Australian
Medical Council Limited

Annual Report 2025-26

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



AMC ANNUAL REPORT 2025-26







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/orTorres Strait Islander and Māori Peoples through its assessment and accreditation processes including equitable access to health services for First Nations Peoples.

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About Us

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

Our values

- **Openness and accountability**
- **Cultural safety**
- **Innovation**
- **Collaboration**
- **Striving for excellence**
- **Integrity**

Our strategic pillars

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 Strategic Pillars

Our strategic pillars include a number of strategic actions.

Download the full Strategic Plan from the AMC website.



Message from the President

I begin by acknowledging traditional custodians and pay my respects to Elders past and present. The Australian Medical Council acknowledges Aboriginal and Torres Strait Islander Peoples as the original peoples of Australia, and Māori as the original people of Aotearoa New Zealand.

This acknowledgement is an important place to begin, because it speaks directly to one of the most significant areas of work undertaken by the AMC over the past year: the constitutional and governance review. This review has been guided by the need to future-proof our governance arrangements, ensuring that the AMC has the right voices at the table, and that those voices are heard in the right way as we look to the future.

A key focus has been the AMC's objects. Previously, these were expressed in language that was more regulatory and less readily understood. Through the review, we have sought to articulate our purpose more clearly and in a way that better reflects the breadth of the AMC's work. While accreditation and assessment remain central to our role, the AMC also has an important contribution to make in advocacy and in broader discussions about the future of healthcare and the medical workforce.

The review has also considered the composition of the Board. Moving from a model that combined ex-officio and elected directors to a skills-based Board reflects contemporary governance practice and will help ensure that the AMC has the mix of expertise needed to meet its responsibilities. Alongside this, we have been considering the role of members and the future of our advisory structures, with a focus on creating more effective ways to listen to and engage with the people and organisations that inform and strengthen our work.

In this context, an advisory forum is likely to provide a more contemporary and purposeful mechanism than the council model that has served the organisation in the past. We are continuing to work closely with members as this evolves. Importantly, the review also recognises the need to hear Aboriginal and Torres Strait Islander and Māori voices in ways that are genuine, purposeful and embedded in our governance.

Shared decision-making is central to this approach. It is a methodology that the AMC has been developing over time and one that would be more formally reflected in the proposed governance arrangements. At its heart, shared decision-making recognises the primacy of listening to Aboriginal and Torres Strait Islander and Māori voices, with the clear intent of contributing to improved health outcomes for First Nations peoples.

Another area of continuing focus has been the experience of international medical graduates. IMGs are essential to the Australian health system. They often work in communities and settings where locally trained graduates are less likely to practise, and they make a substantial contribution to access to care across the country. It is also clear that, historically, the system has not always served their needs as well as it should. In recent years, the AMC has listened more closely to IMG perspectives and has worked to strengthen the support available to them through verification, assessment and the transition into practice.

Accreditation remains one of the AMC's major responsibilities, supported by the work of three key committees. Each has undertaken substantial work over the past year. In specialist medical education, the continuing maturation of CPD homes and the progression of new standards have been significant milestones. These standards have been shaped by shared decision-making and reflects both the needs of Aboriginal and Torres Strait Islander and Māori peoples and a contemporary understanding of what specialist training should provide.

We have also continued to work with jurisdictions and the Health Workforce Taskforce to ensure site accreditation operates as effectively as possible. Philip and his team have worked closely with members of that group to support greater harmonisation across colleges. In prevocational training, the wellbeing of junior doctors has remained a central concern, alongside implementation of the program approved in recent years. In medical school accreditation, the new standards have now been fully implemented, with the important test ahead being how medical schools work together to meet and sustain them.

I would like to acknowledge and thank the AMC team for their work throughout the year. The breadth and quality of what the AMC delivers relies on the commitment of many people working consistently and carefully behind the scenes. I also thank our members for their engagement, including the robust and thoughtful discussions that have helped shape the constitutional and governance review and inform the broader direction of our work.

Finally, I thank my fellow directors for their contribution over the past year, and Philip and his team for their leadership and sustained effort across a wide and demanding program of work. Organisations achieve their purpose through people. The progress described in this report reflects the judgement, care and commitment of many, and I am grateful to all those who have contributed to the AMC's work over the past year.

Professor Geoff McColl, President, Australian Medical Council

Watch a video of Professor McColl delivering his message.



CEO’s year in review

I begin by acknowledging all Aboriginal and/or Torres Strait Islander Peoples as the Traditional Custodians of the lands on which we live and work. I pay my respects to Elders past and present, and to emerging leaders, and acknowledge their continuing connection to land, waters, sky and community.

I write this message from the lands of the Ngunnawal and Ngambri Peoples, and I extend my particular thanks and respect to those Nations.

It is a privilege to lead the Australian Medical Council and work alongside the exceptional people who make this organisation what it is. Over the past year, our teams have continued to strengthen the AMC’s positive culture, deliver on our core responsibilities and contribute significant value to the health sectors across Australia and Aotearoa New Zealand.

A defining feature of our work over the past five years has been our commitment to cultural safety. This commitment extends across the continuum of medical education and training — from undergraduate medical education in medical schools, to specialist training through the colleges, to the way we build cultural safety within our own organisation.

This work is making a tangible difference. Feedback from our staff engagement survey this year highlighted the cultural shift taking place within the AMC, and I’d like to share the following reflection from a staff member:

“It’s been heartening to see just how much change has occurred and people not just being accepting of, but now enthusiastic for supporting cultural safety. Much credit is owed to the Indigenous Programs and Policy team for so effectively leading this cultural change.”

This sentiment is a reflection of the shift in the culture at the AMC over the past few years.

Further change is ahead. Through our Constitution review, we have begun embedding co-design and shared decision-making as key principles and policy position for the AMC.

We are also introducing cultural safety into our Clinical Examination and Multiple-Choice Questionnaire examinations for doctors seeking to practise in Australia.

Another major area of focus has been our work with specialist medical colleges, jurisdictions and health ministers to strengthen communication, accreditation processes and confidence in specialty training. This work was prompted by concerns raised by health ministers three years ago and has become one of the AMC’s most important strategic projects in recent years.

In September 2024, following extensive engagement with colleges, training hospitals and jurisdictions, we implemented a Communications Protocol. Since then, we have developed model accreditation standards for specialty training and model accreditation procedures that focus on due process, risk and stronger policy practice. These reforms are now being implemented following sign-off by all Australian health ministers.

This work has progressed significantly and has had a positive effect on how colleges and jurisdictions understand good process, sound policy and effective procedural practice. It has also strengthened the AMC’s reputation and relationships with health ministers, the Health Workforce Taskforce, the Medical Board of Australia and other key stakeholders, including the specialist medical colleges.

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At the same time, our core business has continued to progress at pace. Across assessment and accreditation, our teams have not only met their targets but delivered at significant scale. In assessment, more than 8,000 overseas-trained doctors sat the Multiple-Choice Questionnaire examination, almost 3,000 candidates undertook the Clinical Examination, and more than 470 candidates participated in workplace-based assessment programs.

Demand is expected to grow further in the year ahead. We anticipate more than 9,000 candidates will sit the Multiple-Choice Questionnaire examination, at least 4,000 candidates will undertake the Clinical Examination, and workplace-based assessment numbers are expected to exceed 500. This represents a substantial contribution to Australia’s medical workforce.

These volumes also bring a significant workload for our staff, who continue to deliver this work with professionalism and commitment. On the accreditation side, our teams have similarly led a large program of assessments across medical schools, specialist medical colleges and workplace-based assessment providers, supporting the quality and safety of medical education and training.

Our Strategy, Policy and Research functions have also continued to deliver value. A key initiative this year was the IMG Conference, held in Melbourne in September. To my knowledge, it was the first conference in any country specifically focused on international medical graduates, providing an important forum for dialogue, learning and collaboration.

We have also advanced the IMG Bridge project, an initiative proposed by AMC IMG Council member Dr Tina Zafari, who came to Australia from Iran. In the year ahead, we intend to invest around $2.5 million in this work to help international medical graduates better understand the assessment and registration pathways, entry into the workforce, and the experience of living and working in Australia.

Data has become another critical enabler of our strategic policy work. The work of our data team informs decisions across the Clinical Examination and our broader support for overseas-trained doctors seeking to practise in Australia. It is helping us to strengthen our capability, improve services and ensure our decisions are guided by robust evidence.

I want to thank AMC staff, Council and committee members, Directors, partners and stakeholders for their expertise, commitment and collaboration over the past year. The work of the AMC is complex and important, and it is only possible because of the people who contribute their knowledge, time and care to it.

As we look to the year ahead, I look forward to continuing this important work together and to strengthening our contribution to a high-quality, culturally safe and responsive medical workforce.

Mr Philip Pigou, CEO, Australian Medical Council

Watch a video of Mr Pigou delivering his year in review.

Strategic snapshot

In 2025–26, the AMC continued to strengthen its role across the medical education continuum, working with partners to support a highly trained, culturally safe and responsive medical workforce. Through accreditation, assessment and stakeholder collaboration, the AMC advanced work that connects education and training with workforce needs, supports quality improvement across the system, and contributes to quality healthcare outcomes for communities.



Medical training

We continue to advance significant reforms in specialist medical training accreditation and support prevocational medical training with a focus on consistency and cultural safety. These initiatives aim to enhance accreditation processes and support medical training nationwide.

- Health ministers endorsed the **Model Standards and Model Procedures for specialist medical college accreditation of training settings**. Implementation is underway with ongoing review of college-specific requirements.
- More than 84% of health services are now using Clinical Learning Australia ePortfolio under the **National Framework for Prevocational Medical Training**, supporting thousands of prevocational doctors with improved assessment and training documentation.
- Undertaking a comprehensive **review of specialist medical program standards**, emphasising co-design and cultural safety, informed by extensive stakeholder consultations and aiming for implementation in 2027.

International medical graduate assessment and work readiness

We have responded to sustained growth across our assessment programs by delivering our **highest volume of assessments** while continuing to strengthen quality, accessibility, cultural safety and long-term sustainability across the MCQ Examination, Clinical Examination and Workplace Based Assessment (WBA) programs.

- **Invested in the systems, people and evidence** that underpin high-quality assessment, including Assessment Redesign, examiner capability, data and technology, cultural safety, and more flexible delivery models.
- Progressed a coordinated program of initiatives to **strengthen support for international medical graduates** undertaking assessment and entering the Australian medical workforce, including resource development, targeted workshops with bridging course providers, and scoping of a digital solution to help international medical graduates navigate pathways, connect with peers and employers, and access tailored support.



Cultural safety

We continue to embed Indigenous health, cultural safety and shared decision-making/co-design across our governance, accreditation, assessment, workforce and organisational systems. This work is strengthening culturally safe practice and supporting more responsive education, training and assessment.

- **Strengthened Indigenous representation and shared decision-making/co-design** across committees, accreditation visits, standards review and organisational governance.
- Progressed **practical initiatives** including On-Country learning, cultural safety training, assessment reform, workforce pathways, partnerships and culturally safe systems for travel, procurement, policy and data.





Governance Review

We have been working together to shape the future of our AMC governance to ensure that it remains fit for purpose. This is a proactive step to strengthen the AMC's decision-making by:

- consolidating and embedding our approach to **shared decision-making** and co-design with Aboriginal and/or Torres Strait Islander and Māori Peoples;
- ensuring AMC decision-making is shaped by more **diverse voices**; and
- modernising our governance to be more strategic, fit-for-purpose and reflective of the dynamics of **contemporary practices and expectations**.

Process and Systems improvement

We have completed the design phase of a Process and Systems Improvement Project, a strategic organisational transformation initiative focused on **modernising accreditation and assessment processes**, strengthening organisational capability and improving the experience of staff and external stakeholders.



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

Accreditation of medical programs

We develop standards for all phases of medical education and training. We assess education providers and their medical programs and/or processes against these standards, and monitor them to ensure they continue to meet the standards.

	Key activity in 2025–26
Medical School Accreditation Committee	• Reaccreditation of two medical schools • Follow up assessment of one medical school • Stage 1 assessment of four proposed medical programs • Stage 2 assessment of one new medical program • Assessment of 16 material changes to established programs and providers • Monitoring of 16 medical schools and their programs
Specialist Education Accreditation Committee[1]	• Assessment of two accreditation extension submissions of specialist medical education providers • Accreditation of three new training programs of specialist medical education providers • Annual Monitoring of 14 specialist medical education providers • Annual Monitoring of one program for endorsement of registration of medical practitioners for acupuncture • Initial accreditation assessment of three CPD homes • Annual Monitoring of nine CPD homes
Prevocational Standards Accreditation Committee	• Reaccreditation of one prevocational training accreditation authority • Initial accreditation of one workplace-based assessment program • Accreditation extensions submissions for two workplace-based assessment programs • Accreditation of five workplace-based assessment programs following the successful completion of the first cohort • Assessment of nine material changes to workplace based assessment programs • Annual accreditation monitoring of three Pre-Employment Structured Clinical Interview providers • Annual monitoring of 23 workplace based assessment providers • Annual monitoring of seven prevocational training accreditation authorities
CPD homes Accreditation Advisory Committee	• Initial accreditation assessment of one CPD home • Annual monitoring of eight CPD homes

See more detail about each of these accreditation decisions in Appendix 1.

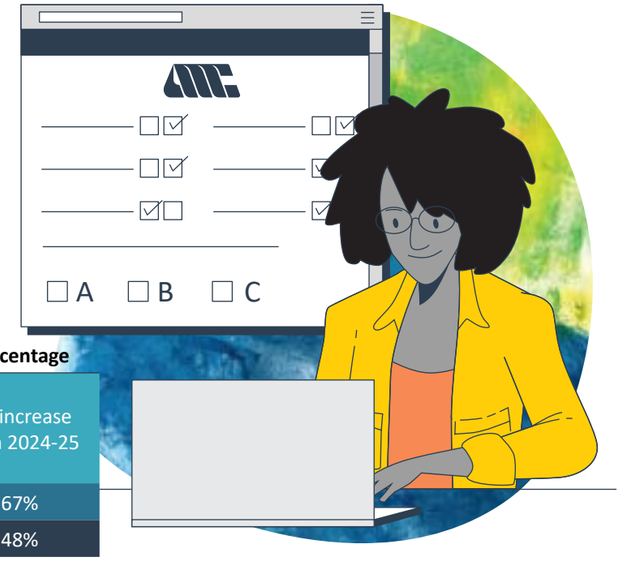
[1] Prior to the establishment of the CPD Accreditation Advisory Committee in November 2025 all CPD homes were accredited by the Specialist Education Accreditation Committee.

Assessment of international medical graduates

We assess international medical graduates who are seeking registration to practise in Australia via the Standard pathway. International medical graduates on the standard pathway must pass the AMC Multiple Choice Question Exam and either the AMC Clinical Exam or Workplace-based assessment.

8,508

MCQ examinations – 9% increase on previous year:
Domestic **2,471**
International **6,037**



MCQ EXAMINATIONS	Total	Percentage
Total IMGs sat	(2025 figure – 7821) 8,508	9% increase from 2024-25
Domestic	2,471	
International	6,037	
Total 1st attempts	5,709	67%
Total passed	4,097	48%

2,678

Clinical Examinations
In-Person **2,517**
Online **161**



CLINICAL EXAMINATIONS	Total	Percentage	Notes
In-Person examinations	2,517 (2024-25 figure – 1288; 67% increase)		No in-person clinical examinations were offered in 2024. All clinical exams were delivered exclusively online while the new AMC Test Centre was under construction.
Total 1st attempts	1,323	53%	
Total passed	798	32%	
Online examinations	161		
Total 1st attempts	54	34%	
Total passed	54	34%	



| Image: screenshot from new WBA Case-Based Discussion (CBD): Mental Health video resource.

Updates to Workplace Based Assessment materials

Over the past year, the AMC has strengthened its Workplace Based Assessment (WBA) resources to better support providers in assessing international medical graduates (IMGs). Working closely with key stakeholders, the AMC refreshed and restructured website content and developed five new videos covering a range of assessment scenarios, feedback approaches and outcomes. These practical resources provide clear, real-world examples to support assessor training, effective feedback and consistent assessment practices.

The updated materials provide accessible, up-to-date guidance to support assessors in their important role, promote shared understanding of assessment expectations and contribute to fair and consistent assessment processes across the WBA community.

The updated resources, including the new videos, are available on the AMC website: Workplace Based Assessment Resources.

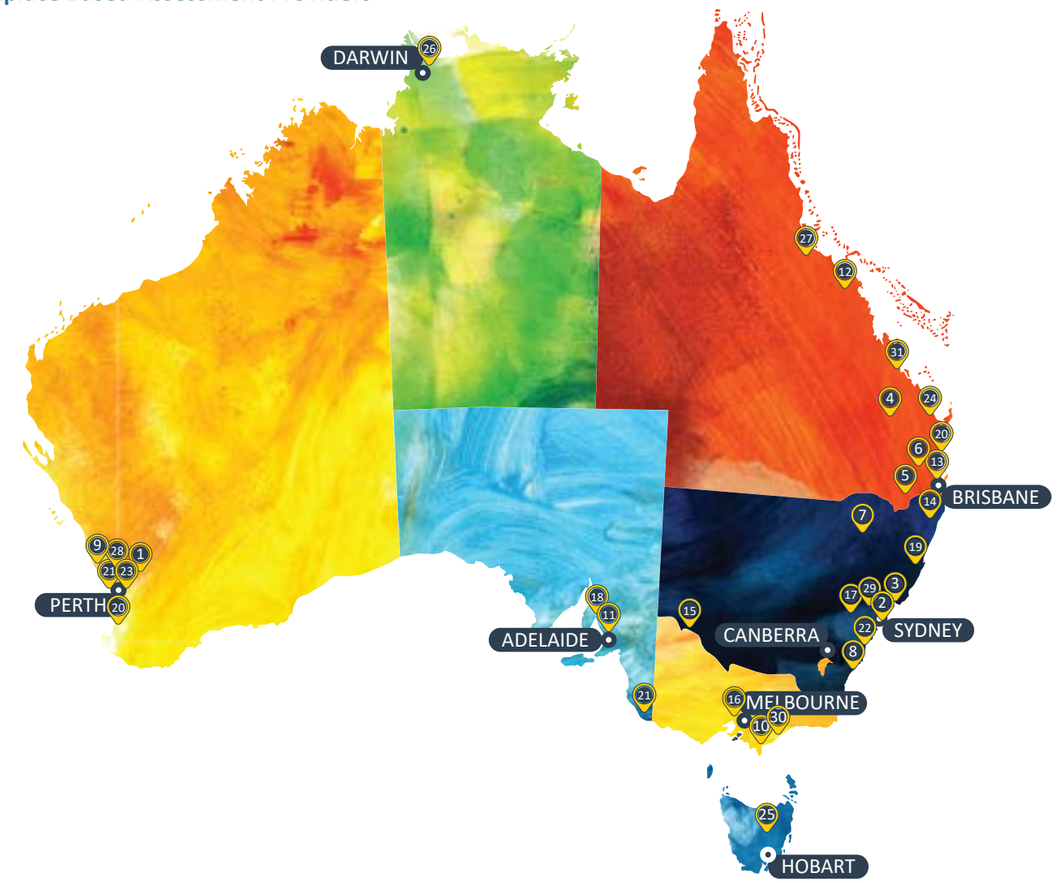
473

Workplace Based Assessments- 17%

increase on previous year

WORKPLACE BASED ASSESSMENT	Total	Percentage
Total passed	473	17% increase from 2025
Total failed	1	

Workplace Based Assessment Providers



25/26FY

Map Location	WBA PROVIDER	Total
1	Armadale Kalamunda Group	7
2	*Canterbury Hospital	4
3	Central Coast Local Health District	25
4	Central Queensland Hospital and Health Service	24
5	*Darling Downs Hospital and Health Service	10
6	Gold Coast Hospital and Health Service	9
7	Hunter New England Local Health District	43
8	Illawarra Shoalhaven Local Health District	20
9	Joondalup Health Campus	3
10	Latrobe Regional Hospital	15
11	Limestone Coast Local Health Network	3
12	Mackay Hospital and Health Service	24
13	Metro North Hospital and Health Service	6
14	Mid North Coast Local Health District	11
15	Mildura Base Public Hospital	4
16	Monash Health	19

25/26FY cont.

Map Location	WBA Provider	Total
17	Nepean Blue Mountains Local Health District	11
18	Northern Adelaide Local Health Network	13
19	Northern New South Wales Local Health District	6
20	*Peel Health Campus	5
21	Rockingham General Hospital	6
22	South Western Sydney Local Health District	25
23	*St John of God Midland Public Private Hospital	4
24	Sunshine Coast Hospital and Health Service	17
25	Tasmanian Health Service	41
26	*Top End Regional Health Service	5
27	*Townsville Hospital and Health Service	3
28	Western Australia Country Health Service	43
29	Western Sydney Local Health District	10
30	*West Gippsland Healthcare Group	4
31	Wide Bay Hospital and Health Service	53

*First cohort completed WBA in 25/26FY

Verification



13,075

Total portfolio applications – 10% increase from 2025

11,609

Total primary qualifications verified – 12% increase from 2025

3,956

Total postgraduate qualifications verified – 12% increase from 2025

AMC Certificates Awarded



1,263

Total awarded – 12.2% increase from 2025

794

Clinical Examinations

469

Work-place Based Assessment

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

Specialist medical college accreditation of training settings

One of the AMC's key areas of focus for the past three years has been working with Specialist Colleges and jurisdictions to addresses the *Ministerial Policy Direction 2023-01* and recommendations from the National Health Practitioner Ombudsman's (NHPO) Report into the accreditation of specialist training sites.

During the year, the AMC continued its engagement of the Miller Blue consultancy to progress work on this joint project which is aimed at improving communication between stakeholders and achieving greater consistency in accreditation processes, policies and decisions across colleges.

This work is strengthening a nationally consistent and collaborative approach to accrediting specialist medical training settings. By aligning standards, procedures and decision-making across colleges and jurisdictions, the AMC is supporting clearer expectations and more consistent accreditation decisions. Over time, this will support the delivery of high-quality specialist medical education across Australia.

The AMC is also addressing aspects of the policy direction within its review of standards for specialist medical programs. See *Review of the Standards for Assessment and Accreditation of Specialist Medical Programs*.

Implementation from 2026

In early 2026, the project moved into the implementation phase. This follows on from the endorsement in 2025 by Australian Health Ministers, and adoption by the Medical Council of New Zealand in early 2026 of the Model Standards and Model Procedures for specialist medical college accreditation of training settings, as well as finalising a range of supporting resources over the second half of 2025/early 2026. The standards, procedures and supporting resources are now available on the newly created Model Accreditation Approach – Resource Hub.

Colleges have begun implementing the Model Standards in their accreditation processes – two colleges have gone live in early 2026, and a further three will go live in the second half of the year. All colleges will have implemented the mandatory elements of the Model Procedures by July 2026, including applying the risk framework for decision making, procedural fairness, and using common terminology.

To support colleges in implementing the Model Standards, many colleges have proposed including college-specific requirements (CSRs). CSRs outline requirements specific to a college and the training program that supplement a criterion in the standards. CSRs require AMC approval, and the Specialist Education Accreditation Committee is making approval decisions for use of CSRs in the Australian context following consideration of Australian jurisdictional feedback via the Health Workforce Taskforce (HWT), and Health New Zealand |Te Whatu Ora. Health New Zealand will determine the applicability of AMC-approved CSRs within the Aotearoa New Zealand context.

From December 2025 to end June 2026, the AMC reviewed CSR proposals from nine colleges. Three colleges have advised that they do not wish to set CSRs. The review of colleges' CSR proposals will continue throughout 2026, and into early 2027, if required.

Final key work in progress

Work is continuing on a draft framework for colleges and jurisdictions for managing concerns and complaints about accredited specialist medical training settings.

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

Through contemporary standards and nationally consistent approaches to training, the AMC is supporting the capability and sustainability of the medical workforce, and helping to ensure communities can have confidence in safe, high-quality care that responds to their needs.

Responding to Communities

We will ensure that the changing health care needs of Australian communities and corresponding needs of the medical workforce are reflected in the requirements for medical professional practice and education.

Health Equity

We will work with our partners in medical education to advocate for equity in health using our standards, processes and organisational policy statements.

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.

We are 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 Associate Professor 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 consultations as part of review processes, including more than 86 stakeholder meetings and two formal written consultations; one on the scope of the review and proposed direction for change, and one on detailed proposals for change which gathered 59 and 62 responses respectively. Stakeholder feedback is continuing to inform refinement of the standards. It is intended that standards will come into effect from 2027.

The work related to implementing the NHPO's recommendations on the accreditation of specialist training sites will inform the review of the standards at relevant points. The AMC website will continue to be updated as work progresses on both of these projects.

Improving Training

We will work with the Medical Board of Australia and other partners to implement improvements in the quality of training programs, for exampledoctors' transitions between different stages of their medical education programs.

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. It provides a more consistent and supported approach to medical training and supervision.

CLA:

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

The Health Chief Executives Forum agreed to engage MyKnowledgeMap to develop and implement the system. CLA has been live since March 2025, in February 2026, CLA management and support were transitioned to the Australian Digital Health Agency (ADHA), at which point 84% of all health services that train prevocational doctors are using the system to record assessments and training outcomes.

Based on engagement with health services, it is expected that at least 96% of health services will be using the system for the 2026 clinical year. Over 28,000 users have been loaded into the system including more than 10,000 trainees. More than 40,000 forms have been submitted (mid and end of term assessments, EPAs, log book entries etc.)

Certificate of completion of PGY2

All state and territories 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 PGY2 in 2025.

The AMC has developed and agreed to a process with prevocational training accreditation authorities for generating certificates for PGY2 doctors.

The certificate of competition of PGY2 indicates an Assessment Review Panel has determined that a prevocational doctor has completed a structured year of generalist practice in the second year of prevocational training and has met the training and assessment requirements as described in the National Framework.

- 3177 certificates were generated in 25/26
- Since its implementation (from beginning 2025) there have been 4133 certificates generated

Strengthening Assessment

As the organisation assessing international medical graduates, we will share learning about good practice in assessment and support the continuous improvement of assessment of medical students and practitioners.

Assessment services

In 2025–26, the AMC responded to sustained growth across its assessment programs by delivering its **highest volume of assessments** while continuing to strengthen quality, accessibility, cultural safety and long-term sustainability across the MCQ Examination, Clinical Examination and Workplace Based Assessment (WBA) programs.

The year was marked by continued investment in the systems, people and evidence that underpin high-quality assessment. These initiatives strengthen both immediate assessment delivery and the long-term adaptability of the AMC's assessment programs. Work across examiner capability, cultural safety, quality assurance dashboards, technology and demand forecasting enhances the systems and processes that sustain assessment quality.

Together, this work supports the AMC's contribution to a safe, competent and culturally responsive medical workforce, and provides candidates, regulators, health services and the community with confidence that assessment remains robust, contemporary and fit for purpose.

Responding to growing demand

Demand for the AMC Clinical examinations increased rapidly from late 2025, requiring both expanded delivery and longer-term capacity planning. We delivered a record number of assessments while maintaining established standards, governance and quality assurance processes.

Online clinical examination availability continued to operate on a demand-matched basis, ensuring every eligible candidate seeking an online examination place was able to access one.

Improved use of candidate demand data, forecasting and scheduling information is supporting more informed decisions about future capacity, expansion and alternative delivery models.

Quality Assurance

Quality assurance and continuous improvement remained priorities across assessment programs. New and developing dashboards are providing more timely information across the MCQ and Clinical examination programs, including exam performance, reliability and assessment trends.

Further work is strengthening data-informed oversight of Workplace Based Assessment and supporting greater consistency in monitoring and quality assurance across Assessment Services.

Building examiner capability

The AMC continued to invest in the expertise and capability of its examiner workforce. During the year, new examiners were recruited from across Australia, expanding the national examiner community and strengthening capacity to respond to future assessment demand.

Examiner training was strengthened through a more structured preparation pathway, including an additional pre-training video, facilitated observation of the examination and scenario observation before independent examining.

These enhancements support examiner confidence, consistency and understanding of assessment standards, and contribute to the quality and defensibility of examiner decision-making.

Embedding cultural safety and Indigenous health outcomes in assessment

The AMC continued to embed Aboriginal and/or Torres Strait Islander health outcomes and cultural safety across assessment programs. This included cultural safety training for staff, committee members and examiners, and work with an Aboriginal and/or Torres Strait Islander Health writing group to review Indigenous health and cultural safety content across the MCQ and Clinical examinations. Partnerships with Indigenous organisations also supported Indigenous participation in the Clinical examination.

This work recognises culturally safe practice as an essential component of medical practice in Australia.

Learn more about the work we're doing to promote Indigenous health.

Using technology to support innovation and quality

Technology continued to play an important role in supporting assessment delivery, quality assurance and continuous improvement.

The AMC explored the responsible use of artificial intelligence in assessment content development, including how AI can support drafting while retaining expert oversight, governance and quality control.

Technology is also supporting new approaches to assessment delivery and quality assurance, including a remote marking pilot in the clinical examination to explore a flexible, scalable model that supports examiner accessibility and participation without compromising reliability or integrity.

These activities complement broader work to improve data capability, forecasting and operational systems, supporting more responsive, scalable and sustainable assessment delivery.

The AMC will continue to strengthen and modernise its assessment programs, with a focus on maintaining quality, accessibility and cultural safety.

Priorities include progressing Assessment Redesign, strengthening assessment data and quality dashboards, further embedding Aboriginal and Torres Strait Islander health outcomes and cultural safety, exploring responsible uses of AI and technology, and evaluating more flexible and scalable delivery models.

The AMC will continue to balance increasing demand with rigorous, evidence-informed assessment standards, providing confidence that doctors progressing through AMC assessment are ready to contribute safely and effectively to Australia's healthcare system.

Assessment program redesign

The AMC is undertaking a long-term redesign of its Standard Assessment Pathway to ensure it remains evidence-informed, fit for purpose and responsive to Australia's evolving healthcare and regulatory environment.

The work supports the AMC Strategic Plan and broader national reform priorities, with a focus on maintaining a contemporary assessment pathway that supports a sustainable medical workforce.



Key areas of focus include:

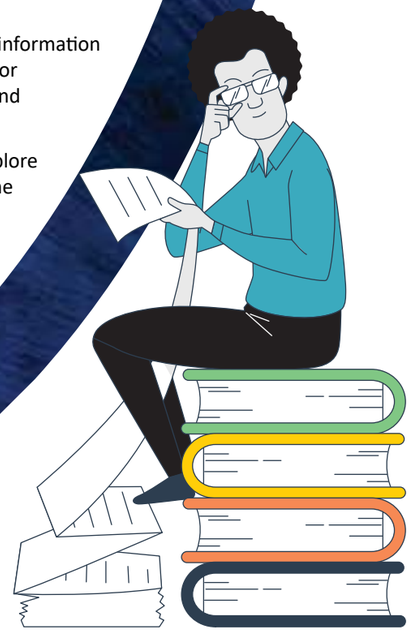
- **Cultural safety:** Ensuring the pathway can better embed cultural safety, particularly in relation to Aboriginal and/or Torres Strait Islander peoples, through a shared approach that ensures assessments are respectful, inclusive and aligned with broader health equity goals.
- **Support for International Medical Graduates:** Supporting international medical graduates in preparing for AMC assessments and working in the Australian healthcare setting. This includes developing/ procuring resources and providing feedback to candidates on their performance and readiness.
- **Commitment to quality:** Through an evaluation framework that includes psychometric analysis of AMC's current processes, benchmarking and stakeholder engagement.
- **Alignment with practice:** Ensuring AMC assessments continue to reflect capabilities expected for supervised practice in the changing Australian healthcare context.
- **Future-focused:** Considering advancements in assessment methodologies and technology in considering a redesigned assessment process.

Changes under consideration include **resources to support candidate preparation and transition to the workplace**; approaches to decision making; and review of content and design to ensure assessments remain authentic, contemporary and aligned with the Australian healthcare context.

The work is also exploring **processes for feedback**, including how assessment information could support c**learer handover into the workplace**, as well as opportunities for **technology-enhanced assessment**, including the potential use of simulation and portfolio-based approaches.

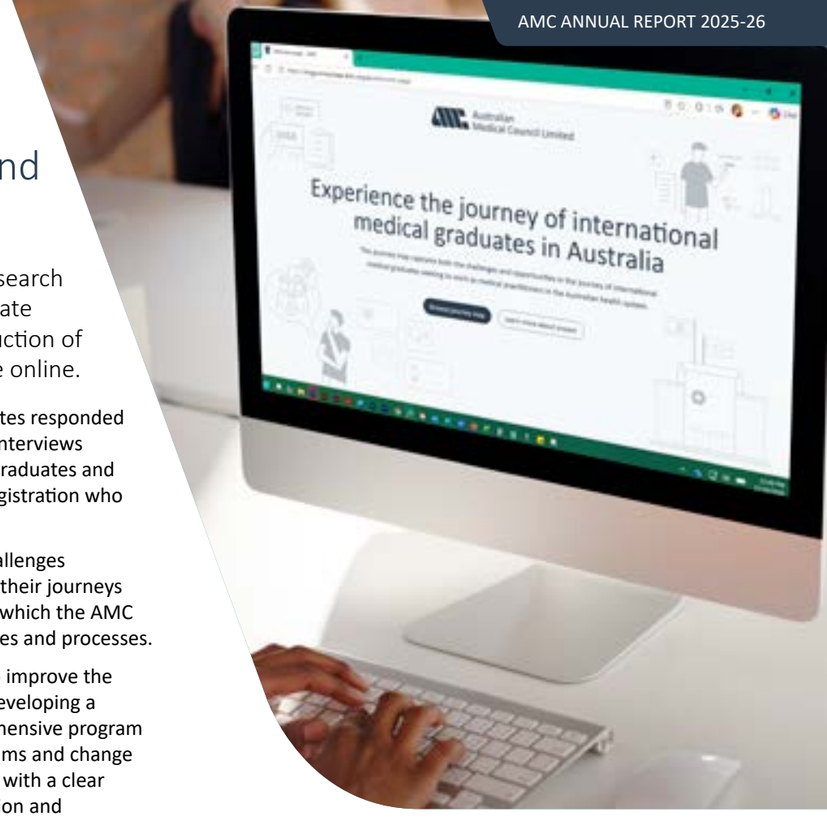
The redesign draws on evidence, expert advice and stakeholder insights to explore opportunities to further strengthen the validity, fairness and defensibility of the assessment pathway. It also reflects the AMC's commitment to continuous improvement and ensuring assessment approaches remain relevant to the needs of candidates, the profession and the communities it serves.

While the work is complex and long term, it reflects the organisation's commitment to equity, excellence and continuous improvement in assessment. Learning from the review is also informing continuous improvement of the current AMC assessments with updates to resources to support international medical graduates prepare for the clinical exam, updates to examiner training and a curation of reading and learning materials in areas international medical graduates said were challenging to adjust to.



International medical graduate assessment and work readiness

In 2025, we completed a significant research project on international medical graduate experiences, which included the production of 'journey maps' published and available online.

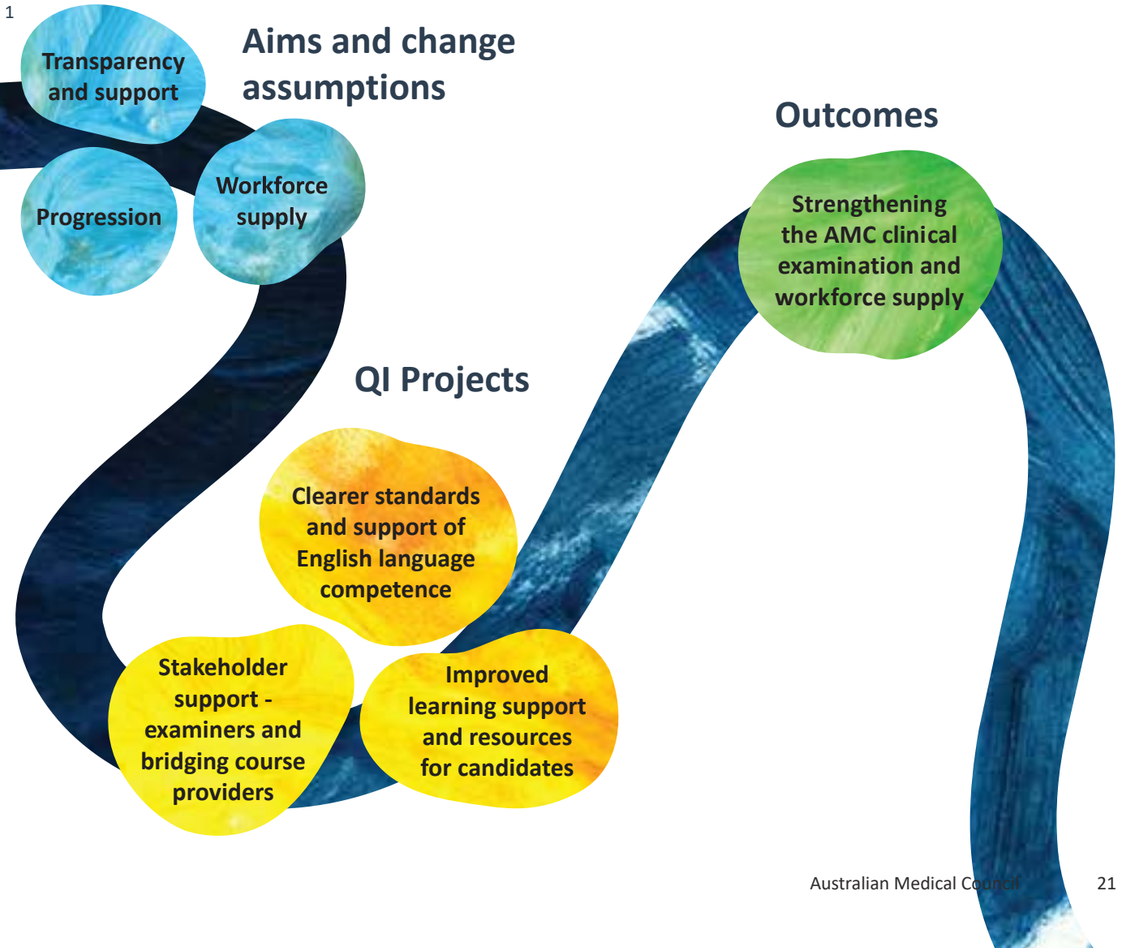


More than 4000 international medical graduates responded to the survey which was supplemented with interviews and focus groups with international medical graduates and other stakeholders of IMG assessment and registration who generously gave their time.

The research has clearly identified the key challenges international medical graduates encounter in their journeys into the medical workforce as well as ways in which the AMC and partners can do better to improve practices and processes.

We are continuing to build on this research to improve the journey of international medical graduates, developing a program logic framework to inform a comprehensive program of change (Figure 1). We've identified clear aims and change assumptions, and strategies for improvement with a clear focus on the outcomes of improving progression and workforce supply.

Figure 1



Global minds: healing hands podcast

We're developing a podcast series Global Minds and Healing Hands to support International Medical Graduates with their knowledge and understanding of working as doctors in Australia. We acknowledge that international medical graduates face many challenges in their journeys some of which include difficulties in accessing relevant information related to becoming doctors in Australia which we hope our podcast will go some way to address.

There are currently five episodes in development with a planned sixth episode on cultural safety.

The podcast series covers a range of topics and explores the current issues doctors encounter in their work in the Australian medical system. These were identified as part of our lived experience research with international medical graduates who told us their stories about the challenges they face learning about the unique health system in Australia. Topics also align to the chapters of the new edition of the AMC publication Good Medical Practice.



A significant focus of the series is cultural safety as a cross-cutting theme. The AMC Indigenous Policy and Programs team has made a significant contribution to the series, as has the input of Aboriginal and Torres Strait Islander guest speakers for each of the episodes and the Executive Producer Professor Lisa Jackson Pulver.

Episodes will be available for free on the AMC website and will be launched on regular podcast provider platforms in early 2027.

Learn more about the series and the work that's in progress.

The series is titled Global Minds and Healing Hands in recognition of the huge and very positive contribution international medical graduates make to the Australian health system.

Review of English language in the clinical exam

The AMC is undertaking an evaluation and quality improvement project to explore the level of English employed in the clinical exam. Exam content will be reviewed by experts in English language assessment and benchmarked against English language assessments required by Ahpra for medical registration. This project will ensure that the **AMC clinical exam is assessed at an appropriate English level for AMC candidates** and will provide valuable guidance on the development of future assessments.

Bridging course workshops

In 2025, we held two workshops for providers of Bridging Courses sharing information about the structure and elements of the **AMC clinical exam to ensure AMC candidates receive effective and appropriate support on their journey**. One workshop was held online, the second workshop was held at the AMC Test Centre, allowing providers to gain a first-hand understanding of the exam.

With the support of our Simulated Patients, we produced videos exploring key areas of importance in the AMC's clinical assessment model to maximise the benefit of these workshops to participants.

In late 2026, a further workshop is planned with focus on specific elements that candidates find challenging with each of the predominant assessment areas of the clinical exam.

IMG Bridge

The AMC is incubating an **accessible digital solution** for international medical graduates to support their journey by bringing together resources for onboarding and pathway navigation, connectedness to community, peers and employers and personalised guidance to accessing work readiness supports.

This project was envisioned and championed by an international medical graduate member of the AMC. International medical graduates surveyed during the planning stages for this project expressed significant trust in the AMC to deliver this solution.

This work is strengthening how international medical graduates are supported and connected as they navigate assessment, registration and readiness for practice in Australia. By translating lived experience research into practical improvements, targeted resources and more accessible support, the AMC is helping to reduce barriers, build confidence and improve progression for international medical graduates.

Promoting Aboriginal, Torres Strait Islander and Māori Health

Advancing Indigenous health through AMC's Aboriginal and/or Torres Strait Islander and Māori Strategy

The AMC is embedding Indigenous health, cultural safety and shared decision making/co-design across its governance, accreditation, assessment, workforce, partnerships and organisational systems. This work is strengthening education, training and assessment so they are more responsive to workforce needs and better community health outcomes.

Connection	Collaboration	Community
Indigenous governance, On-Country learning, culturally safe spaces and strengthened committee representation.	Partnerships with Indigenous organisations, co-design in accreditation and assessment, and cross-team implementation.	Education, training and assessment reforms that support culturally safe practice, workforce readiness and health outcomes.

"Connection, collaboration and community are the practical threads linking AMC's Indigenous Health Pillar to education, training, assessment, workforce needs and better community health outcomes."

Through the Aboriginal and/or Torres Strait Islander and Māori Strategy (the Strategy), the AMC is building a stronger organisational foundation for culturally safe practice, shared decision-making and improved health outcomes.

At the centre of this work is the Indigenous Health Strategic Pillar: Promoting Aboriginal and/or Torres Strait Islander and Māori Health, ensuring culturally safe practice to improve health outcomes. The Strategy also connects strongly to AMC's broader pillars, including medical education and training responsive to community health needs, professional practice in a changing world, and business with a purpose.

The Strategy is being translated into practical actions through accreditation standards, strengthening cultural safety in assessment, expanding Indigenous participation in governance and workforce pathways, improving supplier and travel systems, and embedding cultural safety in AMC workplaces and facilities.

Connection: embedding Indigenous voices in all of our work

The AMC is strengthening connections between Indigenous governance, AMC committees and operational decision-making. The Aboriginal and/or Torres Strait Islander and Māori Committee (the Committee) is an integral committee in the AMC's governance structure, with secretariat support provided through the Indigenous Policy and Programs team (IPP).

Committee representation

Membership of the Aboriginal and/or Torres Strait Islander and Māori committee is broad and representative. It includes community members, AMC Director members, members of other AMC standing committees, stakeholder-nominated members and Indigenous Allied Health Peak Body representation.

See Committee membership.

The Review of Standards for Assessment and Accreditation of Specialist Medical Programs is being planned and delivered with the IPP team through a co-design and shared decision-making model. This includes a Working Group and an Aboriginal and/or Torres Strait Islander and Māori Committee Subgroup, see Review of Specialist Standards.

Committee representation helps ensure Aboriginal and/or Torres Strait Islander and Māori voices are connected to decisions that influence standards, policy, assessment and organisational direction, consistent with our commitment to shared decision-making/co-design. This is also being strengthened through the AMC's current governance and constitutional reform work which is exploring options for co-design and shared decision-making safeguards.

Our Staff

AMC staff and leaders are learning and connecting on Country, place and local knowledge through On-Country workshops facilitated by the IPP team. Following workshops for all staff in 2025, the Strategic Policy and Research, Governance and Executive teams took part in sessions at the Theodore Grinding Grooves and Cuppacumbalong Homestead on Ngunnawal Country, including yarning, cultural learning and reflection on Strategy outcomes.

Our Spaces

The AMC has also embedded connections into physical spaces. The new IPP office space at 4 Marcus Clarke Street, Canberra is being developed with cultural safety and local Ngunnawal/Ngambri perspectives in mind, through collaboration with cultural consultant Byamee Williams, DJAS architects and landscape architects.

The IPP team has continued to collaborate with Aboriginal and/or Torres Strait Islander community members, artists and contributors on various projects related to the National Test Centre on Wurundjeri country in Naarm, Melbourne. Wurundjeri artists have completed works that share the story of place and Country where the centre sits. This work aims to educate people about local Country, culture and customs, and create safe and inviting environments where Aboriginal and/or Torres Strait Islander people see themselves and cultures celebrated.

Collaboration: working across teams, partners and sectors

Relationships, Partnerships and Connections

We will develop and foster strong and mutually beneficial relationships and partnerships with Aboriginal, Torres Strait Islander and Māori partners, stakeholders and communities.

The AMC's Indigenous health work is being advanced through partnerships with Indigenous organisations, community representatives, peak bodies, consultants, educators, assessors, medical schools, colleges and internal business areas.

| Image: Johnny Cakes AMC staff prepared in February 2026 at an AMC On-Country day.



AMC ANNUAL REPORT 2025-26

Our Partnerships

One of the AMC's most significant partnerships is with the National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAATSIHWP). During the year, the AMC developed a Statement of Intent Partnership Agreement, sponsored the NAATSIHWP Symposium and began planning mutually beneficial engagement that supports both NAATSIHWP and AMC objectives.

Our Work

Collaboration is also shaping education, accreditation and assessment reform.

Through collaboration with Aboriginal and/or Torres Strait Islander health experts, organisations and communities, the Aboriginal and/or Torres Strait Islander Health Outcomes and Cultural Safety in Assessment work is supporting culturally safe assessment practices, resources and experiences for candidates, staff, contributors and simulated patients. This includes:

- cultural safety training for staff and contributors
- Aboriginal and/or Torres Strait Islander content review and writing group processes
- collaboration with Ilbijerri Theatre Company with an aim to attract Aboriginal and/or Torres Strait Islander actors for simulated patient roles
- the creation of Indigenous-led exam resources, currently in development with NAATSIHWP and Australian Indigenous HealthInfoNet

Community: delivering better health outcomes

Community health outcomes are closely connected to the AMC's core functions of education, training, assessment, standards and workforce development. Through accreditation and assessment reform, the AMC is influencing how future and current medical practitioners understand culturally safe practice and Aboriginal and/or Torres Strait Islander and Māori health.

Culturally Safe Environments

We will create culturally safe, respectful and supportive environments.

Medical Schools

Aboriginal and/or Torres Strait Islander and Māori voices are now more strongly represented in accreditation activities. All accreditation visits include a member of the IPP team and increased Aboriginal and/or Torres Strait Islander and Māori representation in these settings helps ensure a more culturally safe and considered review of medical school performance against the standards.

Prevocational Training

The revised National Framework for Prevocational Medical Training includes mandatory training for supervisors in cultural safety, observable behaviours specific to Aboriginal and/or Torres Strait Islander health and cultural safety, and outcome statements specific to Aboriginal and/or Torres Strait Islander health and cultural safety.

Specialist Education

The Standards for Assessment and Accreditation of Specialist Medical Programs Specialist Education College Standards are also being revised to include and elevate Aboriginal and/or Torres Strait Islander and Māori expertise and embed this knowledge in the development, review and implementation of the revised standards. Standards are being strengthened in relation to Aboriginal and/or Torres Strait Islander and Māori health, cultural safety and accountability.

IMG assessment

Assessment reform also provides a bridge between workforce readiness and community outcomes. Current work includes:

- reviewing MCQ items for cultural safety
- revising the Culturally Safe Writing Guide
- planning for Indigenous Health as a discipline and domain in exam blueprinting
- applying cultural safety as a core competency across all exam stations
- reflective practice and continual professional development supports for international medical graduates.

Our Publications

The fifth edition of *Good Medical Practice: Professionalism, Ethics and Law* released during the year has a strong focus on cultural safety with the addition of a new chapter that introduces doctors to the concept of cultural safety, acknowledges the historical and ongoing impacts of colonisation on Aboriginal and Torres Strait Islander peoples, and highlights the importance of cultural safety across the healthcare sector as a mechanism to eliminate health inequities and to improve outcomes. This edition includes contributions from Aboriginal and/or Torres Strait Islander peoples with expert editorial guidance from Professor Helen Milory who is one of the editors.

Our Publications

We will produce accessible publications that support good medical practice especially in new doctors and doctors new to Australia.

The Australian Medicine in Context publication due for release later in 2026 provides international medical graduates and practising doctors with a greater understanding of historical impacts and health inequalities faced by Indigenous peoples in Australia, with feedback from the Aboriginal and/or Torres Strait Islander and Māori Standing Committee informing improvements to introductory chapters.

We are developing resources to support international medical graduates that includes Aboriginal and Torres Strait Islander-authored guidance, an online portal, interactive community health mapping and logbook resources for cultural safety learning and progress.



Strengthening workforce pathways and participation

The AMC continues to strengthen Indigenous workforce participation both within the AMC and across its external contributor networks by supporting Aboriginal and/or Torres Strait Islander and Māori employment, scholarships, internships, traineeships and career pathways.

The IPP team has expanded to support work across the AMC with further roles being considered as the organisation continues to recognise the value of lived experiences.

The ICT Traineeship Program and broader traineeships program are practical examples of building opportunity, with targeted pathways for Aboriginal and/or Torres Strait Islander ICT trainees and pilot roles scoped for the ICT team.

Building culturally safe capability across AMC

A key area of progress is the ongoing cultural safety learning program. Cultural safety webinar modules for AMC employees and Directors have been implemented and are continuing, with monthly sessions booked, attendance tracked, and new staff invited through a rolling process.

Produced in partnership with the Seedling Group, the original series covers the topics of stereotypes, intergenerational trauma, lived experience of suicidality, traditional healers and poverty. Delivery across 2025 and 2026 was extended to staff, Directors, examiners, assessment panel participants, group members and committee members.

The Seedling Group is developing an evaluation framework using implemented cultural safety modules and evaluation data, supported by surveys, review of AMC mechanisms, policies and strategies, and interviews with key people to understand the impact of the program.

Influence, Advocacy and Support

We will advocate, support and promote the goals of Aboriginal, Torres Strait Islander and Māori Peoples, in relation to Aboriginal, Torres Strait Islander peoples and Māori health.

Improving systems that support culturally safe practice

The Strategy also reaches into organisational systems that may not always be immediately visible but are important to culturally safe practice. This includes corporate services initiatives such as improved reporting on expenditure related to the IPP Strategy, exploration of Indigenous supplier tracking, and selection of InTravel, an Indigenous-owned travel provider, to improve travel experiences for internal and external Indigenous travellers.

Work to maintain culturally safe travel experiences considers the practical barriers and risks experienced by Indigenous staff and stakeholders. This includes seeking traveller feedback, investigating whether issues involve racism, engaging IPP when exploring travel partners or hotels, and documenting hotel preferences where racism has been experienced.

Policy and data systems are also being strengthened. People and Culture policy review work is aligned with cultural safety and anti-racism policy development, while the Indigenous Data Sovereignty project supports shared decision-making/co-design in how data is used, managed and returned.

The AMC's progress in advancing Indigenous Health through the Strategy is visible across training programs, standards reform, assessment redesign, governance review, new partnerships, staff learning, workforce initiatives, facilities, supplier systems, communications and evaluation.

The IPP team's attendance at AMC committee meetings, including the Specialist Education Accreditation Committee, Prevocational Standards Accreditation Committee, Medical School Accreditation Committee and the Assessment Committees, is a practical mechanism for maintaining connections, supporting strategic planning and ensuring that the objectives of the Indigenous Strategy remain active across the organisation.

The strength of the Strategy is that it connects the work of education, training and assessment with workforce development, cultural safety and community health outcomes. It recognises that improving health outcomes for Aboriginal and/or Torres Strait Islander peoples and Māori requires more than policy statements; it requires sustained change in systems, relationships, governance and practice.

The AMC is building the conditions for meaningful and measurable change. The ongoing challenge and opportunity is to continue moving from implementation to impact: to evaluate what is changing, listen to Indigenous voices, refine systems, and ensure that cultural safety and Indigenous health outcomes remain central to AMC's purpose, standards and influence across the medical education and health workforce landscape.

Looking ahead

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Professional practice in a changing world

Through practical guidance, collaborative research and targeted investment in learning, the AMC is helping the medical profession to respond to a rapidly changing world. This work is strengthening professional and ethical practice, supporting more connected and culturally safe models of care, and equipping current and future practitioners to navigate emerging challenges.

Professionalism and Ethics

We will focus on developing doctors' professional and ethical behaviours in response to complexity, uncertainty and ambiguity impacting medicine through our work in exploring established and evolving approaches to good medical practice.

Interprofessionalism and Interagency Actions

We will engage in interprofessional and interagency action on health priorities, building strong partnerships and communities of practice across the health sector which recognise the intersectionality of health and inform our thought leadership, accreditation and assessment practices.

Levers for change: interprofessionalism in accreditation

On behalf of the Health Professions Accreditation Collaborative Forum, the AMC is leading the second stage of a significant research project on Interprofessional Education. This project will engage with both accreditation authorities and education providers to **build a richer picture of how accreditation processes contribute to developing health professionals highly-trained to work together and provide a high standard of patient-centered care**.

The research project aims to develop tangible guidance and insights to improve the consistency and effectiveness of accreditation processes and reduce unnecessary burdens on education providers. The aims of this research are to:

- Address health reform priorities and longstanding challenges identified in the literature and experienced in the health sector in the design and implementation of improved accreditation practices to strengthen Interprofessional Education (IPE) in health profession programs of study.
- Work collaboratively with education providers of IPE in programs of study in Australia, consumers, health services and Aboriginal and/or Torres Strait Islander organisations to explore their perspectives on how accreditation can be used as a lever for change in strengthening IPE.
- Work collaboratively across the 15 accreditation authorities to review how accreditation standards and procedures can be designed to strengthen IPE.
- Effect positive change in health professions education programs and health services practices with the aim of reducing fragmentation of care, ensuring culturally safe, person-centred care and improved patient outcomes.

The research will include both a comprehensive review of documentation relating to accreditation processes from both sides of the process, and extensive semi-structured interviews and focus groups with professionals, students and stakeholders involved in the delivery and accreditation of IPE within health professions programs of study.



A new edition of *Good Medical Practice: Professionalism, Ethics and Law*

A fifth edition of ***Good Medical Practice: Professionalism, Ethics and Law*** was published earlier in the year reaffirming its place as a critical resource for the medical profession in Australia. It addresses new challenges in medical practice reflecting technological advances and societal changes.

- The edition includes new chapters on **digital health, telehealth, AI, cultural safety, and cross-jurisdictional practice**.
- **Contributions from 47 experts and community stakeholders** ensure diverse perspectives, emphasising patient and consumer experiences.
- **Available in print and ebook formats** internationally, this guide supports doctors at all career stages with practical advice and case studies.

Over time *Good Medical Practice* has established itself as an indispensable guide for doctors at every stage of their professional journey — from medical students and trainees to experienced clinicians.

In this fifth edition, new and revised chapters cover a range of topics including:

- expansion of digital health, telehealth and AI in health practice
- cultural safety in medical regulation and ensuring healthcare is free from racism and discrimination
- communication and social media
- understanding boundaries between doctors and their patients, including changes to legislation concerning voluntary assisted dying
- changes in the roles of other health professionals, and especially expansion of prescribing roles
- cross-jurisdictional practice.

The book also offers practical advice on documentation, communication, navigating complaints and investigations, with case studies and further reading.

Good Medical Practice brings together 47 contributors including doctors, health consumers, other health practitioners, lawyers, academics, administrators and regulators. The book also reflects feedback from community stakeholders, including patients, carers and consumer advocates.

"Their voices remind us that good medical practice is not defined solely by professional standards but by the experiences and outcomes of those we serve," said AMC President Professor Geoff McColl.

"As medicine continues to evolve, so too must our understanding of what it means to be a good doctor. This edition challenges doctors to uphold the highest standards of professionalism, to navigate ethical complexity with integrity, and to engage with the law as a framework for accountability and justice."

Learn more about the book and how to order your copy.

This is the first AMC publication available in both print and ebook editions. The book is available for purchase through major retailers in Australia, New Zealand and overseas.



Interprofessional education and collaborative practice award

This year we launched the AMC and ANZAHPE (Australian & New Zealand Association for Health Professional Educators) Interprofessional Education and Collaborative Practice Award. This award recognises the growing importance of interprofessional collaborative practice across the health professions in delivering the best possible care for patients, and the role of interprofessional education in preparing future healthcare practitioners.

This year's award was presented to a team from Monash University for their innovative Collaborative Online International Learning (COIL) program. Pictured above (left to right): Alison Frances-Cracknell and Zahra Aziz (Monash University), Julie Gustavs (AMC) and Alexandra Webb (ANZAHPE).

The judges felt that all of the submissions were of a very high standard and demonstrated innovative, evidence-informed approaches to interprofessional education and collaborative practice.

The Monash team's COIL program was commended for its theoretical grounding, stakeholder co-design (including consumers), robust multi-institutional collaboration and design, combining interprofessional and intercultural learning with AI-enabled simulation to prepare students for the realities of modern healthcare. The judges also highlighted the scale and accessibility of the initiative, supported by evaluation data demonstrating high levels of student satisfaction and learning impact.

Learning and Improvement

We will engage AMC staff, affiliates, partners and stakeholders in activities to share knowledge, information and approaches as we work to achieve the AMC's purpose, vision and values.

| Image (from L-R): Alison Frances-Cracknell and Zahra Aziz (Monash University), Julie Gustavs (AMC) and Alexandra Webb (ANZAHPE).



Student sponsorship at IPE Colloquium 2026

The AMC sponsored four medical students to attend the Interprofessional Education Colloquium hosted by the Australian Pharmacy Council. This year's theme, *Empowering voices: Educating health professionals for respectful and inclusive conversations*, brought together a diverse group of speakers and participants to explore how to build collaborative and inclusive healthcare environments and better prepare future health professionals to have respectful and meaningful conversations.

| Image (from L-R): Nevin Johnson, Western Sydney University, Abi Appathurai, Melbourne University and Ishaan Chaudhuri, Flinders University. Missing from this photograph is Tabitha Jones, Western Sydney University.

AMC-supported research into the health impacts of climate change

The AMC sponsored research through The Australian National University examining the health impacts of climate change. The project was led by researcher Lillian Smythe and mentored by Professor Jane Dahlstrom, Chair of the AMC Medical School Accreditation Committee.

One of the articles from this research, "Preparing Future Healthcare Professionals to Respond to Mental Health Impacts of Climate Change: A Review of Evidence and Accreditation Standards" published in *Wiley Interdisciplinary Reviews: Climate Change*, focuses on the mental health impacts of climate change and highlights that while there is a strong and well-established evidence base linking climate change to mental health outcomes, this knowledge is not consistently reflected in competencies and learning outcomes of health profession education.

The study included a comparative content analysis of education accreditation standards and registration requirements across three health professions — medicine, nursing and clinical psychology — in five countries: Australia, New Zealand, Canada, the United Kingdom and the United States.

The findings identify where climate-related health impacts are currently incorporated into competencies, learning outcomes and professional expectations, as well as highlighting gaps where further development is needed.

The findings highlight a clear need to strengthen health professional education to better prepare practitioners to respond

Managing our business in an ethical, efficient and sustainable way

We continue to invest in our people, culture and systems to enhance our capacity to respond, adapt and deliver value across the health sector in Australia and Aotearoa New Zealand.

AMC Governance and Constitution Review

In late 2024, the AMC initiated a review of its governance and Constitution to ensure that it is fit-for-purpose and well-placed to navigate increasing complexity over the coming years.

Unlike many governance reviews, this is not in response to a crisis or significant problem. Instead, it has been shaped by a fundamental question:

> What kind of governance model will put the AMC in the strongest position to navigate the transition from now into the future, and contribute meaningfully to it?

"[It's been an] opportunity to be more imaginative, expand our thinking and explore new possibilities that don't use 'what we've always done' as the starting point."

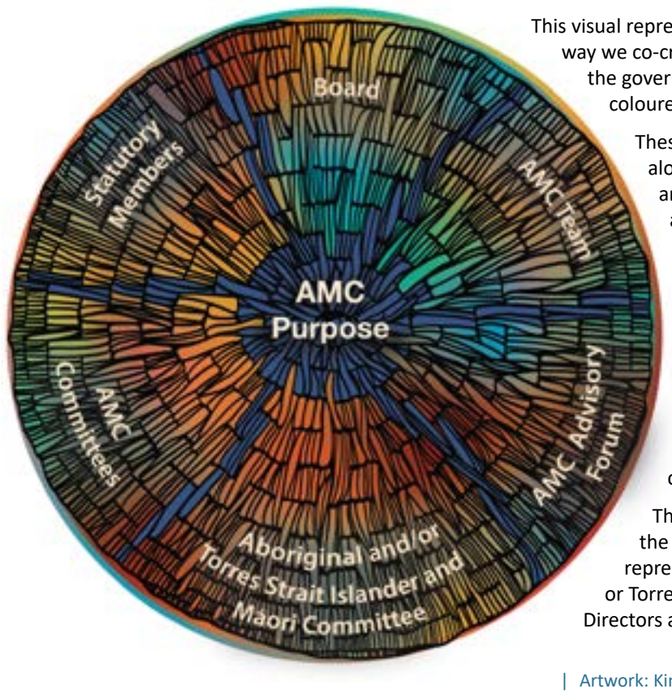
AMC Member, March General Meeting

The Review focused on strengthening the AMC's decision-making by:

- formalising our existing approach to shared decision-making and co-design with Aboriginal and/or Torres Strait Islander and Māori Peoples;
- ensuring diverse voices shape and inform AMC decision-making; and
- modernising our governance to be more strategic, fit-for-purpose and reflective of contemporary practice and expectations.

Many different voices contributing meaningfully and working together as a whole

Relational + Interconnected



This visual represents both the governance of the AMC and the way we co-created our new model together. Each part of the governance model is represented by a different coloured strand.

These voices connect and intertwine; sometimes alongside one another, sometimes shaping each other, and all weaving together. This reflects how we work across relationships, roles and systems.

We use our collective strengths, knowledge and shared commitment to co-create outcomes that deliver on the AMC's purpose, and for the communities we serve.

The threads that make up each strand also reflect the many individuals who contribute to the AMC. It shows that our decision-making is shaped by many voices, experiences and perspectives, each contributing meaningfully to the whole.

Thank you to everyone who has contributed to the creation of this visual and to articulating what it represents for us all, including the AMC Aboriginal and/or Torres Strait Islander and Māori Committee, Members, Directors and Executives.

| Artwork: Kimiah Alberts, Wontok designs

Diverse voices, deep collaboration

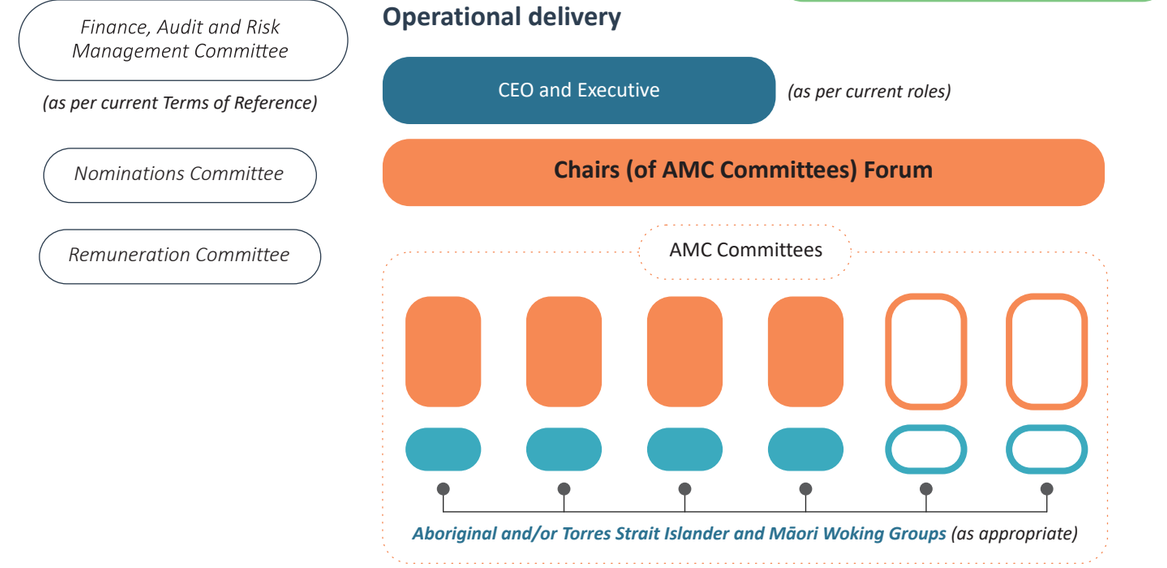
In October 2024, the Board formed a Review Advisory Group to explore changes to the Constitution. Early engagement with AMC Members broadened the work into a review of the AMC's governance model which took effect in late October 2026.

Over 18 months, AMC Members, Directors, the Aboriginal and/or Torres Strait Islander and Māori Committee, the Executive Team and governance experts worked together to shape and test the new model. This included discussions at General Meetings, direct engagement with Members, dedicated work with the Committee, and detailed input from the Board and Review Advisory Group. We also consulted key external stakeholders, including the Medical Board of Australia, Ahpra and the Medical Council of New Zealand.

Throughout the process, contributors reflected on the respect, rigour and integrity underpinning the development of the new model. They particularly appreciated the commitment to open, collaborative discussion, surfacing diverse perspectives, and taking time to land on the final outcome.

"Through this Review, we have an opportunity to create something new, and reshape how we think about the AMC's proactive, influencing work."

AMC Member, March General Meeting



I appreciate the care and effort invested in this review process, which has been done so respectfully and well.

AMC Member, March General Meeting

Our shared objectives

The new model is intended to deliver:

- more clearly defined roles, relationships and meaningful opportunities to contribute value in different ways
- better connections across the AMC
- more diverse voices and perspectives shaping good thinking and decision-making across the AMC
- stronger shared decision-making and co-design with Aboriginal and/or Torres Strait Islander and Māori Peoples
- better use of the collective skills, knowledge and commitment across the AMC, and
- greater capacity to anticipate the future and respond to emerging sector needs.

Key changes will include a values- and skills-based Board, stronger and better-connected strategic advisory functions, an updated Constitution, and layered safeguards for sound decisions. These safeguards formalise shared decision-making and co-design, honour Aboriginal and/or Torres Strait Islander and Māori wisdom and knowledges, and support continuity over time.

"A simple structure with the right people and genuine commitment to listening will outperform a complex one that lacks real influence"

AMC Member

"I'm feeling inspired by our collaborative, values-based, ethical discussions and the shared sense of goodwill amongst us."

AMC Member, March General Meeting

Looking ahead

Following informal confirmation by AMC Members at the July 2026 General Meeting, the proposed model was translated into an amended Constitution and supporting governance documents. The new governance model is now in effect following a formal vote by Members at the Special General Meeting on 26 October 2026.

A robust evaluation process on the implementation and development of the new model is now underway, with formal review points scheduled for August 2027 and March 2028 to ensure the intent of the model translates into reality.

Core assessment and accreditation work will continue without disruption. Over time, the AMC expects to see the benefits of an elevated strategic focus, and more diverse external influences fostering even greater confidence in the quality of its decisions and contribution to the sector.

No governance model is perfect, but I think we've now got a great one – and we're all committed to making it work. Hopefully other similar organisations will be inspired by what we've done in the years to come. "
- AMC Member

This is a significant step forward for the AMC and sets an important foundation for our ongoing focus on driving better health outcomes across Australia and Aotearoa New Zealand.

Visit our dedicated webpage for further detail about:

- The AMC governance model
- The story behind our relational governance visual
- Frequently asked questions

Strengthening and investing in our people and culture

This year we have continued to strengthen our workplace culture, systems and practices through initiatives that enhance staff wellbeing, promote organisational transparency, and support fair and consistent employment practices.

Implemented in response to feedback from the AMC Staff Engagement Survey and aligned with the key themes in the AMC's Strategic Directions, these initiatives reinforce our commitment to fostering an inclusive, respectful and high-performing workplace.

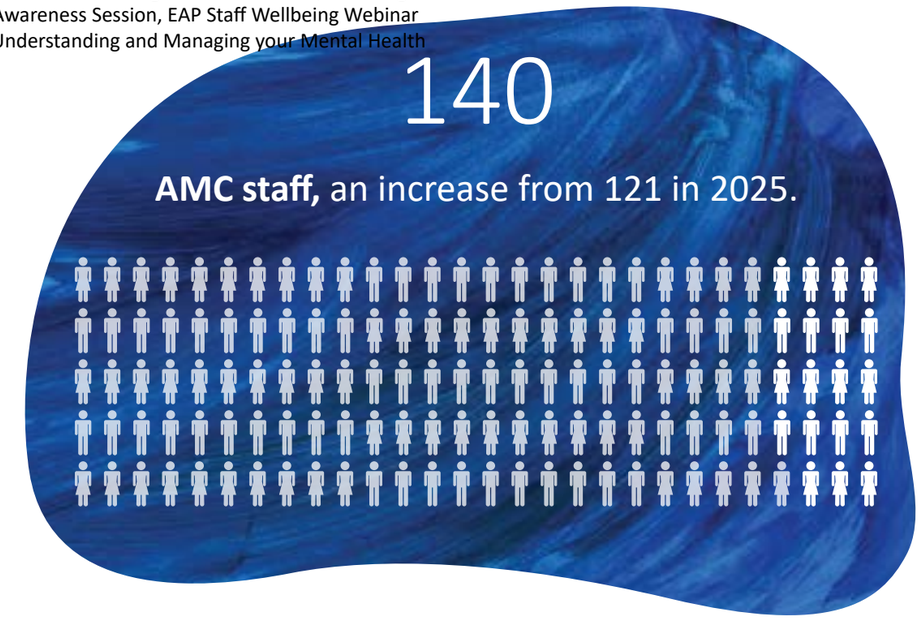
- Introducing the AMC Staff Wellbeing Package (including launch of a Wellbeing Program), which promotes and supports a positive approach to staff psychosocial and physical wellbeing through a range of support, programs, and resources to enhance wellbeing at work.
- Implementing new policies aligned with HR best practice and legislation, including the AMC Disciplinary Policy and Procedure, Cultural Safety Policy and Anti-racism Policy.
- Revamping and launching the AMC's Reward and Recognition Policy, designed to recognise and celebrate staff achievements with clearer reward and recognition categories.
- Introducing the AMC's Group Induction Pilot Program, focused on supporting new staff and bolstering onboarding and induction processes.
- Recruiting to fill vacant positions and appointing additional staff to alleviate workload pressures across the organisation.
- Raising awareness of staff wellbeing, training and support services through various sessions, including an EAP Awareness Session, EAP Staff Wellbeing Webinar and Understanding and Managing your Mental Health Training Session.

Future Focus

Looking ahead, our focus will be on strengthening our people systems, leadership capability and shared ways of working. These priorities will help ensure staff are supported, engaged and equipped to contribute to the AMC's strategic directions.

- Developing the People and Culture Strategy that further supports the AMC Strategic Directions – A Directional Framework.
- Focusing on developing managerial capability, workforce planning, and organisational development.
- Developing a staff engagement action plan in response to the AMC Staff Engagement Survey – outlining priorities, actions, responsibilities, timelines, measures of success, and communication pathways.

Our people remained central to the AMC's continued growth, with the number of staff increasing to 130.5 and overall turnover remaining low at 9.2%, reflecting a stable and resilient workforce. Over the year, 31 new employees joined the organisation to fill vacant roles and new roles to strengthen organisational capability and ease workload pressures.



Improving process and systems

During the year, the AMC completed the design phase of a Process and Systems Improvement (PSI) Project, a strategic organisational transformation initiative focused on **modernising accreditation and assessment processes, strengthening organisational capability and improving the experience of staff and external stakeholders**.

A key achievement during the year was the completion of Stage 2 (Target State Design), which established a shared vision for future ways of working across accreditation and assessment. The work identified opportunities to streamline business processes, improve data management and reporting, enhance collaboration between business areas, reduce manual effort and position the AMC to leverage future digital technologies in support of its functions.

The project also placed significant emphasis on collaboration and cultural safety. The AMC Indigenous Policy and Programs team worked closely with Consultants and Indigenous advisors to ensure Aboriginal and/or Torres Strait Islander perspectives were considered throughout the Target State design process and embedded into implementation planning. This partnership has helped strengthen AMC's commitment to culturally safe practices and meaningful Indigenous participation as the project progresses.

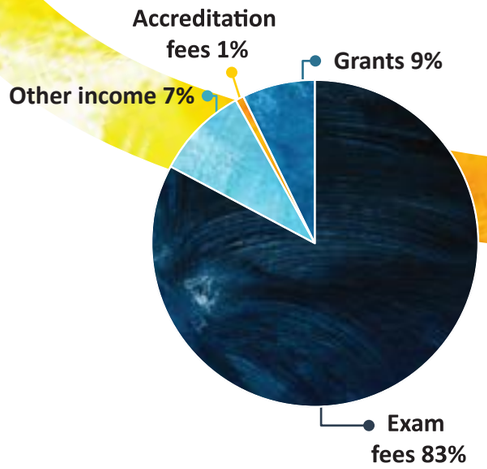
Following completion of Stage 2, the AMC commenced mobilisation activities for Stage 3. This phase will focus on evaluating solution options, developing a detailed business case, preparing for procurement and establishing a comprehensive change management approach to support successful implementation solution/s across the organisation.

Key achievements during 2025–26

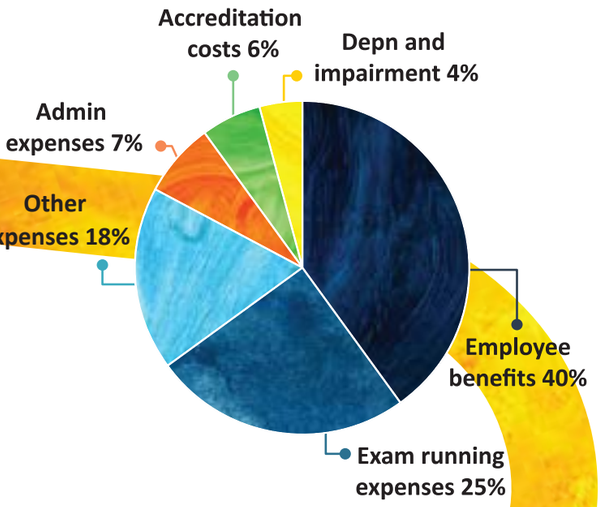
- Completed Stage 2 (Target State Design) of the PSI Project.
- Engaged extensively with consultants, Indigenous advisors, staff and SMEs to co-design future business processes.
- Developed Target State process maps, business requirements and recommendations.
- Embedded cultural safety and Indigenous advisory input throughout project design and planning.
- Commenced Stage 3 mobilisation, including business case development, procurement planning and change management activities.



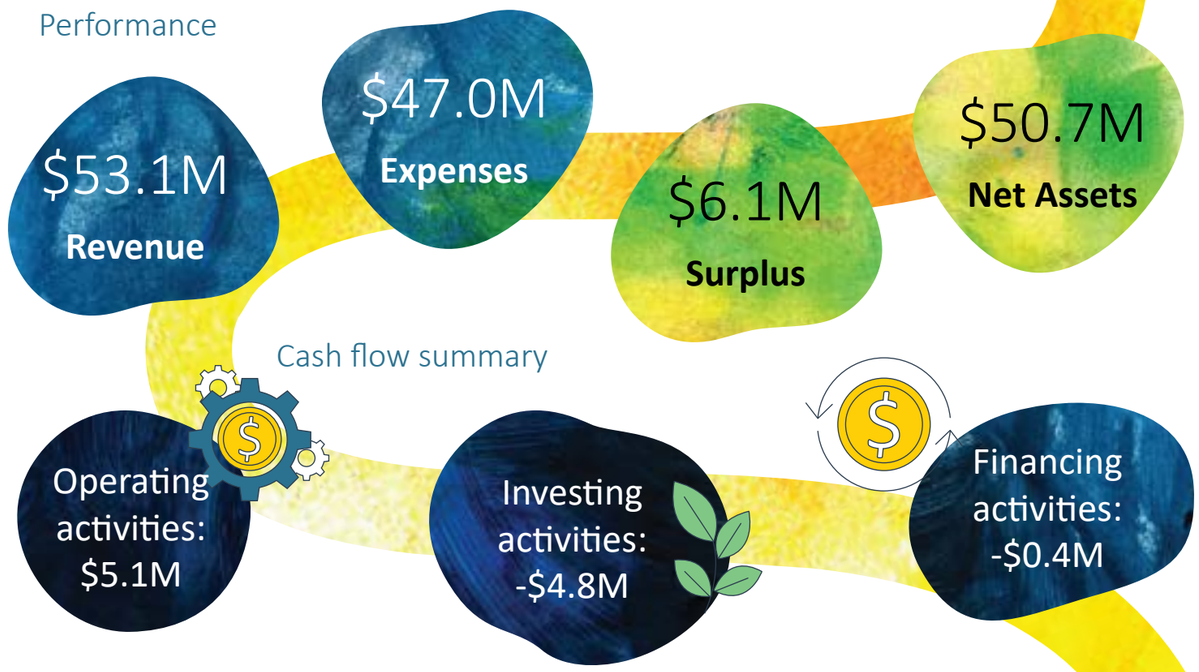
Revenue by Nature



Expenses by Nature



Performance



Cash flow summary

Key financial ratios

Ratio	Value
Solvency ratio	2.61
Surplus margin	11.40
Debt-to-equity ratio	0.08

Find the Audited Financial Statements on our website

The AMC maintained a strong financial position in 2025-26, supported by increased revenue and the continued investment of available funds in short-term deposits and managed investment portfolios.

Net assets increased from $44.7m at 30 June 2025 to $50.7m at 30 June 2026. Solvency remained sound throughout the year and strengthened further by year end, reflecting prudent management of expenditure and cash positions.

Several improvements were made to the AMC's financial processes and reporting this year. A new invoicing system for external contributors streamlined approvals and improved invoice tracking, while new financial and project dashboards enhanced the quality and accessibility of internal reporting. Processes were also updated in response to changes in superannuation requirements, supporting ongoing compliance.

Financial overview 2025-26

Indigenous procurement

In 2025-26, Indigenous supplier spend represented 10% of total procurement expenditure, exceeding the AMC's 5% target. Key drivers included cultural safety training and the engagement of Indigenous artists and consultants across AMC projects. The AMC also provided funding to Wilya Janta out of AMC's passive investment income generated during the year, reflecting its commitment to the Strategic Plan, organisational values, and ethical leadership in the health sector.

During the year, the AMC reviewed its Procurement Policy to strengthen Indigenous participation and deliver greater impact through its procurement activities, in line with AMC's strategic priorities. The 5% target has been retained; however, the revised approach extends beyond expenditure metrics alone, with a greater focus on meaningful participation and engagement with Indigenous businesses. This includes new measures to track progress, stronger consideration of Indigenous suppliers in procurement decisions, and increased engagement with Indigenous businesses and Supply Nation. The revised Policy is currently in draft form for the Board's review and approval.

External Contributor Fees

In June 2026, AMC Directors reviewed the Payment of Fees to AMC External Contributors Policy and approved a 3.7% increase to external contributor fees, effective 1 July 2026, in recognition of the expertise and time commitment contributors bring to AMC activities.

External contributor rates will continue to be reviewed annually, having regard to market benchmarks and AMC priorities, although an increase is not guaranteed each year.

Investments

As part of the transitional arrangements arising from the Constitutional Review, the Investment Reserves Advisory Group (IRAG) was subsumed into the Finance, Audit and Risk Management (FARM) Committee.

The AMC continued to actively manage its funds across the medium and long-term investment categories. The portfolio includes the Impax Sustainable Leaders Fund and, the Macquarie Energy Transition Infrastructure Fund (METI).

Impax Sustainable Leaders Fund

The Fund seeks sustainable, above-market returns by investing globally in companies which have at least 20% of revenue, profits or capital employed in environmental markets. At 31 December 2025, the AMC held an investment of $807,000.

In 2026, Impax published its inaugural group-wide Sustainability Report, broadening its previous Climate Report to cover four priority themes: Climate, Nature, People and Governance, including its first nature-related disclosures aligned with the Taskforce on Nature-Related Financial Disclosures (TNFD). Unless specifically noted, the metrics reflect the percentage of engagement related to the particular sustainability measure.

Sustainability measure	Impact	Context
Climate	88 tCO_2e of greenhouse gas emissions avoided Net-zero transition and climate resilience 27%	
Nature	12%	Nature-related risks and opportunities
People	29%	Human capital, EDI, human rights, supply chain
Governance	32%	Board, remuneration and AI governance

Based on strategy AUM and portfolio holdings as at 31 December 2025. See Impax's Sustainability Report 2026 for methodology.

Macquarie Energy Transition Infrastructure Fund (METI)

AMC invested in METI in December 2024. The Fund invests in private energy transition infrastructure, targeting income and long-term capital growth through technologies that support the global energy transition, with an initial focus on decarbonising electricity. At 30 June 2026, the AMC held an investment of approximately $544,000.

METI reported its first year of operational performance data, for the period April 2024 to March 2025:

Green impact	FY2025 performance
Greenhouse gas emissions avoided	22,000 tCO_2e
Renewable energy generated	222 GWh

Impact relates to METI's underlying operational portfolio and is not proportionately attributable to AMC's investment. See the METI Green Impact Report FY25 for methodology.

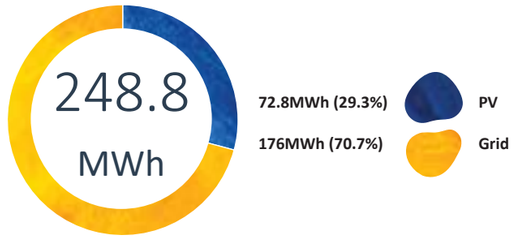


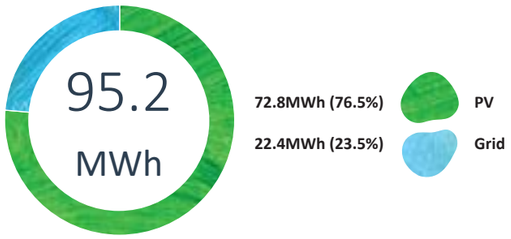
Investing in our environment

A Sustainable Business

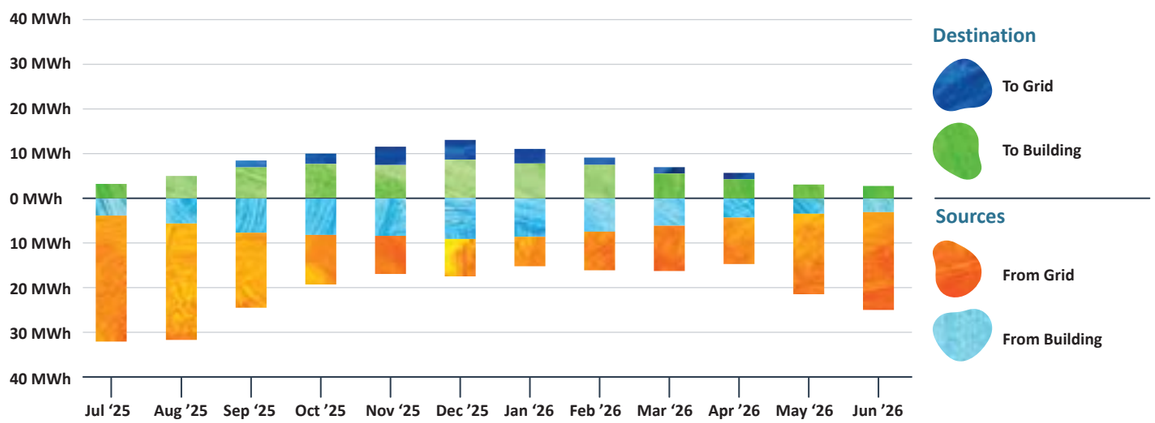
We will include the lens of responsible consumption and waste limitation in making informed financially sustainable business decisions.

Statistics Over 12 Months





Site Energy



Governance

The AMC is governed by its Directors and the Members of Australian Medical Council Limited. The AMC's Committees provide specialist advice and oversight across the AMC's functions.

The Board was supported by the Finance, Audit and Risk Management (FARM) Committee and Investment Reserve Advisory Group, together with advisory and other committees established to support particular areas of the AMC's work.

During 2025–26, the AMC continued its Governance and Constitution Review, considering future arrangements for the Board, Members and committees. The Review has been a significant focus of governance activity during the year and is reported separately in this Annual Report.



Directors

The powers and duties of AMC Directors are set out in the AMC Constitution, the Corporations Act 2001 and the Australian Charities and Not-for-profits Commission Act 2012.

Directors determine the AMC's strategic direction and oversee its activities in pursuing the AMC's Objects. Their responsibilities include appointing and overseeing the CEO, approving strategy, overseeing financial performance and risk, ensuring good governance and compliance, promoting the AMC's reputation and standing, and overseeing the AMC's committee structure.

During 2025–26, the Board comprised the President and Deputy President, three Directors elected by Members, and the Chairs of the five AMC Standing Committees.

The Directors during 2025–26 were:

- Professor Geoffrey McColl – President
- Professor Papaarangi Reid – Deputy President
- Dr Tammy Kimpton – Director elected by Members
- Dr Elizabeth Rushbrook CSC – Director elected by Members
- Mr Tom Symonds – Director elected by Members
- Professor Shaun Ewen – Chair, Aboriginal and/or Torres Strait Islander and Māori Committee
- Professor Cheryl Jones FAHMS – Chair, Assessment Committee
- Professor Jane Dahlstrom OAM – Chair, Medical School Accreditation Committee
- Professor Robyn Langham AM – Chair, Specialist Education Accreditation Committee
- Associate Professor Andrew Singer AM – Chair, Prevocational Standards Accreditation Committee, to 14 June 2026
- Professor Alison Jones – Chair, Prevocational Standards Accreditation Committee, from 15 June 2026.

Associate Professor Andrew Singer concluded his term as Chair of the Prevocational Standards Accreditation Committee (PreVAC) on 14 June 2026, having reached the maximum eight-year term for the role. His associated appointments as an AMC Director and Member also concluded at that time.

Professor Alison Jones was appointed Chair of PreVAC for a four-year term from 15 June 2026 to 14 June 2030, also taking up appointments an ex officio Director and Member of the AMC.

Director development continued to support effective governance and the Board's responsibilities, with development activities informed by identified Board and individual needs.

Cultural safety, anti-racism, co-design and shared decision-making continued to inform the AMC's governance development. This included opportunities for Directors to participate in cultural safety and First Nations leadership and development activities.

Director development also increasingly reflected the governance changes being considered through the Governance and Constitution Review, including discussion and development work on contemporary governance arrangements, Board composition, shared decision-making and the respective roles of Directors and Members.

Directors as at 30 June 2026



Professor Geoffrey McColl
President



Professor Papaarangi Reid
Deputy President



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, served until 14 June 2026

Professor Alison Jones – Chair, Prevocational Standards Accreditation Committee, from 15 June 2026



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

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Meetings

General Meetings

General Meetings provide an important forum for Members to exercise their formal responsibilities under the Constitution and to engage with the Board and AMC leadership on governance, strategy and matters affecting the AMC's work.

2025 Annual General Meeting

The AMC Annual General Meeting was held on 28 November 2025 in Canberra. The meeting included consideration of the audited financial statements and Annual Report, the Directors Report, Financial Report and reports from the five Standing Committees.

The AGM also provided Members with an update on the Governance and Constitution Review and an opportunity to discuss the Review as it progressed. No decisions on the future governance model were sought at the meeting.

March 2026 General Meeting

Members met in Melbourne on 24 and 25 March 2026. A significant focus of the meeting was the Governance and Constitution Review, with Members considering the developing governance model and providing input into the next stage of the Review.

July 2026 General Meeting

The General Meeting held in Brisbane on 30 and 31 July 2026 continued Member consideration of the AMC's future governance arrangements. Members considered the proposed governance model, including the future Board and Member arrangements, governance architecture and transition approach.

Members endorsed the broad direction of the proposed reforms, enabling detailed constitutional, policy and implementation work to commence.

A final General Meeting was held in September, ahead of a Special General Meeting on 26 October to consider the amended Constitution.



| Image: AMC Members discussing the update on the Goverance and Constitution review at the 2025 Annual General Meeting.



Image above: AMC Directors, Members, Observers and staff mark a significant milestone at the September 2026 General Meeting, following 18 months of work to co-design and develop the AMC's proposed new governance model.

Council

AMC Members bring a broad range of perspectives and experience from across medical education, health services, regulation, the medical profession and the community.

The role, composition and responsibilities of Members were considered as part of the Governance and Constitution Review.

Member changes included the conclusion of the terms of Dr Haseeb Riaz and Dr Heather Buchan in November 2025. Appointments and reappointments included:

- Professor Shaun Ewen, reappointed as Chair of the Aboriginal and/or Torres Strait Islander and Māori Committee to November 2029
- Dr Clair Pridmore, appointed as a Member to November 2028
- Dr Allen Xiao, appointed as a Member to November 2026
- Conjoint Professor Carolyn Hullick, appointed as a Member to November 2029.

A current list of AMC Members is available on the AMC website.

Committees

The AMC has five constituted standing committees:

- Medical School Accreditation Committee
- Prevocational Standards Accreditation Committee
- Specialist Education Accreditation 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 of each committee on our website.

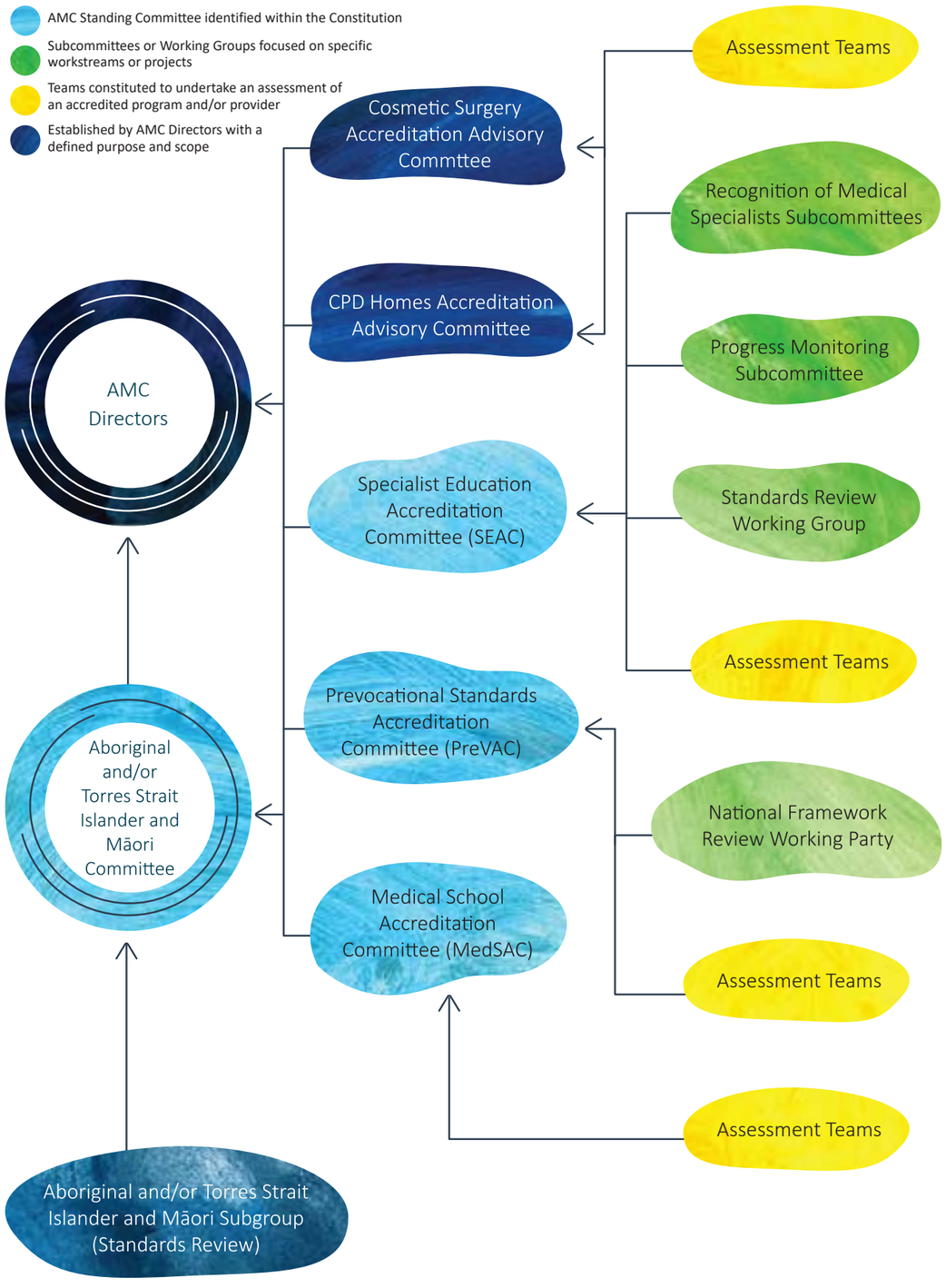
Aboriginal and/or Torres Strait Islander and Māori Committee

The Aboriginal and/or Torres Strait Islander and Māori Committee ensures that all matters of interest and responsibility of the AMC are strengthened by ensuring they are responsive to the needs and rights of Aboriginal and/or Torres Strait Islander and Māori Peoples and communities.

Membership as at 30 June 2026

- Professor Shaun Ewen (Chair)
- Dr Artiene Tatian (Deputy Chair)
- Professor Maria Mackay
- Professor Lisa Jackson Pulver
- Professor Waikaremoana Waitoki
- Kiri Rikihana
- Bianca Field
- Dr John Towney
- Dr Stewart Sutherland
- Dr Jade Tamatea
- Dr Paul Saunders
- Professor Papaarangi Reid
- Associate Professor Phillip Mills
- Karl Briscoe
- Jacqui Gibson
- Sophie Pitt
- Dr Tammy Kimpton
- Dr Elizabeth Rushbrook

Accreditation Committees



Medical School Accreditation Committee

The Medical School Accreditation Committee undertakes the AMC's assessment and accreditation of medical education providers in Australia and New Zealand. The Committee oversees accreditation policy and standards for primary medical qualifications, approves assessment team membership, makes accreditation decisions and determines any related conditions, and monitors medical schools' ongoing compliance with accreditation standards. It also reviews significant changes to medical education programs and determines any consequential accreditation, review or monitoring activities.

Membership as at 30 June 2026:

- 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
- Associate Professor Artiene Tatian
- Professor Tim Wilkinson
- Dr Allen Xiao

Non-current members serving during 2025-26:

- Professor Papaarangi Reid

Prevocational Standards Accreditation Committee

The Prevocational Standards Accreditation Committee undertakes the AMC's activities for the prevocational phase of medical training. Reporting to the AMC Directors, it monitors and makes accreditation decisions for prevocational training accreditation authorities, Workplace Based Assessment (WBA) providers, and pre-employment structured clinical interview providers. The Committee also advises the Medical Board of Australia on related matters such as the competent authority pathway for general registration.

Its key functions include developing and reviewing policy and standards, contributing to the review and development of procedures; assessing and accrediting providers; establishing assessment teams; monitoring accredited organisations and programs; and reviewing changes in providers' accreditation arrangements to determine any follow-up review or monitoring.

Membership as at 30 June 2026:

- Associate Professor Andrew Singer AM (Chair) to 14 June 2026
- Professor Alison Jones (Chair) from 14 June 2026
- Professor Hwee Sin Chong (Deputy Chair)
- Emeritus Professor Brendan Crotty AM
- Dr Dayna Duncan
- Bianca Field
- Professor Kirsty Forrest
- Dr Eleanor Gundry
- Professor Nicky Hudson
- Dr Jo Katsoris
- Dr Mary Beth MacIsaac
- Debra Letica
- Professor Maria Mackay
- Lara McNabb
- Dr Brendan Morrissey
- Dr Vidya Muraleedharan
- Dr Aditee Parab
- Dr Sarah Rickman
- Dr Matthew Spotswood
- Dr Luke Streitberg
- Dr John Towney

Non-current members serving during 2025-26:

- Professor Katrina Anderson
- Professor Stuart Carney
- Dr John Roe

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Specialist Education Accreditation Committee

The Specialist Education Accreditation Committee manages the assessment and accreditation of specialist medical education and training programs delivered by specialist medical colleges, as well as programs leading to endorsement of registration for acupuncture for medical practitioners. The Committee oversees policies, standards and accreditation processes, provides advice to the Medical Board of Australia on new and amended specialties and fields of specialty practice, establishes assessment teams, and makes decisions on accreditation and associated conditions. Supported by the Progress Monitoring Sub Committee, it also monitors accredited providers' compliance with accreditation standards, reviews progress in addressing accreditation requirements, and considers significant program changes to determine any necessary follow-up assessment or monitoring activities.

Membership as at 30 June 2026:

- Professor Robyn Langham AM (Chair)
- Dr Lindy Roberts AM (Deputy Chair)
- Dr Hashim Abdeen
- Dr Walter Abhayaratna
- Professor Michelle Leech
- Dr Sanjay Hettige
- Dr Jeff Brown
- Dr Caroline Clarke
- Dr Kim Hill
- Dr Tammy Kimpton*
- Associate Professor Vinay Lakra
- Associate Professor Stuart Lane
- Anna McBean
- Kellie O'Callaghan
- Professor Phillippa Poole ONZM
- Kiri Rikihana
- Associate Professor Alan Sandford AM
- Associate Professor Andrew Singer AM*
- Dr Philip Truskett AM
- Professor Andrew Wilson

*Technical Advisor non-voting member

Non-current members serving during 2025-26:

- Dr Emmanuel Anthony

Continuing Professional Development (CPD) homes Accreditation Advisory Committee

The AMC accredits and monitors CPD homes to ensure they deliver high-quality, structured and effective continuing professional development programs that meet the requirements of the Medical Board of Australia's CPD registration standard. The AMC assesses new and existing CPD homes against accreditation criteria, undertakes ongoing monitoring, develops accreditation standards and procedures, and provides guidance to accredited and prospective providers.

Established in December 2025, the CPD homes Accreditation Advisory Committee undertakes the assessment and accreditation of CPD homes. The Committee makes recommendations to AMC Directors on accreditation findings, monitors the progress of accredited CPD homes, oversees accreditation assessments and review activities, and advises on the ongoing implementation and refinement of accreditation criteria. Prior to its establishment, responsibility for CPD home accreditation and monitoring sat with the Specialist Education Accreditation Committee.

Membership as at 30 June 2026:

- Professor Robyn Langham AM (Chair)
- Dr Tammy Kimpton (Deputy Chair)
- Dr Hashim Abdeen
- Professor Julian Archer
- Dr Wayne de Beer
- Jacqui Gibson
- Professor Shane Hearn
- Dr Kim Hill
- Associate Professor Stuart Lane
- Kim Ngarimu
- Dr Christopher Peterson
- Dr Derek Sherwood
- Associate Professor Andrew Singer AM
- Dr Tina Zafari

Cosmetic Surgery Accreditation Advisory Committee

The Cosmetic Surgery Accreditation Advisory Committee oversees the assessment and accreditation of programs of study leading to endorsement of registration for cosmetic surgery. The Committee makes recommendations to AMC Directors on accreditation and revocation decisions of cosmetic surgery programs of study, monitors the progress of accredited providers, oversees accreditation assessment activities and assessment teams, and reviews the implementation of accreditation standards, recommending changes where required.

Membership as at 30 June 2026:

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

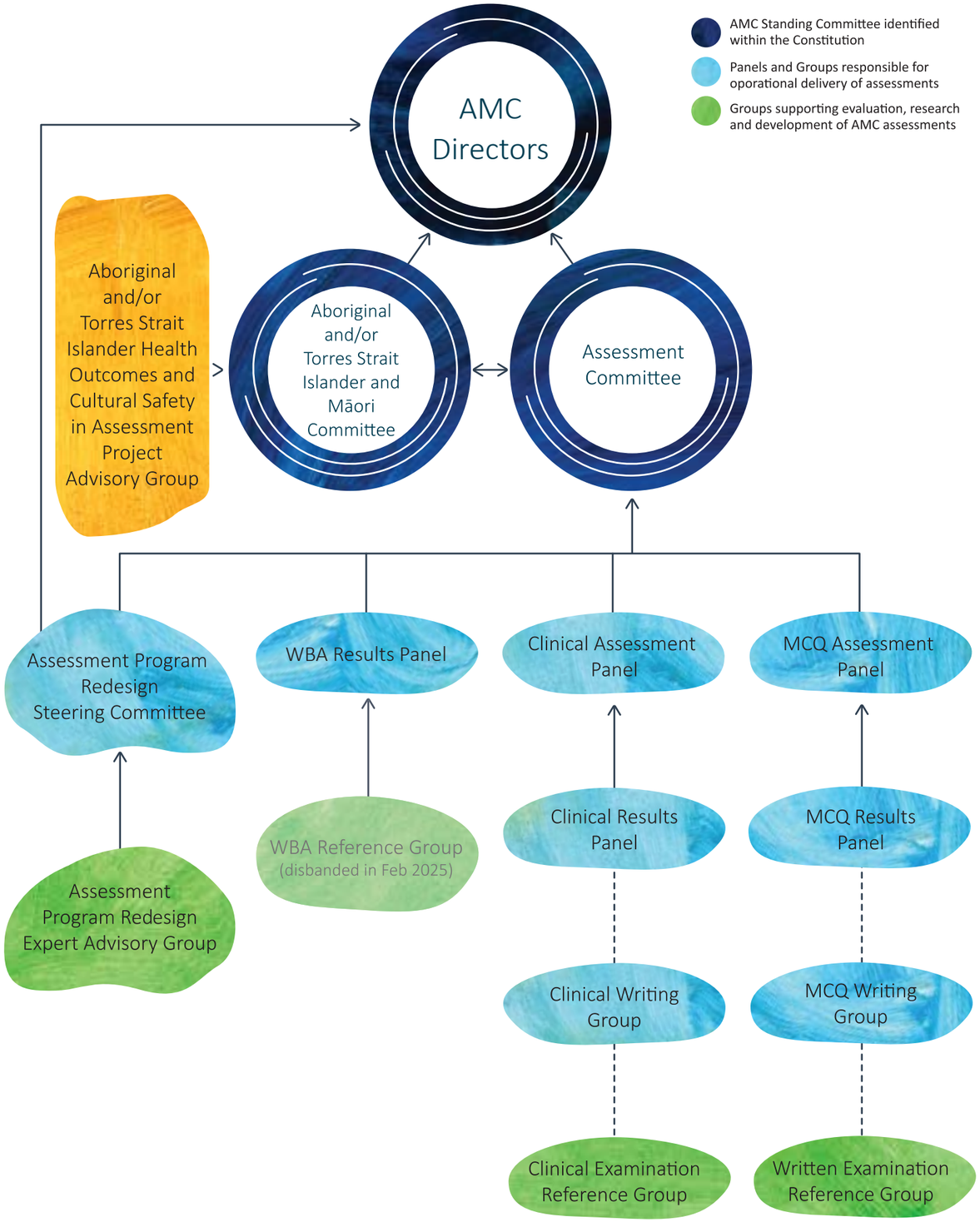
Non-current members serving during 2025-26:

- Christina Lane

AMC ANNUAL REPORT 2025-26

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.



Membership as at 30 June 2026:

- Professor Cheryl Jones, Chairperson
- Professor Phil Jones, Chairperson, MCQ Assessment Panel

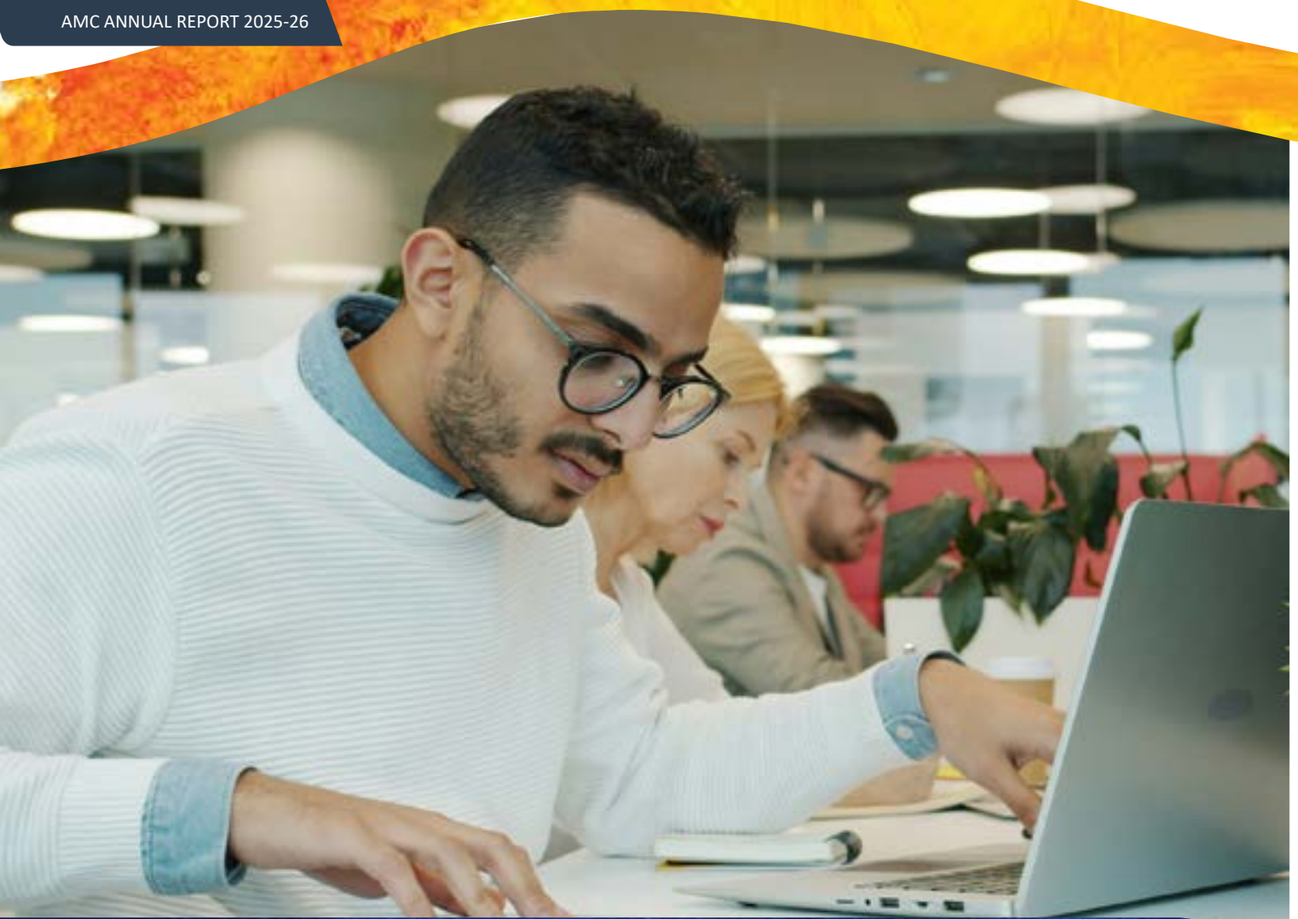
- Associate Professor Jenepher Martin, Deputy Chairperson, MCQ Assessment Panel
- Professor Amanda Barnard, Chairperson, Clinical Assessment Panel
- Professor Amanda Dawson, Deputy Chairperson, Clinical Assessment Panel
- Professor Nicky Hudson, Chairperson, WBA Results Panel

- Tom Symonds, Member of AMC Council
- Sophie Pitt, Aboriginal and Torres Strait Islander Member
- Professor Lisa Jackson Pulver, Aboriginal and TorresStrait Islander Member (Observer)
- Dr Jankeesh Gill, International medical graduates who have completed AMC Assessments (Clinical Exam)
- Dr Noreen Alqueza, International medical graduates who have completed AMC Assessments (WBA program)
- Professor John Barnard, Technical Advisor, MCQ Examination
- Professor Lambert Schuwirth, Technical Advisor, Clinical Examination

*Current AMC Director

Non-current members served during 2025-26:

- Dr Peter Harris
- Dr David Thomas
- Associate Professor Josephine Thomas
- Christine Edwards



Appendix 1: Accreditation decisions in detail 2025-2026

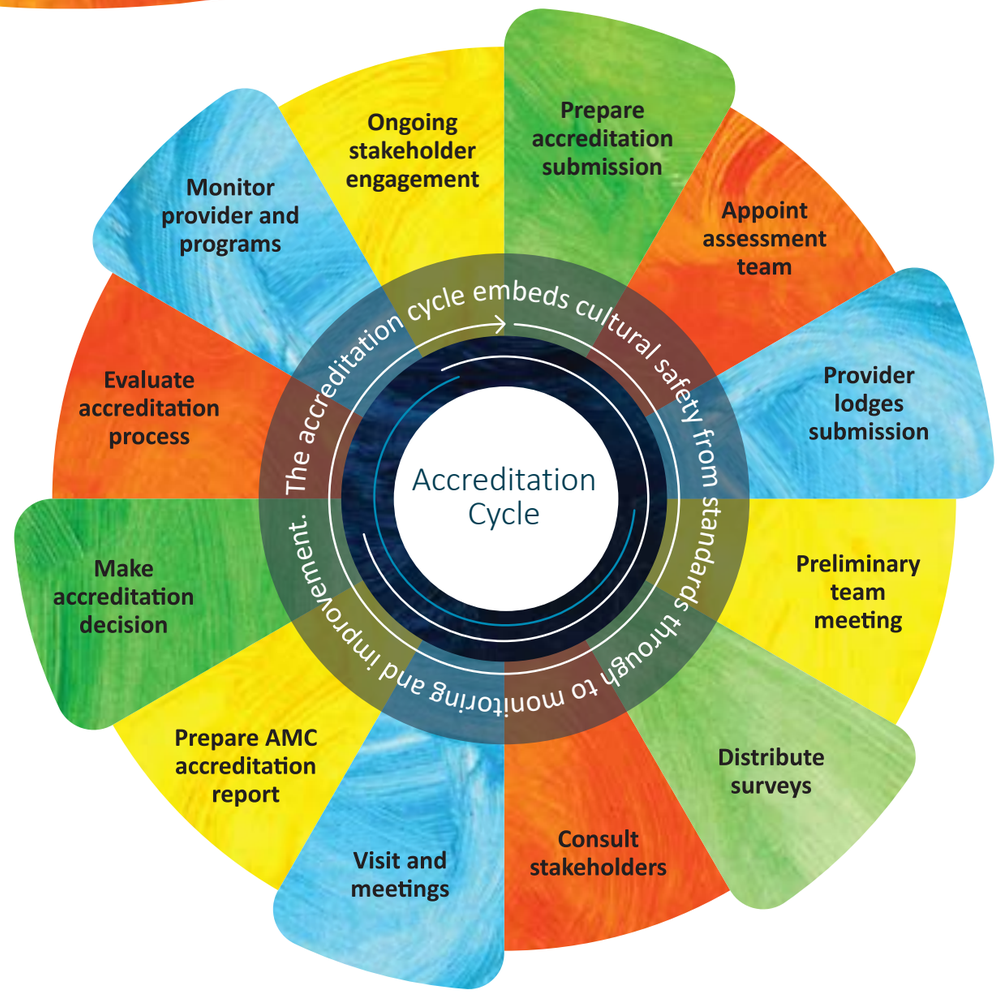
The AMC develops standards for medical education and training in all phases of medical education. The standards define the knowledge, skills and professional attributes expected at the end of basic medical training and specialist medical training, and good practice in the delivery of medical education and training.

Through its accreditation processes, the AMC assesses and monitors education providers and their medical programs against these standards. Medical programs that meet the standards are granted accreditation.

AMC processes involve both accreditation (validating that standards are met) and peer review to promote high standards of medical education, stimulate self-analysis and assist the organisation under review to achieve its objectives. Accreditation is conducted in a collegial manner that includes consultation, advice and feedback to the organisation under review.

AMC accreditation processes apply to:

- primary medical education programs provided by university medical schools
- 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 for international medical graduates.



Review process

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

Assessment team findings are considered by the relevant AMC Standing Committee.

The AMC may grant accreditation if it is reasonably satisfied that a program of study and its provider:

- **MEET** an approved accreditation standard or
- **SUBSTANTIALLY MEET** an approved accreditation standard and the imposition of conditions on the approval will ensure the program meets the standard within a reasonable time.

Each decision on an accredited program of study and education provider was reported to the Medical Board of Australia (MBA). The MBA makes an independent decision on whether to approve programs for the purposes of registration and lists approved programs on their website.

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

Full reports are available on the AMC's website.

Primary medical programs and providers

AMC accredited medical programs are listed on the AMC website.

Accreditation assessments: reaccreditation assessments

The purpose of accreditation and reaccreditation of a medical school is the recognition of medical programs that produce graduates competent to practise safely and effectively under supervision as interns in Australia and Aotearoa New Zealand, and with an appropriate foundation for lifelong learning and for further training in any branch of medicine. Each education provider and its programs undergo an accreditation assessment by an AMC team at least every 10 years.

During 2025-26 reporting period, the Committee accredited the following medical programs:

- Bond University, Faculty of Health Sciences and Medicine: Reaccredited with conditions for six years to 31 March 2032. (2026 Accreditation report)
- University of Auckland, Faculty of Medical and Health Sciences: Reaccredited with conditions for six years to 31 March 2032. (2026 Accreditation report)

Accreditation assessments: follow up assessments

If as part of a monitoring submission, an accreditation assessment or a reaccreditation assessment, areas of requiring further development and/or concerns are identified, the AMC will conduct a follow-up assessment.

During 2025-26 reporting period, the Committee accredited the following medical program:

- Australian National University, School of Medicine and Psychology: Remains accredited with conditions until 31 March 2028 (2026 Accreditation Report)

Accreditation assessments: Material change to an established program

A material change to an established program or education provider refers to any significant modification that may affect the program's delivery, outcomes, or resourcing. This includes changes to the program's length/format, structure or streams; major revisions to its objectives, educational philosophy or institutional setting; and substantial changes in student numbers that may impact available resources.

During 2025-26 reporting period, the Committee approved changes to the following medical programs:

- Adelaide University, College of Health, School of Medicine (University merger)
- Charles Darwin University, Faculty of Health, School of Medicine CDU Menzies Medical Program (change to admission criteria)
- Charles Sturt University, School of Rural Medicine (additional Commonwealth Support Places (CSPs))
- Flinders University, College of Medicine and Public Health (additional CSPs)
- Griffith University, School of Medicine and Dentistry, School of Medicine (additional CSPs)
- Macquarie University, Faculty of Medicine, Health and Human Sciences (introduction of vertically integrated pathway)
- University of Melbourne, Faculty of Medicine, Dentistry and Health Sciences, Melbourne Medical School (additional CSPs)
- Monash University, Faculty of Medicine, Nursing and Health Sciences (additional CSPs)
- University of New England, Joint Medical Program (additional CSPs)
- University of New South Wales, Faculty of Medicine and Health, UNSW Medicine (additional CSPs and program redesign)
- University of New South Wales, Faculty of Medicine and Health (Review of curriculum)
- University of Notre Dame Australia, National School of Medicine (additional CSPs)
- The University of Queensland, Faculty of Medicine (Review of curriculum)
- University of Sydney, Sydney Medical School (additional CSPs)
- University of Tasmania, College of Health and Medicine, School of Medicine (additional CSPs and new end-end pathway in Launceston)
- University of Wollongong, Graduate School of Medicine (additional CSPs).

Accreditation assessments: Stage 1 assessment of new development

Institutions proposing a new primary medical program are expected to first obtain support from relevant state, territory and national authorities regarding student places and clinical training resources. The AMC should be notified as early as possible, preferably at least 24 months before the planned commencement date, to allow sufficient time for program development, resource planning and accreditation advice. Following notification, the AMC provides guidance on preparing a Stage 1 submission, which must demonstrate readiness for accreditation by addressing the standards, outlining the curriculum, detailing available resources and clinical teaching capacity, and providing evidence of government support.

During 2025-26 reporting period, the Committee considered a stage 1 assessment of four proposed medical programs. The following proposed programs have been invited to progress to Stage 2 assessment for accreditation:

- Federation University and NewMed School of Medicine
- Queensland University of Technology, Faculty of Health, School of Medicine
- University of Waikato, New Zealand Graduate School of Medicine
- A Notice of Intent to be considered has been received from another two proposed programs.

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

The AMC requires education providers to submit an accreditation application that addresses standards, outlines the full program (with at least the first two years in detail), and demonstrates sufficient resources—including clinical training capacity and supervision—for full implementation. Providers must also include a self-assessment of strengths and weaknesses.

Programs can be presented either in full or in staged development; however, staged submissions require additional follow-up assessments.

During 2025-26 reporting period, on the basis of the Stage 2 assessment, the Committee accredited the following medical program:

- Charles Sturt University, School of Rural Medicine: Accredited with conditions for six years 31 March 2032. (2025 Accreditation report)

Monitoring

During the reporting period, the Committee considered monitoring submissions from the following medical programs:

- Adelaide University, College of Health, School of Medicine
- Australian National University, School of Medicine and Psychology
- Charles Darwin University, Faculty of Health, School of Medicine CDU Menzies Medical Program
- Charles Sturt University, School of Rural Medicine
- Deakin University, Faculty of Health, School of Medicine
- Flinders University, College of Medicine and Public Health
- Griffith University, School of Medicine and Dentistry, School of Medicine
- James Cook University, School of Medicine and Dentistry
- Macquarie University, Faculty of Medicine, Health and Human Sciences
- University of Melbourne, Faculty of Medicine, Dentistry and Health Sciences, Melbourne Medical School
- Monash University, Faculty of Medicine, Nursing and Health Sciences
- University of New South Wales, Faculty of Medicine, UNSW Medicine
- University of Otago, Faculty of Medicine
- University of Queensland, Faculty of Medicine
- University of Sydney, Sydney Medical School
- University of Western Australia, Faculty of Health and Medical Sciences, UWA Medical School
- Western Sydney University, School of Medicine

Prevocational Training Accreditation Authorities

AMC accredited authorities are listed on the AMC website.

Accreditation assessments: reaccreditation

During 2025-26 reporting period, the Committee accredited the following authority:

- NSW Health Education and training Institute: Reaccredited with conditions for five years to 31 March 2031. (2025 Accreditation Report)

Monitoring

During the reporting period, the Committee considered monitoring submissions from the following authorities:

- Canberra Region Medical Education Council
- Northern Territory Prevocational Medical Assurance Services
- Postgraduate Medical Council of Victoria
- Postgraduate Medical Council of Western Australia
- Postgraduate Medical Education Council of Tasmania
- Queensland Health - Prevocational Medical Accreditation Queensland
- South Australian Medical Education and Training Health Advisory Council

Assessment of material change

Any of the following might be a material change in an accredited prevocational training accreditation authority: a change in the scope of the accreditation authority's work, including a change to the geographic region covered; significant change in the objectives, approach or emphasis of a prevocational training accreditation authority's existing work; a significant change in the resources available to support the work, including a change in ownership or governance.

During 2025-26 reporting period, the AMC approved changes to the following authority:

- Postgraduate Medical Education Council of Tasmania (transition to an accreditation-only model) on 18 May 2026.

Workplace Based Assessment (WBA) Providers

AMC accredited WBA program and providers are listed on the AMC website.

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.

During 2025-26 reporting period, one provider submitted an application for initial accreditation and was granted initial accreditation on 11 August 2025.

- Bairnsdale Regional Health Service: Found to substantially meet the accreditation standards.

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.

During 2025-26 reporting period, two providers submitted accreditation extension submissions and had their accreditation extended on 18 May 2026.

- Mid North Coast Local Health District: Found to substantially meet the accreditation standards and granted for the maximum period of four years to 30 June 2030.
- Sunshine Coast Hospital and Health Service: Found to meet the accreditation standards and granted for the maximum period of four years to 30 June 2030.

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.

During 2025-26 reporting period, the following providers were granted full accreditation:

- Darling Downs Hospital and Health Service: Found to meet the accreditation standards and granted for the maximum period of four years to 30 June 2029.
- Gold Coast Hospital and Health Service: Found to meet the accreditation standards and granted for the maximum period of four years to 30 June 2029.
- Mackay Hospital and Health Service: Found to meet the accreditation standards and granted for the maximum period of four years to 30 June 2029.
- Metro North Hospital and Health Service: Found to meet the accreditation standards and granted for the maximum period of four years to 30 June 2029.
- Nepean Blue Mountains Local Health District: Found to substantially meet the accreditation standards and granted for the maximum period of four years to 30 June 2029.

Assessment of material change to WBA programs and providers

A material change to an AMC-accredited WBA program includes changes that may affect the program's capacity, structure, or assessment processes. Examples include reduced resources or staffing, increased participant numbers, changes to program location or duration, and significant modifications to the accredited assessment plan, such as adding, removing, or changing assessment instruments or methods

During 2025-26 reporting period, the AMC approved changes to the WBA programs of the following providers:

- Gold Coast Hospital and Health Service (Change to assessment plan)
- Mackay Hospital and Health Service (Change to assessment plan)
- Northern Adelaide Local Health Network (Increase to cohort)
- Rockingham General Hospital (Change to assessment plan)
- Top End Regional Health Service (Change to assessment plan)
- Townsville Hospital and Health Service (Change to assessment plan)
- Western Sydney Local Health District (Increase to cohort)
- Wide Bay Hospital and Health Service (Change to program length)

Monitoring

During 2025-26 reporting period, the Committee considered monitoring submissions from the following workplace based assessment programs:

- Armadale Kalamunda Group
- Canterbury Hospital
- Central Coast Local Health District
- Central Queensland Hospital and Health Service
- Gold Coast Hospital and Health Service
- Illawarra Shoalhaven Local Health District
- Joondalup Health Campus
- Latrobe Regional Hospital
- Limestone Coast Local Health Network
- Mackay Hospital and Health Service
- Metro North Hospital and Health Service
- Mid North Coast Local Health District
- Mildura Base Public Hospital
- Nepean Blue Mountains Local Health District
- Northern Adelaide Local Health Network
- Northern New South Wales Local Health District
- Rockingham General Hospital
- South Western Sydney Local Health District
- Tasmanian Health Service
- Top End Regional Health Service
- West Gippsland Healthcare Group
- Western Sydney Local Health District
- Wide Bay Hospital and Health Service

Pre-Employment Structured Clinical Interview Providers

AMC accredited PESCI providers and annual data is listed on the AMC website.

Annual monitoring

During 2025-26 reporting period, the Committee monitored the three accredited PESCI providers:

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

Specialist Medical College training and education programs

AMC accredited training and education programs are listed on the AMC website.

Accreditation assessments: New Programs

The purpose of the accreditation process is to recognise specialist medical programs and education providers that produce medical specialists who can practise unsupervised in the relevant medical specialty, providing comprehensive, safe and high quality medical care that meets the needs of the Australian and Aotearoa New Zealand healthcare systems, and who are prepared to assess and maintain their competence and performance through continuing professional development, the maintenance of skills and the development of new skills.

During 2025-26 reporting period, the Committee accredited the following colleges training programs:

- Australian College of Rural and Remote Medicine - Rural Generalist Medicine program (New Program) - Found to substantially meet the accreditation standards in the field of Rural Generalist Medicine and granted accreditation for two years to 31 March 2028, aligning with the College's existing accreditation period (2026 ACRRM Accreditation report)
- Royal Australian College of General Practitioners - Rural Generalist Medicine program (New Program) - Found to substantially meet the accreditation standards in the field of Rural Generalist Medicine and granted accreditation for four years to 31 March 2031, aligning with the College's existing accreditation period (2026 RACGP Accreditation Report)
- Royal College of Pathologists of Australasia - Genetic Pathology (New Program) - Found to substantially meet the accreditation standards in the field of speciality practise of genetic pathology and granted accreditation of two years to 31 March 2028, aligning with the College's existing accreditation period. (2026 RCPA Accreditation Report)

Accreditation assessments: extension of accreditation

The AMC assesses extension requests through an accreditation extension submission, requiring education providers to demonstrate continued compliance with standards, maintain educational quality and resources, and outline developments since the last review and plans for the next accreditation cycle. Trainee representative bodies are also invited to contribute.

The Committee may review the submission alone or seek further discussion or assessment before recommending an extension—typically three to four years, bringing accreditation up to the maximum ten-year period, after which full reaccreditation occurs.

The AMC may also grant extensions in specific circumstances, such as to support teach-out of programs when study is disrupted, or to enable key activities take place). In these cases, the program is assessed against standards, and if it continues to meet or substantially meet them, an appropriate extension period is approved.

During 2025-26 reporting period, the Committee accredited the following colleges training programs:

- Australasian College for Emergency Medicine - Found to substantially meet the accreditation standards and granted extension for a period of two years to 31 March 2028 (2025 ACEM Accreditation Report)
- Royal Australasian College of Medical Administrators - Found to substantially meet the accreditation standards and granted extension for a period of three and a half years to 31 March 2029 (2025 RACMA Accreditation Report)

Monitoring

During the 2025-26 reporting period, the Committee considered monitoring submissions from the following college training programs:

- Australasian College of Dermatologists
- Australian College of Rural and Remote Medicine
- Australasian College of Sport and Exercise Physicians
- Australian and New Zealand College of Anaesthetists
- College of Intensive Care Medicine
- Royal Australasian College of Dental Surgeons
- Royal Australian College of General Practitioners
- Royal Australasian College of Physicians
- Royal Australasian College of Surgeons
- Royal Australian and New Zealand College of Ophthalmologists
- Royal Australian and New Zealand College of Obstetricians and Gynaecologists
- Royal Australian and New Zealand College of Psychiatrists
- Royal Australian and New Zealand College of Radiologists
- Royal College of Pathologists of Australasia

Continuing Professional Development (CPD) homes

AMC accredited CPD homes are listed on the AMC website.

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

CPD homes Accreditation Advisory 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.

Between accreditations assessments, the AMC monitors CPD homes through monitoring submissions. In reviewing monitoring submissions, the AMC assesses whether the CPD home is continuing to meet the accreditation standards. CPD homes with conditions on their accreditation must also demonstrate they are meeting those conditions within the timeframe set by the AMC.

During the 2025-26 reporting period, the Committee assessed the following CPD homes were assessed for initial accreditation:

- Australian Orthopaedic Association*
- Inovating*
- Neurosurgical Society of Australasia*
- Professional Performance Portfolio

* Initial accreditation submission assessed by the Specialist Education Accreditation Committee

Monitoring

During the 2025-26 reporting period, the Committee considered monitoring submissions from the following CPD homes:

- Australasian College of Dermatologists*
- Australian College of Rural and Remote Medicine*
- Australasian College for Emergency Medicine
- Australasian College of Sport and Exercise Physicians*
- Australian and New Zealand College of Anaesthetists
- College of Intensive Care Medicine*
- PD Australia*
- Royal Australasian College of Dental Surgeons
- Royal Australian College of General Practitioners*
- Royal Australasian College of Medical Administrators
- Royal Australasian College of Physicians*
- Royal Australasian College of Surgeons
- Royal Australian and New Zealand College of Ophthalmologists*
- Royal Australian and New Zealand College of Obstetricians and Gynaecologists*
- Royal Australian and New Zealand College of Psychiatrists
- Royal Australian and New Zealand College of Radiologists
- Royal College of Pathologists of Australasia

*Monitoring submissions assessed by the Specialist Education Accreditation Committee

November 2026