



Australian
Medical Council Limited

ANNUAL REPORT 2014

KELLY THOMAS, R.N.



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About this report

This annual report contains the audited financial statements for the Australian Medical Council (AMC) for the financial year 2013-14 and information on the AMC's corporate governance arrangements, its performance in carrying out its functions, and important events and activities in the period, 1 January 2014 to 31 December 2014.

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Who we are

The Australian Medical Council Limited (AMC) is a not for profit organisation that works to ensure that standards of education, training and assessment of the medical profession promote and protect the health of the Australian community.

The major functions include:

accrediting medical education and training 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

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.

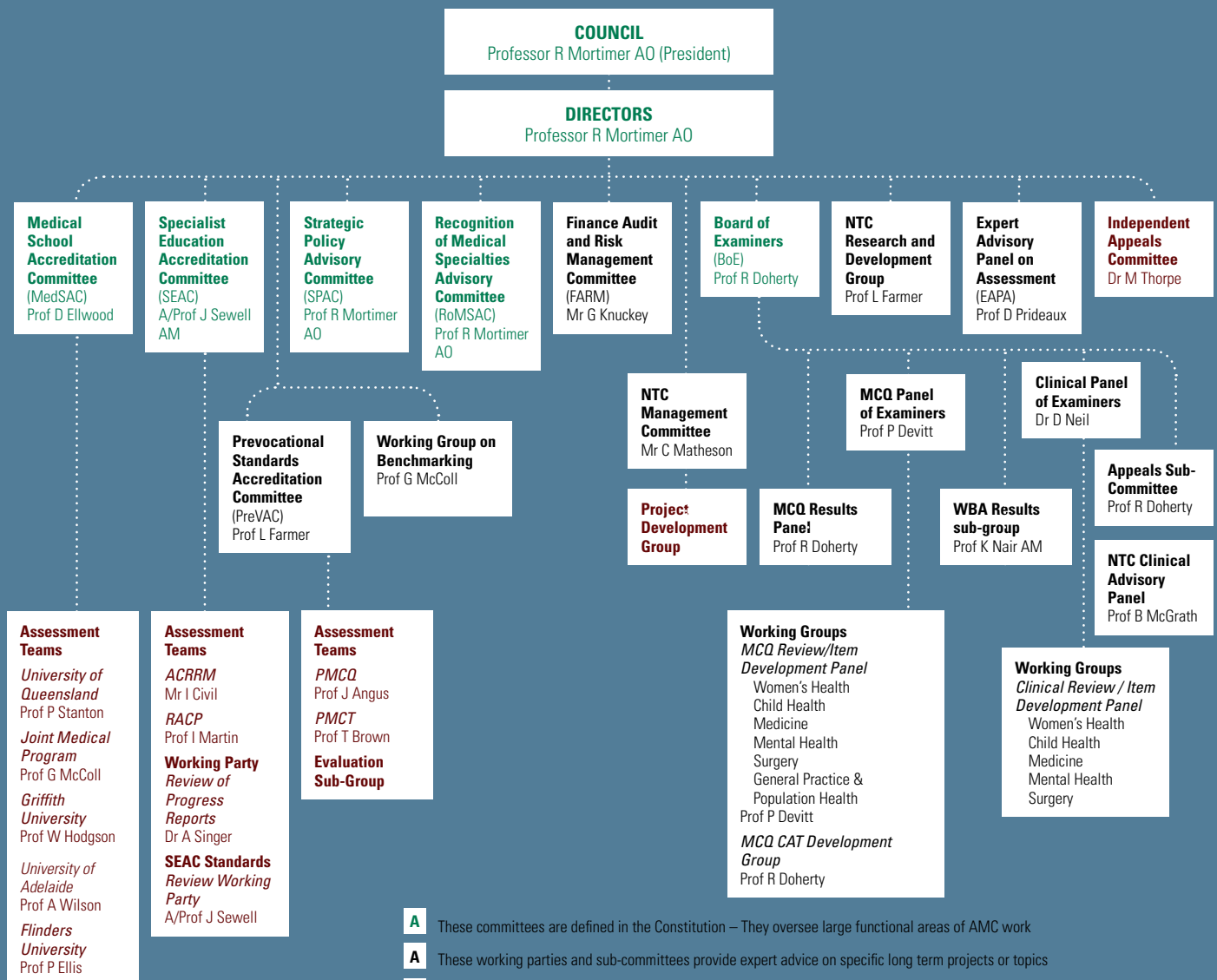
What we do

Our purpose

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.

Governance statement

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 below.



President's report



This has been a particularly busy and important year for the Australian Medical Council. Our accreditation and examination bodies have been very active. Accreditation standards for specialist medical programs and continuing professional development programs are being revised and the Vernon C Marshall National Test Centre in Melbourne is flourishing. As indicated in the CEO's Report there are exciting innovations in assessment of International Medical Graduates emerging from the Test Centre.

Readers of previous reports will be aware that the AMC has been through an extensive internal and external process of review. Goals evolving from the Strategic Review 2012-17 and the External Review held in 2013 have largely been realised and there is a clear pathway for the next five years. The Council is also in a sound financial position. In 2014, the Health Ministers began the independent review of the National Registration and Accreditation Scheme in line with the agreement to conduct a review three years after the scheme's establishment. This review has provided an opportunity to reflect on the challenges faced and successes achieved in the scheme's establishment, which saw the successful consolidation of more than 60 Acts of Parliament and in excess of 85 health profession boards, across eight states and territories, into a single national scheme. The AMC remains committed to the scheme and has been enthusiastic about the opportunities to review and improve on the initial successes.

The AMC continues to work closely with the Medical Board of Australia and the Australian Health Practitioner Regulation Agency (AHPRA). We value highly our strong and constructive relationships with these bodies. We also continue to work productively with the Health Professions Accreditation Councils' Forum ('the Forum'). This body has members from the 11 independent accreditation councils, representing 11 of the 14 health professions regulated under the Health Practitioner Registration National Law. Through the Forum, established accreditation authorities such as the AMC are able to support newer bodies, and to share approaches to setting standards and accreditation. The Forum and the AMC have been able to make submissions to the Health Ministers' Review of the National Registration and Accreditation Scheme and we look forward to the publication of the report.

As always I want to recognise the enormous talent, commitment and productivity of our staff, the health and education professionals and community and consumer representatives who make the Australian Medical Council function so well. I thank them all.



Robin Mortimer AO

President

Chief Executive Officer's report

The Australian Medical Council, at the beginning of 2014, was faced with a number of financial challenges that would preoccupy AMC Directors and the senior management for the first half of the year.

In late 2013 the Australian Government imposed a freeze on grant funding pending a review of government expenditure. The Commonwealth had provided a contribution to the operational costs of the AMC since its inception in 1985, in recognition of its work in relation to standards of medical education and the assessment of International Medical Graduates (IMGs). In January 2014 the AMC was advised that the funding grant from the Australian government had been terminated. This decision, together with a downturn in numbers of IMGs applying for the AMC examination and limitations on the funding provided by AHPRA under the terms of the National Law meant that instead of a balanced budget, the AMC was faced with a projected deficit for the financial year of over half a million dollars.

In response to the financial challenge, senior management undertook an extensive review of workloads, operating costs and resources. A comprehensive strategy was developed and endorsed by AMC Directors that included a number of initiatives to reduce the overall ongoing operating expenditure of the AMC. Contracts were negotiated with the two major airlines to secure significant discounts on travel costs. Administrative processes were reviewed with changes to document handling and postage resulting in substantial savings. A major initiative involved re-deploying AMC clinical examinations from the hospital-based venues in the major capitals to the National Test Centre (NTC) in Melbourne to gain advantage from the technology available at the NTC and



to reduce transport and travel costs associated with the examinations. During the year the lease agreement on the AMC offices in Canberra was also renegotiated with the result that substantial savings on the annual rental were obtained for a further seven years.

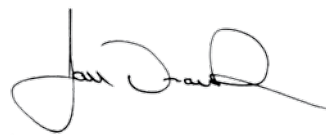
Despite the strategies that were developed and implemented to reduce costs, a major contributing factor to the ongoing expenditure of the AMC was staffing costs. The declining numbers of candidates commencing the AMC examinations meant that the staffing levels in certain sections of the AMC could not be sustained. A redundancy program was prepared and implemented in March 2014, with an initial call for voluntary redundancies followed by a process of "spill and fill". In total some 25% of the AMC staffing establishment was included in the redundancy program, including

assessment services, publications, general administration and corporate services. At the end of this exercise, of the positions reviewed, nine were retained and 12 were made redundant. As a result of these initiatives the AMC was able to end the financial year with a small surplus of \$489,000 instead of the projected \$550,000 deficit. The decision to implement the redundancies was difficult and regrettable. It saw the AMC lose the services of loyal and effective staff, some of whom had been with the Council for a significant period. Great care was taken to ensure that the staff affected were supported during the process and their services to the AMC recognised appropriately.

While the financial challenges had been a major focus of attention in the first half of 2014, the year was not without its successes. The National Test Centre, which was officially opened in July 2013, became fully operational in 2014 with the re-deployment of all clinical examinations to the NTC from the beginning of the year. In May the NTC implemented both computer-tablet scoring technology together with a new scoring system that had been recommended as part of the 2013 external review of the AMC. The increased precision of the examination scoring together with the automatic data capture made possible by the tablet technology has seen a significant improvement in the reliability of the AMC clinical examinations. In addition, a research program to evaluate clinical examination data has been initiated with the research staff of Pearson VUE, the test delivery vendor for the AMC MCQ examination. This development is expected to lead to further enhancements in assessment processes.

As the year drew to a close, the attention of the AMC was focussed on the review of the National Registration and Accreditation Scheme and its potential implications for the ongoing operation of the AMC, in particular in relation to accreditation activities and processes. In addition to maintaining its accreditation and assessment programs, the AMC will need to be in a position to respond to any proposals that arise from the NRAS review that may impact on the independence or standards of medical education in Australia.

I would like to acknowledge the contributions of the staff of the AMC during a very difficult year. I would also like to express my appreciation to the health professionals, clinicians and educators who have supported the AMC during 2014. Without that support and expertise, the AMC would not be able to meet its objectives.



Ian Frank

Chief Executive Officer

Year at a glance

In 2014, the Australian Medical Council (AMC) has consolidated its response to the significant external reviews completed in 2012/2013, taking forward recommendations arising from its self-assessment and the external assessment of its operations. This has led to the completion of major developments, such as the implementation of the national framework for intern training, the consolidation of AMC clinical examinations at the Vernon C Marshall National Test Centre, and the beginning of new policy work on topics such as medical student fitness to practise, interprofessional education and generalism.

Throughout the year the AMC has demonstrated its continued commitment to ensuring that standards of education, training and assessment of the medical profession promote and protect the health of the Australian community. As well as the work of its six standing committees¹, the AMC has undertaken significant work in the review and accreditation of intern training accreditation authorities, the evaluation of intern assessment documents, revision of intern training national standards for programs and the review of the accreditation standards for specialist training programs.

As is required by its agreement with the Australian Health Practitioner Regulation Agency for the performance of accreditation functions, the AMC considered:

- opportunities to increase cross-profession collaboration and innovation through its work with other accreditation entities and the Health Professions Accreditation Councils' Forum;
- opportunities to facilitate and support interprofessional learning in its work; and
- opportunities to encourage use of simulated learning environments where appropriate.

The Council at its meetings in November 2013, May, August and November 2014 considered a number of issues including the significant challenges for healthcare and health education over the next five years and the impact of these challenges on:

- the Australian Medical Council;
- health workforce;
- student professional behaviour and fitness to practise issues;
- education in the health professions;
- standards and accreditation; and
- the review of the National Registration and Accreditation Scheme.

¹ Board of Examiners, Medical School Accreditation Committee, Recognition of Medical Specialties Advisory Committee, Specialist Education Accreditation Committee, Strategic Policy Advisory Committee and Finance, Audit and Risk Management Committee

2014 Highlights

Vernon C Marshall National Test Centre

In its first full year of operation (2014) the Vernon C Marshall National Test Centre (NTC) has been successful in enhancing opportunities now and into the future that will not only increase the number of international medical graduates through the AMC system but also enhance the quality of the clinical examination from the perspective of both the examiner and examinee.

The establishment of the NTC has been a key enabler in the AMC forming an ethos and systems that create a customer focus and support AMC assessment and accreditation functions including:

- a candidate tracking system that will allow candidates to view the status of their application, examination scheduling and assessment outcomes;
- a management system for examiners, role-players and invigilators that will allow individuals to track their involvement in AMC examination functions.

Through the use of multimedia and CCTV recording capability, which enable monitoring of performance and identification of areas for improvement, the NTC has been fundamental to improving the quality of examiners and thus increasing the reliability of the clinical examination stations.

With the development and implementation in 2014 of a new scoring system for AMC clinical examinations together with the introduction of the new advanced computer-tablet scoring technology, the AMC now has hundreds of

thousands of data points of information relating to clinical examinations. The data will enhance the effectiveness of examiner training and content development programs. The application of these new technologies at the NTC has greatly improved examination reliability and defensibility for AMC clinical examinations.

The facility is the only one of its kind in Australia that enables the clinical skills of IMGs to be assessed outside hospitals.

In 2014 the NTC conducted 50 AMC examinations involving 1631 candidates. During the next 12 months the transfer of clinical examinations from hospital based venues to the NTC will be accelerated so that all clinical examinations (apart from those held in Townsville and Perth) will be conducted at the NTC. This will achieve significant savings for the AMC in time and resources.

Implementation of the national internship framework

In November 2012, the Australian Health Workforce Ministerial Council approved a new national registration standard on granting general registration to Australian and New Zealand medical graduates on completion of internship. On behalf of the Medical Board of Australia, the Australian Medical Council developed national standards and guidelines to support the implementation of the registration standard, which were implemented from January 2014, following public consultation.

2014 HIGHLIGHTS

In this framework, the AMC reviews the authorities that accredit intern training programs on behalf of the Medical Board of Australia. The AMC accreditation process provides advice to the Medical Board of Australia to enable it to make a decision to approve authorities that accredit intern training terms, as required under the Registration standard.

AMC assessments are conducted against the following:

- *Intern Training – Domains for assessing accreditation authorities 2013*. The document describes five domains: governance, independence, operational management, intern training program accreditation and stakeholder collaboration
- *Procedures for Assessment and Accreditation of Intern Training Accreditation Authorities by the Australian Medical Council 2013*
- *Intern training – National standards for programs*. These national standards outline requirements for processes, systems and resources that contribute to quality intern training. Intern accreditation authorities' standards should map to these minimum requirements.

A new national assessment process for interns was implemented as part of the national framework. As was previously required, interns still need to achieve satisfactory term supervisor reports and an overall satisfactory assessment of their performance at the end of the provisional registration period. In the national framework interns must also achieve outcomes stated in the document *Intern training – Intern outcome statements*. The process includes national guidelines, *Intern training – Assessing and certifying completion* and a nationally available term assessment form *Intern training – Term*

assessment form. These are resources that health services may use to ensure that the assessment of interns' performance will satisfy the requirements of the registration standard.

The AMC's new Prevocational Standards Accreditation Committee turned its attention from developing the framework to overseeing the implementation of the national standards and the process for assessing the intern training accreditation authorities.

National leadership and stakeholder engagement

Stakeholder engagement is critical to the AMC's successful delivery of its assessment and accreditation programs. The AMC Strategic Plan 2012-17 and the external review conducted in 2013 identified the need for a more strategic and systematic approach to stakeholder engagement and management across AMC functions. As the peak body for medical education and training standards, the AMC's strategic focus is on ensuring that standards of education, training and assessment of the medical profession promote and protect the health of the Australian community.

Throughout 2014 the AMC continued to strengthen its engagement with the profession and education providers to drive improvement and enhance transparency and accountability of its processes through its significant contributions to the review of the National Registration and Accreditation Scheme and provide timely and relevant input and leadership in progressing the national debate on a number of important issues for medical training and regulation including:

- generalism in medical practice and medical education;
- professionalism in medicine;
- interprofessional education;
- benchmarking assessment; and
- continuing to advocate for and support a national training survey.

A key recommendation of the AMC's 2013 external review was that the AMC raise the quality and responsiveness of the AMC's leadership in Indigenous health and the needs of its practitioners. In response to this recommendation, the AMC agreed to establish an Indigenous Planning Advisory Group to develop a more visible and effective strategy to engage with Indigenous health organisations, students and medical practitioners across its accreditation, standard setting, policy and assessment functions to support the AMC purpose. The AMC strategy will develop based on a shared understanding of priorities and opportunities.

The group will be co-chaired by Dr Noel Hayman, Director of Inala Indigenous Health Service, and Dr Gregory Philips, Executive Director of ABSTARR Consulting.

In July 2014, Emeritus Professor Michael Field AM, Sydney Medical School, and former Chair of the AMC's Medical School Accreditation Committee was appointed President of the Association for Medical Education in the Western Pacific Region (AMEWPR). AMEWPR is a regional association of medical educators, concerned with the support and development of medical education in the countries in the Western Pacific Region.

AMEWPR's objective is to promote medical education in the Western Pacific Region by providing a forum for exchange of information and resources amongst members. It maintains links with organisations such as the World Health Organisation and the World Federation of Medical Education. AMEWPR's reach extends to medical schools in China, Japan, Korea, Taiwan, Mongolia, Malaysia, Singapore, Philippines, Papua New Guinea, Australia, New Zealand, Vietnam, Laos, Cambodia, Fiji, and Samoa.

The AMC nominates Australia's member of the AMEWPR Board and is providing the secretariat for AMEWPR during Professor Field's Presidency.

Council members and directors



Left to right Back row Dr Josh Francis, Professor Richard Doherty, Associate Professor Terence Brown, Professor Napier Thomson AM, Mr Ross Springolo **Middle Row** Professor David Ellwood, Ms Cindy Schultz-Ferguson, Professor Robin Mortimer AO, Dr Greg Kesby, Professor Villis Marshall AC **Front Row** Professor Lisa Jackson Pulver AM, Professor Liz Farmer, Dr Miriam Weisz, Dr Kim Rooney, Associate Professor Jillian Sewell AM, Dr Yvonne Nguyen, Professor Con Michael AO, Professor Kate Leslie.

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; and

- 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 all or part of the financial year 2013-14 are listed in the Directors' 2014 Report in the financial statements, where their attendance at meetings is also detailed.

The Council and Directors membership as at November 2014 are listed at Appendix A and Appendix B.

Committees

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

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

Table 1 Committees and their functions

Committee	Function
Board of Examiners, Panels and Item Development groups	Monitors the operation of the AMC examinations and reviews the performance of the MCQ Examination, Clinical Examination and Workplace-based Assessment. Three panels report to the Board: MCQ Examination Panel, the Clinical Examination Panel and the Workplace-based Assessment Panel. The Board and its panels oversee the AMC examination process and advise Directors on international medical graduate assessment issues.
Prevocational Standards Accreditation Committee	Established in June 2013 and oversees AMC accreditation and review processes for the prevocational phase of medical education including: review of intern training accreditation bodies, accreditation of International Medical Graduate assessment processes for workplace-based assessment and pre-employment structured clinical interviews.
Finance, Audit and Risk Management Committee	Advises and assists the AMC Directors with their responsibilities for managing the business of the AMC. These include the AMC's internal accounting and financial control systems, internal audit, external audit, financial statements, financial reporting processes, investment policy and the effective management of risk, compliance with laws and regulations for operating as a company and a business.
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 reviewing and providing advice on the 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 continuing 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 responsible for the administration of AMC operations, as well as the staff of the National Test Centre.

External engagement

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; and
- consulting stakeholders about policies and contributing to external inquiries.

Some of the AMC's major stakeholder activities include:

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).

Health Professions Accreditation Councils' Forum

The Health Professions Accreditation Councils' Forum (the 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. The Forum works collaboratively to support good accreditation practices and to work with accreditation council staff across the professions to strengthen networking opportunities and share understanding of accreditation processes; contributes to national boards and AHPRA meetings on accreditation matters.

Accreditation Liaison Group (ALG)

The National Boards, Accreditation Authorities and AHPRA have established an Accreditation Liaison Group (ALG) to facilitate effective delivery of accreditation within the National Scheme. The ALG is a committee of the Forum of National Board Chairs and provides an important mechanism to consider shared issues in accreditation across national boards, accreditation authorities (nominated through the Forum) and AHPRA. It is an advisory group which has developed a number of reference documents to promote consistency and good practice in accreditation while taking into account the variation across entities. The AMC and AHPRA jointly provide the secretariat support for the ALG and the AMC Deputy CEO is a member of the ALG.

Education providers

The AMC has regular meetings with the peak bodies for the education providers that it accredits under the National Law, including:

- Medical Deans Australia and New Zealand
- Committee of Presidents of Medical Colleges
- Universities Australia
- Australian Indigenous Doctors' Association
- Medical Council of New Zealand
- Confederation of Postgraduate Medical Education Councils.

Accreditation activities

The AMC is the accreditation authority for accrediting education providers and programs of study for the medical profession under the Health Practitioner Regulation National Law.

This role includes developing accreditation standards, accrediting programs and providers that meet standards, and monitoring accredited programs and providers to ensure they continue to meet standards. It also accredits intern training accreditation authorities, authorities to conduct workplace-based assessment and pre-employment structured clinical interviews. Additionally, it takes part in many international accreditation activities, sharing expertise and experience with the accreditation authorities of other health professions and from countries.

Accreditation of medical 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. The AMC 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 the program meets the standard within a reasonable time. Having made a decision, the AMC reports its accreditation decision to the Medical Board of Australia to enable the Medical Board to make a decision on the approval of the program of study for registration purposes.

The AMC undertakes assessments in the following circumstances:

- assessment of new developments including:
 - assessment of new providers and programs and new intern training accreditation authorities
 - assessment of proposals for material change in established programs
- assessment for the purposes of reaccreditation of established programs and their medical education providers.

Under its accreditation policy, the AMC may extend accreditation on the basis of satisfactory comprehensive reports. Comprehensive reports are due in the sixth year of the education provider's accreditation period, which is when accreditation expires. If the report demonstrates that the provider is continuing to meet the accreditation standards, the AMC may extend the period of accreditation up to four years, taking accreditation to a period of 10 years since the last assessment by an AMC team. Comprehensive reports provide an analysis of challenges and developments planned for the next four to five years together with the information required in regular progress reports, namely a short report on each accreditation standard and any accreditation conditions.

In 2014 the AMC made the accreditation decisions listed below. Each decision was reported to the Medical Board of Australia. The Medical Board announces its decisions on the approval of AMC-accredited programs for the purposes of registration via communiques: <http://www.medicalboard.gov.au>.

The executive summaries of the AMC accreditation reports are published on the AMC website www.amc.org.au.

Accreditation decisions 2014

Medical schools and programs

University of New South Wales, Faculty of Medicine – reaccreditation

An AMC team completed an accreditation assessment of the University's medical programs in November 2013. The AMC Directors, (8 April 2014) granted accreditation of the following medical programs of the University of New South Wales, Faculty of Medicine until 31 March 2020, subject to satisfactory progress reports and conditions:

- Bachelor of Medical Studies and Doctor of Medicine
- Bachelor of Medicine/Bachelor of Surgery (Four-Year degree)
- Bachelor of Medicine/Bachelor of Surgery (Six-Year degree) and
- Doctor of Medicine

University of Otago, Faculty of Medicine – comprehensive report

On the basis of its comprehensive report, AMC Directors (21 July 2014) extended accreditation of the Bachelor of Medicine / Bachelor of Surgery (MBChB) medical program of the University of Otago, Faculty of Medicine to 31 March 2019, subject to the submission of satisfactory biennial progress reports.

University of Newcastle/University of New England, Joint Medical Program – comprehensive report

Following a comprehensive report assessment in July 2014, AMC Directors (20 October 2014) extended accreditation of the Bachelor of Medicine (BMed) medical program of the University of Newcastle/University of New England, Joint Medical Program to 31 March 2019, subject to satisfactory progress reports and reports on conditions in 2015 and 2016.

University of Queensland, School of Medicine – comprehensive report

After a follow-up assessment in June 2014, which included assessment of the implementation plans for the School's MD program, AMC Directors (20 October 2014) confirmed accreditation of the following medical programs of the University of Queensland, School of Medicine until 31 March 2017, subject to satisfactory progress reports and conditions:

- Bachelor of Medicine/Bachelor of Surgery (Four-year degree with the final cohort enrolled 2014)
- Doctor of Medicine (Four-year degree for cohorts commencing from 2015).

University of Notre Dame Australia, School of Medicine Fremantle

Following a visit in October 2014 to assess the School's plans to transition the delivery of the Basic and Clinical Science curriculum from Curtin University to Murdoch University, AMC Directors (17 December 2014) agreed the University of Notre Dame Australia, School of Medicine Fremantle and its medical program continue to meet the accreditation standards.

Specialist medical education and training

Royal Australian and New Zealand College of Psychiatrists (RANZCP) Competency Based Fellowship Program

In August 2012, an AMC team completed the assessment of the Royal Australian and New Zealand College of Psychiatrists plans for a revised Fellowship training program, known as the 2012 Fellowship Program. In December 2012, AMC Directors granted accreditation to the College to commence the new program.

In August 2014, AMC Directors made the following decisions on the College's programs in the recognised specialty of psychiatry:

- to extend the accreditation of the 2003 Fellowship Program to 31 March 2018 subject to the submission of a satisfactory progress report to the Committee in 2016 on the teach-out phase of the program.
- to extend the accreditation of the 2012 Fellowship Program to 31 March 2018, subject to satisfactory progress reports to the AMC. The accreditation decision includes conditions concerning the finalisation of the curriculum and assessment plans for all stages of the revised program, program evaluation, managing the trainee transition to the new program, support for supervisors and selection into the training program.

Royal Australasian College of Medical Administrators Comprehensive Report

Following a comprehensive report assessment, AMC Directors (22 July 2014) extended the accreditation of the Royal Australasian College of Medical Administrators' education and training programs and professional development program in the recognised specialist of medical administration to 31 March 2019, subject to satisfactory progress reports.

Australasian College of Sports Physicians Comprehensive Report

Following a comprehensive report assessment, AMC Directors (21 August 2014) extended the accreditation of the Australasian College of Sports Physicians' continuing professional development program and Fellowship program in the recognised specialty of sport and exercise medicine to 31 March 2019, subject to satisfactory progress reports.

Royal Australian and New Zealand College of Radiologists Comprehensive Report

Following a comprehensive report assessment, AMC Directors (21 August 2014 and December 2014) extended the accreditation of the education and training programs and the professional development program of the Royal Australian and New Zealand College of Radiologists to 31 March 2020, subject to satisfactory progress reports.

This accreditation decision covers the College's programs for the recognised specialty of radiology with the fields of specialty practice: diagnostic radiology and diagnostic ultrasound. It also covers the programs for the recognised specialty of radiation oncology.

Intern training accreditation providers

In March 2014, on advice from the Prevocational Standards Accreditation Committee, AMC Directors granted initial accreditation to the Postgraduate Medical Education Council of Queensland and the Postgraduate Medical Council of Western Australia for accreditation as intern training accreditation authorities. Accreditation is subject to satisfactory annual progress reports and continues until the AMC completes an accreditation assessment of each authority.

Review of accreditation standards, criteria and guidelines

Under the Health Practitioner Regulation National Law, an accreditation standard, for a health profession, means 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 necessary to practise the profession in Australia. The AMC reviews standards every five years. It establishes expert working groups to complete these reviews. The AMC consults widely on the scope of the review, and on changes proposed by the working group. Standards are approved by AMC Directors and then submitted to the Medical Board for their approval, as required under the National Law. Since the introduction of the National Law, in reviewing the accreditation standards the AMC is obliged to take account of the Australian Health Practitioner Regulation Agency Procedures for Development of Accreditation Standards.

Review of accreditation standards for specialist medical programs and continuing professional development programs

The AMC began a review of the Standards for Assessment and Accreditation of Specialist Medical Education Programs and Professional Development Programs by the Australian Medical Council in 2013 and work continued on the review during 2014. The AMC expects to complete the review in 2015, with new standards applying to accreditations of specialist training programs and continuing professional development programs from 2016.

Intern training national standards and guidelines

In approving the documents that make up the national framework for intern training the AMC and the Medical Board of Australia agreed to review those relating to intern training assessment during 2014, since national processes in this area represented a significant change.

The assessment resources include the nationally available term assessment form, Intern training – Term assessment form, and good practice guidelines, Intern training – assessing and certifying.

The statements, Intern Training – Intern Outcome Statements, which provide clinical supervisors and training directors with criteria for determining progress and completion, are also relevant.

Directors established an Assessment Evaluation Group, which undertook stakeholder surveys and invited submissions from key organisations. The group's consultation processes found there was general acceptance of the national assessment processes across most states and territories. The group proposed changes to the nationally

ACCREDITATION ACTIVITIES

available assessment form which was considered too long and in some places the wording was considered unclear.

AMC Directors (August 2014) approved minor revisions to the following documents which were also approved by the Medical Board of Australia:

- Intern training – Assessing and certifying completion
- Intern training – Intern outcomes statements

Review of Guidelines for Pre-Employment Structured Clinical Interviews

The PESCI is an objective assessment of the clinical experience, knowledge, skills and attributes of an international medical graduate to determine whether they are suitable to practise in a specific position. It consists of a structured interview using scenarios. The interview scope is determined by the level of risk of the position that the international medical graduate is applying for. The PESCI is conducted by a provider that has been approved by the AMC.

In 2014, working with the Medical Board of Australia, the AMC completed a review of the PESCI Guidelines and criteria for approval of PESCI providers. The revised guidelines take account of changes since the introduction of the National Law and the development of national registration standards. The review has also introduced a requirement for a regular report from approved PESCI providers to the AMC. The forms by which PESCI providers report to the Medical Board of Australia and to the applicant have also been revised. The new guidelines and approval criteria apply from 1 March 2015.

Review of Workplace Based Assessment guidelines and procedures

AMC workplace-based assessment (WBA) was designed as an alternative to the AMC Clinical Examination for international medical graduates. The goal of AMC WBA is to ensure that an IMG possesses an adequate and appropriate set of clinical skills and other essential characteristics to practise safely within the Australian health care environment and in the cultural setting of the broader Australian community.

The AMC accredits providers to conduct workplace-based assessments having assessed their proposed WBA program against the workplace-based assessment accreditation guidelines and procedures.

The August 2014 meeting of the Directors agreed to a minor change to the AMC workplace-based assessment accreditation guidelines and procedures to clarify that case-based discussion (an indirect form of assessment) should be based on patient cases not paper cases. The Directors also approved plans for a more comprehensive review of the AMC workplace-based assessment accreditation guidelines and procedures bringing them into alignment with other AMC accreditation guidelines. The documents also need to distinguish between criteria relevant to accreditation of the program, and the oversight of assessment of individual candidates.

In 2014, with the support of the Australian Government Department of Health, the AMC developed a website to deliver WBA resources for a variety of users, including assessors, candidates, WBA program providers, health education institutions and training and development teams. The WBA online website <http://wbaonline.amc.org.au/> will help AMC-accredited providers of WBA programs to improve and standardise their programs and give AMC candidates a very clear picture of what to expect when undertaking those programs.

Examination and assessment update

In the reporting period 1 July 2013 to 30 June 2014 a number of significant developments in assessment and examinations were implemented by the AMC. A number of these arose from, or were in direct response to, the House of Representatives' *Lost in the Labyrinth* report and others related to the 2013 External Review of the AMC. Some key developments included:

- re-establishing the collaborative arrangements on research in assessment between the AMC and the Medical Council of Canada;
- implementing the new scoring system for clinical examinations in conjunction with the computer-tablet scoring technology;
- commencing a research project on scoring clinical examinations based on the data captured from the computer-tablet technology;
- improvements to the feedback to candidates on their MCQ and clinical examination performance while at the same time maintaining the integrity of the examinations; and
- collaborating with stakeholders regarding benchmarking assessment for Australian medical programs utilising the AMC's calibrated MCQ item bank

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

Assessment of international medical graduates

The AMC assesses international medical graduates (IMGs) seeking general registration in Australia and facilitates the assessment of overseas trained specialists through the relevant specialist medical colleges. It uses the Educational Commission for Foreign Medical Graduates (ECFMG) International Credentials Service (EICS) to verify the medical qualifications of all IMGs applying to it under any of its assessment pathways. It processes applications from, and conducts assessments of, IMGs seeking registration in Australia through the competent authority, standard and specialist pathways. IMGs are assessed through the computer-adaptive test (CAT) multiple-choice question (MCQ) examination and the clinical examination or its alternative, workplace-based assessment through an AMC-accredited provider.

Highlights in the AMC's examination and assessment programs for the 2103/14 reporting period include:

Standard Pathway

AMC CAT MCQ: a total of 2720 MCQ examinations were conducted by the AMC in Australia and in 22 controlled examination facilities internationally. Of that number 1,781 IMGs were presenting for the first time at the MCQ examination. A total of 1461 IMGs satisfied the requirements and qualified to proceed to the clinical examination.

AMC Clinical Examination: a total of 2548 clinical examinations, of which 1082 were conducted at the new National Test Centre (NTC) in Melbourne. Some 1328 candidates presented for the first time and a total of 855 passed the examination and qualified for the AMC certificate.

AMC workplace-based assessment: a total of 103 IMGs presented for assessment through the workplace-based assessment process in the seven accredited WBA providers. Of this number 96 satisfactorily completed the assessment and qualified for the AMC certificate.

Competent Authority Pathway

Since its introduction in 2007 the Competent Authority (CA) Pathway, which was set up as a fast-tracking assessment pathway, has processed a total of 9436 applications from IMGs from 101 countries. Of this number 7612 have been eligible for the Advanced Standing and to obtain limited registration to complete the workplace-based assessment. A total of 3959 IMGs have qualified for the award of the AMC certificate and were eligible to apply for general registration.

Specialist Assessment Pathway

The assessment pathway for overseas trained specialists administered by the AMC was first established on a national basis in 1993. The primary role of the AMC in the process was to undertake an initial vetting of the application and confirmation of the applicant having satisfied the English language proficiency requirement. In 2006 primary source verification was included in matters that were checked by the AMC. The assessment of the individual overseas trained specialist was conducted by the relevant Specialist Medical College against the criteria for an Australian trained specialist (if full recognition was being sought) or against a relevant position description (if an Area of Need specialist position was involved.) As part of the review of assessment and registration provisions for IMGs following the release of the Lost in the Labyrinth Senate report, the Specialist

Colleges, the Medical Board of Australia and the AMC reviewed the assessment pathway for overseas trained specialists to remove any unnecessary impediments to assessment. As a result from 1 July 2014 all applications for specialist assessment will proceed directly to the relevant Specialist College. The role of the AMC will be to initiate the Primary Source Verification and to place the verification outcome and the assessment outcomes on a web-based portal. In the reporting period to 30 June 2014 when the AMC ceased to be responsible for the initial processing of specialist assessments, a total of 686 new applications for assessment were received by the AMC.

See Appendix E for statistics on the competent authority and standard pathways and Appendix F for statistics on the specialist pathway covering the period 1 July 2013 to 30 June 2014.

Financial report

The financial report includes the components required by the *Corporations Act 2001*:

- the directors' report, including the auditor's independence declaration;
- the financial statements;
 - statement of financial position at the end of the year
 - statement of comprehensive income for the year
 - statement of cash flows for the year
 - statement of changes in equity
 - notes to the financial statements
- the directors' declaration that the financial statements comply with accounting standards, give a true and fair view, there are reasonable grounds to believe the company will be able to pay its debts, the financial statements have been made in accordance with the Corporations Act; and
- the auditor's report.

The financial statements were prepared according to the Australian Accounting Standards—Reduced Disclosure Requirements of the Australian Accounting Standards Board 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 emphasis was on checking all systems, procedures and controls to ensure that fraud had not been committed and to strengthen the controls to prevent any possible future fraud.

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

Directors' report

The directors present this report on the Australian Medical Council Limited (the AMC) for the financial year ended 30 June 2014.

Directors

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

- Professor Robin Mortimer AO, President elected by Council
- Associate Professor Jill Sewell AM, Deputy President elected by Council
- Professor Richard Doherty, Chair, Board of Examiners
- Professor David Ellwood, Chair, Medical School Accreditation Committee
- Mr Ian Frank AM, Chief Executive Officer
- Professor Kate Leslie, Director elected by Council (appointed at the AGM 21 November 2013)
- Professor Con Michael AO, Director elected by Council
- Dr Kim Rooney, Director elected by council.
- Dr Glenda Wood, Director elected by council (term ended at the AGM 21 November 2013)

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 AMC during the financial year was to be the external accreditation authority for medicine under the Health Practitioner Regulation National Law (the National Law), functioning as an independent national standards and assessment body for medical education and training.

The AMC assesses medical courses and training programs (both Australian and New Zealand medical school courses and the programs for training medical specialists), accredits programs which meet AMC accreditation standards, and assesses doctors trained overseas who wish to be registered to practise medicine in Australia under the provisions of the National Law.

Objectives

The objectives of the 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

DIRECTORS' REPORT

- (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:
 - (1) matters concerning accreditation or accreditation standards for the medical profession
 - (2) matters concerning the registration of medical practitioners
 - (3) matters concerning the assessment of overseas qualifications of medical practitioners
 - (4) matters concerning the recognition of overseas qualifications of medical practitioners, and
 - (5) 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 AMC'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)
 - 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, specifically to reduce the waiting time for international Medical Graduates to gain access to the AMC clinical examination for registration purposes
- The AMC'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
 - become a leader in assessment in medicine
 - support and encourage the exchange of expertise and information relating to accreditation and assessment both nationally and internationally.

Strategy

To achieve its objectives, the AMC 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
- Developed a new technologically advanced clinical skills test centre for international medical graduates (IMGs), enabling clinical skills to be assessed outside hospitals through the use of multimedia and CCTV recording capability.

Meetings of Directors

During the financial year, 8 meetings of directors were held. Attendances by each director were as follows.

Directors' meetings	No. eligible to attend	No. attended
Professor Robin Mortimer AO	8	8
Associate Professor Jill Sewell AM	8	8
Professor Richard Doherty	8	7
Professor David Ellwood	8	7
Mr Ian Frank AM	8	8
Professor Kate Leslie	4	3
Professor Con Michael AO	8	8
Dr Kim Rooney	8	7
Dr Glenda Wood AM	4	3

Indemnifying the directors

During the financial year, the AMC paid a premium of \$5,382 to insure the directors of the AMC. The policy covers 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.

Information on directors

Professor Robin Mortimer AO

Qualifications

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

Experience

- Professor, Disciplines of Medicine, Obstetrics and Gynaecology, The University of Queensland
- Adjunct Professor, School of Biomedical Sciences, Faculty of Health, Queensland University of Technology
- Former Executive Director, Office of Health and Medical Research Queensland Health
- Former Senior Specialist, Royal Brisbane and Women's Hospital, Brisbane
- Former Director of Endocrinology, Royal Brisbane and Women's Hospital, Brisbane
- Former Physician, Department of Nuclear Medicine, Royal Brisbane Hospital, Brisbane
- Former Physician, Thyroid Carcinoma Clinic, Queensland Radium Institute, Royal Brisbane Hospital
- Former Consultant, Department of Pathology, Royal Brisbane Hospital
- Former President, Royal Australasian College of Physician

Special responsibilities

- 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
- Chair of the Strategic Policy Advisory Committee
- Member of the Recognition of Medical Specialties Advisory Committee Economic Subcommittee
- Member of the Finance, Audit and Risk Management Committee (from AGM 23 November 2012)
- AMC Representative on Health Workforce Australia National Training Plan Governance Committee
- AMC Representative to the Health Professions Accreditation Councils' Forum
- NHMRC Australian Health Ethics Committee

Associate Professor Jillian Sewell AM

Qualifications

MBBS (Hons) (Melb), FRACP, FRCP, FAICD, FRCPCH (Hon), FCCP (Hon), FRCPI (Hon) FAMS (Hon), FCPCHS (Hon), D Med Sci (Hon)

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 of the HIRC, add Co Clinical Lead, Victorian Paediatric Clinical Network
- Member, Health Innovation and Reform Council, Victoria

- Co-chair, Clinical Standards Committee Advisory Committee, Australian Commission on Safety and Quality in Health Care
- Former President, Royal Australasian College of Physicians
- Former Chair, National Institute of Clinical Studies
- Former Member, National Health and Medical Research Council

Special responsibilities

- Deputy President Australian Medical Council
- 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

Professor Richard Doherty

Qualifications

MBBS (Hons), FRACP, D Obst RCOG

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
- Member, Consultative Council on Obstetric and Paediatric Morbidity and Mortality Victoria

Special responsibilities

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

Professor David Ellwood

Qualifications

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

Experience

- Professor of Obstetrics and Gynaecology, Griffith University School of Medicine
- Director of Maternal-Fetal Medicine at Gold Coast University Hospital

DIRECTORS' REPORT

- 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 AM

(Awarded on 9 June 2014 in Queen's Birthday honours list)

Qualifications

BA (Hons), MAICD

Experience

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

Special responsibilities

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

Medical Council

Professor Kate Leslie

Qualifications

MBBS, MD, M, EPI, FANZCA, FAICD

Experience

- Staff Anaesthetist and Head of Research, Department of Anaesthesia and Pain Management, Royal Melbourne Hospital
- Honorary Professorial Fellow, Anaesthesia Perioperative and Pain Medicine Unit, Melbourne Medical School, University of Melbourne
- Honorary Professorial Fellow, Department of Pharmacology, University of Melbourne
- Honorary Adjunct Professor, Department of Epidemiology and Preventive Medicine, Monash University
- Former President, Australian and New Zealand College of Anaesthetists
- Former Chair, Committee of Presidents of Medical Colleges

Special responsibilities

- Director of the Australian Medical Council
- Member of Council, Australian Medical Council
- Member of the Finance, Audit and Risk Management Committee
- Member of Specialist Education Accreditation Committee
- AMC representative, Medical Training Review Panel

Professor Constantine Michael AO

Qualifications

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

Experience

- Principal 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, King 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

- Head, Medicine Program, University of Tasmania
- 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, Royal Australasian College of Physicians (Senior Examiners Panel)

Special responsibilities

- Director of the Australian Medical Council
- Member of Council, Australian Medical Council

Dr Glenda Wood AM

Qualifications

MBBS (Hons), FACD, FAICD

Experience

- Former Chair of the Committee of Presidents of Medical Colleges
- Former President of The Australasian College of Dermatologists
- Head of Department of Dermatology, Prince of Wales Hospital
- Former Head of Department 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 Royal Hospital for Women
- Former Senior Staff Specialist, Sydney Children's Hospital
- Member of the Society for Paediatric Dermatology
- Member of the American Academy of Dermatology

Special Responsibilities

- Former Director of the Australian Medical Council
- Former Member of Council, Australian Medical Council
- Former Member of the Finance, Audit and Risk Management Committee

Members' guarantee

The AMC is incorporated under the *Corporations Act 2001* and is a company limited by guarantee. If the AMC 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 company. At 30 June 2014, the total amount that members of the company are liable to contribute if the company is wound up is \$250 (2013: \$220).

Auditor's independence declaration

The lead auditor's independence declaration for the year ended 30 June 2014 has been received and can be found on page 11 of the financial report.

Signed in accordance with a resolution of the directors.



Director

Professor Robin Mortimer AO (Chair)

Dated this 20th day of October 2014



Auditor's Independence Declaration

As lead auditor for the audit of Australian Medical Council Limited for the year ended 30 June 2014, 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.

David Murphy
Partner
PricewaterhouseCoopers

Canberra
20 October 2014

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Liability limited by a scheme approved under Professional Standards Legislation.

Financial statements

Statement of profit or loss and other comprehensive income for the year ended 30 June 2014

	Note	2014 \$	2013 \$
Revenue	2	21,614,001	19,973,965
Other income		239,070	352,340
Total revenue and other income		21,853,071	20,326,305
Accreditation expenses		1,211,500	703,941
Examination running expenses		6,622,775	6,337,188
Publishing expenses		64,270	62,816
Council committees and executive expenses		674,924	1,022,926
Employee benefits expenses		8,000,325	7,873,543
Depreciation and amortisation expenses		1,217,781	840,989
Bank fees and charges		343,062	281,199
Rental expenses		1,432,268	902,496
Audit, legal and consultancy expenses		133,832	129,811
Administration expenses		1,662,630	1,390,098
Total expenses		21,363,367	19,545,007
Surplus		489,704	781,298
Surplus for the year attributable to the Council		489,704	781,298
Other comprehensive income for the year		-	-
Total comprehensive income for the year		489,704	781,298

The accompanying notes form part of these financial statements.

Statement of financial position

as at 30 June 2014

	Note	2014 \$	2013 \$
ASSETS			
Current assets			
Cash and cash equivalents	3	1,976,122	2,832,235
Trade and other receivables	4	665,703	522,090
Inventories	5	98,617	99,877
Term Deposits	7	6,022,697	4,891,038
Other assets	6	328,027	239,657
TOTAL CURRENT ASSETS		9,091,166	8,584,897
NON-CURRENT ASSETS			
Plant and equipment	8	3,980,580	4,798,401
Intangible assets	9	720,399	584,342
TOTAL NON-CURRENT ASSETS		4,700,979	5,382,743
TOTAL ASSETS		13,792,145	13,967,640
LIABILITIES			
Current liabilities			
Trade and other payables	10	1,611,110	2,248,127
Lease liabilities	11	49,722	46,729
Lease incentive		114,135	114,135
Employee benefits	12	1,488,155	1,477,540
Income in advance	13	4,027,365	3,906,897
TOTAL CURRENT LIABILITIES		7,290,487	7,793,428
NON-CURRENT LIABILITIES			
Lease liabilities	11	122,705	172,427
Lease incentive		342,411	456,548
Employee benefits	12	139,324	155,385
Other payables		153,908	136,246
TOTAL NON-CURRENT LIABILITIES		758,348	920,606
TOTAL LIABILITIES		8,048,835	8,714,034
NET ASSETS		5,743,310	5,253,606
EQUITY			
Retained earnings		5,743,310	5,253,606
TOTAL EQUITY		5,743,310	5,253,606

The accompanying notes form part of these financial statements.

FINANCIAL STATEMENTS

Statement of changes in equity

for the year ended 30 June 2014

	Note	Retained earnings \$	Total \$
Balance at 1 July 2012		4,472,308	4,472,308
Total comprehensive income for the year			
Surplus attributable to the Council		781,298	781,298
Total comprehensive income for the year		5,253,606	5,253,606
Balance at 30 June 2013		5,253,606	5,253,606
Balance at 1 July 2013		5,253,606	5,253,606
Total comprehensive income for the year			
Surplus attributable to the Council		489,704	489,704
Total comprehensive income for the year		5,743,310	5,743,310
Balance at 30 June 2014		5,743,310	5,743,310

The accompanying notes form part of these financial statements.

Statement of cash flows

for the year ended 30 June 2014

	Note	2014 \$	2013 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipt of grants		2,359,504	3,274,105
Other receipts		20,200,317	17,972,052
Payments to suppliers and employees		(21,940,600)	(17,532,440)
Interest received		239,070	352,313
Net cash generated from operating activities		858,291	4,066,030
CASH FLOWS FROM INVESTING ACTIVITIES			
Proceeds from sale of plant and equipment		-	(5,903)
Payment for plant and equipment		(208,350)	(3,805,856)
Purchase of intangibles		(318,067)	(366,768)
Net cash used in investing activities		(526,417)	(4,178,527)
CASH FLOWS FROM FINANCING ACTIVITIES			
Repayment of finance lease commitments		(56,328)	(43,915)
Net cash used in financing activities		(56,328)	(43,915)
Net increase in cash held		275,546	(156,412)
Cash and cash equivalents at beginning of financial year		7,723,273	7,879,685
Cash and cash equivalents at end of financial year	3	7,998,819	7,723,273

The accompanying notes form part of these financial statements.

FINANCIAL STATEMENTS

Notes to the financial statements for the year ended 30 June 2014

The financial statements are for the Australian Medical Council Limited (AMC), as an individual entity, incorporated and domiciled in Australia. The AMC 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*. The AMC is a not-for-profit entity for the purpose of preparing financial statements.

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 a historical cost basis.

The financial statements were authorised for issue on 20 October 2014 by the Directors of the AMC.

Accounting policies

a. Revenue

Revenue is measured at the fair value of the consideration received or receivable. The AMC recognises revenue when the amount of revenue can be reliably measured, it is probable that future economic benefits will flow to the AMC and specific criteria have been met for the specific activities as described below.

Grant revenue is recognised 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.

Interest revenue is recognised using the effective interest rate method.

Revenue from the rendering of a service is recognised by reference to the stage of completion of the transaction at the end of the reporting period.

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 net realisable value.

c. Plant and equipment

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

Notes to the financial statements for the year ended 30 June 2014

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. 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.

The depreciable amount of all fixed assets, including capitalised lease assets, is depreciated on a straight line basis over the asset's useful life 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 useful lives of the improvements.

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

Class of fixed asset	Depreciation period
Computer equipment	2-5 years
Office equipment	3-10 years
Leasehold Improvements	Term of the lease
Furniture and fittings	3-10 years
Leased assets	Term of the lease

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 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.

Leases in which a significant portion of the risks and rewards of ownership are not transferred to the AMC are classified as operating leases. Payments for operating leases are charged to profit and loss 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.

Notes to the financial statements for the year ended 30 June 2014

e. Financial instruments

i) Classification

The AMC classifies its financial assets into the following categories:

- loans and receivables, and
- held-to-maturity investments

The classification depends on the purpose for which the investments were acquired. Management determines the classification of its investments at initial recognition and, in the case of assets classified as held-to-maturity, re-evaluates this designation at the end of each reporting period.

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

Held-to-maturity investments are non-derivative financial assets that have fixed maturities and fixed or determinable payments, and it is the AMC's intention to hold these investments to maturity. Held-to-maturity investments are included in current assets, except for those which are not expected to mature within 12 months after the end of the reporting period.

ii) Recognition and derecognition

Financial assets are recognised on trade date, the date on which the AMC commits itself to purchase or sell the asset. Financial assets are derecognised when the rights to receive cash flows from the financial assets have expired or have been transferred and the AMC has transferred substantially all the risks and rewards of ownership.

iii) Measurement

At initial recognition the AMC measures a financial asset at its fair value plus transaction costs that are directly attributable to the acquisition of the financial asset. Loans and receivables and held to maturity investments are subsequently carried at amortised cost using the effective interest method.

iv) Impairment

The AMC assesses at the end of each reporting period whether there is objective evidence that a financial asset or group of financial assets is impaired. A financial asset or a group of financial assets is impaired and impairment losses are incurred only if there is objective evidence of impairment as a result of one or more events that occurred after the initial recognition of the asset (a 'loss event') and that loss event (or events) has an impact on the estimated future cash flows of the financial asset or group of financial assets that can be reliably estimated.

For loans and receivables, the amount of the loss is measured as the difference between the asset's carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate. The carrying amount of the asset is reduced and the amount of the loss is recognised in profit or loss.

If, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the reversal of the previously recognised impairment loss is recognised in profit or loss.

Notes to the financial statements for the year ended 30 June 2014

v) 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. These loans and receivables are classified as non-current assets.

f. Employee benefits

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

The obligations are presented as current liabilities in the balance sheet if the AMC does not have an unconditional right to defer settlement for at least twelve months after the reporting period, regardless of when the actual settlement is expected to occur.

g. 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.

h. Goods and services tax

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.

i. Income tax

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

Notes to the financial statements for the year ended 30 June 2014

j. Intangibles

Software assets acquired or developed by the AMC are recorded at cost and have finite useful lives.

The AMC amortises intangible assets using the straight method over the following period:

- Software assets 3 - 6 years

Costs incurred in developing systems and costs incurred in acquiring software and licences that will contribute to future period financial benefits are capitalised to software. Costs capitalised include external direct costs of materials and service, employee costs and relevant overheads. IT development costs include only those costs directly attributable to the development phase and are only recognised following completion of technical feasibility and where the group has an intention and ability to use the asset. All research expenditure is recognised as an expense as it is incurred.

k. 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.

l. Comparative figures

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

m. 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.

n. Critical accounting estimates and judgements

Impairment

Assets are tested for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. An impairment loss is recognised for the amount by which the asset's carrying amount exceeds its recoverable amount. The recoverable amount is the higher of an asset's fair value less costs of disposal and value in use.

Notes to the financial statements for the year ended 30 June 2014

Note 2: Revenue and other income

	2014 \$	2013 \$
REVENUE FROM GOVERNMENT GRANTS AND OTHER GRANTS		
Commonwealth government grants	63,636	631,365
Medical Board of Australia grants	2,295,868	642,740
Health Workforce Australia grant	-	2,000,000
TOTAL REVENUE FROM GOVERNMENT AND OTHER GRANTS	2,359,504	3,274,105
REVENUE FROM OPERATIONS		
Accreditation fees	438,225	361,846
Examination fees	18,342,590	15,852,865
Sale of publications	333,576	396,708
Other revenue	140,106	88,442
TOTAL REVENUE	19,254,497	16,699,860
TOTAL REVENUE FROM OPERATIONS	21,614,001	19,973,965
OTHER INCOME		
Gain on disposal of plant and equipment	-	27
Interest	239,070	352,313
TOTAL OTHER INCOME	239,070	352,340
TOTAL REVENUE AND OTHER INCOME	21,853,071	20,326,305

FINANCIAL STATEMENTS

Notes to the financial statements for the year ended 30 June 2014

Note 3: Cash and cash equivalents

	2014 \$	2013 \$
Cash on hand	1,500	1,500
Cash at bank	1,974,622	2,830,735
	1,976,122	2,832,235

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:

	\$	\$
Balances as above	1,976,122	2,832,235
Term deposits	6,022,697	4,891,038
Balances per statement of cash flows	7,998,819	7,723,273

Notes to the financial statements for the year ended 30 June 2014

Note 4: Trade and other receivables	2014	2013
	\$	\$
Trade receivables	189,631	363,928
Other receivables	476,072	158,162
	665,703	522,090

Note 5: Inventories	2014	2013
	\$	\$
CURRENT		
At cost: Inventory	98,617	99,877
	98,617	99,877

Note 6: Other assets	2014	2013
	\$	\$
CURRENT		
Accrued income	171,756	148,216
Prepayments	156,271	91,441
	328,027	239,657

Note 7: Term deposits	2014	2013
	\$	\$
CURRENT		
Term deposits	6,022,697	4,891,038
	6,022,697	4,891,038

Term deposits comprise deposits with banks with original maturities that are greater than 90 days.

FINANCIAL STATEMENTS

Notes to the financial statements for the year ended 30 June 2014

Note 8: Plant and equipment

	2014 \$	2013 \$
Computer equipment		
At cost	1,245,914	1,137,670
Less accumulated depreciation	(878,317)	(763,289)
	367,597	374,381
Office equipment		
At cost	695,649	693,999
Less accumulated depreciation	(293,936)	(210,868)
	401,713	483,131
Furniture and fittings		
At cost	752,394	740,768
Less accumulated depreciation	(404,575)	(350,272)
	347,819	390,496
Leasehold improvement		
At cost	5,234,380	5,147,550
Less accumulated depreciation	(2,520,185)	(1,790,867)
	2,714,195	3,356,683
Leased assets		
At cost	248,333	248,333
Less accumulated depreciation	(99,077)	(54,623)
	149,256	193,710
TOTAL PLANT AND EQUIPMENT	3,980,580	4,798,401

Movements in carrying amounts

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

	Computer equipment \$	Office equipment \$	Furniture and fittings \$	Leasehold improvement \$	Leased assets \$	Total \$
Balance at 1 July 2013	374,381	483,131	390,496	3,356,683	193,710	4,798,401
Additions at cost	108,244	1,650	11,626	86,830	0	208,350
Disposals	0	0	0	0	0	0
Depreciation expenses	(115,028)	(83,068)	(54,303)	(729,318)	(44,454)	(1,026,171)
Carrying amount at the end of year	367,597	401,713	347,819	2,714,195	149,256	3,980,580

Notes to the financial statements for the year ended 30 June 2014

Note 9: Intangible assets

	2014 \$	2013 \$
Computer software—at cost	1,381,485	1,053,818
Accumulated amortisation	(661,086)	(469,476)
Net carrying value	720,399	584,342

Movements in carrying amounts

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

	Computer software 2014 \$
Balance at the beginning of the year	584,342
Additions	327,667
Amortisation charge	(191,610)
	720,399

Note 10: Trade and other payables

	2014 \$	2013 \$
Trade payables	77,452	990,160
Accrued expenses	1,451,729	1,064,579
Other current payables	81,929	193,388
	1,611,110	2,248,127

Note 11: Lease liabilities

	2014 \$	2013 \$
CURRENT		
Lease liabilities	49,722	46,729
NON-CURRENT		
Lease liabilities	122,705	172,427
TOTAL LEASE LIABILITIES	172,427	219,156

Lease liabilities are secured by the underlying leased assets.

FINANCIAL STATEMENTS

Notes to the financial statements for the year ended 30 June 2014

Note 12: Employee benefits

	2014 \$	2013 \$
Analysis of total provisions		
Current	1,488,155	1,477,540
Non-current	139,325	155,385
	1,627,480	1,632,925

Provision for employee benefits

The provision for employee benefits relates to the AMC'S liability for long service leave and annual leave.

Note 13: Income in advance

	2014 \$	2013 \$
CURRENT		
Income in advance	4,027,365	3,906,897
	4,027,365	3,906,897

Income in advance is comprised of examination and accreditation fees received in advance of services being provided and rent in advance on the AMC's sub-lease of the premises at Level 14 300 La Trobe Street, Melbourne.

Notes to the financial statements for the year ended 30 June 2014

Note 14: Capital and leasing commitments

	2014 \$	2013 \$
a. Finance lease commitments		
Payable—minimum lease payments:		
– not later than 12 months	49,722	46,729
– later than 12 months but not later than five years	122,705	172,428
Minimum lease payments	172,427	219,157

The AMC entered a finance leasing arrangement in May 2012, for the lease of office equipment. The lease is for a term of five years with an option to purchase at the end of the lease term. No debt covenants or other such arrangements are in place.

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	1,049,176	1,421,204
– later than 12 months but not later than five years	1,915,321	2,858,567
Minimum lease payments	2,964,497	4,279,771

The AMC has operating leases in place for the rental of two separate premises, at 11 Lancaster Place, Majura, ACT and Level 14, 300 La Trobe Street, Melbourne. The two operating leases both contain escalation clauses and renewal rights. The leased premises in Melbourne is secured by a bank guarantee. The bank guarantee is for the amount of \$554,368 (inclusive of GST) and is equal to the sum of 9 months rent and 9 months outgoings.

c. Sub-lease payments	\$	\$
Future minimum lease payments expected to be received in relation to non-cancellable sub-lease or operating leases		
Payable—minimum lease payments:	511,251	633,654
	511,251	633,654

FINANCIAL STATEMENTS

Notes to the financial statements for the year ended 30 June 2014

Note 15: Contingent liabilities and contingent assets

There are no contingent assets or liabilities as at 30 June 2014 which require disclosure in the financial statements (2013: nil)

Note 16: Events after the reporting Period

There were no reportable events after the end of the reporting period.

Note 17: Key management personnel compensation

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

	2014	2013
	\$	\$
Key management personnel compensation	689,758	686,759

Note 18: Related party transactions

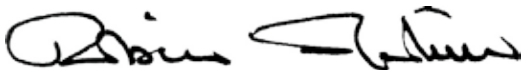
There were no related party transactions during the financial year.

Directors' declaration

The Directors of the company declare that:

- 1) The financial statements and notes, as set out on pages 34 to 50, are in accordance with the *Corporations Act 2001* and
 - (a) comply with Accounting Standards reduced disclosure requirements and the Corporations Regulations 2001 and other mandatory profession reporting requirement
 - (b) give a true and fair view of the financial position as at 30 June 2014 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 Robin Mortimer AO (Chair)

Dated this 20 day of October 2014



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 company), which comprises the statement of profit or loss and other comprehensive income, the statement of financial position as at 30 June 2014, 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 company 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. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's 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.

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

Independence

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

PricewaterhouseCoopers, ABN 52 780 433 757
Ground Floor, 28 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

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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 company's financial position as at 30 June 2014 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

David Murphy
Partner

Canberra
20 October 2014

APPENDIX A

Appendix A

Council Members – December 2014

Position and Nominating Body/Category of membership	Member
President elected by Council	Professor Robin Mortimer AO*
Deputy President elected by Council	Associate Professor Jill Sewell AM*
Member of a State and Territory Board of the Medical Board of Australia <i>Appointed by Directors</i>	Dr Greg Kesby (NSW)* Dr Bruce Mugford (SA) Dr Kim Rooney (TAS)* Professor Napier Thomson AM (VIC)
Nominees of Committee of Presidents of Medical Colleges <i>Appointed by Directors</i>	Associate Professor Michael Hollands Professor Kate Leslie*
Nominees of Australian Medical Association Federal Council <i>Appointed by Directors</i>	Dr Iain Dunlop
Post-graduate Medical Trainee <i>Appointed by Directors</i>	Dr Jules Catt
Nominee of Medical Deans Australia and New Zealand <i>Appointed by Directors</i>	Professor Nicholas Glasgow
Nominee of Universities Australia <i>Appointed by Directors</i>	Professor Lisa Jackson Pulver AM
Medical Student in Basic or Pre-professional Training <i>Appointed by Directors</i>	Ms Yvonne Nguyen
Consumer Members <i>Appointed by Directors</i>	Ms Cindy Schultz-Ferguson Mr Ross Springolo
Community Members <i>Appointed by Directors</i>	Associate Professor Eleanor Milligan Dr Miriam Weisz
Senior Executive of a Public Hospital <i>Appointed by Directors</i>	Dr Sayanta Jana
Senior Executive of a Private Hospital <i>Appointed by Directors</i>	Dr Jeanette Conley

Position and Nominating Body/Category of membership	Member
Chairs of the AMC Committees	<p>Professor Richard Doherty* Board of Examiners</p> <p>Professor David Ellwood* Medical School Accreditation Committee</p> <p>Assoc Professor Jill Sewell AM* Specialist Education Accreditation Committee</p> <p>Professor Robin Mortimer AO* Recognition of Medical Specialties Advisory Committee and Strategic Policy Advisory Committee</p>
Chair of Confederation of Postgraduate Medical Education Councils	Associate Professor Terence Brown
Chief Executive Officer, Australian Commission on Safety and Quality in Health Care	Professor Debora Picone AM (Professor Villis Marshall attends as proxy)

The * indicates those Council Members who are also currently Directors of the AMC Limited

Appendix B

Directors of the Australian Medical Council As at 31 December 2014

Position and Nominating Body/Category of membership	
President elected by Council	Professor Robin Mortimer AO
Deputy President elected by Council	Associate Professor Jill Sewell AM
Directors elected by Council	Professor Kate Leslie
	Dr Kim Rooney
	Dr Greg Kesby
Chairs of the AMC Committees	Professor Richard Doherty Board of Examiners
	Professor David Ellwood Medical School Accreditation Committee
	Associate Professor Jill Sewell AM Specialist Education Accreditation Committee
	Professor Robin Mortimer AO Recognition of Medical Specialties Advisory Committee
	Professor Robin Mortimer AO Strategic Policy Advisory Committee
Chief Executive Officer	Mr Ian Frank AM

* As per resolution made at the 20 October Meeting of Directors - The Chair of the Prevocational Standards Accreditation Committee may attend and participate fully, other than for voting, and be privy to all information given to Directors

Appendix C

Committee membership at November 2014

Board of Examiners

Professor R Doherty (Chair)	Mr I Frank AM	Emeritus Professor D Prideaux
Dr A Akram	Dr P Harris	Emeritus Professor D Ruffin AM
Professor J Barnard	Professor P Hay	Professor T Sen Gupta
Associate Professor W Brown	Professor B McGrath	Dr R Sweet AM
Associate Professor P Devitt	Professor K Nair AM	Dr P Vine OAM
Professor L Farmer	Dr D Neill	Dr M Weisz

Finance, Audit and Risk Management Committee

Mr G Knuckey (Chair)	Associate Professor J Sewell AM
Professor R Mortimer AO	Professor K Leslie

Medical School Accreditation Committee

Professor D Ellwood (Chair)	Professor P Ellis	Mr T Morrison
Professor S Broadley	Professor J Fraser	Ms Y Nguyen
Professor A Burt	Professor N Glasgow	Clinical Professor R Tarala
Ms G Carroll	Professor J Kolbe	Emeritus Professor N Thomson AM
Professor J Dahlstrom	Ms R Lawson	
Dr P Dohrmann	Professor G McColl	

Recognition of Medical Specialties Advisory Committee

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

APPENDIX C

Specialist Education Accreditation Committee

Associate Professor J Sewell
AM (Chair)
Mr M Carpenter (Observer)
Ms D Cox
Professor M Kidd AM
Associate Professor R Langham

Associate Professor T Lawler
Professor K Leslie
Dr W Milford
Professor J Nacey
Ms D Potter
Dr L Roberts

Dr A Singer
Emeritus Professor N Thomson AM
Associate Professor M J Waters
Professor A Wilson

Strategic Policy Advisory Committee

Professor R Mortimer AO
(Chair)
Professor J Angus AO
Mr P Forster
Dr J Francis

Mr I Frank AM
Professor J Greeley
Mr J Low
Mr J Ramsay
Professor L Sansom AO

Professor L Segal
Associate Professor J Sewell AM
Professor R Smallwood AO
Mr J Topfer
Ms T Walters

Prevocational Standards Accreditation Committee

Professor L Farmer (Chair)
Dr C Blizzard
Dr J Churchill
Professor B Crotty
Dr D Everett
Dr E Flynn

Dr J Katsoris
Professor L Landau AO
Mr D Malcolmson
Professor B McGrath
Dr R Mohindra
Professor K Nair AM

Dr S O'Dwyer
Dr A Parab
Emeritus Professor D Prideaux
Clinical Professor R Tarala

Appendix D

Staff at November 2014

Executive

Chief Executive Officer	Ian Frank AM
Deputy Chief Executive Officer	Theanne Walters
Executive Officer, Director Services	Karin Oldfield

Executive Support

Senior Executive Assistant	Wendy Schubert
Executive Assistant	Louise McCormack
Administration Assistant	Kimberly Barnes
Project Manager, AMC Examination Centre Development, Company Secretary	Carl Matheson
Senior Executive Officer	Peggy Sanders
Executive Project Coordinator	Caroline Watkin
Research and Policy Analyst	Bronwen Jones

National Test Centre

NTC Program Manager	Sarah Anderson
Audio Visual Systems Administrator	Daniel Neill
Information Communication and Audio Visual Administrator	Wayne Tran

Corporate Services

Senior Operations Manager	Catharine Armitage
Human Resources Advisor	John Akuak
Records Manager	Lindsey MacDonald
Information officer	Arran Dengate
Finance Manager	Ravi Wickramaratna
Accounts Supervisor	Santhosh Moorkoth
Payroll Officer	Debbie Banks
Accounts Receivable Clerk	Christine Thompson
Accounts Administration Assistant	Minthaka Wijeyaratna
Manager, Administrative Services	Tania Greve
Assistant Manager Administrative Services	Helen Slat, Jane McGovern
Administrative Officers	Carla Lopes Reis, Michelle Edmonds, Kate Maree
Travel Manager	Steven Cook
Director, ICT Services	Karen Anderson
ICT Systems Administrator/Team Leader	Matthew Kendrick
Information Systems Administrators	Rodel Dela Pena, Andrew Cole, David Adams

APPENDIX D

Corporate Services	
Developer Team Leader/System Architect	Hugh Evans
Developers	Kevin Ng, Kapila Chovatiya, Kristy Sim, Cameron Hine
Project Officer	Jarrold Bradley
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 Officers	Robin Dearlove, Jessica Tipping
Accreditation Policy Officers	Karen Rocca, Sarah Vaughan
Accreditation Administrators	Ellana Rietdyk, Fiona Van Der Weide
Accreditation Project Officer	Liesl Perryman
Manager, Specialist Training and Program Assessment	Jane Porter
Assessment Services	
Program Director, AMC Examination Development and Risk Management	Susan Buick
Project Manager (Multimedia), AMC Examination Development	Martin Jagodzki
Manager, MCQ Examinations	Josie Cunningham
MCQ Examinations Administrator	Jacqueline Tarrant
Manager, Clinical Examinations	Megan Lovett
Clinical Examination 2IC	Kista Ho
Clinical Examination Content Coordinators	Lucy Nelson, Andrea Meredith
Case Managers	Joanne Lebihan, Nadeem Afzal, Hayley Wordsworth
Manager Verification Services Support	Zuzette Van Vuuren
Assessment Services Support Officer	Kylie Edwards
Case Managers	Tegan Michelin-Jones, Wendy Zhuang, Dhanushka Keenagahapitiya
Competent Authority Assessment Officer	Slavica Petreska

Appendix E

Competent Authority Pathway Statistics

For Period: 1/7/2013 to 30/06/2014 (All Candidates)

Country of Training	Number of Applications Received by Competent Authority						Applications	Advanced Standing Issued	AMC Certificate Issued
	PLAB	MCC	USMLE	NZREX	GMCUK	MCI			
ALBANIA	1	0	0	0	0	0	1	1	0
ANTIGUA AND BARBUDA	0	0	0	1	0	0	1	1	0
BANGLADESH	0	3	0	1	0	0	4	7	4
BELARUS	0	1	0	0	0	0	1	1	1
BRAZIL	0	0	0	1	0	0	1	1	0
CANADA	0	20	0	0	0	0	20	23	7
CAYMAN ISLANDS	0	0	0	0	0	0	1	0	0
CHINA	0	0	0	0	0	0	0	2	0
CZECH REPUBLIC	0	0	0	0	0	0	0	0	1
DEMOCRATIC REPUBLIC OF THE CONGO	0	1	0	0	0	0	1	1	0
DOMINICA	0	0	1	0	0	0	1	1	0
EGYPT	0	9	1	1	0	0	14	14	4
ETHIOPIA	0	0	1	0	0	0	1	1	0
FIJI	0	0	0	0	0	0	1	0	0
FRANCE	0	0	0	0	0	0	1	0	0
GERMANY	0	0	0	0	0	0	0	0	1
GRENADA	1	1	1	0	0	0	3	3	0
HUNGARY	1	0	0	0	0	0	1	1	1
INDIA	21	4	4	4	0	0	43	43	29
IRAN	0	1	0	0	0	0	4	3	1
IRAQ	1	6	1	0	0	0	10	10	3
IRELAND	0	0	0	0	0	57	104	109	83
ITALY	0	0	0	0	0	0	1	0	0
JORDAN	0	1	0	0	0	0	2	2	0
LATVIA	0	1	0	0	0	0	1	1	0
LEBANON	0	0	0	0	0	0	1	0	0
MACEDONIA	0	0	0	1	0	0	1	1	0
MALAYSIA	0	0	0	0	0	0	0	0	1
MEXICO	0	0	0	0	0	0	0	0	1
MYANMAR	2	0	0	0	0	0	2	3	1
NEPAL	0	0	0	0	0	0	1	1	0

APPENDIX E

For Period: 1/7/2013 to 30/06/2014 (All Candidates)

Country of Training	Number of Applications Received by Competent Authority						Applications	Advanced Standing Issued	AMC Certificate Issued
	PLAB	MCC	USMLE	NZREX	GMCUK	MCI			
NIGERIA	4	3	0	1	0	0	9	9	1
PAKISTAN	11	13	5	3	0	0	38	31	7
PHILIPPINES	0	1	1	0	0	0	3	2	1
ROMANIA	0	0	0	0	0	0	1	0	0
RUSSIA	1	5	0	1	0	0	7	7	1
SAMOA	0	0	0	0	0	0	0	0	1
SIERRA LEONE	0	0	0	0	0	0	0	0	1
SINT MAARTEN	0	0	1	0	0	0	2	1	1
SOUTH AFRICA	0	2	0	0	0	0	3	1	1
SRI LANKA	2	1	0	0	0	0	4	4	5
SUDAN	1	0	0	0	1	0	6	2	1
SYRIA	0	0	1	0	0	0	2	0	0
THAILAND	1	0	0	0	0	0	1	1	0
TRINIDAD AND TOBAGO	0	0	0	0	0	0	0	0	1
TURKEY	0	1	0	0	0	0	1	1	0
UGANDA	0	1	0	0	0	0	1	2	0
UKRAINE	1	1	0	0	0	0	4	2	2
UNITED KINGDOM	0	0	1	0	655	0	713	764	455
USA	0	0	16	0	0	0	19	19	3
UZBEKISTAN	0	1	0	0	0	0	1	1	0
VENEZUELA	0	0	0	0	0	0	1	0	0
VIET NAM	0	0	0	0	0	0	1	0	0
ZAMBIA	1	0	0	0	0	0	1	1	1
ZIMBABWE	2	0	0	0	0	0	2	2	0
Total	51	77	34	14	656	57	1042	1080	620

MCQ Examinations Country of Training statistics

MCQ Examinations for Period: 1/7/2013 to 30/06/2014 (All Candidates)

Country of Training	Sat 1	Sat 2	Sat 3	Sat 4 +	Total	Pass 1	Pass 2	Pass 3	Pass 4 +	Total
AFGHANISTAN	8	2	0	1	11	1	0	0	1	2
ALBANIA	1	0	0	0	1	1	0	0	0	1
ARGENTINA	3	0	0	0	3	2	0	0	0	2
ARMENIA	1	1	0	0	2	0	0	0	0	0
AUSTRIA	1	0	1	0	2	0	0	1	0	1
BAHRAIN	3	1	1	0	5	2	0	1	0	3
BANGLADESH	111	42	16	20	189	67	20	10	8	105
BELARUS	8	4	3	2	17	3	1	0	1	5
BELGIUM	1	0	0	1	2	0	0	0	1	1
BELIZE	1	0	0	0	1	0	0	0	0	0
BOLIVIA	1	0	0	3	4	0	0	0	1	1
BOSNIA AND HERZEGOVINA	1	0	0	0	1	0	0	0	0	0
BRAZIL	12	2	1	0	15	7	1	0	0	8
BULGARIA	2	1	0	2	5	0	0	0	1	1
CANADA	1	0	0	0	1	0	0	0	0	0
CAYMAN ISLANDS	2	0	0	0	2	1	0	0	0	1
CHILE	2	0	0	0	2	2	0	0	0	2
CHINA	72	29	10	17	128	28	9	4	4	45
COLOMBIA	19	10	2	2	33	10	7	0	0	17
CUBA	2	0	0	0	2	1	0	0	0	1
CURACAO	1	0	0	0	1	1	0	0	0	1
CZECH REPUBLIC	1	0	0	0	1	1	0	0	0	1
DEMOCRATIC REPUBLIC OF THE CONGO	7	2	1	0	10	5	0	0	0	5
DENMARK	2	0	0	0	2	1	0	0	0	1
DOMINICA	2	0	0	0	2	1	0	0	0	1
DOMINICAN REPUBLIC	0	2	0	0	2	0	0	0	0	0
ECUADOR	3	0	0	0	3	0	0	0	0	0
EGYPT	97	15	7	16	135	54	9	1	8	72
ETHIOPIA	2	0	0	0	2	1	0	0	0	1
FIJI	11	9	1	0	21	6	1	1	0	8
FINLAND	1	0	0	0	1	1	0	0	0	1

APPENDIX E

MCQ Examinations for Period: 1/7/2013 to 30/06/2014 (All Candidates)

Country of Training	Sat 1	Sat 2	Sat 3	Sat 4 +	Total	Pass 1	Pass 2	Pass 3	Pass 4 +	Total
FRANCE	4	0	0	0	4	4	0	0	0	4
GEORGIA	1	0	0	0	1	1	0	0	0	1
GERMANY	12	3	0	2	17	10	2	0	1	13
GHANA	2	0	0	0	2	0	0	0	0	0
GREECE	0	1	0	0	1	0	0	0	0	0
GRENADA	1	1	0	0	2	1	0	0	0	1
HONG KONG	3	0	0	0	3	3	0	0	0	3
HUNGARY	2	2	0	0	4	1	0	0	0	1
INDIA	271	84	45	46	446	158	40	18	17	233
INDONESIA	15	7	1	4	27	8	2	1	0	11
IRAN	119	24	21	12	176	74	14	12	8	108
IRAQ	36	15	4	6	61	25	7	0	4	36
IRELAND	9	2	1	0	12	4	1	0	0	5
ITALY	2	1	0	0	3	1	1	0	0	2
JAMAICA	2	0	0	0	2	1	0	0	0	1
JAPAN	5	1	1	0	7	3	0	1	0	4
JORDAN	10	3	0	0	13	7	3	0	0	10
KENYA	6	3	1	0	10	2	1	0	0	3
KUWAIT	1	0	0	0	1	1	0	0	0	1
KYRGYZSTAN	2	1	0	0	3	0	0	0	0	0
LAOS	1	0	0	0	1	0	0	0	0	0
LATVIA	1	1	0	0	2	1	1	0	0	2
LEBANON	2	0	0	0	2	2	0	0	0	2
LIBYA	4	0	0	0	4	2	0	0	0	2
LITHUANIA	1	1	1	0	3	0	0	1	0	1
MACEDONIA	1	0	0	2	3	0	0	0	0	0
MALAYSIA	37	5	3	3	48	28	3	2	1	34
MALTA	1	0	0	0	1	1	0	0	0	1
MAURITIUS	1	1	0	0	2	1	0	0	0	1
MEXICO	7	2	0	0	9	3	1	0	0	4
MOZAMBIQUE	1	0	0	0	1	0	0	0	0	0
MYANMAR	63	9	6	3	81	47	6	4	1	58
NEPAL	25	10	5	7	47	15	6	3	0	24
NETHERLANDS	9	1	0	0	10	4	1	0	0	5

MCQ Examinations for Period: 1/7/2013 to 30/06/2014 (All Candidates)

Country of Training	Sat 1	Sat 2	Sat 3	Sat 4 +	Total	Pass 1	Pass 2	Pass 3	Pass 4 +	Total
NIGERIA	58	19	8	5	90	30	7	2	2	41
NORWAY	3	0	0	0	3	3	0	0	0	3
OMAN	14	2	1	0	17	10	1	1	0	12
PAKISTAN	180	66	13	23	282	108	37	5	9	159
PALESTINIAN AUTHORITY	1	0	0	0	1	1	0	0	0	1
PAPUA NEW GUINEA	2	1	1	1	5	1	0	1	1	3
PHILIPPINES	71	27	17	20	135	26	8	5	9	48
POLAND	8	0	0	0	8	6	0	0	0	6
ROMANIA	4	3	3	1	11	1	0	1	0	2
RUSSIA	54	28	10	13	105	23	10	6	4	43
RWANDA	0	0	0	4	4	0	0	0	0	0
SABA	1	0	0	0	1	0	0	0	0	0
SAINT KITTS AND NEVIS	4	1	0	1	6	3	0	0	0	3
SAINT LUCIA	3	1	0	0	4	0	0	0	0	0
SAINT VINCENT AND THE GRENADINES	1	0	0	0	1	1	0	0	0	1
SAMOA	7	4	1	0	12	4	2	1	0	7
SAUDI ARABIA	4	1	0	0	5	3	1	0	0	4
SERBIA	3	0	1	0	4	1	0	0	0	1
SEYCHELLES	1	2	1	0	4	1	1	1	0	3
SINGAPORE	4	0	0	0	4	4	0	0	0	4
SOUTH AFRICA	27	3	1	0	31	21	1	0	0	22
SOUTH KOREA	2	0	0	0	2	1	0	0	0	1
SPAIN	1	0	0	0	1	1	0	0	0	1

APPENDIX E

MCQ Examinations for Period: 1/7/2013 to 30/06/2014 (All Candidates)

Country of Training	Sat 1	Sat 2	Sat 3	Sat 4 +	Total	Pass 1	Pass 2	Pass 3	Pass 4 +	Total
SRI LANKA	183	20	4	3	210	138	12	3	2	155
SUDAN	20	2	2	2	26	15	2	0	0	17
SWEDEN	2	0	0	0	2	2	0	0	0	2
SWITZERLAND	1	0	0	0	1	1	0	0	0	1
SYRIA	10	1	0	2	13	8	0	0	1	9
TAIWAN	8	2	0	0	10	5	2	0	0	7
TANZANIA	4	0	0	0	4	0	0	0	0	0
THAILAND	3	1	0	0	4	3	1	0	0	4
TURKEY	2	2	0	0	4	1	2	0	0	3
UGANDA	6	0	0	0	6	4	0	0	0	4
UKRAINE	23	12	6	9	50	7	5	1	3	16
UNITED ARAB EMIRATES	4	0	2	0	6	3	0	1	0	4
UNITED KINGDOM	1	0	0	0	1	1	0	0	0	1
USA	3	0	0	0	3	2	0	0	0	2
UZBEKISTAN	2	2	0	0	4	0	2	0	0	2
VENEZUELA	3	1	0	0	4	1	0	0	0	1
VIET NAM	4	1	0	1	6	3	0	0	0	3
YEMEN	4	0	0	0	4	2	0	0	0	2
ZAMBIA	0	0	1	0	1	0	0	0	0	0
ZIMBABWE	9	1	0	0	10	5	0	0	0	5
Total	1781	501	204	234	2720	1054	231	88	88	1461

Clinical Examinations Country of Training statistics

Clinical Examinations for Period: 1/7/2013 to 30/06/2014 (All Candidates)

Country of Training	Sat 1	Sat 2	Sat 3	Sat 4 +	Total	Pass 1	Pass 2	Pass 3	Pass 4 +	Total
AFGHANISTAN	4	3	3	3	13	0	1	2	0	3
ALGERIA	1	0	0	0	1	0	0	0	0	0
ARGENTINA	3	1	0	0	4	2	0	0	0	2
AUSTRIA	2	0	0	0	2	1	0	0	0	1
AZERBAIJAN	1	1	0	0	2	0	1	0	0	1
BAHRAIN	1	0	0	0	1	0	0	0	0	0
BANGLADESH	124	63	28	20	235	35	11	11	4	61
BELARUS	3	2	2	1	8	0	1	1	1	3
BELGIUM	0	1	0	0	1	0	0	0	0	0
BOLIVIA	0	1	0	0	1	0	0	0	0	0
BRAZIL	7	4	0	2	13	2	3	0	1	6
BULGARIA	1	2	1	2	6	1	1	0	0	2
CAMBODIA	1	1	0	0	2	0	0	0	0	0
CHINA	52	27	5	8	92	20	12	1	2	35
COLOMBIA	7	4	2	0	13	2	1	1	0	4
CROATIA	0	0	0	2	2	0	0	0	0	0
CUBA	2	0	0	0	2	0	0	0	0	0
CZECH REPUBLIC	3	2	0	0	5	0	0	0	0	0
DEMOCRATIC REPUBLIC OF THE CONGO	1	1	0	1	3	0	0	0	1	1
DOMINICAN REPUBLIC	0	1	0	0	1	0	0	0	0	0
EGYPT	40	20	3	1	64	14	6	1	0	21
ETHIOPIA	1	0	0	0	1	0	0	0	0	0
FIJI	7	1	0	5	13	4	1	0	1	6
FINLAND	1	0	0	0	1	0	0	0	0	0
FRANCE	1	3	2	0	6	0	0	1	0	1
GERMANY	15	1	4	1	21	6	0	2	1	9
GHANA	1	1	0	0	2	0	1	0	0	1
GRENADA	1	0	1	0	2	0	0	1	0	1
GUATEMALA	1	0	0	0	1	0	0	0	0	0
HUNGARY	2	3	1	1	7	1	1	1	0	3
INDIA	242	147	60	38	487	91	55	22	13	181
INDONESIA	7	9	3	0	19	1	2	0	0	3

APPENDIX E

Clinical Examinations for Period: 1/7/2013 to 30/06/2014 (All Candidates)

Country of Training	Sat 1	Sat 2	Sat 3	Sat 4 +	Total	Pass 1	Pass 2	Pass 3	Pass 4 +	Total
IRAN	66	42	11	9	128	25	14	4	5	48
IRAQ	46	16	5	3	70	14	8	1	0	23
IRELAND	5	1	1	0	7	5	0	1	0	6
JAPAN	4	1	0	0	5	2	1	0	0	3
JORDAN	18	2	0	0	20	4	1	0	0	5
KAZAKHSTAN	2	0	0	0	2	1	0	0	0	1
KENYA	1	1	0	0	2	0	0	0	0	0
KYRGYZSTAN	0	2	0	0	2	0	0	0	0	0
LATVIA	4	1	0	2	7	2	1	0	0	3
LEBANON	5	2	0	0	7	1	0	0	0	1
LIBYA	2	6	1	1	10	0	2	0	0	2
LITHUANIA	4	1	1	1	7	1	0	0	0	1
MALAYSIA	35	11	1	1	48	18	4	0	1	23
MALTA	0	1	1	0	2	0	0	0	0	0
MAURITIUS	2	0	0	0	2	0	0	0	0	0
MEXICO	1	1	0	0	2	0	1	0	0	1
MYANMAR	90	59	18	13	180	33	26	7	1	67
NEPAL	17	13	2	1	33	7	7	1	1	16
NETHERLANDS	3	1	0	0	4	1	0	0	0	1
NIGERIA	32	14	8	8	62	12	4	1	1	18
NORWAY	2	0	0	0	2	1	0	0	0	1
OMAN	4	0	0	1	5	3	0	0	1	4
PAKISTAN	124	83	29	25	261	38	27	7	14	86
PALESTINIAN AUTHORITY	1	0	0	0	1	0	0	0	0	0
PAPUA NEW GUINEA	2	1	2	5	10	0	0	1	1	2
PARAGUAY	0	1	0	0	1	0	1	0	0	1
PERU	2	0	1	0	3	0	0	1	0	1
PHILIPPINES	52	49	22	19	142	11	11	0	2	24
POLAND	3	2	1	1	7	0	0	0	0	0
ROMANIA	4	4	2	1	11	0	1	0	0	1
RUSSIA	41	31	7	2	81	10	9	3	1	23
RWANDA	1	1	0	0	2	0	1	0	0	1
SAMOA	6	3	1	0	10	2	1	1	0	4
SAUDI ARABIA	5	1	1	0	7	0	0	1	0	1

Clinical Examinations for Period: 1/7/2013 to 30/06/2014 (All Candidates)

Country of Training	Sat 1	Sat 2	Sat 3	Sat 4 +	Total	Pass 1	Pass 2	Pass 3	Pass 4 +	Total
SERBIA	2	2	2	3	9	1	1	0	2	4
SEYCHELLES	0	1	1	0	2	0	0	0	0	0
SINGAPORE	2	0	0	0	2	1	0	0	0	1
SLOVAKIA	1	2	1	0	4	0	1	1	0	2
SLOVENIA	1	0	0	0	1	0	0	0	0	0
SOUTH AFRICA	15	8	2	1	26	9	3	0	0	12
SOUTH KOREA	3	3	0	0	6	1	0	0	0	1
SPAIN	2	0	0	0	2	2	0	0	0	2
SRI LANKA	112	52	15	4	183	51	24	3	1	79
SUDAN	10	2	1	3	16	3	1	0	0	4
SWEDEN	1	0	0	0	1	1	0	0	0	1
SWITZERLAND	1	1	0	0	2	1	1	0	0	2
SYRIA	5	1	1	4	11	1	1	0	1	3
TAIWAN	2	0	1	0	3	1	0	0	0	1
TANZANIA	3	1	1	0	5	1	0	0	0	1
THAILAND	2	0	0	0	2	1	0	0	0	1
TRINIDAD AND TOBAGO	2	2	1	0	5	1	1	1	0	3
TURKEY	2	0	0	0	2	0	0	0	0	0
UGANDA	3	1	0	0	4	2	0	0	0	2
UKRAINE	16	12	7	2	37	6	2	0	1	9
UNITED ARAB EMIRATES	3	1	2	0	6	1	0	0	0	1
UNITED KINGDOM	3	0	0	0	3	1	0	0	0	1
USA	2	0	0	0	2	2	0	0	0	2
USSR	0	0	0	5	5	0	0	0	0	0
UZBEKISTAN	1	1	1	0	3	0	1	1	0	2
VENEZUELA	0	2	0	2	4	0	2	0	0	2
VIET NAM	12	3	0	0	15	0	1	0	0	1
YEMEN	1	0	0	0	1	1	0	0	0	1
ZAMBIA	0	1	0	0	1	0	1	0	0	1
ZIMBABWE	5	3	2	1	11	2	0	1	0	3
Total	1328	749	268	203	2548	461	257	80	57	855

Workplace Based Assessment Country of Training statistics

Workplace Based Assessment for Period: 1/7/2013 to 30/06/2014 (All Candidates)

Authority	Country of Training	Sat 1	Sat 2	Sat 3	Sat 4 +	Total	Pass 1	Pass 2	Pass 3	Pass 4 +	Total
Australian College of Rural & Remote Medicine	BANGLADESH	4	0	0	0	4	3	0	0	0	3
	INDIA	2	0	0	0	2	0	0	0	0	0
	IRAN	1	0	0	0	1	1	0	0	0	1
	PAKISTAN	2	0	0	0	2	2	0	0	0	2
	SERBIA	1	0	0	0	1	1	0	0	0	1
	SRI LANKA	1	0	0	0	1	1	0	0	0	1
Subtotal		11	0	0	0	11	8	0	0	0	8
Central Coast Local Health District	BANGLADESH	1	0	0	0	1	1	0	0	0	1
	INDIA	2	0	0	0	2	2	0	0	0	2
	MEXICO	1	0	0	0	1	1	0	0	0	1
	PHILIPPINES	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
Subtotal		7	0	0	0	7	7	0	0	0	7
Hunter New England Area Health Service	BANGLADESH	1	0	0	0	1	0	0	0	0	0
	CHINA	1	0	0	0	1	1	0	0	0	1
	FIJI	2	0	0	0	2	2	0	0	0	2
	INDIA	8	0	0	0	8	8	0	0	0	8
	INDONESIA	1	0	0	0	1	1	0	0	0	1
	IRAN	4	0	0	0	4	4	0	0	0	4
	JORDAN	1	0	0	0	1	1	0	0	0	1
	PAKISTAN	6	0	0	0	6	5	0	0	0	5
	SAINT KITTS AND NEVIS	1	0	0	0	1	0	0	0	0	0
	SUDAN	1	0	0	0	1	1	0	0	0	1
	SYRIA	1	0	0	0	1	1	0	0	0	1
	UKRAINE	1	0	0	0	1	1	0	0	0	1
Subtotal		28	0	0	0	28	25	0	0	0	25

Workplace Based Assessment for Period: 1/7/2013 to 30/06/2014 (All Candidates)

Authority	Country of Training	Sat 1	Sat 2	Sat 3	Sat 4 +	Total	Pass 1	Pass 2	Pass 3	Pass 4 +	Total
Launceston General Hospital	BANGLADESH	1	0	0	0	1	1	0	0	0	1
	EGYPT	1	0	0	0	1	1	0	0	0	1
	GERMANY	1	0	0	0	1	1	0	0	0	1
	INDIA	5	0	0	0	5	5	0	0	0	5
	IRAN	2	0	0	0	2	2	0	0	0	2
	IRAQ	1	0	0	0	1	1	0	0	0	1
	IRELAND	1	0	0	0	1	1	0	0	0	1
	MYANMAR	2	0	0	0	2	2	0	0	0	2
	NEPAL	3	0	0	0	3	3	0	0	0	3
	PAKISTAN	6	0	0	0	6	6	0	0	0	6
	RUSSIA	1	0	0	0	1	1	0	0	0	1
	SRI LANKA	1	0	0	0	1	1	0	0	0	1
	UZBEKISTAN	1	0	0	0	1	1	0	0	0	1
Subtotal		26	0	0	0	26	26	0	0	0	26
Rural and Outer Metro United Alliance	GUATEMALA	1	0	0	0	1	1	0	0	0	1
	IRAN	1	0	0	0	1	1	0	0	0	1
	NIGERIA	3	0	0	0	3	3	0	0	0	3
	SOUTH AFRICA	1	0	0	0	1	1	0	0	0	1
Subtotal		6	0	0	0	6	6	0	0	0	6

APPENDIX E

Workplace Based Assessment for Period: 1/7/2013 to 30/06/2014 (All Candidates)

Authority	Country of Training	Sat 1	Sat 2	Sat 3	Sat 4 +	Total	Pass 1	Pass 2	Pass 3	Pass 4 +	Total
Southern Health	COLOMBIA	1	0	0	0	1	1	0	0	0	1
	EGYPT	1	0	0	0	1	1	0	0	0	1
	INDIA	3	0	0	0	3	3	0	0	0	3
	IRAN	1	0	0	0	1	1	0	0	0	1
	PAKISTAN	1	0	0	0	1	1	0	0	0	1
	PHILIPPINES	1	0	0	0	1	0	0	0	0	0
	RUSSIA	2	0	0	0	2	2	0	0	0	2
	SOUTH AFRICA	1	0	0	0	1	1	0	0	0	1
Subtotal		11	0	0	0	11	10	0	0	0	10
WA Health	EGYPT	2	0	0	0	2	2	0	0	0	2
	GERMANY	1	0	0	0	1	1	0	0	0	1
	INDIA	1	0	0	0	1	1	0	0	0	1
	IRAN	1	0	0	0	1	1	0	0	0	1
	JAPAN	1	0	0	0	1	1	0	0	0	1
	PAKISTAN	5	0	0	0	5	5	0	0	0	5
	PHILIPPINES	2	0	0	0	2	2	0	0	0	2
	SOUTH AFRICA	1	0	0	0	1	1	0	0	0	1
Subtotal		14	0	0	0	14	14	0	0	0	14
Grand Total		103	0	0	0	103	96	0	0	0	96

Appendix F

Specialist Statistics

Specialist Assessment Process by Medical Specialty for Period: 1/7/2013 to 30/06/2014 (All Candidates)

Assessment Process / Medical Specialty	Total Application	Initial Processing	College Processing	Substantially Comparable	Partially Comparable	Not Comparable	Withdrawn
Adult Medicine	311	101	39	77	33	10	51
Anaesthesia	174	30	38	46	35	9	16
Dermatology	27	4	6	6	9	1	1
EICS	1	1	0	0	0	0	0
Emergency Medicine	77	8	9	17	14	9	20
General Practice	721	215	65	381	34	10	16
Intensive Care	27	9	5	4	5	1	3
Medical Administration	3	1	0	1	0	1	0
Obstetrics and Gynaecology	110	44	3	37	11	7	8
Occupational and Environmental Medicine	5	1	0	2	2	0	0
Ophthalmology	72	21	13	9	11	11	7
Paediatrics and Child Health	150	41	13	33	28	3	32
Pain Medicine	4	1	1	0	1	1	0
Palliative Medicine	3	1	0	1	0	0	1
Pathology	91	39	6	14	23	4	5
Psychiatry	121	29	8	44	33	4	3
Public Health Medicine	13	6	0	3	0	0	4
Radiology	110	34	10	31	30	1	4
Rehabilitation Medicine	7	1	0	1	3	1	1
Sexual Health Medicine	6	1	0	4	1	0	0
Sport and Exercise Medicine	2	0	0	0	1	1	0
Surgery	311	98	79	28	37	32	37
Grand Total	2346	686	295	739	311	106	209

APPENDIX F

Substantially Comparable Specialist Applications by Medical Specialty and Country of Training for Period: 1/7/2013 to 30/06/2014 (All Candidates)

Medical Specialty / Country of Training	Adult Medicine	Anaesthesia	Dermatology	Emergency Medicine	General Practice	Intensive Care	Medical Administration	Obstetrics and Gynaecology	Occupational and Environmental Medicine	Ophthalmology	Paediatrics and Child Health	Palliative Medicine	Pathology	Psychiatry	Public Health Medicine	Radiology	Rehabilitation Medicine	Sexual Health Medicine	Surgery	Grand Total
ARGENTINA	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
BANGLADESH	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
BELGIUM	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	1	0	0	2	5
BRAZIL	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	3
BULGARIA	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1
CANADA	0	0	0	1	9	0	0	1	0	0	2	0	0	0	0	1	0	0	2	16
EGYPT	1	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
GERMANY	1	1	0	0	0	1	0	1	0	0	0	0	0	1	0	1	0	0	0	6
HUNGARY	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
INDIA	10	11	2	0	0	0	0	4	0	0	3	0	4	11	0	6	0	0	4	55
IRAN	1	1	0	0	0	0	0	0	0	0	1	0	1	0	0	1	0	0	0	5
IRELAND	4	2	0	0	18	0	0	1	0	0	1	0	0	1	0	2	0	0	1	30
ISRAEL	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	1	3
ITALY	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	2
JAPAN	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
JORDAN	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
KENYA	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
MALAYSIA	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	1	3
NEPAL	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
NETHERLANDS	1	2	0	0	0	0	0	1	0	0	0	0	0	3	0	0	0	0	0	7
NEW ZEALAND	0	0	0	0	37	0	0	0	0	0	0	0	0	0	0	0	0	0	0	37
NIGERIA	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
PAKISTAN	3	0	0	0	0	0	0	1	0	0	0	0	1	0	0	1	0	0	0	6
PHILIPPINES	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	2

Substantially Comparable Specialist Applications by Medical Specialty and Country of Training for Period: 1/7/2013 to 30/06/2014 (All Candidates)

Medical Specialty / Country of Training	Adult Medicine	Anaesthesia	Dermatology	Emergency Medicine	General Practice	Intensive Care	Medical Administration	Obstetrics and Gynaecology	Occupational and Environmental Medicine	Ophthalmology	Paediatrics and Child Health	Palliative Medicine	Pathology	Psychiatry	Public Health Medicine	Radiology	Rehabilitation Medicine	Sexual Health Medicine	Surgery	Grand Total
ROMANIA	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
RUSSIA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
SOUTH AFRICA	1	2	2	0	4	0	1	1	0	1	3	0	2	2	1	2	0	0	3	25
SPAIN	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
SRI LANKA	6	2	1	0	0	0	0	5	0	0	0	0	1	6	0	1	0	0	0	22
SWEDEN	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	3
SWITZERLAND	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
UNITED KINGDOM	40	19	0	11	310	0	0	16	2	8	19	1	4	17	2	14	0	4	9	476
USA	2	1	0	5	2	1	0	1	0	0	3	0	1	1	0	0	0	0	0	17
Grand Total	77	46	6	17	381	4	1	37	2	9	33	1	14	44	3	31	1	4	28	739

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)
EICS	ECFMG International Credentials Service
IMG	international medical graduate
MCQ	multiple-choice question
Medical Board	Medical Board of Australia
NTC	National Test Centre
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

