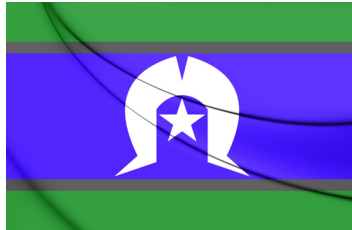




Australian  
Medical Council Limited

# Annual Report

2023-24



The AMC acknowledges the Aboriginal and/or Torres Strait Islander Peoples as the original Australians, and the Māori as the original People of Aotearoa, New Zealand.

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

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



This annual report contains the audited financial statements for the Australian Medical Council (AMC) for the financial year 2023-24 and information on the AMC's corporate governance arrangements, its performance in carrying out its functions, and important events and activities during that period.

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ISSN: 0818-8378  
Published 27 November 2024  
Published and distributed by:  
Australian Medical Council Limited  
PO Box 4810  
Kingston ACT 2604

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Contents	
President's Message	1
CEO's Forward	3
About the AMC	5
Governance	7
AMC Strategy and core business functions	17
Improving assessment pathways and support for international medical graduates	21
Medical education and training across the continuum	29
Improving Indigenous Health	33
People and Culture	39
Accreditation of Medical Programs	45
Assessment	65
Finance, Audit and Investments	81
Appendices	107

# President's Message



**Professor Geoff McColl**  
President

The environment we are working in is one of high profile requiring us to meet expectations of health ministers and other stakeholders.

Last year I spoke to AMC's maturity as a high functioning, well respected service organisation and as a respected leader in its field, with a positive track record of providing solutions. Over the year this has included:

- Leadership of several recommendations from the Independent Review of Overseas Health Practitioner Regulatory Settings (Kruk Review) identified as a priority for health ministers including development of the qualifications assessment framework for an expedited pathway for Specialist IMGs to achieve registration in Australia
- Facilitated development of a Communication Protocol between Specialist Medical Colleges, accredited organisations and Health Departments forming part of Ministerial Policy Direction 2023-1 – medical college accreditation of training sites
- Working with specialist colleges and jurisdictions to address the recommendations of the National Health Practitioner Ombudsman's (NHPO) Report into the accreditation of specialist training sites
- Implemented the new framework for Continuing Professional Development (CPD) Homes

- Collaboration with the National Health Practitioner Ombudsman on their Independent review of accreditation processes
- Progressed development of the National e-portfolio to support implementation of the National Framework for Prevocational Medical Training, including finalising the procurement process and contracting MyKnowledgeMap Limited to develop and implement the program
- Establishment of the Cosmetic Surgery Accreditation Standards and Advisory Committee
- Input to the National Medical Workforce Review through membership of the Medical Workforce Reform Advisory Committee and its successor.

We have also focussed on an increasingly full schedule of business as highlighted throughout this Annual Report. Embedding our shared sovereignty model of collaborative consultation and engagement with Aboriginal and/or Torres Strait Islander and Māori stakeholders has added substantial value to our processes and decision-making, with the revised Medical School Standards being just one example of what we can achieve.

We have been fortunate to be in a strong financial position as a result of increased revenues and improvements in financial markets.

The AMC Directors are acutely aware of the reputational and relationship impacts that high surpluses may have with our stakeholders.

However, our current situation has allowed the AMC to directly meet the additional costs of policy implementation without the need for additional government funding.

It has also allowed us to commence a program of system improvements to generate efficiencies and streamline internal processes. Directors are keen to ensure that AI is adequately resourced, and this is a key focus for the year ahead.

Directors with Management will continue to consider the best use of the surplus funds to ensure these are in alignment with the AMC's Objects, Strategy and Values.

In 2025 the AMC will turn 40, having started as an incorporated association in 1985. We have this year commenced a review of the AMC's Constitution and intend to have a thorough look at what has served us well and what changes we need to make to ensure we remain fit for purpose for the foreseeable future.

The AMC relies on the support of many people including clinicians, educators, health consumers, and Aboriginal and/or Torres Strait Islander and Māori Peoples, who contribute their expertise to the AMC's governance, accreditation, assessment, and strategic policy and research work.

I'd like to acknowledge the work of everyone who has contributed their time and effort to the AMC over the year, some of whom are listed in the Committee reports, but many who are not. We appreciate the value of your contribution to the quality of the AMC's work and to the communities we serve.

I'd like to thank my fellow Directors, particularly Deputy President Dr Bruce Mugford who has decided not to stand again as a Director. Bruce has dedicated a decade to the AMC and has been a valuable contributor to the Finance, Audit and Risk Management Committee and the Investment Reserve Advisory Group.

And I'd like to thank our CEO, Philip Pigou, and his team for ensuring the AMC continues to build its reputation of trust.





# CEO's Forward



Philip Pigou  
CEO

At our full staff meeting in October 2024, I said the AMC is the best place I have ever worked. The reason for this is because our workplace, and our achievements, are a direct reflection of the commitment, capability, and dedication of all staff.

Through diverse skills, knowledge, and experiences we have implemented several programs, built positive relationships with our stakeholders, and provided meaningful change for the community we serve.

As is evident across this Annual Report, 2023/24 has been an unprecedented year in terms of activity and all individual staff and teams have had to juggle workload to meet these extra demands. I want to acknowledge the work of each of our business areas: Assessment, Accreditation, ICT, Indigenous Policies and Programs, Strategic Policy and Research, Corporate Services, People and Culture, and Governance.

As a service organisation, our staff, directors, members, committees, and everybody involved in our business are indispensable to the AMC's success. Thank you.

When I arrived at the AMC in 2018 there were three areas of staff development I wanted to focus on: leadership, teamwork, and cultural safety.

Reflecting the importance of enhancing leadership, collaboration across business areas and fostering an improved understanding of the whole AMC, a restructuring was implemented mid-year. Several new roles were created including a Chief Operating Officer to lead both Accreditation and Assessment, and a Chief Corporate Officer to lead Finance and Corporate Services. These changes are already providing synergies across the business.

The culture we have cultivated at the AMC reflects our Values of *Openness and accountability; Integrity; Collaboration; Cultural Safety, Striving for Excellence; and Innovation*.

Over the year we have reviewed our employment policies and have drafted a Code of Conduct, Cultural Safety Policy, and Anti-Racism Policy for implementation in late 2024. We adopted a Communication Charter and staff have increased their awareness of the importance of communication to the AMC's culture and individual well-being.

Our annual Staff Engagement Survey provides an opportunity for staff to voice their opinions, concerns and suggestions anonymously, fostering a culture of openness. The survey provides valuable insights to identify our strengths and areas for improvement and I personally find it invaluable in helping inform continuing improvement to our culture, our processes and systems, leadership, and People & Culture practices.

This year we created a Staff Engagement Survey working group to consider the priorities identified in the survey and we have developed a framework for review and implementation.



It is pleasing to see our staff retention rate of 95% over 2023-24. Where we cannot provide roles for staff as they develop new skills, my plan is that we set them up for success for new career pathways wherever that may take them.

A positive culture empowers staff to share their ideas, take risks, and innovate. By prioritising inclusivity, we ensure diverse perspectives are heard, ultimately strengthening our programs and initiatives. As we continue to grow, we remain committed to nurturing a culture that inspires excellence and enhances our collective purpose.

In 2024 we ran our second Leadership and Management Development Program. This program is a strong investment in leadership and teamwork, focussing on values, culture, building internal capability, empowering people, and meeting the business challenges we face.

At the start of the program, I asked the participants to say one or two words about how they see the AMC. Their responses included: transforming, important, supportive, wellbeing, family, caring, complicated, proud, inclusive, and values-driven/integrity. My word was 'you', explaining that it is you that makes the AMC a successful organisation and a great place to work.

In August the four LMDP teams presented to AMC Directors and senior staff on their topics covering culture at the AMC; process improvement; making 4MC more effective and efficient; and trust and trustworthiness. This was followed by further discussion with the Executive Management team to work through implementing the recommendations.

Through investing in a diverse program of training and development, underpinned by shared values in our policies, we empower individuals and teams, and enhance the AMC's capabilities.

As I look ahead to our future challenges and opportunities, I remain grateful for every staff member's contribution and excited for the future of the AMC.



# About the AMC

The Australian Medical Council (AMC) is an independent national standards body for medical education. Its purpose is to ensure that standards of education, training and assessment of the medical profession promote and protect the health of the Australian community.

The AMC is appointed under the Health Practitioner Regulation National Law Act 2009 as the external accreditation authority for medicine.

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

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

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

## What we do

- Develop accreditation standards for medical programs across all phases of medical education
- Assess medical programs and their providers against the standards and accredit programs that meet these standards
- Assess international medical graduates seeking registration to practise medicine in Australia
- Assess authorities in other countries to ensure they meet the standards to be accepted as a competent authority
- Ensure culturally safe practice to improve health outcomes for Aboriginal and/or Torres Strait Islander and Māori peoples
- Work with government and state and territory regulatory authorities to improve the standards of medical education
- Assess new medical specialties.



Excellence in  
healthcare through  
a highly trained  
medical workforce

## VISION



## OUR PURPOSE

Innovation  
Cultural Safety  
Striving for Excellence  
Openness and  
Accountability  
Integrity  
Collaboration

## PILLARS

### Business with a Purpose

Managing our business in  
an ethical, efficient and  
sustainable way

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

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

### Professional Practice in a Changing World

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

### Promoting Aboriginal and/or Torres Strait Islander and Māori Health

Ensuring culturally safe  
practice to improve health  
outcomes

### Our Accountability

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

# Governance

## Directors

The AMC Directors comprise the President and Deputy President, three Member-elected Directors, and the Chairs of the five AMC Standing Committees.

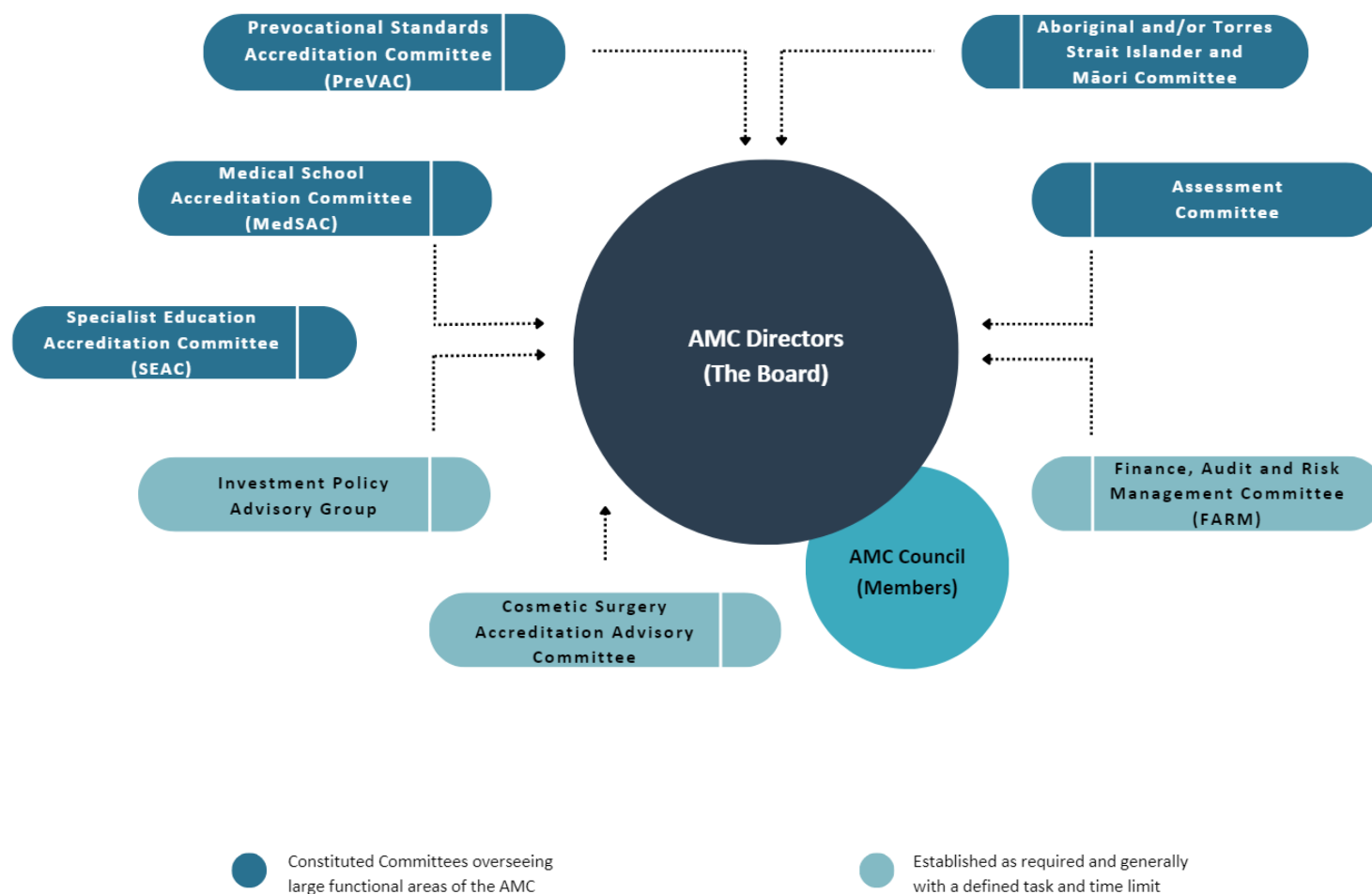
The powers and duties of the AMC Directors are set out in the AMC Constitution, the Corporations Act, and the Australian Charities and Not-for-Profits Commission Act.

AMC Directors determine the AMC's strategic direction and oversee its business activities in pursuing the Objects of the AMC. This includes appointment of the CEO, approval of the AMC's Strategic Plan, ensuring corporate governance compliance and good practice, promoting the AMC's reputation and standing, financial oversight, and determining the direction and membership of AMC committees.

Directors are advised by the AMC's Finance, Audit and Risk Management (FARM) Committee, Investment Reserve Advisory Group (IRAG), and the five Standing Committees. The Directors meet regularly and have in place mechanisms for the conduct of special meetings and out of session decisions.

Information on AMC Directors, including qualifications and special responsibilities, are detailed in the Financial Statements.

*High level governance structure*





PROFESSOR  
**ROBYN LANGHAM**  
AM



PROFESSOR  
**CHERYL JONES**



MR  
**TOM SYMONDS**



PROFESSOR  
**JANE DAHLSTROM**  
OAM



PROFESSOR  
**GEOFF McCOLL**  
*President*



DR  
**BRUCE MUGFORD**  
*Deputy President*



PROFESSOR  
**ELIZABETH RUSHBROOK**  
CSC



PROFESSOR  
**SHAUN EWEN**



DR  
**TAMMY KIMPTON**



ASSOCIATE PROFESSOR  
**ANDREW SINGER**  
AM

## AMC DIRECTORS



## Governance and compliance

- Directors met nine times during the 2023/24 financial year, with five of these held face-to-face. Directors considered strategic, governance, finance, audit and risk matters, and received reports and recommendations from each of the Standing Committees
- the annual joint meeting of the Medical Board of Australia, the Australian Health Practitioner Regulation Agency, and the AMC Directors was held via Zoom on 26 July 2023
- the Annual General Meeting was held in Canberra on 23 November 2023. The General Meeting was held in Brisbane on 17 May 2024, along with two site visits on 16 May
- Directors, the FARM Committee, and IRAG completed annual Performance Reviews in October 2023, developing action plans with the aims of achieving best practice and continuous improvement
- Directors established a working group to review the Directors and Committee Performance Review Policy and processes
- Directors attended a bespoke Investment Management and Governance Seminar
- Directors reviewed and approved the following governance Policies:
  - Risk Management Policy and Framework
  - Directors Delegation to the CEO Policy
  - Payment of fees to AMC external contributors Policy
  - Engagement of Directors as Consultants Policy
  - Directors Conflicts of Interest Policy
  - Investment Reserves Policy
  - Whistleblower Policy
  - Procurement Policy
- the Australian Charities and Not-for-Profits Commission (ACNC) self-evaluation for charities was updated and reviewed to ensure that the AMC is meeting its obligations as a registered charity
- the CEO's annual performance review was undertaken
- Directors appointed a new Company Secretary
- the 'responsible persons' register on the ACNC portal was updated to reflect current Director appointments and the appointment of the Company Secretary
- ASIC Banned and Disqualified Register checks were completed for all serving Directors
- all AMC Member positions were filled and registers maintained
- Directors made appointments to the Standing Committees
- Directors approved the Terms of Reference for the Cosmetic Surgery Accreditation Advisory Committee and appointed Committee Members
- the AMC reported to the Medical Board of Australia against the domains of the Quality Framework for Accreditation
- the Audited Financial Report for the Year Ended 30 June 2024 was approved
- the 2023 Annual Information Statement was lodged with the ACNC
- the 2023 Annual Report was submitted to the ACNC and to Health Ministers as required under Article 21.3 of the AMC's Constitution
- the FARM Committee met four times, via zoom. The Committee advised Directors in its areas of responsibility including oversight of risk management, compliance activities, financial reporting, budgets and audit
- Directors approved revised Terms of Reference for the FARM Committee which included the appointment of a Director as Chair and the appointment of an external member to provide financial, audit, risk management and compliance expertise and guidance to the Committee
- IRAG met four times via zoom, consulting with the AMC's Investment Adviser and managing the investment reserves in line with the Policy and within its authorities

## Finance, Audit and Risk Management Committee

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

### Membership as at 30 June 2024

- Tom Symonds - Chair
- Professor Geoff McColl
- Dr Bruce Mugford
- Professor Elizabeth Rushbrook
- Kerry Philips (External Member)

Non-current Members serving during 2023-24:

- Mr Don Cross (External Member and Chair)

## Investment Policy Advisory Group

IRAG oversees the prudent and efficient management of the AMC's investment reserve as determined by the Investment Reserve Policy and AMC Directors.

### Membership as at 30 June 2024

- Dr Bruce Mugford, Chair
- Professor Robyn Langham AM
- Associate Professor Andrew Singer AM
- Philip Pigou
- Grace Culpitt

Non-current Members serving during 2023-24:

- Nil

## Constitutional Amendments

At the General Meeting on 17 May 2024, AMC Members approved a Special Resolution to amend the Constitution, comprising:

- 2 Objects: with the AMC's appointment to accredit CPD homes, Article 2 was amended to clarify that this activity is covered in the Constitution.
- 4.2 Members: Two additional Member positions were included for international medical graduates (general pathway, and general or specialist pathway) under Article 4.2(a)(viii) and (ix).

The amended Constitution was lodged with the ACNC.

## Constitution Review Advisory Group

The Directors established a Constitutional Review Advisory Group to advise them on potential Constitutional changes to ensure the AMC's governance and management procedures continue to be workable and sufficiently flexible to meet the objects of the AMC, to preserve the charitable status of the AMC, and to ensure the AMC meets all compliance requirements.

A program of work has been established and the first meeting held in October 2024.

Advisory Group Members:

- Professor Geoff McColl (Chair), AMC President
- Tom Symonds, Director, FARM Committee Chair, Assessment Committee Member
- Dr Liz Rushbrook, Director, Aboriginal and/or Torres Strait Islander and Māori Committee Member
- Professor Cheryl Jones, Director, Assessment Committee Chair
- Professor Papaarangi Reid, AMC Member, Aboriginal and/or Torres Strait Islander and Māori Committee Member
- Dr Jacqueline Small, AMC Member
- Kerry Phillips, FARM Committee Member
- Philip Pigou, CEO
- Theanne Walters, Deputy CEO, General Manager, Strategic Policy and Research
- Angela Hagedorn, Company Secretary
- Belinda Gibb, Director, Indigenous Policy and Programs
- John Topfer, Legal Counsel



## AMC Ltd Members

The role of AMC Members is two-fold:

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

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

Members are appointed according to the categories defined in the Constitution, drawn from a wide cross-section of the groups associated with medical education, health delivery and with the standards of medical practice. The AMC aims for diversity of region, gender, ethnicity, experience and skill in its membership. A list of Members and categories of membership is available on the [AMC website](#).

The appointment of Members takes place at the AGM in November. Cultural safety in the appointment of AMC Members, Directors and Committee Members is a priority, with all selection panels including an Indigenous representative.

## Council Members and Directors\* as at 30 June 2024

- Dr Hashim Abdeen
- Dr Heather Buchan
- Dr Sarah Chalmers
- Professor Jane Dahlstrom OAM\*
- Professor Shaun Ewen\*
- Professor Kevin Forsyth
- Dr Tessa Ho
- Dr Cassandra Host
- Professor Lisa Jackson Pulver AM
- Professor Cheryl Jones\*
- Dr Tammy Kimpton\*
- Dr Omar Khorshid
- Professor Robyn Langham AM\*
- Debra Letica
- Professor Geoff McColl\*
- Associate Professor Nicole Mercer
- Dr Bruce Mugford\*
- Professor Richard Murray
- Dr Shyamsundar Muthuralingam
- Professor Papaarangi Reid
- Haseeb Riaz
- Dr Elizabeth Rushbrook CSC\*
- Associate Professor Andrew Singer AM\*
- Dr Jacqueline Small
- Dr Dianne Stephens OAM
- Tom Symonds\*
- Dr Brittney Wicksteed
- Amanda Wilson AM

\* AMC Director



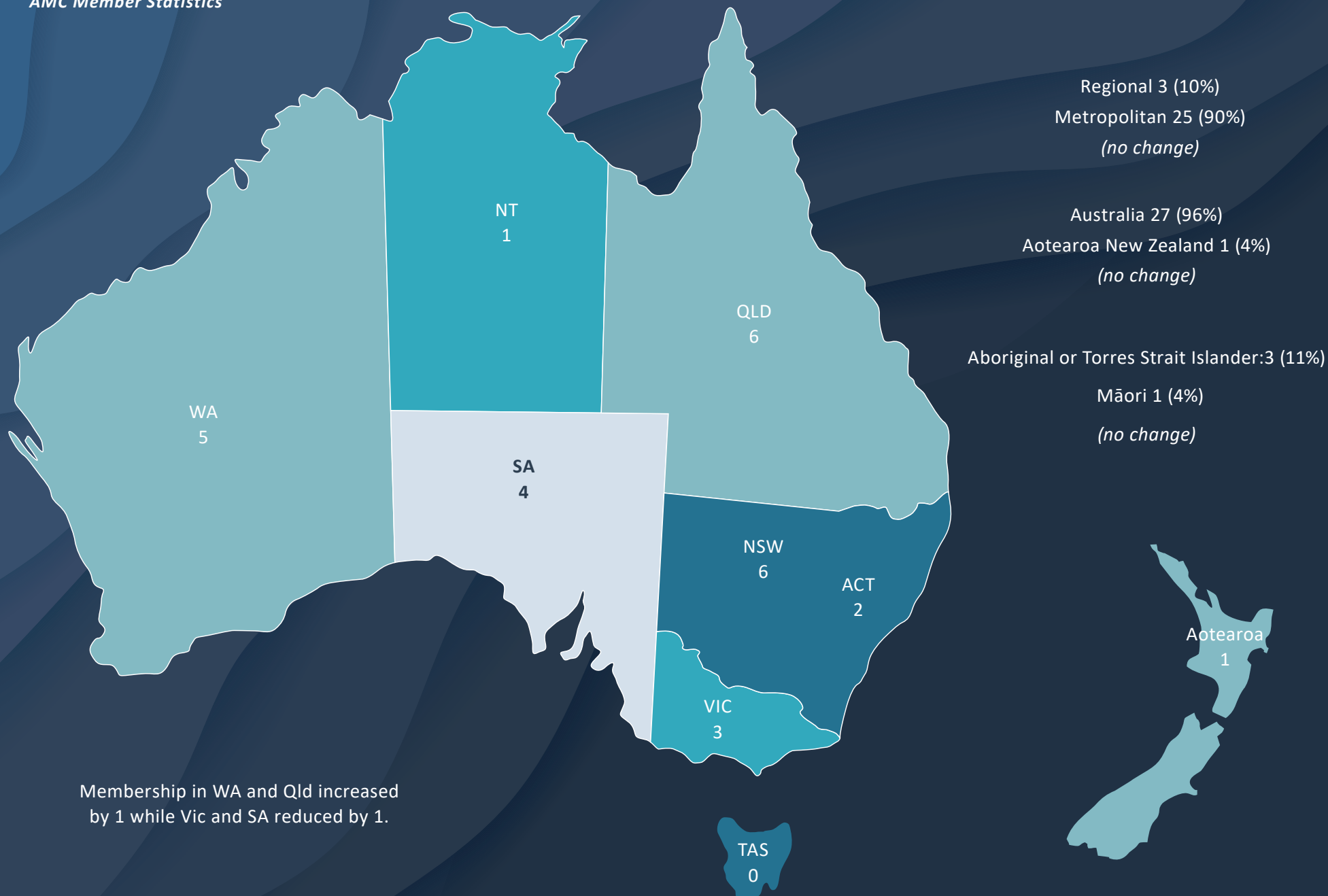
*President Professor Geoff McColl (l) acknowledging the contribution of Emeritus Professor David Prideaux (r) at the 2023 AGM*

## Non-current members and Directors serving 2023-24

- Dr Claire Blizard
- Dr Brian Fernandes
- Dr Kym Jenkins
- Dr Jonathan Newchurch
- Emeritus Professor David Prideaux\*
- Dr Daniel Zou



## AMC Member Statistics



## Members Retiring 2023-24

The following members completed their terms on Council at the AMC AGM held on 24 November 2023. The AMC very much appreciates their contributions to the AMC; to ensuring that standards of education, training and assessment of the medical profession promote and protect the health of the Australian community.

- Dr Claire Blizard, CPMEC (2019-2023) Dr Blizard stepped down as President of the Confederation of Postgraduate Medical Education Council in November 2023 and resigned from her position as a Member of Council. Dr Blizard was a member of the AMC's Medical Workforce Digital Capabilities Advisory Group, and of PreVAC
- Dr Brian Fernandes, Vocational Trainee (2019-2023) Dr Fernandes served as the Vocational Trainee Member of SEAC
- Dr Kym Jenkins, CPMC (2019-2023)
- Dr Jonathan Newchurch, Aboriginal and/or Torres Strait Islander Medical Practitioner (2019-2023) Dr Newchurch served as a Member of the AMC's Aboriginal and/or Torres Strait Islander and Māori Committee
- Emeritus Professor David Prideaux (2015-2023). Professor Prideaux served as Chair of the Assessment Committee for two terms and, ex-officio, as a Director and Member of the AMC. Professor Prideaux served the AMC for nearly two decades across numerous Committees, working groups and other fora. He continues to contribute to the assessment functions in an advisory role

- Dr Daniel Zou, Medical Student (2019-2021) Dr Zou served on MedSAC and on a number of AMC Accreditation teams.

## Member Appointments 2023-24

### **4.2(a)(ii) One person nominated by the Council of Presidents of Medical Colleges.**

The AMC Directors appointed Dr Jacqueline Small as a Member of Council for a term of four years (2023-2027). Dr Small is a registered Medical Practitioner, and is the current President of the RACP and member of the Council of CPMC.

### **4.2(a)(iv) One person nominated by the Confederation of Postgraduate Medical Education Council (registered under Part 7 of the Health Practitioner Regulation National Law by the Medical Board of Australia)**

The AMC Directors appointed Professor Kevin Forsyth as an AMC Member for a term of four years (2023-2027). Professor Forsyth is Emeritus Professor, Discipline of Paediatrics and Child Health, at Flinders University, and Presiding Chair, South Australian Medical Education and Training Health Advisory Council. Professor Forsyth was appointed CPMEC Chair in November 2023.

### **4.2(a)(vi) One person who is at the time of their appointment, or who has recently been, a vocational trainee primarily working at an Australian hospital (registered under Part 7 of the Health Practitioner Regulation National Law by the Medical Board of Australia)**

The AMC Directors appointed Dr Hashim (Hash) Abdeen as the Vocational Trainee for a term of four years (2023-2027). Dr Abdeen became a specialist Rheumatologist in January 2023, and at the time of appointment, was a first year Medical Administration Trainee. He is the trainee representative on SEAC and was the trainee team member on ACEM (2021) and ANZCA (2022) accreditation teams. He was also a Member of the AMC Working Party for the National Prevocational Framework

### **4.2(a)(vii) One person who one person who is an Aboriginal and/or Torres Strait Islander (registered under Part 7 of the Health Practitioner Regulation National Law by the Medical Board of Australia)**

Dr Tammy Kimpton's category of appointment was changed from 4.2(j) Aboriginal and/or Torres Strait Islander Member who has experience in Aboriginal and/or Torres Strait Islander health issues to 4.2(a)(vi) Aboriginal or Torres Strait Islander Registered Practitioner. This change was to allow the appointment of a Member who was not necessarily a registered medical practitioner under 4.2(j). Dr Kimpton is a GP. She is a Member of SEAC and of the Aboriginal and/or Torres Strait Islander and Māori Committee.

**4.2(b) One person who is at the time of their appointment, or who has recently been, a medical student enrolled at an Australian or New Zealand medical school accredited by the Australian Medical Council.**

The AMC Directors appointed Mr Haseeb Riaz as the Medical Student Member of Council for a term of two years (2023-2025). Dr Riaz is a third year MD student at the UWA School of Medicine. He has undertaken many advocacy roles, in particular through the Medical Students' Council of WA on which he served as Deputy Chair, as well as the Australian Medical Students' Association.

**4.2(g) one person with experience as a senior executive of an Australian public hospital**

Dr Elizabeth Rushbrook CSC was appointed as a Member for a four year term in 2020. She was appointed as a Member-elected Director in November 2022 for a term of two years. Dr Rushbrook was reappointed as a Member for a further term of two years (2024-2026). Dr Rushbrook is the Chief Medical Officer at Metro North Health (Qld). Her AMC appointments include serving as one of the two Director representatives on the Aboriginal and/or Torres Strait Islander and Māori Committee (2023-); the Finance, Audit, Risk Management Committee (2022-); and the IMG Assessment Experiences and Performance Advisory Group.

**4.2(j) one person who is an Aboriginal and/or Torres Strait Islander and who has experience in Aboriginal and/or Torres Strait Islander health issues.**

The AMC Directors appointed Associate Professor Nicole Mercer for a four-year term (2023-2027). Associate Professor Mercer is Associate Head of School, Indigenous Strategy, in the School of Medicine, at Deakin University, and manager of the Indigenous Health Team. She is a Registered Nurse of 27 years and has worked across public and private hospitals in Melbourne as well as rural NSW.

**4.2(l)/14.3 The Chair of the Assessment Committee (ex-officio Director)**

The AMC Directors appointed Professor Cheryl Jones as Chair of the Assessment Committee and, ex-officio, a Director and Member of the AMC, for a term of four years (2023-2027). At the time of the appointment, Professor Jones was Dean and Head of Sydney Medical School, University of Sydney, moving to the role of Dean of Medicine & Health at UNSW in mid-2024. Professor Jones is also the Senior Staff Specialist, Infectious Diseases, at the Sydney Children's Hospital Network (The Children's at Westmead), and a Director, Ramsay Health Research Foundation.

**15.4/4.2(l) Specialist Education Accreditation Committee Chair**

Directors reappointed Professor Robyn Langham AM as Chair of the Specialist Education Accreditation Committee for a second term of four years (2024-2028). As Chair, Professor Langham is, ex-officio, a Director and Member of the AMC. Professor Langham has served on SEAC since 2014 (Member 2014, Deputy Chair 2019), is a Member of the AMC Investment Reserve Advisory Group (2022-), and has served on several assessment teams. She is a Fellow of the Royal Australasian College of Physicians and is Chief Medical Adviser of the Therapeutic Goods Administration.





## Annual General Meeting

The AMC Ltd Annual General Meeting was held on Friday 25 November 2023 on Ngunnawal and Nambri Country, Canberra, attended by AMC Members, Members-elect, representatives from MBA, MDANZ, CPMC and the Medical Council of New Zealand, and AMC staff.

Key items of business included:

- Audited Financial Report of the AMC Limited for the year ended 30 June 2023
- 2022-23 Annual Report
- Member appointments
- Directors Report
- Standing Committee Reports

AMC teams facilitated discussion on the following strategic topics:

- International medical graduate Journeys
- Clinical futures
- New AMC Test Centre
- Accreditation of training sites
- Cultural Safety learning methodology

## General Meeting

The AMC's mid-year General Meeting is held in various locations, including rural and regional Australia. This is preceded by site visits to meet with community members and local health and education bodies to gain a better understanding of issues related to the purpose of the AMC. The composition of the Council ensures that issues can be explored from a number of perspectives.

The 2024 General Meeting was held on the lands of the Turrba and Yuggera Peoples, in Brisbane (Meenjn), on 17 May 2024.

Members of the AMC's Aboriginal and/or Torres Strait Islander and Māori Committee joined Directors and Members for the site visits and the General Meeting.

## Site Visits

Two site visit options were provided on the afternoon of 16 May. The AMC appreciates the support of Metro North Health and the University of Queensland in facilitating these visits.

### **Stream 1: Developing culturally safe workplaces and culturally safe healthcare environments, Metro North Health, Caboolture Hospital**

- MN Health Equity introduction: Better Together, Yarning (and outcomes) within Metro North, Building a healthcare worker community
- Caboolture Medical Staff training and education continuum: RMO, IMG and SMO experiences

- Programs showcasing the health equity journey that include medical staff (Deadly feed, Better together Medication Access, IROC, ICOP, Ngarrama Maternity Program)
- Opportunities created by National Workforce Plan, Kruk Review, AMC training standards Review: Medical school, PGY1&2 and vocational training, as well as IMG reform and CPD homes



**AMC Directors, Members and Staff with hosts from Caboolture Hospital and Metro North Health**

**Stream 2: Research and innovation to speed up the translation of new knowledge to improve healthcare, UQ Digital Health, Herston Campus, University of Queensland**

- QDHeC's Artificial Intelligence capability
- Consumer perspective: Graduate Certificate student
- QDHeC workforce education
- SMART Hub
- Indigenous health: DIFFERENCE MRFF project

## General Meeting

### 40 years of setting Standards: Why are we where we are?

A breakfast session facilitated by Professor Shaun Ewen, AMC Director and Chair of the Aboriginal and/or Torres Strait Islander and Māori Committee, set the scene for the meeting.



**AMC Directors, Members and Staff with hosts from UQ Digital Health**

## Harnessing AMC's influence, networks and privilege to create change

AMC teams reported on the key areas of work, focusing on the impact of the work and resulting process changes:

- Accreditation – a lever for change
- Continuing Professional Development
- The National Framework for Prevocational Training
- Specialist Medical Colleges
- Aboriginal and/or Torres Strait Islander Health Outcomes and Cultural Safety in Assessment
- IMG Journey Mapping Project
- Preparing our staff and committees for change – internal training

The meeting concluded with a yarning session on learnings from both the site visits and the strategic discussions facilitated by the Indigenous Policy and Programs team.

## Supporting Indigenous businesses

The Council dinner was catered by Birrunnga Gallery at the Tivoli. Birrunnga provided a Welcome to Country and showcased several contemporary Indigenous artworks on display from local artists.

Delegate gift baskets were provided by BSKT Wholefoods, a plant-based wholefoods Supply Nation registered company based on the Gold Coast.

# *AMC Strategy and core business functions*

## **Reviewing performance against the strategic plan**

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

The Strategic Plan is based on five pillars, focusing on actions and projects to strengthen the relationship between core business functions of standards development, accreditation and assessment and meeting community health needs.

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

The AMC was reviewed in 2021-22 to consider progress and changes in its operating environment and policy contexts. The plan is based on five strategic pillars to meet the Vision and Purpose, and underpinned by the AMC's Values.

## **Strategic Highlights**

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

### **Improving assessment pathways and support for international medical graduates**

- Changing the pass mark of the AMC clinical exam page 22
- Reforming the clinical exam page 22
- A new AMC test centre page 23
- International medical graduate assessment experiences and performance project page 24

### **Medical education and training across the continuum**

- Developing medical education standards in the western pacific region page 29
- Supporting medical schools to implement the revised Standards for Assessment and Accreditation of Primary Medical Programs page 29
- Specialist medical programs standards and training sites page 30
- The National Framework for Prevocational Medical Training page 31
- New cultural safety training for accreditation assessors page 32



## Key achievements 2023-24

### Strategic

- Implementation of the Strategic Plan and Aboriginal and/or Torres Strait Islander and Māori Strategy
- Input to the National Medical Workforce Review through membership of the Medical Workforce Reform Advisory Committee and its successor
- Leadership of several recommendations from the Independent Review of Overseas Health Practitioner Regulatory Settings (Kruk Review) identified as a priority for Health Ministers including development of the qualifications assessment framework for an expedited pathway for Specialist IMGs to achieve registration in Australia
- Research project to understand the barriers to and enablers of international medical graduates assessment and experiences on their pathway to practise in Australia
- Development of a data strategy to position the AMC at data maturity level 3 by early 2026
- Development of a discussion paper on the potential impacts of AI on the AMC
- Reconstruction of the AMC website
- Health Literacy training for staff
- Membership of and provision of the secretariat for the Health Professions Accreditation Collaborative Forum and progression of collaborative work

- Continued support for the Western Pacific Association for Medical Education, including contributing to the development of medical education standards in the western pacific region, including working with Vietnam on the development of accreditation processes
- Supporting the Singapore Ministry of Health with training as it implements medical school review.

### Accreditation

- Working with specialist colleges and jurisdictions to address the recommendations of the National Health Practitioner Ombudsman's (NHPO) Report into the accreditation of specialist training sites
- Facilitated development of a Communication Protocol between Specialist Medical Colleges, accredited organisations and Health Departments forming part of Ministerial Policy Direction 2023-1 – medical college accreditation of training sites
- Collaboration with the National Health Practitioner Ombudsman on their Independent review of accreditation processes
- Reaccreditation of 32 programs and monitoring of 34 programs of study under the AMC's designation as the accreditation body for medicine
- Accreditation of four new workplace based assessment providers as part of the standard pathway for medical practitioner registration

- Implemented the new framework for Continuing Professional Development (CPD) Homes (Registration standard: Continuing Professional Development), transitioning 16 specialist medical colleges to CPD homes and approving one further organisation
- Approval of revised Standards for Primary Medical Programs by Medical Board of Australia and the Medical Council of New Zealand
- Input to the National Medical Training Survey and the use of results as documentary evidence that AMC assessment teams consider for accreditation reviews
- Commencement of the AMC's International Medical Graduate Assessment Experiences and Performance Project
- Development of resources to support implementation of the National Framework for Prevocational Medical Training
- Progressed development of the National E-portfolio to support implementation of the National Framework for Prevocational Medical Training, including finalising the procurement process and contracting MyKnowledgeMap Limited to develop and implement the program
- Commenced a review of the Standards for Assessment and Accreditation of Specialist Medical Programs, established a Standards Review Working Group to progress the work and began initial stakeholder consultation
- Establishment of the Cosmetic Surgery Accreditation Advisory Committee.

## Aboriginal and/or Torres Strait Islander Health

- Aboriginal and/or Torres Strait Islander and Māori Standing Committee representation on all main Committees of the AMC, the Medical Workforce Digital Capabilities Project, the Primary Medical Program Standards review and the National Framework for Prevocational Medical Training Review
- Embedding the Shared Sovereignty model of collaborative consultation and engagement with Aboriginal and/or Torres Strait Islander and Māori stakeholders
- Ongoing Cultural Safety training modules implemented, including for external AMC members such as Directors and Committee members
- Providing a Culturally Safe Space at AMC functions, workshops and events
- Internal engagement and knowledge sharing throughout the year including engaging guest speakers and yarning opportunities
- Strengthening of external partnerships and relationships with Aboriginal and/or Torres Strait Islander and Māori stakeholder groups and organisations
- Review of the updated draft Australian Medicine in Context (previously Anthology of Medical Conditions).

## Assessment

- Report by the Clinical Examinations Working Group on a model for the future development of the Clinical Examination and beginning of detailed work
- Development of Options concerning the Future Delivery of the AMC Clinical Examination post the closing of the National Test Centre
- Implementation of a change in the pass mark for the Clinical Examination (to 9 out of 14 stations) for Clinical Examination in March 2024
- Collaboration with affiliates in the USA, Canada, Europe and the UK on medical licensure, health and commercial assessment delivery, and examination security
- Closure of the National Test Centre and provision of Online Clinical Examinations over 2023/24
- Considered options for Future Exam Delivery, with agreement to proceed with an independent test centre. Work commenced in September 2023 to acquire suitable premises for a Centre in the Melbourne CBD to meet current and future requirements.

## Governance

- The AGM was held on 24 November 2023 and a General Meeting on 17 May 2024
- Amendments to the Constitution approved by Members
- Review of the Finance, Audit and Risk Management Committee Terms of Reference
- Review and update of key Policies

- Company Secretary appointment
- Commenced consideration for delegating certain accreditation decisions to Standing Committees.

## Financial

- The AMC strengthened its financial position during the year as a result of increased revenues, with cash invested in short term deposits or managed investment portfolios
- AMC introduced a number of new roles into the team which allowed further execution of the Strategy
- The Investment Reserve Policy was amended to ensure greater alignment of the AMC's Objects, Strategic imperatives and values. A second Investment Adviser was appointed to ensure the best outcomes for the AMC's investment needs, including returns and ESG
- System improvements have been implemented to generate efficiencies and streamline internal processes
- Solvency remained at acceptable ranges throughout the year with close attention paid to expenditure and cash positions.







# *Improving assessment pathways and support for international medical graduates*

International medical graduates make a significant contribution to the Australian health workforce and communities across diverse settings. The AMC recognises that the pathways for international medical graduates are complex, at times bureaucratic, time consuming, uncertain, expensive and stressful.

We are working on a number of initiatives to improve the journey for international medical graduates undertaking assessment in Australia. These initiatives address some of the expectations set by the [Kruk](#) review to ensure that we have timely, effective and efficient systems in place so that we can continue to attract and retain skilled overseas-trained doctors.

**AMC Test Centre Clinical Examination**



## Changing the pass mark of the AMC clinical exam

In March 2024, AMC Directors agreed to change the pass mark of the AMC Clinical Examination. This decision followed an extensive review that included international benchmarking.

During the clinical examination, candidates undertake 16 multidisciplinary clinical scenarios (called stations) that reflect patient presentations of the Australian population in community and hospital settings. Previously, candidates had to pass ten out of fourteen stations to be awarded an overall pass. Following the change, candidates will now need to pass nine out of fourteen stations.

The change in the clinical exam pass mark will increase the pass rate allowing more doctors to continue on their path to general registration. International medical graduates will still need to meet the same standards expected of domestically trained graduates and demonstrate that they have the required clinical skills and competencies to practice safely in Australian healthcare settings.

In August 2024, the AMC reduced the Multiple Choice Question exam fee. The reduced fee – which was applied to all applications received from 8 January 2024.

## Reforming the clinical exam

The AMC is engaged in a long-term project to redesign the AMC's clinical pathway so that it continues to meet the contemporary health care needs of the Australian community, is fair, feasible and flexible, and delivers a safe and competent medical workforce.

The AMC established the Futures Working Group in 2022 to lead the project. The work of this group culminated in a future assessment model that AMC Directors agreed to in principle in February 2023. The new model represents a shift in approach in AMC processes from judging performance to judging and guiding performance. Recognising that international medical graduates are strategic and motivated learners, the model shifts to providing learners with information to guide their decisions about their learning needs. The model contains an element of AMC needs assessment, with a focus on guiding candidates to assess their needs in relation to known gaps and challenges in international medical graduates' knowledge and learning as they transition to practise in Australia.

The model will be further refined within the AMC and with stakeholders including international medical graduates, and will take into account considerations of cost, time and equity.

## A new AMC test centre

After ten years of in person clinical exams, the AMC National Test Centre (NTC) closed its doors in October 2023. Built in direct response to the 'Lost in the Labyrinth' report by the House of Representatives Standing Committee on Health and Ageing, it was the main site for the AMC clinical exam from 2013. At the time, the centre was the only one of its kind in Australia and one of only a handful of facilities like it world-wide. The NTC was also the assessment venue for other organisations, such as specialist medical colleges.

Following the closure, all clinical exams were conducted online to allow candidates to continue on their pathway to registration. The number of online exam days in 2024 was the highest in AMC clinical history with a total of 120 days of exams.

The AMC began scoping places for a new centre in 2024, and signed the lease on a site, also located in Naarm (Melbourne), in August. In scoping a new site, the team looked at more than 20 locations in the Melbourne CBD over a period of three months.

Construction to develop the space so that it meets the rigorous and unique requirements of a clinical testing environment began in early September.

We expect that the centre will be open and operating AMC clinical exams in March 2025.

The new test centre is located on the lands of the Wurundjeri people of the Kulin nation in the Docklands district.

Cultural artistic elements and story have been embedded in the new test centre design, led by Gunditjmara, Wemba Wemba and Yorta Yorta artist Tommy Day.

The new test centre will include a cultural safe room to provide a dedicated area for Aboriginal and/or Torres Strait Islander health workers, casual, full-time staff and stakeholders who will provide services in the centre. This aligns with AMC values and commitment to improving cultural safety and Aboriginal and/or Torres Strait Islander health outcomes. The IPP team have worked with Tommy Day to incorporate cultural design elements into this room, spanning out through the rest of the new centre.

The IPP team organised a cleansing ceremony before commencement of building works. The Wurundjeri Woi Wurrung corporation were engaged to provide a smoking cleanse around the perimeter of the new

centre. Many of the AMC's building contractors, including their Aboriginal and/or Torres Strait Islander program representatives, were invited to the event. The session was led by Wurundjeri man Thane Garvey, who provided an in-depth welcome to country and insight into the purpose of the cleansing/smoking ceremony. For the IPP team this was an important element to commence the work at the test centre in respecting and cleansing the land on which the new centre sits.

Wurundjeri elders have guided the IPP team through this process and a second formal cleansing ceremony will be held at the conclusion of the build and handing over of the keys to AMC. This event will include many of our directors, executive staff, test centre staff, and Aboriginal and/or Torres Strait Islander stakeholders. The cleansing ceremony is symbolic and will ensure positive relationships, energy, practice and purpose will continue into the future.





## International medical graduate assessment experiences and performance project

The AMC is undertaking a large research project with international medical graduates and other stakeholders to better understand the barriers to and enablers of international medical graduates successfully navigating the pathways to practice in Australia.

The aim is to show the diversity of international medical graduate experience, their journeys, their contributions to the Australian health system, and to identify solutions to improve their pathway. This work aligns to both the [National Medical Workforce Strategy](#) and [The Independent review of overseas health practitioner regulatory settings](#), led by Robyn Kruk, AO.

It draws on data from a survey of international medical graduates, stories shared in focus group sessions and in-depth interviews with health services and international medical graduates, and insights from our cross-sectorial project advisory group.

The ecosystem in which international medical graduates navigate is complex and involves many stakeholders. This project recognises that collaborative partnerships are essential to drive meaningful change and streamline processes. [Learn more about the project.](#)

*What we've delivered so far:*



More than 4000 international medical graduates responded to the International Medical Graduate Experiences Survey. You can download a [high level overview survey report](#).



We are developing [journey maps and personas](#) that will provide a much richer understanding of the lived and diverse experiences of international medical graduates as they navigate the pathways to working as a medical practitioner in Australia.

The **personas** reflect the heterogeneity of international medical graduates and allow for a better understanding of the characteristics and pain points for international medical graduates and what support they need. Through evidence-based story telling we aim to put a human face to the challenges and possible solutions to help lead strategy development at the AMC and more broadly by working with partners.

The accompanying **journey maps** capture the key milestones in international medical graduate journeys through the lens of international medical graduates, supervisors, health services, policy makers, medical educationalists and system leaders. We have developed current and future state maps which set out the challenges and possible solutions to guide system change.



# Hassan

## PERSONA DESCRIPTION

Hassan, 50, male, married and partner also a doctor. Country of training – India. He completed training in cardiology in India and studies in Public health in Australia. He had applied for specialist recognition in cardiology but was deemed non-comparable. He currently works in a public health role at NSW Health in a large rural centre. His wife and children are living in Sydney. His wife struggled to find employment as a doctor – she also trained as a cardiologist. She applied for 100+ positions and is currently working in a weight loss clinic. She also ran into recency of practice issues and had to return to India to gain work experience because she could not secure employment. The long-term separation is putting a strain on the marriage and family life. Both Hassan and his wife are struggling with their mental health due to the immigration challenges and their identity of not being recognised in their trained medical specialty. They are on a working visa with lots of associated costs – schooling of children, healthcare, etc. They would like to see more opportunities for specialist recognition, better consideration of families and faster visa processing.

### AGE

50 Years of Age

### GENDER

Male

### RELATIONSHIP STATUS

Married to a medical doctor

## COUNTRY OF TRAINING

India

## STAGE OF TRAINING

Cardiologist.

## PATHWAY

SPECIALIST PATHWAY

## MOTIVATIONS TO COME TO AUSTRALIA

Both Hassan and his wife were motivated to work in Australia as cardiologists and seek a better life.

## AUSTRALIAN WORK LOCATION

He currently works in a public health role at NSW Health in a large rural centre. His wife and children live in Sydney.

## STRENGTHS

Brings strong clinical skills to his work in Public Health. Showed adaptability in his career and willingness to learn new skills.

## CHALLENGES

Neither he nor his wife have been able to secure specialist recognition as cardiologists. They have lived separately which has put pressure on their relationship and family life. They are experiencing mental health issues because of the immigration challenges and to their identity of not being recognised in their trained medical speciality.

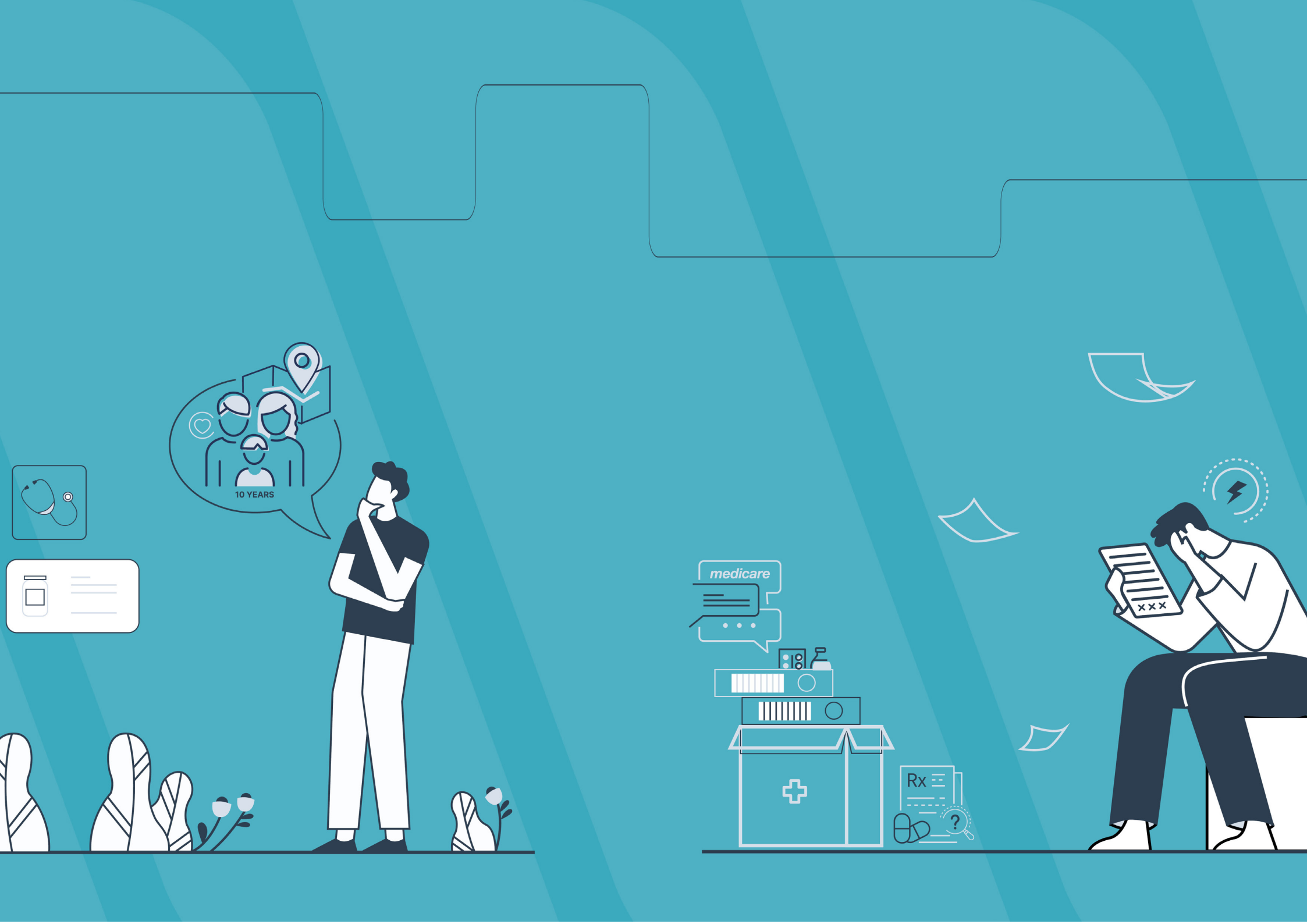
## ASPIRATIONS

To live together as a family in a metro area and for both he and his wife to work as cardiologists.

## ENABLERS

They would like to see more opportunities for specialist recognition, better consideration of families and faster visa processing.





These methods inform human-centric design and user-centred strategic planning because they allow us to see the challenges and proposed solutions from the perspective of those most closely impacted. They democratise change and privilege the voice and perspectives of the users of a process and system.

We have conducted an extensive consultation with 110 stakeholder organisations of international medical graduate assessment and registration and more than 100 international medical graduates. We also consulted with Aboriginal and/or Torres Strait Islander stakeholders to ensure that the journey maps can be used to improve systems and approaches to support doctors to provide culturally safe care to Aboriginal and/or Torres Strait Islander peoples. This process yielded valuable information to further refine the personas and journey maps.

Our next step is to develop interactive versions of the personas and journey maps to improve user experience and access to the key ideas and ways forward.



***Members of the Project Advisory Group and Technical Advisory Group provided feedback about the journey maps and personas in a workshop held in Naarm (Melbourne), February 2024.***

# *Medical education and training across the continuum*

## **Developing medical education standards in the western pacific region**

The AMC provides the secretariat for the Western Pacific Association for Medical Education (WPAME); a regional association for medical education linked to the World Federation for Medical Education.

The WPAME supports countries in the region to develop processes for quality assurance and accreditation of medical programs and undertakes evaluations of medical programs when accreditation processes do not exist. An advisory panel of medical education and accreditation practitioners from across the region, including AMC staff, contributes to this work. WPAME has been working with the University of Medicine and Pharmacy, Ho Chi Minh City Vietnam, on a pilot of accreditation and the development of standards and processes to support the introduction of an accreditation process for medical programs in Vietnam.

## **Supporting medical schools to implement the revised Standards for Assessment and Accreditation of Primary Medical Programs**

The AMC released the revised Standards for Assessment and Accreditation of Primary Medical Programs in July 2023 to take effect from 1 January 2024. In reviewing and developing the standards, the AMC followed a shared sovereignty process in which Aboriginal and/or Torres Strait Islander and Māori governance, expertise, perspectives and voices were embedded throughout the process and the resulting set of standards. Read the [Joint statement in support of the new medical school standards](#).

To assist medical schools with implementing the standards, the AMC hosted a workshop for all primary medical program providers in Naarm (Melbourne) in early 2024. The aim of the workshop was to support medical schools in understanding their obligations

in relation to the new standards and to encourage thinking about how they will work towards meeting the revised standards. It also provided an opportunity for schools to discuss key themes such as cultural safety and student wellbeing and to do some self-reflection that's required in the monitoring work for this financial year. Programs that are not undergoing assessment will submit a self-assessment against the revised standards in 2024.



## Specialist medical programs standards and training sites

### Assessment and accreditation of specialist training sites

In 2022 and 2023, the National Health Practitioner Ombudsman (NHPO) undertook a review of specialist medical college policies, procedures, and practices for accreditation of specialist training sites. The AMC is working with the specialist colleges and jurisdictions to implement the recommendations of that review, which are aimed at improving communication between stakeholders and achieving greater consistency of accreditation processes, policies, procedures and decisions across the specialist colleges.

A communications protocol between colleges and jurisdictions was developed by the AMC and was approved by Health Ministers in October 2023. The protocol sets out the roles, responsibilities and expectations about communication in relation to the accreditation of training sites in public hospitals and health facilities.

### Review of the Standards for Assessment and Accreditation of Specialist Medical Programs

In 2024, the AMC began a review of the Standards for Assessment and Accreditation of Specialist Medical Programs. The AMC established a Standards Review Working Group to lead the scoping, review and development work. This group is chaired by Professor Alison Jones, an experienced medical educationalist and AMC assessor who has held roles in specialist medical colleges, jurisdictional departments of health, pre-occupational training accreditation authorities and medical schools, in Australia and Aotearoa New Zealand.

The AMC is committed to a Shared Sovereignty approach. Within the context of the Standards Review, a shared sovereignty approach ensures that the development of standards relating to Aboriginal and/or Torres Strait Islander and Māori Peoples health and cultural safety is led by Aboriginal and/or Torres Strait Islander and Māori people and involves culturally safe consultation.

The AMC Specialist Education Accreditation Committee will work with the AMC Aboriginal and/or Torres Strait Islander and Māori Committee to provide oversight of the review. Both Committees will share responsibility for structuring and developing the content and how it is structured within the broader specialist medical program standards for maximum efficacy and achievement of outcomes.

The AMC is working with the Medical Council of New Zealand and reporting to the Medical Board of Australia on the review.

The work related to the implementation of the NHPO's recommendations into the accreditation of specialist training sites will inform the review of the Standards for Specialist Medical Programs at relevant points. The [AMC website](#) will continue to be updated as work progresses on both of these projects.



## The National Framework for Prevocational Medical Training

Implementation of the [National Framework for Prevocational Medical Training \(PGY1&2\)](#) began in 2024.

The Framework, which previously only related to PGY1, has been expanded to include a structured program for Postgraduate Year 2. Health services in the Australian Capital Territory and New South Wales began implementing the new Framework for PGY2 doctors in 2024, with the remaining health services across Australia to begin implementing in 2025.

The AMC undertook its first accreditation assessments of prevocational training accreditation authorities under the new National Framework, assessing The Canberra Region Medical Education



## The ePortfolio

The AMC is working with the Commonwealth and representatives of Australian jurisdictions prevocational training accreditation authorities as project manager to design and deliver a [national ePortfolio system](#).

The ePortfolio will support the implementation of the National Framework and will act as a record of learning that assists the development, training and assessment of thousands of Postgraduate Year 1 and Year 2 (PGY1 and PGY2) prevocational doctors nationally. The aim is to provide a more consistent and supported approach to medical training and supervision. The ePortfolio will also:

- feature offline capability on mobile devices to support uninterrupted access for users, which is ideal for rural locations where internet access is unreliable
- support learning and assessment processes
- strengthen the longitudinal view of prevocational doctor progress, and
- streamline administration.

The Health Chief Executives Forum agreed to engage MyKnowledgeMap to develop and implement the system. Testing of the system with end users including (but not limited to) prevocational doctors, supervisors and system administrators took place in July and August 2024. The AMC continues to work closely with MyKnowledgeMap and the National e-Portfolio Project Board to work towards launch in 2025.

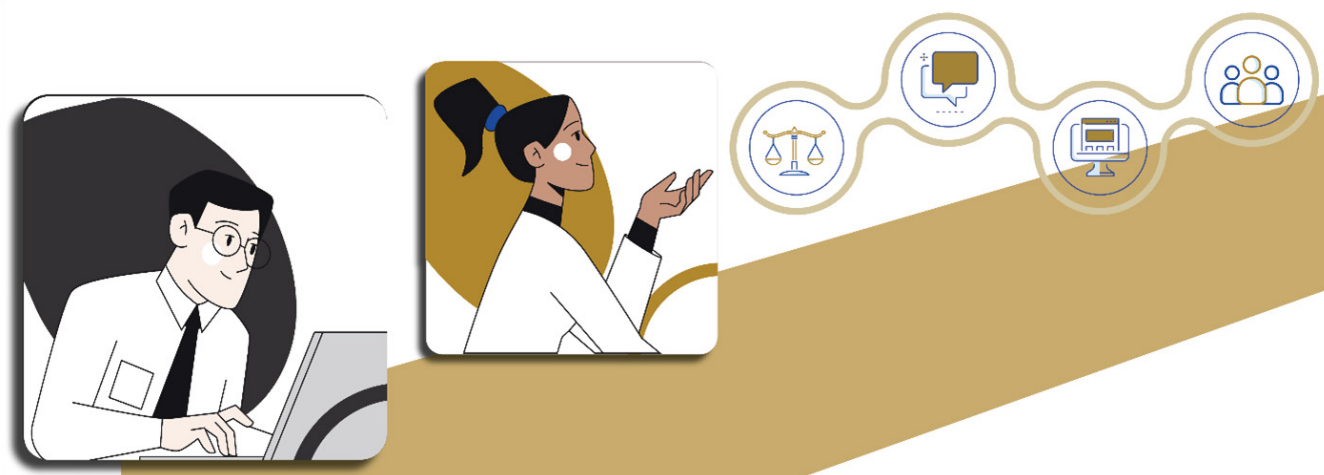
## New cultural safety training for accreditation assessors

As part of the Health Profession Accreditation Collaborative Forum, the AMC has worked with Abstarr Consulting, to develop a cultural safety training program specifically designed for contributors to the accreditation of health profession programs of study.

The course is an interprofessional program, with learners from across 16 health professions. It has been designed so that accreditation staff and contributors can:

- build their knowledge and understanding of what cultural safety means and how it's applied in health care
- appropriately interpret the application of standards that are related to cultural safety, and
- develop the knowledge and tools to confidently accredit and monitor health education programs.

The training includes a mix of online self-directed modules and a facilitated discussion that provides an opportunity for accreditation contributors across the health professions to share ideas and learnings.





# *Improving Indigenous Health*

## **Indigenous Policy and Programs and the Aboriginal and/or Torres Strait Islander and Māori Committee**

The Aboriginal and/or Torres Strait Islander and Māori Committee is a constituted Standing Committee of the AMC. The Committee provides strategic advice and recommendations on important matters related to Aboriginal and/or Torres Strait Islander and Māori health to all functions of the AMC.

The Committee supports the AMC's purpose of making health systems free of racism and inequality and provides oversight to the implementation of the AMC's Aboriginal and/or Torres Strait Islander and Māori Strategy.

The Committee works alongside and is supported by the Indigenous Policy and Programs team (IPP). The Committee and the IPP team work closely with other Committees and sub-Committees of the AMC to ensure collaborative effort is embedded before, during and after all work of the AMC.

## **Achievements against the Aboriginal and/or Torres Strait Islander and Māori Strategy**

The collaborative methodology enables The Aboriginal and/or Torres Strait Islander and Māori Strategy to achieve the key focus areas identified in the Strategy:

1. Support the right to self-determination of Aboriginal and/or Torres Strait Islander and Māori Peoples in our work.
2. Develop and foster strong and mutually beneficial relationships and partnerships with Aboriginal and/or Torres Strait Islander and Māori partners, stakeholders and communities.
3. Create a culturally safe, respectful and supportive environment.
4. Advocate, support and promote the goals of Aboriginal and/or Torres Strait Islander and Māori Peoples, in relation to Aboriginal and/or Torres Strait Islander and Māori health.

Under the guidance of the Aboriginal and/or Torres Strait Islander and Māori Committee, the IPP team are working with all teams in the AMC to achieve these objectives, with a number of notable outcomes in this financial year.

## **The AMC standards for all phases of medical education and training**

The IPP team have been working with the AMC Accreditation teams to ensure cultural safety and Indigenous Health outcomes are appropriately addressed in all phases of medical education and training.

### **Medical School Standards**

The AMC reviewed the content of the Standards for Assessment and Accreditation of Primary Medical Programs by the Australian Medical Council 2012 between 2020 and mid-2023.

The review of these standards included ensuring Aboriginal and/or Torres Strait Islander and Māori expertise is deeply embedded. The voices of Aboriginal and/or Torres Strait Islander and Māori people are reflected in the language about cultural safety and Aboriginal and/or Torres Strait Islander and Māori health and wellbeing.

The revised medical school standards took effect on 1 January 2024, and the AMC is now undertaking an initial review of all medical school programs against the revised standards, due to be completed by January 2025.

The IPP team has provided support to the AMC accreditation team in providing a culturally safe space in all its meetings which include Aboriginal and/or Torres Strait Islander and Māori stakeholders, commencing at the Medical School stakeholder workshop in March 2024, which brought together medical schools and stakeholders to learn more about the implementation review.

In addition to the Medical School Accreditation Standards desktop review subgroup, a group of Aboriginal and/or Torres Strait Islander and Māori was formed to ensure a culturally safe and appropriate review of revised Indigenous standards.

## Prevocational National Core Modules

The IPP team, in consultation with Postgraduate Medical Council of Victoria (PMCV), also assisted in developing the National Core Modules in assessments for the National Framework for Prevocational Medical Training.

The IPP team has participated in a number of meetings and presentations to support this work, including:

- Prevocational training workshop, October 2023: The IPP team facilitated and presented on the day providing invaluable insight and information around the National Framework for Prevocational PGY1 and PGY2 medical training, and
- Prevocational Medical Education Forum, November 2023: Highlighting assessment methodologies and the difference between an assessor learning about cultural safety and lived experience of Aboriginal and/or Torres Strait Islander people.

## Specialist Medical Colleges Standards Review

In 2024 the AMC commenced a review of the Standards for Assessment and Accreditation of Specialist Medical Programs.

The AMC is continuing its commitment to a Shared Sovereignty approach involving culturally safe consultation and development led by Aboriginal and/or Torres Strait Islander and Māori Peoples.

The AMC Specialist Education Accreditation Committee is working with the AMC Aboriginal and/or Torres Strait Islander and Māori Committee to provide oversight of the review.

Along with the Standards Review Working Group, chaired by Professor Alison Jones, the IPP team has assisted in the establishment of an Aboriginal and/or Torres Strait Islander and Māori subgroup to draft the initial standards that relate to Aboriginal and/or Torres Strait Islander and Māori health and cultural safety.

The IPP team is in the process of facilitating a number of yarning circles with Aboriginal and/or Torres Strait Islander and Māori staff and fellows to understand the changes needed to ensure cultural safety of patients, fellows, and Indigenous staff in the specialist college programs. The information from these sessions will inform the work of the Aboriginal and/or Torres Strait Islander and Māori subgroup in this process.

## Assessment of International Medical Graduates

### Review of AMC Assessment Processes

The review of the inclusion of Cultural Safety and Indigenous Health outcomes in the AMC in Assessment of International Medical Graduates has commenced, with the formation of a Project working group, made up of Aboriginal and/or Torres Strait Islander Peoples, to establish the scope and nature of this work.

The IPP team is working with the AMC Assessment Committee and the Aboriginal and/or Torres Strait Islander and Māori Committee to ensure a culturally safe process to undertake this review.

## Strengthening Relationships

The Committee and the IPP team have been working hard to strengthen our stakeholder relationships, with both Indigenous and non-Indigenous organisations across the world, building strategic connections that support the AMC objectives in this space.

## Establishment of Culturally Safe Spaces

In recognition of the often-uncomfortable conversations often resulting in the potential of culturally unsafe conditions experienced by Aboriginal and/or Torres Strait Islander and Māori expert stakeholders in these settings, the provision of Cultural Safe spaces/rooms for meetings and events which include Aboriginal and/or Torres Strait Islander and Māori stakeholders has been implemented.

The AMC includes this in all meetings where Indigenous stakeholders are present. This structure has been greatly supported by our Indigenous stakeholders.

## Key Meetings and Engagements

Key Engagements include:

- Membership of the Director of the IPP team on the Ahpra Aboriginal and Torres Strait Islander Health Strategy Group - overseeing the Ahpra Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy focused on achieving patient safety for Aboriginal and Torres Islander Peoples as the norm and the inextricably linked elements of clinical and cultural safety.
- Membership of the Director of the IPP team on the Ahpra Cultural Safety Accreditation and Continuing Professional Development Working Group – providing input into the development of the National Cultural Safety Accreditation and Continuing Professional Development (ACPD) framework and strategy.
- Medical Council of Canada (MCC) September 2023 - the chair of the Aboriginal and/or Torres Strait Islander and Māori Committee, and the IPP Director provided information on the AMC approach to Cultural Safety, and the importance of robust policy to support shared sovereignty, including mechanisms to ensure input of the Indigenous staff and stakeholders.
- Leaders in Indigenous Medical Education LIME Connection X October 2023 – in partnership with the AMC Accreditation Team, the IPP team facilitated a workshop on the new Medical School Accreditation standards to seek further involvement from Indigenous experts in the education space to continue this work.

- Australian Indigenous Doctors Association (AIDA) conference November 2023 - the AMC presented on the embedding of Shared Sovereignty in processes of standards review.
- Health Professionals Accreditation Collaborative Forum (HPACF). The IPP manager has been involved in supporting the development of Assessor training modules, piloted implementation throughout February and March 2024.
- Medical Council of New Zealand (MCNZ) - the IPP team has established regular meetings with Indigenous teams within both the AMC and MCNZ, to support the work these of both councils and each other.
- The Australian Commission for Safety and Quality in Health Care, working together to strengthen the national commitment to cultural safety and Indigenous health outcomes.





## Changes within the AMC

### Systemic Changes

The Committee and the IPP team have led substantial changes in the culture of the AMC, contributing to many key processes throughout 2023/2024:

- Strengthening of the AMC Indigenous workforce, both within our staff cohort and through the governance functions and working groups of the AMC.
- Policy reviews, including combining the AMC Procurement Policy and the Indigenous Procurement Policy as one Procurement Policy for the AMC, the AMC Privacy Policy, Risk Management Policy and Framework, and AMC Investment Reserves Policy.
- Contributing to the development of organisational policy including AMC use of Images and Photographs policy, Artificial Intelligence (AI) and the AMC and the Guide for writing culturally safe content for Australian Medical Council Assessments.
- Consultation on the development of the AMC Data Strategy and Governance Framework incorporating Data Sovereignty.
- Leading the development of the Anti-Racism and Cultural Safety policy for the AMC.

### Supply Nation Membership

The AMC maintains registration and resource commitment with Supply Nation, which continues to support the AMC's targets for Indigenous procurement.

Refining the practice of seeking Indigenous Business options requires continuous improvement, and many suppliers not previously considered have had opportunities to showcase skills and abilities and have won engagement through open processes.

AMC expects to achieve its target of 5% of its purchases, aggregated over 3 years, from Indigenous enterprises by 2025. A significant portion of this target spend will be met through procurement related to the AMC test centre build in Melbourne which is due for completion at the end of 2024.

While the AMC expects to achieve an aggregated target, we have noted the limitations in some supply areas not currently provisioned by Indigenous Suppliers. In considering this, the AMC now seeks further information from non-Indigenous organisations in our supply chain to demonstrated support of Indigenous Businesses, Peoples and/or Communities within their own policies of procurement, demonstrating purposeful strategies of engagement and parity for Indigenous Business.

### Ongoing Cultural Safety Learning and Training

#### New Training Modules

The IPP team and Seedling group have committed to expanding on existing cultural safety modules and creating new modules to be delivered in 2024/2025 financial year. New topic themes will include Allyship and Cultural Safety journey for international medical graduates.

We are also exploring an evaluation project which will capture staff journey with Cultural Safety and the changes and impacts it has across organisation. The current 5 Cultural safety modules have been run monthly throughout the year; all staff are required to attend these sessions.

#### On Country Experiences

The IPP team have led 'learning on country' for several AMC teams. These sessions are run over two days, with an on-country day, delivered in partnership with Traditional Custodian stakeholders in both Canberra and Melbourne, and a second day of reflect on these learnings, with consideration to how these learnings will impact the ongoing work of the AMC.

The on-country sessions include exploring and understanding country through the eyes of traditional owners, understanding traditional medicines, learning about the impacts that colonisation has had on those traditional owner groups, weaving and traditional rope making, traditional cooking and bush foods and yarnning circle reflection sessions with staff.

Several on country sessions are planned and will engage all AMC teams in the 2024-2025 period.

## Cultural Updates

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

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

Content has included:

- Organisational safety and wellbeing
- Australia Day / Invasion Day including information about the interchangeable public holiday day policy at AMC
- Australia Day / Survival Day webinar on “how to be ally on Australia day” through Evolve Communities
- Information on the Redfern speech delivered by Prime minister The Hon. Paul Keating.
- The AIDA conference, and discussion around Dr Kelvon Kong’s keynote presentation, on how hearing issues have affected his own families and community, the work he is doing in this space, and the work of Kings Narrative
- Coming out of the Voice: the mental health toll of the decision of the Voice, the support provided by the IPP Team, EAP and other resources
- Anniversary of the National Apology to the Stolen Generation
- National Sorry Day
- Mabo Day
- Waitangi Day, NZ
- NAIDOC (events, and information)
- Matariki - Māori New Year, NZ
- Reconciliation Week
- The Freedom Rides
- Stolen Generations (speakers)
- Impact of poor Health care on Indigenous Patients
- Weaving (workshops)
- Bush food and medicine plants and bush teas information
- Highlighting health inequities in the system
- South Australia Voice to Parliament
- Traditional seasons, language names and facts with an A.C.T and Melbourne focus for AMC staff
- Bush medicine facts, uses, traditional healers and knowledge holders and work being done across Aboriginal and/or Torres Strait Islander communities.
- Focus and highlight on Aboriginal and/or Torres Strait Islander professionals in medical practice, cultural safety improvements and initiatives in healthcare around Australia

## Aboriginal and/or Torres Strait Islander and Māori Committee

Committee membership includes the Aboriginal and/or Torres Strait Islander and Māori members of other AMC committees, community members, health consumer members and representatives from stakeholder organisations including Australian Indigenous Doctors Association (AIDA) and Leaders in Indigenous Medical Education (LIME). This ensures that all work undertaken by the AMC can be considered through multiple levels of Indigenous perspectives as well as providing feedback and guidance within forums regarding AMC's commitment to and practice of cultural safety.

### Membership as at 30 June 2023

- Professor Shaun Ewen, Chair - AMC Director Member, Aboriginal Member
- Dr Artiene Tatian, Deputy Chair - Aboriginal and/or Torres Strait Islander or Māori persons who are members of other AMC Committees (MedSAC), Aboriginal Member
- Professor Papaarangi Reid - Aboriginal and/or Torres Strait Islander or Māori persons who are members of other AMC Committees (MedSAC), Māori Member
- Associate Professor Maria Mackay - Aboriginal and/or Torres Strait Islander or Māori persons who are members of other AMC Committees (PreVAC) Aboriginal Member
- Bianca Field - Aboriginal and/or Torres Strait Islander or Māori persons who are members of other AMC Committees (PreVAC), Aboriginal Member

- Jacqui Gibson - Aboriginal and/or Torres Strait Islander or Māori persons who are members of other AMC Committees (SEAC), Aboriginal Member
- Kiri Rikihana - Aboriginal and/or Torres Strait Islander or Māori persons who are members of other AMC Committees (SEAC), Māori Member
- Professor Lisa Jackson Pulver AM - Aboriginal and/or Torres Strait Islander or Māori persons who are members of other AMC Committees (Assessment)
- Associate Professor Waikaremoana Waitoki - Community Stakeholder Member, Māori Member
- Karl Briscoe - Aboriginal and/or Torres Strait Islander or Māori community member, Aboriginal Member
- Associate Professor Phillip Mills - Aboriginal and/or Torres Strait Islander or Māori community member, Torres Strait Islander Member
- Dr Stewart Sutherland - Member nominated by the Leaders in Indigenous Medical Education Network (LIME), Aboriginal Member
- Dr Simone Raye - Member nominated by the Australian Indigenous Doctors' Association (AIDA), Aboriginal Member
- Dr Jonathan Newchurch - Proxy Member nominated by the Australian Indigenous Doctors' Association (AIDA), Aboriginal Member
- Dr Tammy Kimpton - Aboriginal and/or Torres Strait Islander or Māori persons who are members of other AMC Committees (SEAC), Aboriginal Member
- Dr Elizabeth Rushbrook - AMC Director Member

Non-current members serving during 2022-23:

- Emeritus Professor David Prideaux - AMC Director member
- Dr Justin Gladman - Aboriginal and/or Torres Strait Islander or Māori Persons who are members of other AMC Committees (Assessment), Aboriginal Member

## Meetings of the Aboriginal and/or Torres Strait Islander and Māori Committee

The Committee met on four occasions during 2023-24:

- August 2023 (Zoom)
- November 2023 - (Zoom)
- February 2024 (zoom)
- May 2024 - Brisbane (Meanjin – Turrbal and Jagera Country).

In May 2024 the meeting coincided with the AMC Council meeting on location in Brisbane. The Committee connected with Council on site visits throughout the area and shared with Council the work of the Committee, discussing Cultural Safety in applicable implementation through policy and practice in all aspects of Health.

Directors of the AMC and the Aboriginal and/or Torres Strait Islander and Māori Committee met face to face in May 2024, through an IPP hosted yarning circle sharing strategic discussion and forward planning.



# People and Culture

## New people policies

To ensure that the AMC's people and workplace policies and practices align with AMC values and best-practice principles we have engaged an external consultant to review our Staff Employment Manual. The consultants will also be developing a set of guidelines for salary banding and definitions, and reviewing our Code of Conduct

The salary guidelines and banding descriptions will give clarity about position classifications and remuneration and review decisions. These were developed as a result of feedback from staff seeking more transparency around how the salary bands work and how staff can move between salary bands.

The Code of Conduct will be revised to encompass not only staff but anyone who contributes to the work of the AMC.

## Performance Development

Following feedback from staff, the AMC will be conducting annual refresher training for staff on our performance review process. The training covers all aspects of performance development from creating performance development plans to how to give and receive constructive and respectful feedback. Three training sessions have been held. The transition to online performance development review is currently underway.

## A new online HR and payroll system

A new HR and payroll platform was implemented in June/July 2023 and allows for online HR and payroll management that is accessible via laptops and mobile devices 24 hours a day.

The new system provides staff with access to payslips, leave requests and live updates on balances, policies and HR documents on one platform.

It also brings together recruitment and performance reviews into one integrated HR system to improve efficiencies and streamline processes.

## Leadership restructure

In March 2024, the AMC implemented a restructure of the leadership across the assessment and accreditation function to improve cross team working, allow for greater career progression and improve systems and processes. The restructure saw the creation of a new Chief Operating Officer role to oversee both the Accreditation and Assessment sections. Three new management roles were also established to support this change. The new positions were advertised internally only so that all appointments were from current staff.

The name of the human resources business area has changed to People and Culture to accurately reflect and recognise the value and purpose of this business area within the AMC. The role of Chief Finance Officer was broadened to include a focus on people and culture process improvement areas and was renamed Chief Corporate Officer/CFO.

The restructure responds to feedback from the staff engagement survey for greater career opportunities and cross unit cooperation.



# BUSINESS AREAS & Management

## PHILIP PIGOU



Chief Executive Officer (CEO)

- Strategic direction
- Vision, Values and Culture
- Performance
- Governance
- Finance and Budgets
- Risk
- Policy and Compliance
- Staff



## MATT KENDRICK

Chief Information Technology Officer

- ICT Functions
- Systems Administration
- Software Development
- Project Management Office
- Facilities Management
- Records Management



## KIRSTY WHITE

Chief Operations Officer

- Primary Medical Program Accreditation
- Prevocational Standards Accreditation
- Specialist Medical Program Accreditation
- Continuing Professional Development Home Accreditation
- Verification Services
- MCQ Examinations
- Clinical Examinations
- Workplace Based Assessment



## THEANNE WALTERS

Deputy CEO  
Executive Director,  
Strategic Policy and  
Research

- Strategic Policy
- Research
- Health Accreditation Collaborative Forum



## GRACE CULPITT

Chief Corporate Officer

- Monitor budget processing and performance
- Financial Health
- Investments
- Financial Reporting
- People and Culture
- Travel
- Administration



## BELINDA GIBB

Director, Indigenous Policy and Programs

- Indigenous Strategy and Policy
- Cultural Safety Training, Education and Staff Support
- Aboriginal and/or Torres Strait Islander and Māori Committee
- Ensuring the voices of Aboriginal and/or Torres Strait Islander and Māori People are heard in the AMCs work



JOHN AKUAK  
Manager, People and Cultures

- HR Planning
- Health and Safety
- Staff Wellbeing
- Recruitment and Selection
- Staff Performance Development
- Staff Learning and Development
- HR Policies and Practices

- Corporate Governance, Policy, Compliance and Risk
- Director Induction and Professional Development
- Member appointments and Register
- Directors and General Meeting Agendas and Records
- Annual Report



ANGELA HAGEDORN  
Company Secretary



Recruitment



- Career advancement
- Retirement
- Casual contract end
- Overseas relocation





# Staff engagement survey 2023



completed the survey



SYSTEMS



PROCESSES

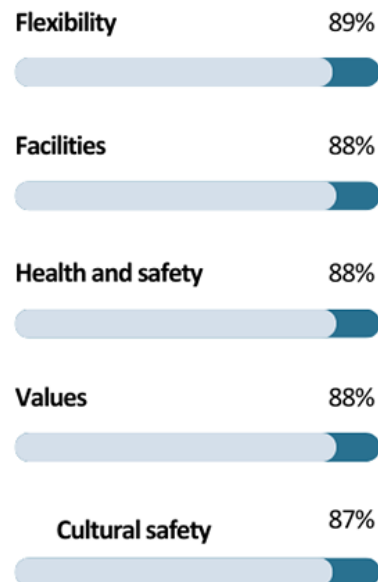


POLICIES

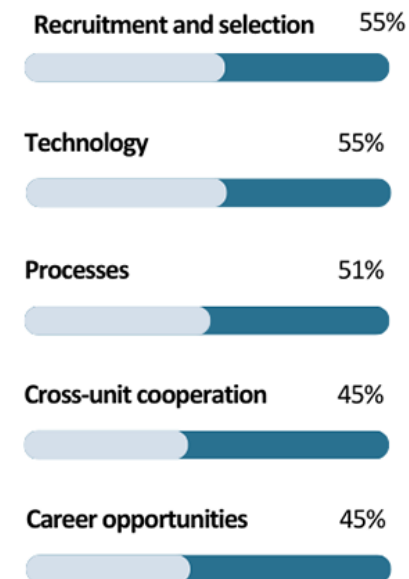


LEADERSHIP

## Top 5 organisational practices



## Main areas for improvement



A staff survey group has been established to assess and prioritise the confidential feedback and develop the ideas for improvement.

## Improving health literacy

AMC staff took part in health literacy workshops that were delivered by the Health Care Consumers Association of the ACT. The aim of the workshops was to support staff to confidently find, question, understand, and use health information not only for

themselves but also for their families so that they can make informed decisions about their health and well-being. It was also an opportunity to understand and help to improve the health literacy environment, learn how health literacy intersects with health equity, and why this understanding is crucial for creating fair and inclusive health systems.

## Leadership and Management Development Program

Eighteen staff participated in the AMC Leadership and Management Program. The program builds leadership and teamwork across the organisation with a focus on values, culture, building internal capability, empowering people, and process and system improvements.

As part of the course, participants worked in teams on a project, developed recommendations and presented their project to Directors and the Executive Management. Projects traversed a range of themes including culture at the AMC, training and induction, staff recognition and process improvements.

This year's cohort completed the program in August 2024. All were overwhelmingly positive about the skills and techniques that the course has given them.







*"It has helped me develop and improve not only as a leader, but also as an individual."*

*"Invaluable learning in the leadership setting. The program is led by an expert."*

***Leadership and Management Development program participants***

***Back: Stewart Chinn, Shakti Bhardwaj, Maddy Novak, Tahlia Christofersen, Jen Desrosiers, Cass Inkley, Caroline Watkin, Josie Cunningham***

***Centre: Dana Deklin, Leena Ganguli,***

***Front: Eugene Fernandez (convenor), Rebecca Wemm, Apurva Shetty, Kista Ho, Wayne Tran***

***Participants not in photo: Brooke Pearson, Kaylene Sterry, Beau Johnson and Lana Duke.***



# 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 collegial manner that includes consultation, advice and feedback to the organisation under review.

AMC accreditation processes apply to:

- primary medical education programs provided by university medical schools
- the internship, the first year after medical school, which is a year of supervised work based training
- specialist medical programs provided by national specialist medical colleges
- Continuing professional development (CPD) Homes

- programs for endorsement of registration of medical practitioners for cosmetic surgery
- programs for endorsement of registration of medical practitioners for acupuncture
- workplace based assessment programs for international medical graduates
- pre-employment structured clinical interviews

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

## Review process

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

Assessment team findings are considered by the relevant AMC Standing Committee (Medical School Accreditation Committee, Specialist 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.

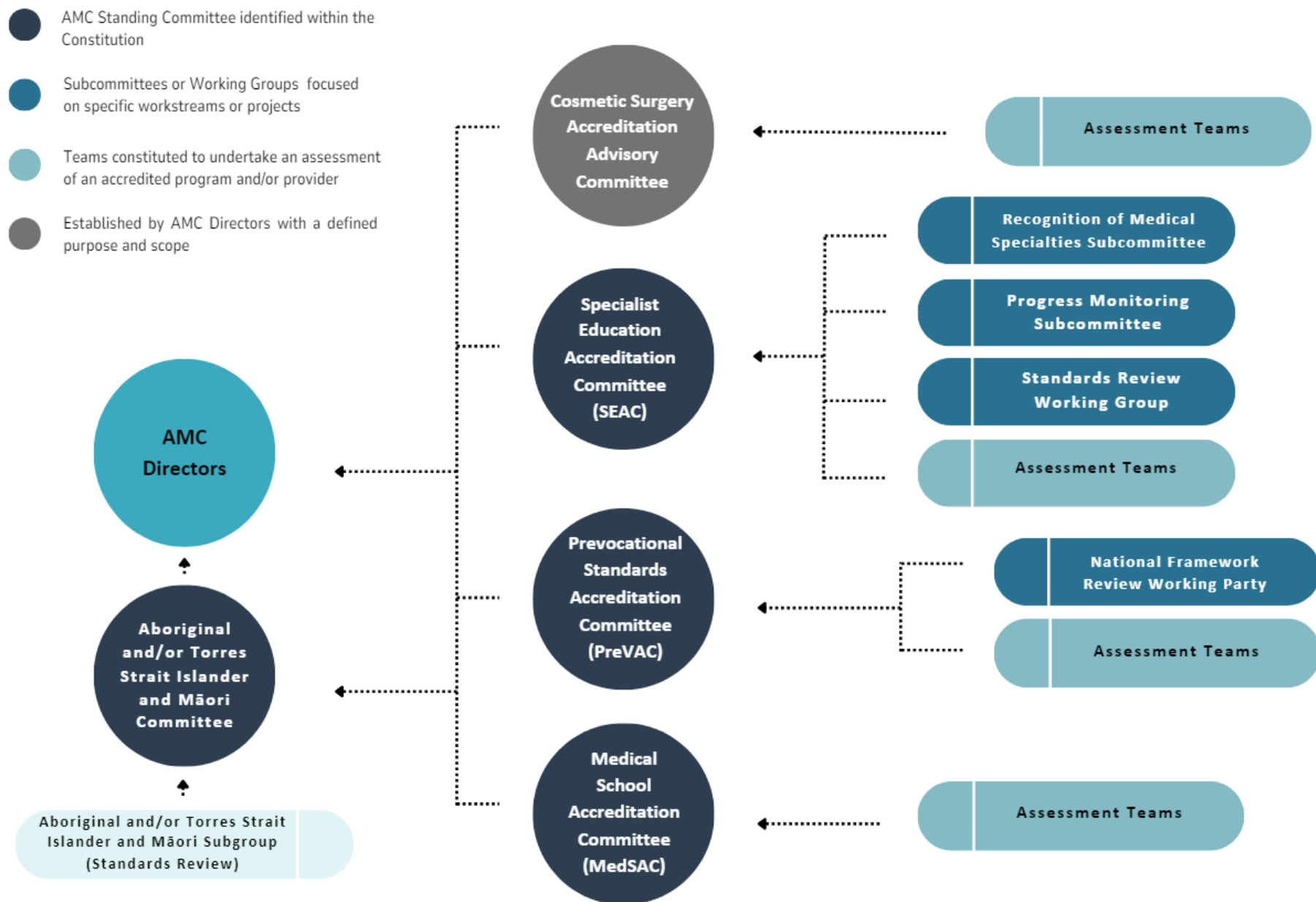
In 2023-24 the AMC made the accreditation decisions listed below. Each decision on an accredited program of study and education provider was reported to the Medical Board of Australia (MBA). The MBA makes an independent decision on whether to approve programs for the purposes of registration and lists approved programs on the MBA [website](#).

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

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



## Accreditation Committee Structure





## Medical School Accreditation Committee

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

Its role is:

- Addressing policy related to medical schools and primary medical qualifications
- Reviewing standards – the Revised standards came into effect 1 January 2024
- Reviewing procedures – updated to reflect the revised standards
- Approving assessment team membership
- 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.

### Membership as at 30 June 2024:

- Professor Jane Dahlstrom OAM (Chair)
- Dr Kenneth Clark
- Associate Professor Bradleigh Hayhow
- Professor Jeff Hamdorf AM
- Professor Inam Haq
- Professor Sandra Kemp
- Professor Kylie Mansfield
- Dr Shyamsundar Muthuramalingam
- Professor Papaarangi Reid
- Professor Gary Rogers
- Professor Anna Ryan
- Tisshapaa Sivagnanan
- Professor Diane Stephens OAM
- Dr Artiene Tatian
- Associate Professor Mary White
- Professor Tim Wilkinson

### Non-current members serving during 2023-24:

- Fergus Leicester



## Primary medical programs and providers

### Accreditation assessments: reaccreditation assessments

#### Australian National University, School of Medicine and Psychology

The Australian National University, School of Medicine and Psychology offers a four-year *Medicinae ac Chirurgiae* Doctoranda (MChD).

In July 2023 the AMC conducted a reaccreditation assessment on site at the university campus and health services.

At their 8 February 2024 meeting, Directors resolved:

- i. that the four-year *Medicinae ac Chirurgiae* Doctoranda (MChD) medical program of the Australian National University, School of Medicine and Psychology substantially meets the accreditation standards.
- ii. accreditation of four-year *Medicinae ac Chirurgiae* Doctoranda (MChD) medical program of the Australian National University, School of Medicine and Psychology be granted for four years, to 31 March 2028; subject to meeting the conditions contained in the accreditation report and to meeting the monitoring requirements of the AMC.

#### University of New South Wales, Faculty of Medicine and Health

The University of New South Wales, Faculty of Medicine and Health offers a six-year Bachelor of Medical Studies and Doctor of Medicine (BMedMD) medical program and a three-year Doctor of Medicine (MD).

In September 2023 the AMC conducted a reaccreditation assessment on site at the university campus and health services.

At their 8 February 2024 meeting, Directors resolved:

- i. that the six-year Bachelor of Medical Studies and Doctor of Medicine (BMedMD) medical program and three-year Doctor of Medicine (MD) medical program of the University of New South Wales, Faculty of Medicine and Health substantially meet the accreditation standards.
- ii. accreditation of six-year Bachelor of Medical Studies and Doctor of Medicine (BMedMD) medical program and three-year Doctor of Medicine (MD) medical program of the University of New South Wales, Faculty of Medicine and Health be granted for six years, to 31 March 2030; subject to meeting the conditions contained in the accreditation report and to meeting the monitoring requirements of the AMC.

### Accreditation assessments: follow up assessments

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

The University of Adelaide, Faculty of Health and Medical Sciences, School of Medicine offers a six-year Bachelor of Medicine/Bachelor of Surgery (MBBS) medical program and a six-year Bachelor of Medical Studies and Doctor of Medicine (BMD) medical program.

The Bachelor of Medicine/Bachelor of Surgery (MBBS) is in a process of teach-out with no new enrolments from January 2022.

Following the 2022 reaccreditation assessment, accreditation of the medical programs was subject to conditions, monitoring requirements of the AMC; and a follow-up assessment in 2023 or 2024 that includes clinical sites where the programs are delivered.

In October 2023 a sub-group of the AMC assessment team that conducted the reaccreditation assessment undertook a follow-up assessment.

At their 8 February 2024 meeting, Directors resolved:

- i. that the six-year Bachelor of Medicine/Bachelor of Surgery (MBBS) medical program and six-year Bachelor of Medical Studies and Doctor of Medicine (BMD) medical program of the University of Adelaide, Faculty of Health and Medical Sciences, School of Medicine substantially meet the accreditation standards.

- ii. accreditation of the six-year Bachelor of Medicine/ Bachelor of Surgery (MBBS) medical program and six-year Bachelor of Medical Studies and Doctor of Medicine (BMD) medical program of the University of Adelaide, Faculty of Health and Medical Sciences, School of Medicine be granted for up to four years, to 31 March 2029; subject to meeting the conditions contained in the accreditation report and to meeting the monitoring requirements of the AMC.

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

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

In 2022, the College informed the AMC of its intent to begin delivery of the program from Year 1 at Cairns. In December 2022, a sub-group of the AMC assessment team that conducted the reaccreditation assessment undertook a follow-up assessment.

The assessment included a series of online meetings with the College and program leadership team, student representative, the Cairns and Hinterland Hospital and Health Service executive and clinicians and staff who will be contributing to the teaching Year 1 of the Cairns pathway prior to the commencement of the stream at Cairns in 2023.

At their 15 May 2024 meeting, Directors resolved:

- i. that the six-year Bachelor of Medicine/Bachelor of Surgery (MBBS) medical program of the James Cook University, College of Medicine and Dentistry substantially meets the accreditation standards.

- ii. that accreditation of the program includes the addition of three new conditions on the College's accreditation.

### **Accreditation assessments: material changes**

Education providers must notify the AMC of material changes that may affect whether and how they or their medical program continue to meet the accreditation standards. Examples of material change are set out in the procedures and include a change in the length or format of the program, the introduction of new distinct streams/pathways, substantial changes to cohort numbers and substantial changes to program resources. The Committee will assess the plans against the accreditation standards prior to implementation and may constitute an AMC accreditation assessment team to undertake activities such as interviews with staff, students and health services to support the Committee's assessment.

*Nil for this report*

### **Accreditation assessments: Stage 1 assessment of new development**

Institutions contemplating the establishment of a primary medical program should conduct independent negotiations with the appropriate state/territory and national authorities concerning student places and clinical facilities. If a decision is made by the relevant authorities to support the establishment of a new medical program, the AMC undertakes the assessment against the approved accreditation standards.

Institutions require considerable time to design and plan a new medical program and to organise the necessary resources. By advising the AMC early of their intentions, institutions have access to general advice on the accreditation standards, and flexibility in negotiating the timing of the AMC assessment. The AMC expects to receive notification of an institution's intention when planning begins. It would expect this to be at least 24 months in advance of intended program commencement.

Once the institution has notified the AMC of its intention, the AMC will provide a guide for completion of the initial (Stage 1) submission. The AMC judges the institution's readiness for assessment on the basis of this submission. The submission must address the standards and outline the curriculum for the medical program and the resources including clinical teaching resources available to deliver the program. Evidence of support for the program from the relevant state and national authorities must also be provided.

#### **University of Western Australia (UWA) and University of Arizona (UA) Global MD**

On October 2022, the University of Western Australia in Perth and the University of Arizona (UA) Health Science in Tucson, Arizona informally advised the AMC of their intention to form a new collaborative Global MD Program with the first two years of the program based in Perth, Australia, and the final two years of the program based in Arizona, USA. The University of Western Australia provided the AMC with a notice of intent for a proposed offshore partnership in December 2022.



The UWA team provided a Stage 1 submission in February 2023.

The Committee considered the stage 1 submission in March and December 2023. On both occasions the Committee found the proposal had not satisfactorily addressed the requirements of 3.2.3 of the procedures/the policy on overseas provision and further consideration by the provider would be required to progress the submission.

At their March 2024 meeting, on the basis of the Stage 1 submission and further information provided, the Committee agreed that the proposal met the requirements under 3.2.3 of the Procedures (and Section 4 of the policy statement on offshore provision) such that the AMC should proceed with the Stage 2 accreditation assessment.

At their 21 March 2024 meeting, Directors resolved:

- i. To invite the University of Western Australia and University of Arizona to submit its program for Stage 2 assessment by an AMC team.

#### **Charles Darwin University Menzies School of Medicine**

In November 2022 the Charles Darwin University (CDU), Menzies School of Medicine advised the AMC of their intention to establish a new medical school based in Darwin. At the time, the Committee was unable to assess the proposal in the absence of funding or a definitive statement on student numbers.

In February 2024 Charles Darwin University secured funding from NT Health to support 40 students per annum, commencing in 2025.

The School provided the AMC a Stage 1 submission in February 2024 (this program was assessed against revised 2023 standards).

At their May 2024 meeting, on the basis of the Stage 1 submission, the Committee agreed that the proposal meets the requirements of a Stage 1 submission and recommended that the AMC proceed with the Stage 2 accreditation assessment.

At their 15 May 2024 meeting, Directors resolved:

- i. To invite the Charles Darwin University, CDU Menzies School of Medicine to submit its program for Stage 2 assessment by an AMC team.

### **Accreditation assessments: extension of accreditation**

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

extension possible is usually three to four years, taking the accreditation to the full period that the AMC will grant between assessments, which is ten years. At the end of this extension, the education provider and its programs undergo a reaccreditation assessment.

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

#### **Monash University, Faculty of Medicine, Nursing and Health Sciences**

The Monash University, Faculty of Medicine, Nursing and Health Sciences offers a four-year (graduate entry) and five-year (direct entry) Bachelor of Bachelor of Medical Science / Doctor of Medicine (BMedSc/MD).

In May 2023 a submission for extension of accreditation was considered by the Committee.

While there were no outstanding accreditation conditions on the program, the Committee raised some concerns regarding adequate access to cultural safety/awareness training through the course and challenges in recruiting Aboriginal and/or Torres Strait Islander teaching staff and recommended a new condition under standard 1 be imposed on accreditation.

At their 10 August 2023 meeting, Directors resolved:

- i. that the accreditation extension submission indicates that the Monash University, Faculty of Medicine, Nursing and Health Sciences and its medical program continue to meet the accreditation standards.
- ii. that accreditation of the program is subject to the addition of a new condition and meeting the monitoring requirements of the AMC
- iii. to extend accreditation of the Monash University, Faculty of Medicine, Nursing and Health Sciences and its medical program for four years to 31 March 2028.

#### **University of Notre Dame Australia, School of Medicine Sydney**

The University of Notre Dame Australia, School of Medicine Sydney, offers a four-year Doctor of Medicine (MD).

In August 2023 a submission for extension of accreditation was considered by the Committee. The Committee found standard 1 to be substantially met given slow progress against Condition 2.

At their 26 October 2023 meeting, Directors resolved:

- i. that the University of Notre Dame Australia, School of Medicine Sydney and its medical program continue to meet the accreditation standards.
- ii. that standard 1 was found to be substantially met.

- iii. to extend accreditation of the University of Notre Dame Australia, School of Medicine Sydney and its medical program for three years to 31 March 2027 to align with the accreditation expiry of the University's Fremantle medical program and allow future reporting as a single National School of Medicine.

### **Extension of accreditation**

#### **Western Sydney University, School of Medicine**

The Western Sydney University offers a five-year Bachelor of Clinical Sciences/Doctor of Medicine (BClinSci/MD) – jointly delivered as part of the Joint Program in Medicine with Charles Sturt University; and a five-year Bachelor of Medicine/Bachelor of Surgery (MBBS).

The five-year Bachelor of Medicine/Bachelor of Surgery (MBBS) is in teach-out however it was identified that a small number of students were still enrolled and due to complete in 2024. Given the possibility of further extensions of and/or time out of training for these students, the Committee agreed to recommend that this program be extended to 31 March 2027, to align with the accreditation of the BClinSci/MD.

At their 10 August 2023 meeting, Directors resolved:

- i. that the Western Sydney University, School of Medicine and its medical programs continue to meet the accreditation standards.
- ii. that an extension of accreditation of the MBBS be granted for three years to 31 March 2027 (to align with the accreditation of the BClinSci/MD).

### **New conditions set in the monitoring process**

#### **University of Tasmania, College of Health and Medicine, School of Medicine**

At its August 2023 meeting, the Committee considered the 2023 monitoring submission from the University of Tasmania, College of Health and Medicine, School of Medicine. The Committee agreed that the School and its program were meeting the accreditation standards overall. However, the Committee had some concerns around the availability of student study spaces/facilities to pre-clinical students, and as a result, found that Standard 8 was substantially met and, in line with the section 50 of the National Law, recommended that Directors place a condition on the accreditation of the program and provider to ensure that the standard is met in a timely manner.

At their 26 October 2023 meeting, Directors resolved:

- i. to add one new condition to the accreditation of the education provider and its program to be addressed in 2024.

## 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 MBA on matters relating to competent authorities.

The Committee's role is:

- 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 MBA 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.

### Membership as at 30 June 2024:

- ⊙ Associate Professor Andrew Singer AM (Chair)
- ⊙ Dr Georga Cooke (Deputy Chair)
- ⊙ Associate Professor Katrina Anderson
- ⊙ Professor Stuart Carney
- ⊙ Dr Hwee Sin Chong
- ⊙ Dr Sheree Conroy
- ⊙ Emeritus Professor Brendan Crotty AM
- ⊙ Bianca Field
- ⊙ Professor Nicky Hudson
- ⊙ Dr Jo Katsoris
- ⊙ Debra Letica
- ⊙ Associate Professor Maria Mackay
- ⊙ Dr Vidya Muraleedharan
- ⊙ Dr John Roe
- ⊙ Dr Matthew Spotswood
- ⊙ Dr Greg Sweetman
- ⊙ Professor John Vassiliadis
- ⊙ Dr Joshua Ward
- ⊙ Dr Daniel Zou

Non-current members serving during 2023-24:

- ⊙ Associate Professor Amanda Dawson
- ⊙ Kate Griggs
- ⊙ Dr Ruth Kearon



## Intern Training Accreditation Authorities

The AMC reviews and accredits authorities that accredit intern training programs in each state and territory on behalf of the MBA. 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 MBA 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 monitoring submissions. In the last year of the accreditation period, the provider may apply for an extension of accreditation through an accreditation extension submission, taking the provider up to a maximum of eight years before a reaccreditation assessment by an AMC team.

## Accreditation assessments: reaccreditation

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

The South Australian Medical Education and Training Health Advisory Council (SA MET) is the intern training accreditation authority for South Australia. A reaccreditation assessment was undertaken over July-November 2022 using a hybrid model of virtual meetings and face-to-face meetings in Adelaide. The process was elongated due to the impact of the COVID-19 pandemic on South Australian health services, and to enable interns to participate in the review.

At the request of the Committee, AMC Directors at their 10 March 2023 meeting resolved:

- to extend the accreditation of the South Australian Medical Education and Training Health Advisory Council (SA MET) as an intern training accreditation authority for six months to 30 September 2023 to enable the AMC to undertake an internal review of the accreditation process before the Committee finalised the accreditation report.

The review was completed, and the Committee finalised the report in July 2023 for consideration by AMC Directors.

At their 10 August 2023 meeting, Directors resolved:

- i. the South Australian Medical Education and Training Health Advisory Council substantially meets the domains for assessing intern training accreditation authorities.

- ii. the South Australian Medical Education and Training Health Advisory Council be accredited as the intern training accreditation authority for South Australia, for four and a half years, to 31 March 2028, subject to meeting AMC monitoring requirements including satisfactory annual monitoring to the AMC.
- iii. accreditation is subject to the conditions described in the accreditation report.

### Postgraduate Medical Council of Western Australia

The Postgraduate Medical Council of Western Australia (PMCWA) is the intern training accreditation authority for Western Australia. A reaccreditation assessment was undertaken over May 2023 using a hybrid model of virtual meetings and face-to-face meetings in Perth. The accreditation report was finalised by the Committee and submitted to AMC Directors.

At their 14 September 2023 meeting Directors resolved:

- i. the Postgraduate Medical Council of Western Australia (PMCWA) substantially meets the domains for assessing accreditation authorities.
- ii. the Postgraduate Medical Council of Western Australia (PMCWA) be accredited as the intern training accreditation authority for five years, to 31 March 2029, subject to meeting AMC monitoring requirements including satisfactory annual monitoring submissions to the AMC.
- iii. accreditation is subject to the conditions described in the accreditation report.

## Postgraduate Medical Council of Victoria

The Postgraduate Medical Council of Victoria (PMCV) is the intern training accreditation authority for Victoria. A reaccreditation assessment was undertaken over August 2023 using a hybrid model of virtual meetings and face-to-face meetings in Melbourne. The accreditation report was finalised by the Committee and submitted to AMC Directors.

At their 8 February 2024 meeting, Directors resolved:

- i. the Postgraduate Medical Council of Victoria (PMCV) substantially meets the domains for assessing accreditation authorities.
- ii. the Postgraduate Medical Council of Victoria (PMCV) be accredited as the intern training accreditation authority for five years, to 31 March 2029, subject to meeting AMC monitoring requirements including satisfactory annual monitoring submissions to the AMC.
- iii. accreditation is subject to the conditions described in the accreditation report.

## Accreditation assessments: extension of accreditation

The AMC considers requests for extension via an accreditation extension submission. In the submission, the intern training accreditation authority is expected to provide evidence that it continues to meet the accreditation domains. The report also provides an appraisal of the developments since accreditation, and information on plans leading up to the next AMC reaccreditation. If, on the basis of the submission, the

Committee decides that the authority is continuing to satisfy the accreditation domains, it may recommend that the AMC Directors extend the accreditation. The period of extension possible is usually two to three years, taking the accreditation to the full period that the AMC will grant between assessments, which is eight years. At the end of this extension, the authority undergoes a reaccreditation assessment.

*Nil for this report*

## Workplace Based Assessment (WBA) Providers

Under the AMC Accreditation of Workplace Based Assessment Providers: Standards and Procedures, the Prevocational Standards Accreditation Committee assesses applications for initial accreditation against the accreditation standards. The Committee also seeks advice from the Chair of the Assessment Committee on the assessment plan. On the recommendation of the Committee, AMC Directors may grant initial accreditation to new WBA providers subject to satisfactory progress reports, until the WBA Results Panel of the Assessment Committee evaluates the results of the first cohort of candidates.

### Initial accreditation

Four providers submitted an application for initial accreditation.

#### Metro North Hospital and Health Service

Metro North Hospital and Health Service's application for accreditation, along with feedback from the

Chairs of the Assessment Committee and WBA Results Panel on the assessment plan, was considered by the Committee in August 2023.

AMC Directors at their 14 September 2023 meeting granted initial accreditation to Metro North Hospital and Health Service, subject to satisfactory monitoring submissions, until the Assessment Committee evaluates the results of the first cohort of candidates.

#### Mackay Hospital and Health Service

Mackay Hospital and Health Service's application for accreditation, along with feedback from the Chairs of the Assessment Committee and WBA Results Panel on the assessment plan, was considered by the Committee in August 2023.

AMC Directors at their 14 September 2023 meeting granted initial accreditation to Mackay Hospital and Health Service, subject to satisfactory monitoring submissions, until the Assessment Committee evaluates the results of the first cohort of candidates.

#### Nepean Blue Mountains Local Health District

Nepean Blue Mountains Local Health District's application for accreditation, along with feedback from the Chairs of the Assessment Committee and WBA Results Panel on the assessment plan, was considered by the Committee in November 2023.

AMC Directors at their 13 December 2023 meeting granted initial accreditation to Nepean Blue Mountains Local Health District, subject to satisfactory monitoring submissions, until the Assessment Committee evaluates the results of the first cohort of candidates.

## Darling Downs Hospital and Health Service

Darling Downs Hospital and Health Service's application for accreditation, along with feedback from the Chair of the WBA Results Panel on the assessment plan, was considered by the Committee in March 2024.

AMC Directors at their 15 May 2024 meeting granted initial accreditation to Darling Downs Hospital and Health Service, subject to satisfactory monitoring submissions, until the Assessment Committee evaluates the results of the first cohort of candidates.

## Extension of accreditation

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

One provider submitted a report on conditions:

### Launceston General Hospital

Launceston General Hospital's accreditation extension submission was considered by the Committee in March 2023.

The Committee raised concerns that a large number of assessors have not been re-calibrated in alignment with the AMC requirement of calibration every 24 months. This feedback had been provided

to the Launceston General Hospital program over recent monitoring reviews with little to no progression or evidence of strategy to provide sufficient training sessions for assessors. As a result of this, the Committee agreed that Standard 7 be considered not met and that a new condition be imposed on accreditation to ensure that this standard is met in a timely manner. The Committee agreed to recommend that Directors resolve that a shorter period of accreditation be granted to ensure that the condition is addressed.

The Directors at their 13 April 2023 meeting agreed to reaccredit Launceston General Hospital and its Workplace Based Assessment program for 12 months to 30 June 2024 subject to satisfactory monitoring submissions to the AMC and meeting the accreditation condition imposed.

At their 21 August 2023 meeting, the Committee considered the further information (report on condition) by Launceston General Hospital's and agreed that the program had made appropriate progress against the concerns and found Standard 7 to be met. The program was eligible for an extension of accreditation for a further three years to 30 June 2027.

At their 14 September 2023 meeting, Directors resolved:

- i. the Launceston General Hospital and its workplace based assessment program meet the accreditation standards for workplace based assessment providers, and
- ii. to accredit Launceston General Hospital and its workplace based assessment program for a further three years, to 30 June 2027, subject to the monitoring of the AMC.

## Short extension of accreditation

### Wide Bay Hospital and Health Service

In 2024 the Wide Bay Hospital and Health Service will be considered for reaccreditation as a Workplace Based Assessment provider for a further four years. The program's current accreditation was due to expire on 30 June 2024.

The paper-based assessment of the Wide Bay program was scheduled for the Committee's July 2024 meeting. Given the current scheduling of annual monitoring, and in discussion with the provider, to ensure that annual reporting is not disrupted a short administrative extension of the program was requested (for three months), to allow the Wide Bay WBA program to be assessed against the current reporting schedule.

At their 8 February 2024 meeting, Directors resolved:

- i. the Wide Bay Hospital and Health Service and its workplace based assessment program continue to meet the accreditation standards for workplace based assessment providers, and
- ii. approved a short administrative extension of accreditation of the workplace based assessment program for three months to 30 September 2024.



## Accreditation

For providers with initial accreditation, the Assessment Committee will consider all the results of the candidates to establish that the overall result is valid and that the AMC Certificate should be awarded. If the Assessment Committee identifies no deficiencies in the assessment program plan and/or in the results of the first cohort of candidates, and the Prevocational Standards Accreditation Committee determines that accreditation standards continue to be met, the Prevocational Standards Accreditation Committee may recommend that AMC Directors grant accreditation to the provider.

### Northern Adelaide Local Health Network

The Committee considered the Northern Adelaide Local Health Network monitoring submission and reviewer commentary at their meeting on 20 March 2023. As per the 2022 initial accreditation decision, the Committee was asked to make a decision on the period of accreditation following the WBA Results Panel consideration of the first cohort results at their meetings in May/July 2023.

Directors at their 14 September 2023 meeting resolved:

- i. the Northern Adelaide Local Health Network and its workplace based assessment program substantially meet the accreditation standards for workplace based assessment providers, and

- ii. to grant accreditation to the Northern Adelaide Local Health Network and its workplace based assessment program for the maximum period of four years, to 30 June 2027, subject to the monitoring of the AMC.

### South Western Sydney Local Health District

The Committee considered the South Western Sydney Local Health District monitoring submission and reviewer commentary at their meeting on 21 August 2023. As per the 2021 initial accreditation decision, the Committee was asked to make a decision on the period of accreditation following the WBA Results Panel consideration of the first cohort results at their meetings in December 2022.

Directors at their 14 September 2023 meeting resolved:

- i. the South Western Sydney Local Health District and its workplace based assessment program substantially meet the accreditation standards for workplace based assessment providers, and
- ii. to grant accreditation to the South Western Sydney Local Health District and its workplace based assessment program for the maximum period of four years, to 30 June 2027, subject to the monitoring of the AMC.

### Central Queensland Hospital and Health Service

The Committee considered the Central Queensland Hospital and Health Service monitoring submission and reviewer commentary at their meeting on 25 March 2024. As per the 2022 initial accreditation decision, the Committee was asked to make a decision on the period of accreditation following the WBA Results

Panel consideration of the first cohort results at their meetings in February 2024.

Directors at their 15 May 2024 meeting resolved:

- i. the Central Queensland Hospital and Health Service and its workplace based assessment program substantially meet the accreditation standards for workplace based assessment providers, and
- ii. to grant accreditation to the Central Queensland Hospital and Health Service and its workplace based assessment program for the maximum period of four years, to 30 June 2028, subject to the monitoring of the AMC.

### Joondalup Health Campus

The Committee considered the Joondalup Health Campus monitoring submission and reviewer commentary at their meeting on 20 May 2024. As per the 2022 initial accreditation decision, the Committee was asked to make a decision on the period of accreditation following the WBA Results Panel consideration of the first cohort results at their meetings in December 2023.

Directors at their 13 June 2024 meeting resolved:

- i. the Joondalup Health Campus and its workplace based assessment program substantially meet the accreditation standards for workplace based assessment providers, and
- ii. to grant accreditation to the Joondalup Health Campus and its workplace based assessment program for the maximum period of four years, to 30 June 2028, subject to the monitoring of the AMC.

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

While usual reporting resumed in 2021, the Committee continued to monitor ongoing impacts to providers as a consequence of COVID-19 through annual monitoring in 2023/24. The AMC advised WBA providers to continue to notify the AMC and seek approval of potential changes to the assessment plan in advance of their implementation. Over 2022-23 no change requests were sought.

## Changes to WBA programs and providers

During 2023-24 the AMC approved changes to the WBA programs of the following providers:

- Mildura Base Public Hospital (Increase to cohort and new site of delivery)
- Central Queensland Hospital and Health Service (Increase to cohort)
- South Western Sydney Local Health District (New sites of delivery)
- Wide Bay Hospital and Health Service (Minor change to assessment plan)
- Mackay Hospital and Health Service (New sites of delivery)
- Gold Coast Hospital and Health Service (Increase to cohort)

## 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 MBA when it decides whether to grant registration.

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

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

During 2023/24, the Committee monitored the three accredited PESCI providers:

- Australian College of Rural and Remote Medicine
- Royal Australian College of General Practitioners
- Institute of Medical Education (METC Institute)



## Specialist Medical Education and Training

The Specialist Education Accreditation Committee manages the process for assessing and accrediting the medical education and training 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
- Continuing Professional Development (CPD) homes

This Committee provides advice to the MBA on applications for recognition and approval of new or amended specialties.



### Role:

- Addressing policy related to medical specialist colleges and specialist training
- Developing, monitoring and reviewing criteria and procedures relating to the accreditation of Continuing Professional Development (CPD) homes
- Providing advice to the MBA on applications for recognition for new medical specialties and fields of specialty practice
- Reviewing standards
- Reviewing procedures
- Setting up assessment teams
- Making recommendations to AMC Directors on accreditation decisions and any related conditions
- Monitoring providers against the standards and their progress towards meeting outstanding conditions
- Reviewing changes to the way in which providers meet the accreditation standards and determining consequential review and monitoring activity.

### Membership as at 30 June 2024:

- ⊙ Professor Robyn Langham AM (Chair)
- ⊙ Dr Lindy Roberts AM (Deputy Chair)
- ⊙ Dr Hashim Abdeen
- ⊙ Dr Walter Abhayaratna
- ⊙ Dr Emmanuel Anthony
- ⊙ Dr Jeff Brown
- ⊙ Dr Caroline Clarke
- ⊙ Dr Brian Fernandes
- ⊙ Ms Jacqui Gibson
- ⊙ Dr Kim Hill
- ⊙ Dr Tammy Kimpton
- ⊙ Associate Professor Vinay Lakra
- ⊙ Professor Andrew Wilson
- ⊙ Ms Helen Maxwell-Wright
- ⊙ Professor Phillipa Poole ONZM
- ⊙ Ms Kiri Rikihana
- ⊙ Associate Professor Alan Sandford AM
- ⊙ Dr Andrew Singer AM\*
- ⊙ Dr Philip Truskett AM
- ⊙ Professor Andrew Wilson

*\*Technical Advisor non-voting member*

### Non-current members serving during 2023-24:

- ⊙ Dr Vijay Roach
- ⊙ Professor Marc Gladman
- ⊙ Dr Sarah Nicolson
- ⊙ Dr Margaret Wilsher



## Specialist Medical College training and education programs

### Accreditation assessments: reaccreditation

#### Royal Australian and New Zealand College of Obstetricians and Gynaecologists

In July 2023 the AMC completed a reaccreditation assessment of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists. AMC Directors, at their 13 December 2023 meeting, resolved that:

- (i) the Royal Australian and New Zealand College of Obstetricians and Gynaecologists' specialist medical programs in the recognised medical specialties of obstetrics and gynaecology substantially meet the approved accreditation standards;
- (ii) the Royal Australian and New Zealand College of Obstetricians and Gynaecologists' specialist medical training programs in the specialty of obstetrics and gynaecology and the following fields of specialty practice be granted accreditation for six years until 31 March 2030, subject to satisfying AMC monitoring requirements including monitoring submissions and addressing accreditation conditions set out in the report:
  - gynaecological oncology
  - maternal-fetal medicine
  - obstetrics and gynaecological ultrasound
  - reproductive endocrinology
  - infertility and urogynaecology; and

(iii) the College will be required to make accreditation extension submissions in 2029. Based on the accreditation extension submission, the AMC will consider if the College's programs continue to meet or substantially meet the accreditation standards and may extend accreditation by another four years until 31 March 2034. This takes accreditation to the full period of ten years the AMC may grant between assessments.

### Accreditation assessments: follow-up

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

In August 2023 the AMC completed a follow-up assessment of the Royal Australian and New Zealand College of Radiologists. AMC Directors, at their 13 December 2023 meeting, resolved that:

- (i) the Royal Australian and New Zealand College of Radiologists specialist medical programs in the recognised medical specialties of radiology and radiation oncology substantially meet the approved accreditation standards;
- (ii) the Royal Australian and New Zealand College of Radiologists specialist medical training programs in radiology and radiation oncology specialist medical program be granted accreditation for three years until 31 March 2027, subject to satisfying AMC monitoring requirements including monitoring submissions and addressing accreditation conditions set out in the report; and

(iii) the College will be required to make an accreditation extension submission in 2026. Based on the accreditation extension submission on the standards, the AMC will consider if the College's programs continue to meet or substantially meet the accreditation standards and may extend accreditation by another three years until 31 March 2030. This takes accreditation to the full period of ten years the AMC may grant between assessments.

### Accreditation assessments: extension of accreditation

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

years. At the end of this extension, the education provider and its programs undergo a reaccreditation assessment.

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

### **Australasian College of Dermatologists**

At their meeting on 23 November 2023 meeting, AMC Directors resolved that:

- (i) that the Australasian College of Dermatologists training and education program, in the recognised specialty of Dermatology, substantially meet the accreditation standards; and
- (ii) to extend the accreditation of the Australasian College of Dermatologists training and education program, in the recognised specialty of Dermatology by four years, to 31 March 2028.

### **Royal Australasian College of Surgeons**

At their meeting on 8 February 2024 meeting, AMC Directors resolved that:

- (i) that the Royal Australasian College of Surgeons training and education programs, in the recognised specialties of Surgery, substantially meet the accreditation standards; and

- (ii) to extend the accreditation of the Royal Australasian College of Surgeons training and education programs, in the specialty of Surgery and the following fields of specialty practice, until 31 October 2024:

- cardiothoracic surgery
- general surgery
- neurosurgery
- orthopaedic surgery
- otolaryngology - head and neck surgery
- paediatric surgery
- plastic surgery
- urology
- vascular surgery

### **Short extension of accreditation**

#### **Royal Australasian College of Medical Administrators**

At their 21 March 2024 meeting, AMC Directors resolved:

- (i) to EXTEND the accreditation of the Royal Australasian College of Medical Administrators training and education program, in the specialty of Medical Administration, by six months, until 31 October 2025

## **Continuing Professional Development (CPD) homes**

In 2023 the registration framework for continuing professional development in Australia changed as the MBA's new Registration Standard: Continuing Professional Development came into effect with transition arrangements for 2023. From 2024 all doctors other than those exempt by the standard, are required to join a CPD home to support their continuing professional development. To enable the new registration standard, in 2022 the AMC developed standards and procedures for the accreditation of CPD homes. This accreditation process superseded the AMC's previous accreditation process and standard relating to continuing professional development programs provided by AMC accredited specialist medical colleges.

The AMC now reviews and makes decisions on applications from organisations to become a CPD home and assures the quality of CPD homes to ensure they provide CPD programs that are robust, monitored and evaluated, and meet the requirements of the MBA's Registration Standard: Continuing Professional Development through its monitoring process.

### **Accreditation assessments: initial accreditation of organisations to become CPD homes in Australia**

The Specialist Education Accreditation Committee completes the initial accreditation assessment based on a review of the organisation's submission against the Criteria for AMC Accreditation of CPD Homes with

a view to making a recommendation on initial accreditation to AMC Directors.

AMC Directors grant initial accreditation if the submission demonstrates that the organisation meets the criteria, or that it substantially meets the criteria and setting conditions will lead to all criteria being met in a reasonable time.

#### **Health Education and Training Institute**

At their meeting on 26 October 2023 AMC Directors granted initial accreditation to Health Education and Training Institute, subject to satisfactory monitoring, up until completion of an accreditation assessment by an AMC assessment team.

#### **Osler Technology**

At their meeting on 26 October 2023 AMC Directors granted initial accreditation to Osler Technology, subject to satisfactory monitoring, up until completion of an accreditation assessment by an AMC assessment team.

#### **Skin Cancer College Australasia**

At their meeting on 26 October 2023 AMC Directors granted initial accreditation to Skin Cancer College Australasia, subject to satisfactory monitoring, up until completion of an accreditation assessment by an AMC assessment team.

On 26 October 2023 AMC Directors considered a further seven applications to become a CPD home and determined on the basis of an assessment against the Criteria that these applicants should not be accredited.

## **Accreditation assessments: accreditation of CPD homes**

### **Royal Australian and New Zealand College of Obstetricians and Gynaecologists**

In July 2023 an AMC team completed an accreditation assessment of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists CPD home. AMC Directors, at their 13 December 2023 meeting, resolved that:

- (i) the accreditation of Royal Australian and New Zealand College of Obstetricians and Gynaecologists be granted accreditation as a CPD home for six years until 31 March 2030, subject to satisfying AMC monitoring requirements including monitoring submissions and criterion set out in the report.

### **Royal Australian and New Zealand College of Radiologists**

In August 2023 an AMC team completed an accreditation assessment Royal Australian and New Zealand College of Radiologists CPD home. AMC Directors, at their 13 December 2023 meeting, resolved that:

- (i) the accreditation of Royal Australian and New Zealand College of Radiologists be granted accreditation as a CPD home for six years until 31 March 2030, subject to satisfying AMC monitoring requirements including monitoring submissions and addressing criterion set out in the report.







## Assessment of programs leading to endorsement of registration of medical practitioners for acupuncture

The Specialist Education Accreditation Committee oversees the process for assessment and accreditation of programs leading to endorsement of registration of medical practitioners for acupuncture. There is one program of study approved by the Medical Board of Australia as a program leading to endorsement, the Australian Medical Acupuncture College Course Part 1 including the Part 1 written and clinical examinations.

Based on recommendations from the Specialist Education Accreditation Committee and accreditation reports from the Committee, the AMC Directors make an accreditation decision on the program of study. The AMC informs the Medical Board of Australia (the Board) of Directors' accreditation decisions and provides the accreditation report so that the Board is able to make a decision on approval of the accredited program of study as providing a qualification for the purposes of endorsement of registration.

## Accreditation assessments

### Australian Medical Acupuncture College

In October 2023 an AMC team completed an accreditation assessment of the Part 1 Course of the Australian Medical Acupuncture College. AMC Directors, at their 21 March 2024 meeting, resolved that:

- (i) the Australian Medical Acupuncture College Course Part 1 substantially meets the approved accreditation standards;
- (ii) the Australian Medical Acupuncture College Course Part 1 be granted accreditation for six years until 31 March 2030, subject to satisfying AMC monitoring requirements including monitoring submissions and addressing accreditation conditions set out in the report; and
- (iii) the Australian Medical Acupuncture College will be required to submit an accreditation extension submission in 2029. Based on the accreditation extension submission, the AMC will consider if the College's Course Part 1 continues to meet or substantially meet the accreditation standards and may extend accreditation by another four years until 31 March 2034. This takes accreditation to the full period of ten years the AMC may grant between assessments.

## Programs for endorsement of registration of medical practitioners for cosmetic surgery

The AMC has established a Cosmetic Surgery Accreditation Advisory Committee to oversee the establishment of the process for assessment and accreditation of programs of study leading to endorsement of registration for cosmetic surgery. The Committee is chaired by Associate Professor Jillian Sewell AM (who chaired the Project Advisory Group) and makes provisions for members with experience in AMC accreditation, medical educational expertise, and members with a background in, and knowledge of, health consumer issues; and an identified Aboriginal and/or Torres Strait Islander member. The Committee was established in March 2024 and undertook training in the Committee's function. The Committee has yet to review an application for accreditation of a Programs for endorsement of registration of medical practitioners for cosmetic surgery.

# Assessment

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

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

## Assessment Committee

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

## Assessment Committee Chair

The AMC Directors appointed Professor Cheryl Jones as Chair of the Assessment Committee for a four-year term commencing 25 November 2023, at which time Emeritus Professor David Prideaux stepped down after eight years as Chair.

Professor Jones was the Dean and Head of Sydney Medical School, University of Sydney, as well as Senior Staff Specialist, Infectious Diseases, Sydney Children's Hospital Network (The Children's at Westmead). From June 2024, she moved to take the role of Dean of the Faculty of Medicine and Health at the University of New South Wales (UNSW). She also serves as a Director for the Ramsay Health Research Foundation, and the Australian Academy of Health and Medical Sciences.

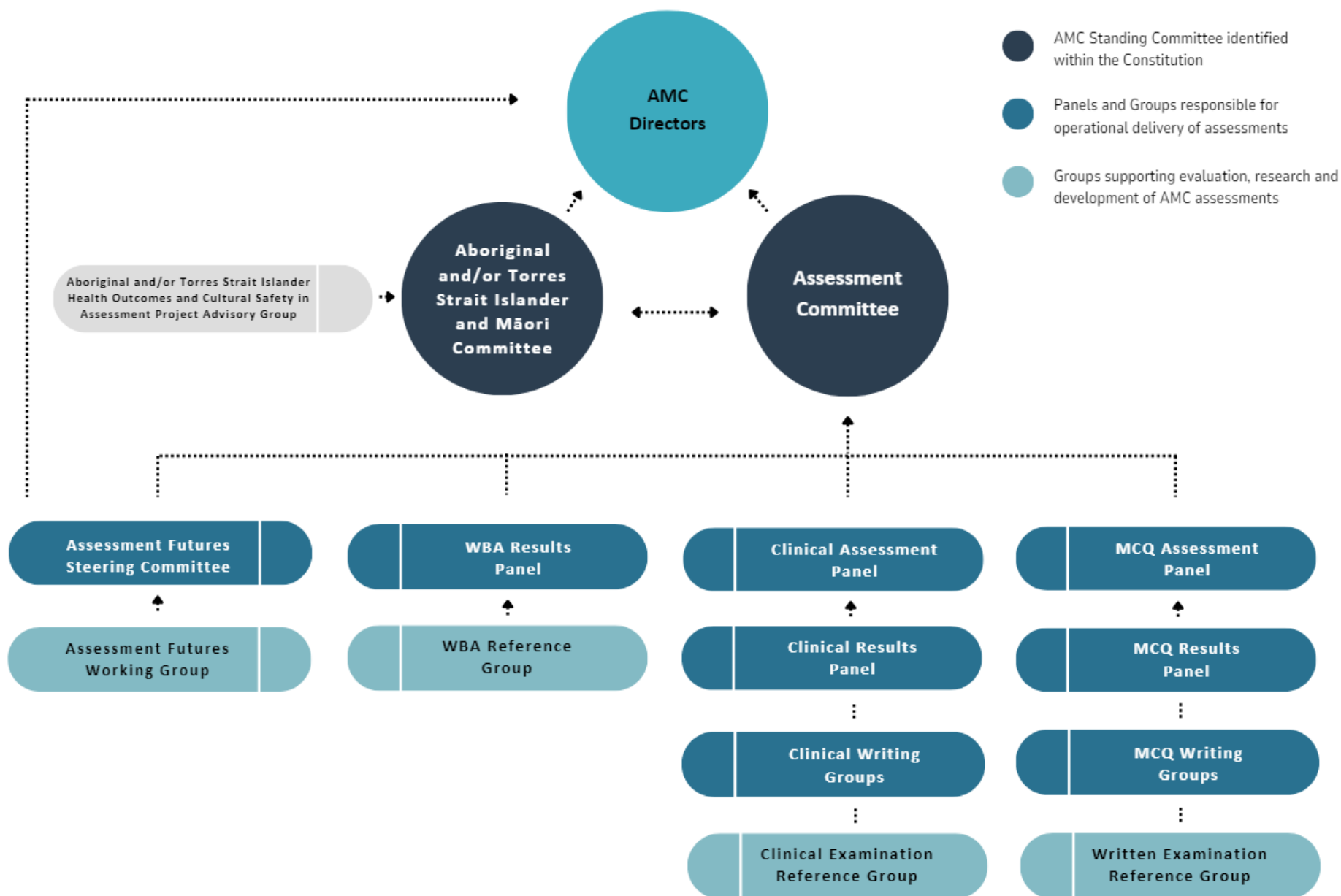
## Assessment Committee Membership as at 30 June 2023:

- Professor Cheryl Jones – Chair
- Professor Amanda Barnard – Deputy Chair
- Dr Noreen Alqueza
- Professor John Barnard
- Assoc. Professor Amanda Dawson
- Ms Christine Edwards
- Dr Justin Gladman
- Dr Peter Harris
- Dr Catherine Hickie
- Professor Nicky Hudson
- Professor Lisa Jackson Pulver AM
- Professor Philip Jones
- Professor Kichu Nair AM
- Professor Lambert Schuwirth
- Mr Tom Symonds
- Dr David Thomas
- Professor Josephine Thomas

## Non-current members serving during 2023-24:

- Dr Aysha Akram
- Professor Liz Farmer
- Dr Mandeep Kalsi
- Emeritus Professor David Prideaux





## Priorities

In 2023-24 several projects were identified and undertaken to align with the AMC's strategic pillars. The major initiatives are set out below:

### Create efficiency and quality improvement across assessment pathways

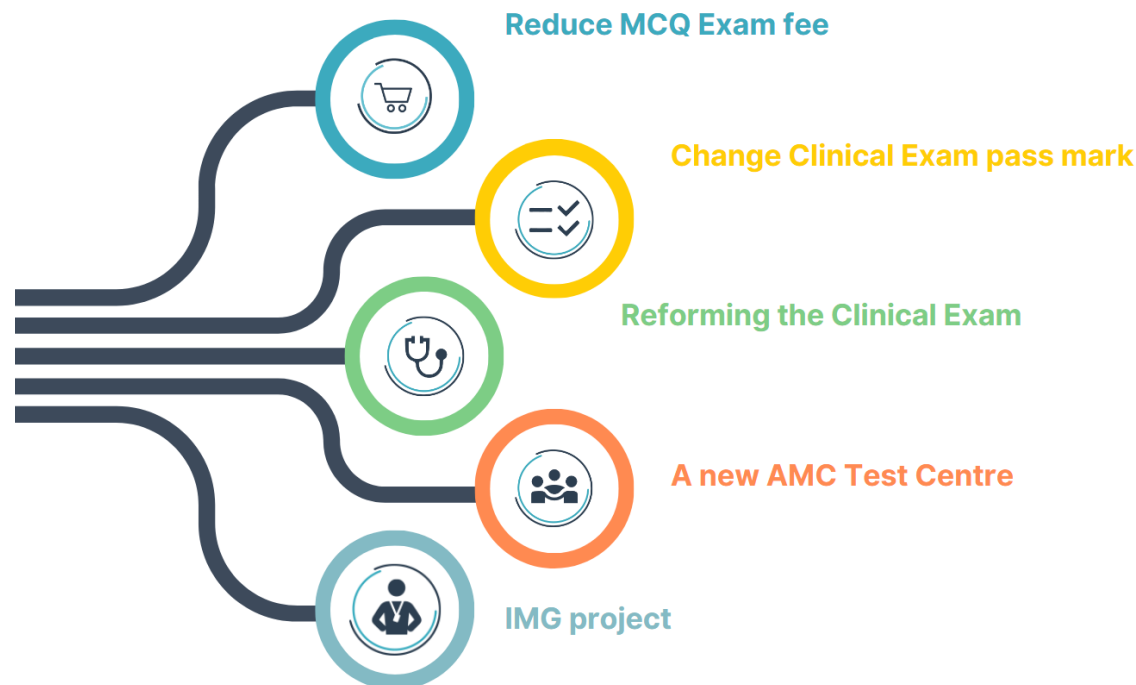
#### Aboriginal and/or Torres Strait Islander Health Outcomes and Cultural Safety in Assessment Project

To enable the AMC to meet its strategic goals of ensuring culturally safe practice and improving Aboriginal and/or Torres Strait Islander health outcomes, we have assembled a team and completed initial groundwork to launch the Aboriginal and/or Torres Strait Islander Health Outcomes and Cultural Safety in Assessment Project.

Building on our previous successes in incorporating Aboriginal and/or Torres Strait Islander perspectives into medical school standards, we now aim to extend this best practice to our own AMC assessments, standards and processes. This ensures a comprehensive and culturally safe approach across the entire spectrum of our medical education activities.

#### **Project Purpose:**

- Establish a Framework to implement cultural safety training and Aboriginal and/or Torres Strait Islander Health Outcomes into assessment (exam content) and strategies across all aspects of the Standard Pathway (AMC examinations) to create culturally safe systems and ongoing learning.



- Determine the Policy framework and principles with links to AMC Strategic pillars and AMC values.
- Promote and firmly embed culturally safe practice, health skills, and knowledge in the Standard Pathway (AMC examinations) by engaging Aboriginal and/or Torres Strait Islander health professionals.
- Ensure continued evaluation and development for improved outcomes on culturally safe and responsive healthcare, with the priority of bettering Indigenous health outcomes in Australia.

#### **Project Deliverables:**

- Identify Cultural Safety training sessions and deliver to all AMC examination stakeholders and Assessment committee/panel members
- Implement a Cultural Safety framework in Assessment
- Embed Indigenous Health into examination content for the assessment of skills and knowledge (MCQ, Clinical Exam - online and in-person)
- Engage and partner with Aboriginal, and/or Torres Strait Islander organisations and networks

### Project Advisory Group

A Project Advisory Group has been formed to collaborate with and provide advice to the AMC on this work. Through this collaboration, the AMC aspires to create a sustainable framework that prioritises the health and well-being of Aboriginal and/or Torres Strait Islander peoples by:

- **Embedding Cultural Understanding:** the groups' knowledge and experience will help the AMC effectively integrate Aboriginal and/or Torres Strait Islander perspectives into our assessment processes, including MCQs, online and in-person clinical assessments, and new test centre development.
- **Championing Cultural Safety:** the groups' expertise will assist in establishing culturally safe methods for assessing cultural safety within AMC assessments. We aim to establish a robust framework for developing culturally safe and appropriate assessment content, ensuring governance, clear processes, and best practices in question writing.
- **Building Strong Relationships:** the AMC is committed to fostering long-term connections with Aboriginal and/or Torres Strait Islander communities and organisations. The groups' guidance will be essential in building and maintaining these vital networks.
- **Delivering Culturally Safe Training:** the AMC aims to equip our stakeholders, including international medical graduates, with the knowledge and skills to provide culturally safe healthcare. The groups' expertise will assist in developing and delivering culturally appropriate training programs.

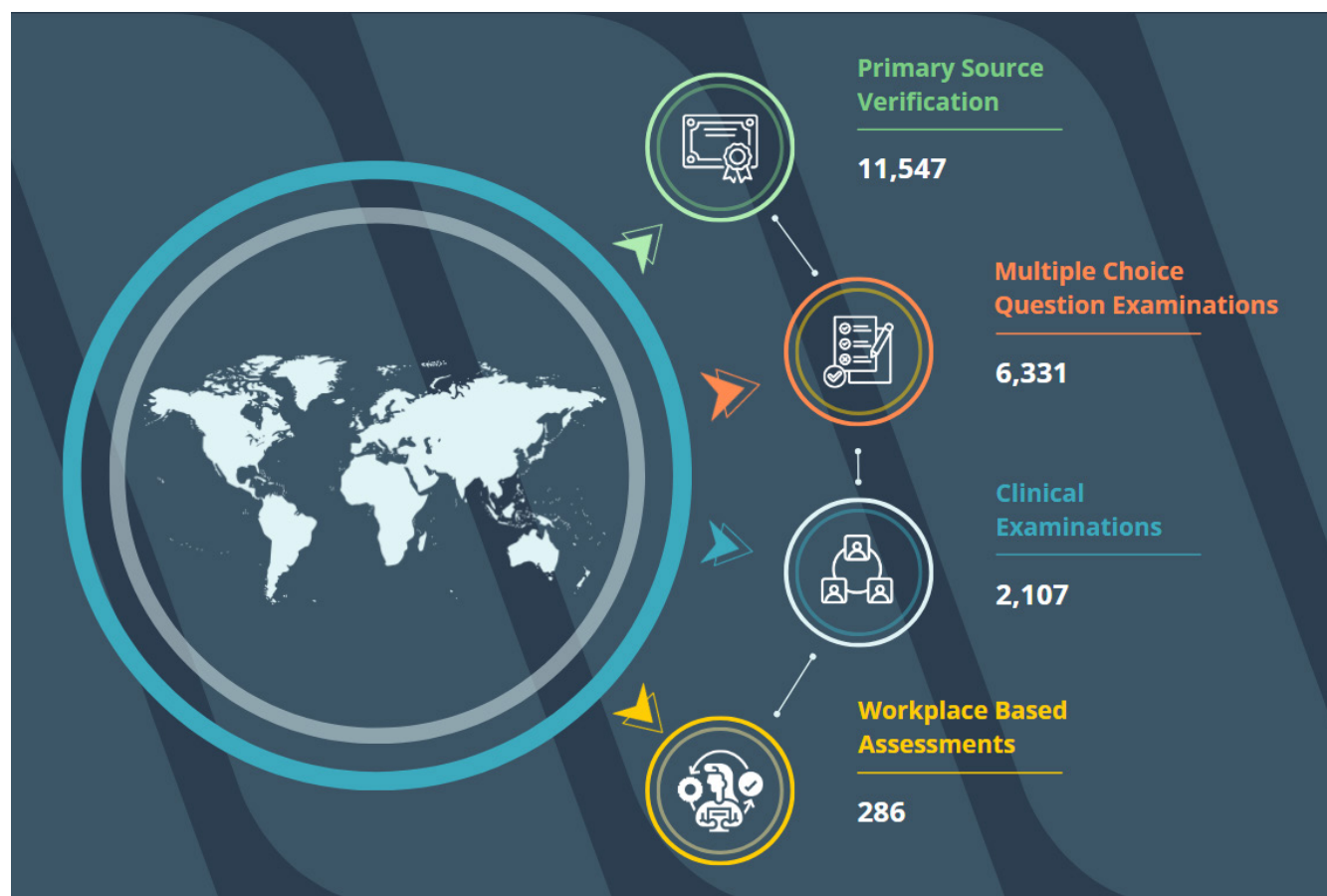
## Update the delivery of AMC publications and resources

### AMC MCQ App Project

The AMC previously published a Handbook of Multiple-Choice Questions (MCQ) to assist international medical graduates in preparing to take the AMC CAT MCQ examination. The AMC is currently working

on a project to digitise this publication through an MCQ App containing 210 practice questions. A key benefit of the App is the provision of feedback on responses to the practice questions. The content for the App has been developed by question writers who contribute to the AMC MCQ test question bank and the questions are scheduled to be updated annually. The practice questions are reviewed by Aboriginal and/or Torres Strait Islander peoples to ensure they are culturally safe.

### key assessment statistics for the 2023-24 year





## Verification Services

The Verifications Services team:

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

An international medical graduate seeking registration in Australia and applying to complete the AMC examinations must firstly have attained an eligible medical qualification granted by a medical school recognised by the AMC and listed in the World Directory of Medical Schools (WDoMS). The directory lists only medical schools that provide a complete or full program of instruction leading to a basic medical and surgery qualification; that is, a qualification that permits the holder to obtain a licence to practise as a medical doctor or physician.

The process of verifying international medical graduate qualifications, known as Primary Source Verification (PSV), was implemented by the AMC in 2006. PSV is designed to ensure the integrity of both basic and specialist medical qualifications, with verification services provided by the ECFMG to assist the AMC in confirming international medical credentials. ECFMG now has a total of 2,165 medical institutions in the e-verifications system.

In the 2023-24 reporting period a total of 10,371 portfolio applications were established (an average of 199 applications per week). A total of 4,286 additional medical qualifications were added to international medical graduate portfolios. This is the highest volume of applications the AMC has received to date.

## Statistics: AMC portfolio applications

**Table 1: Number of AMC Portfolio applications received and additional qualifications added**

Qualification type	2022-23	2023-24	Variances
AMC Portfolio applications	9,356	10,371	(11%)
Additional qualifications added to portfolios	957	4,286	(348%)
<b>Total qualifications verified</b>	<b>10,899</b>	<b>14,657</b>	<b>(35%)</b>

**Table 2: Number of requests for Primary Source Verification**

Qualification type	EPIC verified 2022-23	EPIC verified 2023-24	Variances
Primary qualifications	8,257	8,639	
Postgraduate qualifications	2,642	2,908	(10%)
<b>Total qualifications verified</b>	<b>10,899</b>	<b>11,547</b>	

**Table 3: Top Ten: country of birth cited in international medical graduate Portfolio applications**

2022-23		2023-24		Significant variances (>10%)
Country	Total	Country	Total	
Sri Lanka	1,750	India	1,508	(16%)
United Kingdom	1,332	United Kingdom	1,505	(13%)
India	1,226	Sri Lanka	1,473	(20%)
Pakistan	588	Pakistan	964	(64%)
Philippines	508	Iran	484	
Malaysia	470	Malaysia	476	
Ireland	441	Philippines	468	
Iran	437	Ireland	396	
Nigeria	306	Nigeria	342	(12%)
Bangladesh	190	Bangladesh	301	(58%)
<b>Total</b>	<b>7,248</b>	<b>Total</b>	<b>7,917</b>	

**Table 4: Top Ten: country of primary qualifications verification completed**

2022-23		2023-24		Significant variances (>10%)
Country	Total	Country	Total	
United Kingdom	1,257	United Kingdom	1,524	(21%)
Sri Lanka	1,184	Sri Lanka	964	
India	723	India	907	(25%)
Ireland	468	Pakistan	794	(70%)
Pakistan	444	Philippines	499	(12%)
Philippines	441	Ireland	458	
Iran	316	Iran	406	(28%)
Bangladesh	237	Bangladesh	388	(64%)
China	237	China	367	(55%)
Malaysia	230	Malaysia	294	(28%)
<b>Total</b>	<b>5,537</b>	<b>Total</b>	<b>6,601</b>	<b>(19%)</b>

**Table 5: Top Ten: Medical Schools**

Country	Medical School
Sri Lanka	University of Peradeniya Faculty of Medicine
Sri Lanka	University of Colombo Faculty of Medicine
Sri Lanka	University of Sri Jayewardenepura Faculty of Medicine
Sri Lanka	University of Kelaniya Faculty of Medicine
Sri Lanka	University of Ruhuna Faculty of Medicine
Sri Lanka	Rajarata University of Sri Lanka Faculty of Medicine and Allied Sciences
Sri Lanka	University of Jaffna Faculty of Medicine
Bangladesh	Institute of Applied Health Sciences (IAHS)
United Kingdom	Manchester Medical School
Malaysia	Manipal University College Malaysia

**Table 6: Top Ten: countries of postgraduate training verification completed**

2022-23		2023-24		Significant variances (>10%)
Country	Total	Country	Total	
United Kingdom	619	United Kingdom	1,051	(70%)
India	370	India	330	
Sri Lanka	280	Sri Lanka	242	
South Africa	116	Pakistan	136	(17%)
Iran	98	Iran	131	(34%)
Malaysia	80	South Africa	130	(63%)
USA	77	Philippines	78	
Pakistan	60	Ireland	65	
Nigeria	59	Malaysia	60	
Philippines	55	USA	58	
<b>Total</b>	<b>1,814</b>	<b>Total</b>	<b>2,281</b>	<b>(26%)</b>

**Appendix A ECFMG list of top 100 medical schools**

## MyIntealth replacing the EPIC Report Portal

The Educational Commission for Foreign Medical Graduates (ECFMG) and the Foundation for Advancement of International Medical Education and Research (FAIMER) announced the creation of a new, overarching identity in November 2021.

MyIntealth is a new online environment for accessing services offered by Intealth and its members, ECFMG and FAIMER and has replaced the Electronic Portfolio of International Credentials (EPIC) Physician Portal in late 2023. MyIntealth consists of a portal for international medical graduates pursuing verification of medical credentials similar to the current EPIC verification process.

This change will not impact the verification services provided as ECFMG will continue to verify the authenticity of credentials using their high-quality primary-source verification process and deliver reports to the AMC through a secure online system.

ECFMG is working closely with the AMC on the processes involved, and the AMC has been undertaking system works to transition the current EPIC verification process to the new MyIntealth process during 2024, with the ECFMG completion date now set for early 2025.. This transition will not change the current verifications process or affect any verification statuses obtained via EICS and/or EPIC.

Once finalised, updates and information will be provided on the AMC website, AMC candidate portal, as well as both the Ahpra and Specialist Colleges portals.

## Multiple Choice Question Examinations

The AMC Multiple Choice Question (MCQ) Examination assesses the medical knowledge of international medical graduates who attained an eligible medical qualification from a medical school listed in the World Directory of Medical Schools (WDoMS) and recognised by the AMC. The MCQ Examination, which is delivered as a Computer-Based Adaptive Test, forms the first examination component of the standard pathway. All international medical graduates are required to pass the MCQ Examination in order to progress on the pathway towards receiving an AMC Certificate and applying to the Medical Board of Australia for medical registration.

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

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

The MCQ Examination is a test of the principles and practice of medicine in the fields of: Adult Health - Medicine; Adult Health - Surgery; Women's Health - Obstetrics & Gynaecology; Child Health; Mental Health; and Population Health & Ethics.

The multiple choice questions reflect common clinical conditions in the Australian community.

To achieve a satisfactory level of performance, a candidate will require a knowledge of pathogenesis, clinical features, investigative findings, differential diagnosis, management and treatment.

### MCQ Examination Centres

The AMC offers 10 examination centres in Australia and 373 internationally controlled examination facilities across 29 countries, with 285 in the USA and a further 68 globally (Asia-Pacific, Europe, Middle East, and Africa)

***Diagram: Map of MCQ Examination Centre locations***



## MCQ EXAMINATION CENTRES



## Statistics: MCQ Examinations

In the 2023-24 reporting period a total of 6,331 MCQ Examinations were conducted by the AMC in Australia or in one of 373 examination facilities across 29 countries. There are 285 centres in the USA and a further 68 globally (Asia-Pacific & Europe, the Middle East and Africa).

In response to the growing demand for standardised testing from international medical graduates, venues have been introduced in Malaysia (Kuala Lumpur) and Sri Lanka (Colombo) in 2024.

**Table 7: MCQ examination Statistics comparison**

	2022-23	2023-24	Variances
Total international medical graduates undertaking examination	4,468	6,331	(+42%)
Presenting for the first time	2,987	4,278	(+43%)
<b>Total passed</b>	<b>2,119</b>	<b>3,234</b>	<b>(+53%)</b>
<b>Total passed %</b>	<b>47%</b>	<b>51%</b>	<b>(+4)</b>

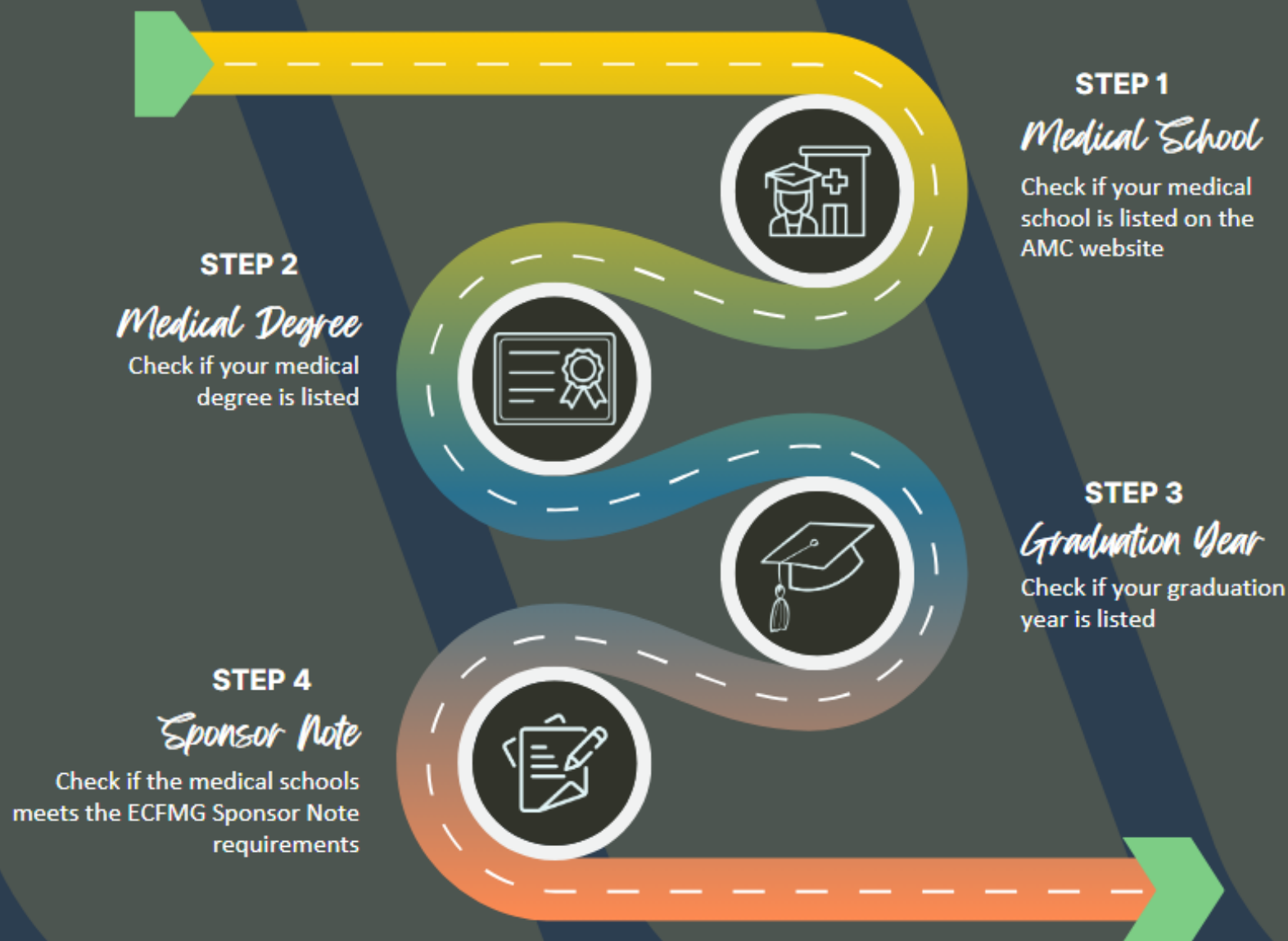
**Table 8: Top Ten: countries of international medical graduates who have taken the MCQ examination by country of training**

2022-23		2023-24		Significant variances (>10%)
Country	Total	Country	Total	
Sri Lanka	890	Sri Lanka	1,219	(37%)
India	539	India	732	(36%)
Philippines	380	Philippines	564	(48%)
Pakistan	288	Pakistan	500	(74%)
China	288	China	397	(38%)
Bangladesh	254	Bangladesh	378	(49%)
Iran	242	Iran	320	(32%)
Malaysia	154	Malaysia	239	(55%)
Nigeria	110	Russia	168	(53%)
Russia	106	Nigeria	135	(27%)
<b>Total</b>	<b>3,251</b>		<b>4,652</b>	<b>(43%)</b>

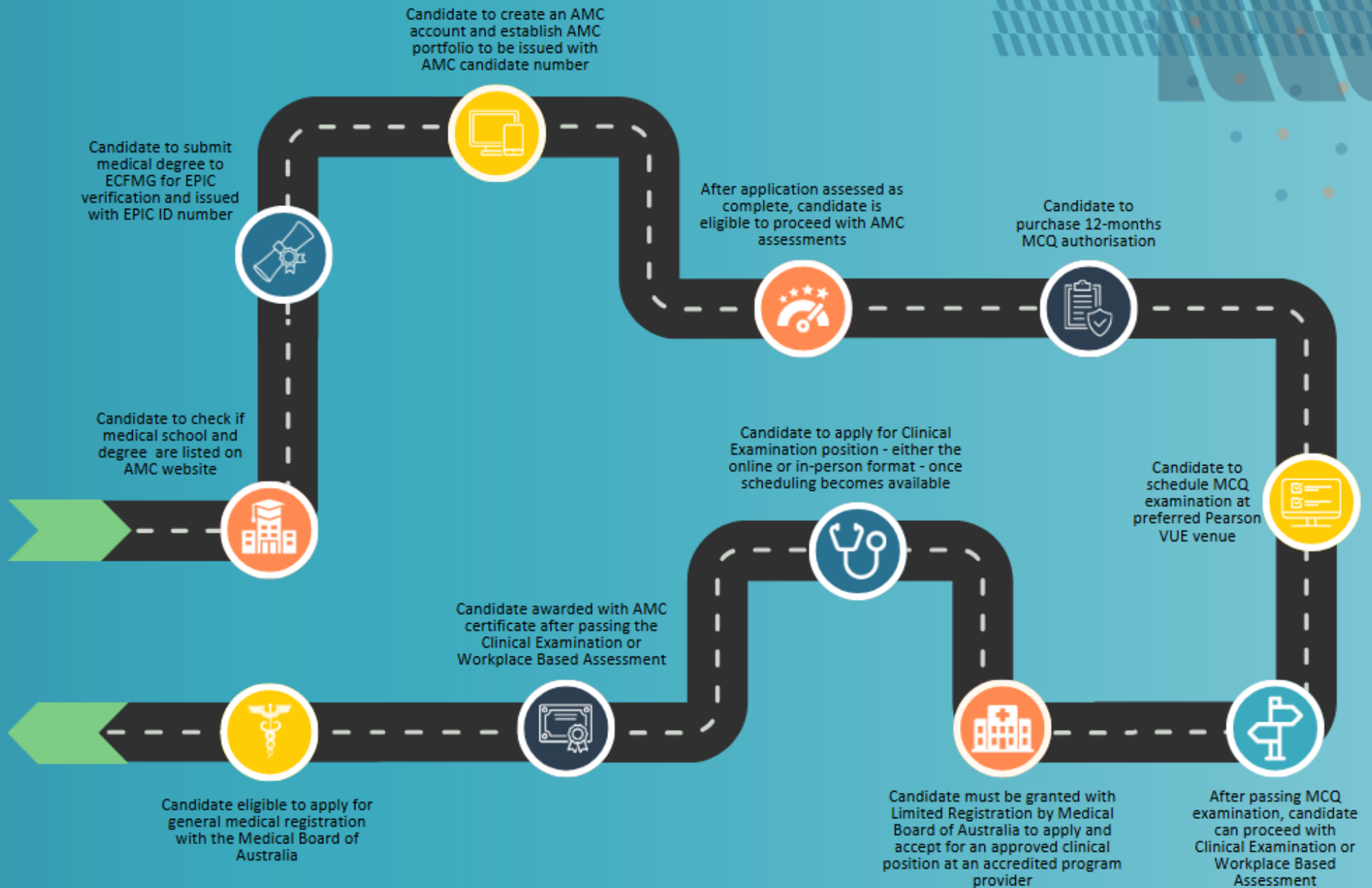
## Appendix B: MCQ examination Country of Training Statistics

# ELIGIBILITY CHECK TO APPLY TO AMC

The AMC's eligibility requirements align with the eligibility requirements that the United States Education Commission for Foreign Medical Graduates (ECFMG) lists through its sponsor note in the World Directory of Medical Schools. It is important to check the following on the AMC website to ensure you are eligible to apply.



# STANDARD PATHWAY





## Clinical Examinations

Once an international medical graduate has passed the AMC MCQ Examination they are eligible to apply to undertake the AMC Clinical Examination or, alternatively, participate in a Workplace Based Assessment program.

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

Examination content includes:

- history taking
- physical examination
- diagnostic formulation; and
- management, counselling and education skills.

Clinical examinations are delivered in the format of an Objective Structured Clinical Examination (OSCE), consisting of 14 scored and 2 unscored stations (scenarios) which require the presence of an examiner and a simulated or real patient.

From 2013 to 2020 all AMC clinical examinations were conducted at the purpose-built National Test Centre in Melbourne. The Centre was closed for examinations from March 2021 to March 2022 due to COVID restrictions. During this time, the AMC offered an online clinical examination format.

Due to the expiry of the lease for the Centre, the final in-person clinical examinations at the Centre were conducted in October 2023. The AMC is in the process of establishing a new AMC test centre in Melbourne, which will open in early 2025.

While the new centre is being established, only online clinical examinations are available.

## Change to Clinical Exam pass mark

Following an extensive review, the AMC changed the pass mark for the AMC clinical exam from 10 out of 14 stations to 9 out of 14 stations. This change took effect from 21 March 2024. The change in the pass mark is part of our continuous review of assessment to ensure that we maintain the highest possible standards in line with international benchmarks. The AMC recognises that international medical graduates play a critical role in the health care of Australian communities. We are committed to ensuring that we have timely, effective and efficient systems in place for international medical graduates who are seeking to practise medicine in Australia.



## Statistics: Clinical Examinations

In the 2023-24 reporting period the AMC conducted 126 clinical examination sessions, assessing 2,107 international medical graduates. Of these, 989 presented for the first time. A total of 509 passed the examination and qualified for the AMC Certificate.

**Table 9: Clinical examination statistics comparison**

	2021-22	2022-23	Variances
Total International medical graduates undertaking examination	2,053	2,107	
International medical graduates presenting for the first time	863	989	(15%)
<b>Total passed</b>	<b>426</b>	<b>509</b>	<b>(19%)</b>
<b>Percentage passed</b>	<b>21%</b>	<b>24%</b>	

**Table 10: Top Ten: countries of international medical graduates who have taken the clinical examination by country of training**

2022-23		2023-24		Significant variances (>10%)
Country	Total	Country	Total	
Sri Lanka	890	Sri Lanka	1,219	(37%)
India	539	India	732	(36%)
Philippines	380	Philippines	564	(48%)
Pakistan	288	Pakistan	500	(74%)
China	288	China	397	(38%)
Bangladesh	254	Bangladesh	378	(49%)
Iran	242	Iran	320	(32%)
Malaysia	154	Malaysia	239	(55%)
Nigeria	110	Russia	168	(53%)
Russia	106	Nigeria	135	(27%)
<b>Total</b>	<b>3,251</b>		<b>4,652</b>	<b>(43%)</b>

### Appendix C Clinical examination Country of Training Statistics

## Workplace Based Assessment

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

As the WBA program assesses candidates in the workplace it allows international medical graduates to demonstrate their ability to integrate clinical knowledge and skills as a basis for effective clinical judgments and decisions within their day to day work.

WBA programs must use the following assessment methods with standardised national assessment forms: Case Based Discussions, Mini Clinical Examinations (Mini-CEX), and Multi-Source Feedback from medical colleagues and other health practitioners.

## WBA Provider Accreditation

WBA programs are provided by health services accredited by the AMC. Four new providers received initial accreditation during 2023-24.

In the 2023-24 reporting period, a total of 399 candidate submitted applications to providers for a WBA program were received of which 9 applications were rejected by the AMC. 315 candidate assessments are in progress.

A total of 17 accredited WBA providers assessed 286 international medical graduates, with a total of 285 completing their WBA program to a satisfactory standard and qualified for the AMC Certificate.

## Statistics: WBA

**Table 11: WBA pass rates**

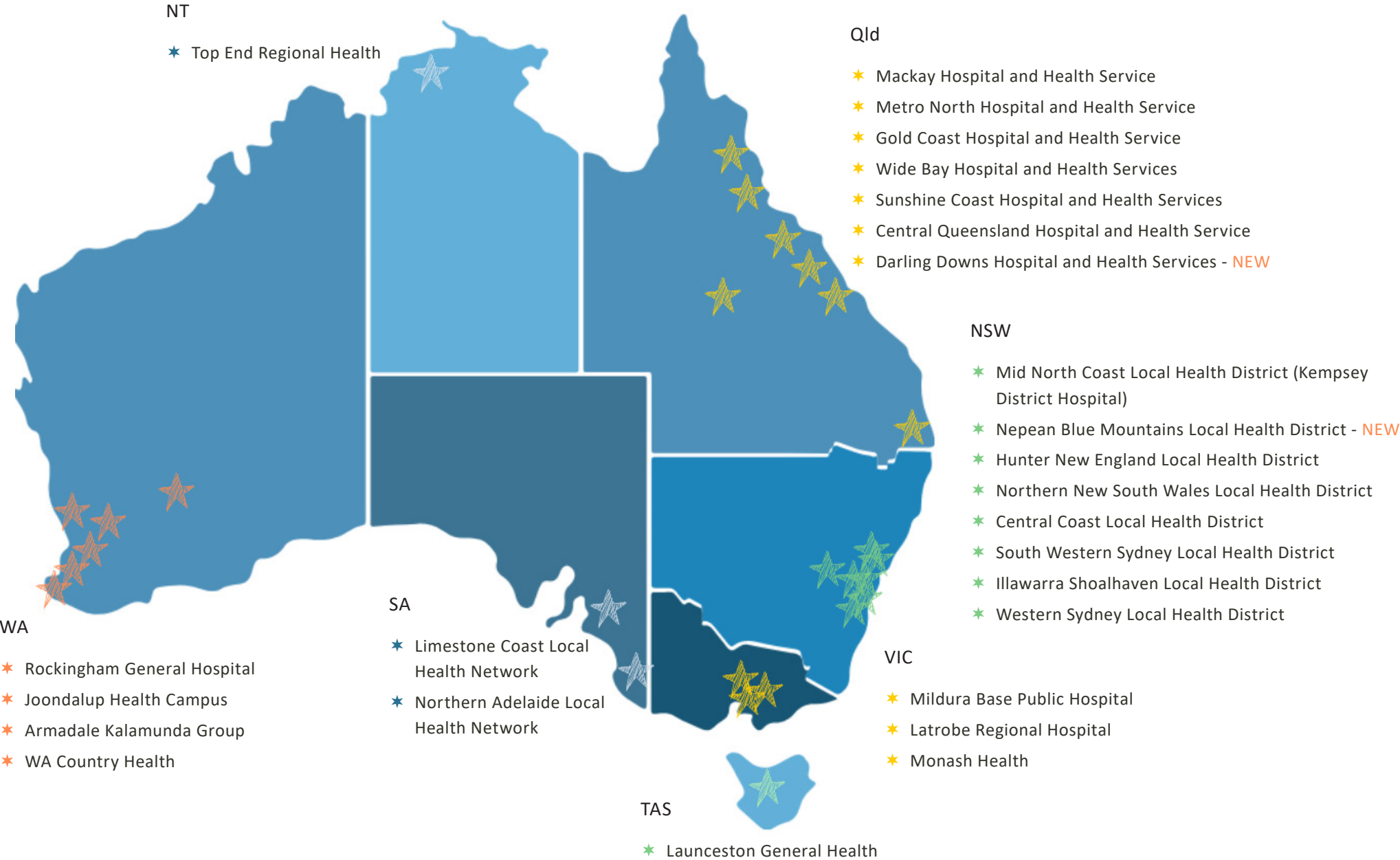
	2022-23	2023-24	Significant Variances (>10%)
Total international medical graduates passing the Workplace Based Assessment	206	285	<b>13%</b>
Total international medical graduates failed the Workplace Based Assessment	1	1	

**Table 12: Breakdown of international medical graduates assessed through the WBA Program by provider**

WBA Provider	Total Passes		Significant Variances (>10%)
	2022-23	2023-24	
South Western Sydney Local Health District	10	18	(80%)
Central Coast Local Health District	24	18	
Central Queensland Hospital and Health Services (NEW)	-	6	
Flinders Rural Health South Australia	3	2	
Hunter New England Local Health District	30	44	(47%)
Illawarra Shoalhaven Local Health District	12	16	(33%)
Joondalup Health Campus (NEW)	-	1	
Latrobe Regional Hospital	7	9	(29%)
Launceston General Hospital	37	51	(38%)
Mid North Coast Local District	10	7	
Mildura Base Public Hospital (NEW)	-	3	
Monash Health	13	11	
Northern Adelaide Local Health Network	2	15	(650%)
Northern NSW Local Health District (NEW)	-	3	
Sunshine Coast Hospital and Health Services	12	12	
WA Country Health Service	31	43	(39%)
Wide Bay Hospital and Health Service	15	26	(73%)
Total	209	285	(36%)
<b>Total</b>			

### Appendix D: WBA Statistics

Diagram: Location of Workplace Based Assessment accredited providers as at June 2024







# *Finance, Audit and Investments*

## Annual Financial Report

The AMC 2023-24 Annual Financial Report includes the components required by the Australian Charities and Not-for-profits Commission Act, including the:

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

The financial statements were prepared according to the Australian Accounting Standards—Simplified Disclosures, Interpretations of the Australian Accounting Standards Board and were audited by Nexia Duesburys. The auditors gave an unqualified audit report after doing an independent external audit on the value of AMC's assets, liabilities owed, and income and expenses recognised as well as a review of key financial controls particularly those that prevent and/or mitigate the risk of fraud. Among the documents reviewed by the auditors were meeting papers for AMC's Committees to ensure all matters of relevance to the financial statements were identified and reported in the financial statements.

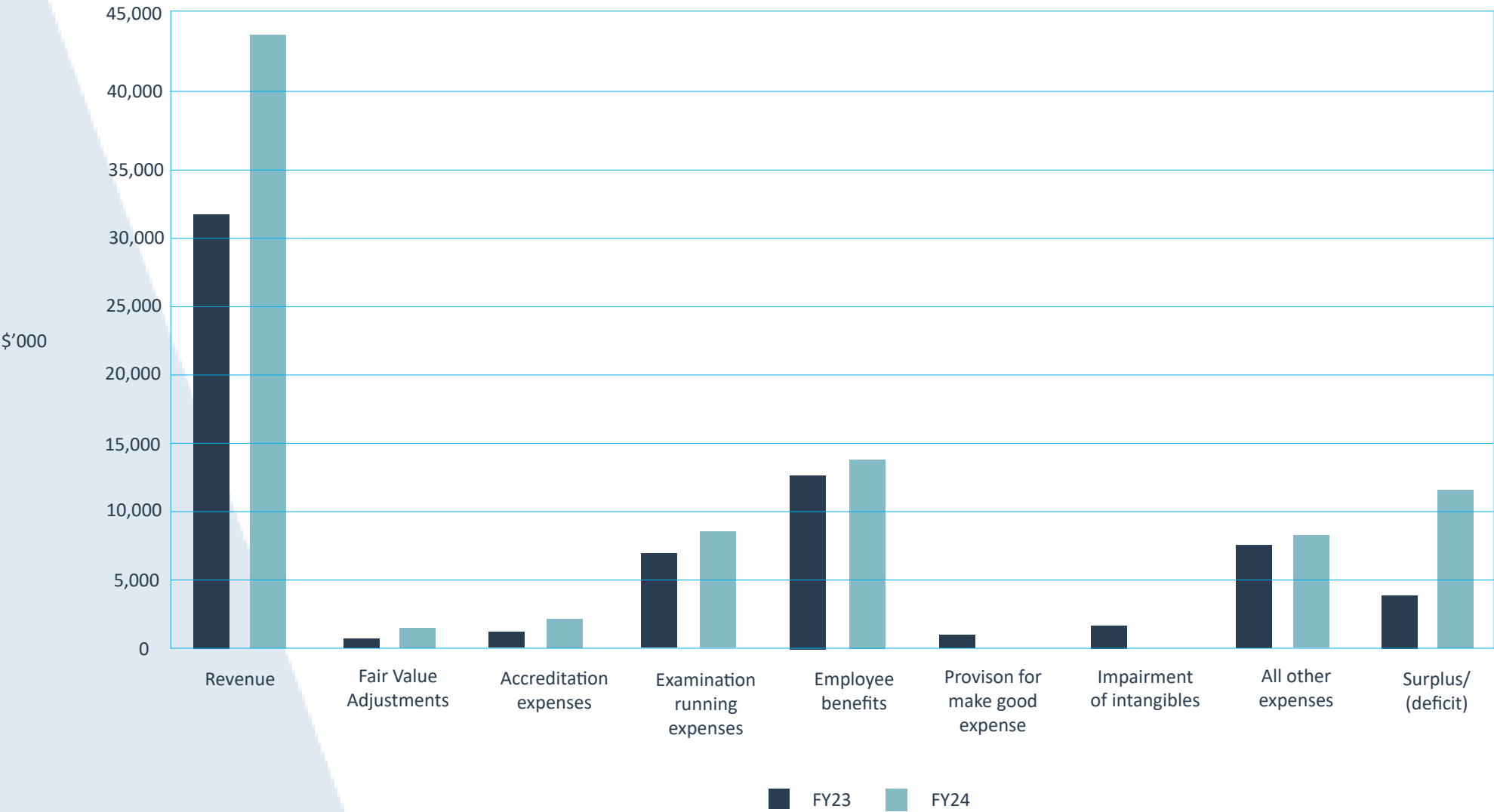
## AMC Finances

The main objectives of AMC financial operating strategy are to:

- optimise all current revenue streams
- review and carefully manage all expenditure and maintain an efficient cost structure
- invest AMC assets appropriately with ethical and sustainable considerations in mind.

The 2023-24 financial year saw strong improvement in AMC's performance with a greater number of candidates applying for verification and MCQ examinations. This increase has been attributed, in part, to candidates increased willingness to travel and work in Australia resulting in increased flow of international medical graduates (IMGs) through AMC's assessment pathways.

Financial summary 2023-24 compared to 2022-23



Expenditure has increased during the year with increased activity as detailed in this annual report including the delivery of the exams with more candidates going through AMC's pathways, the National e-Portfolio system for prevocational doctors, the Specialist Medical Programs Standards Review, the International Medical Graduate Experiences survey, and the Accreditation of Continuing Professional Development Homes. This has meant more staff have been hired which has seen employment expenses increase. While video conferencing continues to be used for meetings, there has been an increase in travel costs with more meetings held in-person compared to the previous year.

Other key financial achievements include:

- The AMC's long term investment reserve continued to generate income and capital growth for future operational and working capital requirements. The return target is measured over a rolling 5-year period and is set at CPI + 3%. In the current year, markets improved such that AMC has met its long term target.
- Revision of AMC's investment portfolio such that we now have three investment categories: short-term, medium-term and long-term all of which have different investment strategies. The introduction of a medium-term investment category has resulted in more investment income being earned with the portfolio mostly implemented by June 2024.
- The commencement of corporate system upgrades (Finance, People and Culture and Travel) to improve efficiencies across the organisation and improve the way in which data is collected and analysed.

**Table: Financial summary comparison**

	2023-24	2022-23
Total revenue and other income	44,225,488	32,499,514
Total expenses	32,777,570	29,026,212
Surplus/(Deficit)	<b>11,447,918</b>	<b>3,473,302</b>
Revaluation of land and buildings	-	(114,167)
<b>Total comprehensive Surplus/(Loss)</b>	<b>11,447,918</b>	<b>2,348,660</b>
Total current assets	43,839,001	31,520,369
Total non-current assets	17,551,287	18,337,769
<b>Total assets</b>	<b>61,390,288</b>	<b>49,858,138</b>
Total current liabilities	19,589,830	17,951,302
Total non-current liabilities	5,112,456	6,666,752
<b>Total liabilities</b>	<b>24,702,286</b>	<b>24,618,054</b>
<b>Net assets</b>	<b>36,688,002</b>	<b>25,240,084</b>
<b>Total equity</b>	<b>36,688,002</b>	<b>25,240,084</b>



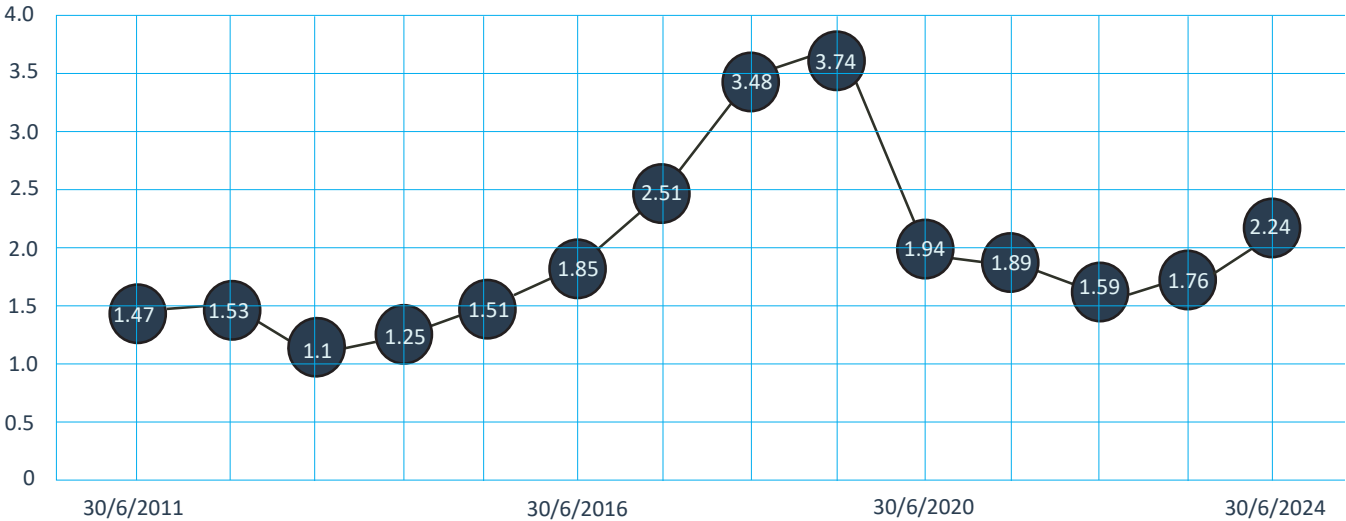
# Solvency

The AMC has maintained a strong solvency position over the current year with strong cash flows improving the solvency position from the previous year. As at 30 June 2024, AMC’s solvency position (as measured by current assets divided by current liabilities) is 2.24, an increase from 1.76 the previous year.

Cash flow is monitored on a monthly basis including performing regular forecasts to better plan for expected cash needs against expected cash receipts which can sometimes be cyclical in nature.

Management has a strong focus on ensuring cash is managed effectively including generating interest income on cash balances at competitive rates, where possible, using a broker to identify best market rates available for short-term deposits with maturities between 3 and 12 months. Alternative investment options are also considered if funds are not needed within the business for the next 12 months, with any options (which may generate a higher return) being assessed against the risk of negative returns.

Diagram: AMC Solvency position 2010-2024



## Investments

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

The medium and long term investment reserves and the role of IRAG are directed by the AMC's Investment Reserve Policy.

The current asset allocations are:

- Medium term: 15% growth assets and 85% defensive assets (for requirements expected within the next 1-5 years)
- Long term: 75% growth assets and 25% defensive assets (for requirements expected beyond 5 years).

There is also an ethical investment overlay for active investment managers.

The target for the reserves is CPI + 1.5% over a rolling 5 year period for the medium term category and CPI + 3.5% over a rolling 7 year period. It is accepted that in the pursuit of long-term objectives, occasionally negative returns will occur.

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

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

portfolio characteristics and appropriate management fees.

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

- Positively include or negatively exclude exposure to specific holdings, investments or industries based on their alignment or misalignment with stated values, ethics and beliefs. Specifically, there will be no direct investment in companies that derive material revenues (more than 5%) from any of the following:
  - Tobacco production
  - Gambling and gaming
  - Defence and weapons
  - Fossil-fuel production
- integrate ESG factors into the investment research and selection process
- invest for impact in areas aligned with the AMC's objectives and strategic priorities, i.e., health and wellbeing, positive outcomes for Aboriginal and/or Torres Strait Islander and Māori communities.

The AMC acknowledges that the ESG investment sector as a whole is still developing and therefore seeks to achieve at least 50% of its portfolio meets its ESG investment criteria.

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

Portfolio valuation 1/7/2023	\$11.8m
Market movements (unrealised growth)	\$1.1m
Net Contributions	\$7.1m
<b>Portfolio valuation 30/6/2024</b>	<b>\$20.0M</b>
Portfolio Income	\$336k
Franking credits (indicative)	\$43k

## The funds environmental impact in action

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

### Impax's Classification of environmental markets

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

*\* There can be no assurance that results in the future will be comparable to the results presented herein. Impax impact calculations are based on strategy AUM and portfolio holdings as at 31 December 2023. Please refer to the Methodology for details including sources for the households and cars taken off the street equivalencies data used in our calculations in the IMPA Impact Report 2024.*

*The Impax Sustainable Leaders Fund's Beyond Financial Returns Report 2024 can be found [here](#).*

*AMC investment impacts based on the \$642,144 invested in the fund for one year as at 31 December 2023\**



**72t CO<sub>2</sub>e avoided  
greenhouse gas emissions**

Equivalent to 51 cars off the road



**24 megalitres water treated**

Equivalent to 188 households' annual water consumption



**10 MWh renewable  
energy generated**

Equivalent to 3 households' annual electricity consumption



**45 tonnes material  
recovered/waste treated**

Equivalent to 46 households' annual waste output



# Annual Financial Report

2024

The annual financial report of the Australian Medical Council Limited for the year ended 30 June 2024 consists of the Directors’ report, including the auditor’s independence declaration; the financial report being the statement of financial position; the statement of profit or loss and other comprehensive income and statement of cash flows; the statement of changes in equity; notes to the financial statements; the Directors’ declaration; and the auditor’s report.

ABN 97 131 796 980

Australian Medical Council Limited ABN 97 131 796 980

## Directors’ Report

Your Directors present this report on the Australian Medical Council Limited (the AMC) for the financial year ended 30 June 2024.

### Directors

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

Director	Appointment	Date of appointment	Appointment concludes
Professor Jane Dahlstrom OAM	Director ex officio (Chair of the Medical School Accreditation Committee)	20/04/2023	11/2026
Professor Shaun Ewen	Director ex officio (Chair of the Aboriginal and/or Torres Strait Islander and Māori Committee)	22/04/2022	11/2025
Professor Cheryl Jones	Director ex officio (Chair of the Assessment Committee)	24/11/2023	11/2027
Dr Tammy Kimpton	Director (elected by Council)	25/11/2022	11/2024
Professor Robyn Langham AM	Director ex officio (Chair of the Specialist Education Accreditation Committee)	10/12/2020	11/2028
Professor Geoffrey McCol	President (elected by Council) Deputy President (elected by Council) 2020-2022 Director ex officio (Chair of the Medical School Accreditation Committee) 2016-2020, 2020-2022	25/11/2016	11/2024
Dr Bruce Mugford	Deputy President (elected by Council) Director (elected by Council) 2020-2022	30/11/2018	11/2024
Emeritus Professor David Prideaux	Director ex officio (Chair of the Assessment Committee)	19/11/2015	11/2023
Dr Elizabeth Rushbrook CSC	Director (elected by Council)	25/11/2022	11/2024
Dr Andrew Singer AM	Director ex officio (Chair of the Prevocational Standards Accreditation Committee)	14/06/2018	11/2026
Mr Tom Symonds	Director (elected by Council)	25/11/2022	11/2024



## Meetings of Directors

During the 2023/24 financial year, nine Meetings of Directors were held. Attendance was as follows:

	Directors' meetings (22/23)	
	No. eligible to attend	No. attended
Professor Jane Dahlstrom OAM	9	9
Professor Shaun Ewen	9	4
Professor Cheryl Jones	7	7
Dr Tammy Kimpton	9	9
Professor Robyn Langham AM	9	8
Professor Geoffrey McColl	9	9
Dr Bruce Mugford	9	8
Emeritus Professor David Prideaux	4	4
Dr Elizabeth Rushbrook	9	8
Dr Andrew Singer AM	9	9
Mr Tom Symonds	9	9

## Indemnifying the Directors

During the financial year, the AMC paid a premium of \$14,981 (2023: \$9,865) to insure the Directors of the AMC. The policy covers all of the Directors and the CEO. The liabilities insured include all costs and expenses that may be incurred in defending any claim that may be brought against the Directors for any actual or alleged breach of their professional duty in carrying out their duties for the AMC.

## Information on Directors

### Professor Jane Dahlstrom OAM

#### Qualifications

MBBS, Grad Cert Ed, PhD, FPAC, FRCPA, FFOP, FFSc, SFHEA

#### Experience

- Senior Staff Specialist, Anatomical Pathology, ACT Pathology, Canberra Health Services
- Emeritus Professor, School of Medicine and Psychology, Australian National University

#### AMC responsibilities

- Director, Australian Medical Council
- Member, Australian Medical Council
- Chair, Medical School Accreditation Committee

### Professor Shaun Ewen

#### Qualifications

BAppSc(Physio) MMIL, D.Ed

#### Experience

- Deputy Vice Chancellor (Education), Griffith University
- Head of Campus, Griffith University, Nathan Campus
- Board Member, Queensland Museum Network
- Director, Queensland Tertiary Admissions College (QTAC)
- Board Member, Menzies Australia Institute, Kings College London

#### AMC responsibilities

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

### Professor Cheryl Jones

#### Qualifications

MBBS (Hons) PhD FRACP FAHMS

#### Experience

- Dean, Faculty of Medicine and Health, UNSW
- Senior Staff Specialist, Sydney Children's Hospital Network (The Children's at Westmead)

#### AMC responsibilities

- Director, Australian Medical Council
- Member, Australian Medical Council
- Chair, Assessment Committee
- Member, Clinical Assessment Futures Working Group
- Observer, Clinical Examination Reference Group
- Member, Clinical Results Panel
- Member, MCQ Results Panel
- Observer, WBA Reference Group
- Observer, Written Examination Reference Group
- Member, WBA Results Panel

### Dr Tammy Kimpton

#### Qualifications

BMed, FRACGP, MAVMED

#### Experience

- General Practitioner, Scone Medical Practice

#### AMC responsibilities

- Director, Australian Medical Council
- Member, Australian Medical Council
- Member, Specialist Education Accreditation Committee
- Member, Aboriginal and/or Torres Strait Islander and Māori Committee

## Professor Robyn Langham AM

### Qualifications

MBBS, PhD, FRACP, FAMA, GAICD

### Experience

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

### AMC responsibilities

- Director, Australian Medical Council
- Member, Australian Medical Council
- Chair, Specialist Education Accreditation Committee
- Member, Investment Reserve Advisory Group

## Professor Geoffrey McColl

### Qualifications

BMedSci, MBBS, PhD Med, FRACP

### Experience

- Executive Dean, Faculty of Medicine, University of Queensland
- Chair, Advisory Committee on Medicines, Therapeutic Goods Administration

### AMC responsibilities

- President, Australian Medical Council
- Director, Australian Medical Council
- Member, Australian Medical Council
- Member, Finance, Audit and Risk Management Committee
- Chair, AMC Constitution Review Advisory Group
- Deputy President 2020-2022
- Director, ex officio as Chair of the Medical School Accreditation Committee 2016-2020 and 2020-2022

## Dr Bruce Mugford

### Qualifications

BM, BS, FRACGP, MPH&TM, Grad Dip Family Medicine

### Experience

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

### AMC responsibilities

- Deputy President, Australian Medical Council
- Director, Australian Medical Council
- Member, Australian Medical Council
- Member, Finance, Audit and Risk Management Committee
- Chair, Investment Reserve Advisory Group

## Dr Elizabeth Rushbrook, CSC

### Qualifications

MBBS, MHA, FRACMA

### Experience

Chief Medical Officer, Metro North

### AMC responsibilities

- Director, Australian Medical Council
- Member, Australian Medical Council
- Member, Finance, Audit and Risk Management Committee
- Member, Aboriginal and/or Torres Strait Islander and Māori Committee
- Member, AMC Constitution Review Advisory Group

## Associate Professor Andrew Singer AM

### Qualifications

MBBS, FACEM, GAICD

### Experience

- Senior Specialist, Emergency Medicine, Canberra Health Services
- Associate Professor, ANU Medical School
- Principal Medical Adviser, Australian Government Department of Health and Aged Care
- Former President, Australasian College for Emergency Medicine

### AMC responsibilities

- Director, Australian Medical Council
- Member, Australian Medical Council
- Chair, Prevocational Standards Accreditation Committee
- Member, Finance, Audit and Risk Management Committee
- Technical Adviser, Specialist Education Accreditation Committee
- Member, Monitoring Reports Subcommittee, SEAC
- Member, Clinical Assessment Futures Working Group
- Member, Investment Reserve Advisory Group
- Member, Specialist Medical Programs Standards Review Working Group
- Member, International Medical Graduate Assessment Experiences and Performance Project

**Mr Tom Symonds****Qualifications**

BSc (Hons), MBA (Health), GAICD

**Experience**

- Innovation Ecosystem Manager, Lot Fourteen, Department of the Premier and Cabinet, SA Government
- Chair, Adelaide Primary Health Network

**AMC responsibilities**

- Director, Australian Medical Council
- Chair (from Nov 2023) and Member, Finance, Audit and Risk Management Committee
- Member, Australian Medical Council
- Member, Assessment Committee
- Member, Assessment Committee Executive
- Member, AMC Constitution Review Advisory Group

**Retired Directors****Emeritus Professor David Prideaux** (to 24 November 2023)**Qualifications**

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

**Experience**

- Emeritus Professor of Medical Education, Prideaux Discipline of Clinical Education, College of Medicine and Public Health, Flinders University
- Chair Allied Health Rural Generalist Accreditation Committee
- Chair Reference Group Health Professions Education Research Centre, Fiji National University
- Member, Examinations Committee, Australian Pharmacy Council
- Member, Competence in Optometry Reference Group, Optometry Council of Australia and New Zealand
- Former Deputy Dean, Professor and Head, Health Professional Education, School of Medicine, Flinders University
- Former Professor of Medical Education, Griffith and Deakin Universities
- Former Deputy Editor, Medical Education and Advances in Health Sciences Education
- Former Editor, Focus on Health Professional Education
- Former President, Australasian and New Zealand Association for Medical Education (ANZAME)

**AMC Responsibilities**

- Director, Australian Medical Council
- Member, Australian Medical Council
- Chair, Assessment Committee
- Member, Aboriginal and/or Torres Strait Islander and Māori Committee
- Member, Written Examination Reference Group
- Member, MCQ Results Panel
- Member, WBA Reference Group
- Member, WBA Results Panel
- Member, Clinical Examination Research Group
- Member, Clinical Results Panel
- Member, Clinical Examination Futures Group Working

**Principal activities**

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

The AMC develops standards, assesses medical programs of study (Australian and New Zealand medical school programs, specialist medical programs, and programs for endorsement of registration for acupuncture and in cosmetic surgery, develops standards, policies and procedures for the administration of continuing professional development for registered medical practitioners in Australia and assesses providers, accredits programs which meet AMC accreditation standards, and assesses doctors trained overseas who wish to be registered to practise medicine in Australia under the provisions of the National Law.

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

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

**Strategy**

The AMC's [Strategic Plan 2022-2028](#), being a mid-term review of the 2018-2028 Strategic Plan, takes into account progress and changes in its operating environment and policy contexts.

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

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

The AMC launched its [Aboriginal and/or Torres Strait Islander and Māori Strategy 2023-2028](#) in 2023 to build on its commitment to ensure that standards of education, training and assessment of the medical profession protect and promote the health of the Australian community, in particular Aboriginal and/or Torres Strait Islander and Māori Peoples.

**Key achievements 2023-24****Strategic**

- Implementation of the Strategic Plan and Aboriginal and/or Torres Strait Islander and Māori Strategy
- Input to the **National Medical Workforce Review** through membership of the Medical Workforce Reform Advisory Committee and its successor
- Leadership of several recommendations from the **Independent Review of Overseas Health Practitioner Regulatory Settings** (Kruk Review) identified as a priority for Health Ministers including development of the qualifications assessment framework for an expedited pathway for Specialist IMGs to achieve registration in Australia

- A research project to understand the barriers to and enablers of **international medical graduates assessment and experiences** on their pathway to practise in Australia
- Development of a **data strategy** to position the AMC at data maturity level 3 by early 2026
- Development of a discussion paper on the potential **impacts of AI** on the AMC
- Reconstruction of the **AMC website**
- **Health Literacy** training for staff
- Membership of and provision of the secretariat for the **Health Professions Accreditation Collaborative Forum** and progression of collaborative work
- Continued support for the Western Pacific Association for Medical Education, including contributing to the development of **medical education standards in the western pacific region**, including working with Vietnam on the development of accreditation processes
- Supporting the Singapore Ministry of Health with training as it implements medical school review

#### Accreditation

- Working with specialist colleges and jurisdictions to address the recommendations of the **National Health Practitioner Ombudsman's (NHPO) Report** into the accreditation of specialist training sites
  - Facilitated development of a **Communication Protocol** between Specialist Medical Colleges, accredited organisations and Health Departments forming part of Ministerial Policy Direction 2023-1 – medical college accreditation of training sites
- Collaboration with the **National Health Practitioner Ombudsman** on their Independent review of accreditation processes
- **Reaccreditation** of 32 programs and monitoring of 34 programs of study under the AMC's designation as the accreditation body for medicine
- **Accreditation** of four new workplace based assessment providers as part of the standard pathway for medical practitioner registration
- Implemented the new framework for **Continuing Professional Development (CPD) Homes** (Registration standard: Continuing Professional Development), transitioning 16 specialist medical colleges to CPD homes and approving one further organisation
- Approval of revised **Standards for Primary Medical Programs** by Medical Board of Australia and the Medical Council of New Zealand
- Input to the **National Medical Training Survey** and the use of results as documentary evidence that AMC assessment teams consider for accreditation reviews
- Commencement of the AMC's **International Medical Graduate Assessment Experiences and Performance Project**.
- Development of resources to support implementation of the **National Framework for Prevocational Medical Training**
- Progressed development of the **National E-portfolio** to support implementation of the National Framework for Prevocational Medical Training, including finalising the procurement process and contracting MyKnowledgeMap Limited to develop and implement the program
- Commenced a **review of the Standards for Assessment and Accreditation of Specialist Medical Programs**, established a Standards Review Working Group to progress the work and began initial stakeholder consultation
- Establishment of the **Cosmetic Surgery Accreditation Advisory Committee**

#### Aboriginal and/or Torres Strait Islander Health

- Aboriginal and/or Torres Strait Islander and Māori Standing Committee **representation on all main Committees of the AMC**, the Medical Workforce Digital Capabilities Project, the Primary Medical Program Standards review and the National Framework for Prevocational Medical Training Review
- Embedding the **Shared Sovereignty model** of collaborative consultation and engagement with Aboriginal and/or Torres Strait Islander and Māori stakeholders
- Ongoing **Cultural Safety training modules** implemented, including for external AMC members such as Directors and Committee members
- Providing a **Culturally Safe Space** at AMC functions, workshops and events
- Internal **engagement and knowledge sharing** throughout the year including engaging guest speakers and yarning opportunities
- Strengthening of **external partnerships and relationships** with Aboriginal and/or Torres Strait Islander and Māori stakeholder groups and organisations
- Review of the updated draft **Australian Medicine in Context** (previously Anthology of Medical Conditions)

#### Assessment

- Report by the Clinical Examinations Working Group on a model for the **future development of the Clinical Examination** and beginning of detailed work
- Development of Options concerning the **Future Delivery of the AMC Clinical Examination** post the closing of the National Test Centre
- Implementation of a change in the **pass mark for the Clinical Examination** (to 9 out of 14 stations) for Clinical Examination in March 2024
- **Collaboration with affiliates** in the USA, Canada, Europe and the UK on medical licensure, health and commercial assessment delivery, and examination security
- Closure of the National Test Centre and provision of **Online Clinical Examinations** over 2023/24
- Considered options for Future Exam Delivery, with agreement to proceed with an independent **test centre**. Work commenced in September 2023 to acquire suitable premises for a Centre in the Melbourne CBD to meet current and future requirements.

#### Governance

- The AGM was held on 24 November 2023 and a General Meeting on 17 May 2024. Alongside the GM, the AMC facilitated two site visits for **AMC Members** to Caboolture Hospital and the University of Queensland Digital Health Centre.
- **Amendments to the Constitution** were approved by Members to include two International Medical Graduate positions as Company Members, and clarification of accreditation of CPD Homes activities in the Objects.
- Review of the **Finance, Audit and Risk Management Committee Terms of Reference**, including changes to the Chair role and Membership
- Review and update of **key Policies** including: AMC Directors to the CEO; Directors Conflicts of Interest; Engagement of Directors as Consultants; Risk Management Policy and Framework; Investment Reserves; Payment of Fees to AMC external contributors; HR; Procurement; and Travel.
- **Company Secretary** appointment
- Commenced consideration for **delegating certain accreditation decisions** to Standing Committees



## Financial

- The AMC strengthened its financial position during the year as a result of increased revenues, with cash invested in short term deposits or managed investment portfolios.
- AMC introduced a number of new roles into the team which allowed further execution of the Strategy, as reflected in the operational activity discussed above.
- The **Investment Reserve Policy** was amended to ensure greater alignment of the AMC's Objects, Strategic imperatives and values. A second Investment Adviser was appointed to ensure the best outcomes for the AMC's investment needs, including returns and ESG.
- System improvements have been implemented to **generate efficiencies** and streamline internal processes.
- Solvency remained at acceptable ranges throughout the year with close attention paid to expenditure and cash positions.

## Events since the end of the financial year

AMC has entered into a new lease for the AMC Test Centre which is located in Melbourne, Australia. The fitout of the Test Centre is currently underway.

## Auditor's independence declaration

A copy of the auditor's independence declaration as required under subdivision 60-40 of the *Australian Charities and Not-for-Profits Commission (ACNC) Act 2012* is set out on page 12 and forms part of the Directors' report.

## Members' guarantee

The AMC is incorporated under the *Corporations Act 2001* and is a company limited by guarantee. If the AMC is wound up, the Constitution states that each member is required to contribute a maximum of \$10 each towards meeting any outstanding obligations of the company. At 30 June 2024 the total amount that members of the company are liable to contribute if the company is wound up is \$280 (2023: \$280).



Signed in accordance with a resolution of the Directors.

Professor Geoffrey McColl (President)

Dated 24 October 2024



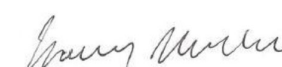
**Nexia Canberra**  
Level 5, 17 Moore Street  
Canberra ACT 2601  
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Canberra ACT 2601  
P: +61 2 6279 5400  
[nexia.com.au](http://nexia.com.au)

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

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2024 there have been no contraventions of the auditor independence requirements as set out in any applicable code of professional conduct in relation to the audit.



**Nexia Duesburys (Audit)**  
Canberra, 24 October 2024



**G J Murphy**  
Partner

## Audit. Tax. Advisory.

Nexia Duesburys (Audit) (ABN 21 841 510 270) is a firm of Chartered Accountants. It is affiliated with, but independent from Nexia Australia Pty Ltd. Nexia Australia Pty Ltd is a member of Nexia International, a leading, global network of independent accounting and consulting firms. For more information please see [www.nexia.com.au/legal](http://www.nexia.com.au/legal). Neither Nexia International nor Nexia Australia Pty Ltd provide services to clients.

Liability limited under a scheme approved under Professional Standards Legislation.

## Financial Report

### For the year ending 30 June 2024

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

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

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

4 Marcus Clarke Street, Canberra ACT 2601

The financial statements were authorised for issue by the directors on 24 October 2024. The directors have the power to amend and reissue the financial statements.

Australian Medical Council Limited ABN 97 131 796 980  
STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME  
FOR THE YEAR ENDED 30 JUNE 2024

	Note	2024	2023
		\$	\$
Revenue from contracts with customers	2	41,574,250	31,021,078
Other income	2	1,546,187	963,091
Fair value adjustment of investment property	11	-	(225,000)
Net (loss)/gain on Financial Assets at Fair Value through Profit or Loss		1,105,051	740,345
<b>Total revenue and other income</b>		<b>44,225,488</b>	<b>32,499,514</b>
Accreditation expenses		2,166,982	938,244
Examination running expenses		8,803,369	6,715,590
Publishing expenses		34,181	11,785
Council committees and executive expenses		1,106,160	923,339
Employee benefits	16	14,080,971	12,194,234
Depreciation and amortisation		852,182	1,564,612
Bank fees and charges		724,827	615,690
Interest expense		331,045	293,995
Audit, legal and consultancy expenses	13	374,108	398,474
Computer expenses		1,433,150	1,302,029
Administration expenses		2,870,595	2,054,481
Provision for make good expense	18	-	621,369
Impairment of intangibles		-	1,392,370
<b>Total expenses</b>		<b>32,777,570</b>	<b>29,026,212</b>
<b>Surplus/(Deficit) for the year attributable to the Council</b>		<b>11,447,918</b>	<b>3,473,302</b>
<b>Other comprehensive income</b>			
<i>Items that will not be reclassified to profit or loss</i>			
Revaluation of land and buildings		-	(114,167)
<b>Total comprehensive Surplus/(Deficit) for the year</b>		<b>11,447,918</b>	<b>3,359,135</b>

The accompanying notes form part of these financial statements.

Australian Medical Council Limited ABN 97 131 796 980  
STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2024

	Note	2024	2023
		\$	\$
<b>ASSETS</b>			
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	4	5,777,178	2,828,676
Trade and other receivables	5	568,104	862,404
Contract assets	3	716,859	30,973
Inventories		657	11,788
Investments – Financial assets at fair value through profit or loss	6	19,997,514	11,773,061
Financial assets at amortised cost	7	16,119,063	15,354,534
Other assets	8	659,626	658,933
<b>TOTAL CURRENT ASSETS</b>		<b>43,839,001</b>	<b>31,520,369</b>
<b>NON-CURRENT ASSETS</b>			
Intangibles	9	420,396	472,218
Property, plant and equipment	10	15,024,414	12,846,925
Investment property	11	1,443,750	4,125,000
Right-of-use assets	14	662,727	893,626
<b>TOTAL NON-CURRENT ASSETS</b>		<b>17,551,287</b>	<b>18,337,769</b>
<b>TOTAL ASSETS</b>		<b>61,390,288</b>	<b>49,858,138</b>

The accompanying notes form part of these financial statements.

15

Australian Medical Council Limited ABN 97 131 796 980  
STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2024 (CONTINUED)

	Note	2024	2023
		\$	\$
<b>LIABILITIES</b>			
<b>CURRENT LIABILITIES</b>			
Trade and other payables	12	2,250,705	2,007,297
Lease liabilities	14	231,246	240,123
Loan	17	234,280	234,280
Employee benefits	15	3,124,780	2,516,374
Contract liabilities	3	13,118,459	12,953,228
Other current provisions		630,360	-
<b>TOTAL CURRENT LIABILITIES</b>		<b>19,589,830</b>	<b>17,951,302</b>
<b>NON-CURRENT LIABILITIES</b>			
Lease liabilities	14	487,954	700,462
Loan	17	4,368,590	4,602,870
Employee benefits	15	255,912	365,289
Provision for make good	18	-	998,131
<b>TOTAL NON-CURRENT LIABILITIES</b>		<b>5,112,456</b>	<b>6,666,752</b>
<b>TOTAL LIABILITIES</b>		<b>24,702,286</b>	<b>24,618,054</b>
<b>NET ASSETS</b>		<b>36,688,002</b>	<b>25,240,084</b>
<b>EQUITY</b>			
Asset revaluation reserve		118,624	118,624
Retained earnings		36,569,378	25,121,460
<b>TOTAL EQUITY</b>		<b>36,688,002</b>	<b>25,240,084</b>

The accompanying notes form part of these financial statements.

16

Australian Medical Council Limited ABN 97 131 796 980  
STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2024

	Asset Revaluation Reserve *	Retained earnings	Total
	\$	\$	\$
<b>Balance at 30 June 2022</b>	<b>232,791</b>	<b>21,648,158</b>	<b>21,880,949</b>
Surplus for the period attributable to the Council	-	3,473,302	3,473,302
Other Comprehensive Income - Revaluation of land and building	(114,167)	-	(114,167)
<b>Total comprehensive surplus/(deficit) for the year</b>	<b>(114,167)</b>	<b>3,473,302</b>	<b>3,359,135</b>
<b>Balance at 30 June 2023</b>	<b>118,624</b>	<b>25,121,460</b>	<b>25,240,084</b>
Surplus for the period attributable to the Council	-	11,447,918	11,447,918
<b>Total comprehensive surplus/(deficit) for the year</b>	<b>-</b>	<b>11,447,918</b>	<b>11,447,918</b>
<b>Balance at 30 June 2024</b>	<b>118,624</b>	<b>36,569,378</b>	<b>36,688,002</b>

\*The asset revaluation reserve records increments and decrements on the revaluation of the land and building.

The accompanying notes form part of these financial statements.

Australian Medical Council Limited ABN 97 131 796 980  
STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2024

	Note	2024	2023
		\$	\$
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
Receipts from customers, grants and other sources (inclusive of GST)	43,428,402	37,845,499	
Payments to suppliers and employees (inclusive of GST)	(33,059,656)	(26,004,066)	
Interest paid	(328,993)	(267,798)	
Net cash generated from operating activities	10,039,753	11,573,635	
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Payments for plant and equipment	(56,910)	(247,610)	
Net decrease/(increase) in investments and term deposits	(7,883,930)	(9,878,582)	
Payments for intangible assets	(8,789)	(249,225)	
Interest and distributions received from investments	1,301,657	690,769	
Net cash (used) in investing activities	(6,647,972)	(9,684,648)	
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
Repayment of borrowings	(234,280)	(234,100)	
Repayment of leases	(200,001)	(727,019)	
Net cash (used) in financing activities	(434,281)	(961,119)	
<b>Net (decrease)/increase in cash held</b>	<b>2,957,500</b>	<b>927,868</b>	
Effects of exchange rate changes on cash and cash equivalents	(8,998)	26,485	
Cash and cash equivalents at beginning of financial year	2,828,676	1,874,323	
<b>Cash and cash equivalents at end of financial year</b>	<b>4</b>	<b>5,777,178</b>	<b>2,828,676</b>

The accompanying notes form part of these financial statements.



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

**Note 1: Material accounting policy information**

**(a) Basis of preparation**

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

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions. The financial statements have been prepared on a historical cost basis and are presented in Australian currency.

The financial statements for the year ended 30 June 2024 were authorised for issue on XX October 2024 by the Directors of the AMC.

**(b) Revenue**

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

If the recognition is over time as in the case of the Australian Health Practitioner Regulation Agency (AHPRA) grant, it is measured in a way so that the performance obligation is met with complete satisfaction at the end of the predetermined period. The AHPRA grant is determined by the AMC work program for the financial year and complies with the basic funding principles set out by Accreditation Authorities, National Boards and AHPRA. Accreditation fees are recognised over time. Where a deposit is paid by the contractual party, it is transferred to a contract liability account. The performance of the contract takes place over time, and based on this performance, revenue is recognised, including the deposit, from the contract liability account. The Health Professions Accreditation Collaborative Forum contributions, the Health Chief Executives Forum Grant, the Department of Health Grant and accreditation fees are contractual obligations delivered over time.

Other income generating activities fall under the category of point in time. The revenue recognition takes place at a point in time when AMC satisfies the performance obligation. These activities include Examination fees, facility hire and sale of publications.

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

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

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

**(c) Inventories**

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

**(d) Property, plant and equipment**

**i) Plant and equipment**

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

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

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

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

Class of fixed asset	Depreciation period
Land and buildings	20 - 40 years
Computer equipment	3 –5 years
Office equipment	2 –10 years
Leasehold improvements	3 –20 years
Furniture and fittings	3 –20 years

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

**ii) Land and buildings**

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

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

A decrease in carrying amount arising on the revaluation of land and buildings is charged as an expense in profit or loss to the extent that it exceeds the balance, if any, held in the revaluation reserve relating to that asset class. On the subsequent sale or retirement of a revalued property, the attributable revaluation surplus remaining in the revaluation reserve, is transferred directly to retained earnings.

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

**(e) Investment property**

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

AMC obtains an independent valuation for its investment property every two years. An independent valuation was performed during the year ended 30 June 2023, and the next valuation will be performed during the year ended 30 June 2025.

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

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

#### (f) Leases

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

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

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

Leases are recognised as a right-of-use asset and a corresponding liability at the date at which the leased asset is available for use by AMC.

The lease regime under the Accounting standards includes all contracts that convey the right to use an asset for a period of time. This gives rise to the right of use of an asset and a lease liability based on discounted payments required under the lease, taking into account the lease term determined under the lease standard. The right of use will bring the asset to its present value based on the prevailing interest rate. Once this is determined the right of use asset will be depreciated over the period of the lease and this depreciation will be brought into the profit or loss.

AMC leases premises to third parties at 4 Marcus Clarke Street. The sub-lease in the NTC (National Test Centre) building expired 31 October 2023 and was deemed an operating lease with rental income recognised as it is earned. The lease at 4 Marcus Clarke Street is an operating lease and rental income is recognised on a straight-line basis over the term of the lease.

#### (g) Financial instruments

##### i) Classification

AMC classifies its financial assets into the following measurement categories:

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

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

AMC's investment in managed funds and listed securities are classified as financial assets at fair value through the profit or loss. After initial recognition, these assets are measured at fair value and changes there in, are recognised as a gain or loss in the profit or loss. Fair value is determined by reference to published prices.

##### ii) Recognition and de-recognition

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

##### iii) Measurement

At initial recognition, the AMC measures a financial asset at its fair value. Transaction costs of financial assets carried at FVPL (fair value through profit or loss) are expensed in profit or loss.

##### iv) Impairment

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

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

#### v) Loans and receivables

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

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

#### (h) Employee benefits

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

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

#### (i) Cash and cash equivalents

Cash and cash equivalents include cash on hand, deposits held at call with banks, and short-term deposits of 90 days or less. There is a US dollar cash account which is translated to Australian Dollars as at 30 June of the financial year for accounting purposes and any exchange gain or losses are transferred to the profit or loss.

#### (j) Goods and services tax

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

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

#### (k) Income tax

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

#### (l) Intangible assets

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

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

- Computer Software and other intangibles 2 - 10 years

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

**(m) Provisions**

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

**(n) Comparative figures**

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

**(o) Trade and other payables**

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

**(p) Impairment**

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

**(q) Going concern**

The Directors have, at the time of approving the financial statements, a reasonable expectation that AMC has adequate resources to continue in operational existence for the foreseeable future. Thus, they continue to adopt the going concern basis of accounting in preparing the financial statements.

**(r) Critical accounting estimates and judgements**

In the application of accounting policies described above, the Directors are required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

The following are critical judgements and key sources of estimation uncertainty and that have the most significant effect on the amounts recognised in the financial statements.

**i) Fair value measurements and adjustments**

Some of AMC's assets are measured at fair value for financial reporting purposes. This includes financial assets, land and building and investment property.

Valuations are obtained for financial assets from AMC's investment adviser with many of these assets valued using market-observable data.

AMC's ownership in 4 Marcus Clarke Street, Canberra is valued by an independent qualified external valuer every 2 years. The assumptions adopted by the valuer are reviewed and critically assessed before any valuation is adopted. Within the valuation, the valuer uses various techniques to determine the appropriate split between land and buildings (owner-occupied component) and investment property including the proportion of income generated within the building.

During the year, AMC decided to occupy a portion of the ground floor rather than lease the space. This resulted in an adjustment to reclassify a portion of the building value from Investment Property to Land and Buildings and commence depreciation. The adjustment was based on the fair value at the date the decision was made to re-purpose the available space.

**ii) Impairment of intangibles**

In assessing intangible assets for impairment, the recoverable value was estimated using expected revenue to be generated over the next five years. This included estimates on the volume of sales (where relevant) and the expected unit price. Sales volume was estimated using historical patterns and the expected unit price was obtained from similar products that have or are currently being offered.

Where a decision was made to discontinue a project, all amounts previously capitalised were written off as an impairment expense.

**Note 2: Revenue and other income**

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

	2024	2023
	\$	\$
<b>REVENUE DERIVED OVER TIME</b>		
Medical Board of Australia grants	3,861,312	3,816,699
Health Profession Accreditation Councils Forum contributions	137,626	141,984
Health Chief Executives Forum Grant	721,621	-
Department of Health Grant	-	144,000
Accreditation fees	600,384	408,395
All other segments	223,059	128,872
	<b>5,544,002</b>	<b>4,639,950</b>
<b>REVENUE DERIVED AT A POINT IN TIME</b>		
Examination fees	35,834,606	25,900,598
NTC Income	181,479	451,591
Sale of publications	14,163	28,939
	<b>36,030,248</b>	<b>26,381,128</b>
<b>TOTAL REVENUE FROM CONTRACTS WITH CUSTOMERS</b>	<b>41,574,250</b>	<b>31,021,078</b>

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

	2024	2023
	\$	\$
<b>OTHER INCOME</b>		
Rental Income for 4MC	131,428	118,195
Unrealised (loss)/gain on exchange differences	(8,998)	26,485
Investment income	379,433	494,317
Interest income	1,039,068	321,560
Miscellaneous income	5,256	2,534
<b>TOTAL OTHER INCOME</b>	<b>1,546,187</b>	<b>963,091</b>

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

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

	2024	2023
	\$	\$
<b>CURRENT CONTRACT ASSETS</b>		
Other	716,859	30,973
<b>TOTAL CURRENT CONTRACT ASSETS</b>	<b>716,859</b>	<b>30,973</b>
<b>CONTRACT LIABILITIES</b>		
Accreditation grant and fees	866,251	500,398
Examination fees	12,211,818	12,411,540
NTC Rent and other income	40,390	41,290
<b>TOTAL CONTRACT LIABILITIES</b>	<b>13,118,459</b>	<b>12,953,228</b>

**Note 4: Cash and cash equivalents**

	2024	2023
	\$	\$
Cash on hand	1,005	700
Cash at bank	3,828,397	2,452,823
Macquarie Vision Cash Account	1,059,855	375,153
JBWere Cash Account	887,921	-
	<b>5,777,178</b>	<b>2,828,676</b>

**Note 5: Trade and other receivables**

	2024	2023
	\$	\$
Trade receivables	150,623	594,529
GST receivable	193,269	139,124
Accrued income	224,212	128,751
	<b>568,104</b>	<b>862,404</b>

**Note 6: Investments**

	2024	2023
	\$	\$
<b>Financial assets at fair value through profit or loss</b>		
Listed Securities	6,179,440	5,077,700
Credit Securities	6,799,620	-
Managed Investments	7,018,454	6,695,361
	<b>19,997,514</b>	<b>11,773,061</b>



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

	2024	2023
	\$	\$
Term deposits	16,119,063	15,354,534
	<b>16,119,063</b>	<b>15,354,534</b>

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

**Note 8: Other assets**

	2024	2023
	\$	\$
<b>CURRENT</b>		
Prepayments	560,526	552,235
Travel Credit	99,100	106,698
	<b>659,626</b>	<b>658,933</b>

**Note 9: Intangibles**

	Work in progress				
	Computer Software/ Systems	App/ MCQ	GMP	Anthology	Total
	\$	\$	\$	\$	\$
Cost at 1 July 2023	287,454	171,483	36,779	48,000	<b>543,716</b>
Accumulated amortisation	(71,498)	-	-	-	<b>(71,498)</b>
Net book amount at 1 July 2023	<b>215,956</b>	<b>171,483</b>	<b>36,779</b>	<b>48,000</b>	<b>472,218</b>
Additions at cost	-	-	8,790	-	<b>8,790</b>
Amortisation	(60,612)	-	-	-	<b>(60,612)</b>
<b>Closing net book at 30 June 2024</b>	<b>155,344</b>	<b>171,483</b>	<b>45,569</b>	<b>48,000</b>	<b>420,396</b>
Cost as at 30 June 2024	227,735	171,483	45,569	48,000	492,787
Accumulated amortisation	(72,391)	-	-	-	(72,391)
<b>Net book as at 30 June 2024</b>	<b>155,344</b>	<b>171,483</b>	<b>45,569</b>	<b>48,000</b>	<b>420,396</b>

The recoverable amount of each cash-generating unit above is determined based on value-in-use calculations. Value in use is calculated based on the present value of cashflow projects over a 5-year period. Costs are calculated taking into account historical gross margins.

**Note 10: Property, plant and equipment**

	Computer equipment	Office equipment	Furniture and fittings	Leasehold improvement	Land and building	Work in progress	Total
	(at cost)	(at cost)	(at cost)	(at cost)	(at fair value)	(at cost)	
	\$	\$	\$	\$	\$	\$	\$
Cost/fair value at 1 July 2023	758,945	715,699	838,577	5,440,178	9,625,000	245,714	<b>17,624,113</b>
Accumulated depreciation	(658,023)	(598,493)	(446,004)	(3,074,668)	-	-	<b>(4,777,188)</b>
Net book amount at 1 July 2023	<b>100,922</b>	<b>117,206</b>	<b>392,573</b>	<b>2,365,510</b>	<b>9,625,000</b>	<b>245,714</b>	<b>12,846,925</b>
Additions at cost	7,462	1,068	1,784	46,596	-	-	<b>56,910</b>
Transfers from investment property	-	-	-	-	2,681,250	-	<b>2,681,250</b>
Transfers in/(out) from other asset categories	154,468	-	-	91,246	-	(245,714)	-
Amortisation/ Depreciation charge for the period	(115,576)	(24,687)	(23,187)	(144,865)	(252,356)	-	<b>(560,671)</b>
<b>Net book amount at 30 June 2024</b>	<b>147,276</b>	<b>93,587</b>	<b>371,170</b>	<b>2,358,487</b>	<b>12,053,894</b>	<b>-</b>	<b>15,024,414</b>
Cost/fair value at 30 June 2024	724,960	248,479	427,247	2,647,462	12,306,250	-	16,354,398
Accumulated depreciation	(577,684)	(154,892)	(56,077)	(288,975)	(252,356)	-	(1,329,984)
<b>Net book amount at 30 June 2024</b>	<b>147,276</b>	<b>93,587</b>	<b>371,170</b>	<b>2,358,487</b>	<b>12,053,894</b>	<b>-</b>	<b>15,024,414</b>

**Note 11: Investment property**

	2024	2023
	\$	\$
Opening balance at 1 July	4,125,000	4,350,000
Additions	-	-
Transfers to land and building	(2,681,250)	-
Net gain/(loss) from fair value adjustment	-	(225,000)
Carrying amount at 30 June	<b>1,443,750</b>	<b>4,125,000</b>

**Note 12: Trade and other payables**

	2024	2023
	\$	\$
Trade payables	100,864	31,238
Accrued expenses and other payables	2,149,841	1,976,059
	<b>2,250,705</b>	<b>2,007,297</b>

**Note 13: Audit, legal and consultancy expenses**

	2024	2023
	\$	\$
Audit fee <sup>1</sup>	16,940	24,720
Legal fee	143,878	145,197
Consultancy fee	213,290	228,557
	<b>374,108</b>	<b>398,474</b>

<sup>1</sup>During the financial year, the auditor was paid audit fees totalling \$22,660 (2023: \$34,000) and fees for other assurance and FBT services of \$4,300 (2023: \$2,800).

29

**Note 14: Leases**

	2024	2023
	\$	\$
<b>(a) Right of use assets – net carrying amounts</b>		
Equipment	662,727	893,626
<b>Total right of use assets</b>	<b>662,727</b>	<b>893,626</b>
<b>Movement during the period</b>	<b>Building</b>	<b>Equipment</b>
Balance at 1 July 2023	-	893,626
Additions	-	-
Depreciation	-	(230,899)
<b>Balance at 30 June 2024</b>	<b>-</b>	<b>662,727</b>
	<b>2024</b>	<b>2023</b>
	\$	\$
<b>(b) Lease liabilities</b>		
<b>Current lease liabilities</b>		
Building	-	21,384
Equipment	231,246	218,739
	<b>231,246</b>	<b>240,123</b>
<b>Non-current lease liabilities</b>		
- Equipment	487,954	700,462
	<b>487,954</b>	<b>700,462</b>
<b>Total lease liabilities</b>	<b>719,200</b>	<b>940,585</b>

Lease liabilities are secured by the underlying leased assets. The building lease relates to the NTC and expired in March 2023 and continued on a short-term basis for part of the year. Equipment leases relate to IT equipment with terms of 5 years.

30

**Note 14: Leases (continued)**

	2024	2023
	\$	\$
The future minimum lease payments arising under AMC's lease contracts at the end of the reporting period are as follows:		
- Not later than 12 months	269,239	269,239
- Later than 12 months but less than five years	522,093	768,895
- Later than five years	-	-
	<b>791,332</b>	<b>1,038,134</b>

**(c) Amounts recognised in the statement of profit or loss and other comprehensive income**

The Statement of profit or loss and other comprehensive income shows the following amounts relating to leases:

	2024	2023
	\$	\$
<b>Depreciation charge of right-of-use assets</b>		
Building	-	273,016
Equipment	230,899	226,994
<b>Total depreciation charge of right-of-use assets</b>	<b>230,899</b>	<b>500,010</b>
Interest expense (included in finance cost)	52,393	66,923
Expenses recognised for short term and low value leases	463,662	415,149

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

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

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

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

**Note 14: Leases (continued)**

The rate for equipment leases is the rate implicit in the lease.

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

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

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

(ii) Termination options

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

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

	2024	2023
	\$	\$
Lease of office premises – minimum lease payments receivable:		
- Not later than 12 months	-	114,328
- Later than 12 months but not later than five years	-	-
	<b>-</b>	<b>114,328</b>

As at 30 June 2024, AMC was still in lease negotiations for the ground floor of 4 Marcus Clarke Street.

**Note 15: Employee benefits liabilities**

	2024	2023
	\$	\$
Current - Annual leave, Long service leave and Time in Lieu/Flex leave	3,124,780	2,516,374
Non-current - Long service leave	255,912	365,289
	<b>3,380,692</b>	<b>2,881,663</b>

**Provision for employee benefits**

The provision for employee benefits relates to the AMC's liability for long service leave, annual leave and time in lieu.

**Note 16: Employee benefit expenses**

	2024	2023
	\$	\$
Wages and salaries	12,802,047	11,071,611
Superannuation	1,278,924	1,122,623
	<b>14,080,971</b>	<b>12,194,234</b>

**Note 17: Loan**

	2024	2023
	\$	\$
<b>CURRENT</b>		
Loan liabilities	234,280	234,280
<b>NON-CURRENT</b>		
Loan liabilities	4,368,590	4,602,870
<b>TOTAL LOAN LIABILITIES</b>	<b>4,602,870</b>	<b>4,837,150</b>

AMC borrowed \$5,600,000 in the year ended 30 June 2020 from ANZ bank to fund the purchase of 4 Marcus Clarke Street. The security offered was the land and building at 4 Marcus Clarke Street, Canberra, Australian Capital Territory being the land described in Certificate of Title Volume 1229 Folio 51 along with a general security over other property of AMC. The facility expires 27 February 2026.

**Note 18: Provision for make good**

	2024	2023
	\$	\$
Carrying amount as at 1 July	998,131	376,762
Additions	-	621,369
Provisions settled	(998,131)	-
Carrying amount as at 30 June	<b>-</b>	<b>998,131</b>

**Note 19: Contingent liabilities and contingent assets**

There are no contingent liabilities as at 30 June 2024 (2023: \$467,958). The bank guarantee previously held for 300 Latrobe Street, Melbourne expired on 30 April 2024.

**Note 20: Events after the reporting period**

AMC has entered into a new lease for the AMC Test Centre which is located in Melbourne, Australia. The fitout of the Test Centre is currently underway.

**Note 21: Key management personnel compensation**

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

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

	2024	2023
	\$	\$
Short term benefits	1,142,464	1,159,139
Long term benefits	38,963	58,572
	<b>1,181,427</b>	<b>1,217,711</b>

**Note 22: Related party transactions**

During the financial year, the Council paid fees to directors (excluding superannuation) amounting to \$191,443 (2023: \$171,577). These fees relate to sitting fees for attending Board and other related Meetings and are included as part of key management personnel remuneration in Note 21 (noting that the figures in Note 21 include superannuation).



## Directors' declaration

The Directors of the company declare that:

- 1) The financial statements and notes, as set out on pages 13 to 34 are in accordance with the *Australian Charities and Not-for-Profit Commission Act 2012* and
  - (a) comply with Australian Accounting Standards – Simplified Disclosures and other mandatory professional reporting requirements
  - (b) give a true and fair view of the financial position as at 30 June 2024 and of the performance for the year ended on that date of the AMC.
- 2) In the Directors' opinion there are reasonable grounds to believe that the AMC will be able to pay its debts as and when they become due and payable.

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



Director  
Professor Geoff McColl (President)  
24 October 2024

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

### Report on the Audit of the Financial Statements

#### Opinion

We have audited the financial statements of Australian Medical Council Limited (the Company), which comprise the statement of financial position as at 30 June 2024, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including material accounting policy information, and the directors' declaration.

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

- (i) giving a true and fair view of the entity's financial position as at 30 June 2024 and of its financial performance for the year then ended; and
- (ii) complying with Australian Accounting Standards – Simplified Disclosures and Division 60 of the Australian Charities and Not-for-profits Commission Regulation 2022.

#### Basis for opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the Auditor's Responsibility for the Audit of the Financial Statements section of our report. We are independent of the entity in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 Code of Ethics for Professional Accountants (including Independence Standards) (the Code) that are relevant to our audit of the financial statements in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

#### Other information

The directors are responsible for the other information. The other information comprises the information in the Company's directors' report for the year ended 30 June 2024, but does not include the financial statements and the auditor's report thereon.

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

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

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

### Audit. Tax. Advisory.

Nexia Duesburys (Audit) (ABN 21 841 510 270) is a firm of Chartered Accountants. It is affiliated with, but independent from Nexia Australia Pty Ltd. Nexia Australia Pty Ltd is a member of Nexia International, a leading, global network of independent accounting and consulting firms. For more information please see [www.nexia.com.au/legal](http://www.nexia.com.au/legal). Neither Nexia International nor Nexia Australia Pty Ltd provide services to clients.

Liability limited under a scheme approved under Professional Standards Legislation.

#### **Directors' responsibility for the financial statements**

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

In preparing the financial statements, the directors are responsible for assessing the entity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the entity or to cease operations, or have no realistic alternative but to do so.

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

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

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

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

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

**Nexia Duesburys (Audit)**  
Canberra, 24 October 2024

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

**G J Murphy**  
Partner





# Appendices

## Appendix A: ECFMG list of top 100 medical schools

Summary of the schools with the highest volumes of applications or verifications of primary qualifications.

University of Peradeniya Faculty of Medicine	University of Colombo Faculty of Medicine	University of Sri Jayawardanapura Faculty of Medical Sciences	University of Kelaniya Faculty of Medicine	University of Ruhuna Faculty of Medicine	Rajarata University of Sri Lanka Faculty of Medicine and Allied Sciences	University of Jaffna Faculty of Medicine	Institute of Applied Health Sciences (IAHS)	Manchester Medical School	Manipal University College Malaysia
University of Nottingham School of Medicine	Newcastle University Faculty of Medical Sciences	University of Glasgow School of Medicine, Dentistry and Nursing	General Sir John Kotelawala Defence University Faculty of Medicine	Tianjin Medical University School of Basic Medical Sciences	Bristol Medical School, University of Bristol	Tehran University of Medical Sciences School of Medicine	Queen's University Belfast School of Medicine, Dentistry and Biomedical Sciences	Far Eastern University Institute of Medicine, Nicanor Reyes Medical Foundation	Jinnah Sindh Medical University
Our Lady of Fatima University College of Medicine	Imperial College London Faculty of Medicine	University of Liverpool School of Medicine	University College Cork School of Medicine	University of Zimbabwe Faculty of Medicine and Health Sciences	Kursk State Medical University	Isfahan University of Medical Sciences Faculty of Medicine	University of Leeds School of Medicine	St. George's University of London	Queen Mary University of London, Faculty of Medicine and Dentistry
Edinburgh Medical School, College of Medicine and Veterinary Medicine, University of Edinburgh	University of Oxford Medical Sciences Division	King's College London GKT School of Medicine	University of Santo Tomas Faculty of Medicine and Surgery	Liaquat University of Medical & Health Sciences Jamshoro	University of Nairobi School of Medicine	Fiji National University College of Medicine, Nursing and Health Sciences	Ain Shams University Faculty of Medicine	Davao Medical School Foundation College of Medicine	Cardiff University School of Medicine
University of the East/Ramon Magsaysay Memorial Medical Centre College of Medicine	Tbilisi State Medical University Faculty of Medicine	Trinity College Dublin School of Medicine	Ayub Medical College	Sheffield University School of Medicine and Biomedical Sciences	University College Dublin School of Medicine	Pham Ngoc Thach University of Medicine Faculty of Medicine	University of Aberdeen School of Medicine, Medical Sciences and Nutrition	Shiraz University of Medical Sciences School of Medicine	University of Southampton Faculty of Medicine
International Medical University Faculty of Medicine and Health	Vitebsk State Medical University	Shahid Beheshti University of Medical Sciences Faculty of Medicine	Faisalabad Medical University	University of the Witwatersrand Faculty of Health Sciences	Faculty of Health-Care Sciences, Eastern University, Sri Lanka	UCL Medical School	Royal College of Surgeons in Ireland School of Medicine	University of Dundee School of Medicine	Rawalpindi Medical University
Mashhad University of Medical Sciences Faculty of Medicine	University of Galway School of Medicine	Cebu Institute of Medicine	Warwick Medical School	Islamic Azad University Tehran Faculty of Medicine	Dow Medical College	Oceania University of Medicine	University of Exeter College of Medicine and Health	Ahvaz Jondishapour University of Medical Sciences	Nnamdi Azikiwe University College of Health Sciences
De La Salle Medical and Health Sciences Institute College of Medicine	Iran University of Medical Sciences (IUMS) School of Medicine	Chittagong Medical College and Hospital	University of Birmingham College of Medical and Dental Sciences	Leicester Medical School, University of Leicester	University of Gezira Faculty of Medicine	University of Khartoum Faculty of Medicine	RCSI & UCD Malaysia Campus	Quaid-e-Azam Medical College	Khyber Medical College
University of Ilorin College of Health Sciences	University of Benin College of Medical Sciences	Allama Iqbal Medical College	Keele University School of Medicine	University of the City of Manila College of Medicine	King Edward Medical University	University of Pretoria School of Medicine	Asian Institute of Medicine, Science and Technology (AIMST)	Kathmandu Medical College	University of Medicine and Pharmacy of Ho Chi Minh City
University of Calabar College of Medical Sciences	Sackler School of Medicine, Tel Aviv University	University of Cape Town Faculty of Health Sciences	Dalian Medical University	Yong Loo Lin School of Medicine, National University of Singapore	University of Damascus Faculty of Medicine	University of Stellenbosch Faculty of Medicine and Health Sciences	St. Louis University School of Medicine	Kharkiv National Medical University	Zhongshan School of Medicine, Sun Yat-Sen University



Schools Using EMSWP



Schools Using Email



## Appendix B – MCQ Country of Training Report

Breakdown of the international medical graduates who have taken the MCQ examination by country of training.

Country of Training	Total Candidates	Sat 1	Sat 2	Sat 3	Sat 4	Sat Total	Pass 1	Pass 2	Pass 3	Pass 4	Pass Total
AFGHANISTAN	15	11	6	1	1	19	2	2	1	0	5
ALBANIA	1	1	1	0	0	2	0	0	0	0	0
ARGENTINA	25	23	6	1	0	30	8	1	1	0	10
ARMENIA	8	7	2	0	0	9	3	0	0	0	3
ARUBA	1	1	0	0	0	1	1	0	0	0	1
AUSTRIA	1	0	0	1	0	1	0	0	0	0	0
AZERBAIJAN	1	1	0	0	0	1	0	0	0	0	0
BAHRAIN	1	1	0	0	0	1	0	0	0	0	0
BANGLADESH	331	246	70	32	30	378	119	30	13	8	170
BARBADOS	2	1	1	0	0	2	1	0	0	0	1
BELARUS	29	25	2	2	5	34	17	1	1	1	20
BELGIUM	1	1	1	0	0	2	0	1	0	0	1
BOLIVIA	3	2	1	0	2	5	0	0	0	0	0
BOSNIA AND HERZEGOVINA	1	1	1	1	0	3	0	0	0	0	0
BOTSWANA	1	1	0	0	0	1	0	0	0	0	0
BRAZIL	58	38	19	6	5	68	22	7	2	2	33
BULGARIA	4	4	2	1	0	7	2	1	0	0	3
CAMBODIA	1	1	0	0	0	1	0	0	0	0	0
CHILE	4	2	1	0	2	5	1	1	0	0	2
CHINA	323	212	105	40	40	397	80	51	18	10	159
COLOMBIA	46	32	17	4	3	56	11	7	1	0	19
COSTA RICA	3	2	0	0	1	3	0	0	0	0	0
CUBA	7	6	1	0	1	8	1	1	0	0	2
CURACAO	2	2	0	0	0	2	0	0	0	0	0
CYPRUS	4	3	1	1	0	5	1	0	0	0	1
CZECH REPUBLIC	4	2	4	2	0	8	0	2	1	0	3
DEMOCRATIC REPUBLIC OF THE CONGO	3	2	0	1	0	3	0	0	0	0	0
DOMINICA	2	1	1	0	2	4	0	0	0	1	1
ECUADOR	6	4	2	0	0	6	0	0	0	0	0
EGYPT	95	67	23	6	7	103	38	12	4	3	57

**Appendix B – MCQ Country of Training Report Continued**

Country of Training	Total Candidates	Sat 1	Sat 2	Sat 3	Sat 4	Sat Total	Pass 1	Pass 2	Pass 3	Pass 4	Pass Total
ERITREA	1	1	0	0	0	1	0	0	0	0	0
ESTONIA	2	2	1	0	0	3	1	0	0	0	1
ETHIOPIA	6	4	2	2	0	8	2	1	1	0	4
FIJI	77	51	23	12	6	92	19	7	6	2	34
FRANCE	1	1	0	0	0	1	1	0	0	0	1
GEORGIA	33	26	8	2	6	42	11	3	0	0	14
GERMANY	10	9	1	0	0	10	6	0	0	0	6
GHANA	16	13	1	1	1	16	6	1	1	1	9
GRENADA	2	2	0	0	0	2	1	0	0	0	1
GUYANA	1	0	1	0	0	1	0	0	0	0	0
HONG KONG	14	11	3	1	2	17	10	2	1	1	14
HUNGARY	5	4	3	1	0	8	2	1	0	0	3
INDIA	596	435	170	67	60	732	170	71	22	16	279
INDONESIA	42	28	10	6	10	54	9	3	1	2	15
IRAN	301	279	33	8	0	320	237	22	5	0	264
IRAQ	33	28	4	4	2	38	20	2	1	2	25
IRELAND	8	6	1	0	6	13	2	1	0	0	3
ITALY	7	4	1	2	1	8	4	0	2	1	7
JAPAN	10	8	3	1	0	12	5	1	1	0	7
JORDAN	18	12	6	2	1	21	10	1	0	0	11
KAZAKHSTAN	3	3	1	0	0	4	0	1	0	0	1
KENYA	33	27	6	4	1	38	17	4	1	0	22
KUWAIT	1	1	0	0	0	1	0	0	0	0	0
KYRGYZSTAN	3	1	1	1	0	3	1	0	1	0	2
LATVIA	3	2	2	0	0	4	1	0	0	0	1
LEBANON	5	4	1	1	0	6	2	0	1	0	3
LIBERIA	2	2	0	0	0	2	0	0	0	0	0
LIBYA	4	1	1	0	4	6	1	0	0	0	1
LITHUANIA	5	4	1	1	1	7	3	0	0	0	3
MACEDONIA	3	2	0	1	0	3	0	0	0	0	0

**Appendix B – MCQ Country of Training Report Continued**

Country of Training	Total Candidates	Sat 1	Sat 2	Sat 3	Sat 4	Sat Total	Pass 1	Pass 2	Pass 3	Pass 4	Pass Total
MALAWI	2	2	1	0	0	3	1	1	0	0	2
MALAYSIA	197	164	44	19	12	239	74	15	7	3	99
MALTA	3	3	0	0	0	3	3	0	0	0	3
MAURITIUS	17	14	5	2	3	24	5	3	1	1	10
MEXICO	5	4	2	1	0	7	0	1	0	0	1
MONGOLIA	4	1	3	3	1	8	0	0	1	0	1
MYANMAR	85	69	17	5	11	102	48	8	3	2	61
NEPAL	95	71	20	9	7	107	39	13	5	1	58
NETHERLANDS	5	5	0	0	0	5	3	0	0	0	3
NIGERIA	117	93	20	10	12	135	48	11	5	6	70
OMAN	1	0	0	1	0	1	0	0	1	0	1
PAKISTAN	450	351	101	29	19	500	196	62	13	7	278
PALESTINIAN AUTHORITY	2	2	0	0	0	2	1	0	0	0	1
PANAMA	1	1	0	0	0	1	0	0	0	0	0
PAPUA NEW GUINEA	5	5	2	1	0	8	0	0	0	0	0
PERU	7	7	2	0	0	9	0	2	0	0	2
PHILIPPINES	491	359	124	45	36	564	129	48	20	7	204
POLAND	19	12	7	2	7	28	4	1	2	0	7
ROMANIA	8	5	2	2	2	11	3	0	0	0	3
RUSSIA	139	104	36	18	10	168	49	19	8	3	79
SAINT KITTS AND NEVIS	2	2	0	0	0	2	1	0	0	0	1
SAINT LUCIA	4	4	0	0	0	4	2	0	0	0	2
SAINT VINCENT AND THE GRENADINES	2	2	0	0	0	2	0	0	0	0	0
SAMOA	28	23	9	3	3	38	12	5	0	2	19
SAUDI ARABIA	3	3	1	0	0	4	1	1	0	0	2
SERBIA	4	3	1	0	1	5	1	0	0	1	2
SEYCHELLES	1	0	0	0	1	1	0	0	0	0	0
SINGAPORE	4	3	0	1	0	4	3	0	0	0	3
SOUTH AFRICA	68	55	18	3	3	79	31	9	2	2	44
SOUTH KOREA	3	2	3	2	1	8	0	1	1	1	3

**Appendix B – MCQ Country of Training Report Continued**

Country of Training	Total Candidates	Sat 1	Sat 2	Sat 3	Sat 4	Sat Total	Pass 1	Pass 2	Pass 3	Pass 4	Pass Total
SOUTH SUDAN	1	1	0	0	0	1	0	0	0	0	0
SPAIN	1	1	0	0	0	1	1	0	0	0	1
SRI LANKA	1127	985	190	31	13	1219	724	132	19	8	883
SUDAN	36	27	9	1	0	37	18	7	1	0	26
SWEDEN	3	2	1	0	0	3	2	0	0	0	2
SWITZERLAND	2	2	0	0	0	2	1	0	0	0	1
SYRIA	16	12	6	2	4	24	4	3	2	0	9
TAIWAN	9	8	2	0	0	10	5	0	0	0	5
TANZANIA	4	2	1	0	2	5	1	1	0	0	2
THAILAND	22	18	5	4	1	28	10	2	3	1	16
TURKEY	45	34	13	3	4	54	17	5	0	0	22
UGANDA	7	4	1	2	0	7	2	1	1	0	4
UKRAINE	102	83	29	9	8	129	20	13	2	2	37
UNITED ARAB EMIRATES	8	8	3	0	0	11	1	1	0	0	2
UNITED KINGDOM	2	1	0	1	0	2	0	0	1	0	1
URUGUAY	1	1	0	0	0	1	1	0	0	0	1
USA	1	1	1	1	0	3	0	0	0	0	0
UZBEKISTAN	1	1	1	0	0	2	0	1	0	0	1
VENEZUELA	5	4	2	0	0	6	3	0	0	0	3
VIET NAM	24	17	11	5	3	36	3	5	3	1	12
ZIMBABWE	32	26	10	0	4	40	17	7	0	1	25
<b>Total</b>	<b>5449</b>	<b>4278</b>	<b>1254</b>	<b>431</b>	<b>368</b>	<b>6331</b>	<b>2332</b>	<b>616</b>	<b>187</b>	<b>99</b>	<b>3234</b>



### Appendix C: Clinical Examination (Online) Country of Training Statistics

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

Country of Training	Total Candidates	Sat 1	Sat 2	Sat 3	Sat 4	Sat Total	Pass 1	Pass 2	Pass 3	Pass 4	Pass Total
AFGHANISTAN	4	1	2	0	1	4	0	0	0	0	0
ARGENTINA	1	0	1	0	0	1	0	0	0	0	0
ARMENIA	2	1	0	0	1	2	0	0	0	1	1
AZERBAIJAN	1	0	1	1	0	2	0	0	0	0	0
BANGLADESH	134	59	29	22	37	147	12	5	7	11	35
BELARUS	2	0	2	0	0	2	0	1	0	0	1
BELGIUM	4	1	3	0	0	4	1	1	0	0	2
BRAZIL	21	14	5	2	1	22	5	3	1	0	9
BULGARIA	1	1	0	0	0	1	1	0	0	0	1
CHILE	5	2	2	2	1	7	0	0	1	1	2
CHINA	70	30	22	13	14	79	4	4	4	2	14
COLOMBIA	9	3	2	3	2	10	1	0	1	0	2
CUBA	2	1	1	0	0	2	0	0	0	0	0
CYPRUS	1	0	0	1	0	1	0	0	0	0	0
CZECH REPUBLIC	2	0	1	0	1	2	0	1	0	0	1
EGYPT	34	16	6	6	9	37	3	2	1	4	10
EL SALVADOR	1	0	0	0	2	2	0	0	0	0	0
ESTONIA	1	1	0	0	0	1	0	0	0	0	0
ETHIOPIA	3	2	0	0	1	3	0	0	0	0	0
FIJI	13	8	2	0	3	13	2	1	0	0	3
FINLAND	1	1	0	0	0	1	0	0	0	0	0
FRANCE	1	0	1	1	0	2	0	0	0	0	0
GEORGIA	3	1	3	0	0	4	0	0	0	0	0
GERMANY	5	4	0	1	0	5	1	0	1	0	2
GHANA	1	1	0	0	0	1	1	0	0	0	1
GUATEMALA	1	0	0	0	1	1	0	0	0	0	0
HONG KONG	9	4	4	1	1	10	2	2	1	1	6
HUNGARY	4	1	1	1	1	4	1	0	0	0	1
INDIA	204	84	54	39	53	230	23	16	14	14	67
INDONESIA	14	5	5	1	4	15	1	1	0	0	2
IRAN	87	50	21	10	17	98	7	5	3	6	21

**Appendix C: Clinical Examination (Online) Country of Training Statistics Continued**

Country of Training	No of Candidate	Sat 1	Sat 2	Sat 3	Sat 4	Sat Total	Pass 1	Pass 2	Pass 3	Pass 4	Pass Total
IRAQ	28	13	8	9	5	35	1	2	3	1	7
IRELAND	2	1	1	0	0	2	0	0	0	0	0
ISRAEL	1	1	0	0	0	1	1	0	0	0	1
ITALY	1	1	0	0	0	1	0	0	0	0	0
JAPAN	5	4	1	1	1	7	1	1	0	0	2
JORDAN	4	3	0	1	0	4	1	0	0	0	1
KENYA	3	2	1	0	0	3	1	0	0	0	1
KYRGYZSTAN	3	1	1	1	0	3	0	0	1	0	1
LEBANON	2	2	0	0	0	2	1	0	0	0	1
LIBYA	3	1	1	1	0	3	0	0	1	0	1
MACEDONIA	1	0	0	1	0	1	0	0	0	0	0
MALAYSIA	37	26	12	2	0	40	10	7	2	0	19
MAURITIUS	3	1	1	1	0	3	0	0	0	0	0
MEXICO	4	1	1	2	1	5	0	0	0	0	0
MOZAMBIQUE	1	1	0	0	0	1	0	0	0	0	0
MYANMAR	57	44	8	2	7	61	9	5	1	3	18
NEPAL	27	11	6	7	8	32	2	1	2	3	8
NETHERLANDS	1	0	0	1	0	1	0	0	1	0	1
NIGERIA	20	11	6	2	5	24	1	2	0	2	5
OMAN	2	1	1	0	0	2	0	0	0	0	0
PAKISTAN	209	96	62	42	30	230	25	21	15	9	70
PALESTINIAN AUTHORITY	1	1	0	0	0	1	0	0	0	0	0
PERU	4	3	0	1	0	4	0	0	0	0	0
PHILIPPINES	65	37	14	10	6	67	12	1	4	0	17
POLAND	2	0	2	0	0	2	0	0	0	0	0
PORTUGAL	1	1	1	0	0	2	0	1	0	0	1
ROMANIA	3	0	3	1	0	4	0	1	0	0	1
RUSSIA	31	13	9	3	7	32	2	0	3	1	6
RWANDA	1	0	1	0	0	1	0	1	0	0	1
SAINT KITTS AND NEVIS	3	1	0	1	3	5	0	0	1	1	2
SAMOA	13	4	4	4	3	15	2	1	1	2	6

**Appendix C: Clinical Examination (Online) Country of Training Statistics Continued**

Country of Training	No of Candidate	Sat 1	Sat 2	Sat 3	Sat 4	Sat Total	Pass 1	Pass 2	Pass 3	Pass 4	Pass Total
SAUDI ARABIA	3	3	0	0	0	3	0	0	0	0	0
SERBIA	4	1	1	1	1	4	1	0	1	0	2
SOUTH AFRICA	22	19	4	1	1	25	10	3	0	0	13
SOUTH KOREA	1	1	0	0	0	1	0	0	0	0	0
SPAIN	1	1	0	0	0	1	0	0	0	0	0
SRI LANKA	158	100	49	13	5	167	31	25	6	2	64
SUDAN	6	2	1	2	1	6	0	0	1	0	1
SYRIA	10	8	4	1	0	13	0	3	0	0	3
TAIWAN	2	1	0	1	1	3	0	0	0	1	1
THAILAND	10	5	5	1	0	11	1	1	0	0	2
TURKEY	8	6	2	0	0	8	3	0	0	0	3
UGANDA	1	0	0	1	1	2	0	0	0	1	1
UKRAINE	21	8	5	2	9	24	1	1	0	1	3
UNITED ARAB EMIRATES	6	1	3	2	1	7	0	1	0	1	2
URUGUAY	1	0	1	0	0	1	0	1	0	0	1
VENEZUELA	1	1	0	0	0	1	0	0	0	0	0
VIET NAM	9	4	3	1	3	11	2	1	0	2	5
YEMEN	3	1	1	0	1	3	0	0	0	1	1
ZIMBABWE	4	4	1	0	0	5	3	0	0	0	3
<b>Total</b>	<b>1450</b>	<b>738</b>	<b>392</b>	<b>223</b>	<b>250</b>	<b>1603</b>	<b>186</b>	<b>122</b>	<b>77</b>	<b>71</b>	<b>456</b>

**Appendix C: Clinical Examination (In Person) Country of Training Statistics**

Country of Training	Total Candidates	Sat 1	Sat 2	Sat 3	Sat 4	Sat Total	Pass 1	Pass 2	Pass 3	Pass 4	Pass Total
AFGHANISTAN	4	2	0	1	2	5	0	0	0	0	0
ALGERIA	1	1	0	0	0	1	0	0	0	0	0
BANGLADESH	31	10	12	6	12	40	0	3	1	0	4
BELARUS	2	1	1	0	1	3	0	0	0	0	0
BRAZIL	4	4	1	0	0	5	0	0	0	0	0
CHILE	0	0	0	0	1	1	0	0	0	0	0
CHINA	24	16	5	8	5	34	0	0	0	0	0
COLOMBIA	4	0	1	3	1	5	0	0	0	1	1
EGYPT	4	2	1	2	2	7	0	0	0	0	0
FIJI	2	1	0	1	1	3	0	0	0	0	0
GERMANY	1	1	0	0	0	1	0	0	0	0	0
HUNGARY	0	1	0	1	0	2	0	0	0	0	0
INDIA	54	39	20	9	9	77	1	3	1	1	6
INDONESIA	1	2	0	0	0	2	0	0	0	0	0
IRAN	15	10	5	0	6	21	0	2	0	1	3
IRAQ	7	2	6	2	1	11	0	0	0	0	0
JAPAN	2	2	0	0	0	2	0	0	0	0	0
KENYA	5	3	1	0	1	5	1	0	0	0	1
KYRGYZSTAN	1	0	0	0	1	1	0	0	0	0	0
MACEDONIA	1	1	0	0	0	1	1	0	0	0	1
MALAYSIA	15	17	3	2	1	23	2	0	2	0	4
MALTA	2	2	0	0	0	2	0	0	0	0	0
MAURITIUS	0	0	1	0	0	1	0	0	0	0	0
MYANMAR	7	3	0	0	6	9	1	0	0	2	3
NEPAL	7	4	3	2	0	9	1	1	1	0	3
NETHERLANDS	1	0	0	0	1	1	0	0	0	0	0
NIGERIA	4	3	1	1	0	5	0	0	0	0	0
PAKISTAN	59	34	19	10	9	72	4	3	1	1	9
PHILIPPINES	22	11	5	4	5	25	0	1	0	1	2
POLAND	0	1	0	0	0	1	0	0	0	0	0



**Appendix C: Clinical Examination (In Person) Country of Training Statistics Continued**

Country of Training	Total Candidates	Sat 1	Sat 2	Sat 3	Sat 4	Sat Total	Pass 1	Pass 2	Pass 3	Pass 4	Pass Total
ROMANIA	1	1	1	0	0	2	0	0	0	0	0
RUSSIA	7	5	3	3	0	11	0	0	0	0	0
RWANDA	1	1	0	1	0	2	0	0	0	0	0
SAINT KITTS AND NEVIS	1	1	0	0	0	1	0	0	0	0	0
SAMOA	4	1	0	0	3	4	1	0	0	1	2
SAUDI ARABIA	1	1	0	0	0	1	0	0	0	0	0
SOUTH AFRICA	6	4	2	0	1	7	1	0	0	0	1
SRI LANKA	33	46	10	3	4	63	9	1	0	0	10
SUDAN	7	4	2	1	0	7	1	0	0	0	1
SYRIA	1	0	1	0	0	1	0	0	0	0	0
THAILAND	2	5	1	0	0	6	0	0	0	0	0
TURKEY	1	1	0	0	1	2	0	0	0	0	0
UGANDA	1	1	0	0	0	1	0	0	0	0	0
UKRAINE	6	4	2	2	2	10	0	1	0	1	2
UNITED ARAB EMIRATES	1	1	0	0	1	2	0	0	0	0	0
VIET NAM	5	1	3	1	2	7	0	0	0	0	0
ZIMBABWE	2	1	0	1	0	2	0	0	0	0	0
<b>Total</b>	<b>360</b>	<b>251</b>	<b>110</b>	<b>64</b>	<b>79</b>	<b>504</b>	<b>23</b>	<b>15</b>	<b>6</b>	<b>9</b>	<b>53</b>

## Appendix D: WBA Statistics

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

Authority	Country of Training	No of Assessed	No of Pass	No of Fail	No of Pending Result
South Western Sydney Local Health District	BANGLADESH	2	2	0	0
	CHINA	1	1	0	0
	INDIA	3	3	0	0
	IRAQ	2	2	0	0
	NEPAL	1	1	0	0
	PAKISTAN	3	3	0	0
	PHILIPPINES	1	1	0	0
	SRI LANKA	5	5	0	0
	<b>Subtotal</b>	<b>18</b>	<b>18</b>	<b>0</b>	<b>0</b>
Central Coast Local Health District	BANGLADESH	1	1	0	0
	CHILE	1	1	0	0
	CUBA	1	1	0	0
	INDIA	4	4	0	0
	MALAYSIA	1	1	0	0
	MYANMAR	1	1	0	0
	PHILIPPINES	5	5	0	0
	SOUTH AFRICA	1	1	0	0
	SRI LANKA	1	1	0	0
	SUDAN	1	1	0	0
	SYRIA	1	1	0	0
	<b>Subtotal</b>	<b>18</b>	<b>18</b>	<b>0</b>	<b>0</b>
Central Queensland Hospital and Health Service	BANGLADESH	1	1	0	0
	INDIA	1	1	0	0
	MYANMAR	1	1	0	0
	SRI LANKA	3	3	0	0
	<b>Subtotal</b>	<b>6</b>	<b>6</b>	<b>0</b>	<b>0</b>
Flinders Rural Health South Australia	BANGLADESH	1	1	0	0
	PHILIPPINES	1	1	0	0
	<b>Subtotal</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>

Appendix D: WBA Statistics Continued

Hunter New England Local Health District	BANGLADESH	3	3	0	0
	BRAZIL	9	9	0	0
	CHINA	1	1	0	0
	COLOMBIA	1	1	0	0
	EGYPT	6	6	0	0
	GREECE	1	1	0	0
	INDIA	4	4	0	0
	IRAQ	4	4	0	0
	IRELAND	1	1	0	0
	JORDAN	2	1	1	0
	MALAYSIA	1	1	0	0
	NIGERIA	2	2	0	0
	PAKISTAN	7	7	0	0
	RUSSIA	1	1	0	0
	SERBIA	1	1	0	0
	YEMEN	1	1	0	0
	<b>Subtotal</b>	<b>45</b>	<b>44</b>	<b>1</b>	<b>0</b>
Illawarra Shoalhaven Local Health District	EGYPT	1	1	0	0
	INDIA	2	2	0	0
	IRAN	2	2	0	0
	IRAQ	2	2	0	0
	LEBANON	1	1	0	0
	LIBYA	1	1	0	0
	PAKISTAN	4	4	0	0
	SAMOA	1	1	0	0
	SYRIA	1	1	0	0
	UKRAINE	1	1	0	0
	<b>Subtotal</b>	<b>16</b>	<b>16</b>	<b>0</b>	<b>0</b>
Joondalup Health Campus	SAMOA	1	1	0	0
	<b>Subtotal</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>

Appendix D: WBA Statistics Continued

Latrobe Regional Hospital	BANGLADESH	5	5	0	0
	INDIA	1	1	0	0
	IRAN	1	1	0	0
	SRI LANKA	2	2	0	0
	<b>Subtotal</b>	<b>9</b>	<b>9</b>	<b>0</b>	<b>0</b>
Launceston General Hospital	ARGENTINA	1	1	0	0
	BANGLADESH	3	3	0	0
	CHINA	2	2	0	0
	COLOMBIA	3	3	0	0
	EGYPT	4	4	0	0
	INDIA	12	12	0	0
	IRAN	1	1	0	0
	IRAQ	2	2	0	0
	KENYA	1	1	0	0
	LEBANON	1	1	0	0
	MEXICO	1	1	0	0
	NEPAL	1	1	0	0
	NIGERIA	1	1	0	0
	PAKISTAN	1	1	0	0
	PERU	1	1	0	0
	PHILIPPINES	2	2	0	0
	ROMANIA	1	1	0	0
	SRI LANKA	7	7	0	0
	SUDAN	2	2	0	0
	UKRAINE	2	2	0	0
	UNITED ARAB EMIRATES	1	1	0	0
	VENEZUELA	1	1	0	0
	<b>Subtotal</b>	<b>51</b>	<b>51</b>	<b>0</b>	<b>0</b>
Mid North Coast Local Health District	BRAZIL	1	1	0	0
	EGYPT	1	1	0	0



Appendix D: WBA Statistics Continued

	INDIA	3	2	0	0
	NEPAL	1	1	0	0
	YEMEN	1	0	0	0
	<b>Subtotal</b>	<b>7</b>	<b>7</b>	<b>0</b>	<b>0</b>
Mildura Base Public Hospital	EGYPT	1	1	0	0
	INDIA	2	2	0	0
	<b>Subtotal</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>0</b>
Monash Health	BANGLADESH	1	1	0	0
	CHINA	1	1	0	0
	INDIA	1	1	0	0
	IRAQ	1	1	0	0
	KENYA	1	1	0	0
	MALAYSIA	1	1	0	0
	PAKISTAN	1	1	0	0
	PHILIPPINES	3	2	0	0
	POLAND	1	1	0	0
	SRI LANKA	1	1	0	0
	<b>Subtotal</b>	<b>11</b>	<b>11</b>	<b>0</b>	<b>0</b>
Northern Adelaide Local Health Network	BRAZIL	2	2	0	0
	CHINA	1	1	0	0
	COLOMBIA	1	1	0	0
	EGYPT	1	1	0	0
	FIJI	1	1	0	0
	INDIA	2	2	0	0
	INDONESIA	1	1	0	0
	MALAYSIA	2	2	0	0
	PAKISTAN	1	1	0	0
	SRI LANKA	1	1	0	0
	SYRIA	1	1	0	0
	ZIMBABWE	1	1	0	0

**Appendix D: WBA Statistics Continued**

	<b>Subtotal</b>	<b>15</b>	<b>15</b>	<b>0</b>	<b>0</b>
<b>Northern NSW Local Health District</b>	PHILIPPINES	1	1	0	0
	SRI LANKA	2	2	0	0
	<b>Subtotal</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>0</b>
<b>Sunshine Coast Hospital and Health Service</b>	BRAZIL	1	1	0	0
	CHINA	1	1	0	0
	COLOMBIA	1	1	0	0
	FIJI	1	1	0	0
	INDIA	1	1	0	0
	NIGERIA	1	1	0	0
	PAKISTAN	1	1	0	0
	SAMOA	4	4	0	0
	UKRAINE	1	1	0	0
	<b>Subtotal</b>	<b>12</b>	<b>12</b>	<b>0</b>	<b>0</b>
<b>WA Country Health Service</b>	BANGLADESH	1	1	0	0
	CHINA	5	5	0	0
	EGYPT	4	4	0	0
	INDIA	12	12	0	0
	IRAN	1	1	0	0
	IRAQ	1	1	0	0
	MALAYSIA	1	1	0	0
	MYANMAR	3	3	0	0
	NIGERIA	2	2	0	0
	PAKISTAN	4	4	0	0
	PHILIPPINES	2	2	0	0
	SOUTH AFRICA	1	1	0	0
	SRI LANKA	3	3	0	0
	SUDAN	2	2	0	0
	YEMEN	1	1	0	0
	<b>Subtotal</b>	<b>43</b>	<b>43</b>	<b>0</b>	<b>0</b>

**Appendix D: WBA Statistics Continued**

Wide Bay Hospital and Health Service	BANGLADESH	5	5	0	0
	BRAZIL	1	1	0	0
	COLOMBIA	2	2	0	0
	FIJI	1	1	0	0
	HONG KONG	1	1	0	0
	INDIA	1	1	0	0
	IRAN	1	1	0	0
	LATVIA	2	2	0	0
	MYANMAR	3	3	0	0
	NIGERIA	1	1	0	0
	PAKISTAN	1	1	0	0
	RUSSIA	1	1	0	0
	SOUTH AFRICA	1	1	0	0
	SRI LANKA	3	3	0	0
	SUDAN	1	1	0	0
	UKRAINE	1	1	0	0
	<b>Subtotal</b>	<b>26</b>	<b>26</b>	<b>0</b>	<b>0</b>
<b>Grand Total</b>		<b>286</b>	<b>285</b>	<b>1</b>	<b>0</b>

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

The AMC acknowledges the Aboriginal and/or Torre Strait Islander Peoples as the original Australians and the Māori People as the tangata whenua (Indigenous) Peoples of Aotearoa.

We recognise them as the traditional custodians of knowledge for these lands. We pay our respects to them and to their Elders past, present and emerging, and we recognise their enduring connection to these lands and honour their ongoing connection to those lands, its waters and sky.

