

# 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.

**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.

**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



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ISSN: 0818-8378

Published June 2017

Published and distributed by:

Australian Medical Council Limited  
ABN: 97 131 796 980

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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.

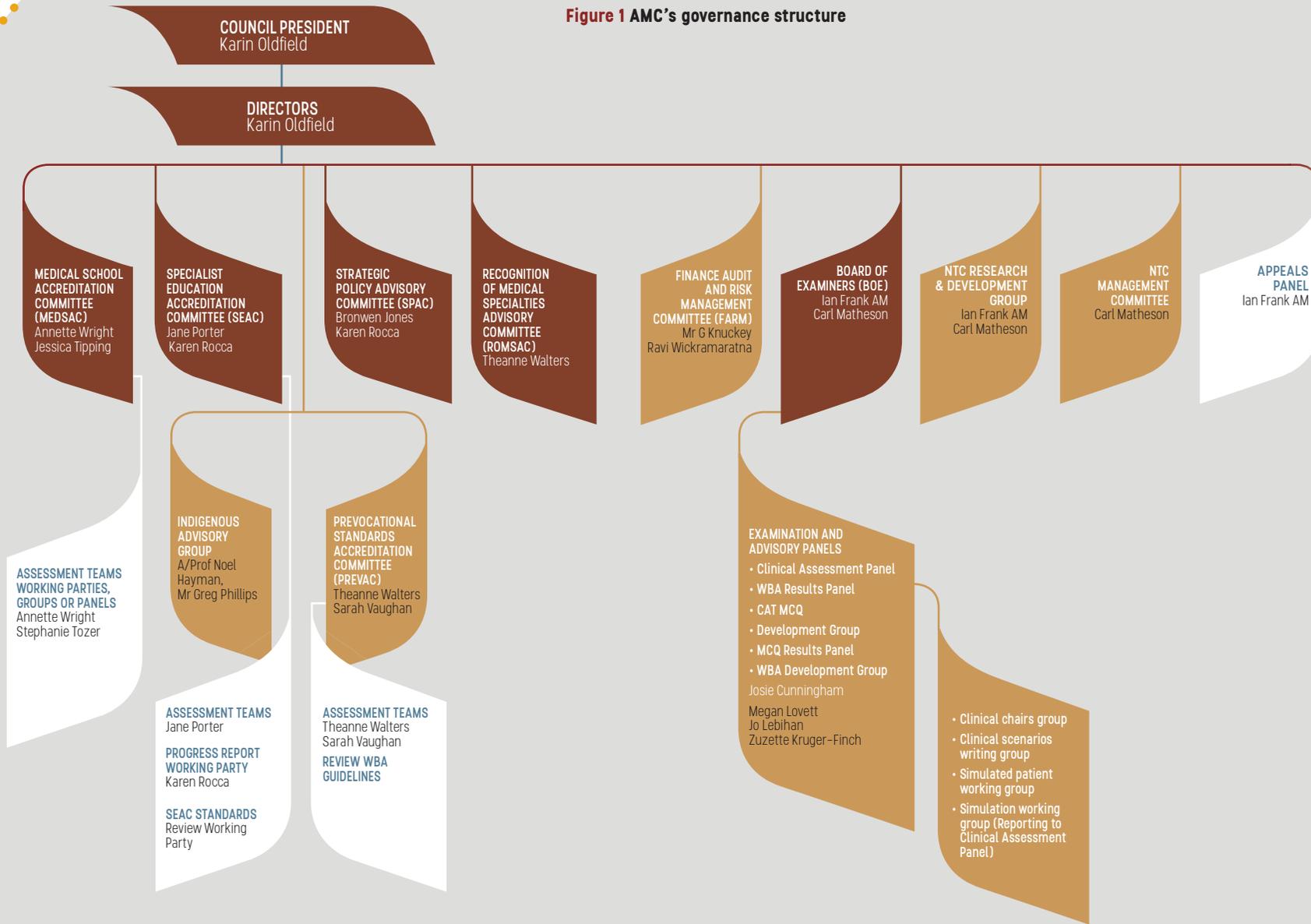
In 2016, AMC staff participated and presented at a number of international conferences relating to accreditation and assessment. These included the Asia Pacific Medical Education Conference (Singapore), the Association of Test Publishers Innovations Conference (United States), the Association for Medical 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.

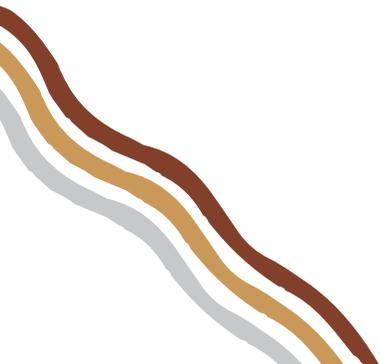
The membership of Council and Directors as at June 2016 are listed at Appendix A and Appendix B.

# 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.

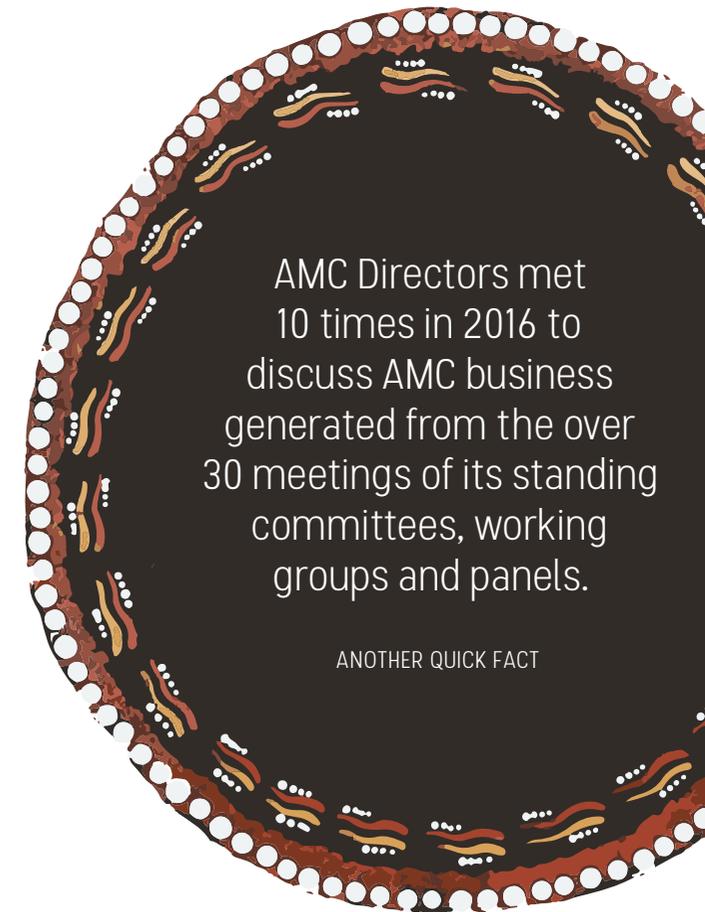
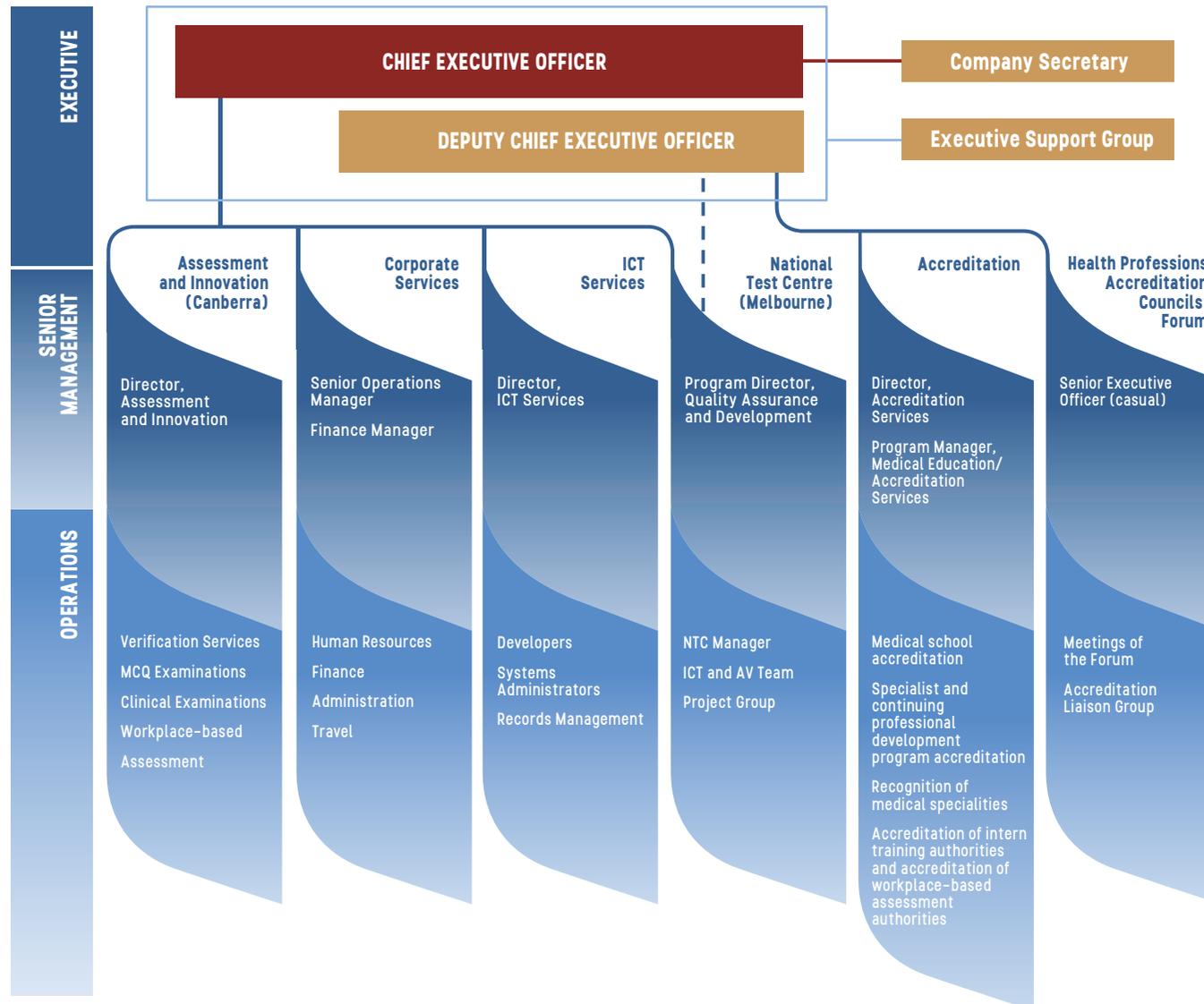
**Table 1 Committees and their functions**

| COMMITTEE   | FUNCTION   |
|---|--|
| <b>Board of Examiners, Panels and Item Development groups</b> | 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 |
| <b>Prevocational Standards Accreditation Committee</b>        | 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.  |
| <b>Finance, Audit and Risk Management Committee</b>           | 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.                |
| <b>Medical School Accreditation Committee</b>                 | Oversees the process for assessment and accreditation of primary medical education programs and their providers  |
| <b>Recognition of Medical Specialties Advisory Committee</b>  | Oversees the AMC process for reviewing and providing advice on the recognition of fields of medical practice as medical specialties  |
| <b>Specialist Education Accreditation Committee</b>           | Oversees the process for assessment and accreditation of specialist medical education programs and continuing professional development programs  |
| <b>Strategic Policy Advisory Committee</b>                    | 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 accredited 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](http://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.

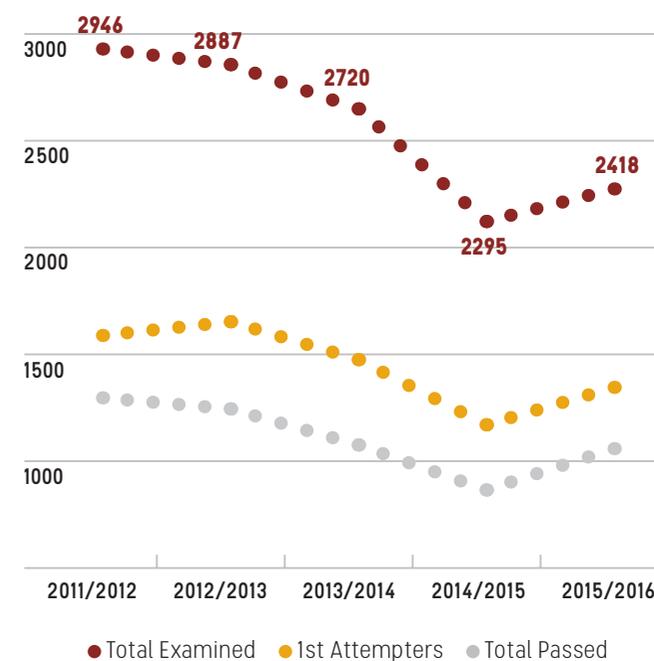
## Multiple Choice Examinations (MCQ)

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)**



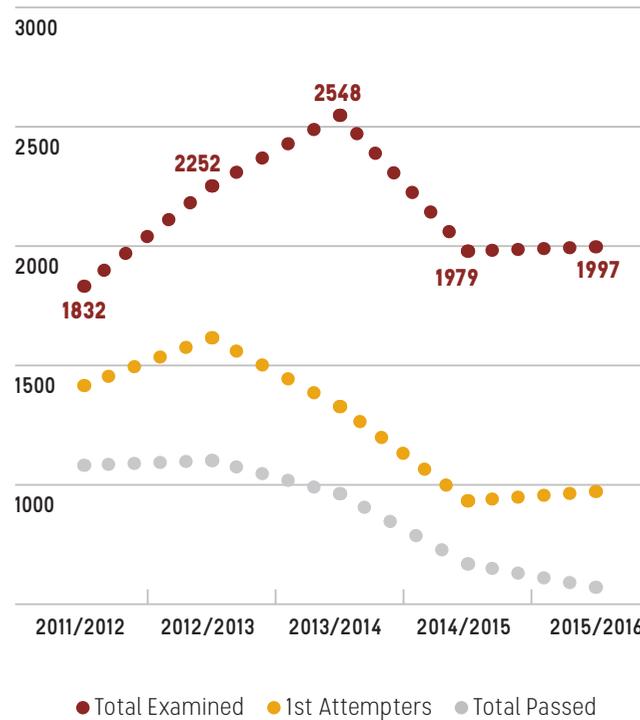
## Clinical Examinations

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

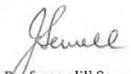
A copy of the auditor's independence declaration as required under section 60-40 of the *Australian Charities and Not-for-Profits Commission (ACNC) Act 2012* is set out on page 12 and forms part of the Director's report.

#### 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 20<sup>th</sup> 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.



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](http://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<br>\$        | 2014<br>\$        |
|---|------|-------------------|-------------------|
| Revenue   | 2    | 22,425,220        | 21,753,963        |
| Other income  |      | 362,989           | 286,935           |
| <b>Total revenue and other income</b>                   |      | <b>22,788,209</b> | <b>22,040,898</b> |
| 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         |
| <b>Total expenses</b>                                   |      | <b>19,542,084</b> | <b>20,364,172</b> |
| <b>Surplus for the year attributable to the Council</b> |      | <b>3,246,125</b>  | <b>1,676,726</b>  |
| <b>Other comprehensive income for the year</b>          |      | <b>-</b>          | <b>-</b>          |
| <b>Total comprehensive income for the year</b>          |      | <b>3,246,125</b>  | <b>1,676,726</b>  |

The accompanying notes form part of these financial statements.

## STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2016

|                                      | Note | 2015<br>\$        | 2014<br>\$        |
|--------------------------------------|------|-------------------|-------------------|
| <b>ASSETS</b>                        |      |                   |                   |
| <b>CURRENT ASSETS</b>                |      |                   |                   |
| 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           |
| <b>TOTAL CURRENT ASSETS</b>          |      | <b>18,242,710</b> | <b>13,042,392</b> |
| <b>NON-CURRENT ASSETS</b>            |      |                   |                   |
| Plant and equipment                  | 8    | 3,131,622         | 3,648,279         |
| Intangible assets                    | 9    | 445,483           | 633,374           |
| <b>TOTAL NON-CURRENT ASSETS</b>      |      | <b>3,577,105</b>  | <b>4,281,653</b>  |
| <b>TOTAL ASSETS</b>                  |      | <b>21,819,815</b> | <b>17,324,045</b> |
| <b>LIABILITIES</b>                   |      |                   |                   |
| <b>CURRENT LIABILITIES</b>           |      |                   |                   |
| 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         |
| <b>TOTAL CURRENT LIABILITIES</b>     |      | <b>9,878,044</b>  | <b>8,619,910</b>  |
| <b>NON-CURRENT LIABILITIES</b>       |      |                   |                   |
| 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           |
| <b>TOTAL NON-CURRENT LIABILITIES</b> |      | <b>1,275,610</b>  | <b>1,284,099</b>  |
| <b>TOTAL LIABILITIES</b>             |      | <b>11,153,654</b> | <b>9,904,009</b>  |
| <b>NET ASSETS</b>                    |      | <b>10,666,161</b> | <b>7,420,036</b>  |
| <b>EQUITY</b>                        |      |                   |                   |
| Retained earnings                    |      | 10,666,161        | 7,420,036         |
| <b>TOTAL EQUITY</b>                  |      | <b>10,666,161</b> | <b>7,420,036</b>  |

The accompanying notes form part of these financial statements.

## STATEMENT OF CHANGES IN EQUITY

FOR THE YEAR ENDED 30 JUNE 2016

|   | Retained earnings<br>\$ | Total<br>\$       |
|---|-------------------------|-------------------|
| Balance at 1 July 2014                  | <b>5,743,310</b>        | <b>5,743,310</b>  |
| Total comprehensive income for the year |                         |                   |
| Surplus attributable to the Council     | 1,676,726               | 1,676,726         |
| <b>Balance at 30 June 2015</b>          | <b>7,420,036</b>        | <b>7,420,036</b>  |
| Balance at 1 July 2015                  | <b>7,420,036</b>        | <b>7,420,036</b>  |
| Total comprehensive income for the year |                         |                   |
| Surplus attributable to the Council     | 3,246,125               | 3,246,125         |
| <b>Balance at 30 June 2016</b>          | <b>10,666,161</b>       | <b>10,666,161</b> |

The accompanying notes form part of these financial statements.

## STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED 30 JUNE 2016

|   | 2015<br>\$   | 2014<br>\$        |
|---|--------------|-------------------|
|   | Note         |                   |
| 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)          |
| <b>NET INCREASE IN CASH HELD</b>                          | 5,012,697    | 4,495,936         |
| Cash and cash equivalents at beginning of financial year  | 12,494,755   | 7,998,819         |
| <b>CASH AND CASH EQUIVALENTS AT END OF FINANCIAL YEAR</b> | <b>3</b>     | <b>17,507,452</b> |

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<br><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.<br><br>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.<br><br>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 <sup>st</sup> January 2018. |

| Title of Standard                                       | Nature of change  | Impact   | Mandatory application date   |
|---|---|--|--|
| AASB 15<br><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 <sup>st</sup> 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<br>\$ | 2015<br>\$ |
|--|------------|------------|
| 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<br>\$ | 2015<br>\$ |
|--------------|------------|------------|
| 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          |
| <b>TOTAL PLANT AND EQUIPMENT</b> | <b>3,131,622</b> | <b>3,648,279</b> |

### MOVEMENTS IN CARRYING AMOUNTS

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

|                                    | Computer equipment | Office equipment | Furniture and fittings | Leasehold improvement | Leased assets | Total     |
|------------------------------------|--------------------|------------------|------------------------|-----------------------|---------------|-----------|
|                                    | \$                 | \$               | \$                     | \$                    | \$            | \$        |
| Balance at 1 July 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)      |
| <b>Net carrying value</b> | <b>445,483</b> | <b>633,374</b> |

### 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              | 2015      |
|                                 | \$                | \$        |
| 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           |
|--------------------------------|---------------|----------------|
|                                | \$            | \$             |
| <b>CURRENT</b>                 |               |                |
| Lease liabilities              | 47,326        | 53,484         |
| <b>NON-CURRENT</b>             |               |                |
| Lease liabilities              | 24,094        | 71,365         |
| <b>TOTAL LEASE LIABILITIES</b> | <b>71,420</b> | <b>124,849</b> |

Lease liabilities are secured by the underlying leased assets.

## NOTE 12: EMPLOYEE BENEFITS

|                                     | 2016      | 2015 |
|-------------------------------------|-----------|------|
|                                     | \$        | \$   |
| <b>ANALYSIS OF TOTAL PROVISIONS</b> |           |      |
| 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      |
|-------------------|-----------|-----------|
|                   | \$        | \$        |
| <b>CURRENT</b>    |           |           |
| 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    |
|--|--------|---------|
|  | \$     | \$      |
| <b>A. FINANCE LEASE COMMITMENTS</b>                  |        |         |
| 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        |
| <b>Minimum lease payments</b>   | <b>6,171,797</b> | <b>7,431,757</b> |

|  | 2016           | 2015           |
|--|----------------|----------------|
|  | \$             | \$             |
| <b>C. SUB-LEASE PAYMENTS</b>   |                |                |
| 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        |
| <b>Minimum lease payments</b>  | <b>244,380</b> | <b>359,205</b> |

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         |
|                          | <b>760,435</b> | <b>705,870</b> |

## 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)

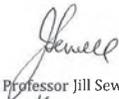
### Directors' declaration

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 20<sup>th</sup> 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.

PricewaterhouseCoopers, ABN 52 780 433 757  
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](http://www.pwc.com.au)  
Liability limited by a scheme approved under Professional Standards Legislation.



## 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

PricewaterhouseCoopers, ABN 52 780 433 757  
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](http://www.pwc.com.au)  
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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)<br>Dr Bruce Mugford (SA)<br>Dr Kim Rooney (TAS)*<br>Professor Napier Thomson AM (VIC)* |
| Nominees of Council of Presidents of Medical Colleges                   | Associate Professor Michael Hollands<br>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<br>Mr Ross Springolo   |
| Community Members   | Associate Professor Eleanor Milligan<br>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*<br>Board of Examiners<br>Professor David Ellwood*<br>Medical School Accreditation Committee<br>Professor Kate Leslie AO*<br>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<br>(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<br>Dr Greg Kesby<br>Emeritus Professor Napier Thomson AM   |
| Chairs of the AMC Committees and ex officio AMC Directors  | Emeritus Professor David Prideaux<br>Board of Examiners<br><br>Professor David Ellwood<br>Medical School Accreditation Committee<br><br>Professor Kate Leslie<br>Specialist Education Accreditation Committee]<br><br>[Associate Professor Jillian Sewell AM<br>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 Blizard,**

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<br>Faculty of Medicine   | Ain Shams University<br>Faculty of Medicine                          | Sheffield University<br>School of Medicine and<br>Biomedical Sciences   | University of Medicine 1   | King Edward Medical<br>University  | University of Khartoum<br>Faculty of Medicine                  | Mansoura University<br>Faculty of Medicine             |
| University of Manchester<br>School of Medicine   | King's College London GKT<br>School of Medicine                      | Dow Medical College   | University of Aberdeen<br>School of Medicine and<br>Dentistry    | Chittagong Medical<br>College and Hospital   | Fatima Jinnah Medical<br>University                            | Hull York Medical School                               |
| Queen's University Belfast<br>School of Medicine, Dentistry<br>and Biomedical Sciences | University of Nottingham<br>Faculty of Medicine &<br>Health Sciences | Yong Loo Lin School<br>of Medicine, National<br>University of Singapore | Trinity College Dublin<br>School of Medicine                     | Melaka-Manipal Medical<br>College  | University of Cape Town<br>Faculty of Health<br>Sciences       | Dhaka Medical College<br>and Hospital                  |
| University College Dublin<br>School of Medicine and<br>Medical Science                 | University of Peradeniya<br>Faculty of Medicine                      | University of Al-<br>Mustansiriyah College<br>of Medicine               | Jinnah Sindh Medical<br>University                               | Allama Iqbal Medical<br>College  | Shahid Beheshti<br>University of Medical<br>Sciences           | Mymensingh Medical<br>College                          |
| University of Edinburgh<br>College of Medicine &<br>Veterinary Medicine                | Cairo University Faculty of<br>Medicine                              | University of Dundee<br>School of Medicine                              | University of the<br>Witwatersrand Faculty<br>of Health Sciences | University of Ruhuna<br>Faculty of Medicine  | NUI Galway School<br>of Medicine                               | Islamic Azad University,<br>Tehran Faculty of Medicine |
| Newcastle University<br>Faculty of Medical<br>Sciences                                 | UCL Medical School   | University of Sri<br>Jaywardenepura Faculty<br>of Medical Sciences      | Royal College of<br>Surgeons in Ireland<br>School of Medicine    | University of Leicester<br>College of Medicine,<br>Biological Sciences<br>and Psychology | University of Mosul<br>College of Medicine                     | University of Jaffna<br>Faculty of Medicine            |
| Cardiff University<br>School of Medicine   | University of Leeds<br>School of Medicine                            | St. George's University<br>of London                                    | Kasturba Medical<br>College Manipal                              | Peninsula College of<br>Medicine and Dentistry   | Khyber Medical College   | Universiti Malaya<br>Fakulti Perubatan                 |
| Alexandria University<br>Faculty of Medicine   | University of Bristol Faculty<br>of Medicine and Dentistry           | Barts and the London<br>School of Medicine and<br>Dentistry             | Rawalpindi Medical College                                       | Government Medical College<br>Patiala  | University of Oxford<br>Medical Sciences Division              | Tianjin Medical<br>University                          |
| Imperial College London<br>Faculty of Medicine   | University of Southampton<br>Faculty of Medicine                     | University of Kelaniya<br>Faculty of Medicine                           | Tehran University of<br>Medical Sciences School<br>of Medicine   | University of Pretoria<br>School of Medicine   | Li Ka Shing Faculty of<br>Medicine, University of<br>Hong Kong | Seth G.S. Medical<br>College                           |
| University of Birmingham<br>College of Medical and<br>Dental Sciences                  | University of Baghdad<br>College of Medicine                         | Kasturba Medical College<br>Mangalore                                   | Liaquat University of<br>Medical & Health<br>Sciences Jamshoro   | Punjab Medical College   | Government Medical College<br>Amritsar                         | Assiut University<br>Faculty of Medicine               |
| University of Glasgow<br>School of Medicine  | University of Liverpool<br>Faculty of Health and<br>Life Sciences    | University College Cork<br>School of Medicine                           | University of Cambridge<br>School of Clinical Medicine           | Nishtar Medical College<br>& Hospital  | University of Damascus<br>Faculty of Medicine                  | Zagazig University<br>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      | <b>110</b> | 38     | 12     | 4      | 3       | <b>57</b> |
| POLAND                | 5                | 4     | 1     | 0     | 0      | <b>5</b>   | 3      | 0      | 0      | 0       | <b>3</b>  |
| PORTUGAL              | 1                | 1     | 0     | 0     | 0      | <b>1</b>   | 1      | 0      | 0      | 0       | <b>1</b>  |
| ROMANIA               | 9                | 7     | 6     | 1     | 0      | <b>14</b>  | 1      | 3      | 0      | 0       | <b>4</b>  |
| RUSSIA                | 79               | 51    | 28    | 11    | 7      | <b>97</b>  | 25     | 13     | 5      | 0       | <b>43</b> |
| RWANDA                | 1                | 1     | 0     | 0     | 0      | <b>1</b>   | 1      | 0      | 0      | 0       | <b>1</b>  |
| SAINT KITTS AND NEVIS | 5                | 4     | 2     | 0     | 0      | <b>6</b>   | 1      | 1      | 0      | 0       | <b>2</b>  |
| SAINT LUCIA           | 2                | 1     | 1     | 0     | 0      | <b>2</b>   | 1      | 1      | 0      | 0       | <b>2</b>  |
| SAMOA                 | 3                | 2     | 0     | 1     | 0      | <b>3</b>   | 1      | 0      | 1      | 0       | <b>2</b>  |
| SAUDI ARABIA          | 4                | 3     | 1     | 0     | 1      | <b>5</b>   | 1      | 1      | 0      | 1       | <b>3</b>  |
| SERBIA                | 7                | 5     | 1     | 0     | 6      | <b>12</b>  | 1      | 1      | 0      | 0       | <b>2</b>  |
| SEYCHELLES            | 2                | 1     | 1     | 1     | 0      | <b>3</b>   | 0      | 0      | 0      | 0       | <b>0</b>  |
| SINGAPORE             | 2                | 1     | 1     | 0     | 0      | <b>2</b>   | 0      | 0      | 0      | 0       | <b>0</b>  |
| SINT MAARTEN          | 2                | 2     | 0     | 0     | 0      | <b>2</b>   | 1      | 0      | 0      | 0       | <b>1</b>  |
| SOUTH AFRICA          | 33               | 30    | 4     | 0     | 0      | <b>34</b>  | 24     | 2      | 0      | 0       | <b>26</b> |
| SOUTH KOREA           | 3                | 3     | 0     | 0     | 0      | <b>3</b>   | 2      | 0      | 0      | 0       | <b>2</b>  |
| SOUTH SUDAN           | 3                | 2     | 1     | 0     | 0      | <b>3</b>   | 1      | 1      | 0      | 0       | <b>2</b>  |
| SPAIN                 | 2                | 2     | 0     | 0     | 0      | <b>2</b>   | 2      | 0      | 0      | 0       | <b>2</b>  |
| SRI LANKA             | 115              | 99    | 19    | 5     | 3      | <b>126</b> | 75     | 14     | 3      | 1       | <b>93</b> |
| SUDAN                 | 36               | 28    | 3     | 0     | 6      | <b>37</b>  | 15     | 1      | 0      | 3       | <b>19</b> |

| 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          | <b>1</b>    | 1           | 0          | 0         | 0         | <b>1</b>    |
| SWITZERLAND          | 3                | 3           | 0          | 0          | 0          | <b>3</b>    | 2           | 0          | 0         | 0         | <b>2</b>    |
| SYRIA                | 18               | 13          | 3          | 1          | 3          | <b>20</b>   | 8           | 1          | 1         | 1         | <b>11</b>   |
| TAIWAN               | 4                | 3           | 0          | 1          | 0          | <b>4</b>    | 3           | 0          | 1         | 0         | <b>4</b>    |
| TAJKISTAN            | 1                | 0           | 0          | 0          | 1          | <b>1</b>    | 0           | 0          | 0         | 0         | <b>0</b>    |
| TANZANIA             | 7                | 2           | 2          | 2          | 1          | <b>7</b>    | 0           | 2          | 1         | 0         | <b>3</b>    |
| THAILAND             | 2                | 2           | 0          | 0          | 0          | <b>2</b>    | 0           | 0          | 0         | 0         | <b>0</b>    |
| TRINIDAD AND TOBAGO  | 2                | 1           | 0          | 1          | 0          | <b>2</b>    | 1           | 0          | 1         | 0         | <b>2</b>    |
| TURKEY               | 2                | 2           | 0          | 0          | 0          | <b>2</b>    | 2           | 0          | 0         | 0         | <b>2</b>    |
| UGANDA               | 5                | 5           | 2          | 1          | 0          | <b>8</b>    | 3           | 0          | 1         | 0         | <b>4</b>    |
| UKRAINE              | 28               | 20          | 2          | 1          | 8          | <b>31</b>   | 12          | 1          | 1         | 3         | <b>17</b>   |
| UNITED ARAB EMIRATES | 9                | 5           | 2          | 2          | 1          | <b>10</b>   | 2           | 0          | 2         | 1         | <b>5</b>    |
| UNITED KINGDOM       | 3                | 3           | 0          | 0          | 0          | <b>3</b>    | 3           | 0          | 0         | 0         | <b>3</b>    |
| UZBEKISTAN           | 1                | 1           | 0          | 0          | 0          | <b>1</b>    | 0           | 0          | 0         | 0         | <b>0</b>    |
| VENEZUELA            | 9                | 9           | 3          | 1          | 0          | <b>13</b>   | 3           | 1          | 1         | 0         | <b>5</b>    |
| VIET NAM             | 4                | 3           | 2          | 1          | 0          | <b>6</b>    | 2           | 1          | 0         | 0         | <b>3</b>    |
| YEMEN                | 2                | 2           | 0          | 0          | 0          | <b>2</b>    | 0           | 0          | 0         | 0         | <b>0</b>    |
| ZIMBABWE             | 4                | 4           | 1          | 0          | 0          | <b>5</b>    | 2           | 1          | 0         | 0         | <b>3</b>    |
| <b>Total</b>         | <b>2180</b>      | <b>1676</b> | <b>436</b> | <b>142</b> | <b>164</b> | <b>2418</b> | <b>1077</b> | <b>229</b> | <b>71</b> | <b>70</b> | <b>1447</b> |

## 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      | <b>6</b>   | 0      | 0      | 0      | 2       | <b>2</b>  |
| ALBANIA                          | 1                | 0     | 0     | 1     | 1      | <b>2</b>   | 0      | 0      | 0      | 0       | <b>0</b>  |
| ARGENTINA                        | 6                | 3     | 3     | 1     | 0      | <b>7</b>   | 1      | 1      | 1      | 0       | <b>3</b>  |
| ARMENIA                          | 1                | 0     | 1     | 1     | 0      | <b>2</b>   | 0      | 0      | 1      | 0       | <b>1</b>  |
| BAHRAIN                          | 1                | 1     | 0     | 0     | 0      | <b>1</b>   | 0      | 0      | 0      | 0       | <b>0</b>  |
| BANGLADESH                       | 189              | 102   | 63    | 29    | 32     | <b>226</b> | 31     | 18     | 7      | 6       | <b>62</b> |
| BARBADOS                         | 1                | 1     | 0     | 0     | 0      | <b>1</b>   | 0      | 0      | 0      | 0       | <b>0</b>  |
| BELARUS                          | 4                | 1     | 1     | 1     | 1      | <b>4</b>   | 0      | 0      | 0      | 1       | <b>1</b>  |
| BELGIUM                          | 1                | 0     | 0     | 1     | 1      | <b>2</b>   | 0      | 0      | 0      | 0       | <b>0</b>  |
| BELIZE                           | 1                | 1     | 0     | 0     | 0      | <b>1</b>   | 0      | 0      | 0      | 0       | <b>0</b>  |
| BOSNIA AND HERZEGOVINA           | 1                | 1     | 0     | 0     | 0      | <b>1</b>   | 1      | 0      | 0      | 0       | <b>1</b>  |
| BRAZIL                           | 10               | 8     | 2     | 1     | 0      | <b>11</b>  | 2      | 1      | 0      | 0       | <b>3</b>  |
| BULGARIA                         | 3                | 1     | 1     | 1     | 2      | <b>5</b>   | 0      | 1      | 0      | 0       | <b>1</b>  |
| CAMBODIA                         | 1                | 0     | 0     | 1     | 0      | <b>1</b>   | 0      | 0      | 0      | 0       | <b>0</b>  |
| CHINA                            | 66               | 32    | 27    | 9     | 7      | <b>75</b>  | 5      | 10     | 3      | 1       | <b>19</b> |
| COLOMBIA                         | 12               | 9     | 4     | 2     | 0      | <b>15</b>  | 1      | 2      | 1      | 0       | <b>4</b>  |
| CZECH REPUBLIC                   | 2                | 2     | 0     | 0     | 0      | <b>2</b>   | 1      | 0      | 0      | 0       | <b>1</b>  |
| DEMOCRATIC REPUBLIC OF THE CONGO | 3                | 2     | 1     | 0     | 0      | <b>3</b>   | 0      | 0      | 0      | 0       | <b>0</b>  |
| DENMARK                          | 1                | 1     | 0     | 0     | 0      | <b>1</b>   | 0      | 0      | 0      | 0       | <b>0</b>  |
| DOMINICAN REPUBLIC               | 2                | 1     | 0     | 1     | 0      | <b>2</b>   | 0      | 0      | 0      | 0       | <b>0</b>  |
| EGYPT                            | 45               | 20    | 14    | 6     | 12     | <b>52</b>  | 8      | 6      | 2      | 2       | <b>18</b> |
| EL SALVADOR                      | 2                | 1     | 0     | 0     | 2      | <b>3</b>   | 0      | 0      | 0      | 0       | <b>0</b>  |
| ETHIOPIA                         | 2                | 2     | 1     | 0     | 0      | <b>3</b>   | 0      | 0      | 0      | 0       | <b>0</b>  |
| FIJI                             | 15               | 10    | 5     | 1     | 0      | <b>16</b>  | 1      | 1      | 0      | 0       | <b>2</b>  |
| FRANCE                           | 4                | 1     | 1     | 1     | 1      | <b>4</b>   | 0      | 0      | 1      | 1       | <b>2</b>  |
| GERMANY                          | 10               | 7     | 0     | 2     | 1      | <b>10</b>  | 2      | 0      | 1      | 1       | <b>4</b>  |
| GREECE                           | 2                | 0     | 2     | 1     | 0      | <b>3</b>   | 0      | 0      | 0      | 0       | <b>0</b>  |
| GUATEMALA                        | 1                | 0     | 1     | 0     | 0      | <b>1</b>   | 0      | 0      | 0      | 0       | <b>0</b>  |
| HONG KONG                        | 1                | 1     | 0     | 0     | 0      | <b>1</b>   | 1      | 0      | 0      | 0       | <b>1</b>  |
| HUNGARY                          | 5                | 2     | 0     | 1     | 2      | <b>5</b>   | 0      | 0      | 0      | 1       | <b>1</b>  |
| INDIA                            | 297              | 159   | 106   | 49    | 33     | <b>347</b> | 42     | 32     | 14     | 10      | <b>98</b> |

| 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      | <b>14</b>  | 2      | 0      | 1      | 2       | <b>5</b>  |
| IRAN                  | 114              | 70    | 34    | 14    | 13     | <b>131</b> | 22     | 10     | 5      | 2       | <b>39</b> |
| IRAQ                  | 53               | 33    | 18    | 7     | 6      | <b>64</b>  | 10     | 5      | 1      | 1       | <b>17</b> |
| IRELAND               | 2                | 2     | 0     | 0     | 0      | <b>2</b>   | 1      | 0      | 0      | 0       | <b>1</b>  |
| ITALY                 | 4                | 3     | 0     | 1     | 1      | <b>5</b>   | 1      | 0      | 0      | 1       | <b>2</b>  |
| JAMAICA               | 1                | 1     | 0     | 0     | 0      | <b>1</b>   | 0      | 0      | 0      | 0       | <b>0</b>  |
| JAPAN                 | 1                | 0     | 1     | 0     | 0      | <b>1</b>   | 0      | 1      | 0      | 0       | <b>1</b>  |
| JORDAN                | 5                | 4     | 0     | 1     | 0      | <b>5</b>   | 2      | 0      | 0      | 0       | <b>2</b>  |
| KENYA                 | 7                | 5     | 0     | 0     | 3      | <b>8</b>   | 3      | 0      | 0      | 1       | <b>4</b>  |
| KYRGYZSTAN            | 1                | 0     | 0     | 0     | 1      | <b>1</b>   | 0      | 0      | 0      | 1       | <b>1</b>  |
| LATVIA                | 1                | 0     | 1     | 0     | 0      | <b>1</b>   | 0      | 0      | 0      | 0       | <b>0</b>  |
| LEBANON               | 2                | 0     | 0     | 2     | 1      | <b>3</b>   | 0      | 0      | 1      | 0       | <b>1</b>  |
| LIBYA                 | 2                | 0     | 2     | 1     | 0      | <b>3</b>   | 0      | 0      | 0      | 0       | <b>0</b>  |
| LITHUANIA             | 1                | 0     | 0     | 0     | 1      | <b>1</b>   | 0      | 0      | 0      | 1       | <b>1</b>  |
| MACEDONIA             | 2                | 2     | 0     | 0     | 0      | <b>2</b>   | 1      | 0      | 0      | 0       | <b>1</b>  |
| MALAWI                | 1                | 1     | 0     | 0     | 0      | <b>1</b>   | 1      | 0      | 0      | 0       | <b>1</b>  |
| MALAYSIA              | 28               | 21    | 7     | 2     | 2      | <b>32</b>  | 9      | 3      | 2      | 0       | <b>14</b> |
| MAURITIUS             | 1                | 1     | 0     | 0     | 0      | <b>1</b>   | 0      | 0      | 0      | 0       | <b>0</b>  |
| MEXICO                | 5                | 4     | 0     | 1     | 0      | <b>5</b>   | 2      | 0      | 1      | 0       | <b>3</b>  |
| MYANMAR               | 93               | 45    | 31    | 21    | 18     | <b>115</b> | 11     | 11     | 12     | 5       | <b>39</b> |
| NEPAL                 | 26               | 18    | 6     | 3     | 1      | <b>28</b>  | 8      | 2      | 2      | 0       | <b>12</b> |
| NETHERLANDS           | 7                | 3     | 4     | 1     | 0      | <b>8</b>   | 2      | 2      | 0      | 0       | <b>4</b>  |
| NIGERIA               | 39               | 21    | 9     | 4     | 15     | <b>49</b>  | 2      | 2      | 0      | 0       | <b>4</b>  |
| OMAN                  | 1                | 0     | 1     | 1     | 0      | <b>2</b>   | 0      | 0      | 1      | 0       | <b>1</b>  |
| PAKISTAN              | 198              | 140   | 46    | 23    | 22     | <b>231</b> | 49     | 16     | 7      | 1       | <b>73</b> |
| PALESTINIAN AUTHORITY | 2                | 2     | 0     | 0     | 0      | <b>2</b>   | 1      | 0      | 0      | 0       | <b>1</b>  |
| PAPUA NEW GUINEA      | 3                | 0     | 0     | 0     | 4      | <b>4</b>   | 0      | 0      | 0      | 1       | <b>1</b>  |
| PERU                  | 4                | 2     | 2     | 0     | 0      | <b>4</b>   | 0      | 1      | 0      | 0       | <b>1</b>  |
| PHILIPPINES           | 97               | 43    | 23    | 16    | 33     | <b>115</b> | 12     | 9      | 1      | 4       | <b>26</b> |
| POLAND                | 7                | 5     | 3     | 1     | 0      | <b>9</b>   | 0      | 1      | 0      | 0       | <b>1</b>  |
| QATAR                 | 1                | 0     | 1     | 0     | 0      | <b>1</b>   | 0      | 1      | 0      | 0       | <b>1</b>  |
| ROMANIA               | 5                | 1     | 1     | 1     | 2      | <b>5</b>   | 0      | 1      | 0      | 1       | <b>2</b>  |

## 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      | <b>72</b>  | 10     | 5      | 2      | 3       | <b>20</b> |
| SAINT KITTS AND NEVIS            | 2                | 2     | 1     | 1     | 0      | <b>4</b>   | 0      | 0      | 0      | 0       | <b>0</b>  |
| SAINT VINCENT AND THE GRENADINES | 1                | 0     | 1     | 0     | 0      | <b>1</b>   | 0      | 0      | 0      | 0       | <b>0</b>  |
| SAMOA                            | 3                | 1     | 1     | 0     | 1      | <b>3</b>   | 0      | 0      | 0      | 0       | <b>0</b>  |
| SAUDI ARABIA                     | 4                | 1     | 0     | 2     | 1      | <b>4</b>   | 0      | 0      | 1      | 0       | <b>1</b>  |
| SERBIA                           | 4                | 1     | 0     | 3     | 0      | <b>4</b>   | 0      | 0      | 0      | 0       | <b>0</b>  |
| SEYCHELLES                       | 2                | 1     | 0     | 0     | 1      | <b>2</b>   | 0      | 0      | 0      | 0       | <b>0</b>  |
| SINGAPORE                        | 3                | 3     | 0     | 0     | 0      | <b>3</b>   | 3      | 0      | 0      | 0       | <b>3</b>  |
| SOUTH AFRICA                     | 21               | 14    | 6     | 1     | 0      | <b>21</b>  | 11     | 3      | 1      | 0       | <b>15</b> |
| SOUTH KOREA                      | 2                | 0     | 0     | 0     | 2      | <b>2</b>   | 0      | 0      | 0      | 1       | <b>1</b>  |
| SRI LANKA                        | 116              | 68    | 37    | 15    | 9      | <b>129</b> | 20     | 14     | 2      | 1       | <b>37</b> |
| SUDAN                            | 6                | 2     | 4     | 1     | 1      | <b>8</b>   | 0      | 1      | 0      | 0       | <b>1</b>  |
| SWEDEN                           | 2                | 2     | 0     | 0     | 0      | <b>2</b>   | 1      | 0      | 0      | 0       | <b>1</b>  |
| SYRIA                            | 1                | 0     | 1     | 0     | 0      | <b>1</b>   | 0      | 0      | 0      | 0       | <b>0</b>  |

| 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          | <b>5</b>    | 0          | 1          | 0         | 0         | <b>1</b>   |
| TANZANIA             | 5                | 2          | 2          | 0          | 1          | <b>5</b>    | 0          | 1          | 0         | 0         | <b>1</b>   |
| TRINIDAD AND TOBAGO  | 1                | 0          | 0          | 0          | 1          | <b>1</b>    | 0          | 0          | 0         | 0         | <b>0</b>   |
| TURKEY               | 2                | 1          | 1          | 0          | 0          | <b>2</b>    | 1          | 0          | 0         | 0         | <b>1</b>   |
| UGANDA               | 5                | 3          | 0          | 1          | 1          | <b>5</b>    | 0          | 0          | 0         | 0         | <b>0</b>   |
| UKRAINE              | 22               | 13         | 4          | 5          | 3          | <b>25</b>   | 1          | 1          | 1         | 1         | <b>4</b>   |
| UNITED ARAB EMIRATES | 7                | 6          | 3          | 0          | 0          | <b>9</b>    | 1          | 0          | 0         | 0         | <b>1</b>   |
| USA                  | 1                | 1          | 0          | 0          | 0          | <b>1</b>    | 0          | 0          | 0         | 0         | <b>0</b>   |
| USSR                 | 1                | 0          | 0          | 0          | 2          | <b>2</b>    | 0          | 0          | 0         | 0         | <b>0</b>   |
| UZBEKISTAN           | 1                | 0          | 0          | 0          | 1          | <b>1</b>    | 0          | 0          | 0         | 0         | <b>0</b>   |
| VENEZUELA            | 2                | 0          | 1          | 0          | 2          | <b>3</b>    | 0          | 0          | 0         | 1         | <b>1</b>   |
| VIET NAM             | 7                | 2          | 0          | 3          | 3          | <b>8</b>    | 0          | 0          | 0         | 0         | <b>0</b>   |
| ZIMBABWE             | 7                | 2          | 4          | 0          | 1          | <b>7</b>    | 0          | 0          | 0         | 0         | <b>0</b>   |
| <b>Total</b>         | <b>1717</b>      | <b>972</b> | <b>510</b> | <b>253</b> | <b>262</b> | <b>1997</b> | <b>283</b> | <b>163</b> | <b>72</b> | <b>53</b> | <b>571</b> |

## 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%        |
| <b>TOTAL</b> |            |               | <b>418</b>                   | <b>178</b>            | <b>42.58%</b> | <b>240</b>            | <b>57.42%</b> |

## 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                    |
|  | <b>Subtotal</b>     | <b>16</b>      | <b>16</b>  | <b>0</b>   | <b>0</b>             |
| 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                    |
|  | <b>Subtotal</b>     | <b>11</b>      | <b>11</b>  | <b>0</b>   | <b>0</b>             |
| 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                    |
|  | <b>Subtotal</b>     | <b>13</b>      | <b>13</b>  | <b>0</b>   | <b>0</b>             |
| Monash Health                          | CHINA               | 1              | 1          | 0          | 0                    |
|  | INDIA               | 3              | 3          | 0          | 0                    |
|  | ITALY               | 1              | 1          | 0          | 0                    |
|  | <b>Subtotal</b>     | <b>5</b>       | <b>5</b>   | <b>0</b>   | <b>0</b>             |

| 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                    |
|                                       | <b>Subtotal</b>     | <b>5</b>       | <b>4</b>   | <b>1</b>   | <b>0</b>             |
|                                       | WA Health           | INDIA          | 5          | 5          | 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                    |
| SRI LANKA                             | 1                   | 1              | 0          | 0          |                      |
| <b>Subtotal</b>                       | <b>17</b>           | <b>16</b>      | <b>0</b>   | <b>1</b>   |                      |
| Wide Bay Hospital and Health Service  | GERMANY             | 1              | 1          | 0          | 0                    |
|                                       | INDIA               | 1              | 1          | 0          | 0                    |
|                                       | NEPAL               | 1              | 1          | 0          | 0                    |
|                                       | PHILIPPINES         | 1              | 1          | 0          | 0                    |
|                                       | <b>Subtotal</b>     | <b>4</b>       | <b>4</b>   | <b>0</b>   | <b>0</b>             |
| <b>Grand Total</b>                    |                     | <b>71</b>      | <b>69</b>  | <b>1</b>   | <b>1</b>             |





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