

Multiple Choice Question Examination Specifications

Australian Medical Council Limited – September 2025

“The purpose of the Australian Medical Council is to ensure that standards of education, training and assessment of the medical profession promote and protect the health of the Australian Community.”

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1. General introduction

1.1. Purpose of the document

These guidelines and specifications have been prepared to assist candidates for the Australian Medical Council (AMC) Computer Adaptive test (CAT) Multiple Choice Question examination (MCQ). Candidates should make themselves fully aware of the information provided.

1.2. Privacy

The AMC observes the provisions of the *Privacy Act* which sets out the requirements for the collection and use of personal information collected.

The AMC's full Privacy Policy can be found on the AMC web site at <http://www.amc.org.au/about/privacy-policy>.

1.3. Aims and objectives of the AMC examination process

The AMC examination process assesses, for registration purposes, the medical knowledge and clinical skills of international medical graduates whose basic medical qualifications are not recognised by the Medical Board of Australia.

The process is designed as a comprehensive test of medical knowledge and clinical competence. There are two stages, the MCQ examination and the Clinical examination. Both the MCQ and Clinical examination are multidisciplinary and integrated.

The MCQ examination focuses on basic and applied medical knowledge across a wide range of topics and disciplines, involving understanding of disease process, clinical examination, diagnosis, investigation, therapy and management, as well as on the candidate's ability to exercise discrimination, judgment and reasoning in distinguishing between the correct answer and plausible alternatives. The MCQ is a computer-administered examination.

The Clinical examination assesses the candidate's capacity in such areas as history taking, physical examination, diagnosis, ordering and interpreting investigations, clinical management and communication with patients, their families and other healthcare workers. For more information on the Clinical examination, please refer to the Clinical Examination Specifications booklet on the AMC website www.amc.org.au.

1.4. Eligibility

International Medical Graduates (IMGs) who have a primary qualification in medicine and surgery awarded by a training institution recognised by the AMC are eligible to apply for assessment under the Pathway. For more information on how to apply, please visit the AMC website – www.amc.org.au.

1.5. Standard of the AMC examination

The standard of the AMC examination is defined as the level of attainment of medical knowledge, clinical skills and professional behaviours that is required of newly qualified

graduates of Australian medical schools who are about to commence intern training. These are described in the AMC graduate outcome statements listed in **Appendix A**.

The graduate outcomes form the basis of medical education in Australia and are used to accredit medical schools. They are expressed in terms of four overarching domains:

- 1) Science and Scholarship: the medical graduate as scientist and scholar
- 2) Clinical Practice: the medical graduate as practitioner
- 3) Health and Society: the medical graduate as a health advocate
- 4) Professionalism and Leadership: the medical graduate as a professional and leader

1.6. Standard of performance required

The MCQ examination requires the candidate to demonstrate, knowledge, understanding, analysis and judgement at the level of a graduating final year medical student about to commence the (pre-registration) intern year, across a broad range of required disciplines.

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 majority of the multiple-choice questions reflect common clinical conditions in the Australian community. In order to achieve a satisfactory level of performance, a candidate will require a knowledge of:

- Pathogenesis
- Clinical features
- Investigative findings
- Differential diagnosis
- Management and treatment.

Some questions in the MCQ examination will test basic or essential knowledge and understanding of topics covered by the examination. Other questions will require more higher-level cognitive skills and will test the candidate's ability to interpret clinical data and make diagnostic, investigative or management decisions. Questions may contain images of X-rays, electrocardiograms (ECGs), scans, clinical photographs and other visual material.

In general, the MCQ examination will test a candidate's capacity for reasoning rather than rote learning. The MCQ examination includes questions which are regarded as critical to the safety or clinical outcome for the patient, or are based upon important common conditions and one of:

- Related to life threatening illness; or
- Critical to safe practice (includes professionalism); or
- Successful clinical outcome; or
- Important aspects of public health

2. Structure and content of the MCQ examination

2.1. Structure of the MCQ examination

The MCQ examination is a computer administered examination comprising 150 multiple-choice questions administered over 3.5 hours.

At least half of the questions are taken from a pool of previously calibrated questions. The remainder of the questions are new questions – that is questions that have not previously been used in an AMC MCQ examination. These new questions and candidate responses are inspected and calibrated before being used for scoring.

The examination is delivered as a Computer Adaptive Test (CAT). A CAT format of MCQ is a form of computer-based test administration in which each candidate takes a unique, customised examination. Research has confirmed the comparability between CATs and fixed length tests, but with CATs requiring less than half the number of questions to obtain more precise results.

Each CAT MCQ examination is automatically equated to any other test drawn from the AMC pools. In the CAT MCQ format examination, for each candidate the first question is randomly selected from the item pool. If the answer to the question is incorrect, the next question chosen is a less difficult question; if correct, the next question is a more difficult question. This process is continued as the examination delivers questions based on the previous responses until the last question is reached. After each response, the computer calculates the ability estimate (“score”) based on all the information available and obtained to that point. The precision of the ability estimate improves as the process is continued because the questions are targeted to the latest ability estimate of each candidate.

A pass/fail point (cut score or standard) is defined for the whole examination, and each candidate is measured against this point regardless of the group of candidates with whom they are examined, or the particular set of CAT questions they are administered as part of the examination, or when they take the test.

2.2. Content of the examination

The 150 MCQ questions are selected or blueprinted in the following way.

| AMC | CAT | MCQ BLUEPRINT | | | | | | | |
|----------------|-----|---------------|--------------|---------------|-------|--------------|---------------|-------------------|-------------|
| PATIENT GROUPS | | Adult health | Adult health | Womens health | | Child health | Mental health | Population health | ITEM TOTALS |
| ITEM TOTALS | | [Medicine] | [Surgery] | [Obs] | [Gyn] | | | | |
| | | (30%) | (20%) | (12.5%) | | (12.5%) | (12.5%) | (12.5%) | 150 |

Adult health - Medicine and Adult health - Surgery

These patient groups cover a broad spectrum of adult health and aged care, and involve a sound foundation knowledge of the medical sciences (physiology, biochemistry, anatomy, pharmacology) and an understanding of pathobiology and pathophysiology. They include developed and practiced clinical skills (communication, history taking, physical examination, counselling) an appropriate understanding of principles of treatment and familiarity with current management strategies (investigations, procedural interventions, drug and non-drug therapies).

Women's health

Gynaecology covers a broad spectrum of women's healthcare, and involves all principles of adult health as above. Obstetrics also embodies these principles with the addition of the understanding of the basic sciences as they apply to reproduction and the effects of pathobiology and pathophysiology on the reproductive process (pregnancy, labour, birth and the post-natal period).

Child health

Child health includes developmental dimensions of children's health from fetal development and transition to extra-uterine life to the end of adolescence, including growth, physical development, puberty and intellectual development in normal and abnormal situations. Clinical features and natural history of important conditions are covered including basic pathophysiology of medical and surgical conditions including recognition and management of developmental disability. Core clinical skills and management of common and important conditions in a range of settings (emergency, ambulatory, inpatient, convalescent) are included covering medical, surgical and psychosocial interventions.

Mental health

The assessment, diagnosis and management of psychological, behavioural and mental disorders and illnesses and addictions across all age groups, based on bio-psychosocial and cognitive principles. This includes history, mental state features, investigations and co-morbidities, with management to include the use of psychological/behavioural, physical, pharmacological and psychotherapeutic interventions, with their risks and benefits.

Population health and Ethics

Population health strategies are to improve the health of targeted populations, and include screening activities, surveillance, vaccination programs, population-level education, epidemiology and legislation or disease management measures. Population health concepts may arise in a range of health care settings and across all patient groups, and will include health promotion and disease prevention strategies. Ethical issues cover professional behaviour including boundary issues, patient confidentiality, informed consent and impairment of doctors. Legal issues embrace regulations covering the Australian health care system and the delivery of best practice medicine.

Examination questions within the CAT MCQ examination are classified in terms of both Clinician Tasks and Patient Groups, as follows:

Clinician Tasks

Data Gathering

History taking, mental status examination, physical examination, laboratory testing, imaging, other investigations, and clinical reasoning.

Data Interpretation and Synthesis

Interpretation and synthesis of gathered data. Clinical reasoning, problem identification, setting priorities and risk stratification. Formulation of differential and specific diagnosis, causes and associations with presenting conditions.

Management

Education and health promotion, counselling, psychotherapy, drug and non- drug therapy (including fluid and electrolyte therapy), surgical interventions, radiological interventions, drug interactions and complications, cessation of therapy, rehabilitation, palliative care, interdisciplinary management, family and community care.

MCQ Question Preparation

The MCQ examination is a comprehensive examination of medical knowledge and practice. The AMC recommends that candidates undertake a thorough review of the major topics covered in the examination.

Candidates should familiarise themselves with the MCQ format. Examples of the MCQ examination questions are set out in **Appendix B**.

A wide range of general texts is readily available on this form of examination and its associated techniques. The AMC publication Annotated Multiple Choice Questions also covers these aspects.

MCQ APP

The AMC partnered with eMedici to produce a free online resource to support international medical graduates in preparing for the AMC Multiple-Choice Question exam (MCQ). From April 2025, the MCQ APP was established, containing 210 multiple-choice questions written by AMC contributors to align with the AMC MCQ exam. These items are refreshed every 12 months.

How to get access: Once a candidate has purchased their AMC MCQ Authorisation, they will receive an Acknowledgement email from the AMC. This email includes a link to set up their eMedici account and activate access to the AMC MCQ Questions. A candidate's access will be valid for 12 months from the date they purchased their authorisation.

Review Of Topics

The questions in the MCQ examination are oriented towards the more common clinical applications, differential diagnosis and therapeutics. Accordingly, care should be taken when using major reference type textbooks for revision. Many candidates find it more useful to undertake a comprehensive review of medical journals, such as Australian Family Physician, Current Therapeutics, Australian Prescriber or any of the other journals in general practice medicine. These journals contain useful review articles and summaries of the identification, treatment and management of the more common clinical conditions in the Australian community.

Reconstructed AMC Papers

The AMC is aware that MCQ examination papers which are circulated or available via the internet are claimed to be accurate reproductions of AMC MCQ examination papers. Candidates should exercise care when using these reconstructed papers. The AMC has been provided with copies of these papers and has found many of the question stems and responses to be incorrect. Candidates who base their preparation on such reconstructed papers may have a distorted impression of the format and content of the actual multiple choice questions used in the AMC examination.

Strategies For Answering Multiple Choice Questions

A-Type Questions (One Out Of Five Correct)

Each question consists of a stem followed by five suggested answers or completions. The candidate is required to select the best answer to the question or the best response to the statement. A-type questions aim to determine whether the candidate can differentiate the correct item of information, procedure, treatment or so on, from the plausible alternative. Answers or responses other than the single best answer may be partially correct, but there is only one best answer or response to this type of question.

The candidate should:

- read each question or statement carefully to understand what is being asked
- read each option carefully and eliminate those which appear to be only partially correct
- select the option that they consider to be the most appropriate answer.

Image Or Data Interpretation Questions

In this type of question, an image, diagram, graph, X-ray, ECG or scan is followed by a question or statement and five responses. The candidate is required to decide which is the best answer or response. The aim of this type of question is to test appropriate clinical material in the MCQ examination.

In image and data interpretation questions, candidates may find it easier to read the question or statement first in order to determine what is being asked and then study the image or diagram. It is easier to find the specific information in the image or diagram to answer the question or complete the response if you know what is required.

No Review Of Items

In the MCQ computer administered examination candidates should complete, in the 3.5 hour examination session, all 150 questions. Each question must be answered before a further question will be administered – that is a candidate is not permitted to not answer a question and progress to the next question, and so may not go back to an unanswered question.

Similarly, once a question has been answered, a candidate cannot go back to a previous question and change a response.

Candidates who have previously attempted the MCQ should note this change to remove the ability to review answers. This change brings the AMC MCQ into line with many other MCQ CAT examinations, nationally and internationally, and has been introduced to improve examination question security.

Other Important Information

- Marks will not be deducted for incorrect answers.
- Items are randomised across the blueprint.
- Candidates are advised to pace themselves to balance the need to complete all questions while taking appropriate time to answer each question.
- A timer-clock is included in the examination platform for each individual candidate.

2.3. Scoring of the MCQ Examination

As stated, candidates are expected to answer all 150 MCQ questions in the examination.

It is important to note that the determination of a candidate's ability is not based simply on the number of correct answers given by the candidate. Because of the CAT component of the examination some candidates would have been administered difficult questions whilst others would have been administered easier questions – depending on the correct or incorrect answers to previous questions. Therefore, if candidates have the same number of correct answers, the ability of the candidate that answered the difficult questions will be higher than the ability of the candidate that answered the easier questions.

The AMC score is based on measurement of the candidate ability level and (for convenience) represented on a scale of 0 to 500. A passing score is represented on the scale at 250.

Failure to complete all 150 items in the AMC CAT MCQ examination may lead to insufficient information for a reliable ability to be determined and therefore a result on the AMC adaptive scale. The examination result may be recorded as Fail – insufficient data to obtain result.

Each candidate receives a computer-generated transcript of their results and feedback on their performance in the MCQ examination.

3. Enrolment for the MCQ Examination

3.1. Registration for MCQ examination

The specified dates and times of MCQ examinations are available upon log in to the candidate portal, which can be accessed via the AMC website at www.amc.org.au.

Candidates may only apply for one examination at a time. Therefore, candidates who have been scheduled for an MCQ examination may not lodge an application for another examination before they have received the results of the scheduled examination.

3.2. Venue and scheduling

The AMC conducts the MCQ examinations throughout the year, in centres within Australia and overseas. To view a list of examination venues, please visit www.vue.com/amc.

Pearson VUE provides the venues for the AMC MCQ Examination and controls the online scheduling for AMC candidates to obtain an examination event appointment.

The 12-month authorisation allows candidates to select the most suitable MCQ examination event. Candidates can change examination events and venues without penalty before the closing date for the event, but no changes will be allowed after the closing date.

Once you have received an email from Pearson VUE confirming an authorisation, candidates may schedule for an AMC MCQ examination event by selecting one of the following options:

- Pearson VUE online candidate scheduling system
- Pearson VUE Contact Centres.

Candidates can schedule only one of the MCQ examination events covered in their authorisation. Some examination venues have very limited seat capacity, so places are allocated on a first-come, first-served basis. It is vital that candidates schedule immediately after they have received their authorisation notification.

Once a candidate has scheduled their examination event with Pearson VUE, the AMC will email an official AMC placement letter.

Candidates must arrive promptly and report to the administrative staff in attendance. Once candidates have reported, they will be required to remain, under the direction of the administrative staff, until the examination session concludes.

Candidates arriving late will be excluded from commencing the examination.

4. Fees

4.1. Examination fees

Payment of the examination fee will confirm the placement in the relevant MCQ examination session.

The fees for the AMC examination are reviewed from time to time and are subject to variation.

The examination fees for the MCQ examination (based on current examination costs) are shown on the AMC website (www.amc.org.au). Information regarding withdrawal fees currently applying to the examination are also available on the AMC website.

5. Preparing for the MCQ and the process of the examination

5.1. Before the Examination

The following points are suggested to assist candidates in planning for and sitting the MCQ examination.

5.1.1. Planning for the examination

Candidates should:

- Get a good night's rest before presenting for the examination
- Avoid the use of stimulants or other drugs that may impair performance
- Read their placement letter carefully and note the times and exact location of their examination
- Ensure they arrive on time for each MCQ examination session and give themselves time to settle down before the examination commences
- If travelling from interstate, ensure that they check any interstate time differences and allow extra time in case of delayed flights or travel time between the airport and the city.

5.2 At the examination

5.1.2. AMC Procedure

Candidates reporting for the MCQ examination are required to present two forms of Identification (ID):

- One primary ID (government-issued with name, photo, and signature) – e.g. passport; and
- One secondary ID (name and signature) – e.g. bank card or driver's licence.

Conditions:

- ID documentation presented must be original (no photo copies) and valid (unexpired), with the first name and last name on AMC records to match exactly the first name and last name on the IDs presented on the test day.
- Expired forms of ID will not be accepted unless accompanied by valid renewal papers.
- Any government-issued ID that is missing a visible signature or containing an embedded signature can be supplemented with an original, valid ID that shows a matching name and signature. An additional, secondary ID will still be required.

All candidates must comply with the instructions of examination supervisors during examinations. Failure to do so will constitute a breach of examination procedures and may result in action being taken against the candidate concerned. Candidates are expected to conduct themselves courteously in examinations, correspondence and personal contact with examiners, employees or agents of the AMC. A candidate who does not comply with the instructions of an MCQ examination supervisor, or whose conduct is disruptive or is considered by the AMC to have been outside the bounds of reasonable and decent behaviour, may be debarred from continuing with the examination.

No books or examination material may be used in the AMC MCQ examination. Candidates found to be giving, receiving or recording information during examinations will not be permitted to continue in the examination and may forfeit their eligibility to sit future AMC examinations.

As the AMC MCQ examination is computer administered, the AMC and the computer vendor will make every effort to ensure a smooth and orderly examination administration. However, in extraordinary circumstances beyond the control of the AMC, such as a significant power outage, computer malfunctions or network difficulty, the AMC will take such circumstances into account.

In instances where technical issues prevent a candidate from completing the AMC MCQ examination under standard conditions, the AMC MCQ Results Panel may review the results of the quality assurance procedures and the statistical analyses of candidate responses, to determine whether the results obtained by a candidate reliably reflect their true level of ability. The MCQ Panel may also order a new examination to be undertaken. No additional examination fee will be charged.

The AMC will NOT be responsible for any other costs associated with the examination, including travel costs.

Whilst the AMC provides examination venues to AMC candidates undertaking the examination process, the AMC does not provide 'prayer rooms' for candidates on the day of the examination. Candidates are required to make their own arrangements if a quiet place is required. It should also be noted that the timing schedule of the examination cannot be delayed due to observance of religious requirements.

Candidates are in breach of the examination process if remaining in the examination venue when directed to leave.

Family and friends accompanying candidates to an examination are NOT permitted to enter the examination venue.

5.3 Exam interruptions

Please be aware that technical issues can sometimes occur despite the best efforts of the AMC and Pearson VUE. Our goal is to minimise the impact of any technical issue on your performance so far as practicable. To prevent data loss, your keystrokes are automatically saved every three seconds.

Should you experience any technical or environmental issue during your exam, please immediately raise your hand to alert the invigilator. Your invigilator will attempt to resolve the issue in real time.

If an issue cannot be resolved immediately by the invigilator, they will note this issue on the incident report and you may be rescheduled.

In no circumstance will the AMC or Pearson VUE be liable for any loss or costs incurred by a candidate due to a technical issue.

6. Results

Candidate results will be available to download from their candidate portal at 4.00pm on the Friday, three weeks following their AMC CAT MCQ examination. This is in accordance with the process notified on the AMC website - <https://www.amc.org.au/assessment/mcq/mcq-results/>

Please note: Under no circumstances will results be given over the telephone.

7. Candidate conduct

7.1. General conduct of candidates

Candidates are expected to conduct themselves courteously in examinations, correspondence and in personal contact with examination centre staff, employees or agents of the AMC and other candidates. Candidates whose conduct is disruptive, or is considered by the AMC to have been outside the bounds of reasonable and decent behaviour, may be excluded from the examination and/or refused the opportunity to sit future AMC examinations.

All candidates must comply with the instructions of examination staff during examinations. Failure to do so will constitute a breach of examination procedures and may result in the candidate being excluded from the examination or refused the opportunity to sit future examinations.

A candidate who crosses professional boundaries while undertaking the AMC MCQ examination may be guilty of professional misconduct and may be investigated and subjected to disciplinary action by regulatory authorities.

7.2. Unsatisfactory Results

A feature of the MCQ examination is that because it enables statistical analysis of a candidate's performance, the AMC can form a reliable opinion as to whether the candidate's performance in the examination can be confidently accepted as a fair reflection of the candidate's ability.

Under the *Health Practitioner Regulation National Law*, which regulates registration of doctors in Australia, a fundamental principle is to provide for the protection of the public.

Accordingly, if on analysis the AMC becomes concerned that the candidate's performance may not be confidently accepted as a fair reflection of the candidate's ability, the AMC may identify this concern to the candidate and seek an explanation. The CEO of the AMC will consider the issue, including any explanation from the candidate, and determine whether to withhold a result from the candidate because the CEO decides that the candidate's result cannot be confidently accepted as a fair reflection of the candidate's ability. (This may come about because, for example, analysis indicates that a candidate's results have been materially affected by pre-knowledge of questions or rote learning or regurgitation of pre-learned answers.)

In this circumstance the candidate will be invited to attempt the MCQ examination again.

7.3. Irregular Behaviour

Any attempt to circumvent the objectives or processes of the examination (as described in these Specifications or in other material made available to candidates), the reliability of candidate assessment, or the security of the examination or examination content, may:

- a. produce exam results which cannot be confidently accepted as reflecting a candidate's true ability,
- b. compromise the integrity and security of the MCQ examination and MCQ examination content, and/or
- c. detract from or impede the AMC purpose of protecting the health of Australian patients and

communities.

Accordingly, any candidate:

- found with recording equipment, or recording any aspect of the examination during the examination; or
- who discloses or attempts to disclose or compromise the examination content or procedures (including but not limited to, supplying, offering to supply, selling, or offering for sale materials or details purporting to be AMC examination content); or
- who acts in any way that is in breach of the AMC's intellectual property rights in the examination content or procedures, or inconsistent with those rights; or
- who cheats, or receives or seeks inappropriate outside assistance in their performance in any examination; or
- who otherwise behaves in any inappropriate manner such that the AMC cannot have confidence that the assessment of the candidate is an accurate reflection of the candidate's ability; or
- who provides inappropriate assistance to another candidate, such that the AMC cannot have confidence that the assessment is an accurate reflection of that other candidate's ability; or
- who participates in an examination for a purpose other than a genuine desire to pass that examination, or whose performance in the examination is particularly poor such that it appears that the candidate's purpose in attempting the examination is other than a genuine desire to pass that examination;

may be subject to the following disciplinary processes:

- Any concern identified by the MCQ Results Panel will be reported by the MCQ Results Panel to the CEO for review. The MCQ Results Panel may withhold awarding a result for the examination.
- The candidate will be informed of the concern in writing and provided with an opportunity to respond.
- The AMC CEO will consider all the material, including any response from the candidate, and will determine a final decision regarding the candidate examination result.
- The AMC CEO may also decide that the candidate may not be permitted to continue with any AMC assessment, may be refused the opportunity to sit future examinations, may have their results in the examination withdrawn, may be refused a result for the examination, may be refused the award of the AMC certificate, may have their AMC certificate withdrawn, and/or be reported to the appropriate authorities including the Medical Board of Australia/Australian Health Practitioner Regulation Agency (MBA/Ahpra) or law enforcement authorities.
- Where a concern is identified during the course of an MCQ examination and reported to the AMC CEO, the same person may direct that the candidate be immediately excluded from the examination, and the matter be referred to the MCQ Results Panel for further investigation in accordance with these specifications.

All AMC candidates should be aware that, under Australian law, copyright of all examination materials rests with the Australian Medical Council. No part of any examination may be reproduced, stored or transmitted by any means.

8. Other general information

8.1. Change of address

Candidates are required to update their contact details by logging onto their [AMC account](#) and selecting “Update contact details” on the landing page.

8.2. Further information

If a candidate is in doubt about any aspect of the AMC examination, they should contact the AMC secretariat:

Australian Medical Council
PO Box 4810
Kingston ACT 2604 Australia

Email: MCQ@amc.org.au

Website: www.amc.org.au

Appendix A: The AMC graduate outcome statements

The goal of medical education is to develop junior doctors who possess attributes that will ensure they are initially competent to practice safely and effectively as interns in Australia or New Zealand, and that they have an appropriate foundation for further training in any branch of medicine and for lifelong learning. Attributes should be developed to an appropriate level for the graduates' stage of training.

Included below is the list of graduate outcome statements. These statements, divided into four domains, reflect the skills, knowledge and attitudes that Australian medical students are required to demonstrate upon graduation. Graduate outcome statements can also be found in the AMC's *Standards for assessment and accreditation of primary medical programs*.

Domain 1

Clinical Practice: the medical graduate as practitioner

Domain 1 describes the graduate as a practitioner who provides person-centred care for patients, across the stages of their patients' life, with supervision appropriate for internship. The graduate applies their knowledge and skills in diverse healthcare settings and with patients with diverse needs. The graduates also place first their patients' physical, emotional, social, economic, cultural and spiritual needs and their patients' geographic location, recognising that these can influence a patient's description of symptoms, presentation of illness, healthcare behaviours and access to health services or resources.

On entry to professional practice, Australian and Aotearoa New Zealand graduates are able to:

- 1.1 Place the needs and safety of patients at the centre of the care process and apply safety skills including effective clinical handover, graded assertiveness, delegation and escalation, infection control and adverse event reporting.
- 1.2 Apply whole-person care principles in clinical practice, including considering a patient's physical, mental, developmental, emotional, social, economic, environmental, cultural and spiritual needs and their geographic location.
- 1.3 Practise sensitive and effective communication with patients and their families and carers that promotes rapport and elicits needs, concerns and preferences.
- 1.4 Demonstrate flexible, adaptive and effective communication that supports health literacy and the needs of patients and their families and carers.
- 1.5 Demonstrate culturally safe practice with ongoing critical reflection on their own knowledge, skills, attitudes, bias, practice behaviours and power differentials to deliver safe, accessible and responsive healthcare free of racism and discrimination.

- 1.6 Demonstrate empathic communication with patients and their families and carers through respect for Aboriginal and/or Torres Strait Islander and Māori knowledges of wellbeing, Aboriginal and/or Torres Strait Islander and Māori healthcare models, and obligations to Aboriginal and/or Torres Strait Islander and Māori people when providing culturally safe care. In Aotearoa New Zealand, the obligations to Māori people include those under Te Tiriti o Waitangi.
- 1.7 Integrate knowledge of the health issues and diseases that affect Aboriginal and/or Torres Strait Islander and Māori patients across medical disciplines when providing culturally safe care.
- 1.8 Elicit an accurate, structured medical history from the patient and, when relevant, from families and carers or other sources, including family, social, occupational, lifestyle and environmental features.
- 1.9 Demonstrate competence in relevant and accurate physical and mental state examinations.
- 1.10 Integrate and interpret findings from the history and examination to make an initial assessment, including a relevant differential diagnosis and a summary of the patient's mental and physical health.
- 1.11 Provide accessible information on options, rationales, costs, risks, harms and benefits of health interventions to enable patients and their families and carers to make fully informed choices about the management of their health.
- 1.12 Demonstrate the ability to adapt management proposals to the needs and communication requirements of patients and their families and carers.
- 1.13 Apply scientific knowledge and clinical skills to care for patients across their lifespan, including as children, adolescents and ageing people, and patients in pregnancy and childbirth.
- 1.14 Demonstrate competence in the procedural skills required for internship.
- 1.15 Select, justify, request and interpret common investigations, with due regard to the pathological basis of disease and the efficacy, safety and sustainability of these investigations.
- 1.16 Work within the interprofessional team to identify and justify management options, based on evidence, access to resources and services, and on the patient's needs and preferences.
- 1.17 Prescribe and, when relevant, administer medications safely, appropriately, effectively, sustainably and in line with quality and safety frameworks and clinical guidelines.
- 1.18 Prescribe and, when relevant, administer other therapeutic agents including fluid, electrolytes, blood products and inhalational agents safely and in line with quality and safety frameworks and clinical guidelines.
- 1.19 Record, transmit and manage patient data accurately and confidentially.

1.20 Recognise, assess and respond to deteriorating and critically unwell patients who need immediate care, including those with physical, mental or cognitive condition deterioration, communicating critical information and escalating care as required.

1.21 Demonstrate competence in emergency and life support procedures.

1.22 Apply preventive health approaches, such as screening and lifestyle advice, including to support the ongoing management of chronic conditions.

1.23 Apply the principles of quality care for patients at the end of their lives, avoiding unnecessary investigations or treatment, aligning care with patient values and preferences, and ensuring physical comfort including pain relief, psychosocial support and other components of palliative care.

1.24 Demonstrate digital health literacy and capability in supporting patients and their families and carers to use technology for promoting wellbeing and managing health concerns.

Domain 2

Professionalism and Leadership: the medical graduate as a professional and leader

Domain 2 describes the graduate as a practitioner who provides care to all patients according to Good medical practice: a code of conduct for doctors in Australia and standards of clinical and cultural competence and ethical conduct for doctors, as relevant to the location of their medical education and practice. The graduate also demonstrates understanding of the ethical and legal frameworks relevant to their workplace, and has both knowledge of professional standards, and the ability and aptitude to always practise within them. This includes reflecting on their practice, recognising their own limits and committing to life-long learning. The graduate applies the principles of leadership and effective teamwork in interprofessional teams and contributes to supportive working and learning environments for all healthcare professionals.

On entry to professional practice, Australian and Aotearoa New Zealand graduates are able to:

2.1 Display ethical and professional behaviours including integrity, compassion, self-awareness, empathy, discretion and respect for all.

2.2 Apply the principles of professional leadership, followership and teamwork in healthcare by providing care within interprofessional healthcare teams.

2.3 Demonstrate an understanding of the ethical dimensions of medical practice, and explain the main ethical frameworks used in clinical decision-making.

2.4 Communicate effectively with patients, their families and carers and other healthcare professionals regarding the options and implications of ethical issues related to patient care.

2.5 Recognise the complexity and uncertainty inherent in the healthcare of diverse patients and be aware of the limits of their own expertise.

2.6 Engage with the interprofessional team to optimise patient outcomes, particularly to manage complexity and uncertainty.

2.7 Demonstrate awareness of professional limitations and actively monitor and address personal wellbeing, fatigue, health and safety to support self-care and patient care. This includes seeking support when needed and following the relevant advice of a trusted health professional.

2.8 Manage their time, education and training demands and show ability to prioritise workload to manage patient outcomes and health service functions.

2.9 Respect the boundaries that define professional and therapeutic relationships in clinical practice.

2.10 Explain the options available when personal values or beliefs may influence patient care, including the obligation to effectively refer patients to another practitioner.

2.11 Describe and show respect for the roles and expertise of healthcare and other professionals.

2.12 Demonstrate the ability to learn and work collaboratively as a member of an interprofessional team.

2.13 Demonstrate lifelong learning behaviours, including seeking feedback on, reflecting on and evaluating their own professional practice.

2.14 Seek, reflect on and use feedback in critically evaluating their own professional practice to improve the cultural and clinical safety of their practice for colleagues, patients and their families and carers.

2.15 Describe and apply the legal responsibilities of health professionals, including but not limited to:

- implementing a human rights based approach to health
- accepting a duty of care to patients and colleagues
- maintaining privacy and confidentiality
- completing records, certificates and other documents
- using digital health technology
- undertaking informed consent processes
- managing financial and other conflicts of interest

- applying mandatory reporting mechanisms.

2.16 Apply the principles of effective near-peer teaching, appraising and assessing.

2.17 Contribute to psychosocially safe and supportive working and learning environments, including adhering to and enacting their responsibilities under bullying, harassment, racism and discrimination policies and processes.

2.18 Critically evaluate their own professional practice in the context of health system structures and processes to contribute to culturally safe health environments, with particular awareness of Aboriginal and/or Torres Strait Islander and Māori communities.

Domain 3

Health and Society: the medical graduate as a health advocate

Domain 3 describes the graduate as a practitioner who recognises the diverse needs of patients in communities across Australia and Aotearoa New Zealand, understands the underlying social and environmental determinants of health, and can apply strategies that address health inequities for individual patients, communities and populations. The graduate is committed to health advocacy to improve access and outcomes for individual patients, and to influence system-level change in a socially accountable and environmentally sustainable manner.

On entry to professional practice, Australian and Aotearoa New Zealand graduates are able to:

3.1 Describe differences in healthcare access, healthcare delivery and patient experiences across diverse hospitals and community health settings in metropolitan, rural and remote areas.

3.2 Identify the social, cultural, personal, physical and environmental determinants of health for individuals and communities, including factors related to the ongoing impacts of climate change.

3.3 Describe the ongoing impact of colonisation, intergenerational trauma and racism on the health and wellbeing of Aboriginal and/or Torres Strait Islander and Māori people.

3.4 Describe the systemic and clinician implicit and explicit biases in the health system that impact on healthcare access, experience, quality and safety for Aboriginal and/or Torres Strait Islander and Māori people. This includes understanding current evidence around all forms of racism as a determinant of health and how racism establishes and sustains inequities in health.

3.5 Describe the structural barriers to accessing healthcare services and apply strategies to increase the inclusivity of these services for community groups who experience health inequities and Aboriginal and/or Torres Strait Islander and Māori communities by partnering with those groups.

3.6 Apply health advocacy skills by partnering with patients and their families and carers, and/or communities to define and highlight healthcare issues, particularly health inequities and sustainability.

3.7 Explain, select and apply common population health screening, disease prevention and health promotion approaches in public health.

3.8 Describe how incorporating health technologies in clinical practice can both improve patient experiences and outcomes and present risks, particularly for community groups who experience health inequities and Aboriginal and/or Torres Strait Islander and Māori communities.

3.9 Describe a systems approach to improving the quality, safety, sustainability and inclusivity of healthcare.

3.10 Describe the principles of sustainable and equitable allocation of finite resources to meet the needs of individuals and communities now and in the future, and the roles and relationships between health agencies, disability agencies and services in resource allocation.

3.11 Describe Aboriginal and/or Torres Strait Islander and Māori holistic concepts of wellbeing and Aboriginal and/or Torres Strait Islander and Māori health models, including programs and Aboriginal and/or Torres Strait Islander and Māori specific interprofessional healthcare teams that can enhance patient health outcomes.

3.12 Describe global health issues and determinants of health and disease, including their relevance to healthcare delivery in Australia and Aotearoa New Zealand, the broader Western Pacific region and in a globalised world.

Domain 4

Science and Scholarship: the medical graduate as scientist and scholar

Domain 4 describes the graduate as a practitioner who is committed to expanding their scientific knowledge and who evaluates and applies evidence to their clinical practice. The graduate recognises that research, along with quality improvement and assurance approaches, underpins continuous improvement of clinical practice and the broader healthcare system, and conscientiously supports these activities.

On entry to professional practice, Australian and Aotearoa New Zealand graduates are able to:

4.1 Apply biological, clinical, social, behavioural and planetary health sciences and informatics in health care.

4.2 Apply core medical and scientific knowledge to populations and health systems, including understanding how clinical decisions for individuals influence health equity and system sustainability.

4.3 Describe Aboriginal and/or Torres Strait Islander and Māori knowledges of wellbeing and models of healthcare, including community and sociocultural strengths. Describe best practice approaches that lead to improved and sustained positive Aboriginal and/or Torres Strait Islander and Māori health and wellbeing outcomes.

4.4 Describe the aetiology, pathology, clinical features, natural history and prognosis of common and important conditions at all stages of life.

4.5 Access, critically appraise and apply evidence from medical and scientific literature.

4.6 Apply scientific methods to formulate relevant research questions and identify applicable study designs.

4.7 Comply with relevant quality and safety frameworks, legislation and clinical guidelines, including health professionals' responsibilities for quality assurance and quality improvement.

Appendix B: Sample MCQ's

SAMPLE QUESTIONS

This appendix contains sample question items, which reflect the format and structure of questions to be used in the MCQ examination. The sample questions are provided as a representative sample only.

For the MCQ examination there will be a total of 150 questions.

IMAGE QUESTIONS

In the AMC MCQ examination, photographic questions may be included.

SAMPLE MCQ EXAMINATION

A one-year-old uncircumcised boy presents with 24 hours of fever, pain on urination and some blood in the urine. Which one of the following is the most appropriate method of obtaining a urine sample?

- A. Clean catch mid stream sample
- B. Bladder pressure to obtain clean catch sample
- C. Clean catch urine bag collection
- D. Urinary catheter
- E. Suprapubic bladder tap

A baby is born at term by ventouse delivery with light meconium staining of the liquor. At birth he is slow to breathe and his Apgar scores are 3 at one minute, 5 at five minutes and 9 at ten minutes. Which one of the following components is most important for successful resuscitation?

- A. Mouth and nose suction
- B. Guedel airway placement
- C. Adequate ventilation**
- D. Supplemental oxygen
- E. Tracheal intubation

A 20-month-old boy is with his mother in the supermarket. He puts a lollipop in the trolley and becomes enraged when his mother puts it back. He starts to cry vigorously then suddenly stops breathing. He becomes cyanosed, loses consciousness and has a brief tonic clonic seizure. On examination 15 minutes later, he is alert and interactive. His BP is 95/60mmHg, pulse is 100/min, temperature 37.6°C and neurological examination is normal. Which one of the following is the most likely diagnosis?

- A. Febrile convulsion
- B. Breath-holding spell**
- C. Epilepsy
- D. Syncopal episode
- E. Encephalitis

A 9-year-old Aboriginal girl presents to a regional hospital with the complaint that her ankle has become increasingly painful over the last three days. She had fallen from play equipment at school a week earlier. Except for a recent episode of pharyngitis her previous health has been good. Her temperature is 38.5°C and her pulse rate is 95/min. On physical examination she has a mildly swollen ankle with some pain on movement, but the examination is otherwise normal. The heart sounds are normal and no murmur is heard. The lungs are clear. Which one of the following is the most appropriate initial investigation?

- A. X-ray of ankle.,
- B. Full blood count and ESR**
- C. Ross River virus serology
- D. Ankle joint aspiration
- E. Rheumatoid serology

A 35-year-old woman presents following an intentional overdose. She called an ambulance and admits to taking sertraline but refuses to give any further details. On examination she is irritable, uncooperative and abusive. Her BP is 125/87 mmHg, pulse 112/min and temperature 37.2°C. In addition to β -hCG, which one of the following is the most important investigation?

- A. Arterial blood gas
- B. Blood alcohol level
- C. Urine drug screen
- D. ECG
- E. Paracetamol level**

A 26-year-old woman has been diagnosed with schizophrenia. She lives with her parents. The history is a gradual onset of symptoms from the age of 19. She is now stable on amisulpride 800 mg per day. She has never worked but continues to make attempts to find employment. She complains of difficulty concentrating and thinking clearly and of problems "feeling" her body. Which one of the following is most likely to be associated with a poorer prognosis?

- A. Use of high dose antipsychotic
- B. Insidious onset of illness**
- C. Living with her parents
- D. Somatic sensory deficits
- E. Chronic thought disorder

A 14-year-old girl is brought in by her mother who is concerned about her daughter's low moods and tearfulness. The girl describes six months of feeling sad and anxious with a decrease of energy and loss of interest in recreational activities. Her school grades have deteriorated. She has occasional suicidal thoughts but no plans. Which one of the following is the most appropriate next step in management?

- A. Arrange admission
- B. Commence sertraline
- C. Commence fluoxetine
- D. Cognitive behavioural therapy**
- E. Encourage physical and social activities

A 50-year-old man presents asking for a prostate cancer blood test. He says he has no obstructive or irritative lower urinary tract symptoms. Which one of the following is the most appropriate next step?

- A. Discuss the pros and cons of prostate cancer screening**
- B. Perform a digital rectal examination and prostate specific antigen (PSA) blood test
- C. Arrange a urinary tract ultrasound to assess prostate morphology
- D. Advise that screening is not necessary in the absence of symptoms
- E. Arrange a prostate biopsy

A 45-year-old woman seeks information about her 18-year-old daughter during her own consultation with the family's general practitioner. She is worried about her daughter and believes that she is depressed and has been seeking contraceptive advice from the doctor. She seeks confirmation of this. Which one of the following is the most appropriate action?

- A. Ask that she attend with her daughter at the daughter's next appointment
- B. Discuss the daughter's depression with her
- C. Telephone the daughter now regarding her mother's request
- D. Advise her you cannot discuss any other patients**
- E. Advise that you have not seen the daughter as a patient

A 27-year-old man with a history of heroin dependence presents to the Emergency Department with abdominal pain and vomiting. He appears agitated in mood, and has tachycardia and fever and dilated pupils. He admits recent use of cocaine and heroin. Which one of the following clinical findings is most helpful in differentiating cocaine intoxication from heroin withdrawal?

- A. Agitation
- B. Abdominal pain and vomiting
- C. Tachycardia
- D. Dilated pupils
- E. Fever**

A 23-year-old woman presents to her general practitioner at 16 weeks gestation in her first pregnancy with frequency and mild stinging when she passes urine. Her temperature is 37.3°C and pulse 84/min. On abdominal palpation there is suprapubic tenderness. Which one of the following is the most appropriate management?

- A. No treatment as these symptoms are common in pregnancy.
- B. Request a midstream urine specimen and await culture.
- C. Prescribe a wide-spectrum antibiotic after midstream urine specimen collection.**
- D. Insert an indwelling catheter to ensure free drainage of urine.
- E. Perform a suprapubic bladder tap to obtain an uncontaminated urine specimen

A 37-year-old woman presents to the Emergency Department at 12 weeks gestation in her fourth pregnancy with intermittent lower abdominal cramps and vaginal bleeding. She has a regular cycle with five days of bleeding every 28 days, and is certain of her dates. Her previous three pregnancies each ended in miscarriage before 10 weeks. Speculum examination confirms a moderate amount of blood with clots in the vagina. On bimanual palpation, the uterus is anteverted with size equivalent to 8 weeks gestation. The cervix easily admits one finger. Which one of the following is the most likely diagnosis?

- A. Cervical incompetence
- B. Threatened miscarriage
- C. Missed miscarriage
- D. Incomplete miscarriage**
- E. Ectopic pregnancy

A 29-year-old primigravid woman at 36 weeks gestation presents after not noticing any fetal movements for 24 hours. The pregnancy has been uncomplicated until now, with all routine screening tests normal. On examination the symphysiofundal height measures 34 cm. The fetus is in cephalic presentation with the head 3/5 palpable abdominally. Which one of the following is the most appropriate next step in management?

- A. Serum estriol assay
- B. Cardiotocograph (CTG)**
- C. Obstetric ultrasound
- D. Biophysical profile
- E. Induction of labour

A 19-year-old woman presents to her general practitioner with intermittent spotting from the vagina since commencing a triphasic oral contraceptive pill one month ago. The bleeding is not associated with sexual intercourse. She has been with the same partner for one year. A recent screen for sexually transmitted infections was negative. On examination, the vagina and cervix appear normal. Which one of the following is the most appropriate management?

- A. Increase the estrogen dose
- B. Increase the progestogen dose
- C. Change to a biphasic pill
- D. Recommend an etonogestrel contraceptive implant instead.
- E. Continue the current medication and review in two months**

A 75-year-old man presents following two episodes of blurring of vision affecting the right eye over the past month. Each episode lasted for five minutes with complete resolution. Neurological examination is normal. Ocular examination shows normal eye movements and pupil reactions. Which one of the following is the most appropriate initial investigation?

- A. Ocular tonometry
- B. Carotid duplex Doppler studies**
- C. CT head
- D. Holter blood pressure monitoring
- E. ESR

A 23-year-old woman complains of diarrhoea with offensive stools and loss of 5 kg weight over the previous 3 years. She now weighs 50 kg. There is no history of abdominal pain or abdominal operations. Physical examination shows a slightly distended abdomen, muscle wasting and glossitis.

Haemoglobin, 90 g/L, (115-165)

Mean Cell Volume, 110 fL, (80-100)

Which one of the following is the most likely cause?

- A. Multiple jejunal diverticulosis
- B. Pernicious anaemia
- C. Gluten-sensitive enteropathy**
- D. Ulcerative colitis
- E. Crohn disease

A 79-year-old man presents complaining of pains in his thighs and arms. He has noticed increased difficulty in climbing stairs for the last two weeks.

His current medications are:

Atorvastatin, 80 mg daily

Sertraline, 100 mg daily

Furosemide, 40 mg daily

Digoxin, 62.5 µg daily

Atenolol, 50 mg daily

Enalapril, 10 mg daily

On examination, there is some tenderness of upper arm and thigh muscles, and mild weakness of hip flexion. Electrolytes, liver function tests and full blood examination are all normal. Creatine kinase is 8,000 U/L (70-380). Which one of the following is the most likely diagnosis?

- A. Polymyalgia rheumatica
- B. Atorvastatin induced myopathy**
- C. Stiff man syndrome
- D. Sertraline-induced myositis
- E. Hypokalaemic myopathy

A 27-year-old woman presents with a three week history of greenish brown discharge from the right nipple. She first noticed this when she squeezed her nipple while washing in the shower. On examination, she has no breast masses. The nipple appears normal. Small volumes of greenish brown discharge can be produced from three openings in the central right nipple. Which one of the following is the most likely diagnosis?

- A. A, Mastitis
- B. B, Duct ectasia**
- C. C, Breast cancer
- D. D, Fibrocystic change
- E. E, Physiological discharge

A 23-year-old moto-cross rider is brought to the Emergency Department following an accident. There is a 6 cm laceration over the anterior aspect of his tibia which is clearly deformed. His foot is well perfused. Which one of the following is the most appropriate initial step in management?

- A. **IV antibiotics**
- B. Fracture reduction
- C. Lavage
- D. Surgical debridement
- E. Tetanus toxoid administration

A 32-year-old man is brought into the Emergency Department with a six hour history of increasing pain in his right arm. He is confused and unable to give a clear history, but it appears that two days ago he injured his arm, sustaining abrasions when he fell off his trailbike. He is disoriented, with a temperature of 39.2°C, BP of 108/60 mmHg, pulse 110/min and oxygen saturation 96% breathing room air. His right arm is red and swollen, with blistering visible away from the wound site. His haemoglobin is 146 g/L (130-180), white cell count 38 x10⁹/L (4-11) and creatinine 155 umol/L (60-120). Apart from the immediate administration of antibiotics, which one of the following is the most appropriate next step in management?

- A. Intubation, ventilation and dialysis
- B. Wound biopsy
- C. CT right arm
- D. Hyperbaric therapy
- E. **Surgical debridement**

A 50-year-old man presents with the 2 cm lesion shown (see image) on the left side of his upper abdomen. This has been present for two months and is slowly getting larger. Which one of the following is the most appropriate next step in management?

- A. Observe and review in one month
- B. Cryotherapy and curette
- C. Sentinel node biopsy
- D. Punch biopsy
- E. **Excision biopsy**



A 24-year-old woman presents to the Emergency Department with a painful swelling on the right side of the neck, worsening over the past three days. She is now having noisy breathing, difficulty swallowing and is feeling sweaty. On examination she looks in distress, with a temperature of 38.2°C, BP 100/70 mmHg and pulse 110/min. She has tender, enlarged lymph nodes on the right side of her neck. A view inside her mouth is shown in the photograph (see image). Which one of the following is the most appropriate management?

- A. Amoxycillin
- B. Incision and drainage**
- C. CT head and neck
- D. Ultrasound neck
- E. Endotracheal intubation



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