



 Australian Medical Council Limited

Annual Report

Ensuring that the standards of education, training and assessment of the medical profession promote and protect the Australian community.



Acknowledgement of Country

The Australian Medical Council acknowledges Aboriginal and/or Torres Strait Islander Peoples and Māori Peoples as the Traditional Custodians of the lands the AMC works upon.

We pay respects to Elders past, present and emerging and acknowledge the ongoing contributions that Indigenous Peoples make to all communities. We acknowledge the government policies and practices that impact on the health and wellbeing of Indigenous Peoples and commit to working together to support healing and positive health outcomes.

The AMC is committed to improving outcomes for Aboriginal and/or Torres Strait Islander and Māori Peoples through its assessment and accreditation processes including equitable access to health services for First Nations Peoples.

Contents

Our vision	4
Our strategic pillars	4
Our values	5
A message from Geoff McColl, AMC President	5
Year in review from Philip Pigou, AMC CEO	5
Pillar 1: Our accountability	6
Specialist medical college accreditation of training sites	7
Key Deliverables for 2025	8
Partnership with NAATSIHWP to strengthen culturally safe clinical care	9
Pillar 2: Medical education and training responsive to community health needs	10
Strengthening international medical graduate assessment and experiences	11
The AMC assesses international medical graduates seeking medical registration to practise in Australia.	11
Strengthening international medical graduate assessment and experiences	11
Priority scheduling for online clinical exam	13
A new AMC Test Centre	15
Assessment Program redesign	16
International Medical Graduate Conference 2025: Working together to build a stronger, safer and more supported international medical graduate workforce	17
Mapping the journeys of international medical graduate assessment and registration	18
Working with bridging course providers to better support international medical graduate assessment preparation	20
Exam preparation resources	20
Launch of the AMC MCQ preparation app	21
Reducing AMC examination fees	22
Review of external contributor fees	22
Enhancements to examination feedback and new AMC certificate designs	23

Contents

Advancing medical education	24
Promoting medical education and training that is responsive to the workforce needs of Australian communities	25
Supporting medical schools to implement the revised Standards for Primary Medical Programs	25
Assessor training workshops	26
Responding to community expectations in the revised Standards	26
Review of the Standards for Assessment and Accreditation of Specialist Medical Programs	26
The National Framework for Prevocational Medical Training	27
PGY2 Completion Certificate	28
AMC accreditation leadership engagement	28
Pillar 3: Promoting Aboriginal, Torres Strait Islander and Māori Health	29
Aboriginal and/or Torres Strait Islander health outcomes and cultural safety in assessment	31
Collaborating with medical schools to support continuous improvement in exam design	31
Cultural safety training and resources	32
Cultural safety learning resources for international medical graduates	32
Cultural safety training for exam contributors	32
New cultural safety training for health professions accreditation assessors	32
Advancing cultural safety and connection across the AMC	33
Connecting our teams to country, culture, and community	33
Guest Speakers at the AMC	34
Culturally safe spaces at events	34
Pillar 4: Professional practice in a changing world	35
New AMC Interprofessional Education and Collaborative Practice Award	36
Fostering collaborative practice across the health professions	37
Pillar 5: Business with a purpose	38
Investing in our people and culture	39
Partnership with MobReady	39
Process and systems improvement	40
Progress so far	40
Our Governance	41
Governance and Constitution Review	42
Directors	43
Council members	46
Committees	47
Accreditation Committees	49
Assessment Committee	52
Finance, Audit and Risk Management (FARM) Committee	53
Investment Reserves Advisory Group	53
Financial overview	54
AMC Annual Financial Report	55
Glossary	55
External Contributor Fees	55
Investments	56
Risk, Compliance and Policy Framework	56
Investing in our environment	57
Going solar	57
Appendix A: Medical program accreditation activities and decisions 2024–25	58

OUR VISION

Excellence in healthcare through a highly trained medical workforce

• OUR STRATEGIC PILLARS

Our five strategic pillars represent our key areas of focus and intent, align to our mission and vision, and reflect our core values.

While this annual report has been structured in line with our strategic pillars, the majority of our projects and work span a number of pillars with cultural safety embedded across all that we do.



1

Our accountability

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



2

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.



3

Promoting Aboriginal, Torres Strait Islander and Māori Health

Ensuring culturally safe practice to improve health outcomes.



4

Professional practice in a changing world

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



5

Business with a purpose

Managing our business in an ethical, efficient and sustainable way.

OUR VALUES



A MESSAGE FROM GEOFF MCCOLL, AMC PRESIDENT

▶ [Link to video](#)

YEAR IN REVIEW FROM PHILIP PIGOU, AMC CEO

▶ [Link to video](#)

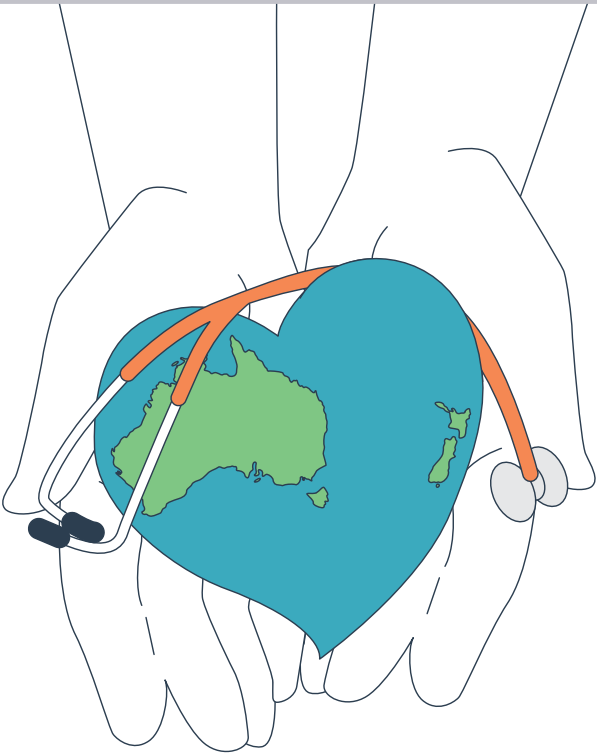


OUR ACCOUNTABILITY

PILLAR



We are working with partners and stakeholders to respond to government directives and reforms designed to address medical workforce shortages and improve access to high-quality medical care for all Australians.



Specialist medical college accreditation of training sites

The AMC is working collaboratively with specialist medical colleges and jurisdictions to address the [Ministerial Policy Direction 2023-01](#) and the recommendations from the [National Health Practitioner Ombudsman's \(NHPO\) Report into the accreditation of specialist training sites](#) which recognise that effective accreditation of Australia's specialist medical training sites. The review recognises that effective supports quality and safe patient care.

The AMC has established a joint project with the colleges and jurisdictions to implement 15 of the 23 recommendations, engaging the consultancy Miller Blue Group to support this work. These recommendations focus on improving communication between stakeholders and achieving greater consistency in accreditation processes, policies, and decisions across the specialist medical colleges. The remaining eight recommendations will be implemented directly by the individual colleges.

The AMC is addressing aspects from the policy direction within the review of standards for specialist medical program that's in progress. See [Review of the Standards for Assessment and Accreditation of Specialist Medical Programs](#).

Key Deliverables for 2025

Following on from Health Ministers' approval of the AMC-developed [Communication Protocol](#) between colleges and jurisdictions, Health Ministers endorsed in 2025 a set of [Model Standards](#) and [Model Procedures](#) for specialist medical college accreditation of training settings.

The model standards outline the standards and criteria that colleges will use to assess training settings, ensuring alignment with training program outcomes and promoting national consistency. The model procedures will standardise processes and terminology across colleges, supporting transparent decision making.

Implementation will occur progressively, with some colleges beginning to apply the model standards in January 2026. All colleges are required to implement the mandatory elements of the model procedures by February 2026, which include applying the risk framework for decision making, procedural fairness, and the use of common terminology.

To support this work, we are developing a range of resources to assist colleges with implementing the model standards and procedures. They include:

- Evidence collection template
- Model accreditation report template
- Guidance on accreditation reports
- Guidance on the design of accreditation surveys
- Guidance on application of the risk framework
- Guidance on assessing standards relating to cultural safety and delivery of culturally safe care
- Merits review process guidance and checklist
- Complaints management guidance and checklist.

Other key works in progress

Work is continuing on:

- a draft framework for colleges and jurisdictions for **managing concerns and complaints** about accredited specialist medical training settings.
- **college-specific requirements** to support the model standards.
- the development of a joint approach to **measuring supervision**.

► [Learn more about the joint project](#)

See also [Review of the Standards for Assessment and Accreditation of Specialist Medical Programs](#)



Partnership with NAATSIHWP to strengthen culturally safe clinical care

The AMC and the National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAATSIHWP) have entered into a significant new partnership aimed at supporting culturally safe clinical care for Aboriginal and/or Torres Strait Islander peoples.

The partnership reflects the two organisations shared commitment to health equity and community-led change. It will:

- continue the work to embed cultural safety as a foundational principle in medical education and professional practice
- support medical professionals to deliver continuous, respectful care to Aboriginal and/or Torres Strait Islander peoples
- strengthen the recognition and integration of Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners across the healthcare workforce
- enhance medical education and assessment through the inclusion of Aboriginal and/or Torres Strait Islander perspectives and cultural knowledge.

“It recognises that real and lasting change comes from partnerships led by community expertise and grounded in cultural safety. Together with NAATSIHWP we are proud to launch a partnership that places cultural safety, workforce recognition and shared leadership at the centre of our work.”

- Professor Geoff McCall, AMC President

“This collaboration marks an important step forward in the AMC’s commitment to improving health outcomes for Aboriginal and/or Torres Strait Islander peoples,” said Professor Geoff McCall, President of the AMC.”

| Image (from L-R): Kuku Yalanji man Karl Briscoe - CEO NAATSIHWP, Bundjalung man David Follent - Chairperson of the Board of Directors NAATSIHWP, Geoff McCall AMC President and, Margaret McCallum - Board member on the Ahpra Aboriginal and Torres Strait Islander Health Practice Board of Australia.





PILLAR

MEDICAL EDUCATION AND TRAINING RESPONSIVE TO COMMUNITY HEALTH NEEDS

We are committed to delivering world-class assessments that support the development of a highly skilled, culturally safe, and patient-centred medical workforce.

The AMC assesses international medical graduates seeking medical registration to practise in Australia. We partner 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.

► [Learn more about AMC assessment](#)

Strengthening international medical graduate assessment and experiences

Throughout 2024–2025, the AMC has achieved significant milestones through collaboration, innovation, and a strong focus on candidate experience.

These achievements reflect AMC's strategic priorities, including improving accessibility, embedding cultural safety, enhancing transparency, and strengthening partnerships with stakeholders.

Verification 24/25FY

Quick stats



10,358

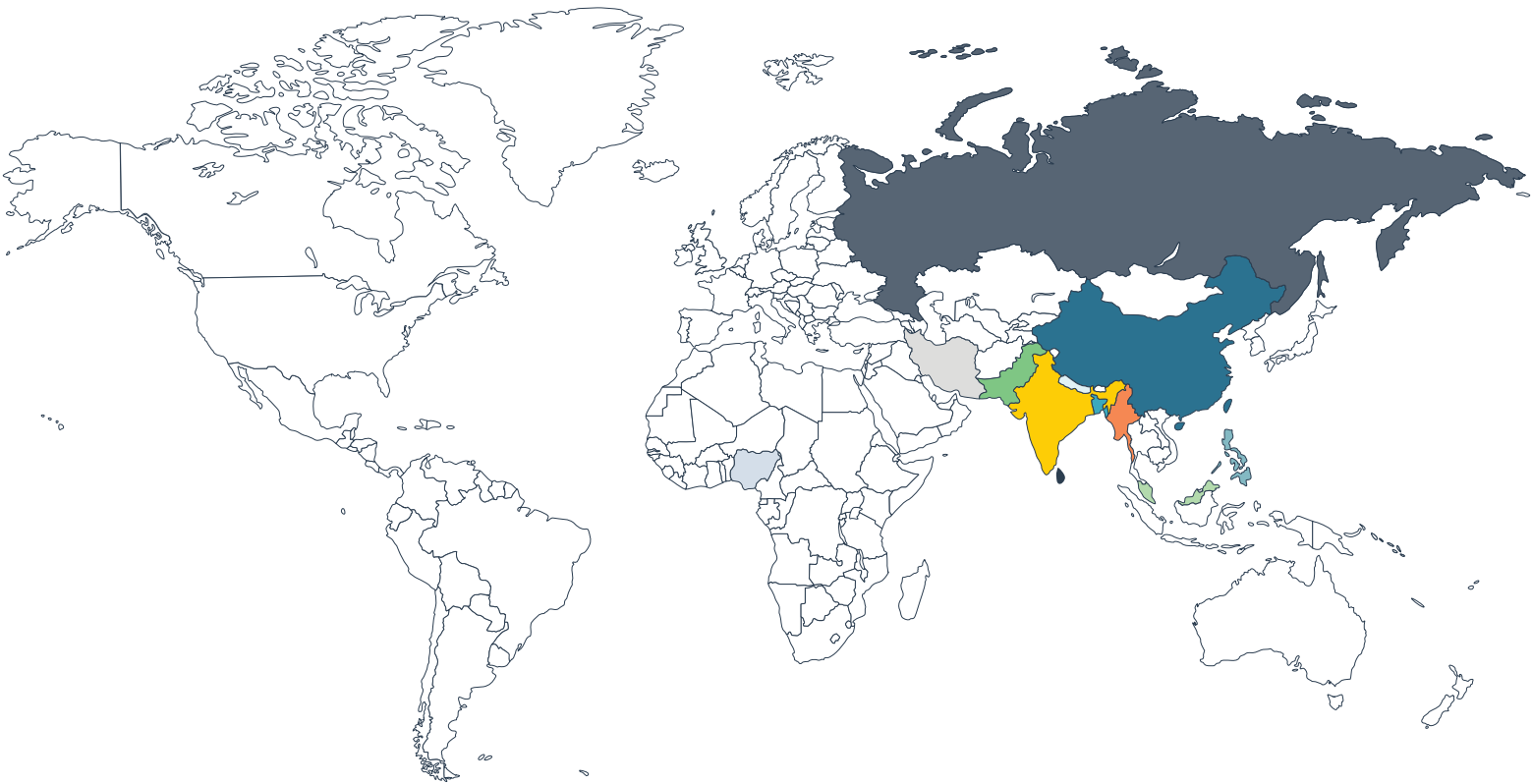
Verifications of **Primary Qualifications** – 8% increase on previous year



3,509

Verifications of **Postgraduate Qualifications** – 8% increase on previous year

Top ten countries of training



7,821

MCQ examinations – 23% increase on previous year:
Domestic **2,482**
International **5,339**

24/25FY		
Position	Country of training	Total
1	India	936
2	Sri Lanka	819
3	Philippines	590
4	Pakistan	587
5	China	468
6	Bangladesh	432
7	Iran	321
8	Malaysia	250
9	Nepal	184
10	Nigeria	175

2,401

Clinical Examinations– 8% increase on previous year:
Online **1,113**
In-Person **1,288**

24/25FY		
Position	Country of training	Total
1	Sri Lanka	340
2	India	328
3	Pakistan	287
4	Bangladesh	179
5	China	158
6	Philippines	144
7	Iran	121
8	Malaysia	97
9	Myanmar	63
10	Russia	62

Priority scheduling for AMC's online clinical exam

In 2025, the AMC introduced **priority scheduling for online clinical exams** to support international medical graduates working in rural and remote Australia.

This initiative ensures that international medical graduates who are supporting healthcare delivery in underserved areas can access online exam opportunities in a timely manner.

The AMC recognises the vital contribution of international medical graduates in addressing healthcare needs across Australia, particularly those areas which cover rural, remote, and very remote areas.

This prioritisation will:

- Facilitate progression toward full registration for IMGs working in these regions.
- Support the delivery of healthcare services where they are needed most.
- Acknowledge the challenges faced by IMGs in accessing exams while working in rural and remote areas.



Workplace-based Assessment

Quick stats



400

Workplace-Based Assessments –
40% increase on
previous year



5

New workplace-based assessment programs given initial accreditation

- Canterbury Hospital
- West Gippsland Healthcare Group
- Peel Health Campus
- St John of God Midland Public Private Hospital
- Townsville Hospital and Health Service

Workplace-based assessment program locations



24/25FY

Map Location	WBA Provider	Total
1	*Armadale Kalamunda Group	3
2	~Canterbury Hospital	-
3	Central Coast Local Health District	25
4	Central Queensland Hospital and Health Service	13
5	~Darling Downs Hospital and Health Service	-
6	*Gold Coast Hospital and Health Service	13
7	Hunter New England Local Health District	44
8	Illawarra Shoalhaven Local Health District	16
9	Joondalup Health Campus	3
10	Latrobe Regional Hospital	8
11	Limestone Coast Local Health Network	3
12	*Mackay Hospital and Health Service	15
13	*Metro North Hospital and Health Service	5
14	Mid North Coast Local Health District	13
15	Mildura Base Public Hospital	6
16	Monash Health	15

24/25FY cont.

Map Location	WBA Provider	Total
17	Nepean Blue Mountains Local Health District	4
18	Northern Adelaide Local Health Network	15
19	Northern New South Wales Local Health District	5
20	~Peel Health Campus	-
21	*Rockingham General Hospital	5
22	South Western Sydney Local Health District	24
23	~St John of God Midland Public Private Hospital	-
24	Sunshine Coast Hospital and Health Service	27
25	Tasmanian Health Service	53
26	~Top End Regional Health Service	-
27	~Townsville Hospital and Health Service	-
28	Western Australia Country Health Service	34
29	*Western Sydney Local Health District	10
30	~West Gippsland Healthcare Group	-
31	Wide Bay Hospital and Health Service	41

A New AMC Test Centre

In February 2025, we proudly celebrated a major milestone with the successful opening of the new AMC Test Centre in Melbourne, marking a significant investment in the future of medical assessment in Australia.

Following extensive planning, mock examinations, and operational testing, the facility successfully delivered pilot clinical examinations in February 2025, ensuring a seamless experience for candidates, examiners, and simulated patients.



The official opening on 11 February 2025 was attended by AMC leadership, Assessment Committee members, Indigenous representatives, and key stakeholders. As part of the proceedings, Gunditjmara man and artist Tommy Day provided multiple tours for guests, to showcase the cultural design elements he embedded in the new centre through his work on the AMC build project.

Tommy's story narrative speaks to the country that the test centre is built on and teaches us about the navigation of the Eel and the star constellation seen in the night sky at certain periods of the year. The constellation indicates to Aboriginal people of the region that the Eel is about to begin its journey. The Eel continues this migration today through the Yarra river which sits adjacent to the new test centre in Docklands Melbourne.

| Image above: Gunditjmara man and artist Tommy Day at the AMC Test Centre

| Image far right: The Eel Trap floor motif within the AMC Test Centre designed by Tommy Day.



The Test Centre, purpose-built to support AMC clinical examinations, features state-of-the-art facilities, advanced digital infrastructure, improved accessibility, and culturally safe environments. This investment strengthens AMC's capacity to meet growing candidate demand while maintaining the highest standards of fairness and consistency.

To reflect and celebrate Aboriginal culture within the Test Centre, the Program Team, in collaboration with the IPP team and local Wurundjeri artists, is commissioning artworks for key spaces, including the exam lounge, candidate lounge, and staff offices.

► [Learn more about the AMC Test Centre](#)

Assessment Program redesign

The AMC has embarked on a major project to **redesign the Standard Assessment Pathway** for international medical graduates so that it continues to evolve in a way that supports future workforce needs, maintains relevance, and reflects best practice in licensure assessment. This work reflects national reform priorities and aligns with the AMC Strategic Plan and its commitment to strengthening assessment pathways and supporting a sustainable medical workforce.

The project is exploring several interconnected areas, including:

- the purpose and structure of the pathway
- factors influencing performance
- and opportunities to better support international medical graduates in preparing for their exams.

The redesign considers how the pathway can better embed cultural safety, particularly in relation to Aboriginal and/or Torres Strait Islander peoples, through a shared approach that ensures assessments are respectful, inclusive, and aligned with broader health equity goals. A key focus will also be on how well the pathway integrates with existing frameworks, such as the Prevocational Framework, and whether it is feasible for both the AMC and the broader healthcare system.

The redesign project represents a significant strategic investment in the future of international medical graduate assessment. While the work is complex and long-term, it reflects the AMC's commitment to continuous improvement, equity, and excellence in assessment. The insights gained through this process will inform future decisions and ensure that the pathway remains responsive to evolving workforce needs, regulatory expectations, and the diverse communities we serve.

The project is informed by data and insights from previous assessments and international medical graduate feedback — one source includes the AMC's [International Medical Graduate Assessment Experiences and Performance Project](#) which included a survey capturing the experiences of more than 4,000 international medical graduates.

► [Download the survey report.](#)



International Medical Graduate Conference 2025: Working together to build a stronger, safer and more supported international medical graduate workforce

In September, the AMC hosted its inaugural [International Medical Graduate \(IMG\) Conference](#) in Melbourne, bringing together a broad spectrum of stakeholders — international medical graduates, regulators, educators, health services, colleges and policy-makers — to share experiences and explore opportunities to support international medical graduates in their journeys.

Under the overarching theme of **Working together to build a stronger, safer and more supported international medical graduate workforce**, the conference featured keynotes, workshops, hackathons, “rounds reimagined”, and presentation streams organised around three pillars: **stronger, safer, and supported**.

The conference created space for international medical graduates to share their lived experiences — navigating assessment, migrating and adapting to a new country, achieving registration, and contributing to the medical workforce. Their stories reflecting an extraordinary resilience, professionalism, and a deep commitment to caring for the Australian community.

We also heard from stakeholders across assessment, education, training, regulation and employment about initiatives to better support international medical graduates in their journeys, including:

- more flexible and enabling pathways to registration
- health and wellbeing support
- resources to bridge knowledge gaps and assist with exam preparation
- programs and resources that support integration into the Australian medical workforce.

This is the first conference dedicated specifically to international medical graduates and their experiences with assessment, registration, and practising medicine in Australia. Stakeholders who missed out on the opportunity to attend in person, can register for online access up until June 2026.

| Image: Attendees at the 2025 International Medical Graduate Conference



Mapping the journeys of international medical graduate assessment and registration

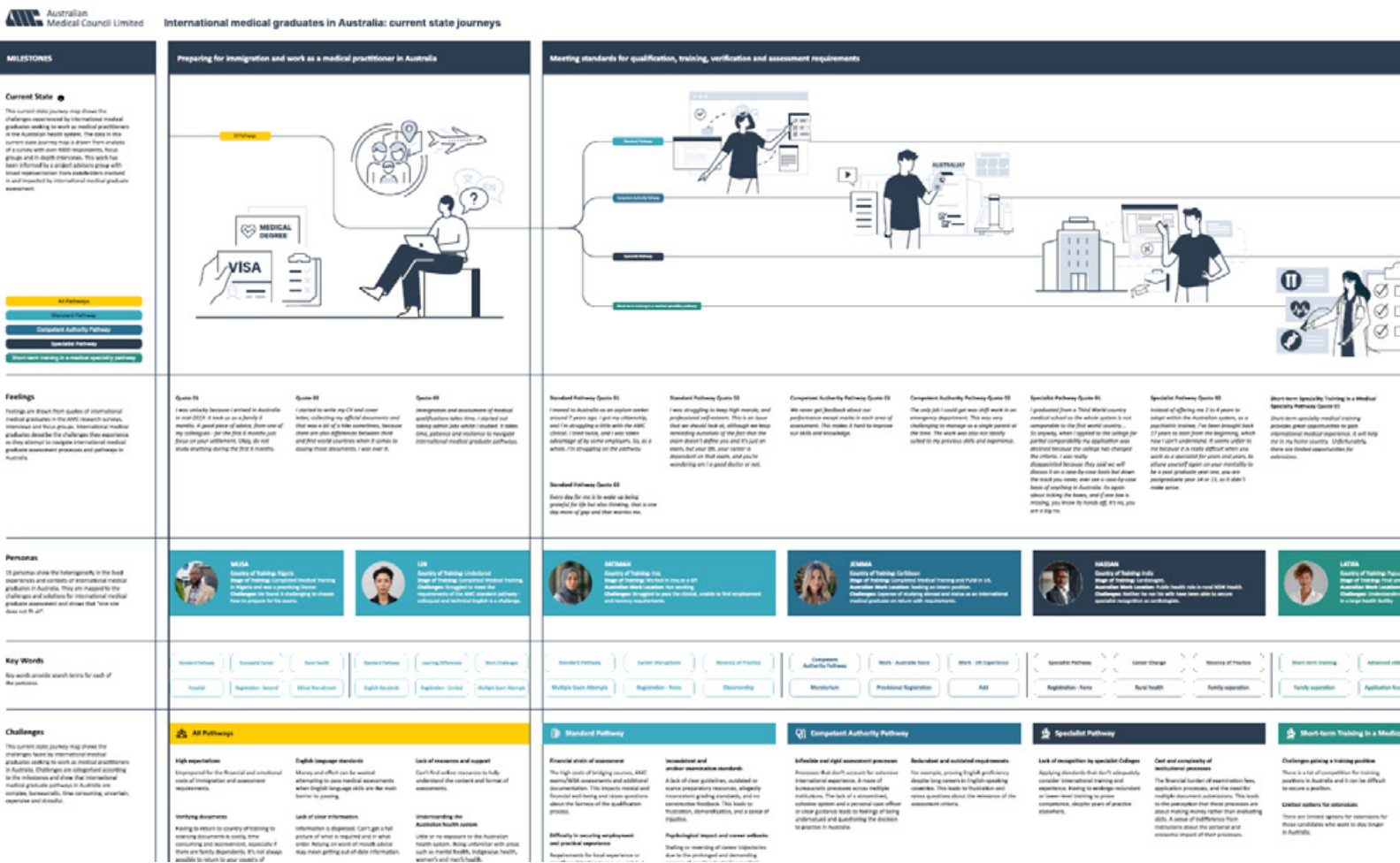
The AMC has led a multi-year, cross-sectorial project with international medical graduates and other stakeholders to better understand the barriers to and enablers of international medical graduates successfully navigating the pathways to practice in Australia.

▶ Learn more about the project.

Together, the personas and journey maps form the basis of an [interactive website](#) that was launched this year. The interactive site allows users to explore the journeys of international medical graduates, the pain points, challenges and possible solutions.

This project has resulted in a clear plan for the health sector on the challenges and enablers of international medical graduate assessment and registration. We have identified a number of strategies that are clearly within the remit of the AMC, and we are progressively creating projects to scope and progress this work.

One of the main aims of the project was to show the diversity of international medical graduate experience, their journeys, and their contributions to the Australian health system. We worked with stakeholders to develop personas and journey maps which provide a much richer understanding of the lived and diverse experiences of international medical graduates as they navigate the pathways to practice medicine in Australia.



| Image: Journey Map Current State

| Image left: Interactive Journey Map Website

All pathways

Preparing for Immigration and Work as a Medical Practitioner in Australia

Explore milestones ▾



Our strategic work has identified a lot of initiatives that are cross-sectorial. We have reached out to other organisations including the Medical Board of Australia, the Australian Health Practitioner Regulation Agency, the Commonwealth Government, Australian Medical Association (AMA), colleges and health services and are keen to continue to build great partnerships to progress further improvements to international medical graduate assessment and registration.

We strongly believe that international medical graduates and the health services where they work are best placed to provide guidance on how to resolve the challenges that they face in navigating assessment and registration pathways. We have listened to their voices and their ideas continue to shape our work.

| Image below: IMG Persona Card example - Mohamed



Mohamed

PERSONA DESCRIPTION

Mohamed, male, 45, single. Country of Training – Malaysia as a GP. He worked for a period in Dubai, UAE and then immigrated to Australia. He is currently a Director of Clinical Training in a small regional hospital in SA. He is currently a supervisor and integrated into his Australian community. His qualifications were assessed through the GP specialist pathway and he went through smoothly although he found the Pre-employment Structured Clinical Interview (PESCI) assessment to be challenging in terms of preparation, time taken and cost. He is seen to be a great communicator, an extravert, and a people person. His motivation for coming to Australia was for adventure – he loves to travel and to have a more balanced life style. He has adapted well and quickly to living in Australia. He has very good English. He initially had some problems with his contracts as a GP – they were not comparable with that of his colleagues. This was resolved through intervention of a colleague – a fellow international medical graduate, who had a bit more experience with contract negotiation and salary benchmarks. Mohamed has five years left to meet moratorium requirements and is planning to move to an area of need (AON) position and then on completion he wants to find work in outer metro NSW. He has had great supervision and support from peer international medical graduates.

AGE
45 Years of Age

GENDER
Male

RELATIONSHIP STATUS
Single

COUNTRY OF TRAINING
Malaysia

STAGE OF TRAINING
Completed medical degree and worked as a GP in Malaysia.

PATHWAY
GP SPECIALIST PATHWAY

MOTIVATIONS TO COME TO AUSTRALIA
For adventure – he loves to travel and to have a more balanced life style.

AUSTRALIAN WORK LOCATION
Small regional hospital in South Australia.

STRENGTHS
Strong clinical skills gained in a diverse range of international contexts. He is a great communicator and has gained positive feedback from trainees. Many trainees have commented that they have learnt a lot from him. He has a very strong understanding of rural health and good rapport with his patients and colleagues.

CHALLENGES
No clear challenges

ASPIRATIONS
To keep advancing in his medical career and enjoy life and travel adventures.

ENABLERS
He has had great supervision and support from peer international medical graduates.

Working with bridging course providers to better support international medical graduate assessment preparation

The AMC has launched a strategy of support to build stronger collaboration with bridging course providers and other education providers engaged in examination preparation for international medical graduates. This will form an ongoing program of support which will be delivered over the coming years.

Early in 2025, we ran a webinar workshop for bridging course and education providers to better understand the perspectives of international medical graduates, AMC examiners and bridging course/education providers and the support needed to achieve success in the AMC examinations.

Close to 40 providers attended the workshop which drew overwhelming positive feedback. Highlights include:

- Sharing the strategic plans of the AMC designed to improve the examination and better support international medical graduates.
- Discussing key areas of challenge and insights from stakeholders.

- Brief presentations, panel discussions, interactive whiteboard activities and Q and A.
- Identifying collaboration opportunities to improve experiences for international medical graduates and increase efficiencies of international medical graduate entry into the Australian medical workforce.

A further face-to-face session is planned for November 2025 at the new AMC Test Centre in Melbourne. In this session we will explore further areas of challenge facing international medical graduates in undertaking the AMC clinical examination with a view to improving preparation and support.

Mock videos have been prepared for this session to explore with bridging course providers simulated examples of candidates undertaking a typical examination case. We will also have opportunities to do a walk-through of the facility and to share insights about the use of technology and the design features of the new centre.

Exam preparation resources

Clinical exam preparation resources

We have published two comprehensive guides developed in collaboration with examiner and item writers to support international medical graduates prepare for the clinical exam.

- [Assessment Domain Guidelines](#)
- [Tips from Examiners](#)

These guides focus on exam performance and understanding the Predominant Assessment Areas (History, Examination, Diagnostic Formulation, and Management/Counselling/Education) and Assessment Domains, which form the blueprint for the clinical exam. The guides are aligned with the [Clinical Examination Specifications](#).

The [Tips From Examiners](#) document provides an overview of expectations across station types, such as emphasising reading stems carefully, attending to task time allocations, and focussing performance on the required tasks.



Launch of the AMC MCQ preparation app

This year we launched a new [MCQ Preparation App](#) in partnership with eMedici, strengthening the support and resources available to international medical graduates as they prepare for the AMC MCQ Examination.

The app provides a high-quality, accessible, and user-friendly resource aimed at building candidate preparedness and confidence.

Key features of the app:

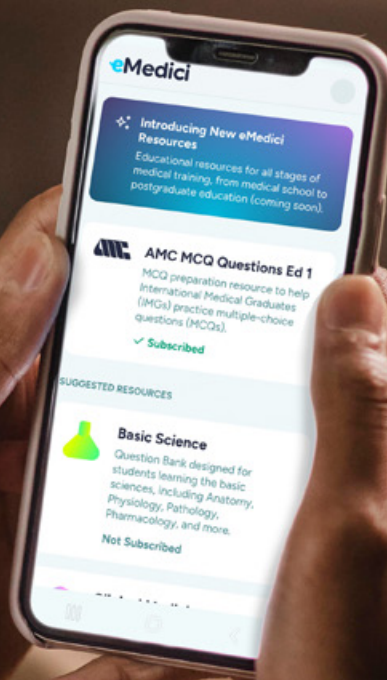
- More than 200+ practice questions aligned with the AMC MCQ examination format.
- Feedback on responses to promote active learning and knowledge retention.
- Cross-platform compatibility, accessible via desktop, iOS, and Android devices.
- Free access for candidates purchasing an AMC MCQ authorisation from 30 April 2025 onwards.

By mid-July 2025, more than 3,000 international medical graduates had already accessed the app. Initial user feedback has been overwhelmingly positive, with candidates highlighting the app's ease of use, quality of content, and effectiveness in helping them prepare for the AMC MCQ examination.

Later in 2025, the AMC will undertake a comprehensive review of usage patterns, candidate engagement, and user feedback to evaluate the app's effectiveness and identify opportunities for enhancement.

The launch of this app represents an important milestone in the AMC's broader digital transformation strategy, reinforcing its dedication to improving candidate experience and fostering equitable access to high-quality preparation resources.

▶ [Learn more about the app](#)



Reducing AMC examination fees

In July 2024, the AMC reduced the **AMC CAT MCQ examination fee from \$3,124 to \$2,920**, for all applications received from 8 January 2024. This decision, grounded in benchmarking against international standards, will help to ease financial pressure at a pivotal step in the assessment journey of international medical graduates.

The AMC also **reduced the in-person Clinical Examination fee from \$3,991 to \$3,000** and the online fee from \$4,391 to \$3,400. The reduced fee came into effect on 1 July 2025; to ensure fairness, the AMC processed refunds for candidates already booked into July – September 2025 sittings.

Lowering costs supports candidate preparedness, progression, and wellbeing, helping more international medical graduates move efficiently through assessment to medical registration and, in turn, supporting entry of skilled doctors into Australia's health system.

Looking ahead, the AMC will continue to ensure fees remain appropriate, transparent, and sustainable.

▶ [See our website for further information about examination fees.](#)



Review of external contributor fees

As part of the 2025/26 budgeting process, the AMC undertook a structured review of fees payable to external contributors, benchmarking against other health-profession accreditation authorities, the Medical Board of Australia, and accredited education providers.

The review focused on recognising contributor expertise, ensuring market alignment, and supporting sustainable delivery of high-quality assessments.

Changes include:

- Alignment of the sessional fee with the clinical examiner fee, improving equity across comparable roles and simplifying administration.
- A 3.9% increase applied to all contributor rates, reflecting market movements and the AMC's commitment to fair remuneration.
- An increase in the superannuation rate to 12% from 1 July 2025.

These changes acknowledge the skill, time, and professional judgement that contributors bring to every assessment—whether chairing an examination day, assuring quality, or engaging directly with candidates.

The AMC will continue to monitor market benchmarks and operational needs to ensure fees remain appropriate, transparent, and sustainable.

Enhancements to examination feedback and new AMC certificate designs

We have introduced significant improvements to our examination result feedback and certificate designs.

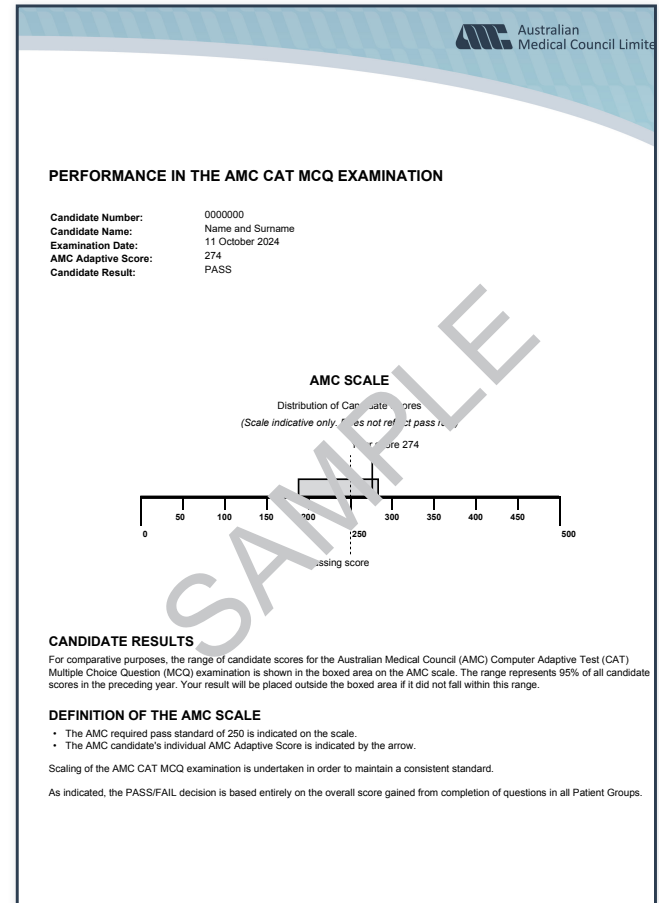
A new Candidate Feedback system for the AMC Multiple-Choice Question (MCQ) Examination was launched to provide clearer and more detailed insights into candidate performance. The updated format includes:

- Graphical performance breakdowns to illustrate individual results against key benchmarks.
- Detailed summaries of performance by domain, allowing candidates to identify strengths and areas for improvement.
- Clearer explanations of scoring standards, helping candidates better understand their results and prepare effectively for future assessments.

These enhancements support greater transparency and empower candidates with meaningful feedback to guide exam preparation.

We have also introduced updated designs for several key documents that include:

- AMC Certificates issued upon successful completion of AMC assessments.
- EICS Verification Certificates (Educational Commission for Foreign Medical Graduates International Credentials Services).
- Certificates of Completion for Postgraduate Year Two (PGY2), aligned with the National Framework for Prevocational Medical Training.



| Image above: Sample of updated AMC Feedback form.

| Image below: Sample of updated AMC Certificate.



The redesigned certificates and examination result feedback formats reflect the AMC's refreshed visual identity, ensuring a modern, secure, and professional presentation of key documents.

AMC Certificate

Quick stats

1,126

AMC certificates awarded

Advancing medical education

We develop and uphold standards across the continuum of medical education and training to ensure that doctors have the necessary skills, knowledge and behaviours to deliver safe, high-quality care.

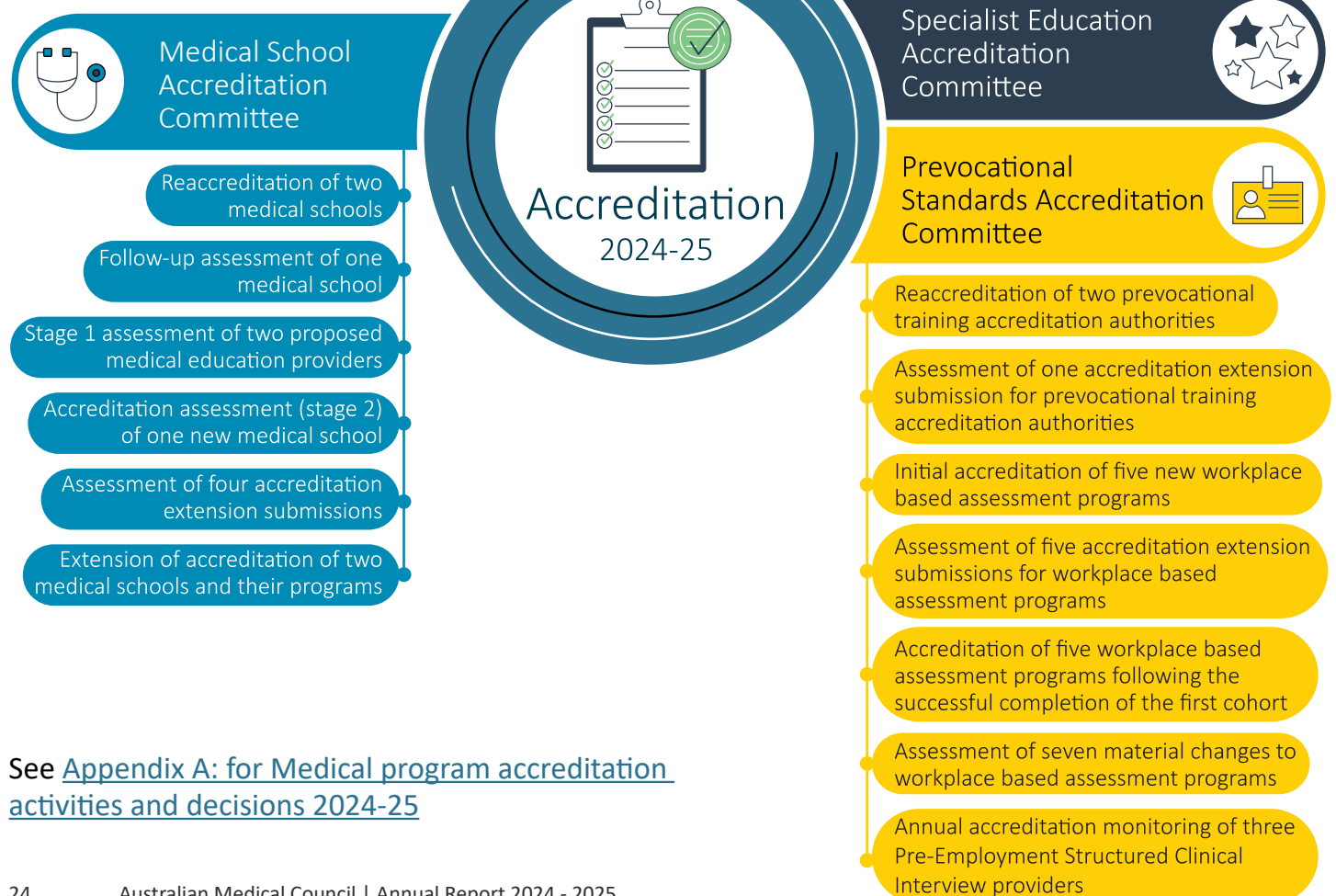
The AMC develops standards for all phases of medical education and training, accredits programs that meet these standards and monitors programs to ensure that they continue to meet the standards. The AMC's standards, processes and reports are also relied upon by the Medical Council of New Zealand to make decisions about programs that are acceptable qualifications for registration in New Zealand.

AMC accreditation processes apply to :

- **primary medical education programs** provided by university medical schools
- **prevocational phase**, 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**

► **Learn more about AMC accreditation**

► **Learn about the standards and procedures of AMC accreditation**



See [Appendix A: for Medical program accreditation activities and decisions 2024-25](#)

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

Supporting medical schools to implement the revised Standards for Primary Medical Programs

The revised [Standards for Assessment and Accreditation of Primary Medical Programs](#), which took effect from 1 January 2024, articulate a new benchmark for high quality medical education that is responsive to the needs of our communities across Australia and New Zealand.

- The standards build on requirements to ensure the involvement of community members in teaching and program design, with greater consideration of people who face inequities in their health care.
- The standards place a greater focus on patient-centred care, ensuring an understanding of individual patient needs and context, as well as the systemic barriers they may face in accessing healthcare.
- There is also a recognition of the need for doctors to embrace technology in healthcare, understanding the opportunities, challenges and ethical considerations.
- The standards have a strong focus on cultural safety in all aspects of medical education.

To assist medical schools with implementing the standards, the AMC monitored the self-assessments of all 20 providers not undergoing accreditation.

In line with AMC values, the planning and delivery of the work followed a co-design process with expert Aboriginal and/or Torres Strait Islander and Māori reviewers who formed a Desktop Review Team. Twenty non-Indigenous reviewers and reviews from the Medical School Accreditation Committee supplemented their work. This three-way review ensured that submissions were considered by each of the standards, as a whole school and with an Aboriginal and/or Torres Strait Islander and Māori lens.

Decisions on accreditation were jointly made by the AMC Medical School Accreditation Committee and the AMC Indigenous Committee. Providers were given individual feedback on their submissions. The AMC also produced a summary of key themes and trends which was provided to stakeholders including The Australian Medical Students Association, the New Zealand Medical Students Association, the Medical Council of New Zealand and the Medical Deans of Australia and New Zealand.

This process supported medical schools in understanding their obligations in relation to the revised standards, and to encourage thinking about how they will work towards meeting the revised standards. The AMC is updating the [guidance matrix](#) with examples of practice that demonstrate sound planning towards meeting the standards.

An Indigenous staff member attended all accreditation visits during the implementation of the revised standards. This was to allow for greater Indigenous presence on the visits and provide additional cultural support for the Indigenous panel members.

A cultural safety protocol for additional support both pre and post visit, to accompany the current support given on visits. This includes appropriate protocols on country and pronunciation of different words.

Members of the Desktop Review team shared their reflections on the desktop review process in an article “How can accreditation systems meaningfully support cultural safety and equity for First Nations peoples?” published in the **Medical Journal of Australia**.

Assessor training workshops

During the year, the AMC delivered three day-long Assessor Training Workshops to support the accreditation of programs under the revised standards, with content delivered in part by the AMC Indigenous Policy and Programs team.

The AMC hosted a Chairs' discussion to support their important role in leading the assessment of the implementation of the revised standards. The AMC worked with the **Medical Council of New Zealand (MCNZ) to deliver Whakatere Ahurea: Navigating Cultural Confidence and Safety in Aotearoa training**, facilitated by Richard Tankersley, Kaitiaki Mana Māori – The Guardian of Māori Authority at MCNZ. This training supported the Committee (with the delegation of decision-making authority) to make informed decisions in the Aotearoa context and supported the upcoming reaccreditation for the University of Auckland.

Responding to community expectations in the revised Standards

The Commonwealth Senate Community Affairs References Committee considered issues related to menopause and perimenopause, with the Inquiry's [final report](#) making two recommendations to the Australian Medical Council. The Medical School Accreditation Committee determined that the guidance matrix could be updated to clarify that statements which refer to lifespan, include menopause and perimenopause.

The Committee further considered correspondence from Australian Medical Students' Association (AMSA) Queer and agreed to update the [guidance matrix](#) to **ensure programs consider gender-affirming care in line with community expectations**.

In December 2024, **Australia's health practitioner regulators collaborated and released a [joint statement](#) condemning family violence**. The statement recognises the role of regulators in the collective effort to end family violence by supporting victim-survivors, setting clear expectations of health practitioners, and taking regulatory action as appropriate. **The guidance matrix will be updated to reflect this statement**. A subsequent Reference Group was formed, of which the AMC is a member, represented by Committee Chair Professor Jane Dahlstrom.

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, establishing a Standards Review Working Group chaired by Professor Alison Jones to lead scoping, review and development.

The AMC is committed to a co-design and shared decision-making approach. Within the context of the Standards Review, this 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 Aboriginal and/or Torres Strait Islander and Māori Committee sub-group, chaired by Dr Artiene Tatian, has been reestablished to progress the work in this area.

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, including how it is structured within the broader specialist medical program standards to maximise efficiency and outcomes.

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

The AMC has conducted extensive stakeholder consultation as part of review processes, including more than 50 stakeholder meetings and a formal written consultation on the scope of the review and proposed direction for change which gathered 59 responses. Stakeholder feedback will continue to inform review processes as the project moves into the detailed review, development and testing phase.

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.

▶ See [Specialist medical college accreditation of training sites](#)

The National Framework for Prevocational Medical Training

The ePortfolio

The AMC worked with the Commonwealth and representatives of Australian jurisdictional prevocational training accreditation authorities as project manager to design and deliver a national ePortfolio system, [Clinical Learning Australia \(CLA\)](#). CLA supports the implementation of the [National Framework](#) and acts 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.

CLA 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. The AMC continues to work closely with MyKnowledgeMap, the National e-Portfolio Project Board, and end users to ensure ongoing success in implementation of CLA.

CLA

Quick stats

CLA was launched in March 2025 and as of September 2025:

18,000+

users have been loaded into the system

26,000+

forms have been submitted (mid and end of term assessments, EPAs, log book entries etc.)

63%



of health services responsible for prevocational (PGY1 and PGY2) medical education **are actively using Clinical Learning Australia**

Clinical
LEARNING
Australia

The ePortfolio for **prevocational doctors**





PGY2 Completion Certificate

All jurisdictions began implementing the revised National Framework for Prevocational Medical Training for PGY1 in 2024. 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 beginning to implement for PGY2 in 2025.

The AMC developed and agreed a process with prevocational training accreditation authorities for generating certificates for PGY2 doctors across the ACT and NSW. The certificate of completion of PGY2 indicates an Assessment Review Panel has determined that the prevocational doctor has completed a structured year of generalist practice and has met the training and assessment requirements as described in the National Framework .

More than 900 PGY2 certificates have been distributed using this process. An ongoing process for national use in 2025 and beyond is being developed.

AMC accreditation leadership engagement

The Committee formally attended and participated in the 2024 Medical Deans Symposium and a one-off medical school selection symposium, presented to the AMSA presidents retreat and NZ Medical Students Association, and gave a poster presentation at the 2024 ANZHAPHE conference.

The AMC actively participated in the **Health Professionals Accreditation Collaborative Forum Adelaide University Working Group** to enable a smooth process for reporting of information to many accreditation authorities regarding the universities' merger and transfer of accredited programs to the new institution.

PILLAR

PROMOTING ABORIGINAL, TORRES STRAIT ISLANDER AND MĀORI HEALTH



The AMC is committed to improving health outcomes for Aboriginal and/or Torres Strait Islander and Māori people through all of its work. The **AMC’s Aboriginal and/or Torres Strait Islander and Māori Strategy** sets out our strategic actions to support cultural safety and Indigenous health.

In 2024/25 we continued to build on our partnerships with Aboriginal and/or Torres Strait Islander and Māori organisations and stakeholders to strengthen cultural safety in assessment and accreditation.

Aboriginal and/or Torres Strait Islander and Māori health practitioners and professionals continue to guide and influence all aspects of our work. Their leadership and expertise are embedded across key committees, working groups, and governance structures, including :

- Aboriginal and/or Torres Strait Islander and Māori Committee
- Aboriginal and/or Torres Strait Islander Project Advisory Group for Assessment
- Aboriginal and/or Torres Strait Islander Writing and Review Group for Assessment
- Aboriginal and/or Torres Strait Islander and Māori members on the Medical School Accreditation Committee
- Aboriginal and/or Torres Strait Islander and Māori Desktop Review members for Accreditation Visits
- Aboriginal and/or Torres Strait Islander and Māori members on the Specialist Education Accreditation Committee
- Aboriginal and/or Torres Strait Islander and Māori representatives in Prevocational Accreditation Assessment Teams
- Two Aboriginal and/or Torres Strait Islander Directors and one Māori Director on the AMC Board
- Aboriginal and/or Torres Strait Islander members on the Assessment Committee

This integrated representation ensures that Aboriginal and/or Torres Strait Islander and Māori voices are central to the development, delivery, and review of AMC programs and standards.

Aboriginal and/or Torres Strait Islander health outcomes and cultural safety in assessment

The AMC established the **Aboriginal and/or Torres Strait Islander Health Outcomes and Cultural Safety in Assessment Project Advisory Group (PAG)** in 2024. This group brings together Aboriginal and Torres Strait Islander leaders, clinicians, educators, and assessment experts to guide changes and ensure strong collaboration with medical schools, Indigenous health units, and national partners.

The **Aboriginal and/or Torres Strait Islander Health Content Review Group** was formed in November 2024 and has already reviewed existing MCQ items for cultural safety. Insights from this work are shaping the revision of the AMC's Culturally Safe

Writing Guide and AI item creation projects. **Planning is also underway for the creation of a discipline writing group to expand Indigenous Health and cultural safety content across written and clinical assessments.**

Governance and operational systems have been strengthened, including the AMC Code of Conduct, ensuring cultural safety principles are embedded into everyday assessment practice.

Collaborating with medical schools to support continuous improvement in exam design

In July 2025, the AMC in collaboration with medical schools held a clinical exam writing workshop at the AMC Test Centre in Melbourne. The workshop brought together a broad range of contributors: members of the Aboriginal and/or Torres Strait Islander Project Advisory Group and Content Review Group, members from Clinical Exam Writing Groups, AMC desktop reviewers, and Australian medical school representatives.

The program centred on OSCE scenario development and design, and understanding the expectations of a 'just good enough' candidate. Participants worked through practical examples — interrogating stems, refining tasks and timings, and clarifying observable behaviours and marking anchors — to strengthen consistency in clinical assessment.

A major focus was embedding Aboriginal and/or Torres Strait Islander health and cultural safety more fully within the clinical examination. Robust, thoughtful discussions examined how international medical graduates (IMGs) demonstrate culturally safe practice; the legal and professional obligations under Australian law; and feasible approaches to assessing these competencies.

One proposal was a dedicated reflection station, assessing how candidates would tailor care for an Aboriginal and/or Torres Strait Islander patient — considering cultural protocols, safe communication and collaboration with Aboriginal and/or Torres Strait Islander health workers.

The workshop's outcomes included clearer guidance for writers and examiners and further discussion of a shared library of clinical scenarios. Recommendations from the workshop are now under review by the Assessment team.

The AMC engaged members of the Ilbijirri theatre company through orientation sessions at the Test Centre, leading to the employment of two Aboriginal and/or Torres Strait Islander exam marshals. This collaboration aims to build pathways into the simulated patient program, with ongoing engagement to encourage broader community participation in AMC examinations.

Cultural safety training and resources

Cultural safety learning resources for international medical graduates

Collaboration with NAATSIHWP and Australian Indigenous Health Info Net is progressing to co-develop tailored resources for international medical graduates, including a proposed online portal and interactive community health map.

These resources will provide practical, Aboriginal and Torres Strait Islander-authored guidance to support safe and effective practice.

Cultural safety training for exam contributors

Cultural safety training has been rolled out across the AMC. Since March 2025, **93 casual staff, including simulated patients and exam marshals**, have completed training modules provided by the Seedling Group and delivered by the AMC's Indigenous Policy and Programs team.

Training for examiners and committee members commenced in August 2025, with 72 people undertaking training in the first month. Cultural safety training has seen strong engagement across the AMC community, and we look forward to a further five modules being created and shared with us soon. These programs embed cultural safety into both assessment delivery and governance.

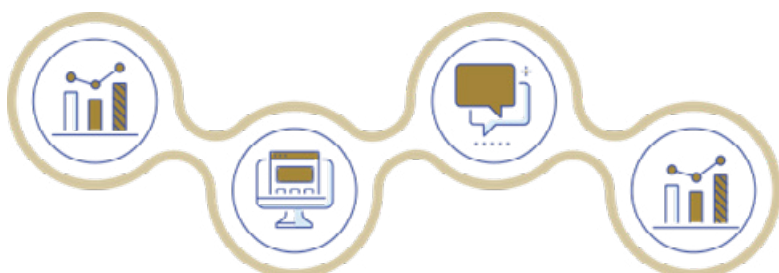
New cultural safety training for health professions accreditation assessors

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.



Quick stats

Cultural Safety Training since March 2025



93

casual staff, including simulated patients and exam marshals



72

examiners and committee members have commenced training since August 2025

Advancing cultural safety and connection across the AMC

We have developed **two key policies focused on Cultural Safety and Anti-Racism**, reflecting a strong commitment to fostering a culturally safe and inclusive environment. Both policies have been shaped through Indigenous collaboration and grounded in the lived experiences of Aboriginal and/or Torres Strait Islander peoples.

Their development has centred on elevating the voices and perspectives of Aboriginal and/or Torres Strait Islander stakeholders of the AMC. The formal launch and implementation of these policies across all areas of the organisation are scheduled for October 2025.

We continue our commitment to cultural safety through ongoing training for new staff and directors. Throughout 2024-25, up to **200 AMC staff engaged in cultural safety training** which includes a series of webinars developed by the Seedling Group delivered by Indigenous Policy and Programs (IPP) team staff.

The IPP team and Seedling group have committed to expanding on existing cultural safety modules and creating new modules - new topic themes will include allyship and cultural safety journey for international medical graduates.

The Seedling Group conducted an evaluation of the cultural safety training to better understand how the AMC ensures and considers cultural safety, how this is experienced day-to-day, what changes have taken place, how changes are shaping the way people work, connect, and care, as well as opportunities for improvement.

▶ **Watch a video of the AMC CEO talking about the importance of cultural safety at the AMC.**

Guest Speakers at the AMC

Every year we host 2–4 speaking sessions annually, inviting Aboriginal and/or Torres Strait Islander leaders and allies to share their experiences and work in health and wellbeing.

Ms Kayleen Brown, a proud Wulbunja Yuin and Bundjalung women and Director of Aboriginal Health at Southern Local Health District, NSW Health, spoke on her experience working with international medical graduates to assist them in transitioning into the Aboriginal health and community sector. Kayleen shared her passion for creating culturally safe and culturally appropriate health practices for the community, providing staff with an in-depth look and understanding of Aboriginal kinship systems, which is important to understand in the health context.

William (Billy) Thompkins, a proud Ngunnawal and Wiradjuri man, conducted a smoking ceremony and spoke to AMC staff about his experience as a member of the Stolen Generation. This event commemorated the date of the Apology delivered by the then Kevin Rudd Labor government in 2008. Staff learned about the history of the Stolen Generation practice in the ACT region and how it has impacted the Ngunnawal people and their families.

These sessions provide staff with powerful perspectives, fostering deeper understanding and connection.

Culturally safe spaces at events

Every AMC event, workshop, or meeting attended by Aboriginal and/or Torres Strait Islander or Māori stakeholders includes:

- a culturally safe and welcoming space
- engagement with local communities for Welcome to Country
- support of Aboriginal and/or Torres Strait Islander businesses for cultural products, catering, supplies, and participant gifts

Culturally safe spaces are spaces where Aboriginal and/or Torres Strait Islander and Māori peoples feel heard and empowered. They:

- provide refuge and reflection in a setting that may otherwise centre dominant paradigms and colonial systems.
- affirm self-determination through a space led by and for Aboriginal and/or Torres Strait Islander and Māori peoples.
- showcase cultural products and the associated cultural knowledge that is specific to a particular place. Support Aboriginal and/or Torres Strait Islander and Māori businesses and rights to economic prosperity.
- promote wellbeing, cultural integrity, and meaningful connection at events.

This initiative recognises that cultural safety is not optional – it is essential for equity, quality education and justice in health care and learning environments.



Connecting our teams to country, culture, and community

Teams from Assessment, Accreditation, Information Communications Technology and Corporate Services participated in On Country, connection to country workshops with Ngunnawal custodians. Staff had the opportunity to explore sacred places, cook traditional foods, and practice Aboriginal weaving.

The Melbourne AMC Test Centre team connected with a Bunurong elder on Country in Naarm (Melbourne), learning about local history, plant uses, creating bush medicine and practicing Aboriginal weaving.

Cultural updates to staff

The Indigenous Policy and Programs team continues to provide regular email communications covering:

- Aboriginal and Torres Strait Islander health
- Cultural themes and significant milestones
- Relevant dates and educational resources

| Image: AMC on country day, April 29 2025. Walk was taken at the Theodore Grinding grooves site. The team visited this site with Ngunnawal traditional custodian Byamee Williams. This is a site where Ngunnawal people ground down grain to make traditional bread. The teams then travelled to Cuppacumbalong homestead and learned how to cook traditional bush foods over coals of the fire. Cuppacumbalong is the meeting of two rivers a significant site for the Ngunnawal people.

PROFESSIONAL PRACTICE IN A CHANGING WORLD

PILLAR



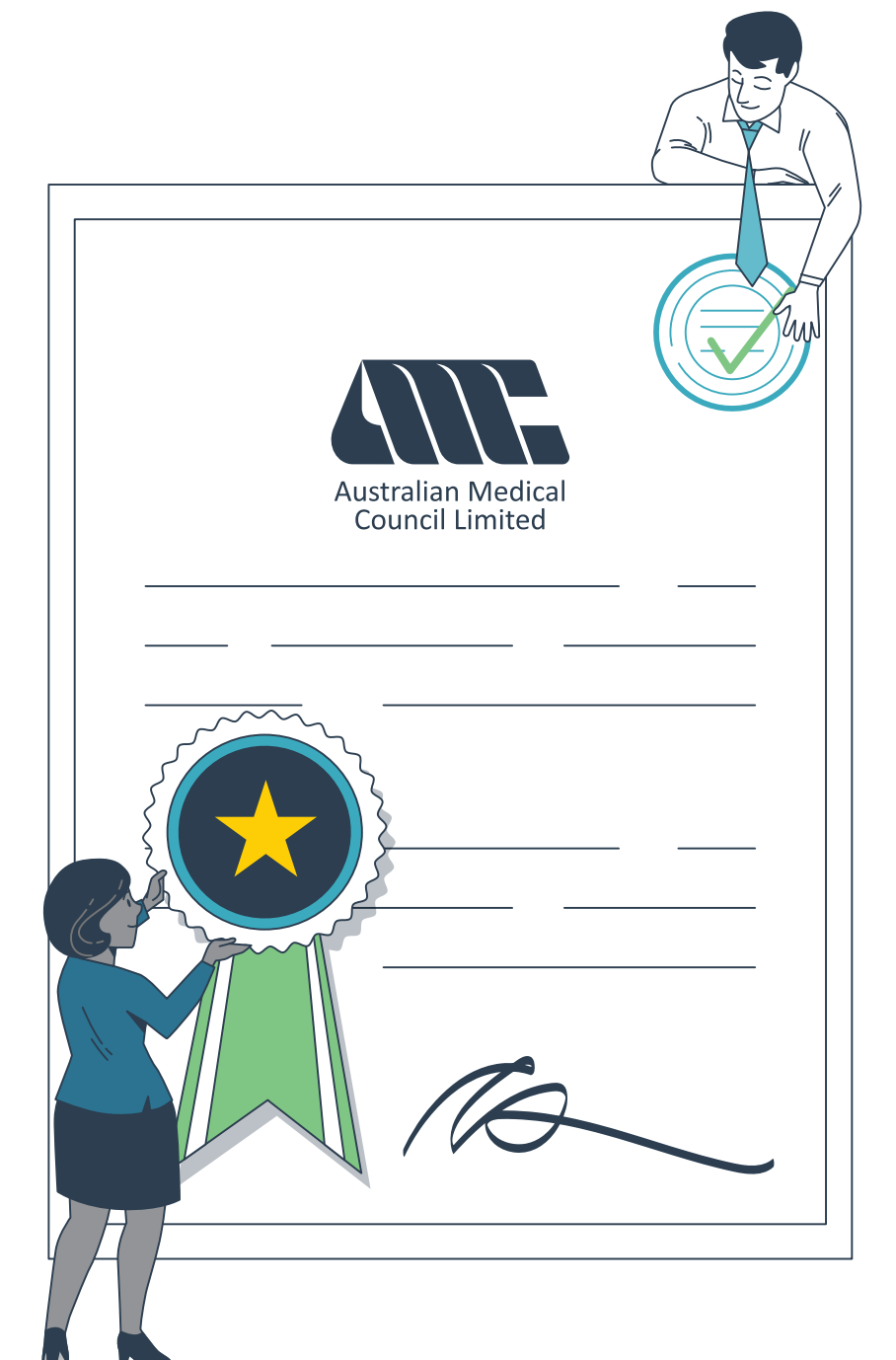
We recognise the importance of interprofessional collaborative practice across the health professions in delivering the best possible care for patients.

New AMC Interprofessional Education and Collaborative Practice Award

The AMC with the Australian New Zealand Association for Health Professional Educators (ANZAHPE) launched a new award that recognises the vital role of interprofessional collaborative practice in delivering high-quality healthcare and the importance of interprofessional education in preparing the next generation of healthcare professionals.

The award celebrates an outstanding individual or team demonstrating excellence or innovation in health professions education that advances interprofessional collaborative care, with medical education as a component.

The award is part of the ANZAHPE awards program and will be presented at the ANZAHPE conference in 2026.



Fostering collaborative practice across the health professions

From 2022-2024 the **Health Professions Accreditation Collaborative Forum (HPAC)** — a coalition of the 15 accreditation authorities providing accreditation functions for the National Registration and Accreditation Scheme — undertook a research project focused on creating the collaborative health practitioner and providing safe and quality care to patients through the formation of co-ordinated and collaborative ways of working.

▶ Read the final report

The project, which was managed by the Australian Pharmacy Council and the AMC, recognises the importance of interprofessional collaborative practice across the health professions in delivering the best possible care for patients. The project also responds to three, large-scale government reviews that have taken place in the past year - the **Kruk Report**, **Scope of Practice Review** and **Complexity Review** — which have called accreditation authorities, education providers and health services into action to improve interprofessional practice.

In 2022, 84 participants took part in nineteen focus group sessions including education providers, consumers, representatives from the Health Profession's Education Standing Group, and health service practitioners.

Analysis was undertaken to understand enablers of, and barriers to, collaborative practice and learning, and a series of case studies on interprofessional education (IPE) and practice in universities and health services were developed. Three manuscripts detailing the outcomes of this research were also prepared.

Findings confirmed strong evidence for the value of IPE in developing collaborative practitioners but highlighted challenges in implementing. These included:

- timetable constraints
- lack of leadership and funding
- and difficulties embedding IPE into already crowded, profession-specific curricula.

Work-based learning opportunities were also identified as an area needing improvement to ensure graduates are well prepared to work collaboratively in practice.

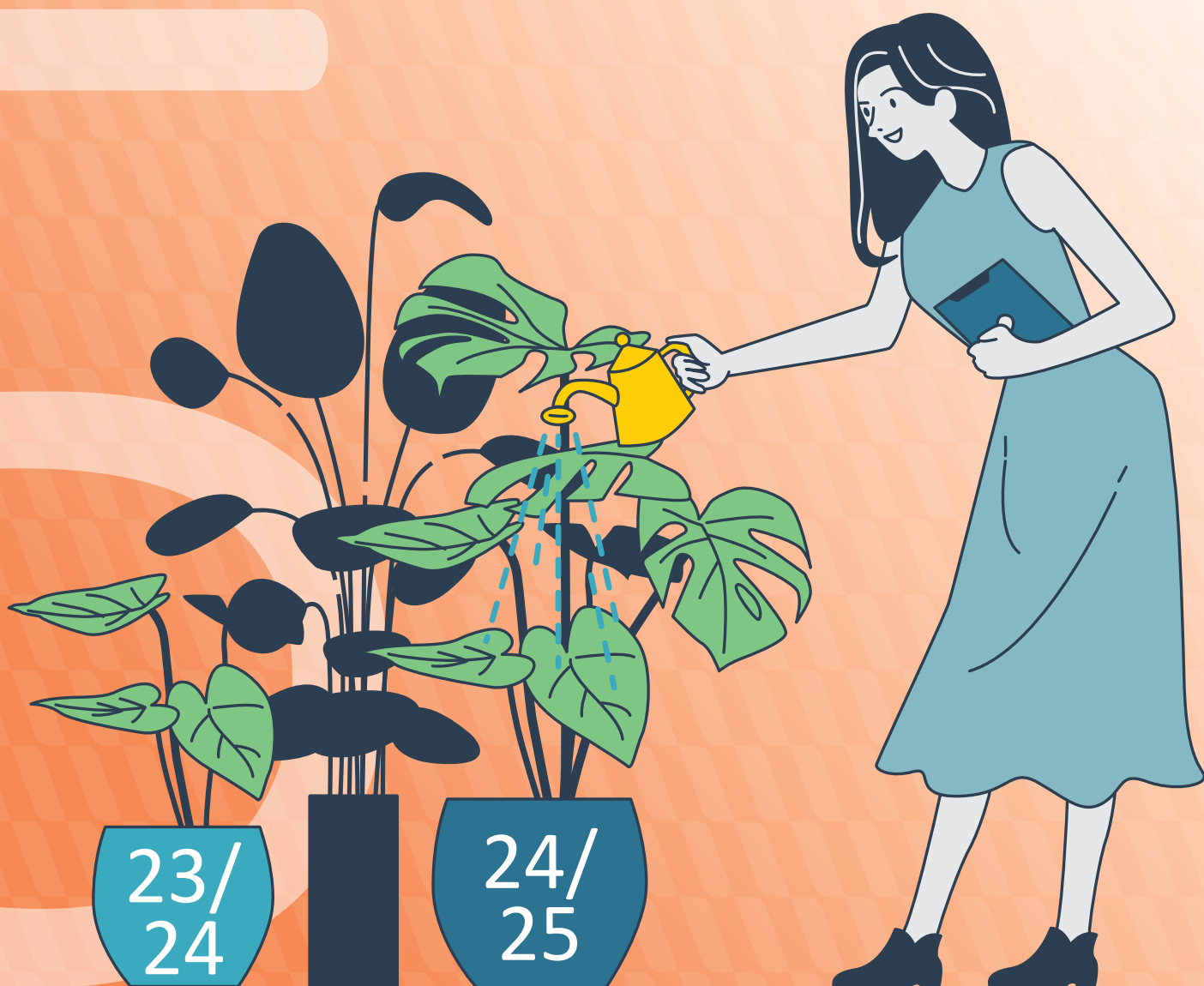
The research emphasised the shared responsibility of universities, health services, and accreditation authorities to strengthen interprofessional learning and collaboration.

The accreditation authorities are now embarking on a second phase of the project, led by the AMC, designed to create practical guidance for accreditation authorities and education providers around how to better foster interprofessional practice including more rigorous approaches to work-based learning and assessment across health education settings and health services.



BUSINESS WITH A PURPOSE

PILLAR



We make evidence-based decisions and value continual improvement and innovation. We act in an ethical, sustainable and transparent way, and invest in our people and culture.

Investing in our people and culture

Our workplace culture, systems, and practices have been strengthened by initiatives that enhance transparency, staff well-being and fair and consistent employment practices. This reflects our commitment to building a respectful, inclusive and high-performing workplace.

- **Revamping all-staff monthly meetings** to strengthen transparency, communication and engagement.
- **Delivering a Psychologically Safe Workplace Training Program** and developing the AMC Communication Charter to support respectful and effective communication.
- **Introducing online performance reviews**, supported by staff training, to streamline processes and promote development-focused discussions.
- **Launching new policies aligned with HR best practice and legislation**, including the Right to Disconnect Policy and Cultural Leave Policy.
- **Embedding the AMC Code of Conduct** to reinforce shared standards of behaviour.
- **Establishing clear and equitable employment practices** through the AMC Guidelines for Position Classification, Salary Banding, and Remuneration Review.
- **Launching the annual AMC Excellence Awards** to recognise and celebrate staff contributions.
- **Recruiting** to fill vacancies and appointing additional staff to alleviate workload pressures.
- **Raising awareness of staff well-being and support services** through an EAP presentation at the AMC Huddle.

Partnership with MobReady

The AMC has an informal partnership with MobReady; an Indigenous owned recruitment agency for apprentices and trainees for Aboriginal and/or Torres Strait Islander people to enter the workforce. The AMC has two Indigenous trainees in the Information Communication Technology team completing their Certificate IV in IT.

This partnership opens up the opportunity for new trainees to work within the AMC in various teams. MobReady provide mentoring and cultural support for the trainees during their time at the AMC.

Process and systems improvement

We are embarking on a major transformation initiative to ensure that our processes and systems are efficient, effective and future-ready. The Process and Systems Improvement (PSI) project will strengthen how we deliver our core functions of accreditation and assessment with a focus on:

- Simplifying and standardising business processes to reduce duplication and manual effort.
- Embedding cultural safety and Aboriginal and Torres Strait Islander perspectives into future processes and systems; we will engage an Indigenous Advisor to work with AMC teams and the project consultant during the future state co-design phase of the project.
- Enhancing the experience for candidates, education providers, and other stakeholders.
- Building stronger data and architecture foundations for evidence-based decision-making.

Progress so far

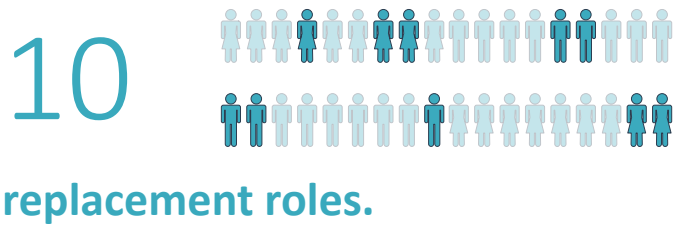
Following a competitive tender process, the AMC has engaged a consultancy to work with AMC teams to examine current practices and identify opportunities for improvement. This follows an organisation wide launch and orientation workshop introducing staff to process-mapping and co-design methods.

Work is now underway to document current workflows and pain points, and design improved, modern approaches that will support seamless collaboration and more responsive services.

This project lays the foundation for a more connected, agile, and culturally safe organisation, positioning AMC to invest confidently in future technologies and to continue setting high standards for medical education and practice in Australia.

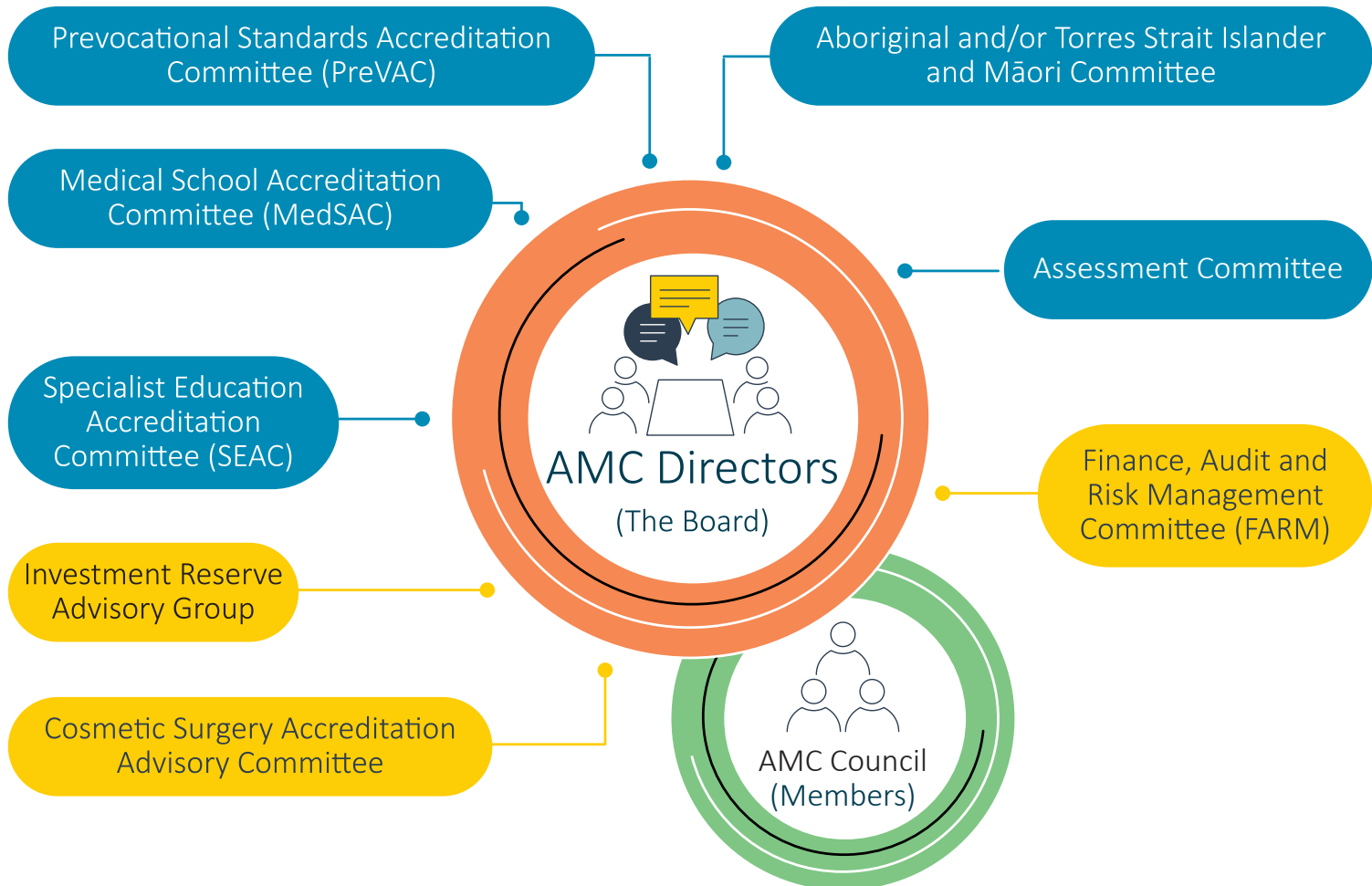
Recruitment

Quick stats



Our governance

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



Constituted Committees overseeing large functional areas of the AMC



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

Governance and Constitution Review

The AMC has embarked on a review of its governance and constitution, establishing a Governance Review Advisory Group (reporting to AMC Directors) to oversee the review process and models.

Consultation with members began in the first half of 2025; the Strategic Momentum Group conducted individual interviews with members capturing rich and nuanced feedback. The conversation on the AMC's governance structure and the role of Members continued at the July General Meeting through exploring emerging themes.



Governance and Constitution Review

The AMC's Governance and Constitution Review marks a critical opportunity to ensure that our governance structures and constitutional foundations reflect the AMC's contemporary role, aspirations, and responsibilities to the communities it serves. This includes ensuring that the right voices — including First Nations Peoples, and the broader community — are heard and embedded in governance structures.

The review recognises that the environment in which the AMC operates has evolved significantly — with heightened expectations for openness and accountability, cultural safety, and engagement. To meet these expectations, the AMC's governance arrangements need to evolve to remain robust, inclusive, and fit for purpose.

The Constitution, as the AMC's core legal document, must provide a flexible, high-level framework that supports the organisation's strategic direction without unnecessary operational prescription. This includes clarifying the respective roles of the Board, Members, and Committees, and removing details more appropriately captured in supporting governance documents.

The review has identified key opportunities to modernise the AMC's governance model. Revised draft Objects are proposed to better articulate the AMC's purpose, embed its commitments to cultural safety, health equity, and First Nations peoples, and position the organisation to remain adaptable and relevant into the future. Initial thinking also supports a shift to a defined skills- and diversity-based Board appointment model. This would strengthen independence, cultural governance, and succession planning.

In parallel, the AMC is exploring how co-design and shared decision-making with Aboriginal and/or Torres Strait Islander and Māori peoples can be embedded in governance structures and beyond policy commitments. The aim is to move from goodwill-based practice to structural safeguards that honour cultural authority and create meaningful, enduring change.

The review remains an iterative and inclusive process. Consultation with Members, Indigenous leaders, regulatory partners, and external experts will continue into 2026 to test ideas, refine proposals, and ensure the final recommendations are practical, culturally safe, and future-ready.

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 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 included in the **Financial Statements**.

Directors as at 30 June 2025



Professor Geoffrey McColl,
President elected by Council



Professor Papaarangi Reid,
Deputy President elected by Council



Dr Tammy Kimpton,
Director elected by Council



Dr Elizabeth Rushbrook, CSC,
Director elected by Council



Mr Tom Symonds,
Director elected by Council



Professor Shaun Ewen,
Director and Chair – Aboriginal and/or Torres Strait
Islander and Māori Committee



Professor Cheryl Jones FAHMS,
Director and Chair – Assessment Committee



Professor Jane Dahlstrom OAM,
Director and Chair – Medical School Accreditation
Committee



Associate Professor Andrew Singer AM,
Director and Chair – Prevocational Standards
Accreditation Committee



Professor Robyn Langham AM,
Director and Chair – Specialist Education
Accreditation Committee

▶ [Read the Director's bios on our website.](#)

Directors met nine times during 2024-25. Four decisions were made out-of-session (not including Committee appointments).

General Meetings

Annual General Meeting

The AMC Ltd Annual General Meeting, held on 29 November 2024 on Ngunnawal Country, Canberra, was 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 the Audited Financial Report for the year ended 30 June 2024, the Annual Report, Directors' and Committee reports, and the appointment of Directors.

The Members received presentations and held discussions as part of the strategic session, including:

- Keynote presentation: Regulating Racism, Dr Rachelle Love, Chair, MCNZ
- Overview: AMC Strategic Priorities, Philip Pigou, CEO, AMC
- Plenary session: College Accreditation of Training Sites, Dr Deborah Frew
- Plenary session: Assessment Futures Project, Theanne Walters
- Yarning session: Anti-Racism

Election of the President, Deputy President, and three Council Members as Directors

In accordance with the AMC's Constitution, the terms of the President, Deputy President and three Member-elected Directors concluded at the AGM. Members reappointed Professor Geoff McColl as President, and returned the three Member-elected Directors, Dr Tammy Kimpton, Tom Symonds, and Dr Elizabeth Rushbrook. Professor Papaarangi Reid was appointed as Deputy President.

AMC Deputy President, Dr Bruce Mugford, concluded his term as a Director and Member at the close of the AGM, having chosen not to stand for re-election. The AMC acknowledged Dr Mugford's contribution as a Member of the AMC from 2014-2024, as a Director from 2018-2022 and Deputy President from 2022 to 2024, a member of the Finance, Audit and Risk Management Committee, and as a Member and Chair of the Investment Reserve Advisory Group.

General Meeting

The 2025 General Meeting was held on 24 July 2025 on the lands of the Wurundjeri people of the Kulin Nation in Melbourne.

Constitution Review: Strategic Momentum Group presented the findings of the AMC Member interviews and facilitated discussion with Members on emerging themes and priorities for reform. The session explored opportunities to enhance governance through co-design and modernisation.

Director Remuneration: Members considered and approved a recommendation for revised daily fees for Directors and for the President and Standing Committee Chairs, effective from 1 July 2025.

AMC Directors met jointly with the Medical Board of Australia (MBA) and the Australian Health Practitioner Regulation Agency (Ahpra) the day prior to the General Meeting. MBA Board Members and Ahpra staff joined AMC Directors, Members, and observers for a site visit to the AMC Test Centre.

Training and development

Director development activities are generally based on areas of need that are identified through the performance review process. All Directors have completed the AICD or equivalent course.

Several Directors, as well as the external Member of the FARM Committee, participated in components of the AMC's Cultural Safety training series. Three Directors attended First Nations Leadership and Allyship Summits.

Directors attended an Indigenous Allyship Workshop, facilitated by Professor Suz Pitama (University of Otago). Supported by case studies and personal stories, the workshop provided Directors with practical tools to strengthen leadership, cultural safety, and equity in AMC's governance and decision-making.

The Directors represented the AMC on the following external forums and events:

- Council of Presidents of Medical Colleges Stakeholder Forum: President and CEO
- Medical Workforce Advisory Collaboration: Professor Geoff McColl
- National Doctors Health & Wellbeing Leadership Alliance: Dr Liz Rushbrook
- Royal Australasian College of Surgeons Clinician Researcher Committee: Professor Geoff McColl

Council members

AMC Council Members are a community of individuals who bring their views and experience as ambassadors of sectors or organisations to provide input to the operations and strategic direction of the AMC.

Members are appointed according to the categories defined in the Constitution, drawn from a wide cross-section of the groups associated with medical education, health delivery, and 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.

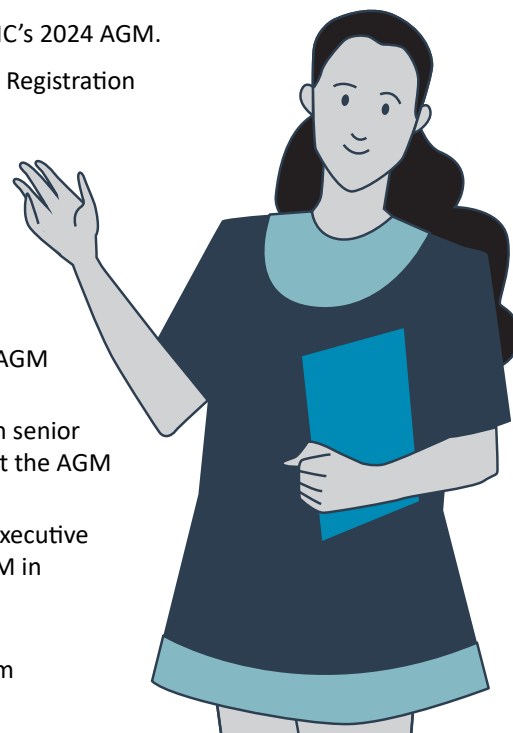
Retiring Members

- Professor Richard Murray and Dr Brittney Wicksteed completed their terms as Members at the conclusion of the AGM in November 2024.
- Dr Omar Khorshid stepped down as a Member in February 2025.

Member Appointments

AMC Directors made the following appointments, effective at the conclusion of the AMC's 2024 AGM.

- Dr Neda (Tina) Zafari, appointed under Article 4.2(a)(viii) as the IMG with General Registration Member for a four-year term concluding at the AGM in November 2028.
- Dr Alexis Lara-Rivero, appointed under Article 4.2(a)(ix) as the IMG with General or Specialist Registration Member for a four-year term concluding at the AGM in November 2028.
- Dr Jasmine Davis, appointed under Article 4.2(a)(v) as the prevocational trainee Member for a two-year term concluding at the AGM in November 2026.
- Professor Michelle Leech AM, appointed under Article 4.2(c) as the nominee of Medical Deans Australia and New Zealand for a four-year term concluding at the AGM in November 2028.
- Dr Elizabeth Rushbrook CSC, reappointed under Article 4.2(g) as the Member with senior executive experience in a public hospital for a further two-year term concluding at the AGM in November 2026.
- Dr Cassandra Host, reappointed under Article 4.2(h) as the Member with senior executive experience in a private hospital for a further four-year term concluding at the AGM in November 2028.
- Professor Robyn Langham AM, reappointed as Chair of the Specialist Education Accreditation Committee under Articles 15.4 and 4.2(l) for a further four-year term concluding at the AGM in November 2028.



In 2024, the AMC created and appointed two new international medical graduate positions on the AMC Council. Pictured from left: AMC Council Member (IMG specialist pathway) Dr Alexis Lara, AMC President Professor Geoff McColl and AMC Council Member (IMG standard pathway) Dr Tina Zafari at the AMC AGM held at the Hyatt Hotel, 29 November 2024 .

▶ [Read more about Drs Tina Zafari and Dr Alexis Lara](#)

Committees

The AMC has five Constituted Standing Committees:

- Medical School Accreditation Committee
- Prevocational Standards Accreditation Committee
- Specialist Medical Education and Training Committee
- Aboriginal and/or Torres Strait Islander and Māori Committee
- Assessment Committee

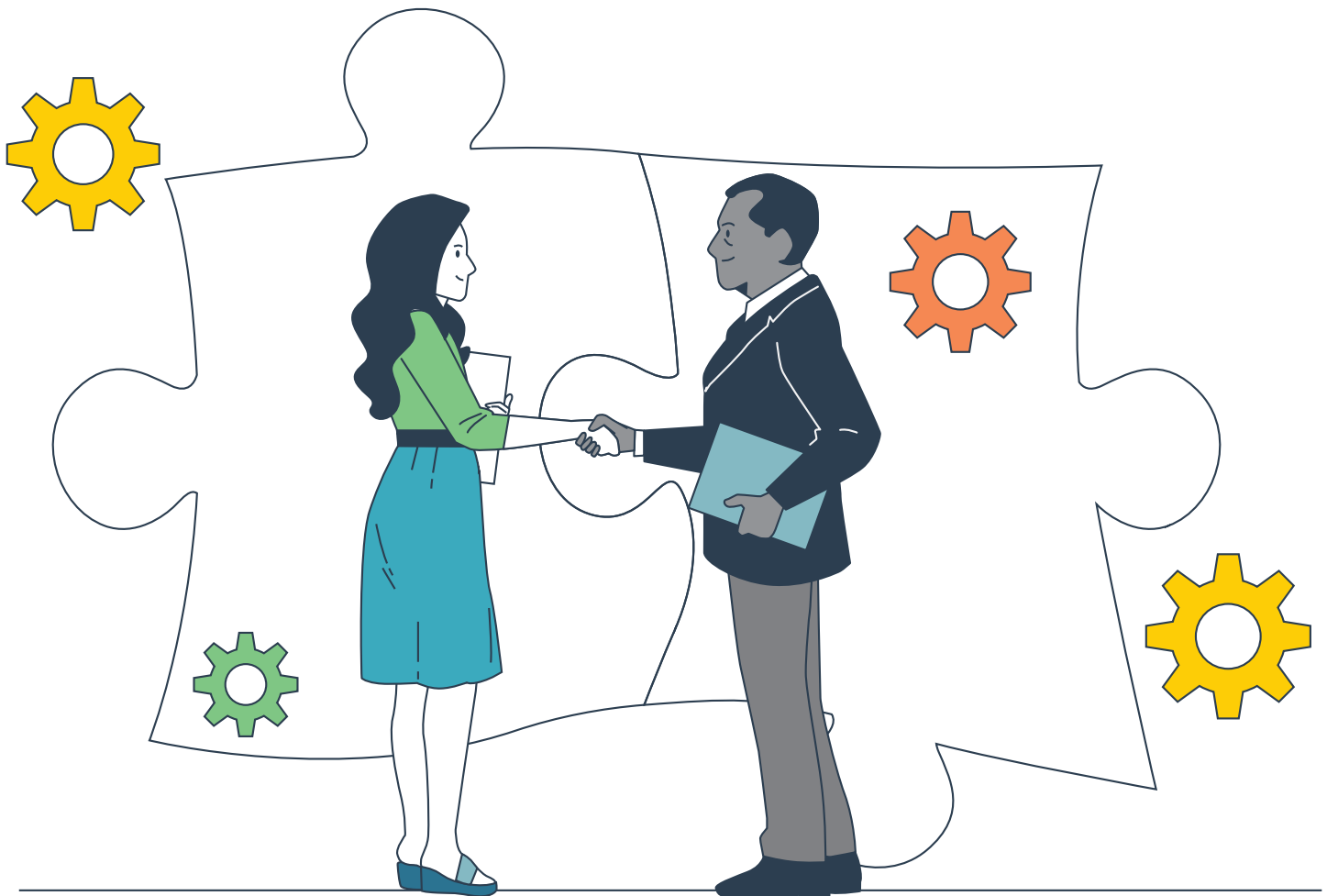
There are two advisory committees which report to Directors:

- Cosmetic Surgery Accreditation Advisory Committee
- CPD Homes Accreditation Advisory Committee

There are two Director's governance committees:

- Finance, Audit and Risk Management (FARM) Committee
- Investment Reserve Advisory Group

▶ Read the terms of reference and membership of each committee (as of 30 June 2025) on our website.



Aboriginal and/or Torres Strait Islander and Māori Committee

The Aboriginal and/or Torres Strait Islander and Māori 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.

 [Learn more about the committee.](#)

Membership of the Committee as of 30 June 2025

- 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
- Professor Maria Mackay, Aboriginal and/or Torres Strait Islander or Māori persons who are members of other AMC Committees (PreVAC) Aboriginal Member
- Ms Bianca Field, Aboriginal and/or Torres Strait Islander or Māori persons who are members of other AMC Committees (PreVAC), Aboriginal Member
- Ms Jacqui Gibson, Aboriginal and/or Torres Strait Islander or Māori persons who are members of other AMC Committees (SEAC), Aboriginal Member
- Ms 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)
- Professor Waikaremoana Waitoki, Aboriginal and/or Torres Strait Islander or Māori Community Stakeholder Member, Māori Member
- Mr Karl Briscoe, Aboriginal and/or Torres Strait Islander or Māori Community Stakeholder 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 Tammmy Kimpton, Aboriginal and/or Torres Strait Islander or Māori persons who are members of other AMC Committees (SEAC), Aboriginal Member
- Dr Jade Tamatea, Aboriginal and/or Torres Strait Islander or Māori persons who are members of other AMC Committees (MedSAC), Māori Member
- Dr Paul Saunders, Aboriginal and/or Torres Strait Islander or Māori persons who are members of other AMC Committees (MedSAC), Aboriginal Member
- Dr Elizabeth Rushbrook, AMC Director Member

Changes to membership

New appointments:

- Dr Jade Tamatea, Aboriginal and/or Torres Strait Islander or Māori persons who are members of other AMC Committees (MedSAC), Māori Member
- Dr Paul Saunders, Aboriginal and/or Torres Strait Islander or Māori persons who are members of other AMC Committees (MedSAC), Aboriginal Member

Changes to membership appointments:

- Professor Waikaremoana Waitoki, Completed a member term and accepted a second term as Aboriginal and/or Torres Strait Islander or Māori Community Stakeholder Member, Māori Member

Members departing throughout the year:

- 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

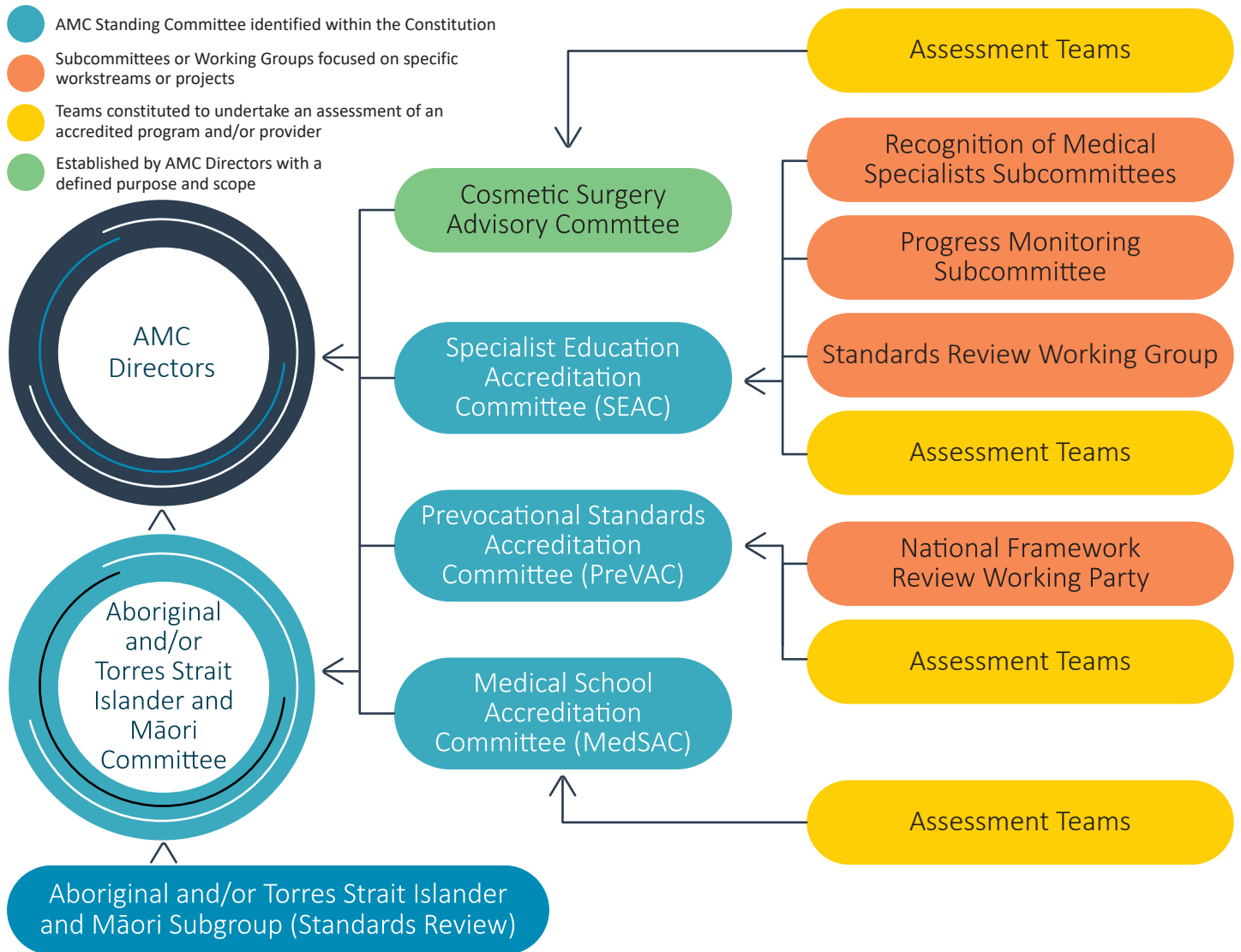
Meetings of the Aboriginal and/or Torres Strait Islander and Māori Committee

The Committee met on four occasions during 2024-25:

- August 2024 (Zoom)
- November 2024 – Canberra (Kamberri - Ngunnawal and Ngambri Country)
- March 2025 – Christchurch New Zealand (Rāpaki is a place for Ngāti Wheke of Whakaraupō, Aotearoa)
- May 2025 – (Zoom)

In March 2025 the Committee met in New Zealand (Aotearoa) on the Rāpaki Marae, as guests of the manawhenua (traditional owners) of the area. Cultural connection, learning and exchange was generously shared with a focus on cultural safety discussions in the context for both Aotearoa and Australia.

Accreditation Committees



Delegation of accreditation decision-making

Following a public consultation process in June 2024, AMC Directors delegated accreditation decision making to AMC Accreditation Standing Committees.

In July 2024, AMC Directors approved the consequential updates to accreditation procedures/committee terms of reference, as well as the following implementation timelines for programs and providers.

Programs and providers	In effect from
Workplace based assessment programs/providers	23 September 2024
Specialist medical training programs	14 November 2024
Pre-employment Structured Clinical Interview providers	1 January 2025
Prevocational Training Accreditation Authorities	1 January 2025
Primary medical education programs/providers (medical schools)	1 February 2025

AMC Directors maintain responsibility for the following:

- approval of accreditation standards and accreditation procedures
- internal review of an accreditation decision
- decide on the constitution of an accreditation team where the provider/authority and committee disagree on perceived or actual conflicts of interest
- accreditation decisions related to CPD Homes, acupuncture programs for endorsement, recognition of medical specialities and cosmetic surgery programs for endorsement.

Medical School Accreditation Committee

This Committee manages the AMC assessments of medical education providers in Australia and New Zealand.

▶ [Learn more about the role of the committee](#)

Membership as at 30 June 2025

- Emeritus Professor Jane Dahlstrom OAM (Chair)
- Professor Gary Rogers (Deputy Chair)
- Dr Kenneth Clark
- Professor Jane Courtney
- Associate Professor Bradleigh Hayhow
- Professor Sandra Kemp
- Professor Kylie Mansfield
- Professor Anna Ryan
- Dr Shyamsundar Muthuramalingam
- Associate Professor Paul Saunders
- Professor Dianne Stephens OAM
- Dr Jade Tamatea
- Dr Artiene Tatian
- Professor Tim Wilkinson
- Allen Xiao

Non-current members serving during 2024-25

- Professor Jeff Hamdorf AM
- Professor Inam Haq
- Associate Professor Mary White
- Professor Papaarangi Reid
- Tisshapaa Sivagnanan

The terms of Professor Hamdorf, Ms Sivagnanan, Professor Haq and Professor Reid concluded at the end of November 2024. The Committee thanks them for their many contributions to the work of the AMC over the years and to the work of the Committee.

The Committee noted the appointments of:

- Prof Jane Courtney (Confederation of Postgraduate Medical Education Councils CPMEC)
- Mr Allen Xiao (Australian Medical Students' Association (AMSA))

The Committee noted the reappointments of:

- Prof Wilkinson (Aotearoa New Zealand Medical Schools)
- Dr Clark (Medical Council of New Zealand (MCNZ))

The Committee also noted the expressions of interest process for the additional Aboriginal and/or Torres Strait Islander and Māori positions for this Committee.

Prevocational Standards Accreditation Committee

This committee oversees the AMC's role in setting standards for elements of the prevocational phase of the medical education continuum.

▶ [Learn more about the role of the committee](#)

Membership as at 30 June 2025

- Associate Professor Andrew Singer AM (Chair)
- Dr Hwee Sin Chong (Deputy Chair)
- Professor Katrina Anderson
- Professor Stuart Carney
- Emeritus Professor Brendan Crotty AM
- Dr Dayna Duncan
- Bianca Field
- Dr Eleanor Gundry
- Professor Nicky Hudson
- Dr Jo Katsoris
- Debra Letica
- Professor Maria Mackay
- Dr Vidya Muraleedharan
- Dr John Roe
- Dr Matthew Spotswood
- Dr Luke Streitberg
- Dr John Towney

Non-current members serving during 2024-25

- Dr Sheree Conroy
- Dr Georga Cooke
- Dr Greg Sweetman
- Professor John Vassiliadis
- Dr Joshua Ward
- Dr Daniel Zou

Specialist Education Accreditation Committee

This 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 the assessment and accreditation of:

- Programs of study for endorsement of registration for acupuncture for medical practitioners
- Continuing Professional Development (CPD) homes

 [Learn more about the role of the committee](#)

Membership as at 30 June 2025

- 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 Kim Hill
- Dr Tammy Kimpton
- Associate Professor Vinay Lakra
- Associate Professor Stuart Lane
- Ms Anna McBean
- Ms Kellie O'Callaghan
- Professor Phillippa 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 2024-25

- Dr Brian Fernandes
- Ms Jacqui Gibson
- Ms Helen Maxwell Wright

Cosmetic Surgery Accreditation Advisory Committee

This committee oversees the establishment of the process for assessment and accreditation of programs of study leading to endorsement of registration for cosmetic surgery.

The Committee performs functions in connection to the **Standards for Assessment and Accreditation of Cosmetic Surgery Programs of Study.**

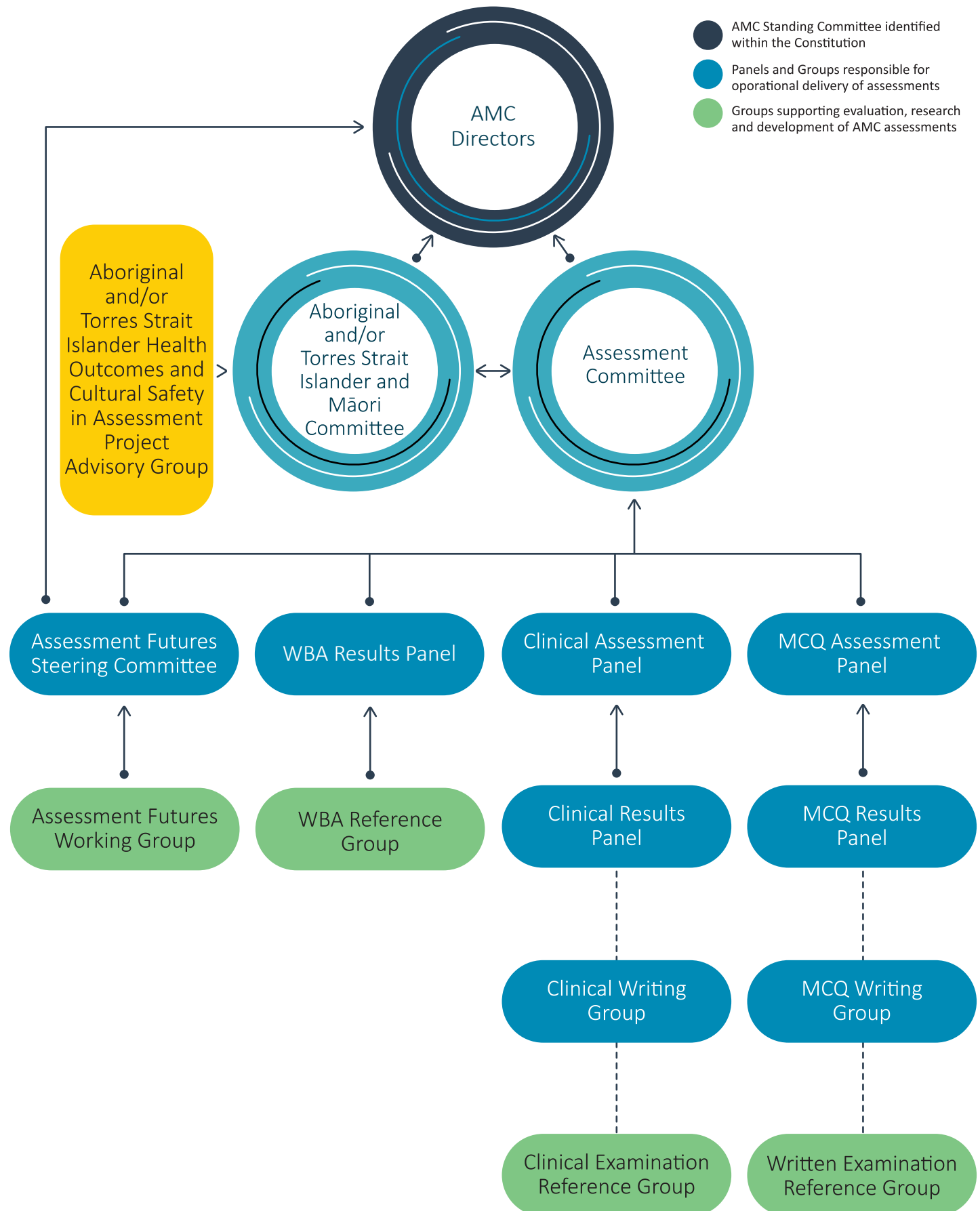
Membership as at 30 June 2025

- Associate Professor Jillian Sewell AM (Chair)
- Professor Alison Jones (Deputy Chair)
- Dr Hashim Abdeen
- Mrs Emma Felman
- Dr John Flynn
- Dr Tessa Ho
- Dr Tammy Kimpton
- Ms Christina Lane
- Associate Professor Jenefer Martin
- Dr Mellissa Naidoo
- Dr Joanna Sutherland
- Dr Jill Tomlinson
- Associate Professor Philip Truskett AM
- Ms Amanda Wilson AM

The Committee was established in March 2024. The Committee has yet to make a recommendation to AMC Directors on accreditation of a Program for endorsement of registration of medical practitioners for cosmetic surgery.

Assessment Committee

The Assessment Committee monitors the operation of the AMC examinations and reviews the performance of the Multiple Choice Question (MCQ) Examination, Clinical Examination and Workplace Based Assessment.



Category of Membership	Member
*Chair	Professor Cheryl Jones
Chair, MCQ Assessment Panel Sub-Committee	Dr Peter Harris
Member, MCQ Assessment Panel Sub-Committee	Dr David Thomas
Chair, Written Examination Reference Group	Professor Phil Jones
Deputy Chair, Assessment Committee	Professor Amanda Barnard
Chair, Clinical Assessment Panel Sub-Committee	Professor Amanda Barnard
Member, Clinical Assessment Panel Sub-Committee	Associate Professor Jo Thomas
Chair, Clinical Examination Reference Group	Professor Amanda Dawson
Chair, WBA Results Panel Sub-Committee	Professor Nicky Hudson
Member, WBA Results Panel Sub-Committee	VACANT
Representative on Prevocational Accreditation Committee (PreVAC)	Professor Nicky Hudson
~Member of AMC Council	Tom Symonds
Community representative	Christine Edwards
Aboriginal and Torres Strait Islander Members	Professor Lisa Jackson Pulver
	VACANT
2 x International medical graduates who have completed AMC Assessments (1 x Clinical Exam, 1 x from WBA program)	Dr Jankeesh Gill
	Dr Noreen Alqueza
Technical Advisor, MCQ Examination	Professor John Barnard
Technical Advisor, Clinical Examination	Professor Lambert Schuwirth

*Current AMC Director

~Current AMC Council Member

Finance, Audit and Risk Management (FARM) 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 2025

- Tom Symonds - Chair
- Professor Geoff McColl
- Associate Professor Andrew Singer
- Professor Elizabeth Rushbrook
- Kerry Philips (External Member)

Non-current members serving during 2024-25

- Dr Bruce Mugford

Investment Reserves Advisory Group

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

Membership as at 30 June 2025

- Associate Professor Andrew Singer, Chair
- Professor Robyn Langham
- Professor Jane Dahlstrom
- Philip Pigou
- Grace Culpitt

Non-current members serving during 2024-25

- Dr Bruce Mugford

Financial overview

Find the Audited Financial Statements on our website.

As a result of increased revenues, the AMC strengthened its financial position during the year, with cash invested in short-term deposits or managed investment portfolios.

AMC’s net assets increased from \$36.7m in June 2024 to \$44.7m as at 30 June 2025.

Solvency remained at acceptable ranges throughout the year with close attention paid to expenditure and cash positions.

The AMC Directors approved a \$4 million voluntary contribution to the MBA from the FY25 surplus. This was an exceptional measure to demonstrate good faith and stewardship within the national scheme.

Directors agreed to reduce the Clinical Exam in-person fee from \$3,991 to \$3,000 and the online Clinical exam from \$4,391

to \$3,400, effective 1 July 2025. Refunds were provided to approximately 821 candidates who had already paid the higher fee and were scheduled to sit the Clinical Exam between July and September.

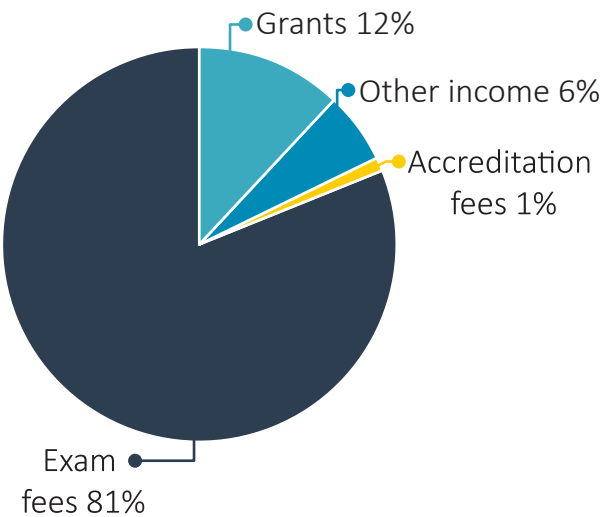
New system and process implementations have enhanced the financial analytics capabilities of the AMC, allowing more information to be gathered from financial data.

Indigenous supplier spend for 2025 was 7%, slightly ahead of the 5% target. Key drivers included strategic procurement linked to cultural safety training and the Test Centre fitout, as well as engagement of Indigenous artists and consultants.

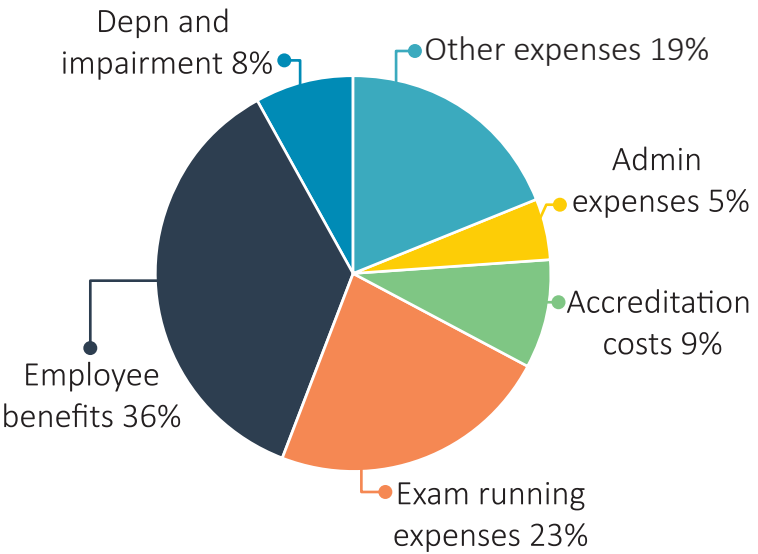
Financial Highlights

For the Year End
30 June 2025

Revenue by nature



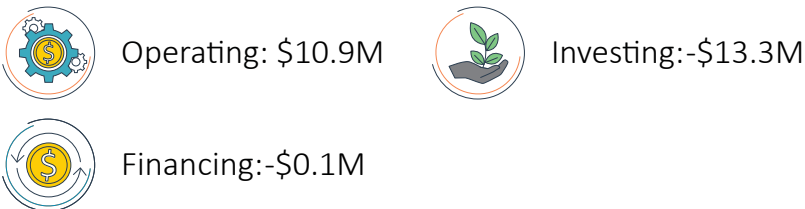
Expenses by nature



Performance

\$54.5M	\$46.3M	\$8.1M	\$44.7M
Revenue	Expenses	Surplus	Net Assets

Cash flow summary



Key financial ratios

Ratio	Value
Solvency ratio	1.97
Surplus margin	14.90
Debt-to-equity ratio	0.10

AMC Annual Financial Report

The AMC 2024-25 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 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.

[Download the financial statements](#)

External Contributor Fees

In June 2025, AMC Directors amended the Payment of Fees to AMC External Contributors Policy. This included alignment of the various contributor rates to address historical discrepancies across examinations, accreditation, committees, and other activities for equivalent work, as well as a 3.9% increase (effective 1 July 2025) to reflect the expertise and time commitment involved.

The revised sessional rate now covers a standard full-day commitment of 8.5–9 hours, ensuring fairness and consistency across roles. External contributor rates will be reviewed annually, recognising market benchmarks and AMC priorities, though increases are not guaranteed each year.

GLOSSARY

SOLVENCY RATIO	Measures an organisation's financial health with the number representing the extent to which AMC's assets that can easily be converted to cash can cover the immediate debts/liabilities due within the next 12 months. So a figure of 1.5 means that for every \$1 of debt/liability, AMC has \$1.50 of assets to cover it.
SURPLUS MARGIN	The extent to which our revenue converts to surplus (measured as surplus divided by revenue).
DEBT-TO-EQUITY RATIO	Measures how much debt an organisation uses to finance its assets so a measure of leverage.

[Download the financial statements](#)

Investments

The AMC’s Investment Reserves Advisory Group (IRAG) was repositioned as a subcommittee of the Finance, Audit and Risk Management (FARM) Committee. Directors approved revised Terms of Reference for IRAG and the FARM Committee.

The Investment Reserves Policy and the Risk Management Policy and Framework were revised to reflect changes in investment risk tolerances and governance arrangements. The Environmental, Social, and Governance (ESG) exclusions were also reviewed and amended.

Funds continue to be actively managed across the medium and long-term investment categories.

Impax Sustainable Leaders Fund

Overview

The Impax Sustainable Leaders Fund seeks to achieve sustainable, above market returns over the longer term by investing globally in companies active in the growing Resource Efficiency and Environmental Markets.

These markets address a number of long term macro-economic themes: growing populations, rising living standards, increasing urbanisation, rising consumption, and depletion of limited natural resources. Investments are made in companies which have >20% of their underlying revenue generated by sales of products or services in environmental markets.

Impact 2025 report

The following are AMC’s investment impacts based on investment amount of AUD\$721,387 as at 31 December 2024

Environmental Impact:	Total	Equivalent to:
Avoided greenhouse gas emissions	81 tCO2e	56 cars off the road for a year
Water treated, saved, or provided	34 megalitres	281 households’ water consumption for a year
Renewable electricity generated	15 MWh	7 households’ electricity consumption for a year
Material recovered and waste treated	32 tonnes	36 households’ annual waste output

There can be no assurance that impact 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 2024. Please refer to our Methodology for details including sources for the households and cars taken off the street equivalencies data used in our calculations in the IMPAX Impact Report 2025.

Risk, Compliance and Policy Framework

The *Risk Management Policy and Framework* was updated to improve internal consistency. Key refinements include realigning risk categories, updating responsibilities, and reclassifying strategic investment risk.

Directors and the FARM Committee considered risk and compliance reports, ICT implementation updates, and metrics tracking on a quarterly basis.

Several governance policies were reviewed and updated, including the Delegations Policy, Payment of Fees to External Contributors, Records Management Policy, Travel Policy, Procurement Policy, and Risk Management Policy and Framework. An Artificial Intelligence Policy and a Code of Conduct were implemented. The Procurement Policy was updated to include Māori businesses within the Indigenous procurement framework and clarified the approach to monitoring Indigenous expenditure.

Investing in our environment

Going solar

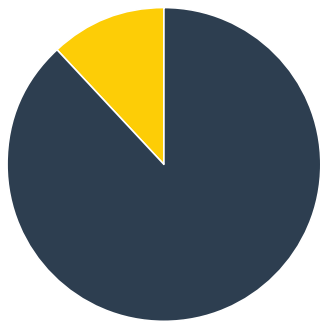
In 2023, the AMC building in Canberra was fitted with solar panels. In the past year the panels have generated 30% of the energy that the building uses.

The 96.6MWh of electricity generated by the panels is equivalent to 57,960kg of CO2 emissions saved, or 1,130 trees planted.

Quick stats

Performance

227 MWh	11.5 MWh	96.6 MWh	312 MWh
Impact	Export	Production	Consumption

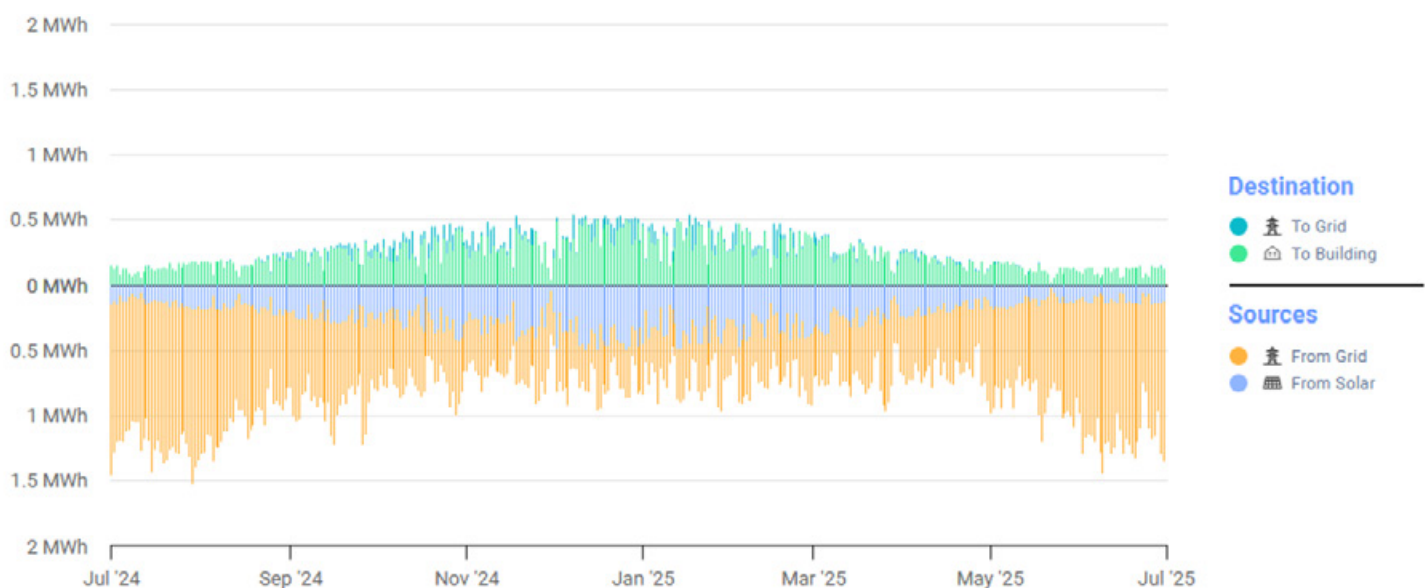


Energy Destinations

- Building- 85.1 MWh (88.1%)
- Grid- 11.5 MWh (11.9%)

Site Energy

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Appendix A: Medical program accreditation activities and decisions 2024–25

Primary medical programs and providers

Accreditation assessments: reaccreditation assessments

Griffith University, School of Medicine and Dentistry

The Griffith University, School of Medicine and Dentistry offers a four-year Doctor of Medicine (MD) medical program.

In September 2024, the AMC conducted a reaccreditation assessment on site at the university campus and health services.

At their 30 January 2025 meeting, Directors resolved:

- i. that the Griffith University, School of Medicine and Dentistry substantially meets the accreditation standards;
- ii. that accreditation of the four year Doctor of Medicine (MD) medical program of the Griffith University, School of Medicine and Dentistry be granted for six years, to 31 March 2031; subject to meeting the conditions contained in the accreditation report and to meeting the monitoring requirements of the AMC.

► 2025 Griffith Accreditation Report

Flinders University, College of Medicine and Public Health

The Flinders University, College of Medicine and Public Health offers a four year Doctor of Medicine (MD) medical program.

In October 2024, the AMC conducted a reaccreditation assessment on site at the university campus and health services.

At their 5 March 2025 meeting, the Medical School

Accreditation Committee resolved:

- i. that the Flinders University, College of Medicine and Public Health substantially meets the accreditation standards;
- ii. that accreditation of the four year Doctor of Medicine (MD) medical program of the be granted for three years to 31 March 2028; subject to meeting the accreditation conditions contained in the report and to meeting the monitoring requirements of the AMC.

► 2025 Flinders Accreditation Report

Accreditation assessments: follow up assessments

Macquarie University, Faculty of Medicine, Health and Human Sciences

The Macquarie University, Faculty of Medicine, Health and Human Sciences offers a four year Doctor of Medicine (MD) medical program.

Following the 2022 accreditation extensions assessment, accreditation of the medical program was extended by two years, to 31 March 2025. A further two years would be available on completion of a follow up accreditation assessment to review arrangements in Hyderabad, India and the clinical experience of Years 3 and 4 students in Australia in 2024.

In March 2024, the AMC conducted a follow up assessment in both India and sites within New South Wales.

At their September 2024 meeting, AMC Directors resolved:

- i. that the Macquarie University, Faculty of Medicine, Health and Human Sciences now substantially meets the accreditation standards;
- ii. that accreditation of the four year Doctor of Medicine (MD) program be granted for two years, to 31 March 2027; subject to the meeting of the conditions contained in the accreditation report and to meeting the monitoring requirements of the AMC.

► 2024 Macquarie Accreditation 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.

The AMC reviewed two Stage 1 proposals from separate providers and determined that neither proposal was developed to an adequate standard to proceed to a Stage 2 assessment.

A Notice of Intent was received for another proposed new program.

Accreditation assessments: Stage 2 assessment for accreditation of a new medical program

The AMC will ask the education provider to complete an accreditation submission addressing the accreditation standards and providing the outline of the full program of study with details for at least the first two years; details of the resources (including clinical training resources and supervisors) to implement all years of the program and to support the program when fully implemented; and an institutional assessment of strengths and weaknesses in relation to this development.

The education provider may choose to present the detailed curriculum and implementation plans either on the entire new program or in progressive stages. Should the education provider present its plans in stages, these plans will require separate follow-up assessments.

The Committee reviewed a Stage 1 proposal to be delivered by an Australian provider with support from an offshore University. This proposal was invited to progress to a Stage Two assessment and visit, which was paused and the provider has since notified the AMC is no longer proceeding with the proposed program.

Charles Darwin University, School of Medicine, CDU Menzies Medical Program

In July 2024, an AMC assessment team conducted a Stage 2 accreditation visit of the proposed new five-year Bachelor of Clinical Sciences/Doctor of Medicine (BClinSci/MD) medical program by Charles Darwin University, School of Medicine, CDU Menzies Medical Program.

At their 29 November 2024 meeting, Directors resolved:

- i. that the Charles Darwin University, School of Medicine, CDU Menzies Medical Program substantially meets the accreditation standards;
- ii. that accreditation of the five year Bachelor of Clinical Sciences/Doctor of Medicine (BClinSci/MD) medical program of Charles Darwin University, School of Medicine, CDU Menzies Medical Program be granted, to 31 March 2031;
- iii. that accreditation of the program is subject to the condition that students do not commence before 1 January 2026 AND satisfying condition 2 (relating to the program's sustainability) and condition 6 (relating to confirmation of a plan for clinical placements for the duration of the program);
- iv. that accreditation of the program is subject to the other conditions contained in the report, to a follow-up assessment, and to the School and the medical program meeting the future accreditation and monitoring requirements of the AMC.



2024 Charles Darwin Accreditation Report

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.

To ensure alignment with the revised standards, the Committee imposed additional conditions on the programs undergoing extensions on accreditation. The annual monitoring will report on these conditions which covered areas identified as requiring further development or follow the implementation and resourcing of proposed plans.

Deakin University, Faculty of Health, School of Medicine

The Deakin University, Faculty of Health, School of Medicine offers a four year Doctor of Medicine (MD) medical program. In October 2024, an accreditation extension submission was considered by the Medical School Accreditation Committee as part of the self-assessment process against the new standards for accreditation and assessment of primary medical programs. On the basis of the submission, at their 30 January 2025 meeting, Directors resolved:

- i. that the Deakin University, Faculty of Health, School of Medicine's medical program substantially meet the accreditation standards (all standards found to be substantially met);
- ii. to add new conditions to the accreditation of the medical program;
- iii. to extend accreditation of the Deakin University, Faculty of Health, School of Medicine and its four year Doctor of Medicine (MD) medical program for four years to 31 March 2029; subject to the meeting of conditions and meeting the monitoring requirements of the AMC.

2025 Deakin Accreditation Report (Extension)

University of Otago, Otago Medical School

The University of Otago, Otago Medical School offers a six year Bachelor of Medicine/Bachelor of Surgery (MBChB) medical program.

In October 2024, an accreditation extension submission was considered by the Medical School Accreditation Committee as part of the self-assessment process against the new standards for accreditation and assessment of primary medical programs.

On the basis of the submission, at their 30 January 2025 meeting, Directors resolved:

- i. that the University of Otago, Otago Medical School's medical program substantially meet the accreditation standards (all standards found to be substantially met);
- ii. to add new conditions to the accreditation of the medical program;
- iii. to extend accreditation of the University of Otago, Otago Medical School and its six year Bachelor of Medicine / Bachelor of Surgery (MBChB) medical program for four years to 31 March 2029; subject to the meeting of conditions and meeting the monitoring requirements of the AMC.

2025 Otago Accreditation Report (Extension)

University of Sydney, Sydney Medical School

The University of Sydney, Sydney Medical School offers a four year Doctor of Medicine (MD) medical program.

In October 2024, an accreditation extension submission was considered by the Medical School Accreditation Committee as part of the self-assessment process against the new standards for accreditation and assessment of primary medical programs.

On the basis of the submission, at their 30 January 2025 meeting, Directors resolved:

- i. that the University of Sydney, Sydney Medical School's medical program substantially meet the accreditation standards (all standards found to be substantially met);
- ii. to add new conditions to the accreditation of the medical program;
- iii. to extend accreditation of the University of Sydney, Sydney Medical School and its four-year Doctor of Medicine (MD) program for four years to 31 March 2029; subject to the meeting of conditions and meeting the monitoring requirements of the AMC.

► 2025 Sydney Accreditation Report (Extension)

University of Western Australia, UWA Medical School

The University of Western Australia, UWA Medical School offers a four year Doctor of Medicine (MD) medical program.

In October 2024, an accreditation extension submission was considered by the Medical School Accreditation Committee as part of the self-assessment process against the new standards for accreditation and assessment of primary medical programs.

On the basis of the submission, at their 30 January 2025 meeting, Directors resolved:

- i. that the University of Western Australia, UWA Medical School's and its four-year Doctor of Medicine (MD) medical program substantially meet the accreditation standards (all standards found to be substantially met);
- ii. to add new conditions to the accreditation of the medical program;
- iii. to extend accreditation of the University of Western Australia, UWA Medical School and its four year Doctor of Medicine (MD) and its four-year Doctor of Medicine (MD) medical program for four years to 31 March 2027; subject to the meeting of conditions and meeting the monitoring requirements of the AMC.

► 2025 UWA Accreditation Report (Extension)

Extension of accreditation

University of Tasmania, College of Medicine and Medicine

The University of Tasmania, College of Medicine and Medicine offers a five year Bachelor of Medical Science and Doctor of Medicine (BMedScMD) and a five year Bachelor of Medicine/ Bachelor of Surgery (MBBS). The MBBS is in teach out.

In considering the AMC 2026 workplan 2026, the University of Tasmania medical programs would be suitable for postponement of assessment for 12 months.

On the basis of this consideration, the Medical School Accreditation Committee resolved:

- i. to extend the accreditation of the Bachelor of Medical Science and Doctor of Medicine (BMedSc MD) and the Bachelor of Medicine/Bachelor of Surgery (MBBS) medical programs of the University of Tasmania, College of Health and Medicine, School of Medicine for 12 months to 31 March 2028, subject to annual monitoring requirements of the AMC.

University of Wollongong, Graduate School of Medicine

The University of Wollongong, Graduate School of Medicine offers a four year Doctor of Medicine (MD) medical program.

Following the 2022 accreditation extensions assessment, accreditation of the medical program was extended by two years, to 31 March 2025. A further two years would be available on completion of a monitoring submission in 2024.

On the basis of the 2024 self-assessment monitoring submission, at their 12 December 2024 meeting, Directors resolved:

- ii. that the University of Wollongong, Graduate School of Medicine and its medical program continues to substantially meet the accreditation standards and;
- iii. to extend accreditation of the University of Wollongong, Graduate School of Medicine and its medical program for two years to, 31 March 2027.

Annual monitoring of medical programs

The medical programs of the following medical schools were monitored during this time:

- University of Notre Dame Australia, National School of Medicine
- University of Auckland, Faculty of Medical and Health Sciences
- Bond University, Faculty of Health Sciences and Medicine
- University of Wollongong, Graduate School of Medicine
- University of Tasmania, College of Health and Medicine, School of Medicine
- Curtin University, Faculty of Health Sciences, Curtin Medical School
- University of Newcastle/University of New England, Joint Medical Program
- Monash University, Faculty of Medicine, Nursing, and Health Sciences
- Macquarie University, Faculty of Medicine, Health and Human Sciences
- Western Sydney University/Charles Sturt University, Joint Program in Medicine
- University of Melbourne, Melbourne Medical School
- James Cook University, College of Medicine and Dentistry
- The University of Queensland, Faculty of Medicine
- University of Adelaide, Faculty of Health and Medical Sciences, School of Medicine
- Australian National University, School of Medicine and Psychology
- University of New South Wales, Faculty of Medicine and Health

Prevocational Training Accreditation Authorities

The AMC reviews and accredits authorities that accredit prevocational 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

Northern Territory Prevocational Medical Assurance Services

The Prevocational Medical Assurance Services (PMAS) is the prevocational training accreditation authority for the Northern Territory. A reaccreditation assessment was undertaken over May - June 2024. The accreditation report was finalised by the Committee and submitted to AMC Directors.

At their 24 October 2024 meeting, Directors resolved:

- i. That the Northern Territory Prevocational Medical Assurance Services (NT PMAS) substantially meets the domains for assessing accreditation authorities.
- ii. That the Northern Territory Prevocational Medical Assurance Services (NT PMAS) be accredited as the prevocational training accreditation authority for five years, to 31 March 2030, subject to meeting AMC monitoring requirements including satisfactory annual monitoring submissions to the AMC.

That accreditation is subject to the conditions contained in the accreditation report to be demonstrated in the 2025 monitoring submissions.

▶ NTPMAS 2024 Accreditation Report

Canberra Region Medical Education Council

The Canberra Region Medical Education Council (CRMEC) is the prevocational training accreditation authority for the Australian Capital Territory. A reaccreditation assessment was undertaken over June - September 2024. The accreditation report was finalised by the Committee and submitted to AMC Directors.

At their 12 December 2024 meeting, Directors resolved:

- i. That the Canberra Region Medical Education Council (CRMEC) meets the domains for assessing accreditation authorities.
- ii. That the Canberra Region Medical Education Council (CRMEC) be accredited as the prevocational training accreditation authority for five years, to 31 March 2030, subject to meeting AMC monitoring requirements including satisfactory annual monitoring submissions to the AMC.

▶ CRMEC 2025 Accreditation Report

Accreditation assessments: extension of accreditation

The AMC considers requests for extension via an accreditation extension submission. In the submission, the prevocational 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.

Prevocational Medical Accreditation Queensland

Prevocational Medical Accreditation Queensland (PMAQ) is the prevocational training accreditation authority for Queensland. An accreditation extension submission report was provided by PMAQ in February 2025 and considered by the Committee on 17 March 2025.

On the basis of the extension submission, the Committee resolved the 2024 PMAQ accreditation extension submission, and agreed:

- i. that the Prevocational Medical Accreditation Queensland (PMAQ) meets the domains for assessing prevocational training accreditation authorities, and
- ii. to extend the accreditation of the Prevocational Medical Accreditation Queensland (PMAQ) as a prevocational training accreditation authority for five years to 31 March 2030, taking accreditation to the full period which the AMC will grant between assessments, which is eight years.

Accreditation report not yet available.

Annual monitoring of accreditation authorities

- NSW Health Education and Training Institute
- Postgraduate Medical Council of Victoria
- Postgraduate Medical Council of Western Australia
- South Australian Medical Education and Training Health Advisory Council
- Postgraduate Medical Education Council of Tasmania

Workplace Based Assessment (WBA) Providers

Initial accreditation

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

Five providers submitted an application for initial accreditation.

At its 12 September 2024 meeting, the Directors considered the following program for initial accreditation:

Canterbury Hospital

Canterbury Hospital'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 July 2024.

AMC Directors granted initial accreditation to Canterbury Hospital, subject to satisfactory monitoring submissions, until the Assessment Committee evaluates the results of the first cohort of candidates.

At its 23 September 2024 meeting, the Committee considered the following programs for initial accreditation:

West Gippsland Healthcare Group

West Gippsland Healthcare Group's application for accreditation, along with additional information requested and feedback from the Chair of the WBA Results Panel on the assessment plan, was considered by the Committee.

The Committee resolved that the West Gippsland Healthcare Group and its proposed workplace based assessment program substantially meets the accreditation standards for workplace based assessment providers, and to grant initial accreditation, subject to satisfactory monitoring submissions, until the Assessment Committee evaluates the results of the first cohort of candidates.

At its 17 March 2025 meeting, the Committee considered the following programs for initial accreditation:

Peel Health Campus

Peel Health Campus' application for accreditation, along with feedback from the Chair of the WBA Results Panel on the assessment plan, was considered by the Committee.

The Committee resolved that the Peel Health Campus and its proposed workplace based assessment program substantially meets the accreditation standards for workplace based assessment providers, and to grant initial accreditation, subject to satisfactory monitoring submissions, until the Assessment Committee evaluates the results of the first cohort of candidates.

St John of God Midland Public Private Hospital

St John of God Midland Public Private Hospital's application for accreditation, along with feedback from the Chair of the WBA Results Panel on the assessment plan, was considered by the Committee.

The Committee resolved that St John of God Midland Public Private Hospital and its proposed workplace based assessment program substantially meets the accreditation standards for workplace based assessment providers, and to grant initial accreditation, subject to satisfactory monitoring submissions, until the Assessment Committee evaluates the results of the first cohort of candidates.

Townsville Hospital and Health Service

Townsville 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.

The Committee resolved that Townsville Hospital and Health Service and its proposed workplace based assessment program substantially meets the accreditation standards for workplace based assessment providers, and to grant initial accreditation, 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. Decisions on accreditation are made by the Committee.

Four providers submitted accreditation extension submissions:

At its 23 September 2024 meeting, the Committee considered the following program for extension of accreditation:

Wide Bay Hospital and Health Service

The Committee accepted the submission provided by the Wide Bay Hospital and Health Service and agreed that the program and the provider meet the accreditation standards for AMC workplace-based assessment.

The Committee resolved to extend the accreditation of the Wide Bay Hospital and Health Service and its workplace based assessment program for the maximum period of four years, to 30 June 2028.

At its 16 June 2025 meeting, the Committee considered the following programs for extension of accreditation:

Central Coast Local Health District

The Committee accepted the submission provided by the Central Coast Local Health District and agreed that the program and the provider continue to meet the accreditation standards for AMC workplace-based assessment.

The Committee resolved to extend the accreditation of the Central Coast Local Health District and its workplace based assessment program for the maximum period of four years, to 30 June 2029.

Hunter New England Local Health District

The Committee accepted the submission provided by the Hunter New England Local Health District and agreed that the program and the provider continues to meet the accreditation standards for AMC workplace based assessment.

The Committee resolved to extend the accreditation of the Hunter New England Local Health District and its workplace based assessment program for the maximum period of four years, to 30 June 2029.

Monash Health

The Committee accepted the submission provided by Monash Health and agreed that the program and the provider continues to meet the accreditation standards for AMC workplace based assessment.

The Committee resolved to extend the accreditation of the Monash Health Service and its workplace based assessment program for the maximum period of four years, to 30 June 2029.

Western Australia Country Health Service

The Committee accepted the submission provided by the Western Australia Country Health Service and agreed that the program and the provider continues to meet the accreditation standards for AMC workplace based assessment.

The Committee agreed to extend the accreditation of the Western Australia Country Health Service and its workplace based assessment program for the maximum period of four years, to 30 June 2029.

Accreditation

For providers with initial accreditation, the Assessment Committee (via the WBA Results Panel) 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 Committee will grant accreditation to the provider.

At its 9 September 2024 meeting, the Directors considered the following programs for accreditation following the WBA Results Panel's findings on the first cohort:

Mildura Base Public Hospital

The Committee considered the Mildura Base Public Hospital's monitoring submission and reviewer commentary at their meeting on 29 July 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 May/July 2024.

The AMC Directors, at their 9 September 2024 meeting, resolved that the Mildura Base Public Hospital and its workplace based assessment program substantially meet the accreditation standards for workplace based assessment providers and be accredited for the maximum period of four years to 30 June 2028.

Northern New South Wales Local Health District

The Committee considered the Northern New South Wales Local Health District's monitoring submission and reviewer commentary at their meeting on 29 July 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 and May/July 2024.

The AMC Directors, at their 9 September 2024 meeting, resolved that the Northern New South Wales Local Health District and its workplace based assessment program substantially meet the accreditation standards for workplace based assessment providers and be accredited for the maximum period of four years to 30 June 2028.

At its 17 March 2025 meeting, the Committee considered the following programs for accreditation following the WBA Results Panel's findings of the first cohort:

Armadale Kalamunda Group

As per the 2023 initial accreditation decision, the Committee was asked to make a decision on the period of accreditation following the consideration of the Armadale Kalamunda Group's monitoring submission at their meeting on 18 November 2024 and the WBA Results Panel consideration of the first cohort results at their meetings in December 2024 and February 2025.

On the basis of this consideration, the Committee resolved that the Armadale Kalamunda Group and its workplace based assessment program continued to substantially meet the accreditation standards and be accredited for the maximum period of four years to 30 June 2029.

Rockingham General Hospital

As per the 2023 initial accreditation decision, the Committee was asked to make a decision on the period of accreditation following the consideration of the Rockingham General Hospital's monitoring submission at their meeting on 18 November 2024 and the WBA Results Panel consideration of the first cohort results at their meeting in December 2024.

On the basis of this consideration, the Committee resolved that the Rockingham General Hospital and its workplace based assessment program continued to substantially meet the accreditation standards and be accredited for the maximum period of four years to 30 June 2029.

Western Sydney Local Health District

As per the 2023 initial accreditation decision, the Committee was asked to make a decision on the period of accreditation following the consideration of the Western Sydney Local Health District's monitoring submission and reviewer commentary at their meeting on 23 September 2024 and the WBA Results Panel consideration of the first cohort results at their meeting in December 2024.

On the basis of this consideration, the Committee resolved that the Western Sydney Local Health District and its workplace based assessment program continued to substantially meet the accreditation standards and be accredited for the maximum period of four years to 30 June 2029.

Changes to WBA programs and providers

During 2024-25 the AMC approved changes to the WBA programs of the following providers:

- Gold Coast Hospital and Health Service (Change to assessment plan)
- Illawarra Shoalhaven Local Health District (Increase to cohort and change to assessment plan)
- Latrobe Regional Hospital (Increase to cohort and change in length of program)
- Metro North Hospital and Health Service (Increase to cohort)
- Mackay Hospital and Health Service (Increase to cohort)
- Northern New South Wales Local Health District (New site of delivery)
- Western Australia Country Health Service (Increase to cohort and new site of delivery)

Annual monitoring of WBA programs

- Mildura Base Public Hospital
- Mackay Hospital and Health Service
- Metro North Hospital and Health Service
- Monash Health
- Northern New South Wales Local Health District
- Sunshine Coast Hospital and Health Service
- South Western Sydney Local Health District
- Mid North Coast Local Health District
- Hunter New England Local Health District
- Western Sydney Local Health District
- Armadale Kalamunda Group
- Rockingham General Hospital
- Illawarra Shoalhaven Local Health District
- Joondalup Health Campus
- Tasmanian Health Service
- Gold Coast Hospital and Health Service

Pre-Employment Structured Clinical Interview Providers

International medical graduates applying for limited registration or provisional registration may be required to undergo a pre-employment structured clinical interview (PESCI). The information obtained from the PESCI is considered by the 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 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 2024/25, 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)

► [See the data report on our website](#)

Specialist Medical College training and education programs

Accreditation assessments: reaccreditation

Royal Australasian College of Physicians

In May to July 2024, the AMC completed a reaccreditation assessment of the Royal Australasian College of Physicians, the AMC Directors, at their 24 October 2024 meeting, resolved that:

- (i) the Royal Australasian College of Physicians' specialist medical programs substantially meet the approved accreditation standards;
- (ii) the Royal Australasian College of Physicians' specialist medical training programs in the following specialities and fields of specialty practice be granted accreditation for six years until 31 March 2031, subject to satisfying AMC monitoring requirements, including monitoring submissions and addressing accreditation conditions set out in the report:

Physician	Paediatrics & Child Health
Cardiology	Clinical genetics
Clinical genetics	Community child health
Clinical pharmacology	General paediatrics
Dermatology (NZ only)	Neonatal and perinatal medicine
Endocrinology	Paediatric cardiology
Gastroenterology and hepatology	Paediatric clinical pharmacology
General medicine	Paediatric emergency medicine
Geriatric medicine	Paediatric endocrinology
Haematology	Paediatric gastroenterology and hepatology
Immunology and allergy	Paediatric haematology
Infectious diseases	Paediatric immunology and allergy
Medical oncology	Paediatric infectious diseases
Nephrology	Paediatric intensive care medicine
Neurology	Paediatric medical oncology
Nuclear medicine	Paediatric nephrology
Respiratory and sleep medicine	Paediatric neurology
Rheumatology	Paediatric nuclear medicine
Palliative Medicine	Paediatric palliative medicine
Addiction Medicine	Paediatric rehabilitation medicine
Sexual Health Medicine	Paediatric respiratory and sleep medicine
Occupational and Environmental Medicine	Paediatric rheumatology
Rehabilitation Medicine	
Public Health Medicine	

- (iii) the College will be required to make accreditation extension submissions in 2030. 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 2035. This takes accreditation to the full period of ten years the AMC may grant between assessments.

► 2024 RACP Accreditation Report

Royal Australian College of General Practitioners

In August 2024, the AMC completed a reaccreditation assessment of the Royal Australian College of General Practitioners, the Specialist Education Accreditation Committee, at their 12 November 2024 meeting, resolved that:

- (i) the Royal Australian College of General Practitioners specialist medical programs in the recognised medical specialty of general practice substantially meet the approved accreditation standards;
- (ii) the Royal Australian College of General Practitioners' specialist medical training programs in the specialty of general practice be granted accreditation for six years until 31 March 2031, subject to satisfying AMC monitoring requirements including monitoring submissions and addressing accreditation conditions set out in the report:
- (iii) the College will be required to make accreditation extension submissions in 2030. 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 2035. This takes accreditation to the full period of ten years the AMC may grant between assessments.

► 2024 RACGP Accreditation Report

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.

Royal Australasian College of Surgeons

At their meeting 12 September 2024 meeting,
AMC Directors resolved:

- (i) that the Royal Australasian College of Surgeons training and education programs, in the recognised specialties of Surgery, substantially meet the accreditation standards.
- (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, by three years, until 31 October 2027, subject to satisfying enhanced AMC monitoring requirements:
 - cardio-thoracic surgery
 - general surgery
 - neurosurgery
 - orthopaedic surgery
 - otolaryngology - head and neck surgery
 - paediatric surgery
 - plastic surgery
 - urology
 - vascular surgery
- (iii) that the following conditions be set on the accreditation of the Royal Australasian College of Surgeons:
 - Condition 21 - Demonstrate systematic processes for monitoring and evaluation across all specialties of the Reconciliation Action Plan, the Building Respect, Improving Patient Safety (BRIPS) action plan, the diversity and inclusion plan, and the Rural Health Equity Strategic Action Plan (Standard 6.1 and 6.2). To be satisfied by 2025.
 - Condition 22 - Document how assessments are blueprinted to curriculum outcomes, by stage of training, across all RACS training programs (standard 5.1.1 and 5.2.2). To be satisfied by 2026.
 - Condition 23 – In relation to RACS SIMG assessment processes develop and implement quality assurance processes within the RACS monitoring and evaluation framework to ensure ongoing all-specialty compliance with MBA and MCNZ standards (Standards 9.1.1, 6.1.1). To be satisfied by 2025.
- (iv) to amend the standards related to Condition 10 to Standard 3.4.1.

► 2024 RACS Accreditation Report

Australasian College of Sport and Exercise Physicians

At their meeting on 12 November 2024, the Specialist Education Accreditation Committee resolved:

- (i) that the Australasian College of Sport and Exercise Physicians and its programs substantially meet the accreditation standards.
- (ii) that the Australasian College of Sport and Exercise Physicians specialist medical program in the recognised medical specialty of sport and exercise medicine be granted accreditation for four years to 31 March 2029, subject to satisfying AMC monitoring requirements including monitoring submissions and addressing accreditation conditions.

► 2024 ACSEP Accreditation Report

Short extension of accreditation

Royal Australian and New Zealand College of Ophthalmologists

At their meeting on 11 June 2025, the Specialist Education Accreditation Committee resolved:

- (i) to EXTEND the accreditation of the Royal Australian and New Zealand College of Ophthalmologists training and education program, in the specialty of Ophthalmology, by one year, until 31 March 2028.

Annual monitoring of specialist education programs

- Australasian College for Emergency Medicine
- Australian and New Zealand College of Anaesthetists
- Australasian College of Dermatologists
- Royal Australasian College of Surgeons
- Royal Australian and New Zealand College of Obstetricians and Gynaecologists
- Australian College of Rural and Remote Medicine
- Royal Australian and New Zealand College of Psychiatrists
- Royal Australasian College of Dental Surgeons
- Royal Australian and New Zealand College of Radiologists
- Australian Medical Acupuncture College
- Royal Australian and New Zealand College of Ophthalmologists
- Royal College of Pathologists of Australasia

Continuing Professional Development (CPD) homes

The AMC 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.

CPD Australia

At their meeting on 24 July 2024, AMC Directors granted initial accreditation to CPD Australia, subject to satisfactory monitoring, up until completion of an accreditation assessment by an AMC assessment team.

Accreditation assessments: accreditation of CPD homes

Royal Australian College of General Practitioners

In August 2024, an AMC team completed an accreditation assessment of the Royal Australian College of General Practitioners CPD home. AMC Directors, at their 12 December 2024 meeting, resolved that:

- (i) the Royal Australian College of General Practitioners be granted accreditation as a CPD home for six years until 31 March 2031, subject to satisfying AMC monitoring requirements including monitoring submissions and addressing accreditation conditions.

► [2024 RACGP CPD home Accreditation Report](#)

Royal Australasian College of Physicians

In May 2024 an AMC team completed an accreditation assessment of the Royal Australasian College of Physicians CPD home. AMC Directors, at their 24 October 2024 meeting, resolved that:

- (i) the Royal Australasian College of Physicians be granted accreditation as a CPD home for four years until 31 March 2029, subject to satisfying AMC monitoring requirements including monitoring submissions and addressing accreditation conditions.

► [2024 RACP CPD home Accreditation Report](#)

