

ANNUAL REPORT 2016



Australian Medical Council Limited



**'Healing Journey towards a
brighter stronger future for
Indigenous & Māori Peoples'**

By Linda Huddleston
Aboriginal Artist

The artwork tells the work of the AMC.
The painting symbolises respect,
reciprocity and reconciliation.

PERFORMANCE IN SUMMARY

3,830

QUALIFICATIONS
VERIFIED BY EICS

ASSESSMENT SERVICES

Primary Source Verification

- 3,830 qualifications verified by EICS
- 3,123 qualifications verified by EPIC

4,043

PORTFOLIO APPLICATIONS ESTABLISHED
ON THE NEW AMC PLATFORM SINCE
ITS LAUNCH ON 1 OCTOBER 2015

MCQ Examinations

- 2,421 MCQ examinations conducted in Australia and internationally
- 1,672 candidates presented for the first time
- 1,448 candidates satisfied the requirements to proceed to the clinical exam
- The number of overseas examination facilities increased from 22 to over 290 in May 2016

1,997

CANDIDATES
WERE ASSESSED

Clinical Examinations

- 1,997 candidates were assessed at 56 clinical examinations
- 972 candidates presented for the first time

571

CANDIDATES PASSED THE EXAMINATION
AND QUALIFIED FOR THE AMC CERTIFICATE

- 52 examinations were conducted at the AMC National Test Centre

Workplace-based Assessment

- 71 candidates were assessed through the WBA process

69

CANDIDATES SATISFACTORILY
COMPLETED THE ASSESSMENT AND
QUALIFIED FOR THE AMC
CERTIFICATE

ACCREDITATION

PreVAC

- Revision of WBA accreditation standards and procedures
- Revision of PESCI accreditation guidelines and criteria

MedSAC

- Revision of accreditation standards (currently underway)
- Stakeholder consultation and review of offshore policy

SEAC

- Revision of accreditation standards (implemented 1 January 2016)
- Development of acupuncture accreditation standards (currently underway)
- Review of procedures: recognition of medical specialties to meet the new requirements of the Australian health ministers is currently underway.



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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 2015–16 and information on the AMC's corporate governance arrangements, its performance in carrying out its functions, and important events and activities during that period.



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, present and future.





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FROM THE PRESIDENT

‘We acknowledge the support of the AMC Directors and Council, the dedication and leadership of our staff, our collegial relationships with health and education professionals, including through the Health Professions Accreditation Councils’ Forum, our strong and constructive relationships with the Medical Board of Australia and the Australian Health Practitioner Regulation Agency (AHPRA) and our highly valued relationship with our community and consumer representatives. The outcomes detailed in this report could not have been achieved without the passion, commitment and assistance of all of these groups and individuals.’

Mr Ian Frank AM
Chief Executive Officer

**Associate Professor
Jill Sewell AM**
President



It is with pleasure that I present the 2016 annual report of the Australian Medical Council (AMC) which coincides with the end of my first term as President of the Australian Medical Council.

Since its inception, the Australian Medical Council has had an important role in assuring the high standards of medical practice in Australia. Marking the 30th anniversary of the Council’s existence in 2016 provides us with opportunities for reflection on the marked changes in the practice of medicine; in basic, vocational and continuing medical education; and in community expectations and involvement in matters medical. Perhaps the most distinctive attribute of the Council has been its deep and unwavering commitment to the importance of independent scrutiny and accreditation of medical education and of assessment of individual qualifications for assuring the standards of medical practice in Australia.

I am proud of the AMC’s achievements and congratulate the staff on their continued commitment and professionalism. The AMC is also well-served by the contributions of dedicated and highly skilled individuals who are members of standing committees, subcommittees, panels, working groups and expert advisory 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.

Apart from building internal capability, the AMC continued its work to foster strong, long-lasting and collaborative links with a broad range of stakeholders, while also taking a lead role in the development of effective national and international assessment and accreditation processes. In November 2016, the AMC will move to amend its Constitution to create a designated position for an Aboriginal or Torres Strait Islander and a Māori member of the Council. This has been achieved through the ongoing work of the Council to develop a

more visible and effective strategy for engagement with Aboriginal and Torres Strait Islander and Māori health organisations, students, medical practitioners and medical educators across its accreditation, standard setting, policy and assessment functions to support the AMC purpose.

As part of its role as the accrediting authority, the AMC has a program of review for its accreditation standards, forms and guidelines. In 2016, the AMC implemented revised Standards for Assessment and Accreditation of Specialist Medical Programs and Continuing Professional Development Programs. The AMC began a minor review of the Standards for Assessment and Accreditation of Medical Schools by the Australian Medical Council 2012 to address a number of pieces of policy work being undertaken by the AMC and other national policy developments. Also the AMC’s Prevocational Standards Accreditation Committee held a National Workshop on Workplace Based Assessment and is reviewing the WBA assessment forms and the Standards and Procedures for Workplace Based Assessment Providers. In addition to this important work, the AMC Directors have appointed a working group comprised of internal and external stakeholders to conduct a review of the national standards for programs and domains for assessing intern accreditation authorities to bring them into line with the focus in the revised specialist standards on safety and quality in health care and trainee wellbeing, and responses to bullying, discrimination and harassment in medicine.

The Council has also had a busy year: following on from its June 2015 meeting in the regional city of Toowoomba in Queensland, the Council held a community forum in NSW on June 2016. The forum held at Olympic Park focused on health and higher education in the Greater Western Sydney region. The forum was attended by local practitioners, educators and community leaders and representatives from NSW health services, the Western Sydney University, Sydney University,

University of New South Wales and the University of Wollongong. This unique event provided Council with the opportunity to engage the local community in a process that strengthened stakeholder and community understanding of not only the work of the AMC, but also how that work supports good quality medical education and training that meets the needs of communities and healthcare services as well as the Council's understanding of the challenges and strengths of training and delivering medical services in this diverse region. The forum was a great success and the AMC is particularly thankful for the support and dedication of the invited medical educators and clinicians from the Greater Western Sydney region, especially Professor Annemarie Hennessy for her leadership on the day.

Finally, I want to acknowledge the support of the AMC Directors and Council, the dedication and leadership of AMC staff; the 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.

Jill Sewell AM
President



In 2016, the AMC continued to consolidate its position as a leader in accreditation and assessment. Revised standards for specialist program accreditation were rolled out after a review and consultation process involving two years of effort by the AMC accreditation team. Work also continued on the evaluation and deployment of a new accreditation management system that will streamline accreditation processes for the AMC and the education providers undergoing accreditation.

In assessment, the National Test Centre was continuing to lead the development of the AMC clinical examination. The AMC now conducts in the order of 60 individual clinical examination sessions per year at the NTC. The ability of the AMC to capture clinical examination data through the tablet scoring technology at the National Test Centre was taken to the next step with a process for the statistical analysis of each clinical examination session that had been developed in consultation with Flinders University. The use of the NTC for the administration of clinical examinations by external clients was further expanded, adding an important new revenue stream to the AMC.

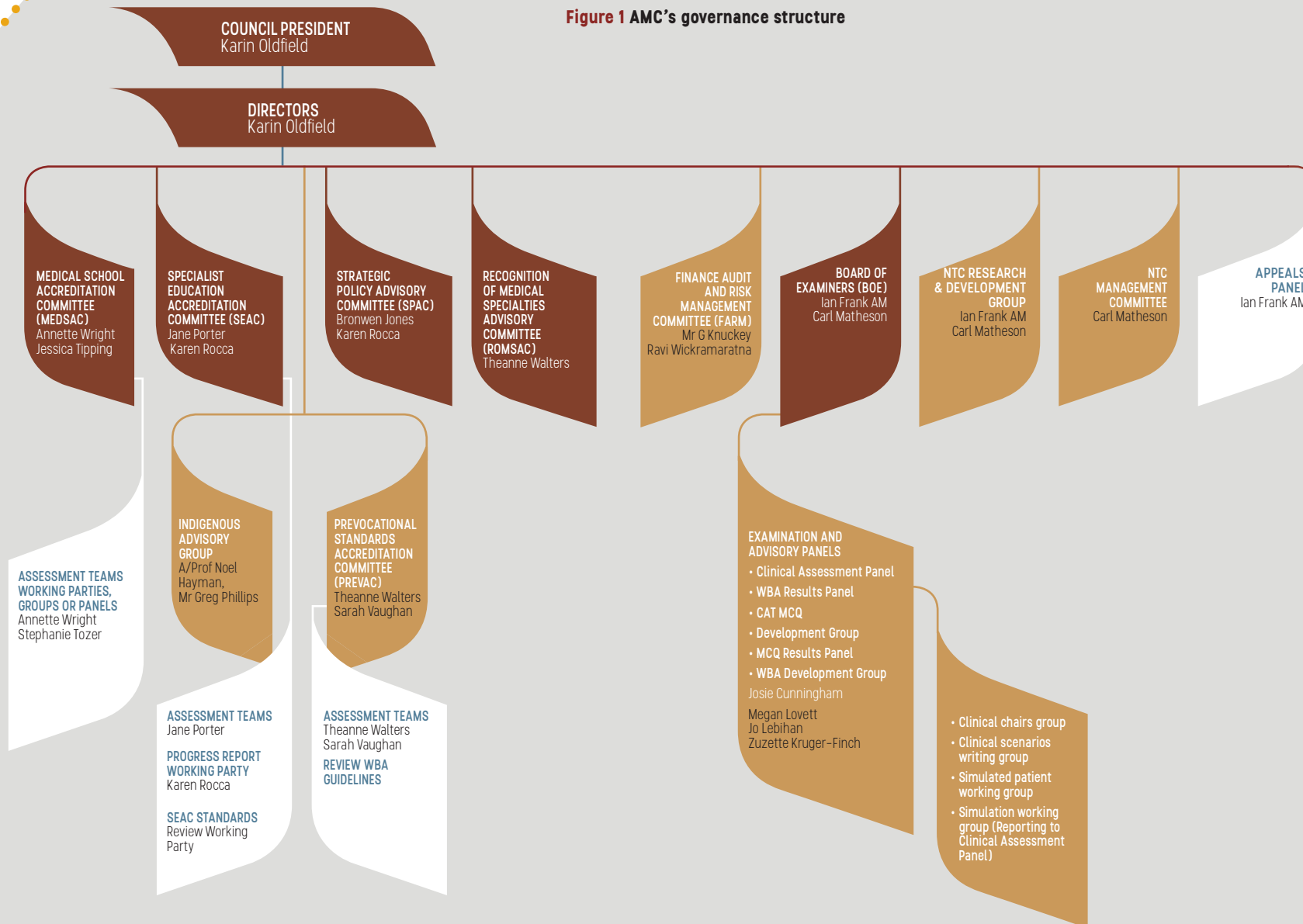
In 2016, AMC staff participated and presented at a number of international conferences relating to accreditation and assessment. These included the Asia Pacific Medical Education Conference (Singapore), the Association of Test Publishers Innovations Conference (United States), the Association for Medical Education in Europe (Spain), the Association of Test Publishers Europe (Portugal) and the European Board of Medical Examiners Conference (United Kingdom). The success of these presentations represents the culmination of the work of the teams of staff at the AMC offices in Canberra and at the National Test Centre.

The AMC has also made a considerable investment in its Information Technology (IT) infrastructure. This included the complete re-configuration of the IT infrastructure at the Canberra office with the replacement of critical firewalls and servers, the implementation of an external cloud service architecture for systems back up and the integration of the Canberra office and the National Test Centre by a duplicated optical fiber link to streamline operations between the two centres and provide for redundancy in the case of a systems failure at one site.

The achievements of the AMC would not be possible without the dedication and commitment of its staff and the many clinicians and others who give generously of their time and expertise to support the Council.

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 the AMC
- 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

ABOUT US

The Australian Medical Council Limited (AMC) is a for-purpose 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 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

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's governance structure is set out below.

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. 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; and
- Clarifying the AMC's role in a broader range of activities than the AMC's accreditation functions under the national law.

The AMC undertakes a high level review every five years to consider its strategic direction and plan. This report marks the four year point in the Strategic Plan 2012–2017. The AMC will continue to review its 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.

COMMITTEE STRUCTURE

The Directors meet at regular intervals and have in place mechanisms for the conduct of special meetings. The AMC governance structure includes standing committees that report to Directors and assisting them in their governance role. As at June 2016 these included:

- Medical School Accreditation Committee (MedSAC)
- Specialist Education Accreditation Committee (SEAC)
- Prevocational Standards Accreditation Committee (PreVAC)
- Board of Examiners (BoE)
- Recognition of Medical Specialties Advisory Committee (RoMSAC)
- Strategic Policy Advisory Committee (SPAC)

2015/16 HIGHLIGHTS

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

Over a number of years the AMC has worked to have a more structured and visible representation of Indigenous practitioners, students and community members across its accreditation and assessment functions and to increase the involvement of experts in Indigenous health in the accreditation process and in the development of assessment items.

With the establishment of the Indigenous Planning Advisory Group (IPAG) in 2015, the AMC and its Indigenous stakeholder organisations developed a shared understanding of each other's purpose and functions and plans to support joint projects and collaboration. Following acceptance of the recommendations of the IPAG report, the AMC Directors are developing a strategy for Indigenous health in medical education that fits with the AMC's mission and purpose and that will lead to the development of protocols to raise the quality and responsiveness of the AMC's leadership in Indigenous health and the needs of practitioners.

The IPAG recommendations and the ongoing work plan for the Indigenous Planning Advisory Group were endorsed by Council at its meeting in November 2015. The priorities for the Advisory Group include gaining constitutional recognition for Aboriginal and Torres Strait Islander and Māori membership on the Council and AMC standing committees; the development of an Indigenous Health Statement and a Reconciliation Action Plan (RAP); training workshops for accreditation assessors and AMC examiners and cultural safety and awareness workshops for AMC Directors, staff and Council members.

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 to practise are undertaking clinical placements or graduating and beginning internship. The working group will finalise its report to Council during 2016.

Mid-year Council: Forum at Homebush, Greater Western Sydney

The mid-year general meeting of the Australian Medical Council was held on 17 June 2016 at Sydney's Olympic Park. Building on the 2015 visit to Toowoomba, this forum provided Council members with a unique opportunity, once again, to engage with local health services, local practitioners, educators and community leaders. Participants to the forum agreed it was a useful process that strengthened 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 the community in which they serve. The themes for the forum covered:

- The health, education and health care of Aboriginal and Torres Strait Islander people;

- including the journey of Indigenous students, their pathways to medicine and transitioning to internship
- Refugee health services, health outcomes and health care priorities; and,
- Clinical placement and other health and education challenges for greater Western Sydney.

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 state of art technology systems that provide video monitoring and recording of examination processes and standards in real time
- Undertaking research and collaborative discussions with national and international organisations aimed at augmenting AMC examination and assessment programs
- Contributing to the development of medical school accreditation processes and program evaluations for neighbours in the western pacific and Asia and supporting the Association for Medical Education in the Western Pacific Region
- Presenting to the International Medical Education Conferences on the work of the AMC in assessment and accreditation
- Completing a significant number of accreditation assessments, working group reviews, standards review and supporting a number of expert working groups dealing with professionalism, Indigenous health, innovation and research

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 2015-16 are listed in the Financial Report 2016.

The membership of Council and Directors as at June 2016 are listed at Appendix A and Appendix B.

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

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

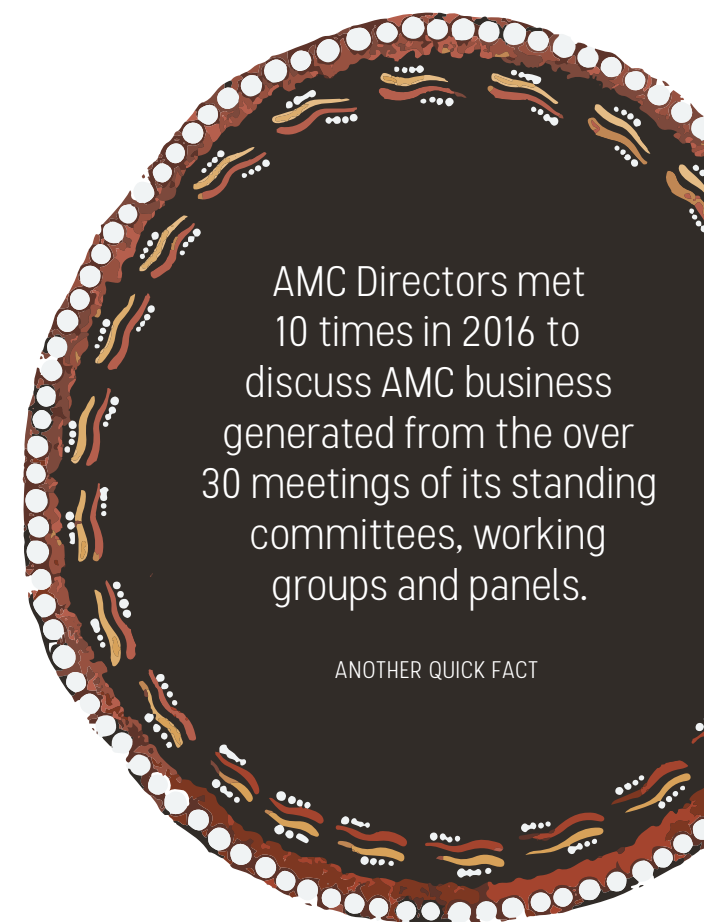
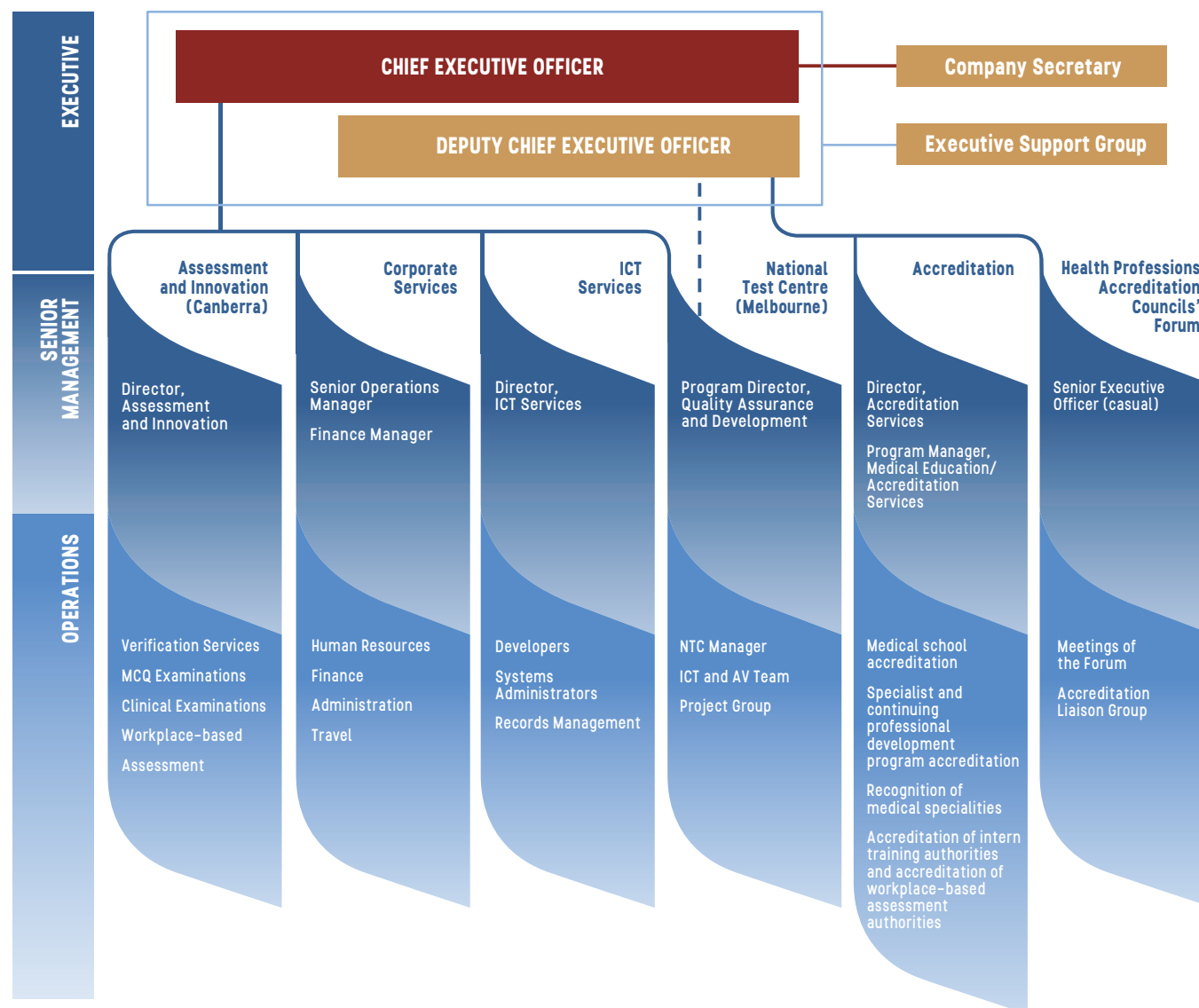
Table 1 Committees and their functions

COMMITTEE	FUNCTION
Board of Examiners, Panels and Item Development groups	Monitors the operation of the AMC examinations and reviews the performance of the MCQ Examination, Clinical Examination and Workplace-based Assessment. Three panels report to the Board: MCQ Examination Panel, the Clinical Examination Panel and the Workplace-based Assessment Panel The Board and its panels oversee the AMC examination process and advise Directors on international medical graduate assessment issues
Prevocational Standards Accreditation Committee	Established in June 2013 and oversees AMC accreditation and review processes for the prevocational phase of medical education including: review of intern training accreditation bodies, accreditation of International Medical Graduate assessment processes for workplace-based assessment and pre-employment structured clinical interviews.
Finance, Audit and Risk Management Committee	Advises and assists the AMC Directors with their responsibilities for managing the business of the AMC. These include the AMC's internal accounting and financial control systems, internal audit, external audit, financial statements, financial reporting processes, investment policy and the effective management of risk, compliance with laws and regulations for operating as a company and a business.
Medical School Accreditation Committee	Oversees the process for assessment and accreditation of primary medical education programs and their providers
Recognition of Medical Specialties Advisory Committee	Oversees the AMC process for reviewing and providing advice on the recognition of fields of medical practice as medical specialties
Specialist Education Accreditation Committee	Oversees the process for assessment and accreditation of specialist medical education programs and continuing professional development programs
Strategic Policy Advisory Committee	Provides high-level advice to the AMC on medical education and health system policy matters that are related to the purpose of the AMC



ORGANISATION STRUCTURE

The council and its directors are supported by a Canberra-based secretariat responsible for the administration of AMC operations, as well as the staff of the National Test Centre.





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 2016, 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

The Medical School Accreditation Committee oversees and advises the AMC Directors on the accreditation process for primary medical programs and providers. Based on recommendations and reports from the Committee, the AMC Directors make accreditation decisions concerning medical programs. The AMC informs the Medical Board of Australia of Directors' accreditation decisions and provides the accreditation report so that the Medical Board is able to make a decision on approval of the accredited program for the purposes of registration.

Bond University, Faculty of Health Sciences and Medicine

The Directors at their 19 October 2015 meeting granted accreditation until 31 March 2022, subject to satisfactory progress reports, to the following medical programs of the Bond University:

- 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)

Curtin University, Faculty of Health Sciences, Curtin Medical School

The Curtin University, Faculty of Health Sciences, Curtin Medical School is seeking accreditation of its proposed medical program, a five-year school leaver entry Bachelor of Medicine / Bachelor of Surgery (MBBS) to commence in 2017.

An AMC team conducted a new program assessment of the Curtin Medical School from 22–26 February 2016. The Directors will consider the report later in 2016.

The University of Newcastle / University of New England, Joint Medical Program

In February 2016, the JMP provided its submission for accreditation of its proposed Bachelor of Medical Science (BMedSc) / Doctor of Medicine (MD) program with planned implementation in 2017. The Bachelor of Medicine (BMed) program offered by the University of Newcastle / University of New England, Joint Medical Program (JMP) is accredited to 31 March 2019.

An AMC team conducted a major change assessment of the Program from 30 May to 2 June 2016.

The Directors will consider the report later in 2016.

The University of Sydney, Sydney Medical School

An AMC team conducted a reaccreditation assessment of the Sydney Medical School from 24–28 August 2015.

The Directors at their 17 February 2016 meeting extended accreditation of the MBBS program to 31 March 2020, and granted accreditation of the MD program to 31 March 2022. Accreditation of both programs is subject to satisfactory progress reports and reports on conditions.

University of Notre Dame Australia, School of Medicine Fremantle

An AMC team conducted a reaccreditation assessment of the School of Medicine from 18–22 April 2016.

The four-year graduate entry medical program offered by the University of Notre Dame Australia, School of Medicine Fremantle is accredited to 31 December 2016.

The Directors will consider the report later in 2016.

University of Tasmania, School of Medicine

An AMC team conducted a reaccreditation assessment of the School of Medicine from 9–13 May 2016.

The five-year direct-entry medical program offered by the University of Tasmania, School of Medicine is accredited to 31 December 2016.

The Directors will consider the accreditation report later in 2016.

University of Western Australia, Faculty of Medicine, Dentistry and Health Sciences

An AMC team conducted a follow-up assessment of the Faculty of Medicine, Dentistry and Health Sciences, University of Western Australia from 3–7 August 2015.

The Doctor of Medicine (MD) program offered by the University of Western Australia, Faculty of Medicine, Dentistry and Health Sciences, is accredited until 31 December 2018. The MBBS program is accredited until December 2017, subject to a satisfactory report on the teach-out phase of the course in 2015.

The MD program was assessed in October 2013 and granted accreditation subject to satisfactory progress reports (including reports on conditions in November 2013 and 2014) and a follow-up assessment in 2015.

The Directors at their 14 December 2015 confirmed accreditation of the MD program to 31 March 2019, subject to satisfactory progress reports and extended the accreditation of the University of Western Australia, Faculty of Medicine, Dentistry and Health Sciences' six-year and four-and-one-half-year MBBS programs to 31 March 2019, in order to accommodate those students who have not yet completed the program.

University of Western Sydney, School of Medicine

The five-year undergraduate Bachelor of Medicine / Bachelor of Surgery (MBBS) medical program offered by the University of Western Sydney is accredited until 31 December 2017.

In August 2016, the AMC received notice from the University of Western Sydney that as a consequence to an amendment to the Western Sydney University ACT 1997, it has launched a new name and logo, with the University to be known as Western Sydney University. The AMC agreed to alter its accreditation decision, so that it relates to the MBBS, Western Sydney University.

SPECIALIST MEDICAL EDUCATION AND TRAINING

The Specialist Education Accreditation Committee oversees and advises the AMC Directors on the accreditation process for specialist education and training programs. Based on recommendations and reports from the Committee, the AMC Directors make accreditation decisions. The AMC informs the Medical Board of Australia of Directors' accreditation decisions and provides the accreditation report so that the Medical Board is able to make a decision on approval of the accredited program for the purposes of registration.

Royal Australian and New Zealand College of Ophthalmologists Reaccreditation

An AMC team completed an assessment of the training, education and continuing professional development programs of the Royal Australian and New Zealand College of Ophthalmologists. The Directors will consider the report at their October 2016 meeting.

Australian College of Rural and Remote Medicine 2015 Report on Conditions

In November 2015, the Directors agreed that the Australian College of Rural and Remote Medicine continued to meet the accreditation standards.

Royal Australasian College of Physicians 2015 Report on Conditions

In November 2015, the Directors agreed that the Royal Australasian College of Physicians continued to substantially meet the accreditation standards.

Royal Australian and New Zealand College of Obstetricians and Gynaecologists 2015 Report on Conditions

In November 2015, the Directors agreed that the Royal Australian and New Zealand College of Obstetricians and Gynaecologists continued to meet the accreditation standards.

Royal Australian and New Zealand College of Psychiatrists 2015 Report on Conditions

In November 2015, the Directors agreed that the Royal Australian and New Zealand College of Psychiatrists continued to meet the accreditation standards.

Royal College of Pathologists of Australasia 2015 Report on Conditions

In November 2015, the Directors agreed that the Royal College of Pathologists of Australasia continued to meet the accreditation standards.

Australian and New Zealand College of Anaesthetists 2016 Report on Conditions

In June 2016, the Committee agreed that the Australian and New Zealand College of Anaesthetists and the Faculty of Pain Medicine continued to meet the accreditation standards.

Royal Australasian College of Medical Administrators 2016 Report on Conditions

In June 2016, the Committee agreed that the Royal Australasian College of Medical Administrators continued to meet the accreditation standards.

INTERN TRAINING ACCREDITATION PROVIDERS

The Prevocational Standards Accreditation Committee oversees and advises the AMC Directors on the accreditation process for intern training providers. Based on recommendations and reports from the Committee, the AMC Directors make accreditation decisions.

Postgraduate Medical Council of Victoria

In 2013, the AMC granted initial accreditation to the Postgraduate Medical Council of Victoria (PMCV) as the intern accreditation authority for Victoria.

An AMC team assessed PMCV's intern training processes in July 2015.

The Directors at their 19 November 2015 meeting found that PMCV meets the domains for assessing intern training accreditation authorities. Directors granted accreditation of PMCV as an intern training accreditation authority, to 31 March 2020, subject to satisfactory progress reports.

Postgraduate Medical Council of Western Australia

In 2014, the AMC granted initial accreditation to the Postgraduate Medical Council of Western Australia (PMCWA) as the intern accreditation authority for Western Australia.

An AMC team completed its review of PMCWA in August 2015.

The Directors at their 14 December 2015 meeting found that PMCWA meets the domains for assessing intern training accreditation authorities. Directors granted accreditation of PMCWA as an intern training accreditation authority, to 31 March 2020, subject to satisfactory progress reports.

In the reporting period 2015/16 the AMC continued to consolidate its clinical examination processes through the Vernon C Marshall National Test Centre (NTC). The AMC now expects to run approximately 60 clinical examination sessions each year through the NTC.

Since the NTC was commissioned in July 2013, the AMC has examined in excess of 5,500 individual candidates and assessed over 78,000 clinical examination stations (scenarios), involving some 700,000 individual assessment data points and collected some 10,500 hours of video footage of candidate performance.

In response to the March 2012 Lost in the Labyrinth Report completed in 2012, the AMC had been working with the Educational Commission for Foreign Medical Graduates (ECFMG) to improve the primary source verification process for IMGs. In October 2015, the Electronic Portfolio of International Credentials (EPIC) process was implemented by the AMC together with an online applications portal. The EPIC process, which is set out below, has streamlined the applications process and the simplified the primary source verification process for AMC candidates.

Primary Source Verification (PSV)

The Primary Source Verification process, implemented by the AMC in 2006, is designed to ensure the integrity of basic and specialist medical qualifications awarded to International Medical Graduates (IMGs) seeking registration in Australia. The following abbreviations are used in this report:

- ECFMG – Educational Commission for Foreign Medical Graduates
- EICS – ECFMG International Credentials Services
- EPIC – Electronic Portfolio of International Credentials

The EICS verifications process was replaced by the EPIC verifications process on 1 October 2015, which launched simultaneously with the new AMC online applications platform requiring IMGs to 'Establish an AMC portfolio'.

EICS requests for Primary Source Verification Completed 2015/2016

Although the new AMC portfolio applications platform launched on 1 October 2015, all paper applications received by the AMC to 31 December 2015 have been assessed and qualifications processed for EICS verification.

Since 1 October 2015, IMGs have been required to submit qualifications directly to ECFMG for EPIC verification as part of the new AMC portfolio applications process.

Below is a summary of qualifications verified from 1 July 2015 to 30 June 2016 via both the EICS and EPIC verification systems:



Since the NTC was commissioned in July 2013, the AMC has examined in excess of 5,500 individual candidates and assessed over 78,000 clinical examination stations (scenarios), involving some 700,000 individual assessment data points and collected some 10,500 hours of video footage of candidate performance.

Most Used Medical Schools by IMGs for Verification of Primary Qualifications

ECFMG has introduced an e-verifications system, enabling medical schools to complete the verification requests electronically by accessing an ECFMG secure portal (EMSWP – Electronic Medical School Web Portal).

ECFMG is currently targeting the most popular medical schools based on IMG applications submitted to the AMC. A summary of the 77 most popular schools is available at **ATTACHMENT A – AMC Top Medical Schools Activity Since March 2016**, with the schools in blue blocks now linked to ECFMG's e-verification system. To date, ECFMG has added a total of 711 medical institutions to the e-verifications system.

EICS Sun Setting

With the launch of both the AMC portfolio and EPIC verification processes on 1 October 2015, the EICS verifications process, where IMGs had to apply through the AMC to have their qualifications verified, is no longer used by the AMC to process verification requests.

The Transition from IMED to WDoMS

- IMED – International Medical Education Directory
- FAIMER – Foundation for Advancement of International Medical Education and Research
- WDoMS – World Director of Medical Schools

On 1 June 2016, FAIMER launched WDoMS on 1 June 2016 to replace IMED as the definitive list of international medical schools. IMED only included medical schools recognised by ECFMG for assessment purposes (in line with the AMC policy), whereas WDoMS includes additional schools not recognised by the AMC as eligible for assessment.

In order to enable IMGs to easily identify whether or not their school and qualifications are eligible for AMC assessment, or assessment by specialist medical colleges, or for registration by the Medical Board of Australia, the AMC has developed a new search tool at <http://www.amc.org.au/assessment/list-of-medical-schools>. The results include links to the WDoMS website page to view the relevant school's information and program details.

AMC portfolios statistics

Since the launch of the new AMC portfolio applications platform on 1 October 2015 to 30 June 2016, a total of 4,043 portfolio applications have been established (an average of 109 applications per week).

College nominations

As part of the AMC portfolio applications process, IMGs can nominate specialist medical colleges to access their qualification and verification information via the AMC qualifications portal. Below is an outline of college nominations received between 1 October 2015 and 30 June 2016. RACGP, RACP and RACS stand out as major colleges for nomination by IMGs.

AMC qualifications portal

The AMC qualifications portal was launched on 8 May 2012, used by the Medical Board of Australia for registration purposes with 107 authorised users registered.

After further development, specialist medical colleges were invited on 28 August 2013 to use the AMC qualifications portal for assessment purposes. A total of 57 college staff have been authorised to access the portal, with the ability to upload assessment outcome reports and short term training reports used by the Medical Board of Australia for registration purposes.

Between 1 July 2015 and 30 June 2016 a total of 40,943 IMG records have been accessed.

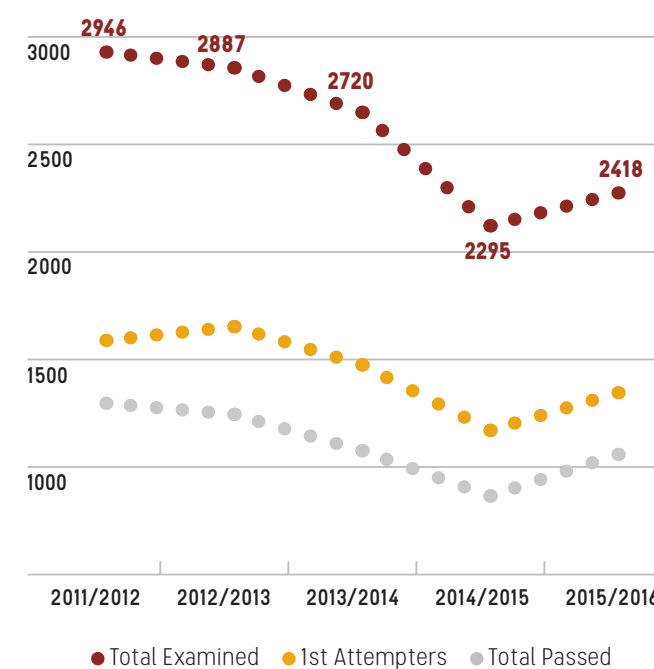
Multiple Choice Examinations (MCQ)

In May 2016, the number of overseas examination facilities increased from 22 to over 290, in 23 new countries as well as existing countries. This included the introduction of 246 facilities in the US and 13 in Canada, as well as others in South America, the Caribbean and the Pacific. Additional centres were also opened in China and India.

In the reporting period a total of 2,421 MCQ examinations were conducted by the AMC in Australia and in 30 controlled examination facilities internationally. Of that number, 1,672 IMGs were presenting for the first time at the MCQ examination. A total of 1,448 IMGs satisfied the requirements and qualified to proceed to the clinical examination.

A breakdown of the MCQ candidates by country of training is at **ATTACHMENT B – MCQ Country of Training Statistics**.

Figure 2 MCQ Examinations for Financial Year: 2011/2012 – 2015/2016 (All Candidates)



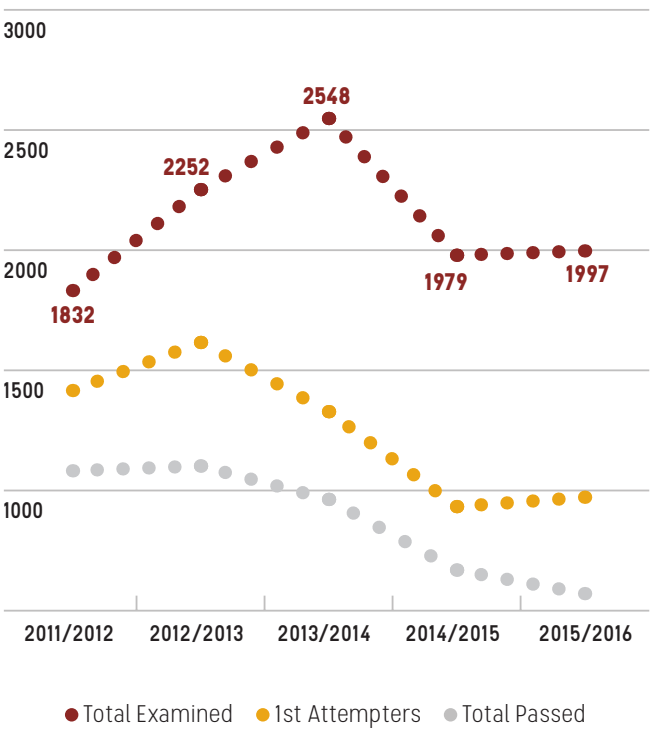
Clinical Examinations

Before commissioning the National Test Centre, the waiting times for IMGs who had passed the MCQ examination to sit a clinical examination was between 24 to 36 months. Since the NTC became operational in 2014, the AMC has been clearing the backlog of candidates who were waiting for the clinical examination. Although the AMC is still clearing candidates who qualified at the MCQ examination in 2010, 2011 and 2012, 57% of candidates who have been examined in the clinical examination since the beginning of 2015 waited 12 months or less for a clinical examination place and 20% waited six months or less.

In the reporting period a total of 1,997 candidates were assessed at 56 clinical examinations, of which 52 were conducted at the NTC in Melbourne. Some 972 candidates presented for the first time and a total of 571 passed the examination and qualified for the AMC certificate.

A breakdown of these candidates by examination attempt and country of training is set out in **ATTACHMENT C – Clinical Country of Training Statistics**.

Figure 3 Clinical Examinations for Financial Year: 2011/2012 – 2015/2016 (All Candidates)



A report of the candidates who presented for clinical retest in this reporting period is at **ATTACHMENT D – Clinical Retest Statistics**.

Workplace-Based Assessment (WBA)

Seven accredited WBA providers assessed 71 candidates in the reporting period. 69 of those candidates satisfactorily completed the assessment and qualified for the AMC Certificate.

A breakdown of these candidates by country of training and WBA program is set out at **ATTACHMENT E – WBA Statistics**.

National Test Centre

The National Test Centre conducted 60 Clinical examinations and the examination facilities were used on four occasions by external clients. Interest in the use of the NTC's facilities by external clients continues to grow, with bookings for 2016–2017 set to be almost triple the number in this reporting period. In addition to all this, the NTC meeting rooms also host a large number of AMC committee meetings, workshops and panel meetings

The financial report of the Australian Medical Council Limited for the year ended 30 June 2016 consists of the directors' report, including the auditor's independence declaration; the statement of financial position at the end of the year; the statement of comprehensive income and statement of cash flow for the year; the statement of changes in equity; notes to the financial statements; the directors' declaration; and the auditor's report.

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.

The financial report of the Australian Medical Council Limited for the year ended 30 June 2016 consists of the directors' report, including the auditor's independence declaration; the statement of financial position at the end of the year; the statement of comprehensive income and statement of cash flow for the year; the statement of changes in equity; notes to the financial statements; the directors' declaration; and the auditor's report.

Australian Medical Council Limited
ABN 97 131 796 980

DIRECTORS' REPORT

Your directors present this report on the Australian Medical Council Limited (the AMC) for the financial year ended 30 June 2016.

Directors

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

- Associate Professor Jill Sewell AM, President, elected by Council at the AGM 20 November 2015
- Professor David Ellwood, Deputy President, elected by Council at the AGM 20 November 2015; ex officio, Chair, Medical School Accreditation Committee
- Mr Ian Frank, Chief Executive Officer
- Professor Kate Leslie AO, ex officio, Chair, Specialist Education Accreditation Committee, appointed at the AGM 20 November 2015; Director elected by Council (term ended at the AGM 20 November 2015)
- Dr Greg Kesby, Director elected by Council (re-appointed at the AGM 20 November 2015)
- Dr Kim Rooney, Director elected by Council (re-appointed at the AGM 20 November 2015)

- Emeritus Professor David Prideaux, ex officio, Chair, Board of Examiners, appointed at the AGM 20 November 2015
- Emeritus Professor Napier Thomson AM, Director elected by Council at the AGM 20 November 2015.
- Professor Robin Mortimer AO, President elected by Council (term ended at the AGM 20 November 2015)
- Professor Richard Doherty, ex officio, Chair, Board of Examiners (term ended at the AGM 20 November 2015)

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 improve health through advancing the quality and delivery of medical education and training associated with the provision of health services in Australia and New Zealand
- (b) to act as an external accreditation entity for the purposes of the Health Practitioner Regulation National Law
- (c) 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

- (d) 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
- (e) to assess education providers based predominantly in Australia and New Zealand that provide programs of study leading to registration of the graduates of those programs to practice medicine in Australia, to determine whether the providers meet approved accreditation standards
- (f) to assess authorities in other countries that conduct examinations for registration in medicine, or that 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
- (g) 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
- (h) to assess the case for the recognition of new medical specialties
- (i) to advise and make recommendations to Federal, State and Territory governments, the Australian Health Workforce Advisory Council, 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
- (j) to work with international health, accreditation and testing authorities and agencies to bring about improvement in the furtherance of these objects; and
- (k) to do all such matters as are ancillary to, convenient for or which foster or promote the advancement of matters that are the subject of these objects.

The AMC's short-term objectives are to:

- continue to 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
- collaborate with other accreditation authorities on the further 'comprehensive' review of accreditation that will include:
 - Cost effectiveness of the accreditation regime for delivering the accreditation functions;
 - Governance structures including reporting arrangements;
 - Opportunities for the streamlining of accreditation including consideration of the other educational accreditation processes – e.g. TEQSA and ASQA;
 - The extent to which accreditation arrangements support educational innovation in programs including clinical training arrangements, use of simulation and inter-professional learning; and
 - Opportunities for increasing consistency and collaboration across professions.

- continue to develop and advance policy and research in relation to accreditation and assessment in medical education.

The AMC's long-term objectives are to:

- continue to negotiate secure funding for the accreditation and assessment activities of the AMC
- 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 research and innovation in assessment in medical education
- 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 and Māori through effective partnerships with Aboriginal and Torres Strait Islander organisations and individuals, and Māori organisations and individuals by 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; and
- 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 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; and
- Developed a new technologically advanced clinical skills test centre for international medical graduates (IMGs), enabling clinical skills to be assessed outside hospitals through the use of multimedia and CCTV recording capability.

Meetings of Directors

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

Director	Meetings	
	No. eligible to attend	No. attended
Associate Professor Jill Sewell AM (President, term commenced AGM 20 November 2015)	8	8
Professor David Ellwood (Deputy President, term commenced AGM 20 November 2015)	8	7
Mr Ian Frank AM	8	8
Professor Kate Leslie AO	8	8
Dr Kim Rooney	8	5
Dr Greg Kesby	8	7
Emeritus Professor Napier Thomson (term commenced 20 November 2015)	4	3
Emeritus Professor David Prideaux (term commenced 20 November 2015)	4	4
Professor Robin Mortimer AO (President, term ended 20 November 2015)	4	4
Professor Richard Doherty (term ended 20 November 2015)	4	3

Indemnifying the directors

During the financial year, the AMC paid a premium of \$6,543 (2015: \$6,423) 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



Associate Professor Jill Sewell AM
President, elected by Council at the AGM 20 November 2015

Experience

- Deputy Director, Centre for Community Child Health, Royal Children's Hospital
- Paediatrician, Principal Specialist, Royal Children's Hospital
- Associate Professor, Department of Paediatrics, University of Melbourne
- Honorary Research Fellow, Murdoch Children's Research Institute
- Fellow of the Australian Institute of Company Directors
- Member, Board of Alfred Health
- Member, Health Innovation and Reform Council, Victoria
- Co-chair, Clinical Standards Committee Advisory Committee, Australian Commission on Safety and Quality in Health Care
- Former President, Royal Australasian College of Physicians
- Former Chair, National Institute of Clinical Studies
- Former Member, National Health and Medical Research Council.

Special responsibilities

- President of the Australian Medical Council (elected by Council at the AGM 20 November 2015)
- Director of the Australian Medical Council
- Member of Council, Australian Medical Council
- Member of the Finance, Audit and Risk Management Committee
- Chair of the AMC Recognition of Medical Specialties Advisory Committee (term commenced October 2015)
- Member, Strategic Policy Advisory Committee
- Member, Indigenous Advisory Group
- Member, National Medical Training Advisory Network (NMTAN) Executive Committee
- AMC Representative to the Health Professions Accreditation Councils' Forum

- Deputy President of the Australian Medical Council (term ended at the AGM 20 November 2015)
- Chair of the Specialist Education Accreditation Committee Council (term ended at the AGM 20 November 2015).



Professor David Ellwood
Deputy President, elected by Council at the AGM 20 November 2015; ex officio, Chair, Medical School Accreditation Committee

Experience

- Professor of Obstetrics and Gynaecology, Griffith University School of Medicine
- Director of Maternal-Fetal Medicine at Gold Coast University Hospital
- Professor of Obstetrics and Gynaecology, Australian National University Medical School
- Information on Directors (cont.)
- Deputy Dean, Australian National University Medical School
- Senior Staff Specialist in Obstetrics and Gynaecology, Canberra Hospital
- Associate Dean, Canberra Clinical School, University of Sydney
- Medical Advisor (Acute Services) to ACT Health
- Acting Chief Executive Officer (Clinical Services), Canberra Hospital
- Deputy Chief Executive Officer (Clinical Services), Canberra Hospital
- Executive Director, Women's and Children's Health Services, Canberra Hospital.

Special responsibilities

- Deputy President of the Australian Medical Council (elected by Council at the AGM 20 November 2015)
- Director of the Australian Medical Council
- Member of Council, Australian Medical Council
- Chair of the Medical School Accreditation Committee
- Chair, AMC Professionalism Working Group
- Member of the Finance, Audit and Risk Management Committee
- Senior Examiner in Obstetrics and Gynaecology.



Mr Ian Frank
Chief Executive Officer

Experience

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

Special responsibilities

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



Professor Kate Leslie AO
ex officio, Chair, Specialist Education Accreditation Committee, appointed at the AGM 20 November 2015; Director elected by Council (term ended at the AGM 20 November 2015)

Experience

- Staff Anaesthetist and Head of Research, Department of Anaesthesia and Pain Management, Royal Melbourne Hospital
- Honorary Professorial Fellow, Anaesthesia Perioperative and Pain Medicine Unit, Melbourne Medical School, University of Melbourne
- Honorary Professorial Fellow, Department of Pharmacology and Therapeutics, University of Melbourne
- Honorary Adjunct Professor, Department of Epidemiology and Preventive Medicine, Monash University

- Former President, Australian and New Zealand College of Anaesthetists
- Former Chair, Committee of Presidents of Medical Colleges

Special responsibilities

- Director of the Australian Medical Council
- Member of Council, Australian Medical Council
- Chair of the Specialist Education Accreditation Committee, appointed at the AGM 20 November 2015



Dr Kim Rooney
Director, elected by Council (re-appointed at the AGM 20 November 2015)

Experience

- Associate Head, Launceston Clinical School, University of Tasmania School of Medicine
- Co-director of Physician Training, Launceston General Hospital
- Board member of the Post Graduate Medical Council of Tasmania
- Member of the National Examining Panel, Royal Australasian College of Physicians (Senior Examiners Panel)
- Member, Tasmanian Board of the Medical Board of Australia
- Special responsibilities
- Director of the Australian Medical Council
- Member of Council, Australian Medical Council
- Member of the Finance, Audit and Risk Management Committee
- Member, Indigenous Advisory Group
- Member, AMC professionalism working group
- AMC nominee Readiness to practice working group



Dr Greg Kesby
Director, elected by Council (re-appointed at the AGM 20 November 2015)

Experience

- President, Medical Council of New South Wales
- Immediate Past Chair, New South Wales Board of the Medical Board of Australia
- Senior Visiting Medical Officer and Former Head, Department of High Risk Obstetrics, Royal Prince Alfred Hospital, Sydney
- Maternal-Fetal Medicine Specialist, Sydney Ultrasound for Women (Monash Group)
- Deputy Chair and Former Chair, Professionalism and Ethics Advisory Committee, Royal Australian and New Zealand College of Obstetricians and Gynaecologists.
- Former Member of the Council of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists.
- Former Member of the Council of the University of New South Wales
- Former Visiting Professor (MONAHP), University of Papua New Guinea.
- Former Associate Professor, Chinese University of Hong Kong, Hong Kong.

Special Responsibilities

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



**Emeritus Professor
Napier Thomson AM**
Director, elected by Council
at the AGM 20 November 2015

Experience

- Emeritus Professor of Medicine, Monash University
- VMO in Renal and General Internal Medicine, The Alfred
- Former Member, Victorian Board of Medical Board of Australia
- Chairman Human Research Ethics Committee, Monash University
- Former Professor and Head of Department, Department of Medicine, Monash University,
- Former Head, Central Clinical School, Monash University
- Former President, Royal Australasian College of Physicians
- Former Chairman, Board of Postgraduate Medical Council of Victoria
- Former President, International Society for internal Medicine 2008–2010

Special Responsibilities

- Director of the Australian Medical Council (elected by Council at the AGM 20 November 2015)
- Member of Council, Australian Medical Council
- AMC representative, Medical Training Review Panel
- Member, Medical School Accreditation Committee and Specialist Education Accreditation Committee



Emeritus Professor David Prideaux
ex officio, Chair, Board of Examiners,
appointed at the AGM 20 November 2015

Experience

- Emeritus Professor of Medical Education, Prideaux Centre for Research in Health Professions Education
- Professor of Medical Education, Deakin University
- Former Deputy Dean, Professor and Head, Health Professional Education, Flinders University
- Membership of Flinders University committees including School of Medicine Committees, Faculty of Health Sciences committees
- Convenor curriculum conferences and workshops for the School of Medicine, Flinders University
- Representation as a member and chair of working parties, accreditation teams and accreditation committees for the Australian Medical Council
- Former Deputy Editor, Medical Education and Advances in Health Sciences Education
- Former Editor Focus on Health Professional Education
- Former President Australasian and New Zealand Association for Medical Education (ANZAME)

Special Responsibilities

- Director of the Australian Medical Council
- Member of Council, Australian Medical Council
- Chair of the Board of Examiners, Australian Medical Council, appointed at the AGM 20 November 2015
- Member, NTC Research Committee



Professor Robin Mortimer AO
President, elected by Council (term ended
at the AGM 20 November 2015)

Experience

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

Special responsibilities

- President of the Australian Medical Council (term ended 20 November 2015)
- Director of the Australian Medical Council (term ended 20 November 2015)
- Member of Council, Australian Medical Council (term ended 20 November 2015)
- Chair of the Recognition of Medical Specialties Advisory Committee (term ended October 2015)
- Chair of the Strategic Policy Advisory Committee (term ended 20 November 2015)
- Member of the Finance, Audit and Risk Management Committee (from AGM 23 November 2012) (term ended 20 November 2015)



Professor Richard Doherty
ex officio, Chair, Board of Examiners
(term ended at the AGM
20 November 2015)

Experience

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

Special responsibilities

- Director of the Australian Medical Council (term ended 20 November 2015)
- Member of Council, Australian Medical Council (term ended 20 November 2015)
- Chair of the Board of Examiners (term ended 20 November 2015)
- 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 COAG IMG Project (Stakeholders)
- Senior Examiner

Australian Medical Council Limited ABN 97 131 796 980

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 12 and forms part of the Director's report.

Members' guarantee

The AMC is incorporated under the *Corporations Act 2001* and is a company limited by guarantee. If the AMC is wound up, the constitution states that each member is required to contribute a maximum of \$10 each towards meeting any outstanding obligations of the company. At 30 June 2016, the total amount that members of the company are liable to contribute if the company is wound up is \$230 (2015: \$230).

Signed in accordance with a resolution of the directors.

Director

Associate Professor Jill Sewell AM (Chair)

Dated this 20th day of October 2016



Auditor's Independence Declaration

As lead auditor for the audit of Australian Medical Council Limited for the year ended 30 June 2016, I declare that to the best of my knowledge and belief, there have been:

1. no contraventions of the auditor independence requirements of the *Corporations Act 2001* in relation to the audit; and
2. no contraventions of any applicable code of professional conduct in relation to the audit.

A handwritten signature in blue ink, appearing to read 'David Murphy'.

David Murphy
Partner
PricewaterhouseCoopers

Canberra
20 October 2016

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28 Sydney Avenue, FORREST ACT 2603, GPO Box 447, CANBERRA CITY ACT 2601
T: + 61 2 6271 3000, F: + 61 2 6271 3999, www.pwc.com.au
Liability limited by a scheme approved under Professional Standards Legislation.

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2016

	Note	2015 \$	2014 \$
Revenue	2	22,425,220	21,753,963
Other income		362,989	286,935
Total revenue and other income		22,788,209	22,040,898
Accreditation expenses		939,293	1,248,548
Examination running expenses		5,887,006	6,022,180
Publishing expenses		50,119	70,513
Council committees and executive expenses		847,668	967,259
Employee benefits expenses		6,735,540	6,909,376
Depreciation and amortisation expenses		993,021	1,278,915
Bank fees and charges		288,439	278,113
Rental expenses		1,336,530	1,326,648
Audit, legal and consultancy expenses		458,459	264,944
Administration expenses		2,006,009	1,997,676
Total expenses		19,542,084	20,364,172
Surplus for the year attributable to the Council		3,246,125	1,676,726
Other comprehensive income for the year		-	-
Total comprehensive income for the year		3,246,125	1,676,726

The accompanying notes form part of these financial statements.

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2016

	Note	2015 \$	2014 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	3	2,352,815	3,006,045
Trade and other receivables	4	137,516	160,756
Inventories	5	76,034	79,050
Term Deposits	7	15,154,637	9,488,710
Other assets	6	521,708	307,831
TOTAL CURRENT ASSETS		18,242,710	13,042,392
NON-CURRENT ASSETS			
Plant and equipment	8	3,131,622	3,648,279
Intangible assets	9	445,483	633,374
TOTAL NON-CURRENT ASSETS		3,577,105	4,281,653
TOTAL ASSETS		21,819,815	17,324,045
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	10	1,116,022	1,148,089
Finance Lease liabilities	11	47,326	53,484
Lease incentive		114,136	114,135
Employee benefits	12	1,688,046	1,558,850
Income in advance	13	6,912,514	5,745,352
TOTAL CURRENT LIABILITIES		9,878,044	8,619,910
NON-CURRENT LIABILITIES			
Lease liabilities	11	24,094	71,365
Lease incentive		114,139	228,276
Employee benefits	12	141,656	171,639
Other payables		374,890	199,956
Provision for make good		620,831	612,863
TOTAL NON-CURRENT LIABILITIES		1,275,610	1,284,099
TOTAL LIABILITIES		11,153,654	9,904,009
NET ASSETS		10,666,161	7,420,036
EQUITY			
Retained earnings		10,666,161	7,420,036
TOTAL EQUITY		10,666,161	7,420,036

The accompanying notes form part of these financial statements.

STATEMENT OF CHANGES IN EQUITY

FOR THE YEAR ENDED 30 JUNE 2016

	Retained earnings \$	Total \$
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
Balance at 30 June 2015	7,420,036	7,420,036
Balance at 1 July 2015	7,420,036	7,420,036
Total comprehensive income for the year		
Surplus attributable to the Council	3,246,125	3,246,125
Balance at 30 June 2016	10,666,161	10,666,161

The accompanying notes form part of these financial statements.

STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED 30 JUNE 2016

Note	2015 \$	2014 \$
CASH FLOWS FROM OPERATING ACTIVITIES		
Receipt of grants	3,628,779	3,743,326
Other receipts	18,792,190	21,080,978
Payments to suppliers and employees	(17,429,364)	(20,308,692)
Interest received	362,989	293,266
Net cash generated from operating activities	5,354,594	4,808,878
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchases of plant and equipment	(266,093)	(131,914)
Purchases of intangibles	(22,375)	(133,450)
Net cash used in investing activities	(288,468)	(265,364)
CASH FLOWS FROM FINANCING ACTIVITIES		
Repayment of finance lease commitments	(53,429)	(47,578)
Net cash used in financing activities	(53,429)	(47,578)
NET INCREASE IN CASH HELD	5,012,697	4,495,936
Cash and cash equivalents at beginning of financial year	12,494,755	7,998,819
CASH AND CASH EQUIVALENTS AT END OF FINANCIAL YEAR	3 17,507,452	12,494,755

The accompanying notes form part of these financial statements.

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 Australian currency.

The financial statements were authorised for issue on 20 October 2016 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 and other short-term highly liquid investments.

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 line 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 as 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 AMC 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 assessed 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 2016 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 <i>Financial Instruments</i>	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.

Title of Standard	Nature of change	Impact	Mandatory application date
AASB 15 <i>Revenue from Contracts with Customers</i>	<p>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.</p> <p>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.</p> <p>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.</p>	<p>No impact.</p> <p>Given the nature of the AMC's revenue streams, the AMC does not anticipate that the new standard will impact its revenue recognition.</p>	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

	2016 \$	2015 \$
REVENUE FROM GOVERNMENT GRANTS AND OTHER GRANTS		
Medical Board of Australia grants	3,528,779	3,643,326
Health Profession Accreditation Councils Forum contributions	100,000	100,000
TOTAL REVENUE FROM GOVERNMENT AND OTHER GRANTS	3,628,779	3,743,326
REVENUE FROM OPERATIONS		
Accreditation fees	463,688	698,979
Examination fees	17,805,352	16,838,973
Sale of publications	348,088	342,655
Other revenue	179,313	130,030
TOTAL REVENUE FROM OPERATIONS	18,796,441	18,010,637
TOTAL REVENUE	22,425,220	21,753,963
OTHER INCOME		
Interest	362,989	286,935
TOTAL OTHER INCOME	362,989	286,935
TOTAL REVENUE AND OTHER INCOME	22,788,209	22,040,898

NOTE 3: CASH AND CASH EQUIVALENTS

	2016 \$	2015 \$
Cash on hand	1,500	1,500
Cash at bank	2,351,315	3,004,545
	2,352,815	3,006,045

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	2,352,815	3,006,045
Term deposits	15,154,637	9,488,710
Balances per statement of cash flows	17,507,452	12,494,755

NOTE 4: TRADE AND OTHER RECEIVABLES

	2016 \$	2015 \$
Trade receivables	63,241	29,656
GST receivable	74,275	131,100
	137,516	160,756

NOTE 5: INVENTORIES

	2016 \$	2015 \$
CURRENT		
At cost: Inventory	76,034	79,050
	76,034	79,050

NOTE 6: OTHER ASSETS

	2016 \$	2015 \$
CURRENT		
Accrued income	379,325	168,673
Prepayments	142,383	139,158
	521,708	307,831

NOTE 7: TERM DEPOSITS

	2016 \$	2015 \$
CURRENT		
Term deposits	15,154,637	9,488,710
	15,154,637	9,488,710

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

NOTE 8: PLANT AND EQUIPMENT

	2016 \$	2015 \$
COMPUTER EQUIPMENT		
At cost	1,612,227	1,348,365
Less accumulated depreciation	(1,175,156)	(1,004,489)
	437,071	343,876
OFFICE EQUIPMENT		
At cost	695,649	695,649
Less accumulated depreciation	(433,189)	(365,736)
	262,460	329,913
FURNITURE AND FITTINGS		
At cost	765,759	763,528
Less accumulated depreciation	(510,744)	(458,473)
	255,015	305,055
LEASEHOLD IMPROVEMENT		
At cost	5,844,402	5,844,402
Less accumulated depreciation	(3,718,865)	(3,277,091)
	2,125,537	2,567,311
LEASED ASSETS		
At cost	250,868	250,868
Less accumulated depreciation	(199,329)	(148,744)
	51,539	102,124
TOTAL PLANT AND EQUIPMENT	3,131,622	3,648,279

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 improve- ment	Leased assets	Total
	\$	\$	\$	\$	\$	\$
Balance at 1 July 2015	343,876	329,913	305,055	2,567,311	102,124	3,648,279
Additions at cost	263,863	-	2,231	-	-	266,094
Depreciation expenses	(170,668)	(67,453)	(52,271)	(441,774)	(50,585)	(782,751)
Carrying amount at the end of year	437,071	262,460	255,015	2,125,537	51,539	3,131,622

NOTE 9: INTANGIBLE ASSETS

	2016 \$	2015 \$
Computer software—at cost	1,537,310	1,514,935
Accumulated amortisation	(1,091,827)	(881,561)
Net carrying value	445,483	633,374

MOVEMENTS IN CARRYING AMOUNTS

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

	Computer software 2016 \$
Balance at 1 July 2015	633,374
Additions	22,375
Amortisation expense	(210,266)
Carrying amount at 30 June 2016	445,483

NOTE 10: TRADE AND OTHER PAYABLES

	2016 \$	2016 \$
Trade payables	322	102,093
Accrued expenses	1,098,598	896,216
Other current payables	17,102	149,780
	1,116,022	1,148,089

NOTE 11: LEASE LIABILITIES

	2016 \$	2016 \$
CURRENT		
Lease liabilities	47,326	53,484
NON-CURRENT		
Lease liabilities	24,094	71,365
TOTAL LEASE LIABILITIES	71,420	124,849

Lease liabilities are secured by the underlying leased assets.

NOTE 12: EMPLOYEE BENEFITS

	2016 \$	2015 \$
ANALYSIS OF TOTAL PROVISIONS		
Current	1,688,046	
Non-current	141,656	
	1,829,702	

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

	2016 \$	2015 \$
CURRENT		
Income in advance	6,912,514	5,745,352
	6,912,514	5,745,352

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

	2016 \$	2015 \$
A. FINANCE LEASE COMMITMENTS		
Payable—minimum lease payments:		
– not later than 12 months	47,326	53,484
– later than 12 months but not later than five years	24,094	71,365
Minimum lease payments	71,420	124,849

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

	2016	2015
	\$	\$
Non-cancellable operating leases contracted for but not capitalised in the financial statements		
Payable—minimum lease payments:		
– not later than 12 months	1,314,050	1,259,960
– later than 12 months but not later than five years	4,857,747	6,171,797
Minimum lease payments	6,171,797	7,431,757

	2016	2015
	\$	\$
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	114,824
– later than 12 months but not later than five years	129,556	244,381
Minimum lease payments	244,380	359,205

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 2016 which require disclosure in the financial statements (2015: 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 follows:

	2016	2015
	\$	\$
Short term benefits	692,979	641,880
Long term benefits	16,085	14,972
Post employment benefits	51,371	49,018
	760,435	705,870

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 \$26,719 (2015: \$63,442)

Directors' declaration

The Directors of the company declare that:

- 1) The financial statements and notes, as set out on pages 13 to 30, 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 2016 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

Associate Professor Jill Sewell AM (Chair)

Dated this 20th day of October 2016



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 2016, 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 Independence Declaration

As lead auditor for the audit of Australian Medical Council Limited for the year ended 30 June 2016, I declare that to the best of my knowledge and belief, there have been:

1. no contraventions of the auditor independence requirements of the *Corporations Act 2001* in relation to the audit; and
2. no contraventions of any applicable code of professional conduct in relation to the audit.

David Murphy
Partner
PricewaterhouseCoopers

Canberra
20 October 2016

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APPENDIX A: COUNCIL MEMBERSHIP AT JUNE 2016

POSITION & NOMINATING BODY/CATEGORY OF MEMBERSHIP	MEMBER
President elected by Council	Associate Professor Jill 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 Council 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	Dr 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

POSITION & NOMINATING BODY/CATEGORY OF MEMBERSHIP	MEMBER
Chairs of the AMC Standing Committees	Emeritus Professor David Prideaux* Board of Examiners Professor David Ellwood* Medical School Accreditation Committee Professor Kate Leslie AO* Specialist Education Accreditation 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 Willis Marshall AC attends as proxy)

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

APPENDIX B: DIRECTORS MEMBERSHIP AT JUNE 2016

Position and Nominating Body/Category of membership	
President elected by Council	Associate Professor Jillian Sewell AM
Deputy President elected by Council	Professor David Ellwood
Directors elected by Council	Dr Kim Rooney Dr Greg Kesby Emeritus Professor Napier Thomson AM
Chairs of the AMC Committees and ex officio AMC Directors	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>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</i>	[Professor Liz Farmer Prevocational Standards Accreditation Committee]
Chief Executive Officer	Mr Ian Frank AM

APPENDIX C: COMMITTEE MEMBERSHIP AT JUNE 2016

Board of Examiners

Emeritus Professor D Prideaux,
Chair

Dr A Akram

Professor J Barnard

Associate Professor W Brown

Associate Professor P Devitt

Professor L Farmer

Dr P Harris

Professor P Hay

Professor B McGrath

Professor K Nair AM

Emeritus Professor D Ruffin AM

Professor T Sen Gupta

Dr R Sweet AM

Dr P Vine OAM

Dr M Weisz

Finance, Audit and Risk Management Committee

Mr G Knuckey,
Chair

Associate Professor J Sewell AM

Professor D Ellwood

Dr K Rooney

Medical School Accreditation Committee

Professor David Ellwood,
Chair

Professor Peter Ellis,
Medical Council of New Zealand, Deputy Chair

Mr Vandit Bhasin,
Medical student, Member of the Australian Medical Council

Professor Simon Broadley,
Medical Deans Australia and New Zealand

Professor Alastair Burt,
Medical Deans Australia and New Zealand

Professor Jane Dahlstrom,
Committee of Presidents of Medical Colleges

Dr Peter Dohrmann,
Medical Board of Australia

Professor John Fraser,
New Zealand Medical Schools

Professor Nicholas Glasgow,
Medical Deans Australia and New Zealand

Professor Annemarie Hennessy AM,
Medical Deans Australia and New Zealand

Mr Fergus Leicester,
Community member, Tasmanian Board of the
Medical Board of Australia

Mr Thomas Morrison,
Australian Medical Students' Association

Clinical Professor Richard Tarala,
Confederation of Postgraduate Medical Education Councils

Emeritus Professor Napier Thomson AM,
Australian Medical Council

Specialist Education Accreditation Committee

Professor Kate Leslie AO,
Chair

Dr Andrew Singer,
Department of Health (Deputy Chair)

Mr Michael Carpenter,
Director, Accreditation, Australian Dental Council (observer)

Professor Ian Civil CNZM,
Committee of Presidents of Medical Colleges

Ms Darlene Cox,
Health Consumer Representative

Professor Allan Cripps AO,
Universities Australia

Dr Julian Grabek,
AMA Council of Doctors in Training

Professor Robyn Langham,
Australian Medical Association

Associate Professor Tony Lawler,
Australian Health Ministers Advisory Committee

Professor Michelle Leech,
Medical Deans Australia and New Zealand

Professor John Nacey,
Medical Council of New Zealand

Professor Michael Permezel,
Committee of Presidents of Medical Colleges

Dr Lindy Roberts,
Committee of Presidents of Medical College

Emeritus Professor Napier Thomson AM,
Medical School Accreditation Committee

Strategic Policy Advisory Committee

Associate Professor J Sewell AM,
Chair

Professor J Angus AO

Professor Stephen Duckett

Mr P Forster

Mr I Frank AM

Professor J Greeley

Mr J Low

Professor L Sansom AO

Professor L Segal

Professor R Smallwood AO

Mr J Topfer

Ms T Walters

Prevocational Standards Accreditation Committee

Professor Liz Farmer,
Chair

Dr Claire Blizzard,
Confederation of Postgraduate Medical Education Councils

Professor Brendan Crotty,
Confederation of Postgraduate Medical Education Councils

Dr Thomas Crowhurst,
Junior doctor representative

Dr David Everett,
Director of Clinical Training

Dr Jamal Ghannam,
International Medical Graduate
(assessed through WBA pathway)

Professor Richard Hays,
Former MedSAC member

Dr Joanne Katsoris,
Technical Advisor (medical registration)

Professor Louis Landau AO,
Australian Health Ministers' Advisory Council

Mr Don Malcolmson,
Community member, ACT Board of the Medical Board of Australia

Professor Barry McGrath,
AMC Board of Examiners

Clinical Professor Richard Tarala,
Confederation of Postgraduate Medical Education Councils

Dr Andrew Singer,
Observer from the Australian Government Department of Health



APPENDIX D: AMC STAFF – JUNE 2016

Executives

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
Gemma Iafrate

Executive Assistant
Ellana Rietdyk

Executive Services Administrator
Jessica Buckley

Executive Project Coordinator
Caroline Watkin

Research and Policy Analyst
Bronwen Jones

National Test Centre

Program Manager
Sarah Anderson

Program Assistants
Andrea Meredith
Kista Ho

ICT and AV Manager
Daniel Neill

ICT and AV Administrator
Wayne Tran

ICT and AV Systems Support Officer
Waqas Khan

Corporate Services

Human Resources Manager
John Akuak

Records Manager
Maureen Lipinski

Information officer
Arran Dengate

Finance Manager
Ravi Wickramaratna

Accounts Supervisor
Santhosh Moorkoth

Payroll Officer
Aoife Farmer

Accounts Receivable Clerk
Christine Thompson

Accounts Administration Assistant
Minthaka Wijeyaratna

Manager, Administrative Services
Tania Greve

Assistant Manager Administrative Services
Helen Slat
Jane McGovern

Administrative Officers
Carla Lopes Reis
Michelle Edmonds
Trish Bevacqua
Travel Manager
Steven Cook

Travel Officer
Emily Moore

Director, ICT Services
Karen Anderson

ICT Systems Administrator/Team Leader
Matthew Kendrick

Information Systems Administrators
Andrew Cole

Developer Team Leader/System Architect
Hugh Evans

Developers
Kevin Ng
Kapila Chovatiya
Kristy Sim
Cameron Hine

Accreditation and Recognition

**Program Manager, Medical Education
and Accreditation Services**
Annette Wright

Manager Medical School Assessment
Stephanie Tozer

**Manager, Specialist Training and
Program Assessment**
Jane Porter

**Manager, Prevocational Standards
Accreditation**
Sarah Vaughan

Accreditation Executive Officer
Melinda Donevski

Accreditation Officer
Jessica Tipping

Accreditation Policy Officer
Karen Rocca

Accreditation Administrators
Fiona van der Weide
Juliana Simon

Accreditation Project Officer
Liesl Perryman

Assessment Services

Director Assessment and Innovation
Carl Matheson

Program Director, Quality Assurance and Development
Susan Buick

Executive Officer
Dianne Nockels

Manager Verification Services
Zuzette Kruger-Finch

Verification Services Support Officer
Kylie Edwards

Verification Services Case Manager
Carol Ford

Manager, MCQ Examinations
Josie Cunningham

MCQ Examinations Administrator
Jacqueline Tarrant

MCQ Case Manager
Tegan Michelin-Jones

Manager, Clinical Examinations
Megan Lovett

Clinical Examination 2IC
Joanne Lebihan

Clinical Examination Administrator (Appeals)
Slavica Ljubic

Clinical Examination Content Coordinators
Karla Alvarado
Kate Maree
Ebony Reckless

Clinical Case Manager
Nadeem Afzal

ABBREVIATIONS

AHPRA

Australian Health Practitioner Regulation Agency

CAT

computer-adaptive test

CAT MCQ examination

computer-adaptive test multiple-choice question examination

ECFMG

Educational Commission for Foreign Medical Graduates (US)

EICS

ECFMG International Credentials Service

IMG

international medical graduate

MCQ

multiple-choice question

Medical Board

Medical Board of Australia

NTC

National Test Centre

National Law

Health Practitioner Regulation National Law as in force in each state and territory

PESCI

pre-employment structured clinical interview

WBA

workplace-based assessment

ATTACHMENT A: AMC TOP MEDICAL SCHOOLS ACTIVITY AS ON 30 JUNE 2016

University of Colombo Faculty of Medicine	Ain Shams University Faculty of Medicine	Sheffield University School of Medicine and Biomedical Sciences	University of Medicine 1	King Edward Medical University	University of Khartoum Faculty of Medicine	Mansoura University Faculty of Medicine
University of Manchester School of Medicine	King's College London GKT School of Medicine	Dow Medical College	University of Aberdeen School of Medicine and Dentistry	Chittagong Medical College and Hospital	Fatima Jinnah Medical University	Hull York Medical School
Queen's University Belfast School of Medicine, Dentistry and Biomedical Sciences	University of Nottingham Faculty of Medicine & Health Sciences	Yong Loo Lin School of Medicine, National University of Singapore	Trinity College Dublin School of Medicine	Melaka-Manipal Medical College	University of Cape Town Faculty of Health Sciences	Dhaka Medical College and Hospital
University College Dublin School of Medicine and Medical Science	University of Peradeniya Faculty of Medicine	University of Al- Mustansiriyah College of Medicine	Jinnah Sindh Medical University	Allama Iqbal Medical College	Shahid Beheshti University of Medical Sciences	Mymensingh Medical College
University of Edinburgh College of Medicine & Veterinary Medicine	Cairo University Faculty of Medicine	University of Dundee School of Medicine	University of the Witwatersrand Faculty of Health Sciences	University of Ruhuna Faculty of Medicine	NUI Galway School of Medicine	Islamic Azad University, Tehran Faculty of Medicine
Newcastle University Faculty of Medical Sciences	UCL Medical School	University of Sri Jaywardenepura Faculty of Medical Sciences	Royal College of Surgeons in Ireland School of Medicine	University of Leicester College of Medicine, Biological Sciences and Psychology	University of Mosul College of Medicine	University of Jaffna Faculty of Medicine
Cardiff University School of Medicine	University of Leeds School of Medicine	St. George's University of London	Kasturba Medical College Manipal	Peninsula College of Medicine and Dentistry	Khyber Medical College	Universiti Malaya Fakulti Perubatan
Alexandria University Faculty of Medicine	University of Bristol Faculty of Medicine and Dentistry	Barts and the London School of Medicine and Dentistry	Rawalpindi Medical College	Government Medical College Patiala	University of Oxford Medical Sciences Division	Tianjin Medical University
Imperial College London Faculty of Medicine	University of Southampton Faculty of Medicine	University of Kelaniya Faculty of Medicine	Tehran University of Medical Sciences School of Medicine	University of Pretoria School of Medicine	Li Ka Shing Faculty of Medicine, University of Hong Kong	Seth G.S. Medical College
University of Birmingham College of Medical and Dental Sciences	University of Baghdad College of Medicine	Kasturba Medical College Mangalore	Liaquat University of Medical & Health Sciences Jamshoro	Punjab Medical College	Government Medical College Amritsar	Assiut University Faculty of Medicine
University of Glasgow School of Medicine	University of Liverpool Faculty of Health and Life Sciences	University College Cork School of Medicine	University of Cambridge School of Clinical Medicine	Nishtar Medical College & Hospital	University of Damascus Faculty of Medicine	Zagazig University Faculty of Medicine

ATTACHMENT B: COUNTRY OF TRAINING STATISTICS

MCQ EXAMINATIONS FOR PERIOD: 01/07/2015 TO 30/06/2016 (ALL CANDIDATES)

Country of Training	No of Candidates	Sat 1	Sat 2	Sat 3	Sat 4 +	Total	Pass 1	Pass 2	Pass 3	Pass 4 +	Total
AFGHANISTAN	10	6	2	0	3	11	1	0	0	2	3
ANTIGUA AND BARBUDA	3	3	0	0	0	3	1	0	0	0	1
ARGENTINA	3	2	1	0	0	3	1	1	0	0	2
ARMENIA	2	2	1	0	0	3	0	1	0	0	1
AUSTRIA	2	2	0	0	0	2	1	0	0	0	1
BAHRAIN	2	2	0	0	0	2	1	0	0	0	1
BANGLADESH	140	102	25	13	11	151	69	16	5	4	94
BARBADOS	1	1	0	0	0	1	1	0	0	0	1
BELARUS	14	9	3	0	4	16	4	3	0	2	9
BOSNIA AND HERZEGOVINA	2	0	1	1	0	2	0	0	1	0	1
BRAZIL	18	13	2	2	2	19	10	2	0	1	13
BULGARIA	1	1	0	0	0	1	1	0	0	0	1
BURUNDI	1	1	0	0	0	1	0	0	0	0	0
CAMBODIA	1	1	0	0	0	1	0	0	0	0	0
CANADA	1	1	0	0	0	1	1	0	0	0	1
CHILE	2	2	0	0	0	2	2	0	0	0	2
CHINA	114	80	32	16	9	137	29	14	9	6	58
COLOMBIA	13	7	6	2	1	16	2	4	1	0	7
CUBA	5	3	2	0	0	5	2	1	0	0	3
CURACAO	1	0	1	0	0	1	0	0	0	0	0
CZECH REPUBLIC	1	1	1	0	0	2	0	1	0	0	1
DEMOCRATIC REPUBLIC OF THE CONGO	3	2	0	1	0	3	1	0	1	0	2
DENMARK	3	2	0	1	0	3	2	0	1	0	3
DOMINICA	1	1	0	0	0	1	0	0	0	0	0
DOMINICAN REPUBLIC	3	3	0	0	0	3	2	0	0	0	2
ECUADOR	1	0	1	0	0	1	0	0	0	0	0
EGYPT	232	203	22	10	11	246	150	14	5	3	172
EL SALVADOR	2	2	0	0	0	2	0	0	0	0	0
FIJI	15	11	4	2	0	17	7	2	2	0	11
FRANCE	1	1	0	0	0	1	1	0	0	0	1
GAMBIA	1	1	0	0	0	1	0	0	0	0	0
GEORGIA	3	3	0	0	0	3	1	0	0	0	1
GERMANY	5	5	0	0	0	5	5	0	0	0	5

Country of Training	No of Candidates	Sat 1	Sat 2	Sat 3	Sat 4 +	Total	Pass 1	Pass 2	Pass 3	Pass 4 +	Total
GHANA	5	5	0	0	0	5	4	0	0	0	4
GRENADA	2	2	1	0	0	3	0	1	0	0	1
HUNGARY	4	3	1	0	0	4	1	0	0	0	1
INDIA	292	216	70	18	33	337	132	40	7	18	197
INDONESIA	16	10	6	3	1	20	4	2	2	0	8
IRAN	120	92	24	4	10	130	68	17	2	5	92
IRAQ	83	67	17	1	3	88	48	13	0	0	61
IRELAND	5	5	0	0	0	5	5	0	0	0	5
ISRAEL	3	3	0	0	0	3	3	0	0	0	3
ITALY	5	5	0	0	0	5	5	0	0	0	5
JAPAN	4	4	0	0	0	4	3	0	0	0	3
JORDAN	8	7	2	0	0	9	5	0	0	0	5
KAZAKHSTAN	4	2	2	0	0	4	2	1	0	0	3
KENYA	9	6	2	1	0	9	4	1	1	0	6
KYRGYZSTAN	3	1	0	1	1	3	0	0	1	1	2
LATVIA	2	2	0	0	0	2	2	0	0	0	2
LEBANON	4	4	0	0	0	4	4	0	0	0	4
LIBYA	5	4	0	1	0	5	2	0	0	0	2
MACEDONIA	2	2	0	0	0	2	1	0	0	0	1
MALAYSIA	44	42	6	1	1	50	32	2	0	1	35
MAURITIUS	4	3	0	0	1	4	1	0	0	0	1
MEXICO	3	2	1	0	0	3	1	0	0	0	1
MONGOLIA	1	0	1	0	0	1	0	0	0	0	0
MOROCCO	1	1	0	0	0	1	1	0	0	0	1
MOZAMBIQUE	1	0	1	0	0	1	0	0	0	0	0
MYANMAR	76	63	14	3	2	82	52	5	1	2	60
NEPAL	27	17	7	0	4	28	11	2	0	1	14
NETHERLANDS	14	13	3	0	0	16	11	1	0	0	12
NETHERLANDS ANTILLES	1	0	1	0	0	1	0	0	0	0	0
NIGERIA	73	49	18	5	12	84	25	8	4	7	44
OMAN	5	3	1	1	0	5	3	0	0	0	3
PAKISTAN	222	169	41	17	11	238	112	20	6	4	142
PAPUA NEW GUINEA	4	2	2	0	0	4	0	0	0	0	0
PERU	3	2	0	1	0	3	2	0	0	0	2

ATTACHMENT B: COUNTRY OF TRAINING STATISTICS

CONTINUED

Country of Training	No of Candidates	Sat 1	Sat 2	Sat 3	Sat 4 +	Total	Pass 1	Pass 2	Pass 3	Pass 4 +	Total
PHILIPPINES	99	71	25	7	7	110	38	12	4	3	57
POLAND	5	4	1	0	0	5	3	0	0	0	3
PORTUGAL	1	1	0	0	0	1	1	0	0	0	1
ROMANIA	9	7	6	1	0	14	1	3	0	0	4
RUSSIA	79	51	28	11	7	97	25	13	5	0	43
RWANDA	1	1	0	0	0	1	1	0	0	0	1
SAINT KITTS AND NEVIS	5	4	2	0	0	6	1	1	0	0	2
SAINT LUCIA	2	1	1	0	0	2	1	1	0	0	2
SAMOA	3	2	0	1	0	3	1	0	1	0	2
SAUDI ARABIA	4	3	1	0	1	5	1	1	0	1	3
SERBIA	7	5	1	0	6	12	1	1	0	0	2
SEYCHELLES	2	1	1	1	0	3	0	0	0	0	0
SINGAPORE	2	1	1	0	0	2	0	0	0	0	0
SINT MAARTEN	2	2	0	0	0	2	1	0	0	0	1
SOUTH AFRICA	33	30	4	0	0	34	24	2	0	0	26
SOUTH KOREA	3	3	0	0	0	3	2	0	0	0	2
SOUTH SUDAN	3	2	1	0	0	3	1	1	0	0	2
SPAIN	2	2	0	0	0	2	2	0	0	0	2
SRI LANKA	115	99	19	5	3	126	75	14	3	1	93
SUDAN	36	28	3	0	6	37	15	1	0	3	19

Country of Training	No of Candidates	Sat 1	Sat 2	Sat 3	Sat 4 +	Total	Pass 1	Pass 2	Pass 3	Pass 4 +	Total
SWEDEN	1	1	0	0	0	1	1	0	0	0	1
SWITZERLAND	3	3	0	0	0	3	2	0	0	0	2
SYRIA	18	13	3	1	3	20	8	1	1	1	11
TAIWAN	4	3	0	1	0	4	3	0	1	0	4
TAJKISTAN	1	0	0	0	1	1	0	0	0	0	0
TANZANIA	7	2	2	2	1	7	0	2	1	0	3
THAILAND	2	2	0	0	0	2	0	0	0	0	0
TRINIDAD AND TOBAGO	2	1	0	1	0	2	1	0	1	0	2
TURKEY	2	2	0	0	0	2	2	0	0	0	2
UGANDA	5	5	2	1	0	8	3	0	1	0	4
UKRAINE	28	20	2	1	8	31	12	1	1	3	17
UNITED ARAB EMIRATES	9	5	2	2	1	10	2	0	2	1	5
UNITED KINGDOM	3	3	0	0	0	3	3	0	0	0	3
UZBEKISTAN	1	1	0	0	0	1	0	0	0	0	0
VENEZUELA	9	9	3	1	0	13	3	1	1	0	5
VIET NAM	4	3	2	1	0	6	2	1	0	0	3
YEMEN	2	2	0	0	0	2	0	0	0	0	0
ZIMBABWE	4	4	1	0	0	5	2	1	0	0	3
Total	2180	1676	436	142	164	2418	1077	229	71	70	1447

ATTACHMENT C: COUNTRY OF TRAINING STATISTICS

CLINICAL EXAMINATIONS FOR PERIOD: 01/07/2015 TO 30/06/2016 (ALL CANDIDATES)

Country of Training	No of Candidates	Sat 1	Sat 2	Sat 3	Sat 4 +	Total	Pass 1	Pass 2	Pass 3	Pass 4 +	Total
AFGHANISTAN	5	1	1	1	3	6	0	0	0	2	2
ALBANIA	1	0	0	1	1	2	0	0	0	0	0
ARGENTINA	6	3	3	1	0	7	1	1	1	0	3
ARMENIA	1	0	1	1	0	2	0	0	1	0	1
BAHRAIN	1	1	0	0	0	1	0	0	0	0	0
BANGLADESH	189	102	63	29	32	226	31	18	7	6	62
BARBADOS	1	1	0	0	0	1	0	0	0	0	0
BELARUS	4	1	1	1	1	4	0	0	0	1	1
BELGIUM	1	0	0	1	1	2	0	0	0	0	0
BELIZE	1	1	0	0	0	1	0	0	0	0	0
BOSNIA AND HERZEGOVINA	1	1	0	0	0	1	1	0	0	0	1
BRAZIL	10	8	2	1	0	11	2	1	0	0	3
BULGARIA	3	1	1	1	2	5	0	1	0	0	1
CAMBODIA	1	0	0	1	0	1	0	0	0	0	0
CHINA	66	32	27	9	7	75	5	10	3	1	19
COLOMBIA	12	9	4	2	0	15	1	2	1	0	4
CZECH REPUBLIC	2	2	0	0	0	2	1	0	0	0	1
DEMOCRATIC REPUBLIC OF THE CONGO	3	2	1	0	0	3	0	0	0	0	0
DENMARK	1	1	0	0	0	1	0	0	0	0	0
DOMINICAN REPUBLIC	2	1	0	1	0	2	0	0	0	0	0
EGYPT	45	20	14	6	12	52	8	6	2	2	18
EL SALVADOR	2	1	0	0	2	3	0	0	0	0	0
ETHIOPIA	2	2	1	0	0	3	0	0	0	0	0
FIJI	15	10	5	1	0	16	1	1	0	0	2
FRANCE	4	1	1	1	1	4	0	0	1	1	2
GERMANY	10	7	0	2	1	10	2	0	1	1	4
GREECE	2	0	2	1	0	3	0	0	0	0	0
GUATEMALA	1	0	1	0	0	1	0	0	0	0	0
HONG KONG	1	1	0	0	0	1	1	0	0	0	1
HUNGARY	5	2	0	1	2	5	0	0	0	1	1
INDIA	297	159	106	49	33	347	42	32	14	10	98

Country of Training	No of Candidates	Sat 1	Sat 2	Sat 3	Sat 4 +	Total	Pass 1	Pass 2	Pass 3	Pass 4 +	Total
INDONESIA	12	7	1	2	4	14	2	0	1	2	5
IRAN	114	70	34	14	13	131	22	10	5	2	39
IRAQ	53	33	18	7	6	64	10	5	1	1	17
IRELAND	2	2	0	0	0	2	1	0	0	0	1
ITALY	4	3	0	1	1	5	1	0	0	1	2
JAMAICA	1	1	0	0	0	1	0	0	0	0	0
JAPAN	1	0	1	0	0	1	0	1	0	0	1
JORDAN	5	4	0	1	0	5	2	0	0	0	2
KENYA	7	5	0	0	3	8	3	0	0	1	4
KYRGYZSTAN	1	0	0	0	1	1	0	0	0	1	1
LATVIA	1	0	1	0	0	1	0	0	0	0	0
LEBANON	2	0	0	2	1	3	0	0	1	0	1
LIBYA	2	0	2	1	0	3	0	0	0	0	0
LITHUANIA	1	0	0	0	1	1	0	0	0	1	1
MACEDONIA	2	2	0	0	0	2	1	0	0	0	1
MALAWI	1	1	0	0	0	1	1	0	0	0	1
MALAYSIA	28	21	7	2	2	32	9	3	2	0	14
MAURITIUS	1	1	0	0	0	1	0	0	0	0	0
MEXICO	5	4	0	1	0	5	2	0	1	0	3
MYANMAR	93	45	31	21	18	115	11	11	12	5	39
NEPAL	26	18	6	3	1	28	8	2	2	0	12
NETHERLANDS	7	3	4	1	0	8	2	2	0	0	4
NIGERIA	39	21	9	4	15	49	2	2	0	0	4
OMAN	1	0	1	1	0	2	0	0	1	0	1
PAKISTAN	198	140	46	23	22	231	49	16	7	1	73
PALESTINIAN AUTHORITY	2	2	0	0	0	2	1	0	0	0	1
PAPUA NEW GUINEA	3	0	0	0	4	4	0	0	0	1	1
PERU	4	2	2	0	0	4	0	1	0	0	1
PHILIPPINES	97	43	23	16	33	115	12	9	1	4	26
POLAND	7	5	3	1	0	9	0	1	0	0	1
QATAR	1	0	1	0	0	1	0	1	0	0	1
ROMANIA	5	1	1	1	2	5	0	1	0	1	2

ATTACHMENT C: COUNTRY OF TRAINING STATISTICS

CONTINUED

Country of Training	No of Candidates	Sat 1	Sat 2	Sat 3	Sat 4 +	Total	Pass 1	Pass 2	Pass 3	Pass 4 +	Total
RUSSIA	64	40	17	8	7	72	10	5	2	3	20
SAINT KITTS AND NEVIS	2	2	1	1	0	4	0	0	0	0	0
SAINT VINCENT AND THE GRENADINES	1	0	1	0	0	1	0	0	0	0	0
SAMOA	3	1	1	0	1	3	0	0	0	0	0
SAUDI ARABIA	4	1	0	2	1	4	0	0	1	0	1
SERBIA	4	1	0	3	0	4	0	0	0	0	0
SEYCHELLES	2	1	0	0	1	2	0	0	0	0	0
SINGAPORE	3	3	0	0	0	3	3	0	0	0	3
SOUTH AFRICA	21	14	6	1	0	21	11	3	1	0	15
SOUTH KOREA	2	0	0	0	2	2	0	0	0	1	1
SRI LANKA	116	68	37	15	9	129	20	14	2	1	37
SUDAN	6	2	4	1	1	8	0	1	0	0	1
SWEDEN	2	2	0	0	0	2	1	0	0	0	1
SYRIA	1	0	1	0	0	1	0	0	0	0	0

Country of Training	No of Candidates	Sat 1	Sat 2	Sat 3	Sat 4 +	Total	Pass 1	Pass 2	Pass 3	Pass 4 +	Total
TAIWAN	4	3	2	0	0	5	0	1	0	0	1
TANZANIA	5	2	2	0	1	5	0	1	0	0	1
TRINIDAD AND TOBAGO	1	0	0	0	1	1	0	0	0	0	0
TURKEY	2	1	1	0	0	2	1	0	0	0	1
UGANDA	5	3	0	1	1	5	0	0	0	0	0
UKRAINE	22	13	4	5	3	25	1	1	1	1	4
UNITED ARAB EMIRATES	7	6	3	0	0	9	1	0	0	0	1
USA	1	1	0	0	0	1	0	0	0	0	0
USSR	1	0	0	0	2	2	0	0	0	0	0
UZBEKISTAN	1	0	0	0	1	1	0	0	0	0	0
VENEZUELA	2	0	1	0	2	3	0	0	0	1	1
VIET NAM	7	2	0	3	3	8	0	0	0	0	0
ZIMBABWE	7	2	4	0	1	7	0	0	0	0	0
Total	1717	972	510	253	262	1997	283	163	72	53	571

ATTACHMENT D: EXAM STATISTICS

CLINICAL RETEST EXAMINATIONS FOR PERIOD:
01/07/2015 TO 30/06/2016 (ALL CANDIDATES)

Exam	Date	City	Number of candidates who sat	Candidates who passed		Candidates who failed	
				Number	Rate	Number	Rate
15-08-21MR	21/08/2015	MELBOURNE-NTC	53	22	41.51%	31	58.49%
15-11-18MR	18/11/2015	MELBOURNE-NTC	52	14	26.92%	38	73.08%
15-11-24MR	24/11/2015	MELBOURNE-NTC	51	20	39.22%	31	60.78%
15-11-26MR	26/11/2015	MELBOURNE-NTC	52	24	46.15%	28	53.85%
16-02-27MR	27/02/2016	MELBOURNE-NTC	53	23	43.40%	30	56.60%
16-04-21MR	21/04/2016	MELBOURNE-NTC	53	21	39.62%	32	60.38%
16-06-09MR	09/06/2016	MELBOURNE-NTC	52	39	75.00%	13	25.00%
16-06-23MR	23/06/2016	MELBOURNE-NTC	52	15	28.85%	37	71.15%
TOTAL			418	178	42.58%	240	57.42%

ATTACHMENT E: WORKPLACE BASED ASSESSMENT

WORKPLACE BASED ASSESSMENT FOR PERIOD:
01/07/2015 TO 30/06/2016 (ALL CANDIDATES)

Authority	Country of Training	No of Assessed	No of Pass	No of Fail	No of Pending Result
Central Coast Local Health District	BULGARIA	1	1	0	0
	INDIA	4	4	0	0
	IRAN	1	1	0	0
	LEBANON	1	1	0	0
	PAKISTAN	4	4	0	0
	PAPUA NEW GUINEA	1	1	0	0
	PHILIPPINES	4	4	0	0
	Subtotal	16	16	0	0
Hunter New England Area Health Service	AFGHANISTAN	1	1	0	0
	BANGLADESH	1	1	0	0
	GERMANY	1	1	0	0
	INDIA	2	2	0	0
	MALAYSIA	1	1	0	0
	PAKISTAN	5	5	0	0
	Subtotal	11	11	0	0
Launceston General Hospital	CHINA	1	1	0	0
	INDIA	4	4	0	0
	IRAQ	2	2	0	0
	MALAYSIA	1	1	0	0
	RUSSIA	1	1	0	0
	SRI LANKA	4	4	0	0
	Subtotal	13	13	0	0
Monash Health	CHINA	1	1	0	0
	INDIA	3	3	0	0
	ITALY	1	1	0	0
	Subtotal	5	5	0	0

Authority	Country of Training	No of Assessed	No of Pass	No of Fail	No of Pending Result
Rural and Outer Metro United Alliance	COLOMBIA	1	1	0	0
	IRAN	1	1	0	0
	IRAQ	1	0	1	0
	NIGERIA	1	1	0	0
	SRI LANKA	1	1	0	0
	Subtotal	5	4	1	0
WA Health	INDIA	5	5	0	0
	IRAQ	2	2	0	0
	MYANMAR	1	1	0	0
	PAKISTAN	3	3	0	0
	PHILIPPINES	1	1	0	0
	POLAND	1	1	0	0
	SOUTH AFRICA	3	2	0	1
Wide Bay Hospital and Health Service	SRI LANKA	1	1	0	0
	Subtotal	17	16	0	1
	GERMANY	1	1	0	0
	INDIA	1	1	0	0
	NEPAL	1	1	0	0
	PHILIPPINES	1	1	0	0
	Subtotal	4	4	0	0
Grand Total		71	69	1	1



Australian Medical Council Limited