Australian
Medical Council Limited

Annual Report 2012

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Year in review

2012 snapshot in numbers

In calendar year 2012, the AMC:

processed

- 7412 individual qualifications for primary source verification through the EICS process
- 4585 verified qualifications
- 1386 new applications for assessment through the Competent Authority Pathway
- 2346 new applications from overseas-trained specialists for specialist assessment

assessed

- 2881 candidates through the computer-adaptive test (CAT) multiple-choice question (MCQ) examination
- 1941 candidates in the clinical examination
- 437 candidates in the clinical retest examination
- 59 candidates for workplace-based assessment

made accreditation decisions about

- 3 medical school programs
- 7 specialist college programs
- 2 new workplace-based assessment providers
- 1 new authority to conduct pre-employment structured interviews

monitored continuing compliance with accreditation standards through

- 16 medical school progress reports
- 10 specialist college progress reports

2012 at a glance

In 2012, the AMC:

- revised its accreditation standards for medical schools and their programs of study
- developed national standards for the intern year and a national framework for intern training accreditation, as well as standards for endorsement of medical practitioners as acupuncturists
- developed policy on changes to the range of academic qualifications leading to professional practice as a medical practitioner in Australia, in response to the introduction of master degree programs as the primary medical program
- produced its strategic plan for 2012–17
- commissioned an external review of its operations
- submitted an application to the Medical Board of Australia for reassignment as the authority to exercise the accreditation function for medicine under the National Law
- hosted a national workshop on workplace-based assessment of international medical graduates
- improved systems for processing applications from international medical graduates
- co-hosted an international conference on computer-adaptive testing
- secured funding to establish a national test centre in Melbourne to accommodate demand for the clinical examination and commenced construction on the centre

President's report

The end of my term as president of the Australian Medical Council coincides with the end of a most successful and productive year.

The end of my term as president of the Australian Medical Council coincides with the end of a most successful and productive year, culminating in the Medical Board of Australia's decision to reassign the role of accreditation authority for the medical profession to the council for five years, from 1 July 2013 to 30 June 2018. That decision has provided the council with the certainty it needs to plan effectively and manage efficiently.

In 2012, with the operation of the national registration and accreditation scheme now embedded, the council was able to look to the future. It prepared comprehensively for the review of the accreditation arrangements under the National Law, using this as an opportunity to reflect on and document its strengths and areas for improvement. The council's decision to follow this review with a review by an independent panel of the effectiveness of its operations and services, and the state of its national and international standing, is a clear demonstration of its commitment to both excellence and continuous improvement.

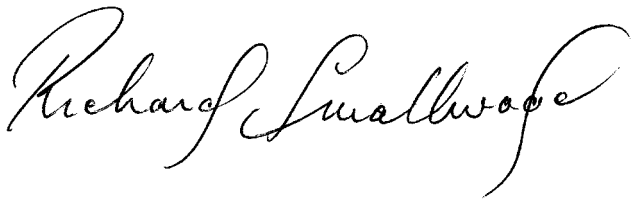
Underpinning these reviews has been considerable work by the council, with input from stakeholders, to articulate the AMC's objectives and strategies for the next five years in its most recent strategic plan. This plan expresses the organisation's commitment to strengthen its core accreditation and assessment functions, ensure its sustainability, strengthen its profile and identity, and clarify its role in a range of activities broader than those involved in fulfilling its accreditation functions under the Health Practitioner Regulation National Law.

The council also focused on securing the funding needed to continue to carry out its functions to the satisfaction of its stakeholders and its own standards of excellence and on maintaining collaborative and mutually beneficial relations with its stakeholders. We are grateful to the many stakeholders who contributed to our strategic planning and review exercises. The council's most recent strategic planning exercise indicates the continuing support for the AMC in the profession, and the willingness of many individuals—medical practitioners, medical students, educationalists, health service executives, health consumers and community members—to contribute to the council's work. Also important to the council are the collaborative relations with other health professions accreditation councils, through the Health Professions Accreditation Councils' Forum.

I welcome my successor as president of the council, Professor Robin Mortimer, an internationally recognised physician who has contributed over many years to the AMC's assessment and accreditation of medical education programs, examinations of international medical graduates, and strategic development. He has served the council in various roles, including those of deputy president, chair of the Recognition of Medical Specialties Advisory Committee and member of the Strategic Policy Advisory Committee and of the Specialist Education Accreditation Committee.

As this will be my last report after five years as president, I take the opportunity to thank all those with whom I have worked during my time with the council, AMC staff, council and committee members, senior examiners and assessors. The AMC's reputation and standing is built on the professional, committed and informed contributions of more than a thousand individuals. It has been a privilege to lead an organisation that harnesses such talent.

As in past years, I pay tribute to the AMC's chief executive officer, Ian Frank, and his deputy, Theanne Walters. Their leadership plays a big part in keeping the AMC at the forefront of accreditation and assessment bodies nationally and internationally, and I am sure my successor will continue to benefit from their experience. The council's company secretary, Ms Peggy Sanders, continues to provide outstanding support for the meetings of the council and its directors.



Richard Smallwood AO
President

Chief Executive Officer's report

In 2012, a number of significant developments were realised that would impact on the ongoing operations of the Australian Medical Council (AMC).

In 2012, a number of significant developments were realised that would impact on the ongoing operations of the Australian Medical Council (AMC).

In February, the AMC successfully concluded the negotiations for the formal agreement with the Australian Health Practitioner Regulation Agency (AHPRA) to establish the AMC as the accreditation authority for medicine under the Health Practitioner Regulation National Law. This agreement, the negotiations for which commenced in 2010, formally authorises the accreditation and examination activities of the AMC on behalf of the Medical Board of Australia for the first three years of the national registration and accreditation scheme (NRAS). In addition to defining the functions of the AMC, the agreement also determined the ownership of previously developed intellectual property, which was seen as a key issue in ensuring the ongoing viability of the council.

In March, the House of Representatives Standing Committee on Health and Ageing released the report of its inquiry into registration processes and support for overseas-trained doctors. The report, entitled *Lost in the Labyrinth*, contains a number of recommendations for improving the processes for the assessment of international medical graduates (IMGs). A particular concern for the committee was the length of time taken by IMGs to obtain a place in the AMC clinical examinations after passing the AMC MCQ examination.

Despite the AMC's efforts to increase the capacity of the clinical examination, which had resulted in an increase from 500 candidates in 2005 to in excess of 2000 candidates in 2011, it was apparent that the existing process for conducting the clinical examinations had reached their maximum capacity. In order to achieve the target identified by the House of Representatives committee, the AMC would need to completely re-engineer the delivery of its clinical examinations.

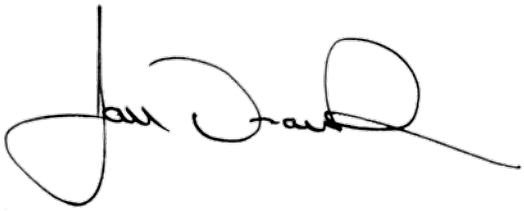
In June, an approach was made to Health Workforce Australia for a capital works grant to fund the establishment of a dedicated AMC national test centre that would enable the AMC to administer its clinical examinations in a purpose-built facility on a continual basis. The facility would also enable the AMC to apply advanced technology to improve the efficiency and quality of its testing. The grant was approved and work began in July to design a national test centre and secure an appropriate site. After an extensive review of available properties, a site was located in the Melbourne CBD and construction commenced in early December. The national test centre is expected to be operational by June 2013.

Under the provisions of the National Law, the assignment of the accreditation functions to the AMC and to the other health professions councils captured by the NRAS was subject to a formal review and renewal process. In August 2012, the AMC prepared a lengthy submission to the Medical Board of Australia for reassignment of the accreditation functions. The comprehensive submission, which covered all aspects of the work of the AMC under the provisions of its agreement with AHPRA and the National Law, required AMC staff to undertake a considerable amount of work

additional to their existing workloads. The reassignment submissions for all health professions councils were put out for public consultation, as required by the National Law.

The AMC has been advised that the Medical Board has agreed to reassign the accreditation and examination functions to the AMC for a further period of five years from July 2013, when the current assignment terminates.

In 2012, the AMC was able to consolidate its position as the accreditation authority for medicine under the NRAS and to resolve a number of the uncertainties about its role and operation within the new national arrangements. Beyond 2012, the AMC still faces a number of significant challenges, including securing the funding of its activities and accommodating the demand for its clinical examinations. However, significant progress has been made in addressing the major issues facing the AMC, and the council is well placed to deal with the challenges in 2013 and beyond. These developments have been made possible by the strong support that the AMC receives from members of the health profession and by the commitment and professionalism of its staff.



Ian Frank
Chief Executive Officer

About the AMC

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

Functions

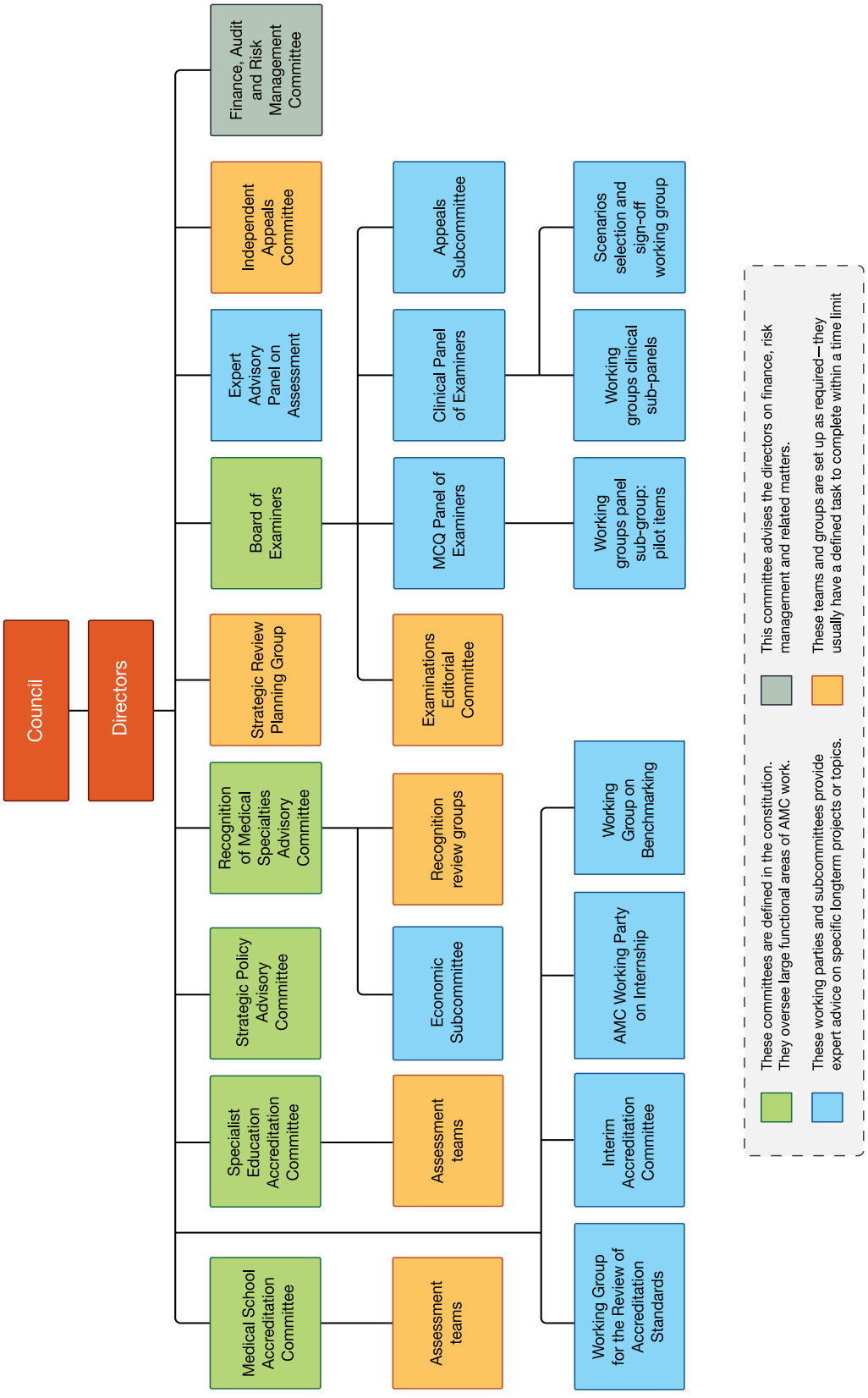
The AMC's major functions include:

- accrediting medical education providers and their programs
- developing standards, policies and procedures for the accreditation of medical programs and for the assessment of international medical graduates seeking registration in Australia
- assessing the knowledge, clinical skills and professional attributes of overseas qualified medical practitioners seeking registration in medicine under the Health Practitioner Regulation National Law
- assessing the case for recognition of new medical specialties
- giving advice and making recommendations to federal, state and territory governments and agencies, including medical regulatory authorities, in relation to
  - accreditation and accreditation standards for the medical profession
  - the registration of medical practitioners
  - the assessment and recognition of overseas qualifications of medical practitioners
  - the recognition of medical specialties.

Governance

The AMC, a company limited by guarantee and subject to the *Corporations Act 2001*, operates in accordance with its constitution, which sets out the terms of formation, membership, chair, term of office and quorum for the council and its committees. A large advisory council elects a smaller governance committee of directors with decision-making powers. The AMC's governance structure is set out in Figure 1.

Figure 1 Governance structure, 31 December 2012



Council members and directors

The full council is responsible for determining the AMC's future, electing the president and deputy president, and appointing and removing the directors. Members of the council are drawn from a wide cross-section of the groups associated with medical education, health delivery and standards of medical practice in Australia. They include:

- experts in medical regulation
- experts in the education and training of medical students and medical practitioners
- doctors in training and medical students
- representatives of the medical profession
- health consumers and community members
- health service managers
- experts in improving safety and quality in the health care system.

The directors are responsible for the AMC's day-to-day management. They receive high-level advice on budgets and finances from the AMC's Finance, Audit and Risk Management Committee and are provided with training through the Australian Institute of Company Directors. The directors for the financial year 2011–12 are listed in the directors' report in the financial statements, where their attendance at meetings is also detailed. The list of directors at 31 December 2012 is at Appendix A.

Council members at the 2012 annual general meeting

Committees

AMC committees and working parties provide expert advice to the directors on their specific area of operations.

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

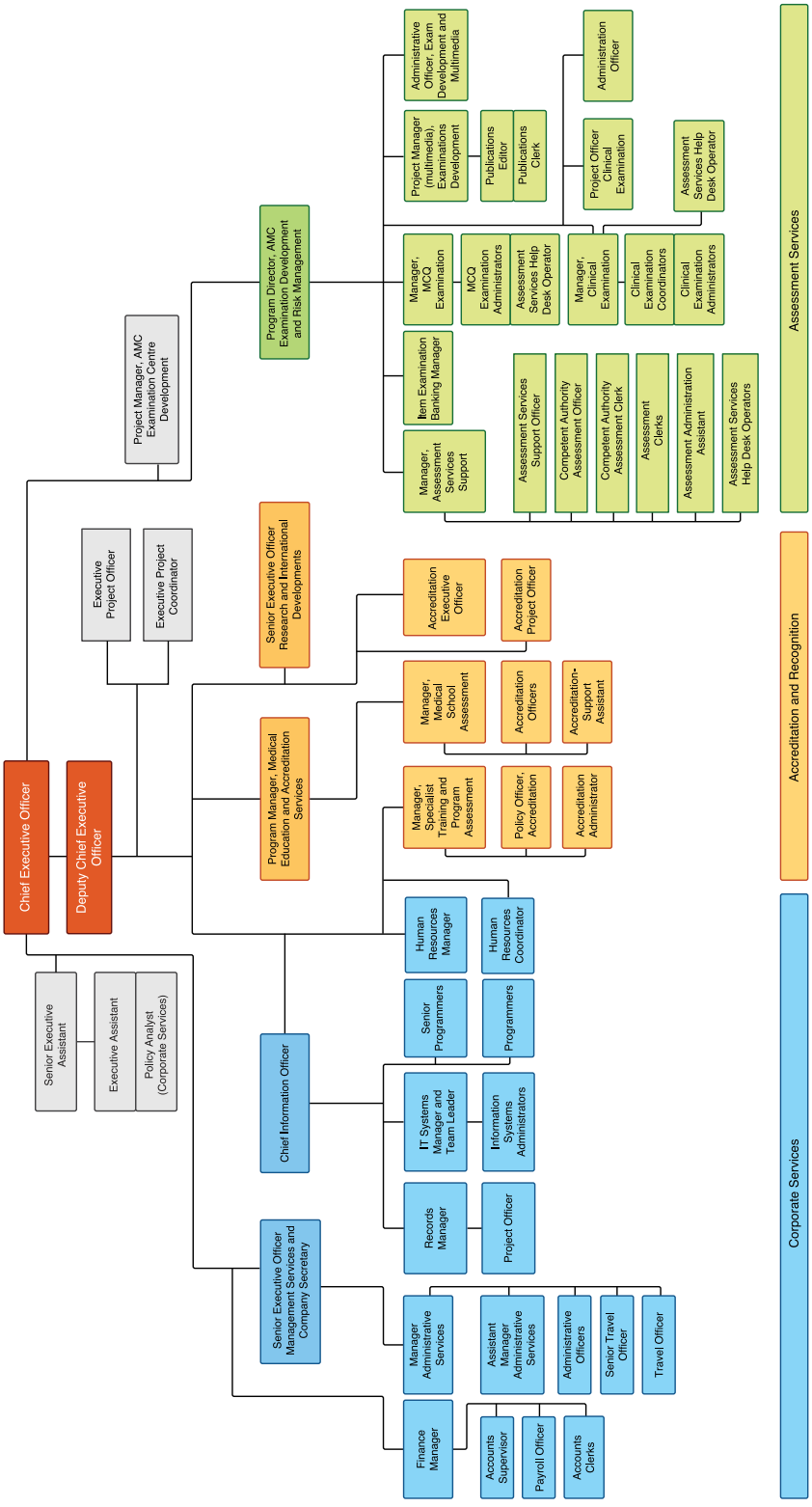
Table 1 Committees and their functions

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
Interim Accreditation Committee for International Medical Graduate Assessment	Assesses and accredits workplace-based performance assessment processes for international medical graduates and providers of workplace-based assessment programs
Medical School Accreditation Committee	Oversees the process for assessment and accreditation of primary medical education programs and their providers
Recognition of Medical Specialties Advisory Committee	Oversees the AMC process for recognition of fields of medical practice as medical specialties
Specialist Education Accreditation Committee	Oversees the process for assessment and accreditation of specialist medical education programs and professional development programs
Strategic Policy Advisory Committee	Provides high-level advice to the AMC on medical education and health system policy matters that are related to the purpose of the AMC

Organisation structure

The council and its directors are supported by a Canberra-based secretariat of 80-odd staff responsible for the administration of AMC operations. The AMC's organisation structure is set out in Figure 2; staff are listed in Appendix C.

Figure 2 Organisational structure, 31 December 2012



Stakeholders

The AMC works with stakeholders to ensure that Australia is serviced by a safe and competent medical workforce. The AMC enables and encourages stakeholder engagement by:

- providing for stakeholder nominees to contribute directly to decision making and policy development through membership of AMC committees, working parties and other expert groups
- participating in regular meetings with national stakeholders
- developing and maintaining international links with accreditation agencies and other stakeholders
- collaborating with stakeholders and undertaking joint work with them
- consulting stakeholders about policies and contributing to external inquiries.

Some of the AMC's many stakeholder support activities in 2012 follow.

Medical Board of Australia and Australian Health Practitioner Regulation Agency

The AMC, as the Medical Board of Australia's appointed accreditation authority under the Health Practitioner Regulation National Law, works closely with the Medical Board to ensure that the board is kept informed of the way the AMC discharges its accreditation functions and that it receives the reports and information required under the National Law. It also works collaboratively with the Australian Health Practitioner Regulation Agency (AHPRA), which supports the work of the Medical Board of Australia, by facilitating the flow of information between the AMC and AHPRA offices in relation to applications for registration of international medical graduates (IMGs).

In March 2012, the House of Representatives Standing Committee on Health and Ageing released the report of its inquiry into registration processes and support for overseas-trained doctors. The report's recommendations to improve transparency, efficiency and accountability in the registration system for international medical graduates covered a wide range of issues related to the assessment, registration, employment and support of IMGs in the Australian healthcare system. As a first step in responding to the report's recommendations, the AMC, the Medical Board and AHPRA committed to improving systems for IMGs. This involved:

- mapping existing application processes, documentary requirements and information pathways to enable them to develop an effective platform for sharing information, meeting relevant legal requirements and reducing red tape for IMGs
- identifying opportunities to streamline processes to remove duplication and to make the application and assessment processes as reliable, sensitive and simple as possible
- developing a communications roadmap that clearly describes the pathways to registration and the assessment requirements for IMGs.

In 2012, the AMC also:

- revised the accreditation standards for primary medical education providers and their programs of study, consulted key stakeholders on the revised standards and submitted them to the Medical Board for approval (the board approved the standards in December 2012)
- supported the proposed registration standard for granting general registration to Australian and New Zealand medical graduates on completion of the intern year by developing and submitting for stakeholder comment documents setting out the following
  - global outcomes statements for the intern year
  - a process for assessment and certification of interns
  - a national framework for the intern training accreditation process
- improved the portal used by authorised AHPRA and Medical Board personnel to give them access to more information about IMGs who have applied to the AMC for assessment under any of its pathways
- hosted, with the Medical Board, a workshop to review the operation of pre-employment structured clinical interviews (PESCIs) and the reporting of PESCI outcomes to the Medical Board
- commented on the Medical Board of Australia's draft registration standard for endorsement for acupuncture and undertook work to develop accreditation standards for the approval of programs of study for endorsement of medical practitioners for acupuncture.

Health Professions Accreditation Councils' Forum

The Health Professions Accreditation Councils' Forum, formerly the Forum of Australian Health Professions Councils, is a coalition of the accreditation councils of the regulated health professions. The AMC, as the appointed accreditation authority for the Medical Board of Australia, is a member of the Forum and provides it with secretariat and administrative support.

In 2012, the Forum worked on the process for reviewing the accreditation arrangements for the exercise of accreditation functions under the National Law; held an accreditation workshop for accreditation council staff to strengthen networking opportunities and shared understanding of the accreditation processes; contributed to a national boards and AHPRA workshop on accreditation matters; and participated in a Health Workforce Australia (HWA) workshop on accreditation matters, particularly in relation to the prescribing pathway project.

Health Workforce Australia

Health Workforce Australia develops policy and delivers 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 2012, the AMC responded to a Health Workforce Australia request for an outline of how the AMC's existing and future health workforce innovation and reform activities could most appropriately be reflected in HWA's implementation plan for the HWA *National Health Workforce Innovation and Reform Strategic Framework for Action 2011–2015*. Linked to the strategic framework is the HWA Health Professionals Prescribing Pathway Project, which aims to develop a nationally consistent approach to prescribing by non-medical health professionals that supports safe practice, quality use of medicine and effectiveness of healthcare services. Two AMC representatives attended an HWA-hosted workshop on the accreditation aspect of the project.

3 Accreditation activities

The AMC is the accreditation authority responsible for accrediting education providers and programs of study for the medical profession, for monitoring accredited programs and providers, and for developing accreditation standards for the approval of the Medical Board of Australia. It also has responsibility for accrediting authorities to conduct workplace-based assessment and pre-employment structured clinical interviews. Additionally, it takes part in international accreditation activities, sharing its expertise and experience with the accreditation authorities of other countries and learning from their experiences.

Accreditation standards

The Health Practitioner Regulation National Law defines an accreditation standard for a health profession 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, the AMC takes into account the Australian Health Practitioner Regulation Agency (AHPRA) *Procedures for the Development of Accreditation Standards*. These procedures require the AMC to take into account the objectives and guiding principles in the National Law, and to undertake a broad assessment of the proposed standards against the Council of Australian Governments' principles for best practice regulation, and to make this assessment available when it consults on the standards.

In 2012, the AMC completed a review of the approved accreditation standards for primary medical education providers and their programs of study. In June 2012, the AMC invited more than 100 organisations in Australia and New Zealand to comment on the proposed revised standards. Targeted consultations were also held with key stakeholders (the Medical Council of New Zealand, Medical Deans Australia and New Zealand, the Australian Medical Association and the Australian Indigenous Doctors Association) in advance of the formal period of consultation.

In this review, the overall organisation of the accreditation standards into eight sets of standards has not been changed, but standards have been strengthened in areas such as assessment principles and practices; collaborative cross-medical school initiatives to compare outcomes, teaching, learning and assessment methods; managing medical students whose health or behaviour raises fitness-to-practise concerns; and clinical teacher effectiveness and support. The major change is to reorganise the list of attributes of medical graduates, which included statements on the knowledge and understanding, skills and attitudes that affect professional behaviour, with structured definitions of the expected outcomes of medical education. The graduate attributes are now organised according to four overarching domains:

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

In December 2012, the Medical Board approved the revised standards, which came into effect on 21 December 2012. The revised standards are available on the AMC website.

Accreditation of medical education programs and providers

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

The Specialist Education Accreditation Committee manages the assessment of specialist medical education and training programs and professional development programs.

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).

Accreditation decisions

The AMC undertakes regular assessments of programs of study and their providers, granting a maximum of six years' accreditation at the end of an assessment. It establishes teams to conduct assessment by visit in the following circumstances:

- assessment of new developments such as new providers and programs of study, and assessment of proposals for major change in established medical programs
- assessment for the purposes of reaccreditation of established medical programs and their providers
- follow-up assessments, when conditions on the accreditation require it.

The AMC also conducts assessments of comprehensive reports. In the year in which a six-year period of accreditation expires, a provider submits a comprehensive report. In that report, the provider 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 accreditation committee decides that the provider continues to satisfy the accreditation standards, it may recommend that the AMC directors extend the accreditation before the next AMC assessment visit. The period of extension is usually three to four years, taking providers to the full period of accreditation which the AMC will grant between assessments, which is 10 years.

Medical schools and programs

In June 2012, an AMC team completed a review of the implementation of the Doctor of Medicine program at the University of Melbourne, Melbourne Medical School. The accreditation of the Doctor of Medicine program of the University of Melbourne Faculty of Medicine, Dentistry and Health Sciences was confirmed until 31 December 2016, subject to conditions.

In 2012, 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 committee:

- *University of Western Sydney, School of Medicine*. Accreditation extended to 31 December 2017.
- *University of Notre Dame Australia, School of Medicine Fremantle*. Accreditation extended to 31 December 2016.

Specialist education providers and programs

In 2012, the AMC completed accreditation assessments of the specialist medical education providers shown in Table 2.

Table 2 Specialist medical college assessments, 2012

Specialist college	Purpose	Result	AMC finding
Australasian College of Sports Physicians FACSP	*Follow-up* To assess progress in meeting accreditation conditions imposed in 2008	Accreditation confirmed to 31 December 2014 subject to satisfactory progress reports	Meets the standards
Australian and New Zealand College of Anaesthetists Faculty of Pain Management FANZCA FFPMANZCA	*Reaccreditation* To assess education programs and continuing professional development programs in anaesthesia and pain medicine	Accreditation granted to 31 December 2018, subject to satisfactory progress reports	Meets the standards
Royal Australasian College of Medical Administrators FRACMA	*Follow-up* To assess progress in meeting accreditation conditions imposed in 2008	Ongoing accreditation to 31 December 2014 granted subject to satisfactory progress reports	Meets the standards
Royal Australian and New Zealand College of Radiologists FRANZCR	*Follow-up* To assess progress in meeting accreditation conditions imposed in 2009	Accreditation confirmed to 31 December 2013 subject to satisfactory progress reports on programs in radiation oncology and clinical radiology	Meets the standards

In August 2012, the AMC conducted an assessment of the major change to the programs of the Royal Australian and New Zealand College of Psychiatrists. The directors agreed to grant accreditation of the new Competency Based Fellowship Program to enable the program to commence in 2013. The final accreditation report will be completed in early 2013.

In 2012, the Specialist Education Accreditation Committee considered comprehensive reports from the following specialist colleges:

- *Royal Australasian College of Dental Surgeons (Oral and Maxillofacial Surgery)*. The college's education and training programs and continuing professional development program in oral and maxillofacial surgery were found to meet the accreditation standards and accreditation was extended to December 2016.
- *Royal College of Pathologists of Australasia*. The college's education and training programs and continuing professional development program were found to meet the accreditation standards and accreditation was extended to December 2016.

The AMC also accredited a proposal by the Royal Australasian College of Physicians to create a time-limited pathway to fellowship (FRACP) for trainees affected by the college's decision to cease awarding the FRACP to trainees who complete advanced training in intensive care medicine under the auspices of the College of Intensive Care Medicine. The accreditation ends on 31 December 2014, when all the college's programs will be reaccredited.

The AMC also made an accreditation decision on a proposal by the Australian College of Rural and Remote Medicine to establish a new pathway to fellowship of ACRRM, an *ad eundum gradum* pathway, for holders of comparable fellowships. The AMC has approved this pathway for holders of the Fellowship of the Royal New Zealand College of General Practitioners.

Monitoring accredited programs of study and their providers

The AMC monitors developments in medical education programs and professional development programs through progress reports from the accredited providers. In reviewing progress reports, the AMC assesses whether each provider is continuing to meet the accreditation standards, and whether conditions on the accreditation are being met in the timeframes set when accreditation was granted.

Medical schools

In 2012, the AMC accepted progress reports from 16 medical schools:

- Australian National University ANU Medical School
- Bond University, School of Medicine
- Deakin University, School of Medicine
- Flinders University, School of Medicine
- Monash University, Faculty of Medicine, Nursing and Health Sciences
- University of Adelaide, Faculty of Health Sciences*
- University of Auckland, Faculty of Medical and Health Sciences
- University of Melbourne, Melbourne Medical School
- University of Newcastle, University of New England, Joint Medical Program
- University of New South Wales, Faculty of Medicine
- University of Notre Dame Australia, School of Medicine, Sydney*.
- University of Otago, Faculty of Medicine
- University of Queensland, School of Medicine
- University of Sydney, Sydney Medical School
- University of Western Australia, Faculty of Medicine, Dentistry and Health Sciences*
- University of Wollongong, Graduate School of Medicine

* The school also provided a report on conditions.

The Medical School Accreditation Committee requested further information from the following schools on their response to conditions on their accreditation:

- *Bond University School of Medicine*. The AMC requested additional information from the school which will be reviewed at the first meeting of the committee in 2013.
- *University of Queensland School of Medicine*. The AMC deferred a decision concerning the report on conditions until the first committee meeting of 2013, pending further information from the school.

Specialist medical colleges

In 2012, the AMC accepted progress reports from the following specialist medical colleges:

- Australasian College of Dermatologists*
- Australasian College for Emergency Medicine
- Australasian College of Sports Physicians*
- Australian College of Rural and Remote Medicine*
- College of Intensive Care Medicine of Australia and New Zealand*
- Royal Australasian College of Physicians
- Royal Australasian College of Surgeons
- Royal Australian and New Zealand College of Obstetricians and Gynaecologists
- Royal Australian and New Zealand College of Ophthalmologists
- Royal Australian College of General Practitioners

* The college also provided a report on conditions.

The Specialist Education Accreditation Committee requested further information from the following colleges on their response to conditions on their accreditation:

- *Australasian College of Dermatologists.* Information to be presented with the college's 2013 progress report.
- *Australasian College of Sports Physicians*. Information to be presented with the college's 2013 progress report.
- *Australian College of Rural and Remote Medicine*. Information to be presented to the first meeting of the committee for 2013.

Policy developments

In 2012, after a period of consultation, the AMC published a policy paper addressing the accreditation implications of the development of primary medical programs set at master degree level. The first such program was accredited by the AMC in 2011. In anticipation of other medical schools making this change, the AMC policy explores implications of changes to the primary medical qualification for medical education and training, and the impact on the Australian Medical Council accreditation process.

As the accreditation authority for the medical profession, the AMC assesses all primary medical programs, irrespective of the qualification awarded, against one set of accreditation standards. These standards are used to assess whether the medical program produces graduates who are competent to practise safely and effectively as interns in Australia or New Zealand, and who have an appropriate foundation for lifelong learning and for further training in any branch of medicine.

Accreditation of authorities to conduct workplace-based assessment

The AMC is responsible for accrediting authorities to conduct workplace-based assessment (WBA) programs for some international medical graduates on the Standard Pathway. The WBA program continued in pilot phase in 2012.

In 2012, the AMC accredited two new workplace-based assessment providers and noted the withdrawal of one. WA Health advised the AMC in May 2012 that the joint program at the Hollywood Private Hospital and Joondalup Health Campus sites would cease to offer WBA once existing candidates completed their programs in late 2012.

At the end of 2012, there were six accredited WBA providers:

- Australian College of Rural and Remote Medicine—accreditation granted 6 February 2012 for two years
- Hunter New England Local Health District, New South Wales—accreditation extended to 24 February 2014
- Launceston General Hospital, Tasmania—accreditation extended to 24 June 2014
- Rural and Outer Metro United Alliance, Shepparton, Victoria—accreditation current to 30 May 2014
- Southern Health, Victoria—new submission received April 2012 and first accredited 13 June 2012 for two years to 12 June 2014
- WA Health, Bunbury Hospital—accreditation extended to 31 January 2014.

Providers are typically granted initial accreditation for two or three years. They are required to submit annual reports to the AMC as an assurance of their continued ability to deliver WBA programs. The last annual report in the accreditation cycle will be considered by the AMC's Interim Accreditation Committee in conjunction with the provider's request for a further period of accreditation.

In 2012, the committee accepted as satisfactory the progress reports of the following providers:

- Hunter New England Local Health District
- WA Health
- Rural and Outer Metro United Alliance
- Launceston General Hospital.

In March 2012, the House of Representatives Standing Committee on Health and Ageing published the report of its inquiry into registration processes and support for overseas trained doctors. In its report, the committee pointed to the evident success of, and widespread support for, workplace-based assessment and made recommendations aimed at increasing IMG access to this form of assessment. One of its recommendations was that the Medical Board of Australia, in conjunction with the AMC, commission an independent evaluation of the workplace-based assessment model.

The Interim Accreditation Committee formed a working group following the 2012 WBA workshop to progress outcomes arising from the workshop. Work to refine and improves assessment processes will continue in 2013.

Accreditation of authorities to conduct pre-employment structured clinical interviews

The AMC is responsible for accrediting authorities that conduct pre-employment structured clinical interviews (PESCIs). The interviews are intended to establish whether an international medical graduate has the knowledge, skills and experience to practise safely and effectively in the position for which registration is being sought.

In 2012, the AMC approved an accreditation application from the Australian College of Rural and Remote Medicine to conduct PESCIs nationally. The accredited authorities are:

- AHPRA offices in New South Wales, the Northern Territory, Queensland, Victoria and Western Australia
- the Australian College of Rural and Remote Medicine
- the Postgraduate Medical Council of Victoria
- Queensland Health
- the Royal Australian College of General Practitioners in the Northern Territory, South Australia and Tasmania.

In February 2012, the Medical Board of Australia and the AMC jointly hosted a PESCI workshop to discuss issues arising from the use of PESCIs and to improve national consistency in the reporting of PESCI results in a way that helps the Medical Board meet its statutory responsibilities. The workshop was attended by representatives from accredited PESCI providers, including their lead assessors, the Medical Board and AHPRA and government bodies. As a result of the workshop, a working group was formed to progress the outcomes required.

International accreditation 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 2012, the AMC's international accreditation activities included:

- nominating two Australian assessors for membership of the Chinese accreditation team to visit Chongqing University Medical School
- hosting a visit by officials of the Chinese Working Committee on Accreditation of Medical Education (see feature 'Collaboration with Chinese Working Committee on Accreditation of Medical Education')
- meeting with a council member of the UK General Medical Council (GMC) to discuss AMC accreditation processes, trends in medical education and differences and similarities between the AMC and the GMC
- arranging for a nominee of the Korean Institute of Medical Education and Evaluation to observe an accreditation visit to the Australian and New Zealand College of Anaesthetists
- contributing to discussions concerning the development of a system of medical school accreditation in Japan and to the evaluation by the Association for Medical Education in the Western Pacific Region of the medical program of the Tokyo Women's Medical University.

Collaboration with Chinese Working Committee on Accreditation of Medical Education

The Chinese ministries of education and health have continued the implementation of a full accreditation system for Chinese medical schools. With 136 established medical schools providing programs in clinical medicine and producing 60,000 medical graduates a year, the introduction of such a system is a major undertaking. Collaboration with the Australian Medical Council has remained strong, growing from initial discussions during an AMC accreditation workshop in 2000, to AMC advice on standards and procedures, to a strong and mutually beneficial partnership. China has developed an accreditation assessment process based on the model used by the AMC.

From China, Professor Cheng Boji (Peking University Health Science Centre), Chair of the Working Committee on Accreditation of Medical Education, has continued to lead these developments with enthusiasm and drive. From Australia, successive chairs of the Medical School Accreditation Committee and the AMC Deputy Chief Executive Officer have led the AMC's contribution to these collaborative developments.

Five officials, led by Professor Cheng, visited the AMC in August 2012 for discussions and to observe a meeting of the AMC's Medical School Accreditation Committee. Matters discussed included:

- the accreditation process and standards development and review
- deeper collaboration between the two countries, including research opportunities and participation in each other's accreditation assessments
- administrative systems to support accreditation processes.

The AMC will continue to nominate assessors for Chinese assessment teams and to place Chinese observers in its assessment teams where possible and appropriate. A new memorandum of understanding to formalise actions and intent is being developed.

Back row (left to right): David Strong, Yang Libin, Robin Mortimer, Laurie Geffen, Cheng Boji, Trevor Lockyer, Wang Weiming

Front row (left to right): Xie Ana, Theanne Walters, Cai Jingyi

4 Recognition of medical specialties

The AMC manages a process for assessing applications for the recognition of medical specialties. Before the introduction of the Health Practitioner Regulation National Law, the AMC managed this process on behalf of the Australian Government Minister for Health. The National Law gives the Medical Board of Australia responsibilities for developing a list of recognised specialties anvd specialist titles.

The AMC assesses the case for the recognition of a medical specialty against defined recognition criteria and submits its assessment to the Medical Board of Australia. The Medical Board makes a recommendation to the Australian Health Workforce Ministerial Council, which is responsible for approving a list of specialties for the profession and for approving specialist titles for each specialty in the list.

In 2012, the AMC responded to a discussion paper on the development of national criteria for speciality recognition under the national registration and accreditation scheme. This project addressed the development of a set of uniform national criteria for specialty recognition and approval and criteria for areas of practice for the purposes of endorsement under the National Law. The criteria proposed for specialty recognition and approval drew heavily on those used by the AMC.

The AMC has considered no new applications for recognition since the introduction of the National Law. In 2012, the AMC held discussions with the Medical Board about the way in which future applications should be managed.

The AMC's Recognition of Medical Specialties Advisory Committee completed its assessment of the case for recognition of cosmetic medical practice as a medical specialty.

Assessment of international medical graduates

5

The AMC, under the provisions of the National Law, is responsible for the assessment of international medical graduates (IMGs) seeking general registration in Australia. The AMC also facilitates the assessment of specialist IMGs through the relevant specialist medical colleges. The AMC assesses IMGs through one of three assessment pathways—the Competent Authority Pathway, the Standard Pathway (AMC examinations) and the Standard Pathway (workplace-based assessment). All assessment pathways, including the Specialist Pathway, involve initial primary source verification of the medical qualifications of IMGs.

Primary source verification

The AMC uses the services of the Educational Commission for Foreign Medical Graduates (ECFMG) in the United States to verify the medical qualifications of all IMGs applying to it under any of its assessment pathways. The AMC is working closely with the ECFMG to streamline the operation of the primary source verification process; for example by expanding electronic processing of verification and establishing a central database of verified qualifications. The AMC has also been working with the Medical Board of Australia to implement a protocol for dealing with IMGs who have completed the AMC assessment processes before their qualifications have been verified. Such delays in verification generally occur as a result of the issuing institution's slowness in responding to requests by the ECFMG International Credentials Service (EICS), or its failure to respond to them.

In 2012, the AMC submitted 7412 requests for primary source verification to the EICS. In the same year, the EICS verified 4585 requests (Table 3). There is no direct correlation between the number of requests submitted and the number of requests verified in any one year, as some verifications are for requests submitted in a previous year.

Table 3 EICS requests and verifications, 2012

Application type	Requests	Verifications
Competent Authority	1415	1170
Standard	2889	1475
Specialist	1687	1075
Dual	266	145
Area of Need Specialist	210	156
Specialist-in-training primary source verification	945	564
Total	7412	4585

Competent Authority Pathway

The Competent Authority Pathway is based on the recognition of prior assessment or examination for the purposes of medical registration by a designated assessing authority that has medical licensing examinations and assessment pathways that are consistent with those conducted by the AMC for non-specialist IMGs. Eligible medical graduates from competent authorities in Canada, Ireland, New Zealand, the United States and the United Kingdom are granted advanced standing towards 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 enables them to apply to the Medical Board of Australia for general registration.

In 2012, the AMC received 1386 new applications for assessment through the Competent Authority Pathway. It issued 1342 Advanced Standing Certificates to eligible applicants and 520 AMC Certificates to applicants who successfully completed their workplace-based performance assessments. The figures for the Advanced Standing Certificate and the AMC Certificate include applications received prior to 2012; they are not subsets of the 1386 applications received in 2012.

Table D.1 in Appendix D 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, which has two alternative processes leading to the AMC Certificate:

- Assessment by examination only—the AMC Computer-Adaptive Test (CAT) Multiple-Choice Question (MCQ) Examination and the AMC Clinical Examination. Most non-specialist applicants are assessed through this method.
- Assessment 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 Computer-Adaptive-Test Multiple-Choice-Question Examination

The AMC CAT MCQ examination tests applied medical knowledge across the domains of internal medicine, surgery, children's health, women's health and mental health. It uses item response theory analysis to calculate a candidate's ability level after each question is administered and uses that information to select the next question of appropriate difficulty. The format yields precise measurements of candidates' abilities and reduces the exposure of items in the question bank. The computer-adaptive format has enabled the AMC to increase the frequency and availability of the examination.

In 2012, the AMC co-hosted an international conference on adaptive testing (see Feature: International Association for Computerized Adaptive Testing—2012 Conference).

Statistics

In 2012, 32 CAT MCQ examinations were held: 12 in Australia or New Zealand and 20 in countries other than Australia and New Zealand. The total number of candidates examined was 2881, and 1656 candidates (57.5%) passed the examination. In 2012, 1868 IMGs (65% of the total number of candidates examined) commenced the AMC examination process.

Table 4 shows the number of candidates who sat the MCQ examination in each of the calendar years 2008 to 2012, as well as the number who passed and the number who sat the examination for the first time. Between 2008 and 2011, about 51%–52% of the total number of candidates passed, with an increase in 2012 to 57.5%. The total number of

examination candidates peaked in 2009, but has remained constant over the past two years (2011: 2813; 2012: 2881). In 2012, candidates sitting the examination for the first time made up 57% of the total.

Table 4 MCQ examination, candidate statistics, 2008 to 2012

	2008	2009	2010	2011	2012
Total first-attempters	2513	3048	2276	1725	1868
Total examined	3661	4799	3807	2813	2881
Total passed	1876	2460	1999	1461	1656

Figure 3 shows candidate trends over the past five calendar years.

Figure 3 MCQ examination, candidate trends, 2008 to 2012

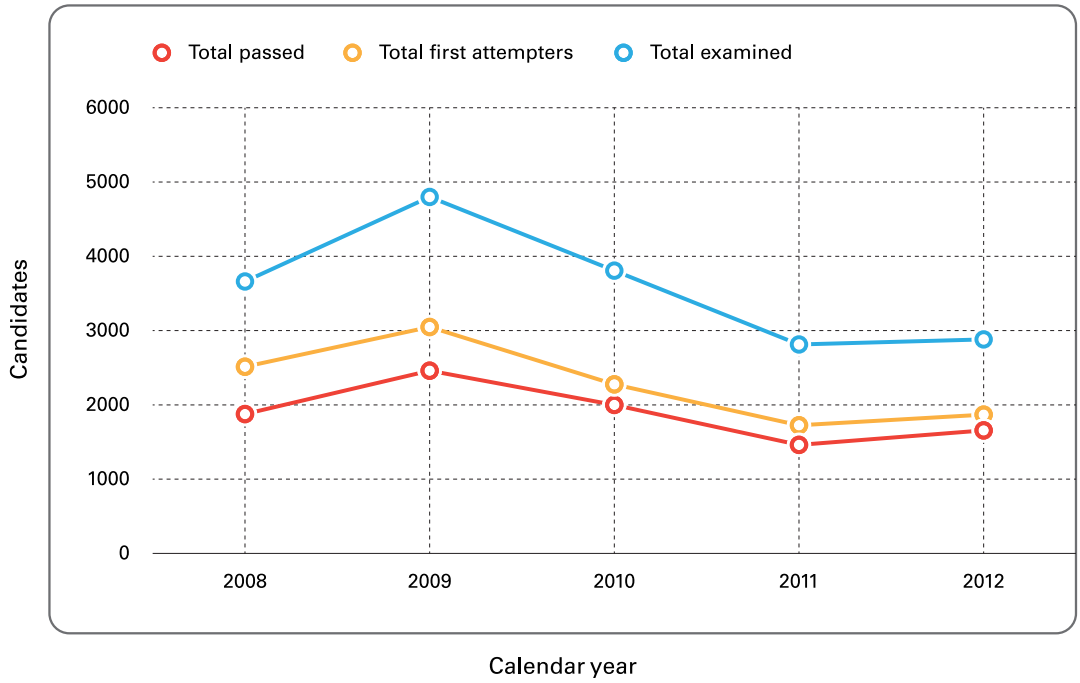


Table D.2 in Appendix D gives a breakdown of the number of MCQ examination candidates by country of training, number of attempts and number passed in 2012.

International Association for Computerized Adaptive Testing—2012 Conference

The Australian Medical Council co-hosted, with Excel Psychological and Educational Consultancy (EPEC), the 2012 conference of the International Association for Computerized Adaptive Testing (IACAT), held in Sydney between 12 August and 14 August. The association encourages scholarly efforts to advance the science of adaptive testing in all fields of applied psychological and educational measurement around the world.

The 2012 conference, which had as its theme 'CAT—the past, present and future', aimed to facilitate the exchange of ideas, research and application of computer-adaptive testing. In addition to invited keynote addresses and symposiums by global leaders in the field, introductory and advanced pre-conference workshops were offered. Presenters from Australia, Canada, China, Egypt, Hong Kong, Japan, India, the Netherlands, Saudi Arabia, South Africa, Thailand, Singapore, the United Kingdom and the United States addressed the theoretical and practical aspects of computer-adaptive testing.

More than 100 people, including AMC personnel and examiners, attended the conference. The president of IACAT acknowledged the excellent organisation of the conference by the AMC secretariat under the direction of the steering committee of Professor John Barnard of EPEC and Mr Ian Frank, the AMC's chief executive officer.

Mr Frank and Professor Barnard, two of the keynote speakers, discussed the evolution of the AMC's medical knowledge multiple-choice question examination from a paper-and-pencil format to a computer-adaptive test format and outlined how the use of CAT had reduced the time needed for the examination and enabled the examination to be administered in different time zones with increased security and a reduced chance of items 'leaking'.

Professor John Barnard, Executive Director of EPEC Pty Ltd, addressing the conference

Professor Richard Doherty, chair of the AMC Board of Examiners, addressing the conference

AMC Clinical Examination

The AMC Clinical Examination is a 16-station structured clinical 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.

Candidates who pass the 16-station assessment qualify for the AMC Certificate; those who perform marginally can do an additional assessment (retest) consisting of eight stations; and those who fail can repeat the 16-station assessment.

Statistics

In 2012, the AMC conducted 31 main (16-station) clinical examination sessions, at which it assessed 1941 individual candidates, of whom a total of 964 (50%) passed—821 passed outright and the remaining 143 passed in a retest examination held in the same year. Candidates sitting the examination for the first time made up 77% of the total number of candidates.

The AMC also conducted 6 retest (8-station) examination sessions in 2012. A total of 437 candidates sat for retest examinations—296 of that total were clinical examination candidates in 2012; the remaining 141 were candidates from previous years. Of the total number of retest candidates in 2012, 239 (54.7%) passed—143 of those qualified for the retest in 2012 and 96 qualified for it prior to 2012.

Table 5 shows the numbers of candidates who sat and passed the clinical examination in 2012, as well as the number of first-attempt candidates, in each calendar year from 2008 to 2012. Between 2008 and 2012, the number of candidates examined increased by 86%. In 2012 alone, the number of candidates examined increased by 23% over the number examined in 2011.

Table 5 Clinical examination, candidate statistics, 2008 to 2012

	2008	2009	2010	2011	2012
Total first-attempters	832	919	1171	1123	1503
Total examined	1039	1261	1596	1580	1941
Total passed	594	650	981	836	964

Figure 4 shows the trends over the past five calendar years.

Figure 4 Clinical examination, candidate trends, 2008 to 2012

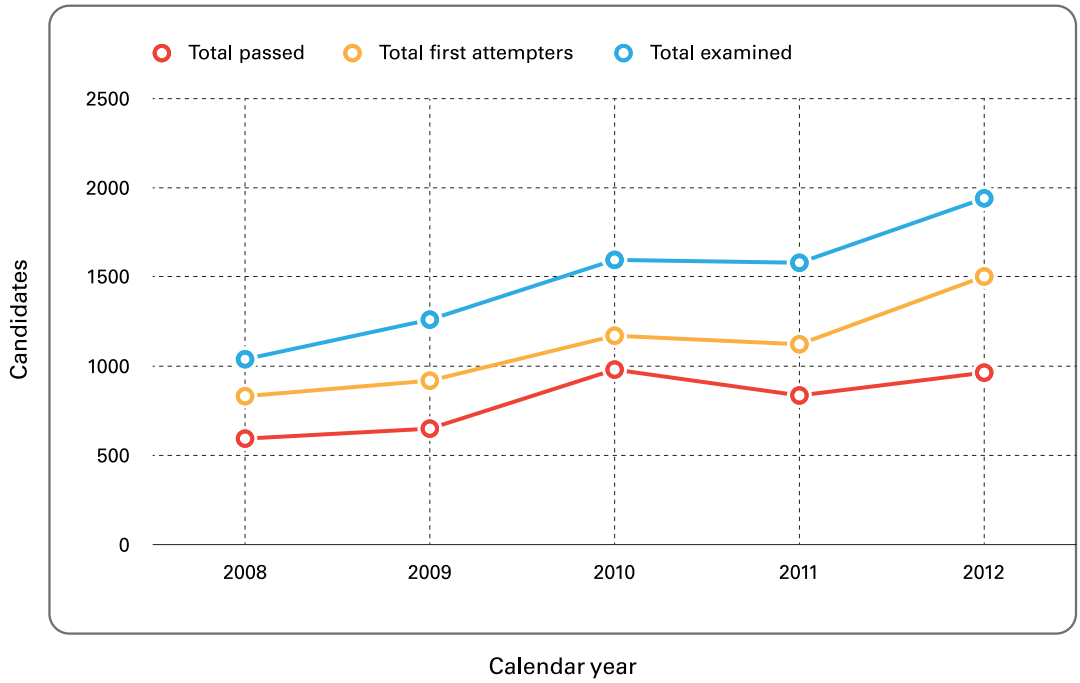


Table D.3 in Appendix D sets out clinical examination passes by candidates' country of training and number of attempts.

Capacity

The House of Representatives Standing Committee on Health and Ageing inquiry into registration processes and support for overseas-trained doctors released its report, *Lost in the Labyrinth*, in March 2012. A significant recommendation for the AMC relates to increasing the capacity of the clinical examination so that first-attempt candidates can be accommodated within six months of their initial application. The AMC's actions in relation to meeting the demand for clinical examination places are discussed in the feature 'Increasing the capacity of the AMC Clinical Examination'.

Increasing the capacity of the AMC Clinical Examination

The AMC conducts objective structured clinical examinations (OSCEs) in teaching hospitals every two to three weeks in multiple cities in Australia throughout the year. Although the numbers vary slightly, in general the AMC receives about 7000 applications for clinical examination placement each year. This represents some 4000 individual IMGs (approximately 3000 applying for the first time and 1000 repeat candidates).

In 2012, the AMC conducted 31 main clinical examinations and six clinical retest examinations involving 1941 IMGs. Even with a significant expansion in the total number of clinical examination places available, the demand for places in the AMC Clinical Examination exceeds the available supply.

In its report, *Lost in the Labyrinth*, The House of Representatives Standing Committee on Health and Ageing inquiry into registration processes and support for overseas-trained doctors recommended that the AMC take action to increase the availability of clinical examination places so that those making a first attempt at the examination can be accommodated within a reasonable timeframe, ideally within six months of their initial application.

The AMC has considered a number of options for increasing the capacity of the examination, including the following:

- expanding the workplace-based assessment model
- outsourcing clinical examinations to medical schools
- establishing dedicated examination centres.

Even with an expansion of the workplace-based assessment model and the use of medical school facilities to administer the clinical examination, it would not be possible to meet the target set by the House of Representatives Standing Committee on Health and Ageing. Therefore, in 2012 the AMC decided that it would need to re-engineer the delivery of the examination. In the short to medium term, it proposed to establish dedicated clinical examination centres to allow for testing on a rolling basis. In the longer term, it would develop, with the National Board of Medical Examiners in the United States, a computer-administered clinical test.

Funding was obtained from Health Workforce Australia to establish a prototype test centre in Melbourne, with construction to be completed by 31 March 2013.

The centre will accommodate clinical and computer-administered testing and should assist in meeting demand for the clinical examination with an ongoing test delivery model. The test centre is expected to be fully operational by June 2013.

The chief executive officer of the AMC, Ian Frank, and AMC examinations managers discuss plans for the test centre with construction project managers.

Examiner training

The AMC encourages all examiners to attend at least one training session each calendar year and requires newly appointed examiners to attend examiner training. Each training session covers standards, marking guidelines, and indemnity issues and includes calibration exercises. In 2012, the AMC conducted seven examiner training sessions in major capital cities; 172 examiners attended the sessions.

Workplace-based assessment

Workplace-based assessment (WBA) tests the performance of doctors in their everyday clinical practice through a program of summative assessments across multiple clinical areas. To be eligible for the Standard Pathway (workplace-based assessment), applicants must have passed the AMC CAT MCQ Examination and must be working in an approved clinical position with limited registration granted by the Medical Board of Australia.

AMC-accredited WBA programs were available at Hunter New England Local Health District, New South Wales; Launceston General Hospital, Tasmania; the Rural and Outer Metro United Alliance at Shepparton, Victoria; and WA Health in Western Australia. The programs granted accreditation in 2012 were Southern Health, Victoria, and the Australian College of Rural and Remote Medicine (ACRRM) nationally.

During 2012, 59 IMGs commenced workplace-based assessments in AMC-accredited programs. A total of 54 IMGs completed the program in this period and qualified for the award of the AMC Certificate. Almost half of those graduates were assessed through the very successful Hunter New England Local Health District – University of Newcastle program. All accredited WBA providers shared their experiences at an AMC-hosted national workshop on workplace-based assessment held in April in Newcastle (see the feature 'National workshop on workplace-based assessment').

Appendix D (Table D.4) shows the 2012 statistics for workplace-based assessment candidates by country of training and accredited authority.

National workshop on workplace-based assessment

In April 2012, in Newcastle, New South Wales, the AMC hosted a national workshop on workplace-based assessment (WBA) of international medical graduates. The workshop showcased the workplace-based assessment program in place in the Hunter New England Local Health District, which had won the New South Wales Premier's Award for Innovation the previous year.

The workshop brought together all the major agencies involved in the delivery of WBA programs in Australia to facilitate discussion among WBA stakeholders on the strengths of, and areas of improvement for, WBA.

In opening the workshop, the Hon Steve Georganas, MP, chair of the House of Representatives Standing Committee on Health and Ageing, commented on the challenges facing international medical graduates with regard to registration and working within Australia and said that he found the evident success of WBA programs encouraging. Wide-ranging discussions covered topics such as the successes and challenges of WBA; the most effective assessment methods; assessor training and retention; candidate experiences with WBA programs and their suggestions for improvement; ways of selecting and supporting candidates; resources for assessors, providers and candidates; and financial considerations. The discussion on the future of WBA was positive, with many believing in its value as an assessment method for international medical graduates.

Professor Kichu Nair, AM, Director of the Centre for Medical Professional Development, Hunter New England Health, addressing workshop participants

Mr Ian Frank, the chief executive officer of the AMC, addressing workshop participants

A working group was formed to progress the outcomes from the workshop, including a review of the AMC's WBA guidelines; the development of a level of standardisation of assessment plans, assessor training, resources and candidate support; and the development of a strategy for the long-term evaluation of assessment data. The group will prioritise the outcomes, implement initial changes and propose strategies for longer-term outcomes for WBA. Initial work will include standardisation of the multisource feedback form and process, standardisation of the core skills to be assessed as a direct observation of procedural skills, and the development of a training resource for case-based discussion.

Left to right: Dr Ayesha Akram and Dr Vivin Mathew, former WBA program candidates; Dr Usha Parvarthy, clinician; and Ms Kathy Ingham, manager of the Hunter Newcastle Health WBA program.

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) in the United States for primary source verification. Applications that are assessed as complete are 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 2012, the AMC received 2346 applications for assessment of documentation and primary source verification. In the same period, a total of 524 applicants were assessed as substantially comparable to an Australian-trained specialist in the same specialty field. A further 353 applicants were assessed as partially comparable (within two years of meeting the requirements for substantially comparable); and 102 as not comparable (Table E.1 in Appendix E). Statistics on applications by medical specialty and country of training for those found substantially comparable are in Table E.2 in Appendix E.

Management and accountability

6

The AMC is committed to ensuring that its policies and practices reflect good corporate governance and that it complies with all relevant provisions of the *Corporations Act 2001*, including reporting requirements, and other legislative requirements, including the *Privacy Act 1998* and the National Privacy Principles.

The AMC's governance structure, including its committees, is discussed in the 'About the AMC' section of this report. This section deals with aspects of management and accountability not covered elsewhere in the report.

Risk management

The AMC has developed and implemented a range of systems for identifying and managing risk based on national standards and processes. Its risk management framework outlines the risk management processes incorporated in its management and governance arrangements. The AMC's risk management and mitigation strategies are aimed at early identification of problems and a rapid response to them with the development of protocols to prevent or reduce the recurrence of such problems. Staff appointed as risk coordinators are trained for their roles. The Finance, Audit and Risk Management Committee prepares quarterly risk management reports to AMC directors.

Information management

The AMC has developed many systems for keeping the records it creates and uses, such as business systems (mail, registry and archive modules) and a management database where most of the administrative work for meetings and travel is processed. IT staff have also developed systems to manage examinations, such as a candidate tracking system and question banks, and an accreditation database to manage the cycle of a program's accreditation.

Privacy and confidentiality

In line with the *Privacy Act 1988* and the National Privacy Principles, the AMC has developed policies and procedures for dealing with privacy and managing personal information relating to the collection and management of information about IMGs, AMC employees, committee members, examiners, role players for clinical examinations, and assessment team members.

Strategic review

In 2012, the AMC undertook the most recent of its five-yearly strategic reviews to set the strategic direction for the AMC for the next five years. A planning group canvassed the views of all members of council and a range of external stakeholders to ensure that the resulting strategic plan incorporated their views. The AMC's *Strategic Plan 2012–17*, adopted by council at its 2012 annual general meeting, sets out four main strategic objectives, the strategies to achieve those objectives and ways of measuring the extent of their achievement.

External review

In 2012, AMC directors agreed to an external review of the AMC's effectiveness and its national and international standing, and confirmed its terms of reference, its aim and scope, its timing, and its membership.

The external review panel chair is Professor Sir Liam Donaldson, who is currently chairman of the National Patient Safety Agency in the United Kingdom. The other members of the panel are:

- Professor Peter McCrorie, Professor of Medical Education, St George's, University of London; Dean for Medical Education, St George's University of London Medical School at the University of Nicosia, Cyprus
- Professor Janice Reid, AM, Vice-Chancellor and President of the University of Western Sydney
- Professor David Swanson, Vice President for Program Development and Special Projects, US National Board of Medical Examiners.

The first stage of the review (technical reviews of accreditation and assessment services) took place in November 2012; the second stage (the whole-of-organisation review) will take place in the first quarter of 2013.

External review panel, left to right: Professor Janice Reid, Professor David Swanson, Ms Mary-Rose MacColl (Executive Officer), Professor Sir Liam Donaldson and Professor Peter McCrorie.

Financial report

7

Summary

The financial statements for 2011–12 were prepared according to the Australian Accounting Standards and the *Corporations Act 2001*, and were audited by PricewaterhouseCoopers. The auditors gave an unqualified audit report after doing a comprehensive check of bank accounts, cash statements and journals for irregularities, fraud and any items that could lead to fraud. The audited financial statements for 2011–12 follow this summary.

The financial statements were also analysed and reviewed by the Finance, Audit and Risk Management Committee, a subcommittee of the directors. The analysis included a review of reported results for reasonableness and consistency with monthly management information provided to the directors.

In 2011–12, total revenue was $17.84 million and total expenditure was $17.83 million.

Audited financial statements

Directors' report

AUSTRALIAN MEDICAL COUNCIL LIMITED

ABN 97 131 796 980

Financial Report for the Year Ended 30 June 2012
Directors' Report

Your Directors present this report on the entity for the financial year ended 30 June 2012.

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
- Professor Brendan Crotty Member elected by Council (until the AGM, 25 November 2011)
- Professor Richard Doherty Chair, Board of Examiners
- Professor David Ellwood Chair, Medical School Accreditation Committee
- Mr Ian Frank Chief Executive Officer, Australian Medical Council Limited
- Professor Constantine Michael AO Member elected by Council
- Dr Kim Rooney Member elected by Council (appointed at the AGM, 25 November 2011)
- Associate Professor Jillian Sewell AM Chair, Specialist Education Accreditation Committee
- Dr Russell Stitz AM RFD Member elected by Council (until the AGM, 25 November 2011)
- Dr Glenda Wood Member elected by Council (appointed at the AGM, 25 November 2011)

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 Australian Medical Council (AMC) accreditation standards; and the Council assesses doctors trained overseas who wish to be registered to practise medicine in Australia.

Australian Medical Council Limited ABN 97 131 796 980

Directors' Report

Objectives

The objectives of the Australian Medical Council (AMC) 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

Directors' report (continued)

Australian Medical Council Limited ABN 97 131 796 980

Directors' Report

Objectives

(ii) matters concerning the registration of medical practitioners

(iii) matters concerning the assessment of overseas qualifications of

(iv) medical practitioners

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

(vi) 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.

The entity's short-term objectives are to:

- align its accreditation and assessment functions with the Medical Board of Australia and the Australian Health Practitioner Regulation Agency (AHPRA)
- secure the renewal of 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
- implement the relevant recommendations of the House of Representatives "Lost in the Labyrinth" Report.

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 800 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
- the AMC has sought funding to expand its examination capacity.

Australian Medical Council Limited ABN 97 131 796 980

Directors' Report

Meetings of Directors

During the financial year 11 Meetings of Directors were held. Attendances by each Director were as follows:

	Directors' Meetings	
	Number eligible to attend	**Number attended**
Professor Richard Smallwood AO	11	10
Professor Brendan Crotty	5	3
Professor Richard Doherty	11	9
Professor David Ellwood	11	11
Mr Ian Frank	11	10
Professor Constantine Michael AO	11	11
Professor Robin Mortimer AO	11	11
Associate Professor Jillian Sewell AM	11	8
Associate Professor Kim Rooney	6	5
Dr Russell Stitz AM RFD	5	5
Dr Glenda Wood	6	4

Indemnifying the Directors

During the financial year, 2011/12 paid a premium of $9,000 to insure the Directors of AMC. The Directors of AMC covered by the policy include all of the Directors and the CEO. The liabilities insured include all costs and expenses that may be incurred in defending any claim that may be brought against the Directors for any actual or alleged breach of their professional duty in carrying out their duties for the AMC.

Directors' report (continued)

Australian Medical Council Limited ABN 97 131 796 980

Directors' Report

Information on Directors

Professor Richard Smallwood AO

Qualifications

MBBS, MD (Melb), FRACP, FRCP (London), FACP (Hon), D Med Sc (Hon)

Experience

Present Appointments

- Chair of the Forum of Australian Health Professions Councils
- Emeritus Professor of Medicine, University of Melbourne
- Member, Board of Snowdome Foundation
- Member, Board of Drinkwise Australia
- Member, Board of the National Stem Cell Foundation of Australia
- 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.
- Member, Board of the Australian Stem Cell Centre
- Member, Board of the Victorian Health Promotion Foundation
- Member, Board of the Victorian Neurotrauma Initiative
- 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
- 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

Information on Directors (cont.)

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
- 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
- NHMRC Australian Health Ethics Committee

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
- Clinical Dean, Austin Health-Northern Health Clinical School, University of Melbourne
- Chair, Confederation of Postgraduate Medical Education Councils

Directors' report (continued)

Australian Medical Council Limited ABN 97 131 796 980

Directors' Report

Information on Directors (cont.)

- Chair of the Committee 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 (until 25 November 2011)
- Member of Council, Australian Medical Council (until 25 November 2011)
- 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

Information on Directors (cont.)

- 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
- 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
- Member of Council, Australian Medical Council
- Chair of the Medical School 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

Directors' report (continued)

Australian Medical Council Limited ABN 97 131 796 980

Directors' Report

Information on Directors (cont.)

Professor Constantine Michael AO

Qualifications

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

Experience

- Principle Advisor, Medical Workforce, Health Department of Western Australia
- 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
- Senior Examiner

Associate Professor Kim Rooney

Qualifications

MBBS Hons (Monash), FRACP, FAChPM

Experience

- Associate Head, Launceston Clinical School, University of Tasmania School of Medicine
- Co-director of Physician Training, Launceston General Hospital
- Board member of the Post Graduate Medical Council of Tasmania
- Member of the National Examining Panel (Senior Examiners Panel)

Special Responsibilities

- Director of the Australian Medical Council (appointed at the AGM, 25 November 2011)
- Member of Council, Australian Medical Council
- Examiner
- AMC Working Party to Review Policy on Medical Course Assessment Conducted Offshore by Australian and/or New Zealand Institutions

Information on Directors (cont.)

Associate Professor Jillian Sewell AM

Qualifications

MBBS Hons (Melb), FRACP, FAICD

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
- Honorary Research Fellow, Murdoch Children's Research Institute
- Fellow of the Australian Institute of Company Directors
- Member, Health Innovation and Reform Council, Victoria
- 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 Specialist Medical Training Sites

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)

Directors' report (continued)

Australian Medical Council Limited ABN 97 131 796 980

Directors' Report

Information on Directors (cont.)

- 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 (until 25 November 2011)
- Member of Council, Australian Medical Council (until 25 November 2011)
- Member of the Finance, Audit and Risk Management Committee (until 25 November 2011)
- Member of the Competence-based Education Working Group

Dr Glenda Wood

Qualifications

MBBS (Hons), FACD, FAICD

Experience

- Chair of the Committee of Presidents of Medical Colleges
- President of The Australasian College of Dermatologists
- Head of Department of Dermatology, Prince of Wales Hospital
- Head of Department of Dermatology, Sydney Children's Hospital
- Dermatologist in Private Practice
- Member of the European Academy of Dermatology and Venereology
- Fellow of the Australian Institute of Company Directors
- Senior Staff Specialist, The Prince of Wales Hospital and Sydney Children's Hospitals and Royal Hospital for Women
- Member of the Society for Paediatric Dermatology
- Member of the American Academy of Dermatology

Special Responsibilities

- Director of the Australian Medical Council (appointed at the AGM, 25 November 2012)
- Member of Council, Australian Medical Council
- Member of the Finance, Audit and Risk Management Committee (appointed December 2012)

Australian Medical Council Limited ABN 97 131 796 980

Directors' Report

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 2012, the total amount that members of the company are liable to contribute if the company is wound up is $10 (2012: $10).

Auditor's Independence Declaration

The lead auditor's independence declaration for the year ended 30 June 2012 has been received and can be found on page 13 of the financial report.

Signed in accordance with a resolution of the Directors.

Director

Professor Richard Smallwood AO (Chair)

Dated this 29th day of October 2012

Auditor's independence declaration

pwc

Auditor's Independence Declaration

As lead auditor for the audit of Australian Medical Council Limited for the year ended 30 June 2012, I declare that to the best of my knowledge and belief, there have been:

a) no contraventions of the auditor independence requirements of the Corporations Act 2001 in relation to the audit; and

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

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

PricewaterhouseCoopers

Shane Bellchambers
Partner

Canberra
29 October 2012

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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

Statement of comprehensive income for the year ended 30 June 2012

	Note	2012	2011
		$	$
Revenue	2	17,436,921	18,513,832
Other income		407,924	356,504
Total revenue		**17,844,845**	**18,870,336**
Accreditation expenses		516,094	1,306,493
Examination running expenses		6,049,404	6,058,432
Silver Jubilee Publication		–	20,584
Publishing expenses		76,691	67,630
Council committees and executive expenses		773,824	489,947
Employee benefits expenses	3	7,402,029	7,513,412
Depreciation expenses	3	809,781	845,366
Bank fees and charges		253,267	279,739
Rental expenses	3	740,651	751,166
Audit, legal and consultancy expenses		58,830	190,496
Administration expenses		1,116,411	1,061,387
Other expenses		30,277	41,467
Total expenses		**17,827,259**	**18,626,119**
Surplus		**17,586**	**244,217**
Surplus for the year attributable to the Council		**17,586**	**244,217**

The accompanying notes form part of these financial statements

Statement of financial position as at 30 June 2012

	Note	2012 $	2011 $
Assets			
Current assets			
Cash and cash equivalents	4	1,389,630	1,681,166
Trade and other receivables	5	296,241	276,891
Inventories	6	122,423	108,337
Financial assets	8	6,490,055	4,857,112
Other assets	7	203,791	458,178
Total current assets		**8,502,140**	**7,381,684**
Non-current assets			
Plant and equipment	9	1,685,650	2,024,676
Intangible assets	10	359,555	361,217
Total non-current assets		**2,045,205**	**2,385,893**
Total assets		**10,547,345**	**9,767,577**
Liabilities			
Current liabilities			
Trade and other payables	11	1,574,075	1,314,053
Borrowings	12	43,915	20,189
Provisions	13	446,133	409,062
Other liabilities	14	3,507,422	3,264,656
Total current liabilities		**5,571,545**	**5,007,960**
Non-current liabilities			
Borrowings	12	196,079	25,009
Provisions	13	307,413	279,886
Total non-current liabilities		**503,492**	**304,895**
Total liabilities		**6,075,037**	**5,312,855**
Net assets		**4,472,308**	**4,454,722**
Equity			
Retained earnings		4,312,021	4,294,435
Reserves		160,287	160,287
Total equity		**4,472,308**	**4,454,722**

The accompanying notes form part of these financial statements

Statement of changes in equity for the year ended 30 June 2012

	Note	Retained Earnings	Financial Assets Reserve	Total
		$	$	$
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
Balance at 1 July 2011		4,294,435	160,287	4,454,722
Total comprehensive income for the year				
Surplus attributable to the Council		17,586	–	17,586
Total comprehensive income for the year		4,312,021	160,287	4,472,308
Balance at 30 June 2012		4,312,021	160,287	4,472,308

The accompanying notes form part of these financial statements

Statement of cash flows for the year ended 30 June 2012

	Note	2012 $	2011 $
Cash flows from operating activities			
Receipt of grants		2,100,674	1,922,973
Other receipts		16,565,956	17,089,249
Payments to suppliers and employees		(17,429,547)	(18,618,781)
Interest received		407,924	329,163
Net cash generated from operating activities		1,645,007	722,604
Cash flows from investing activities			
Proceeds from sale of property, plant and equipment		–	11,465
Payment for property, plant and equipment		(498,396)	(365,317)
Net cash used in investing activities		(498,396)	(353,852)
Cash flows from financing activities			
Repayment of finance lease commitments		194,796	(23,541)
Net cash used in financing activities		194,796	(23,541)
Net increase in cash held		1,341,407	345,211
Cash and cash equivalents at beginning of financial year		6,538,278	6,193,067
Cash and cash equivalents at end of financial year	4	**7,879,685**	**6,538,278**

The accompanying notes form part of these financial statements

Notes to the financial statements for the year ended 30 June 2012

The financial statements are for Australian Medical Council Limited (AMC), 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

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 AMC 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 AMC 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 AMC 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 statement of financial position as a liability until the service has been delivered to the contributor, otherwise the grant is recognised as income on receipt.

AMC 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.

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 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.

Note 1: Summary of significant accounting policies (continued)

(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, 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 AMC, 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.

AMC 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.

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 AMC becomes a party to the contractual provisions to the instrument. For financial assets, this is equivalent to the date that AMC 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 einvestments are non-derivative financial assets that have fixed maturities and fixed or determinable payments, and it is the AMC 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 AMC 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.

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, AMC 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 AMC 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, AMC 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 AMC 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, AMC 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 AMC 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 AMC 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.

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 AMC 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.

Note 1: Summary of significant accounting policies (continued)

(l) Provisions

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

(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 AMC 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 AMC during the reporting period which remain unpaid. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.

(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 AMC.

Key estimates – impairment

AMC assesses impairment at each reporting date by evaluating conditions specific to AMC 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 2012.

The financial statements were authorised for issue on 29 October 2012 by the Directors of the AMC.

Note 2: Revenue and other income

	2012 $	2011 $
Revenue from government grants and other grants		
– Commonwealth government grants	671,932	520,264
– Commonwealth special grants	71,910	250,794
– Commonwealth grant for recognition of medical specialties	461,407	451,882
– Commonwealth grant for accreditation of specialist education	603,182	590,697
– Medical Board of Australia special grants	292,243	109,336
Total revenue from government grants and other grants	**2,100,674**	**1,922,973**
Other revenue		
– Accreditation fees	185,391	839,951
– Examination fees	14,299,810	14,927,730
– Sale of publications	476,223	562,337
– Miscellaneous revenue	374,823	260,841
	15,336,247	**16,590,859**
Total other revenue	**17,436,921**	**18,513,832**
Other income		
– Gain/(loss) on disposal of property, plant and equipment	–	1,514
– Interest	407,924	354,990
Total other income	**407,924**	**356,504**
Total revenue and other income	**17,844,845**	**18,870,336**

Note 3: Surplus for the year

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

	2012 $	2011 $
Expenses		
Employee benefits expenses	7,402,029	7,513,412
Depreciation		
– Office equipment	34,578	37,378
– Furniture and fittings	80,465	78,614
– Computer equipment	138,074	212,929
– Software	110,704	82,788
– Leasehold improvements	425,200	415,526
– Leased assets	20,760	18,131
Total depreciation and amortisation expense	809,781	845,366
Rental expense on operating leases	740,651	751,166

Note 4: Cash and cash equivalents

	2012 $	2011 $
Current		
Cash on hand	1,500	1,500
Cash at bank	1,388,130	1,679,666
	1,389,630	1,681,166

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:

	2012 $	2011 $
Balances as above	1,389,630	1,681,166
Financial assets at fair value through profit or loss	6,490,055	4,857,112
Balances per statement of cash flows	7,879,685	6,538,278

Note 5: Trade and other receivables

	2012 $	2011 $
Current		
Trade receivables	218,695	199,266
Other receivables	77,546	77,625
Total current trade and other receivables	296,241	276,891

Note 6: Inventories

	2012 $	2011 $
Current		
At cost: Inventory	122,423	108,337
	122,423	108,337

Note 7: Other assets

	2012 $	2011 $
Current		
Accrued income	76,585	367,775
Prepayments	127,206	90,403
	203,791	458,178

Note 8: Financial assets

	2012 $	2011 $
Current		
Financial assets at fair value through profit or loss	6,490,055	4,857,112
	6,490,055	4,857,112

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

Note 9: Property, plant and equipment

	2012 $	2011 $
Plant and equipment		
Computer equipment		
– At cost	921,896	1,018,391
– Less accumulated depreciation	(819,263)	(810,402)
	102,633	207,989
Office equipment		
– At cost	228,116	311,893
– Less accumulated depreciation	(177,802)	(231,280)
	50,314	80,613
Furniture and fittings		
– At cost	362,738	355,299
– Less accumulated depreciation	(286,878)	(206,413)
	75,860	148,886
Leasehold improvement		
– At cost	2,560,704	2,471,882
– Less accumulated depreciation	(1,347,238)	(922,039)
	1,213,466	1,549,843
Leased assets		
– At cost	248,333	90,661
– Less accumulated depreciation	(4,956)	(53,316)
	243,377	37,345
Total property, plant and equipment	**1,685,650**	**2,024,676**

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 & fittings $	Leasehold improvement $	Leased assets $	Total $
Balance at 1 July 2011	207,989	80,613	148,886	1,549,843	37,345	**2,024,676**
Additions at cost	32,755	13,022	7,439	88,823	248,333	**390,372**
Disposals	(129,249)	(96,799)	–	–	(90,661)	**(316,709)**
Depreciation expenses	(138,074)	(34,577)	(80,465)	(425,200)	(20,760)	**(699,076)**
Depreciation written back	129,212	88,055	–	–	69,120	**286,387**
Carrying amount at the end of year	102,633	50,314	75,860	1,213,466	243,377	**1,685,650**

Note 10: Intangible assets

	2012 $	2011 $
Computer software – at cost	687,050	579,024
Accumulated amortisation	(327,495)	(217,807)
Net carrying value	359,555	361,217

Movements in carrying amounts

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

	Computer software $
2012	
Balance at the beginning of the year	361,217
Additions	108,026
Disposals	–
Amortisation charge	(110,704)
Amortisation written back	1,016
	359,555

Note 11: Trade and other payables

	2012 $	2011 $
Current		
Trade payables	59,034	34,779
Accrued expenses	692,734	509,336
Other current payables	23,480	46,649
Employee benefits	798,827	723,289
	1,574,075	1,314,053

Financial liabilities at amortised cost included in trade and other payables

	2012 $	2011 $
Trade and other payables		
– Total current	1,574,075	1,314,053
	1,574,075	1,314,053
Less deferred income	(692,734)	(509,336)
Less annual leave entitlements	(798,827)	(723,289)
Financial liabilities included in trade and other payables	82,514	81,428

Note 12: Borrowings

	2012 $	2011 $
Current		
Lease liabilities	43,915	20,189
Non-current		
Lease liabilities	196,079	25,009
Total borrowings	239,994	45,198

Leased liabilities are secured by the underlying leased assets.

Note 13: Provisions

	Movement in provisions $
Opening balance at 1 July 2011	688,948
Additional provisions raised during year	64,598
Amounts used	–
Balance at 30 June 2012	753,546

	2012 $	2011 $
Analysis of total provisions		
Current	446,133	409,062
Non-current	307,413	279,886
	753,546	688,948

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.

Note 14: Other liabilities

	2012 $	2011 $
Current		
Examination fees received in advance	3,507,422	3,264,656
	3,507,422	3,264,656

Note 15: Capital and leasing commitments

		2012 $	2011 $
(a)	**Finance lease commitments**		
	Payable – minimum lease payments:		
	– not later than 12 months	43,915	20,189
	– later than 12 months but not later than five years	196,079	25,009
	Minimum lease payments	239,994	45,198

Finance leases of which there are 5 (2011: 5), 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.

		2012 $	2011 $
(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	845,381	808,977
	– later than 12 months but not later than five years	1,373,009	2,218,390
		2,218,390	3,027,367

Note 16: Contingent liabilities and contingent assets

AMC 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:

	2012 $	2011 $
Key management personnel compensation	705,098	690,079

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 2012, the total amount that members of the company are liable to contribute if the company is wound up is $10 (2011: $10).

Note 21: Financial risk management

AMC 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:

	2012 $	2011 $
Financial assets		
Cash and cash equivalents	1,389,630	1,681,166
Loans and receivables	372,826	644,666
Financial assets at fair value through profit or loss	6,490,055	4,857,112
Total financial assets	8,252,511	7,182,944
Financial liabilities		
Financial liabilities at amortised cost:		
– trade and other payables	82,514	81,428
– borrowings	239,994	45,198
Total financial liabilities	322,508	126,626

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 14 to 31, 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 2012 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 29th day of October 2012

Independent auditor's report

Independent auditor's report to the members of Australian Medical Council Limited

Report on the financial report

We have audited the accompanying financial report of Australian Medical Council Limited (the Council), which comprises the balance sheet as at 30 June 2012, and the 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, other explanatory notes and the directors' declaration.

Directors' responsibility for the financial report

The directors of the Council are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards - Reduced Disclosure Requirements 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. These Auditing 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 judgement, 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 entity'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 entity'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.

Our procedures include reading the other information in the Annual Report to determine whether it contains any material inconsistencies with the financial report.

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

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

Independent auditor's report (continued)

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 report of Australian Medical Council Limited is in accordance with the *Corporations Act 2001*, including:

(a) giving a true and fair view of the Council's financial position as at 30 June 2012 and of its performance for the year ended on that date; and

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

PricewaterhouseCoopers

Shane Bellchambers
Partner

Canberra
29 October 2012

Appendixes

Appendix A – Council members and directors at 31 December 2012

Members

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

Directors

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

Appendix B – Committee membership at 31 December 2012

Board of Examiners

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

Finance, Audit and Risk Management Committee

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

Medical School Accreditation Committee

Prof D Ellwood (Chair)
Prof P Ellis (Deputy Chair)
Prof S Broadley
Assoc Prof T Brown
Prof J Beilby
Ms G Carroll
Prof P Crampton
Dr P Dohrmann
Prof J Kolbe
Ms R Lawson
Prof G McColl
Prof R Murray
Prof A Tonkin
Dr P White

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

Specialist Education Accreditation Committee

Assoc Prof J Sewell AM (Chair)
Dr A Fraser
Prof M Kidd AM
Prof K Leslie
Mr R McGowan
Dr L MacPherson
Dr R McRae
Dr W Milford
Prof R Mortimer AO
Ms D Potter
Dr A Singer
Prof A Tonkin
Assoc Prof MJ Waters
Dr P White
Prof A Wilson

Strategic Policy Advisory Committee

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

Appendix C – Staff at 31 December 2012

Executive

Chief Executive Officer
Ian Frank

Deputy Chief Executive Officer
Theanne Walters

Senior Executive Officer Management Services and Company Secretary
Peggy Sanders

Executive support

Senior Executive Assistant
Wendy Schubert

Executive Assistant
Louise McCormack

Project Manager, AMC Examination Centre Development
Carl Matheson

Policy Analyst (Corporate Services)
Rebecca Travers

Executive Project Coordinator
Caroline Watkin

Executive Project Officer
Anna Boots

Corporate Services

Human Resources Manager
Alison Howard

Human Resources Coordinator
John Akuak

Records Manager
Lindsey MacDonald

Finance Manager
Ravi Wickramaratna

Accounts Supervisor
Santhosh Moorkoth

Payroll Officer
Debbie Banks

Accounts Payable Clerk
Wendy Studman

Accounts Receivable Clerk
Christine Thompson

Manager Administrative Services
Leonora Bellhouse

Assistant Manager Administrative Services
Jane McGovern

Senior Travel Officer
Steven Cook

Travel Officer
Dhanushka Keenagahapitiya

Administrative Officers
Michelle Edmonds
Helen Slat

Administration Officer
Nicole Wilson

Project Officer
Jarrod Bradley

Chief Information Officer
Stephen Hinwood

IT Systems Manager and Team Leader
John Hunter

Information Systems Administrators
Andrew Cole
Matt Kendrick
Brenden Wood

Senior Programmers
Eddie Ridwan (Senior Programmer – Project Schedule Coordinator)
Brendan Boesen
Jared Fraser
Michael MacDonald
Kevin Ng

Programmers
Kapila Chovatiya
Dionne Saunders

Accreditation and Recognition

Senior Executive Officer Research and International Developments
Trevor Lockyer

Program Manager, Medical Education and Accreditation Services
Annette Wright

Accreditation Executive Officer
Melinda Donevski

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

Manager, Specialist Training and Program Assessment
Jane Porter

Policy Officer Accreditation
Anthea Kerrison

Accreditation Administrator
Ellana Rietdyk

Assessment Services

Program Director, AMC Examination Development and Risk Management
Susan Buick

Manager, AMC Examination Item Banking
Megan Lovett

Manager, MCQ Examinations
Josie Cunningham

Project Manager (Multimedia), AMC Examination Development
Martin Jagodzki

Administrative Officer, Examination Development and Multimedia
Frank Pavey

MCQ Examination Administrator
Karoline Dawe

Manager, Clinical Examinations
Stacey Yeats

Clinical Examination Coordinators
Sarah Anderson
Amanda Murphy

Clinical Examination Administrators
Nadeem Afzal
James Alderson
Andrew Hing
Kista Ho
Andrea Meredith
Meagan Miller
Lucy Nelson

Project Officer Clinical Examinations and Workplace-based Assessment
Robin Dearlove

Manager Assessment Services Support
Zuzette Van Vuuren

Assessment Services Support Officer
Kylie Edwards

Assessment Clerks
Ashley Bowley
Rachelle McVey
Elissa Munchow
Dhara Patel
Nancy Van Bael
Wendy Zhuang

Assessments Administration Assistant
Tegan Michelin-Jones

Competent Authority Assessment Officer
Slavica Petreska

Competent Authority Assessment Clerk
Kaylene Tanti

Assessment Services Help Desk Operators
Janya Eighani
Carol Ford
Ana Maljevac
Helen Rakowski

Publications Editor
Lorraine Lebel

Publications Clerk
Matthew Haggan

Appendix D – Non-specialist statistics

This appendix consists of the following tables:

- Table D.1: Competent Authority Pathway statistics, by country of training, 2012
- Table D.2: AMC CAT MCQ Examination: passes by country of training and number of attempts, 2012
- Table D.3: AMC Clinical Examination, passes by country of training and number of attempts, 2012
- Table D.4: Workplace-based assessment, all candidates, by country of training, 2012

Competent Authority Pathway

In Table D.1, the following abbreviations are used in reference to competent authority examinations and assessment systems:

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 D.1 Competent Authority Pathway statistics, by country of training, 2012

	Number of applications received, by competent authority								
Country of training	PLAB	MCC	USMLE	NZREX	GMCUK	MCI	Applications	Advanced Standing issued	AMC Certificate issued
Armenia	0	0	0	0	0	0	0	0	1
Bahrain	0	0	0	0	0	0	0	1	0
Bangladesh	3	3	0	1	0	0	8	6	2
Belarus	1	0	0	0	0	0	1	1	1
Bulgaria	0	1	0	0	0	0	1	1	0
Canada	0	18	0	0	0	0	18	24	5
China	0	0	0	1	0	0	2	0	0
Czech Republic	0	0	0	0	0	0	1	0	0
Democratic Republic of the Congo	0	1	0	0	0	0	1	0	0
Dominica	0	0	0	0	0	0	0	0	2
Egypt	3	9	1	0	0	0	16	14	1
Georgia	1	0	0	0	0	0	1	1	0
Germany	0	0	0	0	1	0	5	0	0
Greece	0	0	0	0	0	0	1	0	0
Grenada	1	0	1	0	0	0	2	2	1
Guyana	0	0	0	0	0	0	1	0	0
Hungary	0	0	0	0	0	0	1	0	0
India	45	5	5	1	0	0	64	57	25
Iran	1	10	0	0	0	0	12	11	2
Iraq	2	6	0	2	0	0	10	13	4
Ireland	0	0	0	0	0	129	149	139	90
Jordan	1	0	0	1	0	0	3	3	0
Kenya	0	0	0	0	0	0	1	0	0
Kuwait	1	0	0	0	0	0	1	1	0
Libya	0	0	0	0	0	0	1	0	1
Lithuania	0	0	0	0	0	0	0	1	0
Mexico	0	0	1	0	0	0	1	1	0
Moldova	0	0	1	0	0	0	1	1	0
Myanmar	0	1	0	0	0	0	3	1	2
Nepal	3	1	0	0	0	0	4	4	0
Nigeria	11	3	1	0	1	0	20	16	4
Pakistan	18	6	3	1	0	0	35	32	12

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
Philippines	0	1	0	0	0	0	1	2	1
Poland	0	0	1	0	0	0	2	1	0
Romania	1	0	0	0	0	0	2	1	2
Russia	5	1	0	1	0	0	9	6	2
Saba	0	0	1	0	0	0	1	1	0
Samoa	0	0	0	1	0	0	1	1	0
Sierra Leone	0	1	0	0	0	0	1	1	0
Singapore	0	0	0	0	0	0	0	0	1
Sint Eustatius	0	0	1	0	0	0	1	1	0
South Africa	2	2	0	0	0	0	6	3	0
Spain	0	0	0	0	0	0	1	0	0
Sri Lanka	3	4	0	3	1	0	14	12	3
Sudan	1	0	1	0	0	0	4	2	1
Syria	2	1	0	0	0	0	3	3	1
Thailand	0	1	1	0	0	0	2	2	0
Trinidad and Tobago	0	1	1	0	0	0	2	2	0
Uganda	0	0	0	0	0	0	2	0	0
Ukraine	1	1	0	0	0	0	3	4	2
United Arab Emirates	1	0	0	0	0	0	1	1	0
United Kingdom	0	0	0	0	871	1	941	945	342
USA	0	1	18	0	0	0	22	22	6
Uzbekistan	0	0	0	0	0	0	0	0	1
Venezuela	0	0	0	0	0	0	1	0	1
Viet Nam	0	0	0	0	0	0	0	0	1
Yemen	0	0	0	0	0	0	0	0	1
Zambia	0	0	0	0	0	0	0	0	2
Zimbabwe	2	0	0	0	0	0	2	2	0
Total	109	78	37	12	874	130	1386	1342	520

AMC CAT MCQ Examination

Table D.2 AMC CAT MCQ Examination: passes by country of training and number of attempts, 2012

Country of training	Sat 1	Sat 2	Sat 3	Sat 4+	Total	Pass 1	Pass 2	Pass 3	Pass 4+	Total
Afghanistan	1	1	0	2	4	1	0	0	0	1
Algeria	0	1	0	0	1	0	1	0	0	1
Argentina	3	0	0	0	3	3	0	0	0	3
Austria	3	2	0	0	5	2	0	0	0	2
Azerbaijan	1	0	0	0	1	1	0	0	0	1
Bahrain	3	0	0	0	3	3	0	0	0	3
Bangladesh	113	48	22	16	199	67	29	16	6	118
Barbados	1	0	0	0	1	1	0	0	0	1
Belarus	8	2	0	0	10	3	1	0	0	4
Belgium	5	0	0	2	7	5	0	0	0	5
Benin	1	0	0	0	1	1	0	0	0	1
Bolivia	1	0	0	0	1	0	0	0	0	0
Bosnia-Herzegovina	0	1	0	0	1	0	0	0	0	0
Brazil	5	1	0	0	6	4	1	0	0	5
Bulgaria	1	1	0	2	4	0	0	0	1	1
Cayman Islands	1	1	0	0	2	0	0	0	0	0
China	70	25	13	13	121	38	11	8	6	63
Colombia	19	6	0	2	27	10	4	0	0	14
Croatia	1	1	0	0	2	0	0	0	0	0
Cuba	2	0	0	1	3	2	0	0	0	2
Curacao	1	0	0	0	1	0	0	0	0	0
Czech Republic	2	1	0	2	5	2	1	0	0	3
Democratic Republic of the Congo	1	1	0	0	2	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
Dominica	1	0	0	1	2	0	0	0	1	1
Ecuador	1	0	0	0	1	1	0	0	0	1
Egypt	66	15	8	7	96	37	8	3	2	50
Fiji	20	9	2	1	32	7	3	1	1	12
France	5	1	1	0	7	4	0	1	0	5
Georgia	0	0	0	1	1	0	0	0	0	0
Germany	26	6	2	0	34	18	6	0	0	24
Ghana	1	1	0	0	2	1	1	0	0	2
Grenada	1	0	0	0	1	1	0	0	0	1
Guatemala	1	1	1	0	3	0	1	1	0	2
Haiti	1	0	0	0	1	0	0	0	0	0
Hungary	2	1	0	0	3	1	1	0	0	2
Iceland	3	0	0	0	3	2	0	0	0	2
India	257	71	43	47	418	167	36	24	15	242
Indonesia	13	8	8	6	35	7	1	3	0	11
Iran	154	29	9	9	201	101	13	4	5	123
Iraq	50	15	8	5	78	33	9	4	2	48
Ireland	1	0	0	0	1	1	0	0	0	1
Italy	6	0	0	3	9	3	0	0	1	4
Jamaica	1	0	0	0	1	1	0	0	0	1
Japan	7	1	0	0	8	6	0	0	0	6
Jordan	21	1	0	0	22	10	0	0	0	10
Kazakhstan	4	1	0	1	6	0	1	0	0	1
Kenya	3	1	0	0	4	0	0	0	0	0
Kosovo	0	0	0	2	2	0	0	0	1	1
Kyrgyzstan	1	2	0	0	3	1	0	0	0	1
Latvia	3	3	1	0	7	2	2	1	0	5
Lebanon	2	2	0	0	4	2	1	0	0	3
Libya	3	1	1	1	6	2	0	0	1	3
Lithuania	3	1	1	0	5	1	0	0	0	1

Country of training	Sat 1	Sat 2	Sat 3	Sat 4+	Total	Pass 1	Pass 2	Pass 3	Pass 4+	Total
Macedonia	2	0	1	1	4	2	0	0	0	2
Malaysia	40	4	2	0	46	31	2	1	0	34
Mauritius	2	1	0	0	3	1	1	0	0	2
Mexico	3	0	2	1	6	2	0	1	1	4
Myanmar	128	23	6	5	162	102	13	3	3	121
Namibia	1	0	0	0	1	0	0	0	0	0
Nepal	24	4	7	8	43	16	1	3	3	23
Netherlands	3	0	0	0	3	2	0	0	0	2
Nigeria	59	25	6	7	97	31	12	4	3	50
Niue	1	0	0	0	1	1	0	0	0	1
Northern Ireland	1	0	0	0	1	1	0	0	0	1
Norway	1	0	0	0	1	1	0	0	0	1
Oman	8	1	0	0	9	4	1	0	0	5
Pacific Islands Trust Territory	2	1	0	0	3	1	1	0	0	2
Pakistan	214	58	24	22	318	128	29	13	11	181
Palestinian Authority	1	0	0	0	1	0	0	0	0	0
Papua New Guinea	3	2	1	1	7	1	1	0	1	3
Peru	5	2	1	0	8	2	1	0	0	3
Philippines	62	35	17	32	146	26	10	6	8	50
Poland	4	1	0	0	5	2	1	0	0	3
Portugal	1	0	0	0	1	1	0	0	0	1
Romania	10	4	3	1	18	5	2	3	1	11
Russia	55	21	12	19	107	22	9	4	8	43
Rwanda	1	1	1	1	4	0	0	0	1	1
Saint Kitts and Nevis	1	2	0	0	3	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
Samoa	2	1	0	0	3	1	1	0	0	2
Saudi Arabia	5	1	0	1	7	2	1	0	1	4
Serbia	4	0	0	1	5	3	0	0	0	3
Serbia and Montenegro	1	0	0	0	1	1	0	0	0	1
Seychelles	0	1	0	0	1	0	0	0	0	0
Singapore	3	0	0	0	3	3	0	0	0	3
Sint Marten	1	0	0	0	1	1	0	0	0	1
Slovak Republic	1	1	0	0	2	0	1	0	0	1
Slovenia	1	1	0	0	2	0	1	0	0	1
South Africa	24	6	1	0	31	17	4	1	0	22
South Korea	3	4	1	1	9	3	2	0	0	5
Spain	2	1	0	0	3	2	1	0	0	3
Sri Lanka	178	30	12	7	227	145	20	8	4	177
Sudan	29	8	2	5	44	15	3	1	0	19
Sweden	3	0	0	0	3	3	0	0	0	3
Switzerland	3	0	0	0	3	3	0	0	0	3
Syria	4	2	0	2	8	2	1	0	0	3
Taiwan	1	2	0	0	3	0	1	0	0	1
Tajikistan	1	0	0	0	1	0	0	0	0	0
Tanzania	2	0	1	2	5	1	0	0	1	2
Thailand	1	0	0	0	1	1	0	0	0	1
Trinidad and Tobago	2	0	0	0	2	2	0	0	0	2
Tunisia	0	1	0	0	1	0	0	0	0	0
Turkey	2	1	0	0	3	1	1	0	0	2
Uganda	6	0	0	0	6	5	0	0	0	5
Ukraine	22	7	8	12	49	10	4	3	4	21
United Arab Emirates	3	1	1	0	5	1	0	1	0	2

Country of training	Sat 1	Sat 2	Sat 3	Sat 4+	Total	Pass 1	Pass 2	Pass 3	Pass 4+	Total
United Kingdom	4	1	1	0	6	4	0	0	0	4
USA	3	1	0	0	4	2	1	0	0	3
Uzbekistan	1	1	0	0	2	0	1	0	0	1
Venezuela	1	1	0	0	2	1	1	0	0	2
Viet Nam	7	0	1	3	11	5	0	0	2	7
Wake Island	1	0	0	0	1	1	0	0	0	1
Yemen	3	0	0	0	3	3	0	0	0	3
Zambia	1	0	0	0	1	1	0	0	0	1
Zimbabwe	11	2	3	2	18	9	1	1	1	12
Total	1868	521	234	258	2881	1182	260	119	95	1656

AMC Clinical Examination

Table D.3 AMC Clinical Examination, passes by country of training and number of attempts, 2012

Country of training	Sat 1	Sat 2	Sat 3	Sat 4+	Total	Pass 1	Pass 2	Pass 3	Pass 4+	Total
Afghanistan	4	1	1	1	7	1	0	0	0	1
Argentina	4	0	0	0	4	2	0	0	0	2
Austria	1	0	0	0	1	0	0	0	0	0
Azerbaijan	1	0	0	0	1	0	0	0	0	0
Bangladesh	94	11	18	14	137	41	8	10	3	62
Belarus	2	1	1	1	5	2	0	0	0	2
Belgium	2	0	0	0	2	1	0	0	0	1
Bolivia	1	0	0	0	1	0	0	0	0	0
Bosnia-Herzegovina	2	0	1	0	3	1	0	1	0	2
Brazil	9	0	1	0	10	6	0	0	0	6
Bulgaria	4	2	1	1	8	2	1	0	0	3
Cambodia	2	0	0	0	2	1	0	0	0	1
Canada	1	0	0	0	1	1	0	0	0	1
Cayman Islands	1	1	0	0	2	0	1	0	0	1
Chile	1	0	0	0	1	0	0	0	0	0
China	50	7	5	4	66	32	6	4	2	44
Colombia	17	1	0	0	18	9	1	0	0	10
Costa Rica	1	0	0	0	1	0	0	0	0	0
Czech Republic	2	1	0	0	3	1	1	0	0	2
Czechoslovakia	0	0	1	0	1	0	0	1	0	1
Democratic Republic of the Congo	1	0	0	1	2	0	0	0	0	0
Denmark	1	0	0	0	1	1	0	0	0	1
Dominica	1	0	0	0	1	1	0	0	0	1
Dominican Republic	1	0	0	0	1	0	0	0	0	0
Egypt	51	5	0	3	59	23	3	0	1	27
El Salvador	1	0	0	0	1	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
Estonia	1	0	0	0	1	1	0	0	0	1
Fiji	13	2	1	1	17	7	1	0	0	8
France	2	0	0	0	2	0	0	0	0	0
Germany	12	3	2	1	18	11	1	1	1	14
Ghana	1	0	0	0	1	0	0	0	0	0
Greece	1	0	0	0	1	1	0	0	0	1
Grenada	2	1	0	0	3	0	0	0	0	0
Hong Kong	1	1	0	0	2	1	1	0	0	2
Hungary	2	1	2	0	5	2	0	1	0	3
India	296	59	17	10	382	133	35	10	3	181
Indonesia	10	2	0	1	13	3	1	0	0	4
Iran	101	17	7	2	127	56	10	6	2	74
Iraq	24	11	4	1	40	15	5	1	1	22
Israel	1	0	0	0	1	1	0	0	0	1
Japan	1	0	0	0	1	1	0	0	0	1
Jordan	12	4	0	1	17	9	3	0	0	12
Kazakhstan	0	0	0	1	1	0	0	0	0	0
Kyrgyzstan	1	1	0	0	2	0	1	0	0	1
Latvia	4	1	1	0	6	3	0	1	0	4
Lebanon	1	0	0	0	1	1	0	0	0	1
Libya	10	1	0	0	11	6	1	0	0	7
Malaysia	22	5	1	0	28	11	3	1	0	15
Malta	3	0	0	0	3	2	0	0	0	2
Mauritius	0	0	1	0	1	0	0	1	0	1
Mexico	1	0	0	0	1	0	0	0	0	0
Moldova	0	0	1	0	1	0	0	0	0	0
Myanmar	95	6	3	4	108	50	4	1	0	55
Nepal	19	3	0	0	22	7	2	0	0	9
Netherlands	4	1	0	0	5	3	1	0	0	4
Nigeria	38	7	4	1	50	17	5	0	1	23

Table continues

Country of training	Sat 1	Sat 2	Sat 3	Sat 4+	Total	Pass 1	Pass 2	Pass 3	Pass 4+	Total
Oman	2	0	1	0	3	1	0	0	0	1
Pakistan	173	27	16	6	222	93	18	4	2	117
Papua New Guinea	4	1	2	2	9	1	0	1	0	2
Paraguay	0	1	0	0	1	0	1	0	0	1
Peru	4	1	1	0	6	4	0	1	0	5
Philippines	80	9	13	11	113	28	6	5	1	40
Poland	5	0	0	1	6	3	0	0	1	4
Portugal	1	0	0	0	1	1	0	0	0	1
Romania	5	1	0	0	6	2	1	0	0	3
Russia	39	2	2	1	44	16	1	2	1	20
Saint Kitts and Nevis	4	0	0	0	4	2	0	0	0	2
Samoa	2	0	0	0	2	2	0	0	0	2
Serbia	1	3	1	2	7	0	0	0	1	1
Singapore	2	0	0	0	2	2	0	0	0	2
Slovak Republic	1	0	1	0	2	0	0	1	0	1
Somalia	0	0	0	1	1	0	0	0	0	0
South Africa	35	2	0	0	37	19	1	0	0	20
South Korea	2	1	0	1	4	0	0	0	0	0
Sri Lanka	142	17	6	2	167	78	11	4	0	93
Sudan	6	2	1	0	9	3	0	1	0	4
Switzerland	1	0	0	0	1	1	0	0	0	1
Syria	6	0	1	1	8	1	0	0	0	1
Taiwan	0	1	1	0	2	0	0	0	0	0
Tanzania	1	0	0	0	1	1	0	0	0	1
Thailand	3	0	0	0	3	1	0	0	0	1
Trinidad and Tobago	3	0	0	0	3	0	0	0	0	0
Turkey	2	1	0	0	3	0	0	0	0	0
Uganda	3	0	0	0	3	1	0	0	0	1
Ukraine	17	5	2	0	24	4	3	1	0	8
United Arab Emirates	5	0	0	0	5	2	0	0	0	2

Country of training	Sat 1	Sat 2	Sat 3	Sat 4+	Total	Pass 1	Pass 2	Pass 3	Pass 4+	Total
United Kingdom	1	0	0	0	1	0	0	0	0	0
USA	2	1	0	0	3	2	0	0	0	2
USSR	3	0	0	2	5	0	0	0	0	0
Uzbekistan	1	0	0	0	1	1	0	0	0	1
Venezuela	1	0	0	1	2	0	0	0	0	0
Viet Nam	0	1	1	0	2	0	1	0	0	1
Yemen	0	1	0	0	1	0	1	0	0	1
Zimbabwe	13	3	1	0	17	8	2	1	0	11
Total	1503	236	123	79	1941	743	141	60	20	964

Workplace-based assessment

Table D.4 Workplace-based assessment, all candidates, by country of training, 2012

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	2	0	0	0	2	1	0	0	0	1
	Egypt	1	0	0	0	1	1	0	0	0	1
	Fiji	1	0	0	0	1	1	0	0	0	1
	Germany	1	0	0	0	1	1	0	0	0	1
	India	12	0	0	0	12	12	0	0	0	12
	Italy	1	0	0	0	1	1	0	0	0	1
	Jordan	1	0	0	0	1	1	0	0	0	1
	Kenya	1	0	0	0	1	1	0	0	0	1
	Pakistan	4	0	0	0	4	3	0	0	0	3
	Romania	1	0	0	0	1	1	0	0	0	1
	Russia	1	0	0	0	1	1	0	0	0	1
	Ukraine	1	0	0	0	1	1	0	0	0	1
	Uruguay	1	0	0	0	1	1	0	0	0	1
	Subtotal	28	0	0	0	28	26	0	0	0	26
Launceston General Hospital	Bangladesh	1	0	0	0	1	1	0	0	0	1
	Colombia	1	0	0	0	1	1	0	0	0	1
	India	4	0	0	0	4	4	0	0	0	4
	Iran	1	0	0	0	1	1	0	0	0	1
	Nigeria	1	0	0	0	1	0	0	0	0	0
	Philippines	1	0	0	0	1	1	0	0	0	1
	South Africa	1	0	0	0	1	1	0	0	0	1
	Thailand	1	0	0	0	1	1	0	0	0	1
	Subtotal	11	0	0	0	11	10	0	0	0	10
Rural and Outer Metro United Alliance	Nigeria	3	0	0	0	3	3	0	0	0	3
	Pakistan	2	0	0	0	2	2	0	0	0	2
	Subtotal	5	0	0	0	5	5	0	0	0	5

Authority	Country of training	Sat 1	Sat 2	Sat 3	Sat 4+	Total	Pass 1	Pass 2	Pass 3	Pass 4+	Total
WA Health	Bangladesh	2	0	0	0	2	1	0	0	0	1
	Belgium	1	0	0	0	1	1	0	0	0	1
	Bulgaria	1	0	0	0	1	1	0	0	0	1
	India	3	0	0	0	3	2	0	0	0	2
	Italy	1	0	0	0	1	1	0	0	0	1
	Pakistan	2	0	0	0	2	2	0	0	0	2
	Philippines	1	0	0	0	1	1	0	0	0	1
	Poland	1	0	0	0	1	1	0	0	0	1
	Russia	1	0	0	0	1	1	0	0	0	1
	South Africa	1	0	0	0	1	1	0	0	0	1
	Viet Nam	1	0	0	0	1	1	0	0	0	1
	Subtotal	15	0	0	0	15	13	0	0	0	13
Total		59	0	0	0	59	54	0	0	0	54

Appendix E – Specialist statistics

Table E.1 Specialist assessments by medical specialty, 2012

Medical specialty	Applications	Initial processing	College processing	Substantially comparable	Partially comparable	Not comparable	Withdrawn
Adult Medicine	384	105	91	65	63	11	49
Anaesthesia	182	45	22	41	38	16	20
Dermatology	22	6	1	7	7	1	0
Emergency Medicine	65	16	7	14	21	3	4
General Practice	657	403	29	188	29	2	6
Intensive Care Medicine	27	5	5	2	7	7	1
Medical Administration	1	1	0	0	0	0	0
Obstetrics and Gynaecology	160	52	10	41	8	4	45
Occupational and Environmental Medicine	6	2	1	0	2	0	1
Ophthalmology	61	18	13	9	10	6	5
Oral and Maxillofacial Surgery	2	0	0	1	1	0	0
Paediatrics and Child Health	165	49	33	23	21	10	29
Pain Medicine	4	3	0	0	1	0	0
Palliative Medicine	4	0	0	1	0	0	3
Pathology	75	28	3	16	25	1	2
Psychiatry	116	29	2	40	38	3	4
Public Health Medicine	11	2	0	0	2	4	3
Radiology	117	28	6	34	41	4	4
Rehabilitation Medicine	10	3	2	1	3	0	1
Sexual Health Medicine	3	2	0	1	0	0	0
Sport and Exercise Medicine	1	1	0	0	0	0	0
Surgery	273	89	68	40	36	30	10
Total	2346	887	293	524	353	102	187

Table E.2 Substantially comparable statistics, by medical specialty and country of training, 2012

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	Rehabilitation Medicine	Sexual Health Medicine	Surgery	Total
Argentina	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
Belgium	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Brazil	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Canada	3	1	0	2	5	0	2	0	0	0	0	0	0	0	0	0	0	13
China	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	2
Czech Republic	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Egypt	2	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	3
Germany	1	3	1	0	0	0	3	0	0	1	0	0	0	0	0	0	2	11
Hong Kong	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
India	11	6	1	0	0	0	6	2	0	3	0	6	14	7	0	0	5	61
Iran	0	0	1	0	0	0	0	0	0	0	0	1	0	1	0	0	0	3
Ireland	2	3	0	0	10	0	1	0	0	2	0	0	1	0	0	0	1	20
Israel	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	2
Italy	0	0	0	0	0	0	0	0	0	1	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	0	1
Macedonia	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Malaysia	2	1	1	0	0	0	0	0	0	1	0	0	0	0	0	0	1	6
Netherlands	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	2
New Zealand	0	0	0	0	32	0	0	0	0	0	0	0	0	0	0	0	0	32
Pakistan	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
South Africa	2	3	0	0	2	0	2	1	0	4	0	1	1	4	0	0	6	26
South Korea	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Spain	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	2

Table continues

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	Rehabilitation Medicine	Sexual Health Medicine	Surgery	Total
Sri Lanka	5	1	0	0	0	0	2	0	0	1	0	5	6	3	0	0	1	24
Switzerland	0	0	0	0	0	2	0	0	0	1	0	0	0	0	0	0	0	3
Taiwan	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
United Kingdom	35	18	3	11	139	0	15	5	1	7	1	2	16	14	0	1	23	291
USA	0	0	0	1	0	0	4	0	0	0	0	0	2	2	1	0	1	11
Zimbabwe	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Total	65	41	7	14	188	2	41	9	1	23	1	16	40	34	1	1	40	524

Abbreviations

AHPRA	Australian Health Practitioner Regulation Agency
CAT	computer-adaptive test
CAT MCQ examination	computer-adaptive test multiple-choice question examination
ECFMG	Educational Commission for Foreign Medical Graduates (US)
EPEC	Excel Psychological and Educational Consultancy
EICS	ECFMG International Credentials Service
HWA	Health Workforce Australia
IACAT	International Association for Computerized Adaptive Testing
IMG	international medical graduate
MCQ	multiple-choice question
Medical Board	Medical Board of Australia
ministerial council	Australian Health Workforce Ministerial Council
National Law	Health Practitioner Regulation National Law as in force in each state and territory
PESCI	pre-employment structured clinical interview
WBA	workplace-based assessment