading enterprise in medical assessment and increase opportunities for research and development, collaboration and other partnerships.

The site was developed in conjunction with the broader marketing and business strategy for the NTC, in particular engagement with new and existing clients such as specialist colleges, universities, other standards bodies and technology partners.

Upgrades to Technology of the NTC

Camera Upgrades: The cameras inside the exam rooms were upgraded to enable piloting and implementation of the remote marking project. The project has increased camera angles from two to four within each exam room and improved video image quality. At the same time a solution that automatically segments recorded video footage on a per candidate basis was implemented.

Observation Room Workstation Upgrades: The workstation PCs in the observation room were upgraded to improve the overall user experience for viewing the exam room video and bookmarking tool.

Improved Digital Signage: Additional signage screens were been installed around the facility along with a with a content management system to improve wayfinding and branding for the AMC and External Client examinations.

4. Update the delivery of AMC publications and handbooks

AMC App

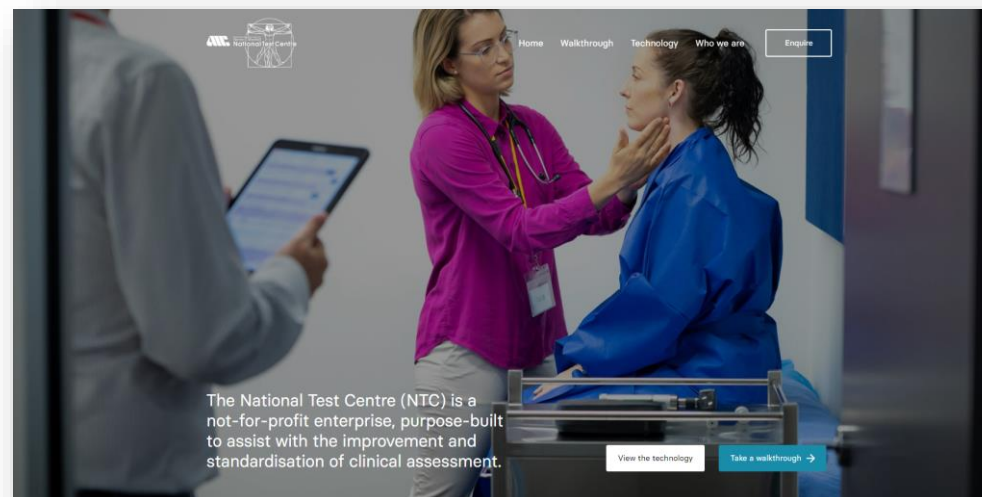
The AMC currently publishes a Handbook of Multiple-Choice Questions to assist IMGs in preparing to take the AMC MCQ examination. The AMC App is a project aimed to digitise the publication into an interactive mobile application.

The app will utilise archived MCQ questions to create a study resource for IMGs and medical students preparing for examinations. A pilot product has been developed and feedback provided by focus groups of IMGs and Australian medical students to guide the next stages of development.

Anthology of Medical Conditions

The AMC Anthology of Medical Conditions was first printed 2003 and is one of four major publications recommended to IMGs as an essential study preparation tool which forms the basis of content for the MCQ and clinical examinations.

An editorial group was established to review the publication with a focus on ensuring the content reflected considerations for at-risk groups within the Australian health community, population health, and Aboriginal, Torres Strait Islander and Māori health. The editorial group includes Aboriginal and Torres Strait Islander representation and the project progress and objectives were presented to the AMC Aboriginal, Torres Strait Islander and Māori Strategy Group for consultation and feedback. The newly constituted AMC Aboriginal and Torres Strait Islander Standing Committee, when formed, will continue to advise on the direction of the project.



The Anthology group has commenced the re-write of the publication which will improve the legal, ethical, and organisational (LEO) content along with an increased focus on Aboriginal and Torres Strait Islander health in line with the AMC strategic plan and pillar.

Content is being finalised for 134 Presentations, and 63 LEO and Aboriginal and Torres Strait Islander topics, as well as an additional chapter providing an overview of medical practice in Australia.

As at 30 June 2019 the content had undergone drafting and internal review, and feedback provided from workshops consisting of IMGs and Australian medical students.

VERIFICATION SERVICES

The Verifications Services team:

- assesses all IMG 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 IMGs in establishing an AMC online portfolio, and
- updates IMG verification status with the Educational Commission for Foreign Medical Graduates (ECFMG).

An IMG seeking registration in Australia and applying to complete the AMC examinations must firstly have attained an eligible medical qualification recognised by the AMC. The process of verifying IMG medical 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 IMGs identity, check the integrity of the qualification documentation, and confirm the awarded qualification directly with the issuing institution. ECFMG now has a total of 1,226 medical institutions in the e-verifications system.

In the 2018-19 reporting period a total of 5,052 portfolio applications were established (an average of 112 applications per week). A total of 909 additional medical qualifications were added to IMG portfolios.

A summary of key statistics for the 2018-19 year follows.

Table 1: Requests for Primary Source Verification

Qualification type	EPIC verified 2017/2018	EPIC verified 2018/2019
Primary qualifications	4,168	4,228
Postgraduate qualifications	2,176	2,140
Total qualifications verified	6,344	6,368

Qualifications verified via the Electronic Portfolio of International Credentials (EPIC) verification system for the 2018-19 reporting period were similar to those for the previous year.

Table 2: Ten highest volume countries by primary qualifications added to AMC portfolios in the 2018-19 reporting period compared with 2017-2018

2017 / 2018		2018 / 2019		Significant changes
Country	No.	Country	No.	
United Kingdom	1,153	United Kingdom	995	(13%)
India	681	India	654	(9%)
Pakistan	315	Pakistan	285	
Ireland	312	Ireland	361	
Egypt	233	Egypt	168	(27%)
Sri Lanka	187	Sri Lanka	189	
Bangladesh	166	Bangladesh	181	
Iran	163	Iran	335	105%
China	127	Philippines	138	country change
Iraq	126	South Africa	126	country change
Total	3,463		3,432	(31)

The eight highest countries remain unchanged, however, China and Iraq were replaced by the Philippines and South Africa in positions 9 and 10. Overall, numbers across the top 10 countries remained consistent at 3,463 in 2017-18 and 3,432 in 2018-19. The top 10 countries comprise just over 50% of all applications.

Postgraduate qualification verification statistics

Table 3: Ten highest volume countries by postgraduate training added to AMC portfolios in the 2018-19 reporting period compared with 2017-2018

2017 / 2018		2018 / 2019		Significant changes
Country	No.	Country	No.	
United Kingdom	1,149	United Kingdom	966	(15%)
India	431	India	436	
USA	183	USA	151	(17)
South Africa	125	South Africa	125	
Sri Lanka	119	Sri Lanka	107	
Canada	90	Canada	71	(22%)
Egypt	89	Egypt	92	
Ireland	79	Ireland	74	
Brazil	75	Iran	92	(22%)
Malaysia	62	Singapore	63	
Totals	2,402		2,177	(9%)

Compared to the 2017/2018 period, Brazil and Malaysia did not remain in the top 10 countries, replaced by Iran and Singapore. Overall, postgraduate qualifications verified in 2018-19 fell by just over 9%, affected primarily by the 15% fall from the UK.

AMC Top Medical Schools Activity as on 30 June 2019

[Click here](#) for a summary of the schools with the highest volume of applications or the verification of primary qualifications, with the schools in blue blocks now linked to ECFMG's e-verification system.

MULTIPLE-CHOICE QUESTION EXAMINATIONS

The AMC multiple-choice question (MCQ) examination assesses the medical knowledge of IMGs whose basic medical qualifications are not recognised by the Medical Board of Australia. The MCQ examination forms the first assessment component of the AMC pathway and all IMGs are required to pass the MCQ examination in order to progress on the pathway towards receiving an AMC Certificate and registration.

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

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

The MCQ examination is delivered as a Computer-Based Adaptive Test. The examination is a test of the principles and practice of medicine in the fields of Adult Health - Medicine, Adult Health - Surgery, Women's Health - Obstetrics & Gynaecology, Child Health, Mental Health, and Population Health & Ethics. The multiple-choice questions reflect common clinical conditions in the Australian community. In order to achieve a satisfactory level of performance, a candidate will require a knowledge of pathogenesis, clinical features, investigative findings, differential diagnosis, management and treatment.

In the 2018-19 reporting period a total of 2,487 MCQ examinations were conducted by the AMC in Australia or in one of 90 controlled examination facilities internationally. This was consistent with numbers for the previous year.

Of that number 1,794 IMGs were presenting for the first time. The number of first time IMGs and those undertaking retests was consistent with the previous year.

A total of 1,558 IMGs passed the examination and qualified to proceed to the AMC clinical examination.

Table 4: Ten highest volume countries for IMG applicants

2017 / 2018		2018 / 2019		Significant changes
Country	No.	Country	No.	
India	302	India	341	
Pakistan	215	Pakistan	218	
Egypt	202	Bangladesh	182	
Bangladesh	159	Iran	175	Number of applicants from Iran increased by 50% in 18/19
Iran	116	China	131	
Iraq	116	Egypt	126	Number of applicants from Egypt decreased by 38% in 18/19
China	115	Philippines	108	
Sri Lanka	108	Sri Lanka	105	
Philippines	101	Iraq	79	Number of applicants from Iraq decreased by 32% in 18/19
Myanmar	73	Russia	63	Country change
Total	1,507	Total	1,528	

Table 5: MCQ Examination Statistics comparison for the 2017/2018 and 2018/2019 financial years

	2017/2018	2018/2019	Summary of changes
Total undertaking examination	2,457	2,487	1.2% increase
IMGs presenting for the first time	1,761	1,794	1.87% increase
Total passed	1,581	1,558	1.45% decrease
Total passed %	64.3%	62.6^	1.7% decrease



MCQ Examination Country of Training Statistics

[Click here for a breakdown of the IMGs who have taken the MCQ examination by country of training.](#)

CLINICAL EXAMINATIONS

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

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

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

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

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

From May 2013, AMC Clinical Examinations have been conducted at the purpose-built National Test Centre in Melbourne.

In the 2018-19 reporting period the AMC conducted 69 examinations at the National Test Centre, assessing 1,978 IMGs; a total of 537 passed the examination and qualified for the AMC Certificate. Just under 50% (964) of IMGs presented for the first time.

421 IMGs sat a clinical retest examination (prior to this no longer being offered from January 2019), of which 178 passed and qualified to receive the AMC Certificate.

Table 6: Clinical Examination Statistics comparison for the 2017/2018 and 2018/2019 Financial Years

	2017/2018	2018/2019	Summary of changes
<i>Total undertaking examination</i>	2,021	1,978	2% decrease
<i>IMGs presenting for the first time</i>	959	964	0.5% increase
<i>Total passed</i>	593	537	9.44% decrease
<i>Total passed %</i>	29.3%	27.1%	2.2%

Table 7: Clinical Retest Examination Statistics comparison for the 2017/2018 and 2018/2019 Financial Years

	2017/2018	2018/2019	Summary of changes
<i>Total undertaking examination</i>	418	421	0.72% increase
<i>Total passed</i>	196	178	9.18% decrease
<i>Total passed %</i>	46.9%	42.3%	4.6% decrease

Clinical Country of Training Statistics and Clinical Retest Statistics

[Click here](#) for a breakdown of IMGs by examination attempt and country of training

Clinical Retest Statistics 2018-19

[Click here](#) for a breakdown of IMGs who presented for the clinical retest.

WORKPLACE-BASED ASSESSMENT

Workplace-based Assessment (WBA) is a form of assessment offered to IMGs as an alternative to completing the AMC clinical examination. The WBA program is a form of assessment offered in the workplace for IMGs working with supervised registration. WBA enables IMGs to demonstrate their progress in integrating clinical knowledge and skill as a basis for effective clinical judgments and decisions and tracks their development towards becoming a clinical practitioner in the Australian setting.

The focus of WBA is on IMGs' application of their knowledge and clinical skills in their clinical work in a workplace setting. The WBA program uses a variety of assessment methods over 6-12 month programs including Case Based Discussions, Mini Clinical Examinations, Direct Observation of Procedural Skills, Multi-Source Feedback from medical colleagues and other health practitioners and In-Training Assessments:

WBA assessments are undertaken by providers accredited by the AMC. In the 2018-19 year, initial accreditation was given to an additional three WBA providers, taking the total to 10 providers. The AMC is focused on the development of the program in alignment with the AMC Strategic Plan.

In the 2018-19 reporting period seven accredited WBA providers assessed 125 IMGs.

- 123 IMGs completed the assessment to a satisfactory standard and qualified for the AMC Certificate.
- Two IMGs did not complete the assessment to a satisfactory standard and did not qualify for the AMC Certificate.

Table 8: WBA Statistics comparison for the 2017/2018 and 2018/2019 Financial Years

	2017/2018	2018/2019
<i>Total IMGs who undertook the WBA</i>	92	125
<i>Total IMGs passed the WBA</i>	92	123

WBA Statistics

[Click here](#) for a breakdown of IMGs assessed through the WBA Program by country of training and provider.