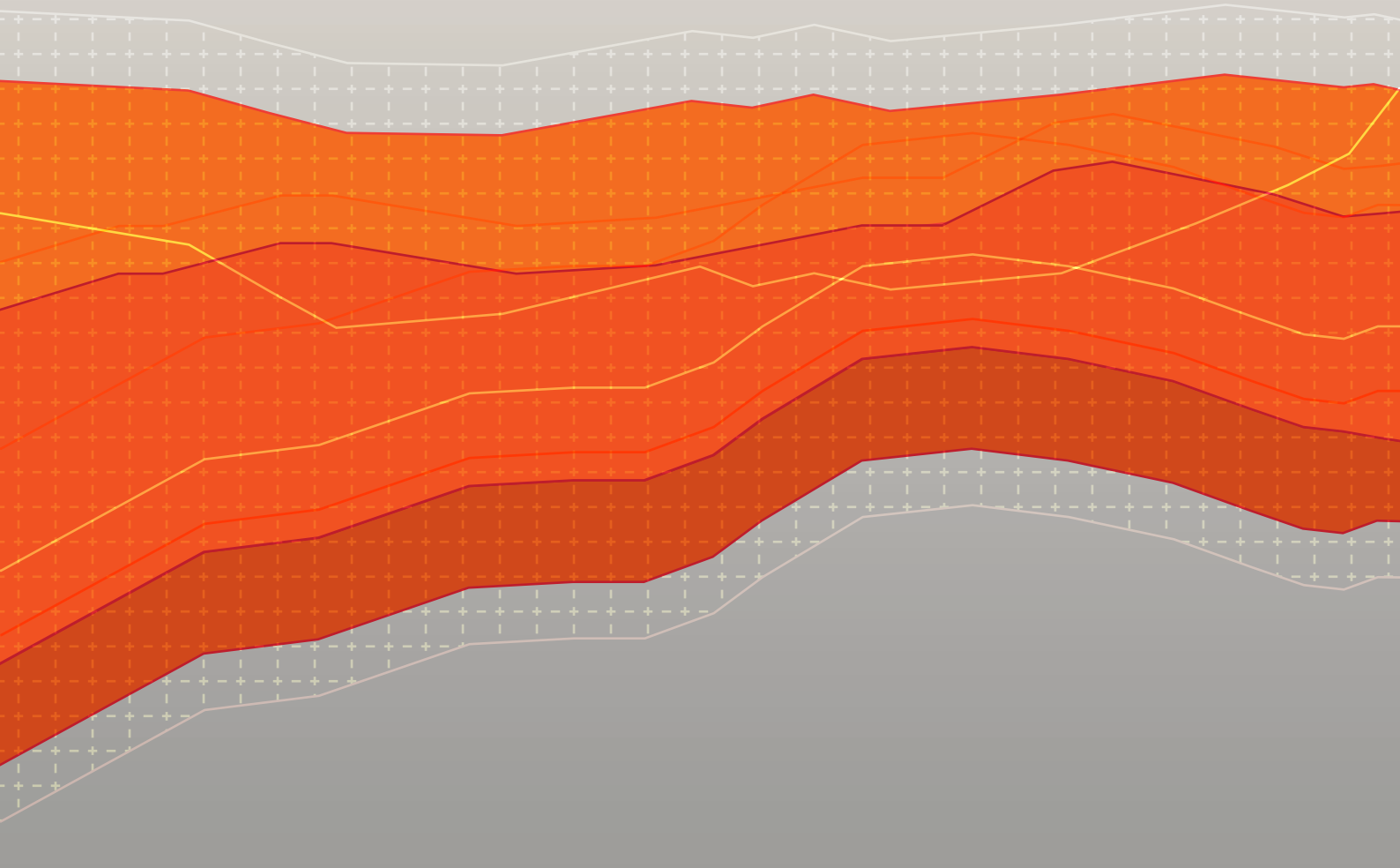
Australian
Medical Council Limited

2011 ANNUAL REPORT



Australian Medical Council

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Australian
Medical Council Limited

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Bryan Wheaton Yeo (1938–2012)

It was with great sadness that the Australian Medical Council learnt of the sudden death of Associate Professor Bryan Yeo of the University of New South Wales while attending an AMC workshop on 5 May 2012. Bryan Yeo had been a senior examiner in surgery with the AMC since its inception. He served the AMC in a number of capacities, including as deputy chair of the Board of Examiners, chair of clinical panels of examiners, and contributor to major AMC publications. Most recently, he served as the clinical lead in the development of a radical new computer-administered clinical decision making assessment.

Bryan Yeo was an exceptional teacher and mentor to medical students and trainees in surgery, and he brought great humility and unbounded energy and enthusiasm to his work. He was a much admired colleague and a consummate professional in his dealings with his peers, fellow workers and patients. He will be greatly missed by his many friends and colleagues at the Australian Medical Council.

Contents

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Year in review

2011 snapshot in numbers

In calendar year 2011, the AMC:

Processed

- 6,252 primary source verification requests
- 1,401 applications for assessment through the Competent Authority Pathway
- 1,984 applications from overseas-trained specialists for specialist assessment

Assessed

- 2,813 computer-adaptive test (CAT) multiple-choice question (MCQ) examination candidates
- 1,580 clinical examination candidates
- 367 clinical retest examination candidates
- 49 workplace-based assessment candidates

Reviewed

- 3 medical school programs
- 3 specialist colleges
- 2 new medical specialties for recognition
- 12 medical school progress reports
- 4 medical school comprehensive reports
- 4 specialist college progress reports
- 3 specialist college comprehensive reports

President's report

I am pleased to present the annual report of the Australian Medical Council for 2011, the first full year of operations under the new regulatory environment brought about by the introduction in mid-2010 of the Health Practitioner Regulation National Law.

The new regulatory environment in medicine presented the Council with a major challenge: it had to determine how it should operate not only with the national bodies for registration and regulation, the Medical Board of Australia and the Australian Health Practitioner Regulation Agency (AHPRA), but also with new national bodies working in the field of medical training and standards, including Health Workforce Australia and the Tertiary Education Quality and Standards Authority.

In late 2010, the Council amended its constitution in preparation for the new regulatory environment. The amended membership provisions expanded the skills set of its members, and in 2011 the Council included more consumer representatives; medical students and trainees; those involved in the delivery of health services, in both the public and private sectors; and the chief executive officer of the Australian Commission on Safety and Quality in Health Care. In 2011, the Council explored options for better using the skills and expertise of its members to assist its directors and to advance its policy agenda.

During the year, the Council continued to place huge importance on its collaboration with stakeholders and on maintaining good relations and effective communication with the Medical Board of Australia and AHPRA. It worked closely with the Medical Board on a range of matters relating to the accreditation of medical schools and specialist medical colleges and the assessment of specialist and nonspecialist international medical graduates.

The Council responded to the challenges presented by the definition of 'practice' issued by the Medical Board of Australia and the other regulatory boards under the national registration and accreditation scheme. It also worked on implementing a project to advise the Medical Board on national standards for intern training, processes for the assessment and sign-off of intern training leading to general registration, and a nationally consistent process for the accreditation of intern positions.

The Council continued to work with the other accreditation councils of the professions encompassed by the national registration and accreditation scheme in developing common responses to the proposals for the formal engagement of the relevant councils as accreditation authorities under the National Law. Working with the Forum of Australian Health Professions Councils, the Council was able to address a number of concerns with the proposed AHPRA agreements to engage the councils to undertake accreditation and assessment functions.

Medical workforce issues and the assessment and registration of international medical graduates continued to attract political attention during the year. The AMC made a written submission to the inquiry into registration processes and support for overseas-trained doctors undertaken by the House of Representatives Standing Committee on Health and Ageing, and AMC representatives appeared twice before the committee to answer members' questions.

I would like to acknowledge the enormous contribution made by the many individuals who have given their time and expertise to the work of the AMC. Without this support, the AMC would not be able to achieve its objectives. The exceptional leadership, dedication and talent of the AMC's chief executive officer, Ian Frank, and his deputy, Theanne Walters, have ensured another successful year for the AMC.

Richard Smallwood AO

President

Chief Executive Officer's report

The year 2011 was another challenging but successful year for the AMC Secretariat.

The year commenced with the announcement of an inquiry by the House of Representatives Standing Committee on Health and Ageing into registration processes and support for overseas trained doctors. The inquiry, which was to continue to take evidence throughout 2011, covered all aspects of the experience of international medical graduates (IMGs) in their efforts to obtain registration in Australia. The secretariat prepared a comprehensive submission to the inquiry and was called to give evidence and clarify issues for the committee on two occasions during the year.

The inquiry caused the AMC to take stock of the information it provides to IMGs through its website. Working with a focus group of IMGs, the AMC undertook an extensive revision of information and completely restructured the website section relevant to IMGs.

Another major challenge was to adapt to the new regulatory environment arising from the implementation of the national registration and accreditation scheme. AMC staff worked closely with the Medical Board of Australia and state offices of the Australian Health Practitioner Regulation Agency (AHPRA) to ensure the smooth flow of information on accreditation and assessment matters between the AMC and the new regulatory authorities.

The year also saw the culmination of six years' work in the examinations area with the implementation, in February 2011, of a computer-adaptive test (CAT) format for the multiple-choice question (MCQ) examination conducted in Australia and in secure locations overseas. The CAT MCQ examination, the first of its kind to be used in medicine, combines a sophisticated computer delivery system with complex statistical analysis and a large calibrated item pool to deliver unique one-off tests matched to the ability of an individual candidate. This system of testing ensures a high degree of accuracy in test outcomes, the security of test content, and flexibility in administration. The successful implementation involved teams working in Australia, the United States and the United Kingdom.

The high demand for clinical examination places again placed strains on the resources available to the AMC to support its examination functions. By implementing testing in multiple cities throughout the year, the AMC was able to increase capacity by 61 percent on the previous year. Despite this increase, the demand for places continued to outstrip the availability of places, resulting in some candidates facing extensive delays in obtaining a clinical examination place.

During 2011, the AMC began work on a number of options to address the clinical examination demand. One of these was the piloting of a workplace-based assessment model which integrated the AMC clinical assessment with the working environment for certain IMGs who had been granted limited registration to work in area of need positions. Although this assessment model was first developed in 2007 as part of a Council of Australian Governments initiative, by 2011 only four pilot sites had been able to take up the model. However, it was some consolation to the staff of the AMC to learn that in November 2011 one of the workplace-based assessment programs—the Hunter New England Local Health District/University of Newcastle—had won the New South Wales Premier's Award for Innovation.

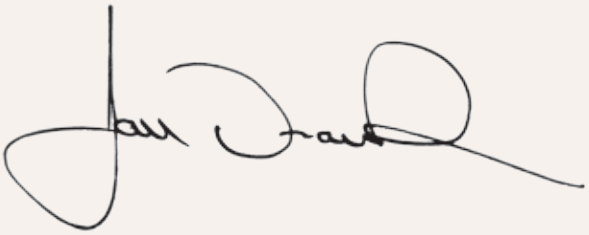
In 2011, the AMC continued its review of accreditation policies and procedures in response to the national registration and accreditation scheme. The *Health Practitioner Regulation National Law Act 2009* defines the circumstances in which the AMC may accredit, sets requirements for ongoing monitoring of accredited providers and their programs, and defines a process for approval of accreditation standards. The AMC completed reviews of its procedures for accreditation of medical schools and specialist medical training programs to ensure that they comply with the National Law.

The AMC also made changes to its procedures in recognition of the memorandum of understanding it has signed with the Medical Council of New Zealand, which will formalise the longstanding collaboration between the two councils in assessing standards of medical education.

These two significant areas of change were principal topics for the AMC's annual accreditation workshop, which brings together accreditation team chairs, accreditation committee chairs and AMC staff. In 2011, the AMC also invited representatives of the Medical Council of New Zealand and the Medical Board of Australia to the workshop. Discussions at these annual workshops allow opportunities for team chairs to suggest ways in which the accreditation process and AMC support for the teams can be improved, and for committee chairs to advise on major policy issues on the AMC's agenda.

In May 2011, the AMC began a review of the standards for accreditation of medical schools. The AMC reviews the accreditation standards regularly in consultation with stakeholders. It also reviews relevant national and international reports and policies; AMC accreditation reports and committee reports. The AMC will consult on draft revised standards in the first half of 2012 before submitting the standards to the Medical Board of Australia for approval.

I would like to thank the staff of the AMC for their exceptionally high standard of commitment and professionalism throughout the year in support of the work of the Australian Medical Council.



Ian Frank

Chief Executive Officer

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About the Australian Medical Council

The Australian Medical Council Limited (AMC) is an independent national standards and assessment body for medical education and training.

Purpose

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

Role

The objects of the AMC, as set out in its constitution, are:

(a) to act as an external accreditation entity for the purposes of the Health Practitioner Regulation National Law

(b) to develop accreditation standards, policies and procedures for medical programs of study based predominantly in Australia and New Zealand and for assessment of international medical graduates for registration in Australia

(c) to assess programs of study based predominantly in Australia and New Zealand leading to general or specialist registration of the graduates of those programs to practise medicine in Australia to determine whether the programs meet approved accreditation standards, and to make recommendations for improvement of those programs

(d) to assess education providers based predominantly in Australia and New Zealand that provide programs of study leading to general or specialist registration of the graduates of those programs to practise medicine in Australia, to determine whether the providers meet approved accreditation standards

(e) to assess authorities in other countries which conduct examinations for registration in medicine, or which accredit programs of study relevant to registration in medicine, to decide whether persons who successfully complete the examinations or programs of study conducted or accredited by those authorities should have the knowledge, clinical skills and professional attributes necessary to practise medicine in Australia

(f) to assess, or oversee the assessment of, the knowledge, clinical skills and professional attributes of overseas qualified medical practitioners who are seeking registration in medicine under the Health Practitioner Regulation National Law and whose qualifications are not approved qualifications under the Health Practitioner Regulation National Law for medicine

(g) to assess the case for the recognition of new medical specialties

(h) to advise and make recommendations to Federal, State and Territory governments, the Australian Health Workforce Advisory Council, Health Workforce Australia, the Australian Health Practitioner Regulation Agency, the Medical Board of Australia and State and Territory Boards of the Medical Board of Australia, and any other state and territory medical regulatory authorities in relation to:

  (i) matters concerning accreditation or accreditation standards for the medical profession

  (ii) matters concerning the registration of medical practitioners

  (iii) matters concerning the assessment of overseas qualifications of medical practitioners

  (iv) matters concerning the recognition of overseas qualifications of medical practitioners

  (v) the recognition of medical specialties

(i) to do all such matters as are ancillary to, convenient for or which foster or promote the advancement of the matters the subject of these objects.

Stakeholders

The AMC recognises the value of working with stakeholders to ensure that Australia is serviced by a safe and competent medical workforce. The AMC's committees and decision-making processes have been structured to ensure that diverse perspectives are reflected. A range of stakeholders across the medical profession, the community, governments and others in the health sector contribute to:

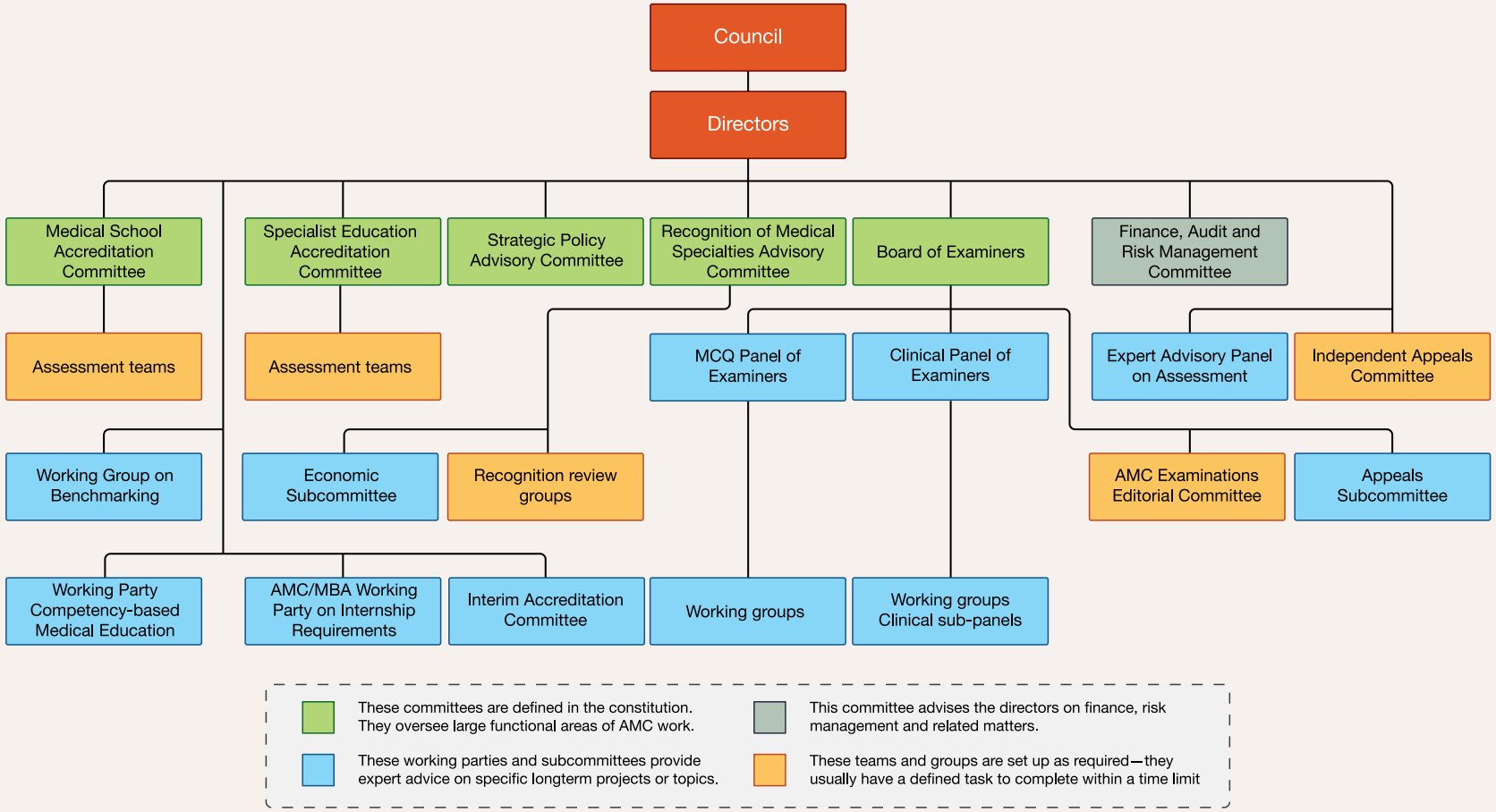
- decisions about the knowledge, skills and attitudes recognised for safe and competent medical practice
- decisions about assessing the knowledge, skills and professional attributes of individual doctors
- assessing medical programs against standards and identifying challenges to high-quality training.

Specific information on the AMC's support for stakeholders during the reporting year is in Section 3.

Governance structure

The AMC is a company limited by guarantee. It is an independent body and is not part of the Australian Government. The AMC's governance structure is set out in Figure 1.

Figure 1 Governance structure, 31 December 2011



Council and directors

Members of the AMC represent a broad cross-section of the groups associated with the standards of medical practice in Australia. At 31 December 2011, members of the AMC included:

- four members of a state or territory board of the Medical Board of Australia
- two nominees of the Committee of Presidents of Medical Colleges
- a nominee of the Australian Medical Association Federal Council
- a medical student
- a post-graduate medical trainee
- a nominee of Medical Deans Australia and New Zealand
- a nominee of Universities Australia
- four consumer and community representatives
- two senior hospital executives (one from a private hospital and one from a public hospital)
- chairs of the following AMC committees
  - Board of Examiners
  - Medical School Accreditation Committee
  - Specialist Education Accreditation Committee
  - Recognition of Medical Specialties Advisory Committee
  - Strategic Policy Advisory Committee
- the chair of the Confederation of Postgraduate Medical Education Councils
- the chief executive officer of the Australian Commission on Safety and Quality in Health Care.

The full council is responsible for determining the AMC's future, electing the president and deputy president, and appointing and removing the directors, who are responsible for the day-to-day management of the AMC.

The directors are listed both in the directors' report in the financial statements and in Appendix A; their attendance at meetings is detailed in the directors' report.

AMC directors, chief executive officer, deputy chief executive officer and company secretary, November 2011
Back row (left to right): Ian Frank, Robin Mortimer, David Ellwood, Russell Stitz
Front row (left to right): Theanne Walters, Jill Sewell, Richard Smallwood, Con Michael, Peggy Sanders
Absent: Richard Doherty, Brendan Crotty

Committees

AMC committees and working parties provide expert advice to the directors and the Council. Each committee is responsible for advising on matters under its specific area of operations. The AMC works closely with health consumers and values community input into its processes. In 2011, community members and health consumers continued to be represented on the Council and on most AMC committees.

Table 1 lists the main committees and their functions. Committee members are listed in Appendix B.

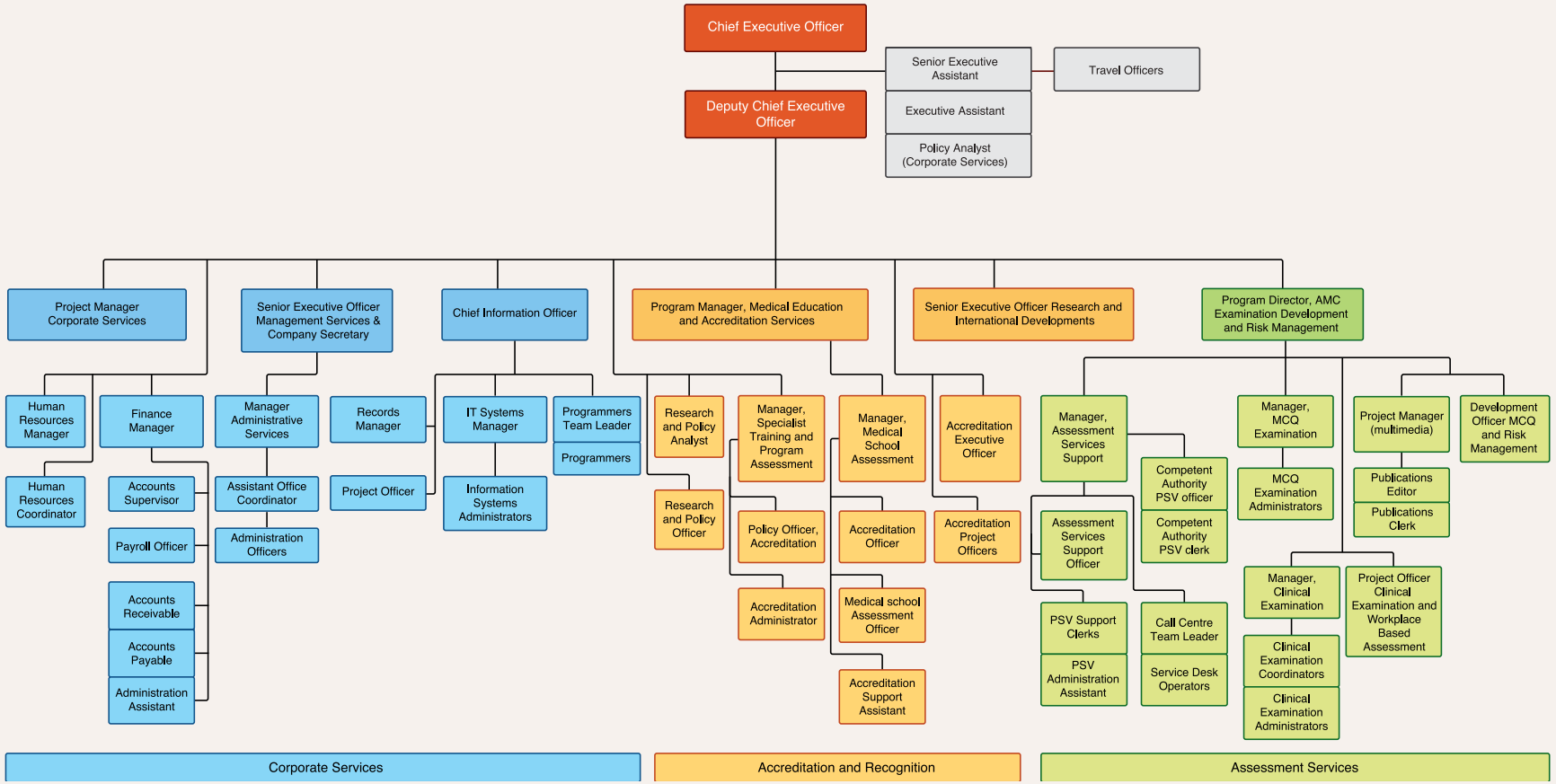
Table 1 Committees and their functions

Committee	Function
Board of Examiners	Oversees the AMC examination process and advises the directors on international medical graduate assessment issues
Finance, Audit and Risk Management Committee	Reviews the AMC's accounting, financial and investment policies and controls, and advises the directors on managing the business of the AMC
Medical School Accreditation Committee	Manages the AMC process for assessment and accreditation of the medical programs of Australian and New Zealand university medical schools
Recognition of Medical Specialties Advisory Committee	Advises the directors on the recognition of fields of medical practice as medical specialties
Specialist Education Accreditation Committee	Manages the AMC process for assessment and accreditation of specialist medical education, training and professional development programs in Australia
Strategic Policy Advisory Committee	Provides high-level advice to the AMC on medical education and health system policy matters that do not fit clearly within the brief of any one AMC standing committee but that are related to the purpose of the AMC

Organisation structure

The Council and its directors are supported by a Canberra-based secretariat of 82 staff responsible for the administration of AMC operations (see Appendix C). The AMC organisation structure is set out in Figure 2.

Figure 2 Organisation structure, 31 December 2011



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Support for stakeholders

In 2011, the AMC continued to collaborate with and support its stakeholders, including government bodies, health profession and health consumer organisations, and medical education providers.

Some of its many stakeholder support activities in 2011 are outlined below.

Medical Board of Australia

One of the objectives of the Medical Board of Australia is to facilitate the provision of high-quality education and training of medical practitioners. The accreditation function is the primary way of achieving this. The National Law defines the respective roles of the Medical Board of Australia and its appointed accreditation authority, the AMC, in the accreditation of medical schools and specialist medical colleges, and in the development and approval of registration standards.

Accreditation reports

After the AMC accredits a program of study, it must give a report to the Medical Board of Australia. The Medical Board may approve, or refuse to approve, the accredited program of study as providing a qualification for the purposes of registration.

In 2011, the chairs of the AMC Medical School Accreditation Committee and the Specialist Education Accreditation Committee presented their accreditation reports to the Medical Board of Australia to explain complex issues and help board members become more informed about the accreditation process. Medical Board representatives also attended the AMC's annual workshop for the chairs of assessment teams in February 2011.

Accreditation standards

The AMC is responsible for developing accreditation standards for the approval of the Medical Board of Australia. Accreditation standards are used to assess whether a program of study, and the education provider that provides the program of study, provides graduates with the knowledge, skills and professional attributes to practise the profession. In developing the accreditation standards, the AMC must undertake wide-ranging consultation about the content of the standards.

Medical schools and programs of study

In 2011, the AMC formed a working group to conduct a limited review of the AMC Accreditation Standards for medical schools and their programs of study. The three key areas for review were:

- the AMC statement of graduate attributes
- assessment standards
- clinical training standards.

The working group reviewed the standards and identified areas that needed updating. Stakeholders will be consulted on the planned changes.

Standards for intern-year accreditation

In February 2011, the AMC and the Medical Board of Australia established a joint working party to develop a draft registration standard for the intern year. This was completed in June 2011.

The AMC and the Medical Board of Australia have agreed on a work plan for the following projects:

- setting learning objectives for postgraduate year 1
- developing an intern assessment and sign-off process
- developing a national framework for intern-training accreditation, including national standards for intern training and an overarching accreditation process.

Standards for specialist medical training programs

In 2011, the Medical Board of Australia requested the AMC to consider the registration standard provisions for continuing professional development in its next review of the standards. The AMC will undertake a formal review of the standards in relation to continuing professional development.

International medical graduates

Since July 2010, the AMC, as the designated accreditation authority for medicine, has administered the assessment of IMGs for nonspecialist medical registration on behalf of the Medical Board of Australia under the provisions of section 43 of the *Health Practitioner Regulation National Law Act 2009*. Similarly, the specialist medical colleges have been individually appointed by the Medical Board of Australia as the appropriate authorities for the assessment of overseas-trained specialists under the provisions of sections 57 and 59 of the National Law. As the designated authorities, the AMC and the specialist colleges are accountable to the Medical Board for the conduct of these assessments.

Australian Health Practitioner Regulation Agency

The Australian Health Practitioner Regulation Agency (AHPRA) supports the work of the Medical Board of Australia. It is responsible for providing the staff, infrastructure and services to enable the Medical Board to meet its statutory responsibilities.

In 2011, the AMC and AHPRA continued their collaboration, with, for example, staff at AHPRA's state and territory offices checking the identity of those collecting AMC certificates to ensure the integrity of the certificate collection process. Additionally, the AMC has updated its primary source verification database to provide access to designated AHPRA staff to facilitate the flow of information between the AMC and AHPRA offices in relation to applications for registration.

Forum of Australian Health Professions Councils

The Forum of Australian Health Professions Councils is a coalition of the accreditation councils of the regulated health professions. The Forum provides the opportunity for the accreditation councils to work cooperatively on a number of matters affecting the standards of education and training across the health professions.

In 2011, the Forum, together with the chairs of the national boards and the Australian Health Practitioner Regulation Agency, through a joint accreditation working party, developed:

- a shared understanding of accreditation functions
- the *Quality Framework for the Accreditation Function*, against which each accreditation authority reports to the national board
- a guideline for reporting.

The AMC continued to provide secretariat and administrative support to the Forum in 2011.

Health Workforce Australia

Health Workforce Australia (HWA) is the national health workforce agency established by the Council of Australian Governments through its 2008 National Partnership Agreement on Hospital and Health Workplace Reform. It was established to meet the challenges of providing a health workforce that responds to the needs of the Australian community. Its functions include developing policy and delivering programs across four main areas—workforce planning, policy and research; clinical education; innovation and reform of the health workforce; and the recruitment and retention of international health professionals.

In 2011, the AMC:

- expressed interest in being involved in an HWA project to develop national consistency in prescribing medications by non-medical health professionals
- contributed to consultation on an HWA project to determine the role of physician assistants in the Australian context
- made a submission to HWA in relation to its development of a rural and remote health workforce innovation and reform strategy for Australia, and was represented at a consultation workshop on the strategy.

Medical Deans Australia and New Zealand

Medical Deans Australia and New Zealand is the peak body representing professional entry-level medical education, training and research in Australia and New Zealand. The organisation comprises the deans of 19 Australian medical schools and two New Zealand medical schools.

The AMC is a stakeholder in the competencies project being undertaken by the organisation. The project aims:

- to delineate the AMC attributes of a medical graduate into competencies that rely on clinical placements
- to develop a competency framework
- to improve vertical integration of clinical training across the medical schools and internship programs.

An outcome of the first phase was that 30 of the AMC graduate attributes were successfully delineated into student learning outcomes and then competencies. In 2011, the project entered its second phase, focusing on developing lists of common diagnostic and procedural skills for medical graduates.

Medical Council of New Zealand

The AMC and the Medical Council of New Zealand (MCNZ) have a long history of cooperation designed to assist both organisations to set standards for medical education and assessment that promote high standards of medical practice and that respond to evolving health needs and practices, as well as educational and scientific developments. The memorandum of understanding between the two organisations, which was signed in late 2010, extended that collaboration.

In 2011, the first accreditation assessment implementing the requirements of the MOU was undertaken, that of the College of Intensive Care Medicine of Australia and New Zealand.

AMC and MCNZ representatives at the signing of the memorandum of understanding between the two bodies (left to right): Ian Frank, AMC chief executive officer; Richard Smallwood, AMC president; John Adams, MCNZ chairperson; Philip Pigou, MCNZ chief executive officer

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Accreditation

The AMC is responsible for accrediting education providers and programs of study for the medical profession. The *Health Practitioner Regulation National Law Act 2009* (the National Law) defines an accreditation standard as a standard 'used to assess whether a program of study, and the education provider that provides the program of study, provide persons who complete the program with the knowledge, skills and professional attributes to practise the profession in Australia'. In developing accreditation standards for the Medical Board of Australia, the AMC must undertake wide-ranging consultation about their content.

Under the National Law, the AMC may grant accreditation if it is reasonably satisfied that a program of study and the education provider that provides it meet an approved accreditation standard. It may also grant accreditation if it is reasonably satisfied that the provider and the program of study substantially meet an approved accreditation standard, and the imposition of conditions on the approval will ensure that the program meets the standard within a reasonable time. The AMC reports its decision to the Medical Board of Australia to enable the Board to make a decision on the approval of the program of study for registration purposes.

The Medical Board of Australia details its decisions about accredited programs of study in communiqués published on its website, www.medicalboard.gov.au, after each meeting.

The AMC publishes the executive summaries of its accreditation reports on its website, www.amc.org.au.

Review of accreditation procedures

In 2011, the AMC revised its accreditation procedures to bring them into line with the Health Practitioner Regulation National Law as well as with changes the AMC made in the second half of 2010 to accommodate the way in which the AMC reports to the Medical Board of Australia on accreditation decisions. Another change that needed to be accommodated in the revised procedures was the memorandum of understanding between the AMC and the Medical Council of New Zealand.

The revised procedures incorporate changes in terminology to reflect the new operating environment and refinement of procedures. The most significant changes clarify the way in

which the AMC monitors accredited programs and providers and the actions it will take if those programs and providers do not meet accreditation standards.

The AMC's principal method of monitoring programs and providers is regular progress reports. Consistent with the National Law, in reviewing progress reports, the AMC is assessing whether each education provider is continuing to meet the accreditation standards as well as assessing progress towards accreditation conditions. The National Law requires the AMC to take steps should programs and providers no longer meet the accreditation standards. The steps include placing conditions on the accreditation or revoking the accreditation and informing the Medical Board of Australia of its actions. The AMC has incorporated these requirements in its progress reporting process.

The AMC has also amended its procedures for education providers to seek review and reconsideration of an accreditation decision or report. The procedures now provide for an independent internal review if the AMC refuses accreditation, as is required by the National Law.

Medical schools and programs

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

Assessments

In 2011, the AMC completed assessments in accordance with its guidelines on the assessment and accreditation of the following medical schools.

University of Adelaide Faculty of Health Sciences

Qualification offered
MBBS

Type of assessment
Reaccreditation

Purpose of assessment
To assess the faculty's MBBS program for reaccreditation

Assessment result
Accreditation to 31 December 2014 granted subject to conditions

AMC finding against accreditation standards
Substantially meets the standards

Bond University School of Medicine

Qualification offered
MBBS

Type of assessment
Extension of accreditation

Purpose of assessment
To consider whether the Bond University School of Medicine is meeting the accreditation standards and will continue to do so for the next four years, the potential period of the extension sought

Assessment result
Accreditation to 31 December 2015 granted subject to the submission of satisfactory annual progress reports

AMC finding against accreditation standards
Meets the standards

University of Notre Dame Australia, School of Medicine Sydney

Qualification offered
MBBS

Type of assessment
Follow-up

Purpose of assessment
To consider the school's progress in meeting the conditions imposed on its accreditation in 2010, when its accreditation period was reduced by two years

Assessment result
Accreditation returned to 31 December 2013 subject to conditions

AMC finding against accreditation standards
Substantially meets the standards

Progress reports

Between formal accreditations, the AMC monitors progress in accredited medical schools through the progress reports that medical schools are required to provide. The reports inform the AMC of curriculum changes and emerging issues that may affect a school's ability to deliver its medical curriculum and respond to issues raised in AMC accreditation reports.

The AMC also asks the student association of each medical school to give a submission on its perceptions of the medical school's continuing attainment of the accreditation standards. The committee considers each submission in tandem with the medical school's report.

Medical schools granted the full period of accreditation must submit written reports to the AMC every two years. Medical schools granted accreditation of major structural changes and new medical schools submit annual reports.

The AMC keeps under review the processes for progress reports. In 2011, the Medical School Accreditation Committee agreed to changes to the processes, to manage and synthesise the volume of information from progress reports, student submissions, and reviewer comments. The new format strengthens the capacity to monitor a school's compliance with accreditation standards.

In 2011, the AMC accepted progress reports from the following 12 medical schools. Matters highlighted by the student associations from each of the schools were noted.

- Deakin University School of Medicine
- Flinders University School of Medicine
- Griffith University School of Medicine
- James Cook University Faculty of Medicine, Health and Molecular Sciences
- Monash University Faculty of Medicine, Nursing and Health Sciences
- University of Melbourne Faculty of Medicine, Dentistry and Health Sciences
- University of Newcastle – University of New England Joint Medical Program
- University of Notre Dame Australia School of Medicine, Fremantle
- University of Otago Faculty of Medicine
- University of Queensland School of Medicine
- University of Western Australia Faculty of Medicine, Dentistry and Health Sciences
- University of Western Sydney School of Medicine.

Comprehensive reports

In the year before accreditation expires, the AMC asks a medical school to submit a comprehensive progress report. In a comprehensive report, a school is expected to provide assurance and, where possible, evidence that it has maintained its standard of education and of resources; an appraisal of the developments since accreditation; and information on plans leading up to the next AMC accreditation.

If, on the basis of the report, the committee decides that the medical school continues to satisfy the AMC accreditation standards, it may recommend that the AMC directors extend the school's accreditation before the next AMC assessment visit occurs. The period of extension possible is usually a period of three to four years, taking schools to the full period of accreditation that the AMC will grant between assessments, which is 10 years.

In 2011, the AMC considered comprehensive reports from the following medical schools and extended their periods of accreditation subject to the submission of satisfactory progress reports to the Medical School Accreditation Committee:

- *University of Melbourne, Faculty of Medicine, Dentistry and Health Sciences*. Accreditation of the six-year MBBS program extended to 31 December 2013. This program took its last students in 2009; the program has been replaced by the four-year MD program.
- *University of Tasmania, School of Medicine*. Accreditation of the MBBS program extended to 31 December 2016.
- *University of Wollongong, Graduate School of Medicine*. Accreditation of the MBBS program extended to 31 December 2016.
- *University of Sydney, Sydney Medical School*. Accreditation of the MBBS program extended to 31 December 2015.

Specialist education providers and programs

The Specialist Education Accreditation Committee manages the AMC process for assessing and accrediting the medical education and training programs and professional development programs of the specialist training providers—the specialist medical colleges.

Reviews and assessments

In November 2011, the AMC conducted a review of the programs of the Australasian College of Sports Physicians. The review considered the college's progress against recommendations made by the AMC in its 2008 assessment of the college's programs. The accreditation report will be completed in early 2012.

In 2011, the AMC completed, in accordance with its guidelines on the accreditation of specialist medical education and training and professional development programs, accreditation reviews of the following specialist medical training providers.

Australian College of Rural and Remote Medicine

Qualification offered
FACRRM

Type of assessment
Reaccreditation

Purpose of assessment
To assess the pathways to fellowship of the college and its professional development program

Assessment result
Accreditation to 31 December 2014 granted subject to conditions

AMC finding against accreditation standards
Substantially meets the standards

Australasian College of Dermatologists

Qualification offered
FACD

Type of assessment
Follow-up assessment

Purpose of assessment
To assess the college's progress in meeting the conditions imposed on its accreditation in 2007

Assessment result
Accreditation to 31 December 2013 granted subject to satisfactory progress reports

AMC finding against accreditation standards
Meets the standards

College of Intensive Care Medicine of Australia and New Zealand

Qualification offered
FCICM

Type of assessment
Reaccreditation

Purpose of assessment
To assess the college's training programs in intensive care medicine and paediatric intensive care medicine and its continuing professional development program following the college's establishment as a stand-alone college

Assessment result
Ongoing accreditation to 31 December 2015 granted subject to conditions

AMC finding against accreditation standards
Substantially meets the standards

Progress reports

The AMC monitors developments in education programs and professional development programs through progress reports from the accredited training organisations.

Following changes to the accreditation procedures, colleges with the full period of accreditation and no conditions are now required to submit progress reports every two years rather than annually.

As a result of the changes to report frequencies for specialist education providers, only four colleges submitted progress reports in 2011, all of which were accepted:

- Royal Australian and New Zealand College of Radiologists
- Royal College of Pathologists of Australasia
- Royal Australasian College of Physicians
- Royal Australasian College of Medical Administrators.

Comprehensive reports

In 2011, the Specialist Education Accreditation Committee considered comprehensive reports from three specialist colleges:

- *Royal Australian and New Zealand College of Ophthalmologists*. The college's programs were found to meet the accreditation standards and accreditation was extended to December 2016.
- *Royal Australasian College of Surgeons*. The college's programs were found to meet the accreditation standards and accreditation was extended to December 2017.
- *Royal Australian and New Zealand College of Psychiatrists.* The college's current education, training and continuing professional development programs were found to meet the accreditation standards and accreditation was granted to December 2015.

International activities

AMC accreditation assessors continue to be invited to participate in a wide range of international activities, usually as external experts on evaluation teams. In 2011, these activities have included:

- participation in the Association for Medical Education in the Western Pacific Region
- a contribution to an assessment of the Chinese Medical University in Shenyang
- a contribution to an external evaluation of the medical program of the Health Sciences University of Mongolia.

An AMC assessment team visiting the University of Adelaide was accompanied by two Korean observers.

5

Recognition of medical specialties

In 2011, the Recognition of Medical Specialties Advisory Committee continued its advisory function under the national registration and accreditation scheme, in particular the AMC's role in providing advice on the recognition of new specialties to the Medical Board of Australia and the Australian Government Minister for Health.

The committee also completed recognition assessments for clinical pathology and genetic pathology and continued to monitor the progress of the assessment of the case for recognition of cosmetic medical practice.

It also began a review of its *Recognition Guidelines: Policy and Process* to bring the guidelines into line with the National Law and the way in which the AMC provides advice to the Medical Board on recognition matters. It expects to complete its review early in 2012.

Clinical pathology and genetic pathology

In May 2011, the Recognition of Medical Specialties Advisory Committee completed its assessment of the application by the Royal College of Pathologists of Australasia for the recognition of clinical pathology and genetic pathology. The AMC directors agreed that there are grounds for the recognition of clinical pathology and genetic pathology as fields of specialty practice within the recognised specialty of pathology and submitted the recognition report to the Medical Board of Australia, with a copy of the advice provided to the Australian Government Minister for Health.

The AMC presented the recognition report and advice to the 25 May 2011 meeting of the Medical Board of Australia, which has in turn made a recommendation to the ministerial council.

Cosmetic medical practice

The AMC's assessment of the application by the Australasian College of Cosmetic Surgery for recognition of cosmetic medical practice as a medical specialty continued throughout 2011. The Recognition Committee met in December 2011 to consider the draft assessment report prepared by the Recognition Review Group and the college's comments. The committee's final report and recommendations will be considered by AMC directors in 2012.

6 Assessment of international medical graduates

The AMC is responsible for the assessment of IMGs seeking registration in Australia. The AMC assesses IMGs through one of three assessment pathways—the competent authority, standard and specialist pathways. All three pathways involve initial verification of the primary qualifications of IMGs.

Primary source verification

The AMC uses the services of the ECFMG International Credentials Services (EICS) to verify the medical qualifications of all international medical graduates applying to it under any of its assessment pathways. In 2011, the AMC developed automated email updates to notify applicants of the progress of their EICS verification requests. The updates are activated by using the data extracted from the ECFMG overnight batch data sent electronically to the AMC.

In 2011, the AMC submitted 6,252 requests for primary source verification to the EICS. In the same year, the EICS verified 3,953 requests (Table 2).

Table 2 EICS verifications, 2011

Type of registration	Requests sent to ECFMG	Requests verified by ECFMG
Area of Need Specialist	266	172
Competent Authority	1,371	1,183
Dual	202	89
Medical Board registration	805	473
Nonspecialist	2,426	1,313
Specialist	1,182	723
Total	6,252	3,953

Note: EICS verification requests might have been submitted before 2011.

Competent Authority Pathway

The Competent Authority Pathway is based on the recognition of prior examination for the purposes of medical registration by a designated assessing authority that has medical licensing examinations and assessment pathways comparable to those that the AMC conducts for nonspecialist candidates. Eligible medical graduates from competent authority countries—Canada, Ireland, New Zealand, the United States and the United Kingdom—are granted advanced standing for the AMC Certificate, enabling them to apply for limited registration to complete a workplace-based performance assessment by an AMC-accredited authority. If they successfully complete that performance assessment, they qualify for the AMC Certificate, which they need to have before they can apply to the Medical Board of Australia for general registration.

In 2011, the AMC received 1,401 new applications for assessment through the Competent Authority Pathway. It issued 1,363 Advanced Standing Certificates to eligible applicants and 475 AMC Certificates to applicants who successfully completed their workplace-based performance assessments.

Appendix D (Table D1) gives competent authority statistics by country of training and examination or assessment system.

Standard Pathway

The AMC assesses the medical knowledge and clinical skills of IMGs under the Standard Pathway. The Standard Pathway has two alternative processes leading to the AMC Certificate:

- *Standard Pathway (AMC examinations)*. Assessment is by examination only—the AMC CAT MCQ Examination and the AMC Clinical Examination. Most nonspecialist applicants will be assessed through this method.
- *Standard pathway (workplace-based assessment)*. Assessment is by examination and workplace-based assessment—the AMC CAT MCQ Examination and workplace-based assessment of clinical skills and knowledge by an AMC-accredited authority. The number of positions available under this pathway is limited.

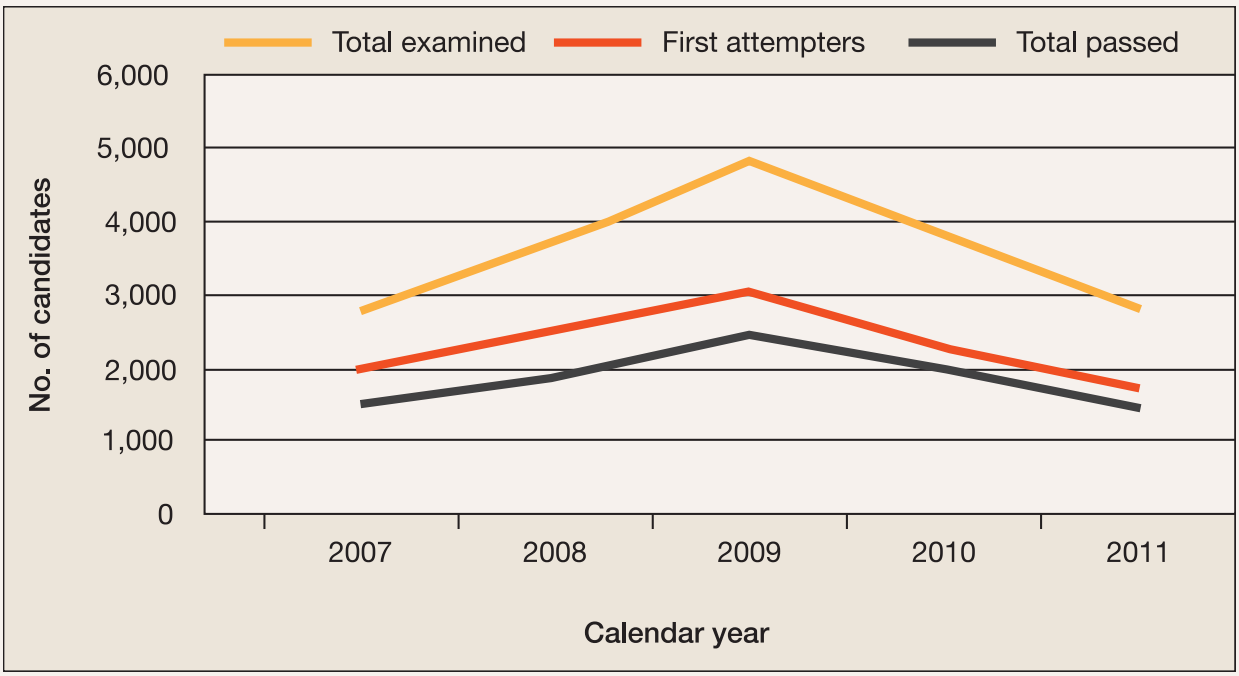
AMC CAT MCQ Examination

The AMC CAT MCQ examination tests candidates' basic or essential core medical knowledge and its clinical applications. The computer-adaptive test (CAT) format for the MCQ examination, introduced in February 2011, offers significant advantages over the previous fixed format MCQ examination, including:

- efficiency in test administration and test availability
- increased test security, as no two candidates will see the same test items
- greater measurement precision in the assessment outcome
- targeted measurement of candidate ability.

In 2011, the AMC examined 2,813 candidates: 1,461 candidates (52 percent) passed the examination and qualified to take the clinical examination. Figure 3 shows the trend in candidate numbers and pass rates over the past five calendar years.

Figure 3 MCQ examination statistics, calendar years 2007 to 2011



Appendix D (Table D2) gives a breakdown of the number of MCQ examination candidates by country of training, number of attempts and number passed in 2011.

AMC Clinical Examination

The AMC Clinical Examination is a 16-station objective structured clinical examination format assessment conducted in teaching hospitals in the major capital cities in Australia. The examination evaluates candidates' clinical competence and performance in terms of medical knowledge and clinical skills in medicine, surgery, paediatrics, obstetrics and gynaecology, and psychiatry. It also assesses candidates' ability to communicate with patients, their families and other health workers.

Clinical examination station

In 2011, the AMC:

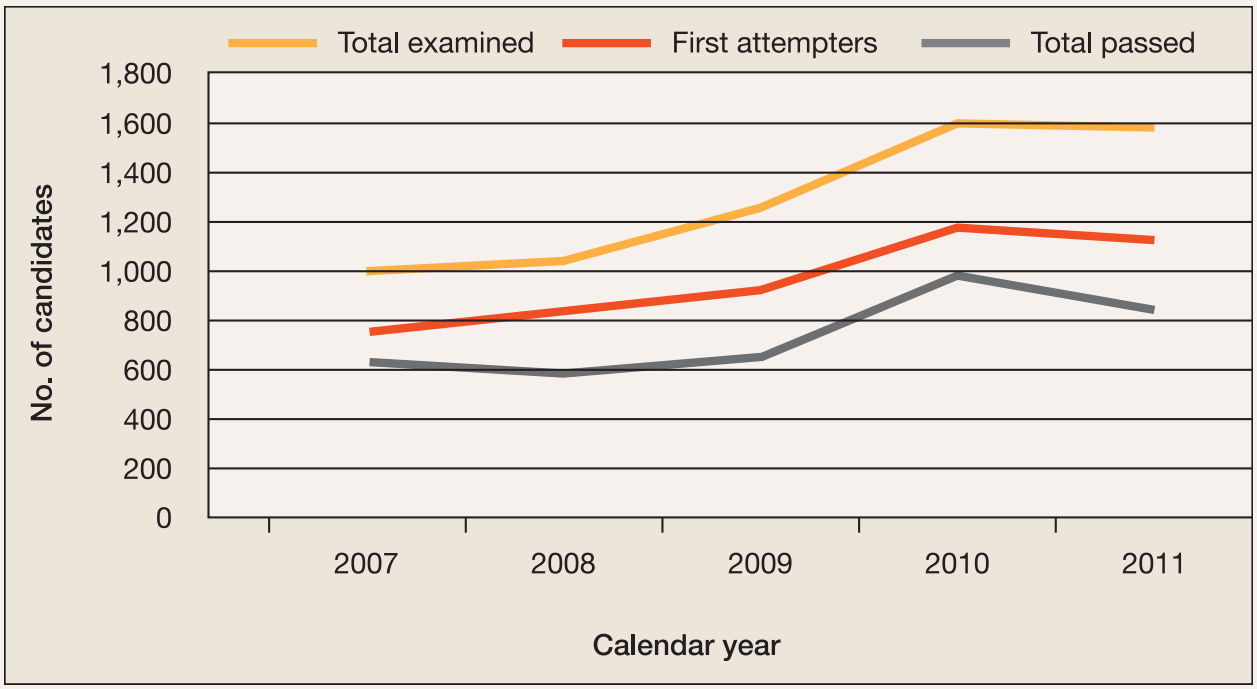
- held examiner training sessions in Melbourne, Perth, Sydney, Adelaide, Launceston and Brisbane
- launched a service to allow eligible candidates to apply online for clinical examinations
- trialled new scoring mark sheets
- increased the total number of clinical examination places available
- continued to consider possible options for reducing the waiting time for clinical examination places.

Examiner training session

In calendar year 2011, the AMC conducted 23 main clinical examination sessions and four retest examination sessions. A total of 1,580 candidates were tested, of whom 1,123 (71 percent) were first-attempt candidates.

Fifty-three percent (836) of the 1,580 candidates passed the clinical examination in 2011 (this figure includes those who resat and passed the examination in 2011). Figure 4 shows the trend in candidate statistics for the past five calendar years.

Figure 4 Clinical examination statistics, calendar years 2007 to 2011



Appendix D (Table D3) sets out clinical examination passes by candidates' country of training and number of attempts.

Workplace-based assessment

Workplace-based assessment is an alternative to the AMC Clinical Examination; it tests the performance of doctors in their everyday clinical practice. Applicants for the Standard Pathway (workplace-based assessment) are required to have passed the AMC CAT MCQ Examination. Applicants must also be working in an approved clinical position and must have been granted limited registration by the Medical Board of Australia.

The AMC has accredited four authorities to conduct workplace-based assessments:

- Hunter New England Local Health District, New South Wales
- WA Health—Bunbury Hospital; Hollywood and Joondalup hospitals as a joint program
- Goulburn Valley Health and the Rural & Outer Metro United Alliance (ROMUA), Victoria
- Launceston General Hospital, Tasmania.

In 2011, the Australian College of Rural and Remote Medicine submitted an application for accreditation of a workplace-based assessment model for international medical graduate general practitioners. After discussions with the AMC's Interim Accreditation Committee on how to progress the proposed workplace-based assessment pilot, the college submitted a revised submission for consideration. The authorities are required to submit annual reports to the Interim Accreditation Committee. In 2011, the committee accepted the reports of the Hunter New England Local Health Network, Launceston General Hospital and WA Health. It also considered the annual report submitted by ROMUA and determined that clarification of some issues was required. The issues for clarification included the two-year workplace-based assessment process, which is inconsistent with the duration of the process of other authorities, and the minimum expectations of candidates.

During the year, a total of 52 candidates commenced workplace-based assessments, with 49 completing the assessments and qualifying for the award of the AMC Certificate.

Appendix D (Table D4) shows the 2011 statistics for workplace-based assessment candidates by country of training and accredited authority.

Specialist Pathway

Under the Specialist Pathway (specialist recognition), the AMC assesses the applications and supporting documentation of overseas-trained specialists seeking registration for independent practice as a specialist to determine whether the applications and information provided is complete. It also sends applicants' primary and specialist qualifications to the ECFMG International Credentials Services (EICS) for primary source verification. An application that is assessed as complete is referred to the relevant specialist medical college for assessment of the comparability of applicants' training and experience with that of a fully qualified Australian-trained specialist in the same specialty field.

In 2011, the AMC received 1,984 applications for assessment of documentation and primary source verification. In the same period, 470 applicants were assessed as substantially comparable to an Australian-trained specialist in the same specialty field; 288, as partially comparable (within two years of meeting the requirements for substantially comparable); and 62, as not comparable (see Appendix E for statistics on applications by medical specialty and on the country of training of those found substantially comparable).

7

Finance, audit and risk management

The Finance, Audit and Risk Management Committee serves as a focal point for communication between the directors, the external auditors, the internal auditors and the AMC's management as their duties relate to financial and other reporting, internal controls, external and internal audits, risk management, governance, fraud and legislative compliance. It provides advice and assistance to the directors in their role of managing the business of the AMC.

The committee is made up of three directors other than the CEO and up to two external members with appropriate professional expertise. The chair of the committee is an external member appointed by the directors.

In 2011, the committee reviewed the budget, the unaudited financial reports, the PricewaterhouseCoopers audit of internal controls, the AMC risk management framework and the financial delegation authority guidelines and provided advice and made recommendations on acceptance and adoption to the directors.

Financial report

Summary

The financial statements for 2010–11 have been prepared according to the Australian Accounting Standards and the *Corporations Act 2001*, and have been audited by PricewaterhouseCoopers. The audited financial statements for 2010–11 follow this summary.

The financial statements were audited by PricewaterhouseCoopers, the external auditors. In addition, they were analysed and reviewed by the Finance, Audit and Risk Management Committee. The analysis included a review of reported results for reasonableness and consistency with monthly management information provided to the directors.

In 2010–11, total revenue was $18.87 million and total expenditure was $18.63 million. The surplus was $0.24 million for the financial year.

Audited financial statements

Directors' report

AUSTRALIAN MEDICAL COUNCIL LIMITED

ABN 97 131 796 980

Financial Report for the Year Ended 30 June 2011

DIRECTORS' REPORT

Your Directors present this report on the entity for the financial year ended 30 June 2011.

Directors

The names of each person who has been a Director during the year and to the date of this report are:

- Professor Richard Smallwood AO, President and Chair, Strategic Policy Advisory Committee
- Professor Robin Mortimer AO, Deputy President and Chair, Recognition of Medical Specialties Advisory Committee
- Dr Robert Adler, Member elected by Council (until the AGM, 25 November 2010)
- Professor Brendan Crotty, Member elected by Council (appointed at the AGM, 25 November 2010)
- Professor Richard Doherty, Chair, Board of Examiners
- Professor David Ellwood, Chair, Medical School Accreditation Committee (appointed at the AGM, 25 November 2010)
- Professor Michael Field, Chair, Medical School Accreditation Committee (until the AGM, 25 November 2010)
- Mr Ian Frank, Chief Executive Officer, Australian Medical Council Limited
- Professor Constantine Michael AO, Member elected by Council
- Associate Professor Peter Procopis AM, Chair, Joint Medical Boards Advisory Committee (until the AGM, 25 November 2010)
- Associate Professor Jillian Sewell AM, Chair, Specialist Education Accreditation Committee
- Dr Russell Stitz AM RFD, Member elected by Council

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

Principal Activities

The principal activity of the entity during the financial year was to be an independent national standards and assessment body for medical education and training. The Council assesses medical courses and training programs (both Australian and New Zealand medical school courses and the programs for training medical specialists) and accredits programs which meet AMC accreditation standards; and the Council assesses doctors trained overseas who wish to be registered to practise medicine in Australia.

Directors' report (continued)

Australian Medical Council Limited ABN 97 131 796 980

DIRECTORS' REPORT

Objectives

The objectives of the Australian Medical Council are:

(a) to act as an external accreditation entity for the purposes of the Health Practitioner Regulation National Law;

(b) to develop accreditation standards, policies and procedures for medical programs of study based predominantly in Australia and New Zealand and for assessment of international medical graduates for registration in Australia;

(c) to assess programs of study based predominantly in Australia and New Zealand leading to general or specialist registration of the graduates of those programs to practise medicine in Australia to determine whether the programs meet approved accreditation standards, and to make recommendations for improvement of those programs;

(d) to assess education providers based predominantly in Australia and New Zealand that provide programs of study leading to general or specialist registration of the graduates of those programs to practice medicine in Australia, to determine whether the providers meet approved accreditation standards;

(e) to assess authorities in other countries which conduct examinations for registration in medicine, or which accredit programs of study relevant to registration in medicine, to decide whether persons who successfully complete the examinations or programs of study conducted or accredited by those authorities should have the knowledge, clinical skills and professional attributes necessary to practise medicine in Australia;

(f) to assess, or oversee the assessment of, the knowledge, clinical skills and professional attributes of overseas qualified medical practitioners who are seeking registration in medicine under the Health Practitioner Regulation National Law and whose qualifications are not approved qualifications under the Health Practitioner Regulation National Law for medicine;

(g) to assess the case for the recognition of new medical specialties;

(h) to advise and make recommendations to Federal, State and Territory governments, the Australian Health Workforce Advisory Council, Health Workforce Australia, the Australian Health Practitioner Regulation Agency, the Medical Board of Australia and State and Territory Boards of the Medical Board of Australia, and any other state and territory medical regulatory authorities in relation to:

  (i) matters concerning accreditation or accreditation standards for the medical profession;

  (ii) matters concerning the registration of medical practitioners;

  (iii) matters concerning the assessment of overseas qualifications of medical practitioners;

  (iv) matters concerning the recognition of overseas qualifications of medical practitioners; and

  (v) the recognition of medical specialties.

(i) to do all such matters as are ancillary to, convenient for or which foster or promote the advancement of the matters the subject of these objects.

Directors' report (continued)

Australian Medical Council Limited ABN 97 131 796 980

DIRECTORS' REPORT

Objectives

The entity's short-term objectives are to:

- align its accreditation and assessment functions with the Medical Board of Australia and the Australian Health Practitioners Regulation Agency (AHPRA);
- conclude a formal Agreement with AHPRA to secure the accreditation role of the AMC under the National Law;
- negotiate and secure funding under the new national regulatory arrangements to support the ongoing activities of the AMC.

The entity's long-term objectives are to:

- consolidate its position as a leader in accreditation and assessment standards;
- advocate for standards and safety in medical education;
- support and encourage the exchange of expertise and information relating to accreditation and assessment both nationally and internationally.

Strategy

To achieve these objectives, the entity has adopted the following strategies:

- the AMC has formally changed its legal structure, constitution and governance to enable it to operate more effectively within the new national regulatory framework;
- the AMC over time has developed a pool of more than 500 academics, clinicians, educationalists and experts in assessment to support its accreditation and assessment activities;
- there has been a significant increase in commitment and resources to support in-house IT development to enable the AMC to implement new administrative and operational systems, data management and security;
- the AMC has developed formal links with relevant accreditation and assessment bodies internationally and is an active participant in the advancement of accreditation and assessment processes internationally.

Meetings of Directors

During the financial year 9 Meetings of Directors were held. Attendances by each Director were as follows:

	Directors' Meetings	
	Number eligible to attend	Number attended
Professor Richard Smallwood AO	9	9
Dr Robert Adler	3	3
Professor Brendan Crotty	6	6
Professor Richard Doherty	9	9
Professor David Ellwood	6	5
Professor Michael Field	3	3
Mr Ian Frank	9	9
Professor Constantine Michael AO	9	9
Professor Robin Mortimer AO	9	9
Associate Professor Peter Procopis AM	3	1
Associate Professor Jillian Sewell AM	9	6
Dr Russell Stitz AM RFD	9	9

Directors' report (continued)

Australian Medical Council Limited ABN 97 131 796 980

DIRECTORS' REPORT

Information on Directors

Professor Richard Smallwood AO

Qualifications

MD (Melb), FRACP, FRCP (London), FACP (Hon)

Experience

Present Appointments:

- Emeritus Professor of Medicine, University of Melbourne
- Member, Board of the Victorian Health Promotion Foundation
- Member, Board of the Victorian Neurotrauma Initiative
- Member, Board of the Australian Stem Cell Centre
- Fellow of Trinity College, University of Melbourne

Past Appointments:

- Chairman of the Division of Medicine at the Austin and Repatriation Medical Centre and Director of Gastroenterology.
- Chair of National Health and Medical Research Council (1994 – 1997)
- Member of Australian Health Ministers Advisory Council (1994 – 1997)
- Chief Medical Officer (1999 – 2003)
- Chair of National Influenza Pandemic Advisory Council
- Chair of the National Health Information Management Advisory Council
- Chair of National Health Priority Action Council
- Inaugural Chair of National Blood Authority
- Chair of the Ministerial Taskforce for Cancer in Victoria
- Vice-President of the World Health Assembly in Geneva
- Member of the Victorian Health Promotional Foundation
- Member of the Victorian Neurotrauma Initiative
- Member of the Australian Stem Cell Centre
- Fellow of Trinity College, University of Melbourne
- President, Royal Australasian College of Physicians

Special Responsibilities

- President of the Australian Medical Council
- Director of the Australian Medical Council
- Member of Council, Australian Medical Council
- Chair of the Strategic Policy Advisory Committee
- Member of the Finance, Audit and Risk Management Committee
- AMC Representative to the Committee of Presidents of Medical Colleges
- AMC Representative to the Forum of Australian Health Professions Councils

Professor Robin Mortimer AO

Qualifications

MBBS (Hons) (Qld), FRACP, FACP, FRCP, FAMS, FCCP (Hon), FAMM, FRCPI, FRCPT, FCPSA (Hon)

Experience

- Executive Director, Office of Health and Medical Research Queensland Health
- Senior Specialist, Royal Brisbane and Women's Hospital, Brisbane
- Director of Endocrinology, Royal Brisbane and Women's Hospital, Brisbane
- Professor, Disciplines of Medicine, Obstetrics and Gynaecology, The University of Queensland.

Directors' report (continued)

Australian Medical Council Limited ABN 97 131 796 980

DIRECTORS' REPORT

- Physician, Department of Nuclear Medicine, Royal Brisbane Hospital, Brisbane
- Physician, Thyroid Carcinoma Clinic, Queensland Radium Institute, Royal Brisbane Hospital
- Consultant, Department of Pathology, Royal Brisbane Hospital
- Former President, Royal Australasian College of Physicians

Special Responsibilities

- Deputy President of the Australian Medical Council
- Director of the Australian Medical Council
- Member of Council, Australian Medical Council
- Chair of the Recognition of Medical Specialties Advisory Committee
- Member of the Recognition of Medical Specialties Advisory Committee Economic Sub-Committee
- Member of the Strategic Policy Advisory Committee
- Member of the Specialist Education Accreditation Committee
- AMC Working Party to Review Policy on Medical Course Assessment Conducted Offshore by Australian and/or New Zealand Institutions.
- AMC Representative on Health Workforce Australia National Training Plan Governance Committee
- AMC Representative on Medical Training Review Panel

Dr Robert Adler

Qualifications

MBBS, Ph.D, M.Crim (For. Psych.), FRACP, FRANZCP

Experience

- President, Medical Practitioners Board of Victoria
- Deputy President, Medical Practitioners Board of Victoria
- Member, Medical Practitioners Board of Victoria
- Project Director, Royal Australian and New Zealand College of Psychiatrists Training, Examination and Continuing Education Review
- Professor/Chairman, RCH Mental Health Service, Royal Children's Hospital
- Professor/Director, Department of Child and Family Psychiatry, Royal Children's Hospital, Parkville
- Senior Lecturer in Child Psychiatry, Faculty of Medicine, University of Newcastle
- Staff Psychiatrist and Deputy Director, Department of Child and Family Psychiatry. Royal Alexandra Hospital for Children
- Forensic Psychiatrist, Adolescent Forensic Health Service (RCH), Melbourne Youth Justice Centre
- Honorary (Principal Fellow), The University of Melbourne, Faculty of Medicine, Dentistry & Health Sciences
- Consultant Child and Adolescent Psychiatrist in private practice

Special Responsibilities

- Director of the Australian Medical Council (until the AGM, 25 November 2010)
- Member of Council, Australian Medical Council
- Member of the Finance, Audit and Risk Management Committee
- Member of the Joint Medical Boards Advisory Committee
- Member of the Competency Based Training Group

Professor Brendan Crotty

Qualifications

MBBS (Melb), MD (Melb), FRACP

Experience

- Foundation Head, School of Medicine, Faculty of Health, Medicine, Nursing and Behavioural Science, Deakin University
- Pro Vice-Chancellor (Health), Deakin University

Directors' report (continued)

- Clinical Dean, Austin Health-Northern Health Clinical School, University of Melbourne
- Chair, Confederation of Postgraduate Medical Education Councils
- Chair of the Postgraduate Medical Council of Victoria
- Secretary, Royal Australasian College of Physicians, Committee for Examinations
- Member of Victorian Doctors Health Program Consultative Council
- Gastroenterologist and General Physician, Austin Health
- Visiting Gastroenterologist, Barwon Health

Special Responsibilities

- Director of the Australian Medical Council (appointed at the AGM, 25 November 2010)
- Member of Council, Australian Medical Council
- Member of AMC/MBA Working Party on Internship

Professor Richard Doherty

Qualifications

MBBS (Hons), FRACP

Experience

- Dean, Royal Australasian College of Physicians
- Professor of Paediatrics, Faculty of Medicine, Monash University
- Head, Department of Paediatrics, Faculty of Medicine, Monash University, Monash Medical Centre
- Head, Paediatric Infectious Diseases, Women's and Children's Program, Southern Health, Monash Medical Centre
- Medical Director, Children's Program, Southern Health Care Network
- Deputy Director, Macfarlane Burnet Centre for Medical Research
- Consultant Paediatrician, Royal Children's Hospital, Parkville
- Member, National Health and Medical Research Council Standing Committee on Communicable Disease and Chair, NHMRC Pertussis Working Party

Special Responsibilities

- Director of the Australian Medical Council
- Member of Council, Australian Medical Council
- Chair of the Board of Examiners
- Member of the Clinical Main Panel of Examiners
- Member of Clinical Sub Panel of Examiners (Paediatrics)
- Clinical Publications Contributor
- Chair of MCQ Development Committee
- Member of MCQ Panel of Examiners
- Chair of MCQ Panel of Examiners (Results Sub-group)
- Member of Editorial Committee – MCQ Publications
- Member of Expert Advisory Panel on Assessment
- Member of WBA Hybrid Model Working Group
- Chair of WBA Results Sub-group
- Member of COAG IMG Project (Stakeholders)
- Senior Examiner

Professor David Ellwood

Qualifications

MA DPhil (Oxon), MB BChir (Cantab), FRANZCOG, CMFM, DDU

Experience

- Professor of Obstetrics and Gynaecology, Australian National University Medical School

Directors' report (continued)

Australian Medical Council Limited ABN 97 131 796 980

DIRECTORS' REPORT

- Deputy Dean, Australian National University Medical School
- Senior Staff Specialist in Obstetrics and Gynaecology, Canberra Hospital
- Associate Dean, Canberra Clinical School, University of Sydney
- Medical Advisor (Acute Services) to ACT Health
- Acting Chief Executive Officer (Clinical Services), Canberra Hospital
- Deputy Chief Executive Officer (Clinical Services), Canberra Hospital
- Executive Director, Women's and Children's Health Services, Canberra Hospital

Special Responsibilities

- Director of the Australian Medical Council (elected at the AGM, 25 November 2010)
- Member of Council, Australian Medical Council
- Chair of the Medical School Accreditation Committee
- Member of the Specialist Education Accreditation Committee
- Member of the Benchmarking Working Group
- Chair of Australian Medical Education Study (AMES) Report Working Party
- Senior Examiner in Obstetrics and Gynaecology

Mr Ian Frank

Qualifications

BA Hons, MAICD

Experience

- Executive Officer, Medical School, University of Adelaide
- Chief Operating Officer, Australian Medical Council

Special Responsibilities

- Director of the Australian Medical Council
- Chief Executive Officer, Australian Medical Council

Professor Michael Field

Qualifications

BSc (Syd), MBBS (Syd), MD (Syd), FRACP

Experience

- Vice President, Association for Medical Education in the Western Pacific Region
- Emeritus Professor of Medicine, University of Sydney
- Associate Dean and Head, Northern Clinical School, Faculty of Medicine
- Associate Dean (Curriculum), Northern Clinical School, Faculty of Medicine
- Professor of Medicine, University of Sydney, Concord Hospital
- Associate Professor of Medicine, University of Sydney, Concord Hospital
- Senior Medical Practitioner (Academic), Renal Medicine, Royal North Shore Hospital, Northern Sydney Area Health Service
- Consultant Physician, Renal and General Medicine, Concord Hospital

Special Responsibilities

- Director of the Australian Medical Council (until the AGM, 25 November 2010)
- Member of Council, Australian Medical Council
- Chair of the Medical School Accreditation Committee
- Member of the Specialist Education Accreditation Committee
- Member of the Competency Based Training Group

Directors' report (continued)

Australian Medical Council Limited ABN 97 131 796 980

DIRECTORS' REPORT

Professor Constantine Michael AO

Qualifications

MBBS (W. Aust), MRCOG (Lond), MD (W. Aust), FRCOG (Lond), DDU, FRANZCOG

Experience

- Emeritus Professor, University of Western Australia
- Consultant Medical Advisor, St John of God Health Care
- Group Director of Medical Services, St John of God Health Care
- Professor of Obstetrics and Gynaecology, University of Western Australia
- Head, Department of Obstetrics, Kind Edward Memorial Hospital for Women
- Head of Department, University of Western Australia
- Chair, Reproductive Technology Council
- Director, University of Notre Dame Australia
- Member Agency Management Committee, Australian Health Practitioner Regulation Agency
- Chair, Western Australian Board of the Medical Board of Australia

Special Responsibilities

- Director of the Australian Medical Council
- Member of Council, Australian Medical Council
- AMC Representative on AHMAC Expert Group: Australian Index of Medical Practitioners

Associate Professor Peter Procopis AM

Qualifications

MBBS (Syd), FRACP

Experience

- President, New South Wales Medical Board
- Chair of the Conduct Committee, New South Wales Medical Board
- Paediatric Neurologist , The Children's Hospital, Westmead
- Clinical Associate Professor, Department of Paediatrics, University of Sydney
- Executive Director, Royal Alexandra Hospital for Children
- Staff Neurologist, Royal Alexandra Hospital for Children
- Visiting Paediatric Neurologist, Westmead Hospital
- President of the Australian College of Paediatrics
- Chair of the Committee for Examinations, Royal Australasian College of Physicians
- Chair of the Board of Continuing Professional Development, Royal Australasian College of Physicians

Special Responsibilities

- Director of the Australian Medical Council (until the AGM, 25 November 2010)
- Member of Council, Australian Medical Council
- Chair of the Joint Medical Boards Advisory Committee
- Member of the Specialist Education Accreditation Committee
- Member of the Competency Based Training Group
- Member of the Working Party to Review Annual Reports
- Senior Examiner

Associate Professor Jillian Sewell AM

Qualifications

MBBS Hons (Melb), FRACP, FAICD

Directors' report (continued)

Australian Medical Council Limited ABN 97 131 796 980

DIRECTORS' REPORT

Experience

- Deputy Director, Centre for Community Child Health, Royal Children's Hospital
- Paediatrician, Principal Specialist, Royal Children's Hospital
- Associate Professor, Department of Paediatrics, University of Melbourne
- Former President, Royal Australasian College of Physicians
- Former Chair, National Institute of Clinical Studies
- Former Member, National Health and Medical Research Council

Special Responsibilities

- Director of the Australian Medical Council
- Member of Council, Australian Medical Council
- Chair of the Specialist Education Accreditation Committee
- Member of the Finance, Audit and Risk Management Committee
- Member of the Recognition of Medical Specialties Advisory Committee
- AMC Representative to the Australian Health Ministers' Advisory Council Project Reference Group: Accreditation of Hospital Posts for Surgical Education and Training

Dr Russell Stitz AM RFD

Qualifications

MBBS, FRACS, FRCS (England), FRCS (Edin) (Hon), FRCST (Hon), FCSHK (Hon) FAMA, ASDA

Experience

- Senior Surgeon, Colorectal Unit Royal Brisbane Hospital and Wesley Hospital.
- Former Professor of Clinical Surgery at Royal Brisbane and Women's Hospital and Head of the Discipline.
- Director of Colorectal Services at Specialist Connect, Professor of Clinical Surgery at Royal Brisbane and Women's Hospital and Head of the Surgical Discipline for the University of Queensland.
- Former Chairman of the Section of Colon and Rectal Surgery of the Royal Australasian College of Surgeons
- Past President of the Colorectal Surgical Society of Australia and New Zealand.
- Former President of the Royal Australasian College of Surgeons
- Former Chairman of the Committee of Presidents of Medical Colleges (CPMC).
- Army Reserve holding the rank of Colonel (Ret) in the Royal Australian Army Medical Corps
- Assistant Commissioner, Medical – Health Quality and Complaints Quality Commission
- Member, Executive of the Queensland Clinical Senate and Chair, Surgical Advisory Committee for Queensland Health
- Member, Board of the Wesley Research Institute

Special Responsibilities

- Director of the Australian Medical Council
- Member of Council, Australian Medical Council
- Member of the Finance, Audit and Risk Management Committee
- Member of the Competence-based Education Working Group

Liability on winding up of Company

The entity is incorporated under the *Corporations Act 2001* and is an entity limited by guarantee. If the entity is wound up, the constitution states that each member is required to contribute a maximum of $10 each towards meeting any outstanding obligations of the entity. At 30 June 2011, the total amount that members of the company are liable to contribute if the company is wound up is $10 (2010: $10).

Directors' report (continued)

Australian Medical Council Limited ABN 97 131 796 980

DIRECTORS' REPORT

Auditor's Independence Declaration

The lead auditor's independence declaration for the year ended 30 June 2011 has been received and can be found on page 11 of the financial report.

Signed in accordance with a resolution of the Directors.

Director

Professor Richard Smallwood AO (Chair)

Dated this 18th day of October 2011

Auditor's independence declaration

pwc

AUDITOR'S INDEPENDENCE DECLARATION UNDER SECTION 307C OF THE *CORPORATIONS ACT 2001* TO THE DIRECTORS OF AUSTRALIAN MEDICAL COUNCIL LIMITED

As lead auditor of the Australian Medical Council Limited for the year ended 30 June 2011, I declare that, to the best of my knowledge and belief, there have been:

i. no contraventions of the auditor independence requirements as set out in the *Corporations Act 2001* in relation to the audit; and

ii. no contraventions of any applicable code of professional conduct in relation to the audit.

This declaration is in respect of the Australian Medical Council Limited during the period.

PricewaterhouseCoopers
Shane Bellchambers
24 October 2011
Canberra, ACT

PricewaterhouseCoopers, ABN 52 780 433 757
44 Sydney Avenue, BARTON ACT 2603
GPO Box 447, CANBERRA ACT 2601
T +61 2 6271 3000, F +61 2 6271 3999, www.pwc.com.au

Statement of comprehensive income for the year ended 30 June 2011

	Note	2011	2010
		$	$
Revenue	2	18,513,832	17,322,300
Other income		356,504	256,395
Total revenue		**18,870,336**	**17,578,695**
Accreditation expenses		1,306,493	911,134
International relations		-	20,013
Examination running expenses		6,058,432	5,716,293
Silver Jubilee publication		20,584	104,361
Publishing expenses		67,630	83,711
Joint Medical Board Advisory Committee expenses		-	180,062
Council committees and executive expenses		489,947	435,159
Employee benefits expense	3	7,513,412	6,697,165
Depreciation expense	3	845,366	823,093
Bank fees and charges		279,739	301,193
Rental expense	3	751,166	845,107
Audit, legal and consultancy expense		190,496	116,392
Administration expense		1,061,387	1,145,231
Other expenses		41,467	5,330
Total expenses		**18,626,119**	**17,384,244**
Surplus		**244,217**	**194,451**
Surplus for the year attributable to the Council		**244,217**	**194,451**

The accompanying notes form part of these financial statements

Statement of financial position as at 30 June 2011

	Note	2011 $	2010 $
Assets			
Current assets			
Cash and cash equivalents	4	1,681,166	762,579
Trade and other receivables	5	276,891	156,280
Inventories	6	108,337	123,089
Financial assets	8	4,857,112	5,430,488
Other assets	7	458,178	399,666
Total current assets		**7,381,684**	**6,872,102**
Non-current assets			
Plant and equipment	9	2,024,676	2,616,914
Intangible assets	10	361,217	260,493
Total non-current assets		**2,385,893**	**2,877,407**
Total assets		**9,767,577**	**9,749,509**
Liabilities			
Current liabilities			
Trade and other payables	11	1,314,053	1,455,072
Borrowings	12	20,189	23,498
Provisions	13	409,062	315,923
Other liabilities	14	3,264,656	3,482,632
Total current liabilities		**5,007,960**	**5,277,125**
Non-current liabilities			
Borrowings	12	25,009	45,241
Provisions	13	279,886	216,638
Total non-current liabilities		**304,895**	**261,879**
Total liabilities		**5,312,855**	**5,539,004**
Net assets		**4,454,722**	**4,210,505**
Equity			
Retained earnings		4,294,435	4,050,218
Reserves		160,287	160,287
Total equity		**4,454,722**	**4,210,505**

The accompanying notes form part of these financial statements

Statement of changes in equity for the year ended 30 June 2011

	Note	Retained earnings	Financial assets reserve	Revaluation reserve	Total
		$	$	$	$
Balance at 1 July 2009		3,855,767	160,287	-	4,016,054
Total comprehensive income for the year					
Surplus attributable to the Council		194,451	-	-	194,451
Total comprehensive income for the year		4,050,218	160,287	-	4,210,505
Balance at 30 June 2010		4,050,218	160,287	-	4,210,505
Balance at 1 July 2010		4,050,218	160,287	-	4,210,505
Total comprehensive income for the year					
Surplus attributable to the Council		244,217	-	-	244,217
Total comprehensive income for the year		4,294,435	160,287	-	4,454,722
Balance at 30 June 2011		4,294,435	160,287	-	4,454,722

The accompanying notes form part of these financial statements

Statement of cash flows for the year ended 30 June 2011

	Note	2011	2010
		$	$
Cash flows from operating activities			
Receipt of grants		1,922,973	2,710,181
Other receipts		17,089,249	16,127,865
Payments to suppliers and employees		(18,618,781)	(16,992,117)
Interest received		329,163	245,375
Net cash generated from operating activities		722,604	2,091,304
Cash flows from investing activities			
Proceeds from sale of property, plant and equipment		11,465	-
Payment for property, plant and equipment		(365,317)	(546,744)
Net cash used in investing activities		(353,852)	(546,744)
Cash flows from financing activities			
Repayment of finance lease commitments		(23,541)	(45,097)
Net cash used in financing activities		(23,541)	(45,097)
Net increase in cash held		345,211	1,499,463
Cash and cash equivalents at beginning of financial year		6,193,067	4,693,604
Cash and cash equivalents at end of financial year	4	**6,538,278**	**6,193,067**

The accompanying notes form part of these financial statements

Notes to the financial statements for the year ended 30 June 2011

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

Note 1: Summary of significant accounting policies

Basis of preparation

Australian Medical Council Limited has elected to early adopt the pronouncements AASB 1053: Application of Tiers of Australian Accounting Standards and AASB 2010–2: Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements to the annual reporting period beginning 1 July 2010.

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards – Reduced Disclosure Requirements of the Australian Accounting Standards Board (AASB) and the *Corporations Act 2001*.

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless otherwise stated.

The financial statements have been prepared on an accruals basis and are based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities.

Accounting policies

(a) Revenue

Grant revenue is recognised in the statement of comprehensive income when the entity obtains control of the grant and it is probable that the economic benefits gained from the grant will flow to the entity and the amount of the grant can be measured reliably.

If conditions are attached to the grant which must be satisfied before it is eligible to receive the contribution, the recognition of the grant as revenue will be deferred until those conditions are satisfied.

When grant revenue is received whereby the entity incurs an obligation to deliver economic value directly back to the contributor, this is considered a reciprocal transaction and the grant revenue is recognised in the state of financial position as a liability until the service has been delivered to the contributor, otherwise the grant is recognised as income on receipt.

Notes to the financial statements for the year ended 30 June 2011

Note 1: Summary of significant accounting policies (continued)

Australian Medical Council Limited receives non-reciprocal contributions of assets from the government and other parties for zero or a nominal value. These assets are recognised at fair value on the date of acquisition in the statement of financial position, with a corresponding amount of income recognised in the statement of comprehensive income.

Donations and bequests are recognised as revenue when received.

Interest revenue is recognised using the effective interest rate method, which for floating rate financial assets is the rate inherent in the instrument. Dividend revenue is recognised when the right to receive a dividend has been established.

Revenue from the rendering of a service is recognised upon the delivery of the service to the customers.

All revenue is stated net of the amount of goods and services tax (GST).

(b) Inventories

Inventories are measured at the lower of cost and current replacement cost. Inventories held for distribution are measured at cost adjusted, when applicable, for any loss of service potential.

Inventories acquired at no cost, or for nominal consideration, are valued at the current replacement cost as at the date of acquisition.

(c) Property, plant and equipment

Each class of property, plant and equipment is carried at cost or fair value as indicated, less, where applicable, accumulated depreciation and impairment losses.

Plant and equipment

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

The carrying amount of plant and equipment is reviewed annually by directors to ensure it is not in excess of the recoverable amount from these assets. The recoverable amount is assessed on the basis of the expected net cash flows that will be received from the asset's employment and subsequent disposal. The expected net cash flows have been discounted to their present values in determining recoverable amounts.

Plant and equipment that have been contributed at no cost, or for nominal cost, are valued and recognised at the fair value of the asset at the date it is acquired.

Depreciation

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

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

Class of fixed asset	Depreciation rate
Plant and equipment	10–33%
Leased plant and equipment	25%

The assets' residual values and useful lives are reviewed, and adjusted if appropriate, at the end of each reporting period.

Each asset class's carrying amount is written down immediately to its recoverable amount if the class's carrying amount is greater than its estimated recoverable amount.

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

(d) Leases

Leases of fixed assets, where substantially all the risks and benefits incidental to the ownership of the asset but not the legal ownership are transferred to the entity, are classified as finance leases.

Finance leases are capitalised, recording an asset and a liability equal to the present value of the minimum lease payments, including any guaranteed residual values.

Leased assets are depreciated on a straight-line basis over their estimated useful lives where it is likely that the entity will obtain ownership of the asset. Lease payments are allocated between the reduction of the lease liability and the lease interest expense for the period.

Lease payments for operating leases, where substantially all the risks and benefits remain with the lessor, are charged as expenses on a straight-line basis over the lease term.

Notes to the financial statements for the year ended 30 June 2011

Note 1: Summary of significant accounting policies (continued)

Lease incentives under operating leases are recognised as a liability and amortised on a straight-line basis over the life of the lease term.

(e) Financial instruments

Initial recognition and measurement

Financial assets and financial liabilities are recognised when the entity becomes a party to the contractual provisions to the instrument. For financial assets, this is equivalent to the date that the company commits itself to either purchase or sell the asset (ie trade date accounting is adopted). Financial instruments are initially measured at fair value plus transactions costs except where the instrument is classified "at fair value through profit or loss" in which case transaction costs are expensed to profit or loss immediately.

Classification and subsequent measurement

Financial instruments are subsequently measured at fair value, amortised cost using the effective interest rate method or cost. *Fair value* represents the amount for which an asset could be exchanged or a liability settled, between knowledgeable, willing parties. Where available, quoted prices in an active market are used to determine fair value. In other circumstances, valuation techniques are adopted.

Amortised cost is calculated as:

(i) the amount at which the financial asset or financial liability is measured at initial recognition;

(ii) less principal repayments;

(iii) plus or minus the cumulative amortisation of the difference, if any, between the amount initially recognised and the maturity amount calculated using the *effective interest method*; and

(iv) less any reduction for impairment.

The *effective interest method* is used to allocate interest income or interest expense over the relevant period and is equivalent to the rate that exactly discounts estimated future cash payments or receipts (including fees, transaction costs and other premiums or discounts) through the expected life (or when this cannot be reliably predicted, the contractual term) of the financial instrument to the net carrying amount of the financial asset or financial liability. Revisions to expected future net cash flows will necessitate an adjustment to the carrying value with a consequential recognition of an income or expense in profit or loss.

(i) Financial assets at fair value through profit or loss

Financial assets are classified at "fair value through profit or loss" when they are held for trading for the purpose of short-term profit taking, or where they are derivatives not held for hedging purposes, or when they are designated as such to avoid an accounting mismatch or to enable performance evaluation where a group of financial assets is managed by key management personnel on a fair value basis in accordance with a documented risk management or investment strategy. Such assets are subsequently measured at fair value with changes in carrying value being included in profit or loss.

(ii) Loans and receivables

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

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

(iii) Held-to-maturity investments

Held-to-maturity investments are non-derivative financial assets that have fixed maturities and fixed or determinable payments, and it is the entity's intention to hold these investments to maturity. They are subsequently measured at amortised cost.

Held-to-maturity investments are included in non-current assets, except for those which are expected to mature within 12 months after the end of the reporting period. (All other investments are classified as current assets.)

If during the period the company sold or reclassified more than an insignificant amount of the held-to-maturity investments before maturity, the entire held-to-maturity investments category would be tainted and reclassified as available-for-sale.

(iv) Available-for-sale financial assets

Available-for-sale financial assets are non-derivative financial assets that are either not capable of being classified into other categories of financial assets due to their nature, or they are designated as such by management. They comprise investments in the equity of other entities where there is neither a fixed maturity nor fixed or determinable payments. Such assets are subsequently measured at fair value.

Notes to the financial statements for the year ended 30 June 2011

Note 1: Summary of significant accounting policies (continued)

Available-for-sale financial assets are included in non-current assets, except for those which are expected to be disposed of within 12 months after the end of the reporting period. (All other financial assets are classified as current assets.)

(v) Financial liabilities

Non-derivative financial liabilities (excluding financial guarantees) are subsequently measured at amortised cost.

Fair value

Fair value is determined based on current bid prices for all quoted investments. Valuation techniques are applied to determine the fair value for all unlisted securities, including recent arm's length transactions, reference to similar instruments and option pricing models.

Impairment

At the end of each reporting period, the entity assesses whether there is objective evidence that a financial instrument has been impaired. In the case of available-for-sale financial instruments, a prolonged decline in the value of the instrument is considered to determine whether an impairment has arisen. Impairment losses are recognised in the statement of comprehensive income.

Derecognition

Financial assets are derecognised where the contractual rights to receipt of cash flows expire or the asset is transferred to another party whereby the entity no longer has any significant continuing involvement in the risks and benefits associated with the asset. Financial liabilities are derecognised where the related obligations are discharged, cancelled or expired. The difference between the carrying value of the financial liability, which is extinguished or transferred to another party, and the fair value of consideration paid, including the transfer of non-cash assets or liabilities assumed, is recognised in profit or loss.

(f) Impairment of assets

At the end of each reporting period, the entity reviews the carrying values of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, is compared to the asset's carrying value. Any excess of the asset's carrying value over its recoverable amount is expensed to the statement of comprehensive income.

Where the future economic benefits of the asset are not primarily dependent upon the asset's ability to generate net cash inflows and when the entity would, if deprived of the asset, replace its remaining future economic benefits, value in use is determined as the depreciated replacement cost of an asset.

Where it is not possible to estimate the recoverable amount of a class of assets, the entity estimates the recoverable amount of the cash-generating unit to which the class of assets belong.

Where an impairment loss on a revalued asset is identified, this is debited against the revaluation surplus in respect of the same class of asset to the extent that the impairment loss does not exceed the amount in the revaluation surplus for that same class of asset.

(g) Employee benefits

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

Contributions are made by the entity to an employee superannuation fund and are charged as expenses when incurred.

(h) Cash and cash equivalents

Cash and cash equivalents include cash on hand, deposits held at call with banks, other short-term highly liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within short-term borrowings in current liabilities on the statement of financial position.

(i) Goods and services tax (GST)

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

Notes to the financial statements for the year ended 30 June 2011

Note 1: Summary of significant accounting policies (continued)

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

(j) Income tax

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

(k) Intangibles

Software

Software is recorded at cost. Software has a finite life and is carried at cost less any accumulated amortisation and impairment losses. It has an estimated useful life of between one and three years. It is assessed annually for impairment.

(l) Provisions

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

(m) Comparative figures

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

When an entity applies an accounting policy retrospectively, makes a retrospective restatement or reclassifies items in its financial statements, a statement of financial position as at the beginning of the earliest comparative period must be disclosed.

(n) Trade and other payables

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

(o) Critical accounting estimates and judgments

The directors evaluate estimates and judgments incorporated into the financial statements based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the company.

Key estimates – Impairment

The Company assesses impairment at each reporting date by evaluating conditions specific to the Company that may lead to impairment of assets. Where an impairment trigger exists, the recoverable amount of the asset is determined. Fair value less costs to sell or current replacement cost calculations performed in assessing recoverable amounts incorporate a number of key estimates.

Key estimates – Provision for impairment

The Directors believe that the full amount of trade and other receivables are recoverable and no doubtful debt provision has been made at 30 June 2011.

The financial statements were authorised for issue on 18 October 2011 by the directors of the company.

Notes to the financial statements for the year ended 30 June 2011

Note 2: Revenue and other income

	2011	2010
	$	$
Revenue		
Revenue from government grants and other grants:		
– Commonwealth government grants	520,264	557,574
– Commonwealth special grant	250,794	558,612
– Commonwealth grant for recognition of medical specialities	451,882	440,680
– Commonwealth grant for accreditation of specialist education	590,697	576,291
– Medical Board of Australia special grant	109,336	-
– State Medical Boards grant	-	577,024
	1,922,973	2,710,181
Other revenue:		
– Accreditation fees	839,951	501,063
– Examination fees	14,927,730	13,098,013
– Sale of publication	562,337	720,600
– Miscellaneous revenue	260,841	292,443
	16,590,859	14,612,119
Total revenue	18,513,832	17,322,300
Other income		
– Gain on disposal of property, plant and equipment	1,514	-
– Interest	354,990	256,395
Total other income	356,504	256,395
Total revenue and other income	18,870,336	17,578,695

Notes to the financial statements for the year ended 30 June 2011

Note 3: Surplus for the year

Surplus for the year has been determined after charging the following items:

	2011	2010
	$	$
Expenses		
Employee benefits expense	7,513,412	6,697,165
Depreciation:		
– Office equipment	37,378	46,383
– Furniture and fittings	78,614	80,223
– Computer equipment	212,929	246,224
– Software	82,788	38,181
_ Leasehold improvements	415,526	389,000
– Leased assets	18,131	23,082
Total depreciation and amortisation	845,366	823,093
Rental expense on operating leases	751,166	845,107

Notes to the financial statements for the year ended 30 June 2011

Note 4: Cash and cash equivalents

	2011	2010
	$	$
Current		
Cash on hand	1,500	1,500
Cash at bank	1,679,666	761,079
	1,681,166	762,579

Reconciliation to cash at the end of the year

The above figures are reconciled to cash at the end of the financial year as shown in the statement of cash flows as follows:

	2011	2010
	$	$
Balances as above	1,681,166	762,579
Financial assets at fair value through profit or loss	4,857,112	5,430,488
Balances per statement of cash flows	6,538,278	6,193,067

Note 5: Trade and other receivables

	2011	2010
	$	$
Current		
Trade receivables	199,266	45,688
Provision for impairment	-	-
	199,266	45,688
Other receivables	77,625	110,592
Total current trade and other receivables	276,891	156,280

Notes to the financial statements for the year ended 30 June 2011

Note 6: Inventories

	2011	2010
	$	$
Current		
At cost:		
Inventory	108,337	123,089
	108,337	123,089

Note 7: Other assets

	2011	2010
	$	$
Current		
Accrued income	367,775	369,510
Prepayments	90,403	30,156
	458,178	399,666

Note 8: Financial assets

	2011	2010
	$	$
Current		
Financial assets at fair value through profit or loss	4,857,112	5,430,488
	4,857,112	5,430,488

Financial assets are comprised of term deposits with banks, and short term money market investments with banks.

Notes to the financial statements for the year ended 30 June 2011

Note 9: Property, plant and equipment

	2011	2010
	$	$
Plant and equipment		
Computer equipment:		
At cost	1,018,391	1,071,494
Less accumulated depreciation	(810,402)	(683,686)
	207,989	387,808
Office equipment:		
At cost	311,893	266,924
Less accumulated depreciation	(231,280)	(172,017)
	80,613	94,907
Furniture and fittings:		
At cost	355,299	343,012
Less accumulated depreciation	(206,413)	(127,801)
	148,886	215,211
Leasehold improvement:		
At cost	2,471,882	2,370,024
Less accumulated depreciation	(922,039)	(506,512)
	1,549,843	1,863,512
Leased assets		
At cost	90,661	114,435
Less accumulated depreciation	(53,316)	(58,959)
	37,345	55,476
Total property, plant and equipment	**2,024,676**	**2,616,914**

Movements in carrying amounts

Movement in the carrying amounts for each class of property, plant and equipment between the beginning and the end of the current financial year:

	Computer equipment	Office equipment	Furniture and fittings	Leasehold improvement	Leased assets	Total
	$	$	$	$	$	$
Balance at 1 July 2010	387,808	94,907	215,211	1,863,511	55,476	2,616,913
Additions at cost	44,574	23,084	12,289	101,858	-	181,805
Disposals	(97,679)	(1,890)	-	-	(23,774)	(123,343)
Depreciation expenses	(212,929)	(37,378)	(78,614)	(415,526)	(18,131)	(762,578)
Depreciation written back	86,215	1,890	-	-	23,774	111,879
Carrying amount at the end of year	207,989	80,613	148,886	1,549,843	37,345	2,024,676

Notes to the financial statements for the year ended 30 June 2011

Note 10: Intangible assets

	2011	2010
	$	$
Computer software – at cost	579,024	395,512
Accumulated amortisation	(217,807)	(135,019)
Net carrying value	361,217	260,493

Movements in carrying amounts

Movement in the carrying amounts for intangibles between the beginning and the end of the current financial year:

	Computer software
	$
2011	
Balance at the beginning of the year	260,493
Additions	183,512
Disposals	-
Amortisation charge	(82,788)
Depreciation written back	-
	361,217

Notes to the financial statements for the year ended 30 June 2011

Note 11: Trade and other payables

	2011	2010
	$	$
Current		
Trade payables	34,779	61,527
Deferred income	509,336	788,225
Other current payables	46,649	21,599
Employee benefits	723,289	583,721
	1,314,053	1,455,072

Financial liabilities at amortised cost included in trade and other payables

Trade and other payables:		
– total current	1,314,053	1,455,072
	1,314,053	1,455,072
Less deferred income	(509,336)	(788,225)
Less annual leave entitlements	(723,289)	(583,721)
Financial liabilities included in trade and other payables	81,428	83,126

Note 12: Borrowings

	2011	2010
	$	$
Current		
Lease liabilities	20,189	23,498
Non-current		
Lease liabilities	25,009	45,241
Total borrowings	45,198	68,739

Leased liabilities are secured by the underlying leased assets.

Notes to the financial statements for the year ended 30 June 2011

Note 13: Provisions

	Movement in provisions
	$
Opening balance at 1 July 2010	569,083
Additional provisions raised during year	119,865
Amounts used	-
Balance at 30 June 2011	688,948

	2011	2010
	$	$
Analysis of total provisions		
Current	409,062	315,923
Non-current	279,866	216,638
	688,948	532,561

Provision for long-term employee benefits

A provision has been recognised for employee entitlements relating to long service leave. In calculating the present value of future cash flows in respect of long service leave, the probability of long service leave being taken is based on historical data. The measurement and recognition criteria relating to employee benefits have been included in Note 1.

Notes to the financial statements for the year ended 30 June 2011

Note 14: Other liabilities

	2011	2010
	$	$
Current		
Examination fees received in advance	3,264,656	3,482,632
	3,264,656	3,482,632

Note 15: Capital and leasing commitments

		2011	2010
		$	$
a.	**Finance lease commitments**		
	Payable – minimum lease payments:		
	– not later than 12 months	20,189	23,497
	– later than 12 months but not later than five years	25,009	45,242
	Minimum lease payments	45,198	68,739

Finance leases of which there are 5 (2010: 7), commencing between October 2007 and March 2009 are five-year leases all with an option to purchase at the end of the lease term. No debt covenants or other such arrangements are in place.

		2011	2010
		$	$
b.	**Operating lease commitments**		
	Non-cancellable operating leases contracted for but not capitalised in the financial statements		
	Payable – minimum lease payments:		
	– not later than 12 months	734,862	772,134
	– later than 12 months but not later than five years	2,015,152	2,715,208
		2,750,014	3,487,342

Notes to the financial statements for the year ended 30 June 2011

Note 16: Contingent liabilities and contingent assets

The Council has not identified any contingent assets or liabilities that are either measurable or probable.

Note 17: Events After the reporting period

There were no reportable events after the reporting period.

Note 18: Key management personnel compensation

The totals of remuneration paid to key management personnel (KMP) of the company during the year are as follows:

	2011	2010
	$	$
Key management personnel compensation	721,111	613,134

Note 19: Related party transactions

There were no related party transactions during the financial year.

Note 20: Liability on winding up of the company

The entity is incorporated under the *Corporations Act 2001* and is an entity limited by guarantee. If the entity is wound up, the constitution states that each member is required to contribute a maximum of $10 each towards meeting any outstanding obligations of the entity. At 30 June 2011, the total amount that members of the company are liable to contribute if the company is wound up is $10 (2010: $10)

Notes to the financial statements for the year ended 30 June 2011

Note 21: Financial risk management

The company's financial instruments consist mainly of deposits with banks, local money market instruments, short-term investments, accounts receivable and payable, and leases.

The totals for each category of financial instruments, measured in accordance with AASB 139 as detailed in the accounting policies to these financial statements, are as follows:

	2011	2010
	$	$
Financial assets		
Cash and cash equivalents	1,681,166	762,579
Loans and receivables	735,069	555,946
Financial assets at fair value through profit or loss	4,857,112	5,430,488
Total financial assets	7,273,347	6,749,013
Financial liabilities		
Financial liabilities at amortised cost:		
– trade and other payables	81,428	83,126
– borrowings	45,198	68,739
Total financial liabilities	126,626	151,865

Net fair values

(i) For listed available-for-sale financial assets and financial assets at fair value through profit or loss the fair values have been based on closing quoted bid prices at the end of the reporting period.

In determining the fair values of the unlisted available-for-sale financial assets, the directors have used inputs that are observable either directly (as prices) or indirectly (derived from prices).

(ii) Fair values of held-to-maturity investments are based on quoted market prices at the ending of the reporting period.

(iii) The fair values of finance leases are determined using a discounted cash flow model incorporating current commercial borrowing rates.

Note 22: Reserves

a. Revaluation surplus

The revaluation surplus records the revaluations of non-current assets.

b. Financial assets reserve

The financial assets reserve records revaluation increments and decrements (that do not represent impairment write-downs) that relate to financial assets that are classified as available-for-sale.

Directors' declaration

Australian Medical Council Limited ABN 97 131 796 980

DIRECTORS' DECLARATION

The Directors of the Company declare that:

1. The financial statements and notes, as set out on pages 12 to 28, are in accordance with the *Corporations Act 2001* and:

   (a) comply with Accounting Standards and the Corporations Regulations 2001;

   (b) give a true and fair view of the financial position as at 30 June 2011 and of the performance for the year ended on that date of the Company;

2. In the Directors' opinion there are reasonable grounds to believe that the Company will be able to pay its debts as and when they become due and payable.

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

Director

Professor Richard Smallwood AO (Chair)

Dated this 18th day of October 2011

Independent auditor's report

pwc

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF AUSTRALIAN MEDICAL COUNCIL LIMITED

Report on the financial report

We have audited the accompanying financial statements of Australian Medical Council Limited (the company), which comprises the statement of financial position as at 30 June 2011 and statement of comprehensive income, statement of changes in equity and statement of cash flows for the year ended on that date, a summary of significant accounting policies and other explanatory notes and the directors' declaration.

Directors' Responsibility for the Financial Statements

The directors of the company are responsible for the preparation and fair presentation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – Reduced Disclosure Requirements (including Australian Accounting Interpretations) and the *Corporations Act 2001* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the company's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the company's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

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

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44 Sydney Avenue, BARTON ACT 2603
GPO Box 447, CANBERRA ACT 2601
T +61 2 6271 3000, F +61 2 6271 3999, www.pwc.com.au

Independent auditor's report (continued)

pwc

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF AUSTRALIAN MEDICAL COUNCIL LIMITED (CONT'D)

Independence

In conducting our audit, we have complied with the independence requirements of the *Corporations Act 2001*.

Auditor's Opinion

In our opinion, the financial statements of Australian Medical Council Limited is in accordance with the *Corporations Act 2001*, including:

a. giving a true and fair view of the company's financial position as at 30 June 2011 and of their performance for the year ended on that date; and

b. complying with Australian Accounting Standards – Reduced Disclosure Requirements (including the Australian Accounting Interpretations) and the *Corporations Regulations 2001*.

PricewaterhouseCoopers
Shane Bellchambers
24 October 2011
Canberra, ACT

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Appendices

Appendix A: Council members and directors

The following lists show the members and directors of the Council at 31 December 2011.

Members

Prof R Smallwood AO (President)
Prof R Mortimer AO (Deputy President)
Dr R Ashby AM
Prof R Doherty
Prof D Ellwood
Dr G Kesby
Mr A Kinkade
Mr W Lawrence AM
Prof K Leslie
Mr M McLaughlin
Dr R McRae
Prof C Michael AO
Mr M Millgate
Dr A Perry
Ms D Potter
Dr K Rooney
Prof T Sen Gupta
Assoc Prof J Sewell AM
Prof P Smith
Prof A Tonkin
Ms D Walsh
Prof S Willcock
Dr G Wood

Directors

Prof R Smallwood AO (President)
Prof R Mortimer AO (Deputy President)
Prof R Doherty
Prof D Ellwood
Mr I Frank
Prof C Michael AO
Dr K Rooney
Assoc Prof J Sewell AM
Dr G Wood

Appendix B: Committee members

The following lists show committee membership at 31 December 2011.

Medical School Accreditation Committee

Prof D Ellwood (Chair)
Prof P Ellis (Deputy Chair)
Prof J Angus AO
Prof J Beilby
Prof P Crampton
Ms B Daniels
Prof B Jolly
Dr F Joske
Prof J Kolbe
Mr R Marshall
Prof R Murray
Prof G Thompson
Prof A Tonkin
Dr P White

Specialist Education Accreditation Committee

Assoc Prof J Sewell AM (Chair)
Dr A Fraser
Prof G Frost
Prof M Kidd AM
Prof K Leslie
Mr R McGowan
Dr L MacPherson
Dr R McRae
Prof R Mortimer AO
Dr A Perry
Ms D Potter
Dr A Singer
Dr P White
Prof A Wilson

Recognition of Medical Specialties Advisory Committee

Prof R Mortimer AO (Chair)
Dr R Ashby AM
Dr J Adams
Prof M Bassett
Prof I Gough
Ms J Graham AM
Ms T Greenway
Dr D Jeacocke
Dr O Khorshid
Dr L MacPherson
Prof G Metz AM
Prof R Murray
Assoc Prof J Sewell AM
Dr A Singer
Dr E Weaver

Finance, Audit and Risk Management Committee

Mr G Knuckey (Chair)
Assoc Prof J Sewell AM
Prof R Smallwood AO
Dr G Wood

Board of Examiners

Prof R Doherty (Chair)
Prof J Barnard
Prof A Braunack-Mayer
Assoc Prof AJ Buzzard
Assoc Prof P Devitt
Dr J Gillies
Dr R Glass
Dr P Harris
Prof P Hay
Dr F Hume
Prof M Kidd AM
Prof V Marshall
Prof B McGrath
Prof B Nair AM
Dr D Neill
Dr M Oldmeadow
Prof N Paget
Prof C Pond
Dr K Sundquist
Dr R Sweet AM
Dr P Vine
Assoc Prof B Yeo

Strategic Policy Advisory Committee

Prof R Smallwood AO (Chair)
Prof J Angus AO
Mr P Forster
Mr I Frank
Prof J Greeley
Prof R Mortimer AO
Dr M Naidoo
Mr J Ramsay
Prof L Sansom AO
Prof L Segal
Ms T Walters

Appendix C: Staff list

The following list shows AMC staff at 31 December 2011.

Executive

Chief Executive Officer
Ian Frank

Deputy Chief Executive Officer
Theanne Walters

Executive Support

Senior Executive Assistant
Wendy Schubert

Executive Assistant
Sawyer Trice

Policy Analyst (Corporate Services)
Rebecca Travers

Senior Executive Officer
Peggy Sanders

Travel Officers
Jennefer Snell
Dhanushka Keenagahapitiya

Corporate Services

Project Manager
Julie Givens

Human Resources Manager
Alison Howard

Human Resources Coordinator
John Akuak

Finance Manager
Ravi Wickramaratna

Accounts Supervisor
Jeremy Holley

Payroll Officer
Deborah Banks

Accounts Receivable Clerk
Christine Thompson

Accounts Payable Clerk
Santhosh Moorkoth

Administration Assistant
Wendy Studman

Manager Administrative Services
Caroline Watkin

Assistant Officer Coordinator
Jane McGovern

Administration Officers
Frank Pavey
Michelle Edmonds
Helen Slat
Rachel Martin
Nicole Wilson

Project Officer
Jarrod Bradley

Records Manager
Gillian Drew

Chief Information Officer
Stephen Hinwood

IT Systems Manager
John Hunter

Information Systems Administrators
Matt Kendrick
Andrew Cole
Brenden Wood

Programmers
Eddie Ridwan (Team leader)
Kevin Ng
Michael McDonald
Kapila Chaplot
Jared Fraser
Dionne Saunders

Accreditation and Recognition

Senior Executive Officer Research and International Developments
Trevor Lockyer

Program Manager, Medical Education and Accreditation Services
Annette Wright

Manager Medical School Assessment
Stephanie Tozer

Accreditation Officer
Sarah Yoho

Medical School Assessment Officer
Sarah Vaughan

Accreditation Support Assistant
Jessica Tipping

Accreditation Project Officer
Liesl Perryman

Research and Policy Analyst
Dianna Kidgell

Manager, Specialist Training and Program Assessment
Jane Porter

Policy Officer Accreditation
Anthea Kerrison

Accreditation Administrator
Tamai Heaton

Assessment Services

Program Director AMC Examination Development and Risk Management
Susan Buick

Development Officer MCQ and Risk Management
Josie Cunningham

Project Manager (Multimedia)
Martin Jagodzki

Publications Editor
Lorraine Lebel

Publications Clerk
Matthew Haggan

Manager Clinical Examination
Stacey Yeats

Clinical Examination Coordinators
Amanda Murphy
Sarah Anderson

Clinical Examination Administrators
Andrew Hing
Lucy Nelson
Meagan Miller
James Alderson
Simone Horvat
Amanda Room

Project Officer Clinical Examinations and Workplace-based Assessment
Robin Dearlove

Manager MCQ Examination
Megan Lovett

MCQ Examination Administrators
Karan Hazell
Karoline Dawe

List continues

Manager, Assessment Services Support
Zuzette Van Vuuren

Assessment Services Support Officer
Kylie Edwards

Primary Source Verification Clerks
Ashley Bowley
Wendy Zhuang
Nancy Van Bael
Rachelle McVey
Elissa McGurgan

Primary Source Verification Administration Assistant
Tegan Michelin-Jones

Service Desk Operators
Ana Maljevac
Helen Rakowski
Carol Ford
Janya Eighani
Gail Emery

Competent Authority Primary Source Verification Officer
Slavica Petreska

Competent Authority Primary Source Verification Clerks
Irina Gomanyuk
Kaylene Tanti

Appendix D: Nonspecialist statistics

The abbreviations used in Table D1 refer to competent authority examinations and assessment systems as follows:

- PLAB—Professional and Linguistic Assessments Board examination of the United Kingdom
- MCC—Medical Council of Canada Licensing Examination
- USMLE—United States Medical Licensing Examination
- NZREX—New Zealand Registration Examination
- GMCUK—General Medical Council–accredited medical school in the United Kingdom
- MCI—Medical Council of Ireland–accredited medical school in Ireland.

Table D1 Competent Authority Pathway statistics, by country of training, 2011

	Number of applications received, by competent authority								
Country of training	**PLAB**	**MCC**	**USMLE**	**NZREX**	**GMCUK**	**MCI**	**Applications**	**Advanced Standing issued**	**AMC Certificate issued**
Albania	0	0	0	0	0	0	0	0	1
Algeria	1	0	0	0	0	0	1	1	0
Armenia	0	0	0	0	0	0	0	0	1
Australia	0	0	0	0	0	0	1	0	0
Bangladesh	1	1	0	2	0	0	5	4	6
Belarus	1	0	0	0	0	0	1	2	0
Bolivia	1	0	0	0	0	0	1	1	1
Canada	0	18	0	0	0	0	24	21	3
China	0	0	1	0	0	0	1	2	1
Colombia	0	0	0	0	0	0	0	0	1
Czech Republic	0	0	0	0	0	0	0	0	1
Dominica	0	0	1	0	0	0	1	2	0
Egypt	1	7	0	2	0	0	10	10	4
Fiji	0	0	0	0	0	0	0	0	1
Germany	0	0	1	0	0	0	1	1	0

Table continues

	Number of applications received, by competent authority								
Country of training	**PLAB**	**MCC**	**USMLE**	**NZREX**	**GMCUK**	**MCI**	**Applications**	**Advanced Standing issued**	**AMC Certificate issued**
Grenada	1	0	1	0	0	0	2	2	0
India	31	2	4	9	1	0	56	55	35
Iran	2	6	0	0	0	0	10	8	0
Iraq	1	4	0	5	0	0	13	11	6
Ireland	0	0	0	0	1	175	199	189	87
Jordan	2	0	0	0	0	0	2	1	1
Libya	0	0	0	0	0	0	1	0	0
Lithuania	0	0	0	0	0	0	1	0	0
Malaysia	2	0	0	0	0	0	3	2	0
Moldova	0	1	0	0	1	0	2	1	0
Myanmar	3	0	0	0	0	0	3	4	3
Nepal	0	1	0	0	0	0	1	1	1
Nigeria	4	4	0	2	0	0	16	11	5
Pakistan	15	13	2	2	0	0	38	36	10
Philippines	1	1	0	1	0	0	3	3	3
Romania	0	0	0	0	0	0	1	0	3
Russia	1	1	1	0	0	0	5	2	1
Saba	0	1	0	0	0	0	1	1	0
Saint Kitts and Nevis	0	0	1	0	0	0	1	1	0
Saudi Arabia	0	0	1	0	0	0	1	1	0
Serbia	0	0	0	1	0	0	1	1	1
Sint Maarten	0	0	1	0	0	0	1	1	0
South Africa	0	3	0	0	0	0	8	3	3
Sri Lanka	4	3	0	3	0	0	12	12	5

	Number of applications received, by competent authority								
Country of training	**PLAB**	**MCC**	**USMLE**	**NZREX**	**GMCUK**	**MCI**	**Applications**	**Advanced Standing issued**	**AMC Certificate issued**
Sudan	1	0	0	0	0	0	4	0	0
Syria	0	1	0	0	0	0	1	1	0
Tanzania	0	0	0	0	0	0	0	0	1
Trinidad and Tobago	0	0	0	0	0	0	0	0	1
Turkey	0	1	0	0	0	0	1	2	1
Ukraine	1	2	2	0	0	0	6	6	1
United Kingdom	0	0	0	0	841	2	933	939	281
USA	0	0	23	0	0	0	27	24	5
Zambia	1	0	0	0	0	0	1	1	1
Zimbabwe	1	0	0	0	0	0	1	0	0
Total	**76**	**70**	**39**	**27**	**844**	**177**	**1,401**	**1,363**	**475**

Table D2 AMC CAT MCQ Examination: passes by country of training and number of attempts, 2011

Country of training	Sat 1	Sat 2	Sat 3	Sat 4 +	Total	Pass 1	Pass 2	Pass 3	Pass 4 +	Total
Afghanistan	5	1	1	0	7	2	1	0	0	3
Albania	1	1	0	0	2	0	1	0	0	1
Algeria	1	0	0	0	1	0	0	0	0	0
Argentina	1	0	0	2	3	1	0	0	1	2
Austria	3	1	1	0	5	3	1	1	0	5
Bangladesh	100	50	21	19	190	51	24	11	8	94
Belarus	6	0	1	0	7	3	0	1	0	4
Belgium	0	0	0	1	1	0	0	0	0	0
Bosnia-Herzegovina	1	0	0	0	1	0	0	0	0	0
Brazil	10	1	0	4	15	9	1	0	1	11
Bulgaria	0	0	0	3	3	0	0	0	0	0
Cambodia	0	1	0	0	1	0	1	0	0	1
Cameroon	1	0	0	0	1	1	0	0	0	1
Canada	0	1	0	0	1	0	1	0	0	1
Chile	1	0	0	0	1	1	0	0	0	1
China	75	25	19	17	136	37	9	6	6	58
Colombia	10	2	0	2	14	7	1	0	0	8
Costa Rica	1	0	0	0	1	1	0	0	0	1
Cuba	0	0	2	0	2	0	0	1	0	1
Czech Republic	0	0	0	1	1	0	0	0	0	0
Democratic Republic of the Congo	1	0	0	0	1	0	0	0	0	0
Denmark	1	0	0	0	1	1	0	0	0	1
Dominica	0	0	1	0	1	0	0	0	0	0
Egypt	64	31	7	7	109	36	9	3	1	49
El Salvador	0	1	0	0	1	0	0	0	0	0
Ethiopia	2	0	0	0	2	2	0	0	0	2
Fiji	12	3	2	3	20	1	1	2	2	6

Country of training	Sat 1	Sat 2	Sat 3	Sat 4 +	Total	Pass 1	Pass 2	Pass 3	Pass 4 +	Total
Finland	1	0	0	0	1	1	0	0	0	1
Germany	20	3	1	0	24	18	2	1	0	21
Ghana	5	0	0	0	5	1	0	0	0	1
Greece	1	0	0	1	2	1	0	0	1	2
Grenada	1	0	1	0	2	0	0	1	0	1
Guatemala	1	2	1	0	4	0	0	1	0	1
Honduras	1	0	0	0	1	0	0	0	0	0
Hong Kong	2	0	0	0	2	1	0	0	0	1
Hungary	3	1	0	1	5	3	1	0	1	5
India	262	107	45	62	476	158	43	22	16	239
Indonesia	14	8	4	2	28	0	4	1	0	5
Iran	142	46	14	13	215	91	24	6	4	125
Iraq	53	19	6	1	79	37	8	4	1	50
Ireland	7	1	0	0	8	7	0	0	0	7
Italy	1	1	1	4	7	1	0	0	0	1
Jamaica	1	0	0	0	1	1	0	0	0	1
Japan	2	1	0	0	3	1	1	0	0	2
Jordan	14	0	1	0	15	10	0	0	0	10
Kazakhstan	2	1	0	0	3	2	1	0	0	3
Kenya	2	1	0	0	3	1	0	0	0	1
Kosovo	1	1	1	1	4	0	0	0	0	0
Kuwait	1	0	0	0	1	1	0	0	0	1
Kyrgyzstan	3	0	0	0	3	1	0	0	0	1
Latvia	4	1	0	0	5	2	1	0	0	3
Lebanon	2	0	0	0	2	1	0	0	0	1
Libya	10	2	1	0	13	8	1	0	0	9
Lithuania	2	0	0	0	2	1	0	0	0	1
Macedonia	1	1	0	0	2	0	0	0	0	0
Malawi	1	0	0	0	1	1	0	0	0	1
Malaysia	45	7	1	1	54	39	5	0	0	44

Table continues

Country of training	Sat 1	Sat 2	Sat 3	Sat 4 +	Total	Pass 1	Pass 2	Pass 3	Pass 4 +	Total
Malta	2	1	0	0	3	2	1	0	0	3
Mauritius	1	0	0	0	1	1	0	0	0	1
Mexico	1	3	0	0	4	1	0	0	0	1
Morocco	1	0	0	0	1	1	0	0	0	1
Mozambique	2	0	0	0	2	2	0	0	0	2
Myanmar	134	28	5	6	173	99	20	2	1	122
Nepal	15	10	5	3	33	8	4	2	1	15
Netherlands	8	1	0	0	9	5	1	0	0	6
Nigeria	54	10	8	8	80	21	2	2	2	27
Oman	6	2	0	0	8	5	2	0	0	7
Pakistan	188	57	27	20	292	104	27	12	7	150
Palestinian Authority	4	0	0	0	4	4	0	0	0	4
Papua New Guinea	1	3	1	0	5	0	1	0	0	1
Paraguay	1	0	0	0	1	0	0	0	0	0
Peru	1	1	0	0	2	1	1	0	0	2
Philippines	68	29	22	45	164	21	14	6	9	50
Poland	3	3	0	0	6	1	2	0	0	3
Portugal	1	0	0	0	1	1	0	0	0	1
Romania	4	3	1	3	11	0	1	0	1	2
Russia	48	30	16	11	105	19	11	7	5	42
Rwanda	1	0	0	0	1	0	0	0	0	0
Saint Kitts and Nevis	4	0	0	0	4	1	0	0	0	1
Saint Lucia	1	0	0	0	1	0	0	0	0	0
Samoa	3	0	0	0	3	3	0	0	0	3
Saudi Arabia	4	3	1	2	10	2	2	0	0	4
Serbia	1	0	0	0	1	1	0	0	0	1
Seychelles	2	0	0	0	2	0	0	0	0	0
Sint Maarten	1	0	0	0	1	1	0	0	0	1
Slovak Republic	3	0	0	1	4	2	0	0	0	2
South Africa	24	6	4	0	34	15	2	4	0	21

Country of training	Sat 1	Sat 2	Sat 3	Sat 4 +	Total	Pass 1	Pass 2	Pass 3	Pass 4 +	Total
South Korea	9	2	0	2	13	5	2	0	0	7
Spain	0	1	0	0	1	0	1	0	0	1
Sri Lanka	148	29	5	5	187	112	19	3	3	137
Sudan	16	0	3	6	25	9	0	1	0	10
Switzerland	2	0	0	0	2	2	0	0	0	2
Syria	3	1	1	0	5	1	1	1	0	3
Taiwan	3	1	1	0	5	0	1	1	0	2
Tajikistan	1	0	1	0	2	1	0	0	0	1
Tanzania	0	0	0	2	2	0	0	0	0	0
Thailand	2	0	0	0	2	2	0	0	0	2
Trinidad and Tobago	2	0	0	0	2	1	0	0	0	1
Tunisia	1	0	0	0	1	0	0	0	0	0
Turkey	1	1	1	0	3	0	1	0	0	1
Uganda	1	0	0	0	1	1	0	0	0	1
Ukraine	26	16	8	11	61	8	6	2	2	18
United Arab Emirates	1	1	0	0	2	1	1	0	0	2
United Kingdom	1	0	0	0	1	0	0	0	0	0
USA	2	0	0	0	2	2	0	0	0	2
USSR	0	0	0	1	1	0	0	0	1	1
Uzbekistan	2	0	0	0	2	1	0	0	0	1
Venezuela	1	1	2	0	4	0	0	1	0	1
Viet Nam	4	1	2	3	10	1	1	0	1	3
Yemen	3	0	0	0	3	2	0	0	0	2
Zambia	1	0	0	0	1	0	0	0	0	0
Zimbabwe	7	3	0	0	10	1	1	0	0	2
Total	**1,725**	**568**	**246**	**274**	**2,813**	**1,015**	**266**	**105**	**75**	**1,461**

Table D3 AMC Clinical Examination, passes by country of training and number of attempts, 2011

Country of training	Sat 1	Sat 2	Sat 3	Sat 4 +	Total	Pass 1	Pass 2	Pass 3	Pass 4 +	Total
Afghanistan	1	4	1	0	6	0	1	0	0	1
Albania	1	1	0	0	2	0	1	0	0	1
Argentina	1	0	0	0	1	1	0	0	0	1
Armenia	2	0	0	0	2	1	0	0	0	1
Austria	1	1	0	0	2	1	1	0	0	2
Balearic Islands	1	0	0	0	1	1	0	0	0	1
Bangladesh	32	15	12	0	59	18	5	3	0	26
Belarus	2	0	2	0	4	1	0	2	0	3
Belgium	2	0	0	0	2	2	0	0	0	2
Bolivia	0	1	0	0	1	0	1	0	0	1
Brazil	5	1	1	0	7	4	0	1	0	5
Bulgaria	3	1	0	0	4	1	1	0	0	2
Canada	1	0	0	0	1	0	0	0	0	0
Chile	1	0	0	0	1	1	0	0	0	1
China	44	14	5	1	64	27	7	3	1	38
Colombia	5	2	0	0	7	2	2	0	0	4
Croatia	1	1	0	0	2	1	0	0	0	1
Democratic Republic of the Congo	0	0	1	0	1	0	0	0	0	0
Denmark	1	0	0	0	1	1	0	0	0	1
Ecuador	3	0	0	0	3	1	0	0	0	1
Egypt	30	9	4	1	44	15	5	2	0	22
El Salvador	1	1	0	0	2	0	0	0	0	0
Estonia	1	0	0	0	1	1	0	0	0	1
Ethiopia	1	1	0	0	2	0	1	0	0	1
Fiji	8	3	1	0	12	5	1	0	0	6
France	3	0	0	0	3	1	0	0	0	1
Germany	24	4	2	0	30	15	3	0	0	18

Country of training	Sat 1	Sat 2	Sat 3	Sat 4 +	Total	Pass 1	Pass 2	Pass 3	Pass 4 +	Total
Ghana	1	0	0	0	1	0	0	0	0	0
Hong Kong	3	0	0	0	3	1	0	0	0	1
Hungary	2	0	2	0	4	1	0	1	0	2
India	264	78	17	0	359	152	33	4	0	189
Indonesia	4	2	1	0	7	2	1	0	0	3
Iran	66	24	8	0	98	38	11	3	0	52
Iraq	32	11	1	0	44	18	5	1	0	24
Ireland	2	1	0	0	3	2	1	0	0	3
Jamaica	1	0	0	0	1	1	0	0	0	1
Japan	1	1	0	0	2	1	0	0	0	1
Jordan	15	3	1	0	19	8	2	0	0	10
Kazakhstan	1	0	0	0	1	1	0	0	0	1
Kenya	2	0	0	0	2	1	0	0	0	1
Kyrgyzstan	2	0	0	0	2	1	0	0	0	1
Latvia	2	3	0	0	5	2	1	0	0	3
Lebanon	1	1	0	0	2	1	0	0	0	1
Libya	2	1	0	0	3	0	0	0	0	0
Lithuania	0	0	1	0	1	0	0	0	0	0
Macedonia	1	1	3	0	5	1	0	3	0	4
Malaysia	21	1	0	0	22	14	1	0	0	15
Malta	2	0	0	0	2	1	0	0	0	1
Mauritius	1	1	0	0	2	1	0	0	0	1
Moldova	1	0	0	0	1	1	0	0	0	1
Mongolia	1	0	0	0	1	1	0	0	0	1
Myanmar	67	15	4	0	86	45	7	1	0	53
Nepal	17	7	1	0	25	10	1	0	0	11
Netherlands	4	0	0	0	4	2	0	0	0	2
Netherlands Antilles	1	0	0	0	1	1	0	0	0	1
Nigeria	19	9	2	0	30	8	6	2	0	16
Oman	0	1	0	0	1	0	0	0	0	0

Table continues

Country of training	Sat 1	Sat 2	Sat 3	Sat 4 +	Total	Pass 1	Pass 2	Pass 3	Pass 4 +	Total
Pakistan	108	35	8	0	151	50	20	5	0	75
Palestinian Authority	1	0	0	0	1	0	0	0	0	0
Papua New Guinea	4	3	2	0	9	1	1	0	0	2
Paraguay	2	1	0	0	3	0	0	0	0	0
Peru	6	2	0	0	8	4	2	0	0	6
Philippines	50	26	8	0	84	21	9	2	0	32
Poland	4	1	0	0	5	2	0	0	0	2
Romania	3	2	1	0	6	1	2	0	0	3
Russia	20	8	5	1	34	12	4	1	0	17
Saint Kitts and Nevis	1	0	0	0	1	0	0	0	0	0
Samoa	4	0	0	0	4	2	0	0	0	2
Saudi Arabia	1	0	0	0	1	1	0	0	0	1
Serbia	4	1	2	0	7	0	1	0	0	1
Seychelles	1	0	0	0	1	1	0	0	0	1
Somalia	1	0	0	0	1	1	0	0	0	1
South Africa	40	5	0	0	45	33	2	0	0	35
South Korea	2	0	0	0	2	0	0	0	0	0
Spain	1	0	0	0	1	1	0	0	0	1
Sri Lanka	114	18	5	0	137	76	8	1	0	85
Sudan	2	1	1	0	4	1	1	0	0	2
Sweden	1	0	0	0	1	1	0	0	0	1
Switzerland	2	0	0	0	2	2	0	0	0	2
Syria	1	0	1	0	2	1	0	0	0	1
Thailand	3	1	0	0	4	3	0	0	0	3
Trinidad and Tobago	1	3	0	0	4	0	3	0	0	3
Turkey	2	2	0	0	4	0	1	0	0	1
Uganda	0	0	1	0	1	0	0	1	0	1
Ukraine	11	9	0	0	20	3	2	0	0	5
USA	2	0	0	0	2	1	0	0	0	1
USSR	0	2	0	0	2	0	0	0	0	0

Country of training	Sat 1	Sat 2	Sat 3	Sat 4 +	Total	Pass 1	Pass 2	Pass 3	Pass 4 +	Total
Uzbekistan	1	1	1	0	3	0	1	0	0	1
Venezuela	2	0	1	0	3	0	0	0	0	0
Viet Nam	5	4	1	0	10	3	2	0	0	5
Yemen	1	0	0	0	1	0	0	0	0	0
Zimbabwe	11	3	0	0	14	5	1	0	0	6
Total	**1,123**	**347**	**107**	**3**	**1,580**	**641**	**158**	**36**	**1**	**836**

Table D4 Workplace-based assessment, all candidates, by country of training, 2011

Authority	Country of training	Sat 1	Sat 2	Sat 3	Sat 4 +	Total	Pass 1	Pass 2	Pass 3	Pass 4 +	Total
Hunter New England Area Health Service	Bangladesh	3	0	0	0	3	3	0	0	0	3
	Belgium	1	0	0	0	1	1	0	0	0	1
	Dominican Republic	1	0	0	0	1	1	0	0	0	1
	Egypt	1	0	0	0	1	0	0	0	0	0
	El Salvador	1	0	0	0	1	1	0	0	0	1
	Germany	1	0	0	0	1	1	0	0	0	1
	Hungary	1	0	0	0	1	1	0	0	0	1
	India	16	0	0	0	16	16	0	0	0	16
	Iraq	3	0	0	0	3	3	0	0	0	3
	Lebanon	1	0	0	0	1	1	0	0	0	1
	Malaysia	1	0	0	0	1	1	0	0	0	1
	Myanmar	1	0	0	0	1	1	0	0	0	1
	Nigeria	2	0	0	0	2	2	0	0	0	2
	Pakistan	4	0	0	0	4	4	0	0	0	4
	Philippines	2	0	0	0	2	2	0	0	0	2
	Russia	2	0	0	0	2	2	0	0	0	2
	South Africa	1	0	0	0	1	1	0	0	0	1
	Subtotal	42	0	0	0	42	41	0	0	0	41
Launceston General Hospital	Fiji	1	0	0	0	1	1	0	0	0	1
	India	4	0	0	0	4	2	0	0	0	2
	Myanmar	1	0	0	0	1	1	0	0	0	1
	Papua New Guinea	1	0	0	0	1	1	0	0	0	1
	Zambia	1	0	0	0	1	1	0	0	0	1
	Subtotal	8	0	0	0	8	6	0	0	0	6

Authority	Country of training	Sat 1	Sat 2	Sat 3	Sat 4 +	Total	Pass 1	Pass 2	Pass 3	Pass 4 +	Total
Rural & Outer Metro United Alliance (ROMUA)	Netherlands	1	0	0	0	1	1	0	0	0	1
	Subtotal	1	0	0	0	1	1	0	0	0	1
WA Health	South Africa	1	0	0	0	1	1	0	0	0	1
	Subtotal	1	0	0	0	1	1	0	0	0	1
Total		**52**	**0**	**0**	**0**	**52**	**49**	**0**	**0**	**0**	**49**

Appendix E: Specialist statistics

Table E1 Specialist assessments by medical specialty, 2011

Medical Specialty	Applications	Initial processing	College processing	Substantially comparable	Partially comparable	Not comparable	Withdrawn
Adult Medicine	218	105	5	44	46	9	9
Anaesthesia	161	58	16	41	32	9	5
Dermatology	27	15	1	5	4	2	0
Emergency Medicine	51	15	10	5	17	3	1
General Practice	502	320	29	124	19	1	9
Intensive Care	21	7	1	1	3	6	3
Medical Administration	3	2	0	0	0	0	1
Obstetrics and Gynaecology	122	64	4	38	10	4	2
Occupational and Environmental Medicine	4	4	0	0	0	0	0
Ophthalmology	50	17	12	10	7	3	1
Oral and Maxillofacial Surgery	1	0	0	1	0	0	0
Paediatrics and Child Health	124	51	5	21	34	8	5
Pain Medicine	2	2	0	0	0	0	0
Palliative Medicine	3	2	0	1	0	0	0
Pathology	74	38	3	20	8	2	3
Psychiatry	186	62	3	73	43	1	4
Public Health Medicine	7	6	1	0	0	0	0
Radiology	130	36	15	45	30	1	3

Medical Specialty	Applications	Initial processing	College processing	Substantially comparable	Partially comparable	Not comparable	Withdrawn
Rehabilitation Medicine	10	4	0	0	5	0	1
Sexual Health Medicine	1	0	0	1	0	0	0
Surgery	287	129	54	40	30	13	21
Total	**1,984**	**937**	**159**	**470**	**288**	**62**	**68**

Table E2 Substantially comparable statistics, by medical specialty and country of training, 2011

Country of training	Adult Medicine	Anaesthesia	Dermatology	Emergency Medicine	General Practice	Intensive Care	Obstetrics and Gynaecology	Ophthalmology	Oral and Maxillofacial Surgery	Paediatrics and Child Health	Palliative Medicine	Pathology	Psychiatry	Radiology	Sexual Health Medicine	Surgery	Total
Argentina	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Austria	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
Belgium	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
Brazil	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	2
Canada	1	0	0	1	6	0	0	0	0	0	0	0	0	0	0	2	10
Costa Rica	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Czech Republic	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
Egypt	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
El Salvador	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
France	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	2
Germany	1	3	0	0	0	0	0	0	0	2	0	1	0	1	0	1	9
India	3	8	3	0	0	0	2	0	0	2	0	3	30	7	0	7	65
Iran	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	2
Iraq	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
Ireland	1	5	0	0	3	0	1	0	0	1	0	0	0	0	0	0	11
Israel	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	2
Italy	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Jordan	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
Malaysia	0	1	0	0	0	0	1	0	0	0	0	0	1	0	0	0	3
Netherlands	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
New Zealand	0	0	0	0	33	0	0	0	0	0	0	0	0	0	0	0	33
Nigeria	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1

Country of training	Adult Medicine	Anaesthesia	Dermatology	Emergency Medicine	General Practice	Intensive Care	Obstetrics and Gynaecology	Ophthalmology	Oral and Maxillofacial Surgery	Paediatrics and Child Health	Palliative Medicine	Pathology	Psychiatry	Radiology	Sexual Health Medicine	Surgery	Total
Norway	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
Pakistan	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	2
Philippines	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	2
Russia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Saudi Arabia	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Singapore	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
South Africa	6	5	0	0	3	0	3	1	0	5	0	2	1	8	0	7	41
Spain	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Sri Lanka	4	1	0	0	0	0	6	1	0	0	0	4	7	7	0	0	30
Sweden	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	2
Switzerland	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	2
Turkey	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
United Kingdom	21	15	1	3	76	1	13	8	1	8	1	10	24	17	1	14	214
USA	3	2	0	1	3	0	2	0	0	3	0	0	3	1	0	1	19
Yugoslavia	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Total	**44**	**41**	**5**	**5**	**124**	**1**	**38**	**10**	**1**	**21**	**1**	**20**	**73**	**45**	**1**	**40**	**470**