

ANNUAL REPORT 2015



Australian Medical Council Limited



'Our Place' By Narelle Urquhart. A replica of the 180x80cm painting from the 2013 Bond University Indigenous Gala

The artwork depicts the stories of five Bond University Indigenous students. The artwork is connected through different song lines illustrating places, times and events in each individual's story. It highlights the student's connection to heritage, country, family and their vision and purpose for the future.

The ancient heritage that weaves Indigenous Australians into society is a heritage that precedes them as well as links them to the future. Our Place stretches across this great land, into cities, towns and country. Each line represents how their stories connect down into the corner to the Bond University Lake, and the stars in the top corner represent their bright futures.

4,077

APPLICATIONS RECEIVED FROM
INTERNATIONAL MEDICAL GRADUATES

STAFF ACTIVITIES

- Welcomed new staff
- Attended training and/or professional development courses
- Went on international secondments
- Presented to international conferences
- Undertook research projects
- Managed and participated in AMC assessments, clinical exams and accreditation visits
- Booked 3,015 flights
- Supported and managed 676 travel requisitions

MEETINGS ATTENDED AND SUPPORTED

- 2 x Council
- 10 x Directors
- 15 x standing committees

PRIMARY SOURCE VERIFICATIONS (2014/15)

- 6,736 EICS requests forwarded
- 4,736 Verifications received

MCQ EXAMINATIONS

- 2295 MCQ examinations conducted in Australia and internationally
- 1,534 sitting for first time
- 1,290 satisfied the requirements to proceed to clinical exam

CLINICAL EXAMINATIONS

- 1,979 attended clinical exams
- 933 for the first time
- 588 passed the examination and qualified for the AMC Certificate

WORKPLACE-BASED ASSESSMENT

- 84 IMGs presented for assessment through the WBA process
- 76 satisfactorily completed the assessment and qualified for the AMC Certificate

Australian Medical Council Limited 2015

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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 2014-15 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 2015 to 31 December 2015.



The Australian Medical Council acknowledges and pays respect to the Traditional Owners of the lands across Australia on which our members live and work, and to their Elders and ancestors, past and present. We pay respect to the Ngunnawal people as the Traditional Owners of the land on which the AMC's office stands.



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FROM THE PRESIDENT



It is with pleasure that I present the 2015 annual report of the Australian Medical Council (AMC) which coincides with the end of my term as President of the Australian Medical Council. This has been another busy and important year for the Australian Medical Council. The AMC relies on the contributions of many individuals who are members of its committees and expert working groups, and who are senior examiners and accreditation assessors. Without the passion, commitment and assistance of all of these groups and individuals we would not complete the considerable accreditation and assessment programs that the AMC undertakes each year.

The primary focus of the AMC during the past year has been to build on its strengths as a leader in national and international assessment and accreditation and to address challenges in the areas of Indigenous health and medical student professionalism. Working with Directors, Council members and key stakeholders the AMC has worked hard to develop a more visible and effective strategy for engagement with Aboriginal and Torres Strait Islander and Maori health organisations, students, medical practitioners and medical educators across its accreditation, standard setting, policy and assessment functions to support the AMC purpose.

As the accreditation authority for medicine, the AMC develops accreditation standards for medical programs and their education providers. The Medical Board of Australia (MBA) is responsible for approval of accreditation standards developed for the medical profession by the AMC. In 2015 the AMC completed its review of the accreditation standards for specialist medical programs and continuing professional development programs. Following approval by the MBA the revised Standards for Assessment and Accreditation of Specialist Medical Programs and Professional Development Programs by the Australian Medical Council 2015 will come into effect from 1 January 2016.

In other significant work areas the AMC began a review of the standards and procedures for Workplace Based Assessment (WBA), established a multi-stakeholder working party to address issues arising for health services when students who demonstrate unprofessional behaviour and/or appear unfit for practise are undertaking clinical placements or graduating and beginning internship and, in collaboration with the Educational Commission for Foreign Medical Graduates (ECFMG), incorporated ECFMG's Electronic Portfolio of International Credentials (EPICSM) into the process for evaluating the medical credentials of Australia's international medical graduates (IMGs).

The Council also had a busy year holding meetings in Sydney and in the Queensland regional city of Toowoomba. The visit to Toowoomba provided Council with the unique opportunity to engage with health services, local practitioners, educators and community leaders in a process that aims to strengthen stakeholder and community understanding of not only the work of the AMC, but also how that work supports good quality medical education and training to meet the needs of rural and regional communities and healthcare services.

In closing I would like to acknowledge the support of the AMC Directors and Council, the dedication and leadership of AMC staff, collegial relationships with health and education professionals, including through the Health Professions Accreditation Councils' Forum, the strong and constructive relationships with the Medical Board of Australia and the Australian Health Practitioner Regulation Agency (AHPRA) and our highly valued relationships with our community and consumer representatives.

I welcome my successor as President of the Council, Associate Professor Jillian Sewell AM, a consultant paediatrician, with longstanding interests in medical education, quality improvement and medical workforce. Jill has contributed over many years to the AMC's assessment and accreditation of medical education programs. She has served the Council in various roles, including those of Deputy President and chair of the Specialist Education Accreditation Committee.

A handwritten signature in black ink, appearing to read 'Robin Mortimer'.

Robin Mortimer AO
President



In 2014/2015 a major focus of the Australian Medical Council (AMC), and other health professions councils, had been the first formal review of the National Registration and Accreditation Scheme (NRAS) commissioned by the Health Ministerial Council. Since the establishment of NRAS in 2010, the AMC and its accreditation and assessment activities have been involved in, or the subject of, three parliamentary inquiries, a review for reassignment by the Medical Board of Australia, an external review by an international panel of experts and the Ministerial Council's NRAS review.

While a number of these reviews have been warranted and informative, it makes accreditation and assessment in medical education in Australia one of the most scrutinised regulatory activities. Participation in these reviews has meant that key staff have been diverted from the core activities of the AMC in a time of resource constraints.

In the reporting period, the AMC has continued to consolidate its core functions of accreditation and assessment and, in doing so, has addressed a number of the recommendations of the 2013 external review. A new national accreditation process for intern training has been rolled out and recommendations regarding the clinical examination have been implemented through the National Test Centre. Nationally and internationally, the AMC has taken a leadership role in advancing accreditation and assessment through its support of the development of accreditation in the People's Republic of China and the Western Pacific Region and in leadership of an international reference group for advancing testing in the health sector.

2015 also saw the AMC adopt a more active role in Indigenous health with the establishment of an Indigenous Planning Advisory Group to assist in the development of effective strategies for engagement by the Council in this key area. Once again this development, and a number of other initiatives such as the work on medical student professionalism, has no additional resourcing or funding and is supported from within the existing resources of the AMC.

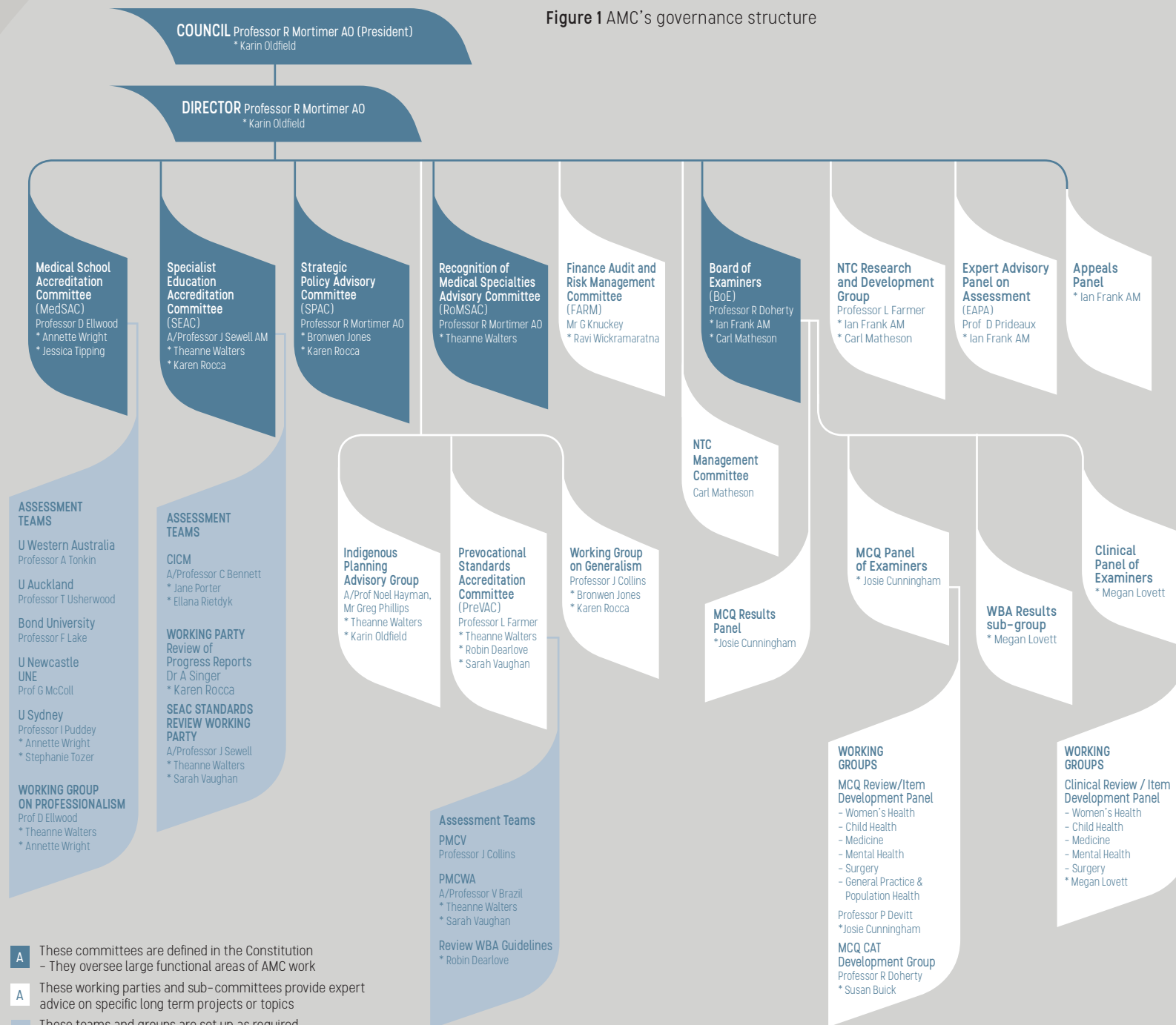
In 2014/2015 the AMC continued to consolidate the assessment processes through the National Test Centre, with the implementation of new computer tablet scoring technology and the roll out of a new appeals procedure based on the review of the recorded footage of clinical examinations. This last development not only addresses quality assurance and quality improvement of examinations but represents a significant advance in the transparency of examination processes that had been the subject of legal challenges in the past.

The achievements of the AMC are very much a product of the considerable contribution in time and expertise of the academic staff, clinicians and others who constitute the standing committees, working groups, assessment teams and examiners of the AMC. These contributions are supported by a team of staff at both the AMC's Canberra office and at the National Test Centre in Melbourne, and their professionalism and commitment must be acknowledged.

A handwritten signature in black ink, appearing to read 'Ian Frank', written over a light grey rectangular background.

Ian Frank AM
Chief Executive Officer

Figure 1 AMC's governance structure



A These committees are defined in the Constitution
- They oversee large functional areas of AMC work

A These working parties and sub-committees provide expert advice on specific long term projects or topics

A These teams and groups are set up as required
- They usually have a defined task to complete within a time limit

* These names represent the AMC Secretariat

ABOUT US

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.

OUR PURPOSE

The Australian Medical Council (AMC) was established in 1985 to promote the highest possible standards of medical education, training and practice in Australia.

Since its establishment, the AMC has taken on new functions, such as accrediting specialist medical education programs and advising on the recognition of new specialties. In the complex regulatory framework of 21st century medicine, the AMC stands as an independent national standards and assessment body in assuring the standards of education, training and assessment of the medical profession promote and protect the health of the Australian community. Guided by the Health Practitioner Regulation National Law, the AMC's focus is on standards of medical education and begins with the education of doctors.

OUR STRATEGY

The AMC adds value to the standards of medical education, training and assessment by concentrating on four areas:

- strengthening core AMC functions for accreditation of programs of assessment of individual doctors
- ensuring the sustainability of the AMC
- strengthening the profile and identity of the AMC
- clarifying the AMC's role in a broader range of activities than the AMC's accreditation functions under the national law

The AMC, a company limited by guarantee, subject to the Corporations Act 2001 and the Australian Charities and Not-for-profits Commission Act 2012 (ACNC Act), 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 undertakes a high level review every five years to consider its strategic direction and plan. This report marks the halfway point in the Strategic Plan 2012–2017. The AMC has processes for the effective development of standards policies and procedures, accreditation and assessment of medical programs and international medical graduates, and contributes to the quality of leadership and national debate and policy issues in areas relevant to its expertise.

Achieved through:

- development of standards, policies and procedures for the accreditation of medical programs and for the assessment of international medical graduates seeking registration in Australia
- accreditation of basic medical education providers, specialist education training programs and prevocational training authorities
- assessment of other countries' examining and accrediting authorities
- assessment of the knowledge, clinical skills and professional attributes of overseas qualified medical practitioners seeking registration to practise medicine in Australia
- leadership and contribution to national debate and policy issues in areas relevant to its expertise

Supported by a strong committee structure

This includes a committee structure to enhance its corporate governance role:

- Medical School Accreditation Committee
- Specialist Education Accreditation Committee
- Prevocational Standards Accreditation Committee
- Board of Examiners
- Recognition of Medical Specialties Advisory Committee
- Strategic Policy Advisory Committee

2015 HIGHLIGHTS

The AMC is internationally recognised for its work in the key areas of accreditation of medical programs and assessment of international medical graduates.

ANOTHER QUICK FACT

In the last three years, the AMC committed itself to national and international review, to build on its strengths and develop and implement a range of new activities including in the following areas:

Indigenous Health: the Indigenous Planning Advisory Group

The AMC established its Indigenous Planning Advisory Group (IPAG) to assist the development of a more visible and effective strategy for the AMC to engage with Aboriginal and Torres Strait Islander and Maori health organisations, students, medical practitioners and medical educators across its accreditation, standard setting, policy and assessment functions to support the AMC purpose. The Advisory Group was co-chaired by Dr Noel Hayman, Director of Inala Indigenous Health Service, and Associate Professor, School of Medicine, the University of Queensland and Dr Gregory Philips, Executive Director of ABSTARR Consulting, and a Research Fellow at The Baker IDI Heart and Diabetes Institute. Members of the Advisory Group were drawn from Indigenous stakeholder organisations, such as the Australian Indigenous Doctors Association, Maori Medical Practitioners Association (Te Ora), as well as the Leaders in Indigenous Medical Education, members of the Australian Medical Council, and peak bodies that are stakeholders in the AMC major accreditation and assessment functions.

The Advisory Group first met in March 2015, again in May and July, with its final meeting on 5 November 2015. Members of the Advisory Group attended Council's annual general meeting in November to report on the work of IPAG, as well as to provide opportunity for discussion and guidance on cultural competence for the Council as a whole.

During 2015, the Advisory Group identified opportunities to build on AMC training of accreditation assessors, and support for Indigenous assessors by working with current and previous Indigenous assessors to identify strengths and the resources to support teams to apply the Indigenous health accreditation standards consistently and appropriately. The Advisory Group noted that accreditation standards relating to Indigenous health in curriculum needed to be clear, appropriate and capable of being met. The Advisory Group contributed its views on a number of important AMC processes including:

- the review of the Standards for Assessment and Accreditation of Specialist Medical Education Programs and Professional Development Programs;
- the AMC's contributions to national cross-profession accreditation and assessment and international links in accreditation of medical programs;
- the assessment of international medical graduates.

The capacity to build on links to advance Indigenous health was a major focus for the Advisory Group over the year of meetings. The Advisory Group presented its final report to AMC Directors and Council in November 2015. The report contained a number of recommendations, which were endorsed by Directors, and an implementation plan will be developed early in 2016.

Medical student professionalism

Multi-stakeholder partnerships play an important role in the work of the AMC. They provide the opportunity for the AMC to build partnerships that bring each partner's core competence and experience to the table, in turn complementing the work of the AMC to achieve its objectives. The multi-stakeholder working party on medical student professionalism was established by the AMC to address issues arising for health services when students who demonstrate unprofessional behaviour and/or appear unfit for practise are undertaking clinical placements or graduating and beginning internship.

The Terms of Reference for the working group include:

1. Gathering information on medical education providers' policies on fitness to practise and approaches to assessing professionalism;
2. Identifying key areas where students' behaviour causes concern about their fitness to practise for other medical students, medical schools, teaching health services, subsequent stages of medical education and training, and medical boards/council;
3. Considering barriers to and gaps in medical education providers addressing unprofessional student behaviour, including privacy policies, other barriers to information sharing (both inside the provider and with external bodies), and university policy and assessment frameworks and recommend solutions;
4. Developing guidance on:
 - the professional behaviour expected of medical students
 - key areas of concern
 - the scope of student fitness to practise including responsibilities for student fitness to practise
 - good practice in addressing student fitness to practise; and
5. Advising on the adequacy of AMC accreditation standards relating to fitness to practise and professionalism and suggest amendments to the relevant AMC committee.

Following a series of meetings in 2015, the working group will finalise its report to Council in 2016.

Mid-year Council meeting in Toowoomba

The mid-year general meeting of the Australian Medical Council was held over two days in June 2015 in the regional city of Toowoomba, Queensland. The visit to Toowoomba provided Council members with a unique opportunity to engage with health services, local practitioners, educators and community leaders in a process that aimed to strengthen stakeholder and community understanding of not only the work of the AMC but also how that work supports good quality medical education and training to meet the needs of rural and regional communities and healthcare services. Council members visited a number of locations in and around Toowoomba including the Toowoomba Hospital, the University of Southern Queensland (USQ) Gumbi Gumbi Gardens, Goondir Health Service (Dalby), the Kingaroy Hospital, Carbal Medical Centre and the Seven Springs GP Clinic. Council met with academics, clinicians, health workers and other staff from the University of Southern Queensland, University of Queensland and Griffith University, senior executives from the Darling Downs Hospital and Health Service (DDHHS), Cunningham Centre, Carbal Medical Centre, University of Queensland & Griffith rural clinical schools, Queensland Rural Medical Education (QRME)/Longlook Program Griffith University and General Practice Training Queensland (GPTQ).

The visit achieved its purpose in that it built on the work of the AMC in supporting the delivery of well-trained medical practitioners to rural and regional Australia, and to leadership in Indigenous health and the needs of its practitioners. An important part of the visit was meeting and talking with Indigenous doctors, academics and other health staff who generously shared the local history, the achievements and the challenges for Indigenous people of the region.

Council members agreed: *‘the enduring impression was that there were lessons to be learned, and a wealth of other kinds of knowledge to be accessed through understanding Aboriginal and Torres Strait Islander perspectives.’*



[Front: Associate Professor Eleanor Milligan, Mr Darby McCarthy, Ms Mary Martin. Back: Dr Kim Rooney, Mr Carl Matheson, Ms Raelene Ward, Dr Iain Dunlop, Professor Tracey Bunda, Dr Sayanta Jana]. © Photo by USQ Photography

Council members visited USQ's College for Indigenous Studies, Education and Research (CISER) to learn more about Indigenous health and ways schools of medicine can be more responsive to Aboriginal and Torres Strait Islander community health needs and the training of Aboriginal and Torres Strait Islander doctors. Mr Darby McCarthy provided the Welcome to Country and Ms Raelene Ward spoke of the special needs and the support systems that must be in place to ensure Aboriginal and Torres Strait Islander student success.

Mr McCarthy noted *‘the importance of recognising the history of this country as the first stepping stone to building strong relationships between the different cultures.’*

Contributions to the AMC

The AMC relies on the contributions of many individuals who are members of its committees, expert working groups, senior examiners, and accreditation assessors. Without the enduring assistance of members of the medical profession, educators, community members, and members of other health professions the AMC would not achieve the significant highlights in its standards setting, accreditation and examination processes including:

- enhancing the work of the Vernon C Marshall National Test Centre (NTC) with the installation of video monitoring and recording technology to monitor examination processes and standards in real time
- implementing new computer-tablet technology to score clinical examinations in real time as well provide for monitoring the performance of examiners
- undertaking research and collaborative discussions with national and international organisations aimed at augmenting AMC examination and assessment programs
- contributing to the development of a medical school accreditation process for China
- supporting the Association for Medical Education in the Western Pacific Region
- presenting to the Association for Medical Education Europe (in Glasgow) on reform through accreditation
- completing a significant number of accreditation assessments, working group reviews and standards review including:
 - accreditation assessments of primary and specialist medical programs and intern training accreditation authorities
 - review of the Standards for Assessment and Accreditation of Specialist Medical Programs and Professional Development Programs.

COUNCIL MEMBERS & DIRECTORS

The full council is responsible for determining the AMC's future, electing the President and Deputy President, and appointing and removing the directors.

Members of the council are drawn from a wide cross-section of the groups associated with medical education, health delivery and standards of medical practice in Australia. They include:

- experts in medical regulation;
- experts in the education and training of medical students and medical practitioners;
- doctors in training and medical students;
- representatives of the medical profession;
- health consumers and community members;
- health service managers; 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 2014-15 are listed in the Directors' 2015 Report in the financial statements, where their attendance at meetings is also detailed.

The Council and Directors membership as at December 2015 are listed at Appendix A and Appendix B.



Photo: Council Members at November 2015.

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.

AMC Directors met 10 times in 2015 to discuss AMC business generated from the over 30 meetings of its standing committees, working groups and panels.

ANOTHER QUICK FACT

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 2015 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.

Medical schools and programs

University of Adelaide, Faculty of Health Sciences – Follow-up

An AMC Team completed the follow up assessment to the Faculty of Health Sciences in September 2014. The AMC Directors (11 March 2015) confirmed the accreditation of the Bachelor of Medicine / Bachelor of Surgery (MBBS) six-year degree of the University of Adelaide, Faculty of Health Sciences to 31 March 2018, subject to satisfactory progress reports and conditions.

Flinders University, School of Medicine – Reaccreditation

An AMC Team completed the reaccreditation assessment of the School of Medicine in October 2014. The AMC Directors (11 March 2015) granted accreditation of the following medical programs of Flinders University, School of Medicine for a period of six years; that is until 31 March 2021 subject to satisfactory progress reports and conditions:

- Doctor of Medicine (MD)
- Bachelor of Medicine / Bachelor of Surgery (BMBS) (N.B. accreditation of the BMBS will cease 31 December 2017 following its teach-out)

Griffith University, School of Medicine – Reaccreditation

An AMC Team completed the reaccreditation assessment of the School of Medicine in August 2014. The AMC Directors (11 March 2015) granted accreditation of the following medical programs of the Griffith University, School of Medicine is granted for a period of six years; that is until 31 March 2021, subject to satisfactory progress reports and conditions:

- Doctor of Medicine (MD)
- Bachelor of Medicine / Bachelor of Surgery (MBBS) (N.B. accreditation of the MBBS will cease 31 December 2017 as the School will withdraw the MBBS by the end of 2016)

University of Auckland, Faculty of Medical and Health Sciences – Reaccreditation

An AMC team completed a reaccreditation assessment of the Faculty of Medical and Health Sciences in March 2015. The AMC Directors (29 July 2015) granted accreditation of the MBChB programme of the University of Auckland, Faculty of Medical and Health Sciences for a period of six years; that is until 31 March 2022, subject to satisfactory progress reports and conditions.

Bond University, Faculty of Health Sciences and Medicine – Reaccreditation

An AMC team completed a reaccreditation assessment of the Faculty of Health Sciences' medical programs in May 2015. The AMC Directors (19 October 2015) granted accreditation of the following medical programs of the Bond University, Faculty of Health Sciences and Medicine for a period of six years; that is until 31 March 2022, subject to satisfactory progress reports and conditions:

- Doctor of Medicine (MD)
- Bachelor of Medicine / Bachelor of Surgery (MBBS) (accreditation of the MBBS will cease 31 December 2017 as the School will withdraw the MBBS by the end of 2016)

University of Western Australia, Faculty of Medicine, Dentistry and Health Sciences – Follow-up

An AMC Team completed the follow up assessment of the Faculty of Medicine, Dentistry and Health Sciences in August 2015. The AMC Directors (14 December 2015) confirmed the accreditation of the Doctor of Medicine program of the University of Western Australia, Faculty of Medicine, Dentistry and Health Sciences to 31 March 2019, subject to satisfactory progress reports and conditions.

University of Sydney, Medical School – Reaccreditation

An AMC team completed a reaccreditation assessment of the University of Sydney, Medical School in August 2015 and is finalising the accreditation report to be considered by AMC Directors in early 2016.

Specialist medical education and training

Australian College of Rural and Remote Medicine (ACRRM) – Follow-up

An AMC team completed a follow-up assessment of the Australian College of Rural and Remote Medicine in December 2014. The AMC Directors (11 March 2015) granted ongoing accreditation of the following training pathways of the Australian College of Rural and Remote Medicine to 31 March 2018, subject to satisfactory progress reports and conditions: the Vocational Preparation Pathway, the Remote Vocational Training Scheme, the Independent Pathway and the Professional Development Program.

Royal Australasian College of Physicians (RACP) – Reaccreditation

An AMC team completed a follow-up assessment of the Australian College of Rural and Remote Medicine in October 2014. The AMC Directors (11 March 2015) granted accreditation of the Royal Australian College of Physicians' specialist medical programs and continuing professional development programs to 31 March 2021, subject to satisfactory progress reports and conditions, and a review by a small AMC assessment team to report on the College's progress in implementing the major educational changes it has begun.

College of Intensive Care Medicine of Australia and New Zealand – Follow-up

An AMC team completed the follow-up assessment of the College of Intensive Care Medicine of Australia and New Zealand in July 2015. The AMC Directors (19 November 2015) granted accreditation of the College of Intensive Care Medicine of Australia and New Zealand's training programs in intensive care medicine and paediatric intensive care medicine to 31 March 2019, subject to satisfactory progress reports and conditions.

40 progress reports reviewed
15 reports on conditions
3 extensions of accreditation

ANOTHER QUICK FACT

Intern training accreditation providers

In 2015 the AMC has completed the assessment of the Canberra Region Medical Education Council and conducted assessments of the Postgraduate Medical Council of Western Australia and the Postgraduate Medical Council of Victoria.

AMC 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 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, the AMC consulted on the review of the guidelines and approval criteria for the pre-employment structured clinical interview (PESCI), together with the templates for reporting to the Medical Board of Australia and for the PESCI provider's outcome report to the applicant. The new guidelines, approval criteria and reporting templates were implemented from 1 March 2015.

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. Work continued on the review during 2014 and it was completed in 2015. The Medical Board of Australia approved the revised standards in September 2015 standards for implementation from 1 January 2016. So that education providers can meet the new revised standards in a timely manner a staged move is planned. The revised standards have significant changes in five major areas:

- New Indigenous health standards that mirror those already included in the Standards for Primary medical Programs
- New standards concerning trainee wellbeing
- New standards concerning patient safety
- Revised standards on continuing professional development which bring the standards up to date with Medical Board of Australia and Medical Council of New Zealand requirements
- A new separate standard on assessment of specialist international medical graduates which bring the standards into line with Medical Board of Australia and Medical Council of New Zealand requirements.

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 and 2015 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.

In 2015 the AMC and the Medical Board of Australia approved minor changes to two of the national framework documents, specifically, to the notes of the Intern training – national standards for programs and Intern training – domains for

assessing accreditation authorities. The AMC also made minor changes to the Procedures for Assessment of Intern Training Accreditation Authorities.

In 2016 the AMC will need to consider whether any changes are required to the national framework documents for internship as a result of the outcomes of the National Review of Medical Internship.

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

The AMC commenced a review on the AMC workplace-based assessment accreditation guidelines and procedures in December 2014. Stakeholder consultation continued through 2015, with a workshop to be held in 2016 to allow WBA providers the opportunity to address questions about new requirements, discuss implementation, share experience and successes.

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



Left: Ian Frank, A.M., CEO, Australian Medical Council, and Emmanuel G. Cassimatis, M.D., President and CEO, Educational Commission for Foreign Medical Graduates, led a session on July 7 in Philadelphia to plan for AMC's transition to Electronic Portfolio of International Credentials (EPIC).

In summary, the key developments were:

The Vernon C Marshall National Test Centre (NTC), which was formally opened on 31 July 2013, has seen a **significant reduction in time delays on access to the clinical examinations**. Although the AMC is still clearing a significant backlog of candidates who had waited 24 months or more for a clinical examination place, since the beginning of 2015 **40% of applicants have been placed in a clinical examination within 12 months of qualifying** at the MCQ examination and 12% have been placed within 6 months of qualifying.

A key feature of the NTC is the video monitoring and recording technology which has been used to monitor examination processes and standards in real time and to develop new training materials for AMC examiners based on the actual performance of the examiners in clinical examinations.

Examination appeal rules for both MCQ and clinical examinations that were developed in 2014 in consultation with the AMC legal counsel, were formally implemented in the reporting period. This is the first time that actual footage of examinations has been used to determine the outcome of an appeal against the result of a clinical examination.

The new scoring system as recommended by the AMC External Review (Technical Report on Assessment) was implemented in 2014, following a re-engineering of Following commissioning of the NTC work began on re-engineering the clinical examination content (scenarios) to accommodate the new scoring components

The new computer-tablet technology to score clinical examinations was implemented in 2014 and, for the first time the AMC was able to automate the capture of examination results in real time as well provide for monitoring the performance of examiners.

The AMC entered into a formal agreement with Pearson VUE, the vendor of the AMC's computer-adaptive MCQ examination, to undertake a research project on scoring clinical examinations based on the data captured from the computer-tablet technology to develop alternative options for scoring clinical examinations.

In 2014 the AMC has initiated discussion with MDANZ to collaborate on the benchmarking of standards of Australian medical schools utilising the calibrated MCQ item bank that has been developed by the AMC. This initiative has now been supported by 14 medical schools and will be rolled out in 2015/16.

In March 2015 the AMC was invited by the international Association of Test Publishers (ATP) to chair the special reference group that is being established to advance testing and examinations in the health sector.

In the reporting period a number of Specialist Medical Colleges have expressed interest in testing at the NTC or utilising the technology available at the NTC to further develop their own examination and assessment programs.

Highlights in the AMC's examination and assessment programs for the 2104/15 reporting period include:

Standard Pathway

AMC CAT MCQ: a total of 2295 MCQ examinations were conducted by the AMC in Australia and in 22 controlled examination facilities internationally. Of that number 1,534 IMGs were presenting for the first time at the MCQ examination. A total of 1290 IMGs satisfied the requirements and qualified to proceed to the clinical examination.

AMC Clinical Examination: a total of 1979 clinical examinations, of which 933 were sitting for the first time. A total of 588 passed the examination and qualified for the AMC Certificate.

AMC workplace-based assessment: a total of 84 IMGs presented for assessment through the Workplace-based Assessment process in the seven accredited WBA providers. Of this number 76 satisfactorily completed the assessment and qualified for the AMC Certificate.

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 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.



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.

As part of the implementation of the House of Representatives' report *Lost in the Labyrinth*, the CA pathway administered by the AMC ceased operation from 1 July 2014. Since Section 53 of the National Law provides for registration under similar provisions as the CA pathway but does not require an AMC certificate for the purposes of registration, the need to maintain the more complex CA pathway was no longer required. A number of applicants for the CA pathway who had commenced the process prior to 1 July 2014 elected to complete the process and receive an AMC Certificate. In the reporting period 2014/15 some 69 IMGs qualified for Advanced Standing and 401 qualified for the award of the AMC Certificate.

Specialist Assessment Pathway

The assessment pathway for overseas trained specialists administered by the AMC was first established on a national basis in 1993. As part of the review of assessment and registration provisions for IMGs following the release of the *Lost in the Labyrinth* 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 have proceeded directly to the relevant Specialist College for assessment. The AMC continued to have a role in the Primary Source Verification of overseas specialist qualifications and in maintaining and updating the verification outcome and assessment outcomes on a web-based portal for the Colleges and AHPRA.

A small number of applications for assessment that had been commenced prior to 1 July 2014 continued to be processed by the AMC. Some 369 applications were processed resulting in 37 candidates being assessed as Substantially Comparable and 1 as Partially Comparable.

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 2014 to 30 June 2015.

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.

Your directors present this report on the Australian Medical Council Limited (the AMC) for the financial year ended 30 June 2015.

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, ex officio, Chair, Board of Examiners
- Professor David Ellwood, ex officio, Chair, Medical School Accreditation Committee
- Mr Ian Frank, Chief Executive Officer
- Professor Kate Leslie, Director elected by Council.
- Professor Con Michael AO, Director elected by Council (term ended at the AGM 20 November 2014)
- Dr Greg Kesby, Director elected by Council (appointed at the AGM 20 November 2014)
- Dr Kim Rooney, Director elected by council (re-appointed at the AGM 20 November 2014).

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

- (e) to assess authorities in other countries which conduct examinations for registration in medicine, or which accredit programs of study relevant to registration in medicine, to decide whether persons who successfully complete the examinations or programs of study conducted or accredited by those authorities should have the knowledge, clinical skills and professional attributes necessary to practise medicine in Australia
- (f) to assess, or oversee the assessment of, the knowledge, clinical skills and professional attributes of overseas qualified medical practitioners who are seeking registration in medicine under the Health Practitioner Regulation National Law and whose qualifications are not approved qualifications under the Health Practitioner Regulation National Law for medicine
- (g) to assess the case for the recognition of new medical specialties
- (h) to advise and make recommendations to Federal, State and Territory governments, the Australian Health Workforce Advisory Council, Health Workforce Australia, the Australian Health Practitioner Regulation Agency, the Medical Board of Australia and State and Territory Boards of the Medical Board of Australia, and any other state and territory medical regulatory authorities in relation to:
 - (i) matters concerning accreditation or accreditation standards for the medical profession
 - (ii) matters concerning the registration of medical practitioners
 - (iii) matters concerning the assessment of overseas qualifications of medical practitioners
 - (iv) matters concerning the recognition of overseas qualifications of medical practitioners, and
 - (v) the recognition of medical specialties
- (i) to do all such matters as are ancillary to, convenient for or which foster or promote the advancement of the matters the subject of these objects.

The AMC’s short-term objectives are to:

- continue to negotiate secure funding for the accreditation and assessment activities of the AMC
- explore business opportunities for utilising the technology and systems of the National Test Centre
- work with other accreditation authorities to support streamlining of accreditation processes
- consider the implications for the accreditation and assessment processes from the recommendations of the Independent Review of the National Registration and Accreditation Scheme for Health Professions Final report December 2014
- develop and advance policy and research in relation to accreditation and assessment in medicine

The AMC’s long-term objectives are to:

- consolidate its position as a leader in accreditation and assessment standards
- advocate for medical education standards that promote quality and safety in health service provision
- 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
- advance the health care of Aboriginal and Torres Strait Islander people through effective partnerships with Indigenous organisations and individuals, and engagement with government, education providers and health services
- continue to engage nationally and internationally with health services, practitioners, educators, community and government leaders in a process that aims to strengthen stakeholder understanding of not only the work of the AMC but also how that work supports good quality medical education and training to meet the needs of healthcare services.
- maintain alignment of its accreditation and assessment functions with requirements of the Medical Board of Australia and the Australian Health Practitioner Regulation Agency (AHPRA)

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, 10 meetings of directors were held. Attendances by each director were as follows.

Director	Meetings	
	No. eligible to attend	No. attended
Professor Robin Mortimer AO (President)	10	10
Associate Professor Jill Sewell AM (Deputy President)	10	7
Professor Richard Doherty	10	7
Professor David Ellwood	10	8
Mr Ian Frank AM	10	10
Professor Kate Leslie	10	10
Professor Con Michael AO (term ended 20 November 2014)	4	4
Dr Kim Rooney	10	9
Dr Greg Kesby (term commenced 20 November 2014)	6	5

Indemnifying the directors

During the financial year, the AMC paid a premium of \$4,833 (2014:\$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

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

Special responsibilities

- Member of Indigenous Planning Advisory Group
- 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

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

Special responsibilities

- Member Professionalism Working Group
- 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

MBBS (Hons), FRACP, D Obst RCOG

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
- Senior Examiner



Professor David Ellwood

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

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 the Professionalism Working Group
- Chair of Australian Medical Education Study (AMES) Report Working Party
- Senior Examiner in Obstetrics and Gynaecology



Mr Ian Frank AM

BA (Hons), MAICD
(AM Awarded on 9 June 2014 in Queen's Birthday honours list)

Special responsibilities

- Director of the Australian Medical Council
- Chief Executive Officer, Australian Medical Council
- Chair Health Sector Special Interest Group, Association of Test Publishers

A not for profit company
limited by guarantee.

AMC Directors:

- oversee the business of the AMC as the external accreditation entity for the purposes of the Health Practitioner Regulation National Law
- approve annual budgets, financial statements and monitor financial performance
- give direction to and receive reports from standing committees
- provide strategic direction and strategic initiatives



Professor Kate Leslie

MBBS, MD, MEPID, MHLTHSERVMT,
FANZCA, FAICD

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

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

Special responsibilities

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



Associate Professor Kim Rooney

MBBS (Hons) (Monash), FRACP, FACHPM

Special responsibilities

- Director of the Australian Medical Council
- Member of Council, Australian Medical Council
- Member of the Professionalism Working Group



Dr Greg Kesby

BSc (Hons), MBBS (Hons), PhD,
DDU, FRANZCOG (CMFM)

Special Responsibilities

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

DIRECTORS REPORT

Directors' report

Auditor

PwC continues in office in accordance with section 327 of the *Corporations Act 2001*.

Auditor's independence declaration

A copy of the auditor's independence declaration as required under section 60-40 of the *Australian Charities and Not-for-Profits Commission (ACNC) Act 2012* is set out on page 11 and forms part of the Director's report.

Signed in accordance with a resolution of the directors.

Director



Professor Robin Mortimer AO (Chair)

Dated this __19__ day of __October__ 2015



Auditor's Independence Declaration

As auditor for the audit of the Australian Medical Council Limited for the year ended 30 June 2015, I declare that to the best of my knowledge and belief, there have been:

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

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



David Murphy
PricewaterhouseCoopers

19 October 2015

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 2015

	Note	2015 \$	2014 \$
Revenue	2	21,753,963	21,614,001
Other income		286,935	239,070
Total revenue and other income		22,040,898	21,853,071
Accreditation expenses		1,248,548	1,211,500
Examination running expenses		6,022,180	6,622,775
Publishing expenses		70,513	64,270
Council committees and executive expenses		967,259	674,924
Employee benefits expenses		6,909,376	7,646,967
Depreciation and amortisation expenses		1,278,915	1,217,781
Bank fees and charges		339,776	343,062
Rental expenses		1,326,648	1,432,268
Audit, legal and consultancy expenses		264,944	133,832
Administration expenses		1,936,013	2,015,988
Total expenses		20,364,172	21,363,367
Surplus		1,676,726	489,704
Surplus for the year attributable to the Council		1,676,726	489,704
Other comprehensive income for the year		-	-
Total comprehensive income for the year		1,676,726	489,704

The accompanying notes form part of these financial statements.

Statement of financial position as at 30 June 2015

	Note	2015 \$	2014 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	3	3,006,045	1,976,122
Trade and other receivables	4	160,756	665,703
Inventories	5	79,050	98,617
Term Deposits	7	9,488,710	6,022,697
Other assets	6	307,831	328,027
TOTAL CURRENT ASSETS		13,042,392	9,091,166
NON-CURRENT ASSETS			
Plant and equipment	8	3,648,279	3,980,580
Intangible assets	9	633,374	720,399
TOTAL NON-CURRENT ASSETS		4,281,653	4,700,979
TOTAL ASSETS		17,324,045	13,792,145
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	10	1,148,089	1,611,110
Lease liabilities	11	53,484	49,722
Lease incentive		114,135	114,135
Employee benefits	12	1,558,850	1,488,155
Income in advance	13	5,745,352	4,027,365
TOTAL CURRENT LIABILITIES		8,619,910	7,290,487
NON-CURRENT LIABILITIES			
Lease liabilities	11	71,365	122,705
Lease incentive		228,276	342,411
Employee benefits	12	171,639	139,324
Other payables		199,956	153,908
Provision for make good		612,863	-
TOTAL NON-CURRENT LIABILITIES		1,284,099	758,348
TOTAL LIABILITIES		9,904,009	8,048,835
NET ASSETS		7,420,036	5,743,310
EQUITY			
Retained earnings		7,420,036	5,743,310
TOTAL EQUITY		7,420,036	5,743,310

The accompanying notes form part of these financial statements.

Statement of changes in equity for the year ended 30 June 2015

	Retained earnings	Total
	\$	\$
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
Balance at 1 July 2014	5,743,310	5,743,310
Total comprehensive income for the year		
Surplus attributable to the Council	1,676,726	1,676,726
Total comprehensive income for the year	7,420,036	7,420,036
Balance at 30 June 2015	7,420,036	7,420,036

The accompanying notes form part of these financial statements.

Statement of cash flows for the year ended 30 June 2015

	Note	2015 \$	2014 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipt of grants		3,743,326	2,359,504
Other receipts		21,080,978	20,199,309
Payments to suppliers and employees		(16,842,679)	(20,808,941)
Interest received		293,266	240,078
Net cash generated from operating activities		8,274,891	1,989,950
CASH FLOWS FROM INVESTING ACTIVITIES			
Purchases of plant and equipment		(131,914)	(208,350)
Purchases of intangibles		(133,450)	(318,067)
Net investment in term deposits		(3,466,013)	(1,131,659)
Net cash used in investing activities		(3,731,377)	(1,658,076)
CASH FLOWS FROM FINANCING ACTIVITIES			
Repayment of finance lease commitments		(47,578)	(56,328)
Net cash used in financing activities		(47,578)	(56,328)
NET INCREASE IN CASH HELD		4,495,936	275,546
Cash and cash equivalents at beginning of financial year		7,998,819	7,723,273
CASH AND CASH EQUIVALENTS AT END OF FINANCIAL YEAR	3	12,494,755	7,998,819

The accompanying notes form part of these financial statements.

NOTES TO THE FINANCIAL STATEMENTS FOR YEAR ENDED 30 JUNE 2015

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 *Australian Charities and Not-for-Profits Commission (ACNC) Act 2012*. 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 and are presented in the Australian currency.

The financial statements were authorised for issue on 19 October 2015 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.

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.

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.

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 less than 90 days.

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*.

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.

o. New standards and interpretations not yet adopted

Certain new accounting standards and interpretations have been published that are not mandatory for the 30 June 2015 reporting period and have not been adopted by the AMC. The AMC's assessment of the impact of these new standards and interpretations is set out below.

Title of Standard	Nature of change	Impact	Mandatory application date
AASB 9 Financial Instruments	AASB 9 addresses the classification, measurement and derecognition of financial assets and financial liabilities and introduces new rules for hedge accounting. In December 2014, the AASB made further changes to the classification and measurement rules and also introduced a new impairment model. These latest amendments now complete the new financial instruments standard.	No impact. The AMC does not hold any financial instruments which are subjected to hedge accounting.	Must be applied for financial years commencing on or after the 1 st January 2018.
AASB 15 Revenue from Contracts with Customers	The AASB has issued a new standard for the recognition of revenue. This will replace AASB 118 which covers contracts for goods and services and AASB 111 which covers construction contracts. The new standard is based on the principle that revenue is recognised when control of a good or service transfers to a customer – so the notion of control replaces the existing notion of risks and rewards. The standard permits a modified retrospective approach for the adoption. Under this approach entities will recognise transitional adjustments in retained earnings on the date of initial application (e.g. 1 July 2017), i.e. without restating the comparative period. They will only need to apply the new rules to contracts that are not completed as of the date of initial application.	No impact. Given the nature of the AMC's revenue streams, the AMC does not anticipate that the new standard will impact its revenue recognition.	Mandatory for financial years commencing on or after 1 st January 2018.

There are no other standards that are not yet effective and that would be expected to have a material impact on the entity in the current or future reporting periods and on foreseeable future transactions.

NOTE 2: REVENUE AND OTHER INCOME

	2015 \$	2014 \$
REVENUE FROM GOVERNMENT GRANTS AND OTHER GRANTS		
Commonwealth government grants	–	63,636
Medical Board of Australia grants	3,643,326	2,295,868
Health Profession Accreditation Councils Forum contributions	100,000	–
TOTAL REVENUE FROM GOVERNMENT AND OTHER GRANTS	3,743,326	2,359,504
REVENUE FROM OPERATIONS		
Accreditation fees	698,979	438,225
Examination fees	16,838,973	15,342,590
Sale of publications	342,655	333,576
Other revenue	130,030	140,106
TOTAL REVENUE	18,010,637	19,254,497
TOTAL REVENUE FROM OPERATIONS	21,753,963	21,614,001
OTHER INCOME		
Interest	286,935	239,070
TOTAL OTHER INCOME	286,935	239,070
TOTAL REVENUE AND OTHER INCOME	22,040,898	21,853,071

NOTE 3: CASH AND CASH EQUIVALENTS

	\$	\$
Cash on hand	1,500	1,500
Cash at bank	3,004,545	1,974,622
	3,006,045	1,976,122
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	3,006,045	1,976,122
Term deposits	9,488,710	6,022,697
Balances per statement of cash flows	12,494,755	7,998,819

NOTE 4: TRADE AND OTHER RECEIVABLES

	2015 \$	2014 \$
Trade receivables	29,656	189,631
GST receivable	131,100	117,902
Payroll tax refund receivable	-	358,170
	160,756	665,703

NOTE 5: INVENTORIES

	\$	\$
At cost: Inventory	79,050	98,617
	79,050	98,617

NOTE 6: OTHER ASSETS

	\$	\$
CURRENT		
Accrued income	168,673	171,756
Prepayments	139,158	156,271
	307,831	328,027

NOTE 7: TERM DEPOSITS

	\$	\$
CURRENT		
Term deposits	9,488,710	6,022,697
	9,488,710	6,022,697

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

NOTE 8: PLANT AND EQUIPMENT

	2015 \$	2014 \$
COMPUTER EQUIPMENT		
At cost	1,348,365	1,245,914
Less accumulated depreciation	(1,004,489)	(878,317)
	343,876	367,597
OFFICE EQUIPMENT		
At cost	695,649	695,649
Less accumulated depreciation	(365,736)	(293,936)
	329,913	401,713
FURNITURE AND FITTINGS		
At cost	763,528	752,394
Less accumulated depreciation	(458,473)	(404,575)
	305,055	347,819
LEASEHOLD IMPROVEMENT		
At cost	5,844,402	5,234,380
Less accumulated depreciation	(3,277,091)	(2,520,185)
	2,567,311	2,714,195
LEASED ASSETS		
At cost	250,868	248,333
Less accumulated depreciation	(148,744)	(99,077)
	102,124	149,256
TOTAL PLANT AND EQUIPMENT	3,648,279	3,980,580

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 2014	367,597	401,713	347,819	2,714,195	149,256	3,980,580
Additions at cost	102,451	-	11,134	15,795	2,533	131,913
Recognition of make good provision	-	-	-	594,226	-	594,226
Depreciation expenses	(126,171)	(71,800)	(53,898)	(756,906)	(49,665)	(1,058,440)
Carrying amount at the end of year	343,876	329,913	305,055	2,567,311	102,124	3,648,279

NOTE 9: INTANGIBLE ASSETS

	2015 \$	2014 \$
Computer software—at cost	1,514,935	1,381,485
Accumulated amortisation	(881,561)	(661,086)
Net carrying value	633,374	720,399

MOVEMENTS IN CARRYING AMOUNTS

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

	Computer software 2015 \$
Balance at the beginning of the year	720,399
Additions	133,450
Amortisation expense	(220,475)
Carrying amount at the end of the year	633,374

NOTE 10: TRADE AND OTHER PAYABLES

	\$	\$
Trade payables	102,093	77,452
Accrued expenses	896,216	1,451,729
Other current payables	149,780	81,929
	1,148,089	1,611,110

NOTE 11: LEASE LIABILITIES

	\$	\$
CURRENT		
Lease liabilities	53,484	49,722
NON-CURRENT		
Lease liabilities	71,365	122,705
TOTAL LEASE LIABILITIES	124,849	172,427

Lease liabilities are secured by the underlying leased assets.

NOTE 12: EMPLOYEE BENEFITS

	\$	\$
ANALYSIS OF TOTAL PROVISIONS		
Current	1,558,850	1,488,155
Non-current	171,639	139,325
	1,730,489	1,627,480

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

	2015 \$	2014 \$
CURRENT		
Income in advance	5,745,352	4,027,365
	5,745,352	4,027,365

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.

NOTE 14: LEASING COMMITMENTS

	\$	\$
A. FINANCE LEASE COMMITMENTS		
Payable—minimum lease payments:		
– not later than 12 months	53,484	49,722
– later than 12 months but not later than five years	71,365	122,705
Minimum lease payments	124,849	172,427

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	1,259,960	1,049,176
– later than 12 months but not later than five years	6,171,797	1,915,321
Minimum lease payments	7,431,757	2,964,497

C. SUB-LEASE PAYMENTS

Future minimum lease payments expected to be received in relation to non-cancellable sub-lease or operating leases		
Receivable—minimum lease payments:		
– not later than 12 months	114,824	1,049,176
– later than 12 months but not later than five years	244,381	6,171,797
Minimum lease payments	359,205	469,794

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, make good provisions and renewal options. 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. The Majura Park premises is secured by a bank guarantee of \$224,854 (inclusive of GST) and is equal to the sum of three months rent.

NOTE 15: CONTINGENT LIABILITIES AND CONTINGENT ASSETS

There are no contingent assets or liabilities as at 30 June 2015 which require disclosure in the financial statements (2014: 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 AMC during the year was as follows:

	2015	2014
	\$	\$
Short term benefits	641,880	627,353
Long term benefits	14,972	14,529
Post employment benefits	49,018	47,876
	705,870	689,758

NOTE 18: RELATED PARTY TRANSACTIONS

There were no related party transactions during the financial year other than payments to directors for attending meeting of directors which amounted to \$63,442

Directors' declaration

The Directors of the company declare that:

- 1) The financial statements and notes, as set out on pages 12 to 29, are in accordance with the *Australian Charities and Not-for-Profit Commission Act 2012* and
 - (a) comply with Australian Accounting Standards Reduced Disclosure Requirements and other mandatory professional reporting requirements
 - (b) give a true and fair view of the financial position as at 30 June 2015 and of the performance for the year ended on that date of the AMC.
- 2) In the Directors' opinion there are reasonable grounds to believe that the AMC 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 19 day of October 2015



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 the Australian Medical Council Limited (the Council), which comprises the statement of financial position as at 30 June 2015, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year ended on that date, a summary of significant accounting policies, other explanatory notes and the directors' declaration.

Directors' responsibility for the financial report

The directors of the Council are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and the *Australian Charities and Not-for-Profits Commission Act 2012* 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.

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Auditor's opinion

In our opinion, the financial report of the Australian Medical Council Limited is in accordance with the *Australian Charities and Not-for-Profits Commission Act 2012*, including:

- (a) giving a true and fair view of the Council's financial position as at 30 June 2015 and of its performance for the year ended on that date; and
- (b) complying with Australian Accounting Standards – Reduced Disclosure Requirements.


PricewaterhouseCoopers



David Murphy
Partner

Canberra
19 October 2015

APPENDICES

Appendix A: Council membership at December 2015

Position and Nominating Body/Category of membership	Member
President elected by Council	Associate Professor Jillian Sewell AM*
Deputy President elected by Council	Professor David Ellwood*
Member of a State and Territory Board of the Medical Board of Australia [#]	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 [#]	Associate Professor Michael Hollands
	Laureate Professor Nicholas Talley
Nominees of Australian Medical Association Federal Council [#]	Dr Iain Dunlop
Post-graduate Medical Trainee [#]	Dr Jules Catt
Nominee of Medical Deans Australia and New Zealand [#]	Professor Nicholas Glasgow
Nominee of Universities Australia [#]	Professor Lisa Jackson Pulver AM
Medical Student in Basic or Pre-professional Training [#]	Mr Vandit Bhasin
Consumer Members [#]	Ms Cindy Schultz-Ferguson
	Mr Ross Springolo
Community Members [#]	Associate Professor Eleanor Milligan
	Dr Miriam Weisz
Senior Executive of a Public Hospital [#]	Dr Sayanta Jana
Senior Executive of a Private Hospital [#]	Dr Jeanette Conley
Chairs of the AMC Committees	Emeritus Professor David Prideaux* Board of Examiners
	Professor David Ellwood* Medical School Accreditation Committee
	Professor Kate Leslie* Specialist Education Accreditation Committee
	Associate Professor Jillian Sewell AM* Recognition of Medical Specialties Advisory Committee
	<i>To be advised</i> Strategic Policy Advisory Committee
Chair of Confederation of Postgraduate Medical Education Councils	Clinical Professor Richard Tarala
Chief Executive Officer, Australian Commission on Safety and Quality in Health Care	Professor Debora Picone AM (Professor Villis Marshall attends as proxy)

* Indicates those Council Members who are also currently Directors of the AMC Limited [#]Appointed by Directors

Appendix B: Directors membership at December 2015

Position and Nominating Body/Category of membership	
President *	Associate Professor Jillian Sewell AM
Deputy President *	Professor David Ellwood
Directors *	Dr Kim Rooney
	Dr Greg Kesby
	Emeritus Professor Napier Thomson AM
Chairs of the AMC Committees	Emeritus Professor David Prideaux Board of Examiners
	Professor David Ellwood Medical School Accreditation Committee
	Professor Kate Leslie Specialist Education Accreditation Committee
	Associate Professor Jillian Sewell AM Recognition of Medical Specialties Advisory Committee
	<i>To be advised</i> Strategic Policy Advisory Committee
As per resolution made at the 20 October 2014 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	[Professor Liz Farmer Prevocational Standards Accreditation Committee]
Chief Executive Officer	Mr Ian Frank AM

* Elected by Council

Appendix C: Committee membership at December 2015

Board of Examiners

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

Finance, Audit and Risk Management Committee

Mr G Knuckey (Chair)	Dr K Rooney
Professor D Ellwood	Associate Professor J Sewell AM

Medical School Accreditation Committee

Professor D Ellwood (Chair)	Dr P Dohrmann	Mr T Morrison
Mr V Bhasin	Professor P Ellis	Clinical Professor R Tarala
Professor S Broadley	Professor J Fraser	Emeritus Professor N Thomson AM
Professor A Burt	Professor N Glasgow	
Professor J Dahlstrom	Professor G McColl	

Recognition of Medical Specialties Advisory Committee

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

Strategic Policy Advisory Committee

Associate Professor J Sewell AM	Mr I Frank AM	Professor R Smallwood AO
Professor R Mortimer AO (Chair)	Professor J Greeley	Mr J Topfer
Professor J Angus AO	Mr J Low	Ms T Walters
Professor Stephen Duckett	Professor L Sansom AO	
Mr P Forster	Professor L Segal	

Specialist Education Accreditation Committee

Professor K Leslie (Chair)	Professor M Kidd AM	Dr A Singer
Mr M Carpenter (Observer)	Associate Professor R Langham	Emeritus Professor N Thomson AM
Professor I Civil	Associate Professor T Lawler	Associate Professor M J Waters
Ms D Cox	Professor J Nacey	Professor A Wilson
Dr Julian Grabek	Dr L Roberts	

Prevocational Standards Accreditation Committee

Professor L Farmer (Chair)	Dr J Katsoris	Dr S O'Dwyer
Dr C Blizard	Professor L Landau AO	Emeritus Professor D Prideaux
Dr J Churchill	Mr D Malcolmson	Clinical Professor R Tarala
Professor B Crotty	Professor B McGrath	
Dr D Everett	Dr R Mohindra	

Appendix D: Staff at November 2015

Chief Executive Officer

Ian Frank AM

Deputy Chief Executive Officer

Theanne Walters

Company Secretary, Executive Officer, Director Services

Karin Oldfield

Executive Support

Senior Executive Assistant

Wendy Schubert

Executive Services Administrator

Jessica Buckley

Executive Project Coordinator

Caroline Watkin

Executive Assistant

Ellana Rietdyk

Senior Executive Officer

Peggy Sanders

Research and Policy Analyst

Bronwen Jones

National Test Centre

NTC Program Manager

Sarah Anderson

IT officer

Waqas Khan

Information Communication and Audio Visual Administrator

Wayne Tran

Audio Visual Systems Administrator

Daniel Neill

Corporate Services

Senior Operations Manager

Catharine Armitage

Accounts Administration Assistant

Minthaka Wijeyaratna

ICT Systems Administrator/ Team Leader

Matthew Kendrick

Human Resources Advisor

John Akuak

Manager, Administrative Services

Tania Greve

Information Systems Administrators

Rodel Dela Pena

Andrew Cole

Records Manager

Maureen Lipinski

Assistant Manager Administrative Services

Helen Slat

Developer Team Leader/ System Architect

Hugh Evans

Information officer

Arran Dengate

Administrative Officers

Carla Lopes Reis

Michelle Edmonds

Kate Maree

Developers

Kevin Ng

Kapila Chovatiya

Kristy Sim

Cameron Hine

Finance Manager

Ravi Wickramaratna

Accounts Supervisor

Santhosh Moorkoth

Travel Manager

Steven Cook

Payroll Officer

Vacant

Travel Officer

Emily Moore

Technical Business Analyst

Bronwyn Niemach

Accounts Receivable Clerk

Christine Thompson

Director, ICT Services

Karen Anderson

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

Fiona Van Der Weide

Accreditation Project Officer

Liesl Perryman

Manager, Specialist Training and Program Assessment

Jane Porter

Assessment Services

Director Assessment and Innovation

Carl Matheson

Executive Officer

Dianne Nockels

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

Andrea Meredith

Case Managers

Joanne Lebihan

Nadeem Afzal

Manager Verification Services Support

Zuzette Van Vuuren

Assessment Services Support Officer

Kylie Edwards

Case Managers

Tegan Michelin-Jones

Wendy Zhuang

Competent Authority Assessment Officer

Slavica Ljubic

Appendix E

Competent Authority Pathway Statistics

For Period: 1/07/2014 to 30/06/2015 (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			
BANGLADESH	0	0	0	0	0	0	0	0	1
CANADA	0	0	0	0	0	0	0	0	3
EGYPT	0	0	0	0	0	0	0	1	3
INDIA	0	0	0	0	0	0	0	1	26
IRAQ	0	0	0	0	0	0	0	0	2
IRELAND	0	0	0	0	0	1	1	16	51
MYANMAR	0	0	0	0	0	0	0	0	1
NEPAL	0	0	0	0	0	0	0	0	1
NIGERIA	1	0	0	0	0	0	1	1	3
PAKISTAN	1	0	0	0	0	0	1	2	6
POLAND	0	0	1	0	0	0	1	1	1
RUSSIA	0	0	0	0	0	0	0	1	2
SOUTH AFRICA	0	0	0	0	0	0	0	1	1
SRI LANKA	0	0	0	0	0	0	0	0	5
UGANDA	0	0	0	0	0	0	0	0	1
UKRAINE	1	0	0	0	0	0	1	1	0
UNITED KINGDOM	0	0	0	0	7	0	7	42	292
USA	0	0	0	0	0	0	0	2	2
Total	3	0	1	0	7	1	12	69	401

Country of Training statistics

MCQ Examinations for Period: 1/07/2014 to 30/06/2015 (All Candidates)

Country of Training	No of Candidate	Sat 1	Sat 2	Sat 3	Sat 4+	Total	Pass 1	Pass 2	Pass 3	Pass 4+	Total
AFGHANISTAN	10	5	3	5	2	15	3	0	0	1	4
ALBANIA	2	2	0	0	0	2	1	0	0	0	1
ARGENTINA	2	2	0	0	0	2	1	0	0	0	1
ARMENIA	1	1	0	0	0	1	1	0	0	0	1
AUSTRIA	3	3	0	0	0	3	3	0	0	0	3
BAHRAIN	7	6	1	0	0	7	5	0	0	0	5
BANGLADESH	159	112	31	18	15	176	74	15	8	6	103
BELARUS	8	3	2	2	1	8	0	1	0	1	2
BELGIUM	1	1	0	0	0	1	0	0	0	0	0
BELIZE	3	2	2	0	0	4	1	1	0	0	2
BOLIVIA	2	1	1	0	0	2	0	0	0	0	0
BOSNIA AND HERZEGOVINA	1	0	1	0	0	1	0	0	0	0	0
BRAZIL	19	16	4	0	2	22	12	2	0	0	14
BULGARIA	2	1	2	0	0	3	0	1	0	0	1
CAYMAN ISLANDS	2	1	0	0	1	2	1	0	0	1	2
CHINA	94	63	26	13	10	112	27	9	6	4	46
COLOMBIA	19	13	4	4	2	23	7	2	3	1	13
CUBA	3	3	0	0	0	3	1	0	0	0	1
CURACAO	2	2	0	0	0	2	0	0	0	0	0
CZECH REPUBLIC	2	2	0	0	0	2	2	0	0	0	2
DEMOCRATIC REPUBLIC OF THE CONGO	2	0	1	0	3	4	0	0	0	1	1
DENMARK	4	3	2	0	0	5	2	1	0	0	3
ECUADOR	2	1	1	0	0	2	0	1	0	0	1
EGYPT	143	115	21	10	9	155	80	6	5	3	94
EL SALVADOR	1	0	0	1	0	1	0	0	1	0	1
ETHIOPIA	4	4	0	0	0	4	4	0	0	0	4
FIJI	19	11	5	4	1	21	6	3	4	1	14
FINLAND	1	1	0	0	0	1	1	0	0	0	1
FRANCE	1	1	0	0	0	1	0	0	0	0	0
GERMANY	11	9	2	0	1	12	8	1	0	1	10
GREECE	3	3	0	0	0	3	3	0	0	0	3
GRENADA	1	1	0	0	0	1	1	0	0	0	1
GUATEMALA	2	1	0	1	1	3	0	0	0	1	1
GUYANA	1	1	0	0	0	1	1	0	0	0	1

Country of Training statistics *continued*
MCQ Examinations for Period: 1/07/2014 to 30/06/2015 (All Candidates)

Country of Training	No of Candidate	Sat 1	Sat 2	Sat 3	Sat 4+	Total	Pass 1	Pass 2	Pass 3	Pass 4+	Total
HONDURAS	1	1	0	0	0	1	0	0	0	0	0
HONG KONG	2	2	0	0	0	2	2	0	0	0	2
HUNGARY	5	3	0	2	2	7	1	0	0	1	2
ICELAND	1	1	0	0	0	1	1	0	0	0	1
INDIA	308	224	67	27	43	361	129	37	12	14	192
INDONESIA	13	5	2	2	6	15	2	2	2	4	10
IRAN	121	95	21	8	7	131	70	15	3	3	91
IRAQ	56	43	5	6	8	62	26	4	3	4	37
IRELAND	6	3	2	1	1	7	2	1	0	0	3
ITALY	4	2	3	0	1	6	0	2	0	1	3
JAMAICA	2	2	0	0	0	2	2	0	0	0	2
JAPAN	1	1	0	0	0	1	1	0	0	0	1
JORDAN	10	9	1	0	0	10	4	1	0	0	5
KAZAKHSTAN	3	3	0	0	0	3	1	0	0	0	1
KENYA	12	12	2	0	0	14	7	1	0	0	8
KOSOVO	1	1	0	0	0	1	0	0	0	0	0
KYRGYZSTAN	3	0	1	1	2	4	0	0	0	1	1
LATVIA	3	2	0	1	0	3	0	0	0	0	0
LEBANON	2	2	0	0	0	2	2	0	0	0	2
LIBYA	7	4	3	0	0	7	2	1	0	0	3
MACEDONIA	5	4	1	0	1	6	2	0	0	0	2
MALAWI	1	1	0	0	0	1	1	0	0	0	1
MALAYSIA	31	27	5	2	3	37	21	3	1	2	27
MAURITIUS	1	0	0	1	1	2	0	0	0	0	0
MEXICO	4	3	0	1	0	4	3	0	1	0	4
MOLDOVA	2	2	0	0	0	2	1	0	0	0	1
MONGOLIA	1	1	0	0	0	1	0	0	0	0	0
MOZAMBIQUE	1	1	0	0	0	1	0	0	0	0	0
MYANMAR	49	42	8	1	0	51	25	6	0	0	31
NEPAL	22	13	4	3	5	25	7	1	0	3	11
NETHERLANDS	10	9	1	0	0	10	8	1	0	0	9
NIGERIA	69	48	12	5	10	75	24	7	1	1	33
OMAN	6	6	1	0	0	7	3	1	0	0	4
PAKISTAN	203	161	34	13	10	218	96	15	7	5	123
PALESTINIAN AUTHORITY	2	2	0	0	0	2	2	0	0	0	2
PAPUA NEW GUINEA	4	4	0	0	0	4	3	0	0	0	3
PERU	4	4	1	0	0	5	1	0	0	0	1
PHILIPPINES	96	68	17	7	9	101	32	7	2	3	44

Country of Training	No of Candidate	Sat 1	Sat 2	Sat 3	Sat 4+	Total	Pass 1	Pass 2	Pass 3	Pass 4+	Total
POLAND	5	3	2	0	0	5	2	1	0	0	3
QATAR	1	1	0	0	0	1	1	0	0	0	1
ROMANIA	12	8	3	1	1	13	4	0	0	0	4
RUSSIA	76	54	16	7	13	90	25	8	2	7	42
RWANDA	1	0	0	0	1	1	0	0	0	1	1
SAINT KITTS AND NEVIS	4	3	0	0	2	5	0	0	0	0	0
SAINT LUCIA	2	1	0	1	0	2	0	0	1	0	1
SAINT VINCENT AND THE GRENADINES	1	1	0	0	0	1	1	0	0	0	1
SAMOA	4	2	2	1	0	5	1	0	1	0	2
SAUDI ARABIA	4	1	3	1	0	5	1	1	0	0	2
SERBIA	8	3	3	3	3	12	1	1	1	0	3
SEYCHELLES	2	2	0	0	0	2	1	0	0	0	1
SINGAPORE	4	4	0	0	0	4	4	0	0	0	4
SOUTH AFRICA	39	30	7	2	3	42	22	6	0	1	29
SOUTH KOREA	6	5	1	0	0	6	4	0	0	0	4
SOUTH SUDAN	1	1	0	0	0	1	0	0	0	0	0
SRI LANKA	138	109	26	7	2	144	86	16	7	1	110
SUDAN	42	34	4	3	6	47	25	2	0	1	28
SWEDEN	1	1	0	0	0	1	1	0	0	0	1
SWITZERLAND	2	2	0	0	0	2	1	0	0	0	1
SYRIA	11	9	0	1	2	12	6	0	0	0	6
TAIWAN	6	2	3	1	1	7	2	1	1	1	5
TAJIKISTAN	2	1	1	0	0	2	0	1	0	0	1
TANZANIA	1	0	1	0	0	1	0	0	0	0	0
THAILAND	2	2	0	0	0	2	1	0	0	0	1
TRINIDAD AND TOBAGO	1	1	0	0	0	1	0	0	0	0	0
TURKEY	4	4	0	0	0	4	3	0	0	0	3
UGANDA	3	3	0	0	0	3	2	0	0	0	2
UKRAINE	37	21	9	7	9	46	8	5	3	2	18
UNITED ARAB EMIRATES	13	12	1	0	0	13	9	0	0	0	9
USA	1	0	1	0	0	1	0	1	0	0	1
VENEZUELA	2	2	0	0	0	2	2	0	0	0	2
VIET NAM	5	4	1	0	0	5	2	0	0	0	2
YEMEN	4	4	0	0	0	4	1	0	0	0	1
ZIMBABWE	6	3	3	0	0	6	3	2	0	0	5
Total	2060	1534	387	174	200	2295	945	193	75	77	1290

Country of Training statistics

Clinical Examinations for Period: 1/07/2014 to 30/06/2015 (All Candidates)

Country of Training	No of Candidate	Sat 1	Sat 2	Sat 3	Sat 4+	Total	Pass 1	Pass 2	Pass 3	Pass 4+	Total
AFGHANISTAN	9	2	2	3	4	11	1	0	1	0	2
ALBANIA	2	2	1	0	0	3	1	0	0	0	1
ARGENTINA	4	3	1	1	0	5	0	0	1	0	1
ARMENIA	1	1	0	0	0	1	0	0	0	0	0
AUSTRIA	1	0	1	0	0	1	0	1	0	0	1
BAHRAIN	2	1	1	0	0	2	0	1	0	0	1
BANGLADESH	158	71	63	25	28	187	23	27	8	4	62
BELARUS	4	2	1	0	2	5	1	0	0	0	1
BELGIUM	1	1	1	0	0	2	0	0	0	0	0
BRAZIL	4	4	1	0	0	5	2	0	0	0	2
BULGARIA	6	2	1	1	4	8	1	0	0	1	2
CAYMAN ISLANDS	1	1	0	0	0	1	0	0	0	0	0
CHILE	1	1	0	0	0	1	1	0	0	0	1
CHINA	62	40	20	9	6	75	8	8	3	3	22
COLOMBIA	12	11	2	1	0	14	4	1	1	0	6
CUBA	3	1	2	0	0	3	0	2	0	0	2
CURACAO	1	1	0	0	0	1	0	0	0	0	0
CZECH REPUBLIC	2	1	1	1	0	3	1	0	0	0	1
CZECHOSLOVAKIA	1	1	0	0	0	1	0	0	0	0	0
DEMOCRATIC REPUBLIC OF THE CONGO	2	1	0	1	1	3	0	0	0	1	1
DOMINICA	1	1	0	0	0	1	0	0	0	0	0
EGYPT	46	27	18	11	7	63	7	5	2	0	14
EL SALVADOR	1	0	0	1	1	2	0	0	0	0	0
ETHIOPIA	3	2	2	0	0	4	1	0	0	0	1
FIJI	9	6	3	0	0	9	3	0	0	0	3
FINLAND	2	1	1	0	0	2	0	1	0	0	1
FRANCE	4	2	0	1	2	5	1	0	0	0	1
GEORGIA	2	2	0	0	0	2	2	0	0	0	2
GERMANY	10	5	6	0	2	13	3	3	0	0	6
GHANA	2	2	1	0	0	3	1	1	0	0	2
GREECE	1	1	0	0	0	1	0	0	0	0	0
GRENADA	1	1	0	0	0	1	0	0	0	0	0
GUATEMALA	2	2	0	0	0	2	0	0	0	0	0
HUNGARY	2	0	0	1	1	2	0	0	0	0	0

Country of Training	No of Candidate	Sat 1	Sat 2	Sat 3	Sat 4+	Total	Pass 1	Pass 2	Pass 3	Pass 4+	Total
INDIA	313	170	110	44	50	374	42	33	13	17	105
INDONESIA	17	9	4	5	1	19	4	1	1	1	7
IRAN	91	66	19	12	10	107	21	4	2	1	28
IRAQ	44	24	19	6	8	57	6	6	3	0	15
IRELAND	2	2	0	0	0	2	1	0	0	0	1
ITALY	3	3	1	0	0	4	1	0	0	0	1
JAPAN	2	2	0	0	0	2	0	0	0	0	0
JORDAN	4	2	3	0	0	5	1	2	0	0	3
KAZAKHSTAN	1	1	0	0	0	1	1	0	0	0	1
KENYA	4	2	1	2	1	6	1	0	0	0	1
KUWAIT	1	1	0	0	0	1	1	0	0	0	1
KYRGYZSTAN	1	0	0	1	2	3	0	0	0	0	0
LATVIA	3	2	0	0	1	3	0	0	0	0	0
LEBANON	4	1	2	1	0	4	1	0	0	0	1
LIBYA	5	2	1	1	1	5	1	0	0	0	1
LITHUANIA	1	0	1	1	0	2	0	0	1	0	1
MACEDONIA	2	2	0	0	0	2	2	0	0	0	2
MALAYSIA	34	25	9	6	2	42	9	4	1	1	15
MAURITIUS	2	0	2	0	0	2	0	1	0	0	1
MEXICO	3	1	2	0	0	3	0	0	0	0	0
MYANMAR	111	59	41	17	18	135	23	18	7	3	51
NEPAL	17	11	4	3	0	18	3	2	2	0	7
NETHERLANDS	8	6	1	1	0	8	3	0	1	0	4
NIGERIA	35	18	8	5	12	43	5	4	1	0	10
OMAN	4	4	0	0	0	4	1	0	0	0	1
PAKISTAN	150	86	48	25	25	184	27	17	12	6	62
PAPUA NEW GUINEA	7	2	1	2	4	9	0	0	0	0	0
PARAGUAY	1	0	0	1	0	1	0	0	0	0	0
PERU	2	2	0	0	0	2	1	0	0	0	1
PHILIPPINES	92	32	26	23	33	114	5	3	5	8	21
POLAND	5	3	0	1	1	5	0	0	1	0	1
QATAR	1	1	0	0	0	1	0	0	0	0	0
ROMANIA	6	3	0	2	2	7	0	0	0	0	0
RUSSIA	43	20	12	11	5	48	5	5	4	2	16
SAINT KITTS AND NEVIS	1	1	0	0	0	1	0	0	0	0	0
SAINT LUCIA	1	1	0	0	0	1	0	0	0	0	0

Country of Training statistics *continued*
Clinical Examinations for Period: 1/07/2014 to 30/06/2015 (All Candidates)

Country of Training	No of Candidate	Sat 1	Sat 2	Sat 3	Sat 4+	Total	Pass 1	Pass 2	Pass 3	Pass 4+	Total
SAINT VINCENT AND THE GRENADINES	2	2	0	0	0	2	0	0	0	0	0
SAMOA	5	3	1	2	0	6	0	0	0	0	0
SAUDI ARABIA	3	0	2	1	0	3	0	0	0	0	0
SERBIA	4	0	2	0	3	5	0	0	0	0	0
SEYCHELLES	3	2	0	0	2	4	0	0	0	0	0
SINGAPORE	1	1	0	0	0	1	1	0	0	0	1
SLOVAKIA	1	1	0	0	0	1	0	0	0	0	0
SOMALIA	1	0	0	0	1	1	0	0	0	0	0
SOUTH AFRICA	20	17	2	0	1	20	7	1	0	1	9
SOUTH KOREA	3	0	0	2	1	3	0	0	1	0	1
SRI LANKA	136	93	34	17	12	156	27	12	6	3	48
SUDAN	10	7	1	0	3	11	3	0	0	0	3
SYRIA	8	3	4	0	2	9	1	2	0	0	3
TAIWAN	5	5	0	0	0	5	2	0	0	0	2
TANZANIA	2	1	0	0	1	2	0	0	0	0	0
THAILAND	1	1	0	0	0	1	1	0	0	0	1
TRINIDAD AND TOBAGO	3	1	1	2	0	4	1	0	0	0	1
TURKEY	2	1	0	1	0	2	1	0	1	0	2
UGANDA	5	2	2	1	0	5	1	1	0	0	2
UKRAINE	24	14	10	1	5	30	6	2	0	1	9
UNITED ARAB EMIRATES	6	4	0	0	2	6	1	0	0	2	3
UNITED KINGDOM	1	0	1	0	0	1	0	1	0	0	1
USSR	2	0	0	0	2	2	0	0	0	0	0
UZBEKISTAN	1	0	1	1	0	2	0	0	0	0	0
VENEZUELA	4	3	0	0	2	5	1	0	0	0	1
VIET NAM	11	3	8	3	1	15	1	2	1	1	5
YEMEN	1	1	0	0	0	1	1	0	0	0	1
ZIMBABWE	8	5	0	2	2	9	0	0	1	0	1
Total	1657	933	513	259	274	1979	281	171	80	56	588

Workplace Based Assessment

Workplace Based Assessment for Period: 1/07/2014 to 30/06/2015 (All Candidates)

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										
INDIA	1	0	0	0	1	1	0	0	0	1
Subtotal	1	0	0	0	1	1	0	0	0	1
Central Coast Local Health District										
BANGLADESH	1	0	0	0	1	1	0	0	0	1
DOMINICAN REPUBLIC	1	0	0	0	1	1	0	0	0	1
INDIA	3	0	0	0	3	3	0	0	0	3
IRAQ	1	0	0	0	1	1	0	0	0	1
PAKISTAN	1	1	0	0	2	1	1	0	0	2
PAPUA NEW GUINEA	1	0	0	0	1	1	0	0	0	1
SRI LANKA	1	0	0	0	1	1	0	0	0	1
Subtotal	9	1	0	0	10	9	1	0	0	10
Hunter New England Area Health Service										
AFGHANISTAN	1	0	0	0	1	0	0	0	0	0
BANGLADESH	2	0	0	0	2	2	0	0	0	2
BELGIUM	1	0	0	0	1	1	0	0	0	1
GERMANY	1	0	0	0	1	1	0	0	0	1
INDIA	7	0	0	0	7	7	0	0	0	7
IRAN	1	0	0	0	1	1	0	0	0	1
JORDAN	1	0	0	0	1	1	0	0	0	1
MALTA	1	0	0	0	1	1	0	0	0	1
PAKISTAN	4	0	0	0	4	4	0	0	0	4
PAPUA NEW GUINEA	1	0	0	0	1	1	0	0	0	1
SRI LANKA	2	0	0	0	2	2	0	0	0	2
Subtotal	22	0	0	0	22	21	0	0	0	21
Launceston General Hospital										
INDIA	12	0	0	0	12	10	0	0	0	10
IRAN	3	0	0	0	3	2	0	0	0	2
IRAQ	2	0	0	0	2	2	0	0	0	2
JAPAN	1	0	0	0	1	1	0	0	0	1
MYANMAR	4	0	0	0	4	4	0	0	0	4
PAKISTAN	4	0	0	0	4	2	0	0	0	2

Workplace Based Assessment

Workplace Based Assessment for Period: 1/07/2014 to 30/06/2015 (All Candidates)

Country of Training	Sat 1	Sat 2	Sat 3	Sat 4+	Total	Pass 1	Pass 2	Pass 3	Pass 4+	Total
PHILIPPINES	1	0	0	0	1	1	0	0	0	1
RUSSIA	2	0	0	0	2	1	0	0	0	1
SRI LANKA	2	0	0	0	2	1	0	0	0	1
THAILAND	1	0	0	0	1	1	0	0	0	1
Subtotal	32	0	0	0	32	25	0	0	0	25
Monash Health										
INDIA	1	0	0	0	1	1	0	0	0	1
MALAYSIA	1	0	0	0	1	1	0	0	0	1
Subtotal	2	0	0	0	2	2	0	0	0	2
Rural and Outer Metro United Alliance										
COLOMBIA	1	0	0	0	1	1	0	0	0	1
INDIA	1	0	0	0	1	1	0	0	0	1
IRAQ	1	0	0	0	1	1	0	0	0	1
NIGERIA	1	0	0	0	1	1	0	0	0	1
PAKISTAN	1	0	0	0	1	1	0	0	0	1
Subtotal	5	0	0	0	5	5	0	0	0	5
Southern Health										
PHILIPPINES	1	0	0	0	1	1	0	0	0	1
Subtotal	1	0	0	0	1	1	0	0	0	1
WA Health										
BANGLADESH	1	0	0	0	1	1	0	0	0	1
INDIA	5	0	0	0	5	5	0	0	0	5
PAKISTAN	2	0	0	0	2	2	0	0	0	2
POLAND	1	0	0	0	1	1	0	0	0	1
RUSSIA	1	0	0	0	1	1	0	0	0	1
UNITED ARAB EMIRATES	1	0	0	0	1	1	0	0	0	1
Subtotal	11	0	0	0	11	11	0	0	0	11
Grand Total	83	1	0	0	84	75	1	0	0	76

Appendix F

Specialist Statistics

Specialist Assessment Process by Medical Specialty for Period: 1/07/2014 to 30/06/2015 (All Candidates)

Medical Specialty	Assessment Process						
	Total Application	Initial Processing	College Processing	Substantially Comparable	Partially Comparable	Not Comparable	Withdrawn
Adult Medicine	49	22	2	0	0	0	25
Anaesthesia	24	11	3	0	0	0	10
Dermatology	6	3	0	0	0	0	3
EICS	32	32	0	0	0	0	0
Emergency Medicine	7	3	0	0	1	0	3
General Practice	90	38	3	37	0	0	12
Intensive Care	9	2	0	0	0	0	7
Obstetrics and Gynaecology	26	11	1	0	0	0	14
Ophthalmology	5	3	0	0	0	0	2
Paediatrics and Child Health	21	12	1	0	0	0	8
Pain Medicine	1	0	0	0	0	0	1
Pathology	15	7	0	0	0	0	8
Psychiatry	9	4	1	0	0	0	4
Public Health Medicine	2	0	0	0	0	0	2
Radiology	16	7	1	0	0	0	8
Rehabilitation Medicine	1	0	0	0	0	0	1
Surgery	56	22	0	0	0	0	34
Grand Total	369	177	12	37	1	0	142

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