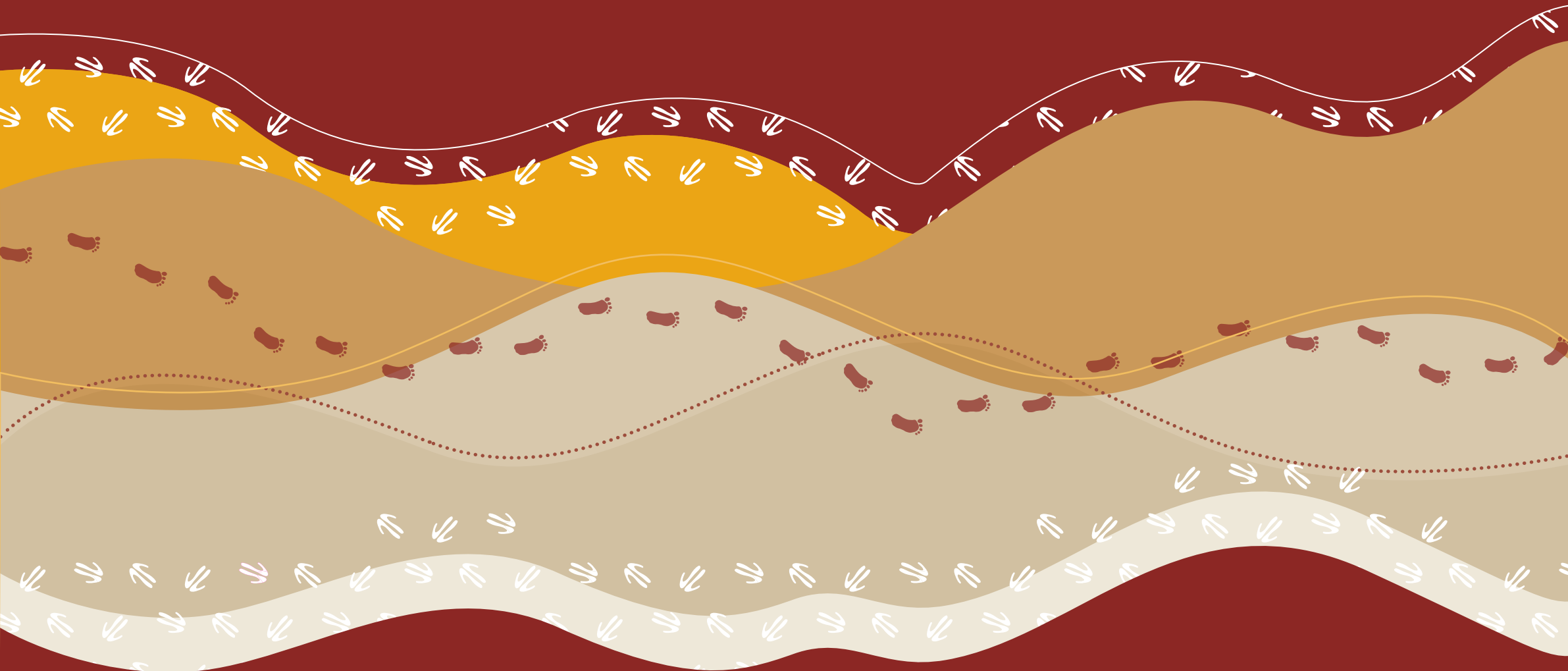


# ANNUAL REPORT 2017



Australian Medical Council Limited





# PERFORMANCE SUMMARY

## ASSESSMENT SERVICES

### Primary Source Verification

- 441 qualifications verified by EICS (ECFMG International Credentials Services)
- 5,564 qualifications verified by EPIC (Electronic Portfolio of International Credentials)
- 5,192 AMC portfolio applications established

### MCQ Examinations

- 2,663 MCQ examinations conducted in Australia and internationally
- 1,903 candidates presented for the first time
- 1,559 candidates satisfied the requirements to proceed to the clinical examination

### Clinical Examinations

- 2,165 candidates were assessed at 65 clinical examinations
- 1,027 candidates presented for the first time
- 597 candidates passed the examination and qualified for the AMC certificate\*\*

### Workplace-based Assessment

- 95 candidates satisfactorily completed the assessment and qualified for the AMC certificate

5,192

AMC portfolio applications established



597

Candidates passed the clinical examination and qualified for the AMC certificate



95

Candidates satisfactorily completed the workplace-based assessment and qualified for the AMC certificate



## ACCREDITATION

### PreVAC

- 6 x progress reports from intern training accreditation authorities (5 of these included reports on conditions)
- 1 x separate report on conditions from an intern training accreditation authority
- 5 x progress reports from WBA providers
- 5 x progress reports from PESCI provide

### MedSAC

- 3 x comprehensive reports
- 10 x progress reports (1 of these included reports on conditions)
- 5 x reports on conditions

### SEAC

- 9 x progress reports including reports on conditions

© Australian Medical Council Limited 2017

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, except as permitted by the *Copyright Act 1968*, without the prior permission of the Australian Medical Council.

ISSN: 0818-8378

Published November 2017

Published and distributed by:

Australian Medical Council Limited  
ABN: 97131796 980

PO Box 4810  
Kingston ACT 2604

Email: [amc@amc.org.au](mailto:amc@amc.org.au)

Telephone: (02) 6270 9777

Facsimile: (02) 6270 9799

Website: [www.amc.org.au](http://www.amc.org.au)

Design by: [giraffe.com.au](http://giraffe.com.au)

## About this report

This annual report contains the audited financial statements for the Australian Medical Council (AMC) for the financial year 2016-17 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. We pay respect to the Ngunnawal people as the Traditional Owners of the land on which the AMC's office stands.







# CONTENTS

2	<b>FROM THE PRESIDENT</b>
3	<b>FROM THE CEO</b>
5	<b>OUR ORGANISATION</b>
7	<b>2016-17 HIGHLIGHTS</b>
12	<b>COUNCIL MEMBERS AND DIRECTORS</b>
13	<b>COMMITTEES</b>
16	<b>EXTERNAL ENGAGEMENT</b> Stakeholders
17	<b>ACCREDITATION ACTIVITIES</b> Accreditation of medical programs Medical schools and programs Specialist medical education and training Intern training accreditation providers Workplace based assessment providers Pre-employment structured clinical interview providers
21	<b>ASSESSMENT AND EXAMINATION UPDATE</b>
26	<b>FINANCIAL REPORT 2017</b>
32	<b>FINANCIAL STATEMENTS</b>
43	<b>APPENDICES</b> Appendix A: Council Members - 2017 Appendix B: Directors of the Australian Medical Council as at January 2017 Appendix C: Committee membership at June 2017 Appendix D: Staff at June 2017 Glossary
48	<b>ATTACHMENTS</b> Attachment A: AMC Top Medical Schools Activity as of 30 June 2017 Attachment B: MCQ Examination Country of Training Statistics 1 July 2016 to 30 June 2017 Attachment C: Clinical examination Country of Training Statistics 1 July 2016 to 30 June 2017 Attachment D: Clinical Retest Statistics 1 July 2016 to 30 June 2017 Attachment E: Workplace Based Assessment Statistics 1 July 2016 to 30 June 2017



# FROM THE PRESIDENT

On behalf of the AMC Directors, it gives me great pleasure to present the 2017 Annual Report of the Australian Medical Council (AMC). A significant achievement for the Council this year was the completion of the Indigenous Health Statement and the creation of a designated position for an Aboriginal or Torres Strait Islander and a Māori member of the Council. The statement represents a visible strategy for engagement with Indigenous stakeholders in setting medical education standards, and assessment of international medical graduates. Central to this process was the AMC's Indigenous Planning Advisory Group which brought together AMC leaders, Indigenous stakeholder organisations, and stakeholders in the AMC accreditation and assessment functions.



A highlight of this fiscal year was the visit by the full Council to the Northern Territory. The comprehensive program included site visits to Nhulunbuy, Katherine, Alice Springs and Darwin, and was developed with the assistance and generous support of education and health system stakeholders, local Indigenous leaders, Aboriginal medical services, and the Northern Territory government. On behalf of the Council I want to thank each and every one of them for their guidance and support throughout. I am especially grateful to Professor Simon Maddocks, the Vice-Chancellor of Charles Darwin University, for his time before and during the visit and for the use of University resources to support the Council's meetings.

During this year, the AMC has taken bold steps to harness the use of technology to deliver value-added solutions designed to streamline IT operations. The establishment of an Innovations Group has given the AMC the confidence to explore remote scoring for clinical examinations, portable applications for external testing sites and integration of multiple databases. These innovations all have the ability to make a meaningful difference to the way in which the AMC conducts its business into the future.

The activities of the AMC span an enormous range; collaboration and strategic partnerships are important for our work and our achievements as a leader in accreditation and assessment, both nationally and internationally. During 2015, 2016 and 2017 the AMC has been a significant contributor to the two reviews of the

accreditation systems within the National Registration and Accreditation Scheme for health professions.

Also during 2016/17, as part of its commitment to the continuous improvement of its own processes, the AMC underwent two international external reviews of its accreditation processes. The World Federation for Medical Education (WFME) process for recognition of accreditation agencies is a review of the accrediting agency's mandate, its accreditation policies and procedures, followed by observation of the agency's typical accreditation work. The AMC submitted a detailed recognition submission to WFME and hosted a visit by the recognition team in June 2017. It is awaiting the WFME recognition report and decision. The AMC is grateful to the Western Sydney University (WSU) for agreeing to the WFME recognition team observing the AMC accreditation of the WSU medical school.

The AMC also completed the US Department of Education's process for determining the comparability of the non-US standards and procedures for accreditation of medical schools with those of the USA. A determination of comparability of accreditation standards is an eligibility requirement for foreign medical schools to participate in a US Student Loan Program. Australian medical schools benefit from this determination in recruitment of medical students and the AMC benefits through the discipline of subjecting itself to regular external review.

As per advice to Council on 29 March 2017, the AMC's Chief Executive Officer, Mr Ian Frank AM, has advised he will be retiring at the end of 2017 after 30 years in office. With the departure of Mr Frank, AMC Directors will review the role of the CEO to ensure AMC processes are flexible and continue to meet business needs.

I would like to acknowledge the enormous talent, commitment and productivity of the AMC staff, the health and education professionals and community and consumer representatives who make the Australian Medical Council function so well. I thank them all.

**Jill Sewell AM**  
President



The AMC has faced a challenging year but it has continued to deliver on its goals to ensure that standards of education, training and assessment of the medical profession promote and protect the health of the Australian community.

The AMC executive and staff have worked hard throughout the year to: oversee a busy and exciting research and training program; support the upgrade of ageing infrastructure to increase capacity and ensure sustainability into the future; contribute to the ongoing national review of the accreditation systems with the National Registration and Accreditation Scheme (NRAS); and participate in an international review of its accreditation processes by the World Federation for Medical Education (WFME).

The AMC has also worked cooperatively with its stakeholders and the community to raise its profile and influence in important national debates on professional accreditation, Indigenous health, and assessment of international medical graduates. The AMC executive meets regularly with a number of its stakeholders including the Council of Presidents of Medical Colleges, the Medical Board of Australia, and the Health Professions Accreditation Collaborative Forum (the Forum).

In September 2016, the AMC participated in the International Association of Medical Regulatory Authorities (IAMRA) Conference hosted by the Medical Board of Australia and the Australian Health Practitioner Regulation Agency (AHPRA). The Conference included presentations on accreditation and an opportunity to showcase the technology available at the Vernon Marshall National Test Centre (NTC) in Melbourne. A demonstration of the appeals process was presented to participants at the 2016 IAMRA conference who visited the National Test Centre (NTC). The IAMRA conference also provided the opportunity for the first meeting in Australia of the World Federation for Medical Education's Executive Committee. The AMC has strong links to WFME and was delighted to host this meeting.

2016 also saw a considerable investment by the AMC 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 AMC also began a major project to replace its ageing in-house accreditation management system with a commercial-off-the-shelf solution, which will best suit the requirements of the Accreditation Team and the AMC's key accreditation stakeholders.

The end of 2016 saw the successful amendment of the AMC Constitution to better reflect the manner in which the Council operates under the National Registration and Accreditation Scheme. The major thrust of the amendments was to give effect to the work of the Indigenous Planning Advisory Group that had been established following the 2013 External Review of AMC. As a result, Aboriginal and Torres Strait Islander and Māori members would be appointed to the Council and all standing committees of the AMC. This represents an important step in the development of the AMC and its capacity to engage in the debate to progress Indigenous health issues.

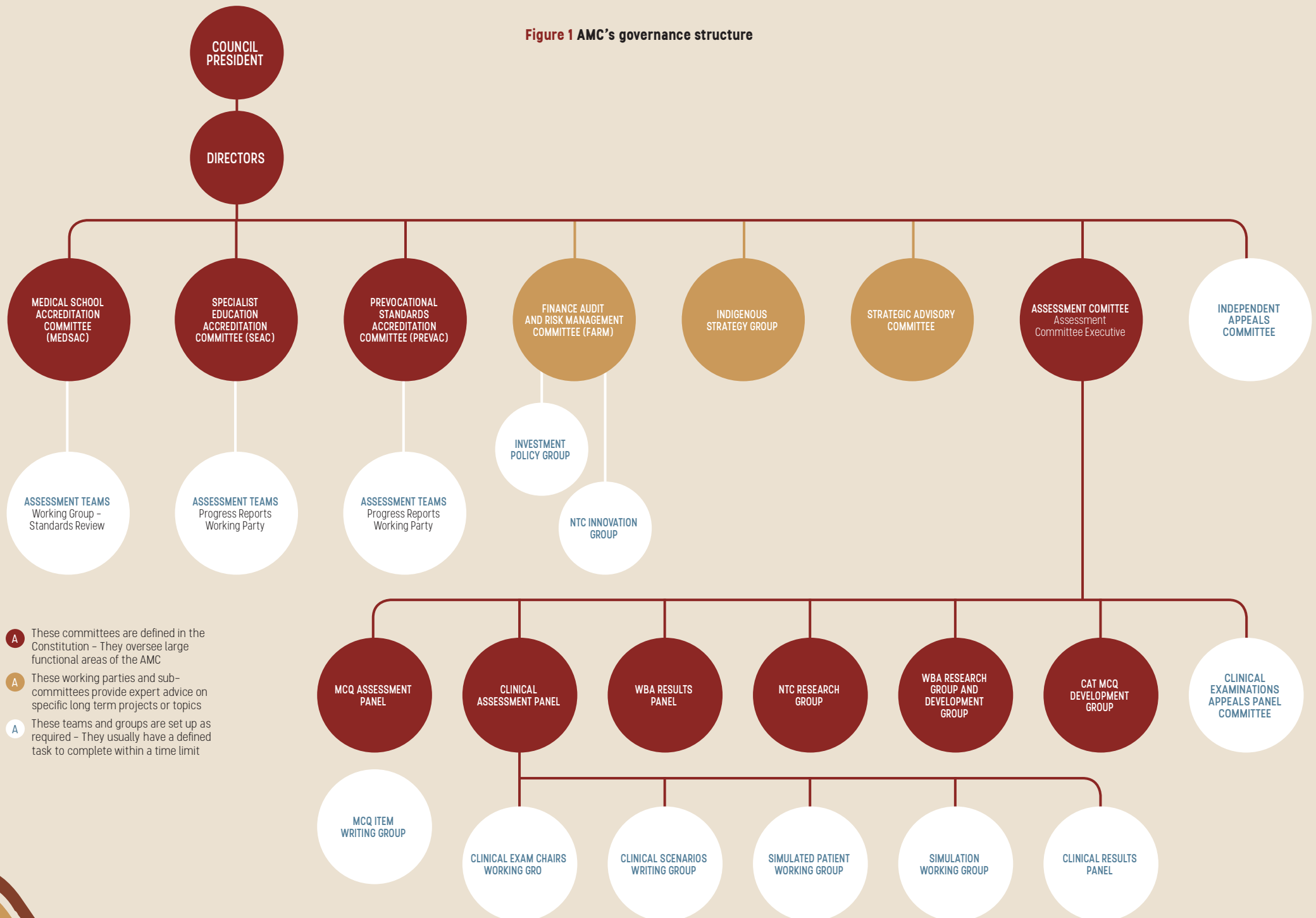
In the five years since 2012, the AMC has been involved in five separate external reviews and inquiries, including the two most recent reviews of accreditation under the National Registration and Accreditation Scheme (2015 and 2017). Only two of these – the 2012 House of Representatives *Lost in the Labyrinth* Report and the 2013 AMC External Review – can be said to have contributed to any significant advancement in the work of the AMC. The 2012 House of Representatives Report led to the creation of the Vernon C Marshall National Test Centre and the 2013 AMC External Review to active involvement in the Indigenous health agenda.

Despite the ongoing national reviews of the accreditation systems, the AMC remains deeply committed to delivering on its strategic opportunities including improving accreditation and assessment processes and programs, focusing ever more closely on collaboration and strengthening partnerships, embracing digital technology, and relentlessly driving a mindset of continuous improvement and operational excellence.

As in previous years, the achievements of the AMC as a leader in accreditation and assessment, both nationally and internationally, would not be possible without the dedication and commitment of the many individuals who give of their time and expertise to support its activities. In particular, the focus and professionalism of the AMC staff, both in the Canberra office and at the National Test Centre in Melbourne, deserves special recognition.

**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



# OUR ORGANISATION

## ABOUT US

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

The AMC 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.

As a company limited by guarantee, the AMC is also subject to the *Corporations Act 2001* and the *Australian Charities and Not-for-profits Commission Act 2012* (ACNC Act).

The AMC's governance structure as at June 2017 is set out at Figure 1.

## OUR PURPOSE

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. Doctors who complete AMC accredited education programs meet the education requirement for registration with the Medical Board of Australia.

## WHAT WE DO

- influence, shape and develop standards, policies and procedures for education providers who offer programs of study for medical education in Australia;
- accredit basic medical education providers, specialist education training programs and prevocational training authorities against the standards;
- monitor education programs to ensure ongoing adherence to the standards;

- assess skills and qualifications of international medical graduates seeking registration in Australia;
- contribute to national debates and policy issues in the areas relevant to its expertise; and
- work collaboratively with international health, accreditation and testing authorities and agencies to bring about improvement in the furtherance of the AMC's objectives.

## PRINCIPAL OBJECTIVES

During 2016/17 the AMC's principal objectives have been 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 and collaborate with other accreditation authorities on the further 'comprehensive' review of accreditation. The long term objectives for the AMC include:

- ensuring that standards, accreditation and assessment processes are highly efficient, progressive and evidence based;
- maintaining a strong financial position to support its sustainability;
- engaging with stakeholders national and internationally to strengthen and support the AMC's profile and identity;
- becoming a leader in research and innovation in assessment in medical education; and
- advancing 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.

## OUR STRATEGY

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

During 2016/17 the AMC has formally changed its Constitution and governance to enable it to operate more effectively within the new national regulatory framework; increased its pool of academics, clinicians, educationalists and experts in assessment to support its accreditation and assessment activities; increased its commitment and resources to support in-house IT development to enable the implementation of new administrative and operational systems, data management and security; been a leader once again in the development of a new technologically advanced clinical skills test centre for international medical graduates (IMGs).

The plan for 2018 and beyond will be developed in conjunction with a new CEO taking office in early 2018.

## GOVERNANCE

The large advisory council elects a smaller governance committee of directors with decision-making powers. The Directors meet at regular intervals and have in place mechanisms for the conduct of special meetings. The AMC governance structure includes standing committees reporting to Directors and assisting them in their governance role. These committees include:

- Medical School Accreditation Committee (MedSAC)
- Specialist Education Accreditation Committee (SEAC)
- Prevocational Standards Accreditation Committee (PreVAC)
- Assessment Committee

The Finance, Audit and Risk Management Committee (FARM) provides high-level advice to the Directors on the organisation's budgets and finances.

In the complex regulatory framework of 21st century medicine, the AMC also advises and makes 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.







# 2016–17 HIGHLIGHTS

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

Members of the IAG visiting Inala, November 2016



## Indigenous Health: building diversity and inclusion

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 processes and in the development of assessment items. Indigenous health is now embedded in the conversations about the performance of medical schools and specialty training programs. Globally, the AMC standards remain the only set of medical school accreditation standards that specifically address Indigenous peoples in colonial settings. By acknowledging the unique position of Aboriginal and Torres Strait Islanders in Australia and Maori in New Zealand,

these specific requirements show commitment to Indigenous health as distinct from the broad notions of 'underrepresented', 'culturally diverse' or 'minority' groups.

The AMC accreditation standards act as high level and targeted policy that supports the implementation of globally relevant and place-based activity to develop the next generation of the health and medical workforces. As well as providing an exemplar to international accreditation bodies, Indigenous-specific accreditation reform has led to an increase in the number of Indigenous health experts on accreditation teams, with further reform necessary to ensure the systematic training on Indigenous health particularly for non-Indigenous team members and the insertion of Indigenous-specific standards for learning, teaching and assessment.

To facilitate further reform, in 2015 the AMC established the Indigenous Planning Advisory Group (IPAG) to assist with the development of 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. Following presentation of the IPAG's final report to AMC Directors in November 2015, Directors agreed to establish a smaller Indigenous Advisory Group (IAG) to prioritise the report's recommendations for the short, medium and long term.

During 2016 IAG supported the AMC to develop an *Indigenous Health Statement* that outlines the AMC's commitment to improving outcomes for Aboriginal and Torres Strait Islanders and Māori through its assessment and accreditation processes including equitable access to health services for Indigenous peoples.

## The AMC's health principles include:

- recognising Aboriginal and Torres Strait Islander peoples and Māori as First Nations peoples;
- including Indigenous perspectives across the assessment and accreditation processes of the AMC;
- maintaining accreditation standards and procedures across the medical education continuum that ensure education programs have learning outcomes for Indigenous health and settings and resources to achieve stated outcomes;
- supporting a health model that promotes the emotional, social, spiritual and political aspects of health in a holistic way;
- supporting targeted, evidence-based action that will contribute to decreasing the burden of disease, increase the life expectancy and enhance the development of a workforce that is cognisant of and responsive to the needs of Indigenous peoples; and
- supporting education and training that ensures doctors are aware of the impact of their own culture and cultural values on the delivery of services, historically and at present, and have knowledge of, respect for and sensitivity towards the cultural needs of Indigenous people.

In November 2016 Council amended its Constitution to create a designated position for an Aboriginal or Torres Strait Islander and a Māori member of the Council.

In early 2017 the AMC welcomed a number of high profile Aboriginal and Torres Strait Islander and Māori members to each of its standing committees covering basic medical education, specialist training, prevocational training and assessment of international medical graduates. The new members include:

- Professor Lisa Jackson-Pulver AM- Assessment Committee
- Dr Justin Gladman - Assessment Committee
- Dr Tammy Kimpton - Specialist Education Medical School Accreditation Committee
- Associate Professor Papaarangi Reid - Medical School Accreditation Committee
- Professor Shaun Ewen - Medical School Accreditation Committee
- Dr Artiene Tatian - Prevocational Standards Accreditation Committee



Professor Shaun Ewen



Associate Professor Papaarangi Reid





Council, observers, attendees and staff – November 2016

### Engagement that matters

The work of the IAG culminated with a visit to the Southern Queensland Centre of Excellence in Aboriginal and Torres Strait Islander Primary Health Care, also known as Inala Indigenous Health Service. The IAG team was hosted by the co-chair of the IAG, Dr Noel Hayman. The visit to Inala demonstrated for the AMC the importance and value of strong leadership and how that affects the hierarchy of education in Indigenous health; the opportunities for interprofessional learning that lead to better health outcomes for patients and that offer diversity of training and teaching for staff of the centres; and it reinforced the importance of a model of care that uses evidence based research to effect positive outcomes for Aboriginal and Torres Strait Islander people.

## Annual General Meeting 2016: Canberra

### New members and Directors

The Council welcomed new members and Directors including:

- Professor Eleanor Milligan, new Director elected by Council following a ballot;
- Professor Liz Farmer, new Director ex officio as Chair of the Prevocational Standards Accreditation Committee;
- Professor Geoff McColl, new Director ex officio as Chair of the Medical School Accreditation Committee; and
- Professor Richard Murray, new member as nominee of Medical Deans Australia and New Zealand appointed by Directors.

### Constitutional Review

In addition to changes relating to Indigenous membership, the Constitutional Review recommended a number of other important changes including:

- Amendments to Article 1 to reflect the wider purpose and range of the activities of the AMC including working internationally with health, accreditation and testing authorities and agencies to bring about improvement in the AMC's commitment to advancing the quality and delivery of medical education and training of health services in Australia and New Zealand
- Amendments to the terms of office for principal office bearers and directors, from one-year to two-years
- Amendments to AMC standing committees including changing the name of the Board of Examiners to Assessment Committee, recognising the Prevocational Standards Accreditation Committee in the Constitution which means the Chair of the Committee is ex-officio a Director of the AMC

## Community engagement – the general meeting of Council in Darwin, June 2017

Building on the work of the Council over the last three years, the AMC has engaged with health services, local practitioners, educators and community leaders to share information and consider current issues in health and education. The AMC travelled to the Northern Territory (NT) in June for a series of meetings on health, workforce and education. From 21 to 22 June 2017 Council members, observers and staff visited various locations around the Territory, including Alice Springs, Nhulunbuy, Katherine and Darwin. Council members met with senior staff from NT Department of Health, Aboriginal Medical Services, Central Australian Congress, clinicians, education providers and community leaders. The theme of the visit was the importance of local knowledge in developing local solutions and partnerships that work.





After a series of site visits, the Council held the formal part of its General Meeting at the Charles Darwin University, where members provided observations of their site visits including:

- The challenges of recruitment and retention of health professionals in remote locations;
- The Northern Territory's strong reliance on International Medical Graduates (IMGs) and variable views on their preparation for practice in this environment; Innovative educational approaches were evident in the University and other education providers, as were challenges in translating some of these approaches into national schemes and requirements;

- Food security was seen as a key issue in remote locations (an AMC team visited the Laynhapuy Homelands in North-east Arnhem Land where there are significant challenges accessing health services and reasonably priced food);
- Culturally safe holistic medical practice; and
- The success of training programs for Aboriginal Health Workers.

## World Federation for Medical Education – Recognition of the AMC

In 2017, the AMC participated in the World Federation for Medical Education (WFME) recognition process, which is the international process established for recognition of medical school accreditation processes. WFME recognises accrediting agencies that have the authority to accredit education programs or schools that award the MD degree or equivalent medical qualifying degree. To complete the WFME recognition process, the AMC provided a submission outlining its accreditation processes and standards, and had a WFME team observe



A sit down with the Katherine Hospital community, June 2017



AMC team with staff on Laynhapuy Homelands Visit, June 2017



NT Medical School campus at Charles Darwin University



staff undertaking its standard accreditation activities, including an accreditation site visit and meeting of its accreditation committee.

WFME completed its assessment of the AMC accreditation procedures with the WFME team observing the AMC assessment of Western Sydney University in May 2017 and a meeting of the Medical School Accreditation Committee (MedSAC) in June 2017 (see photo below).

The AMC participated in this process as a quality improvement exercise, but also to satisfy new requirements concerning eligibility of medical graduates to undertake the United States Educational Commission for Foreign Medical Graduates (ECFMG) examinations. The ECFMG has announced that from 2023, doctors applying for ECFMG Certification must be graduates of an appropriately accredited medical school. To satisfy this requirement, the doctor's medical school must be accredited through a formal process that uses criteria comparable to the Liaison Committee on Medical Education's (LCME) criteria for American medical schools, or other globally accepted criteria, such as those used by the World Federation for Medical Education (WFME).



## AMC Strategy

With the Strategic Plan 2012 – 2017 due for review the AMC's strategic focus remain on four areas (see photo below).

A new strategic plan will be developed and implemented in 2018.



## Contributions to the AMC

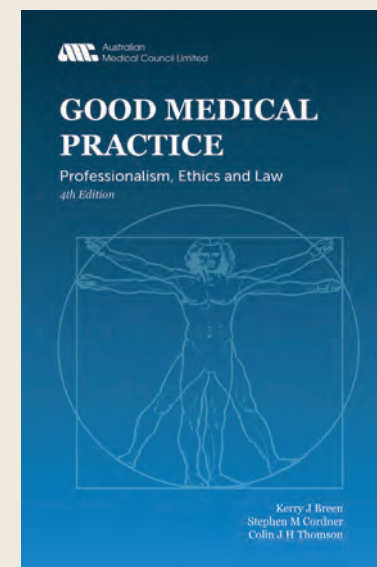
The AMC relies on the contributions of many individuals who are members of its committees, expert working groups, senior examiners, and accreditation assessors. Without the enduring assistance of members of the medical profession, educators, community members, and members of other health professions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

- Contributing to the development of a medical school accreditation processes and program evaluations for neighbours in the Western Pacific and Asia and providing secretariat support to the Western Pacific Association for Medical Education (WPAME)

- Presenting to various International Medical Education Conferences on the work of the AMC in assessment and accreditation, including the International Association of Medical Regulatory Authorities Conference held in Melbourne in September 2016, the 14th Asia Pacific Medical Education Conference (APMEC) in January 2017 and the Association of Test Publishers (ATP) Innovations in Testing Conference 2017 in March 2017

- AMC President, Associate Professor Jill Sewell AM, launched the 4th edition of the AMC's *Good Medical Practice – Professionalism, Ethics and Law* publication in December 2016. Written by two experienced medical practitioners and an experienced lawyer, the publication addresses in detail the key elements of professionalism and what is required to be a good doctor. The new edition has been expanded to include the challenges posed by the use of electronic communications, the internet and social media, patient safety, adverse events and open disclosure of adverse events, and end-of-life care. *Good Medical Practice – Professionalism, Ethics and Law* is an ideal core textbook for medical students, doctors in training and is recommended reading for candidates undertaking the AMC examination process.

The book provides a single source of information and serves as a reference for doctors in independent clinical practice and as a guide to medical regulators, lawyers, medical practitioners and community members who serve on performance and conduct panels and tribunals



© Australian Medical Council 2016  
December 2016, 4th Edition – Kerry J Breen :  
Stephen M Cordner : Colin J H Thomson  
ISBN 978-1-938182-67-9 Paperback 622pp

- Establishment of the National Test Centre (NTC) Innovation Group which focuses on new initiatives to advance innovation in assessment processes based on the technology available at the NTC.



# COUNCIL MEMBERS AND DIRECTORS

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



Members of the Council are drawn from a wide cross-section of stakeholder 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;
- Aboriginal and Torres Strait Islander and Māori members
- 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 management of the AMC's business. They receive high-level advice on budgets and finances from the AMC's Finance, Audit and Risk Management Committee. The Directors for all or part of the 2016-17 financial year are listed in the Directors' 2017 Report in the financial statements, where their attendance at meetings is also detailed.

The Council and Directors membership as at June 2017 are listed at Appendix A and Appendix B.



# COMMITTEES

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

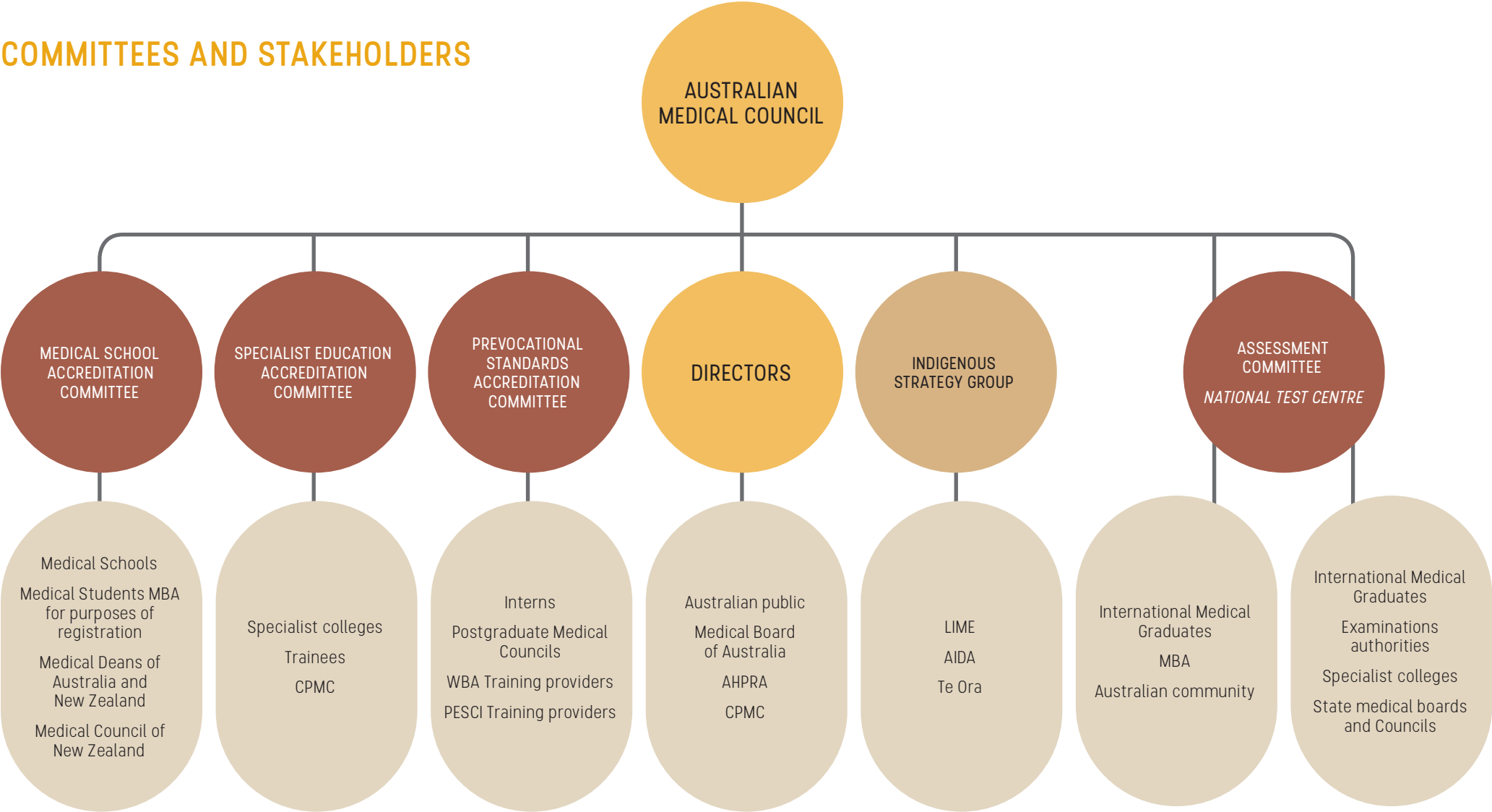
Table 1 lists the main committees and their functions. Committee members are listed in **APPENDIX A**.

**Table 1** Committees and their functions

COMMITTEE	FUNCTION
<b>Assessment Committee 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 Committee: MCQ Assessment Panel, the Clinical Assessment Panel and the Workplace-based Assessment Results Panel. The Committee and its panels oversee the AMC examination process and advise Directors on international medical graduate assessment issues.
<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>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>Medical School Accreditation Committee</b>	Oversees the process for assessment and accreditation of primary medical education programs and their providers.
<b>Specialist Education Accreditation Committee</b>	Oversees the process for assessment and accreditation of specialist medical education programs and continuing professional development programs.



# COMMITTEES AND STAKEHOLDERS



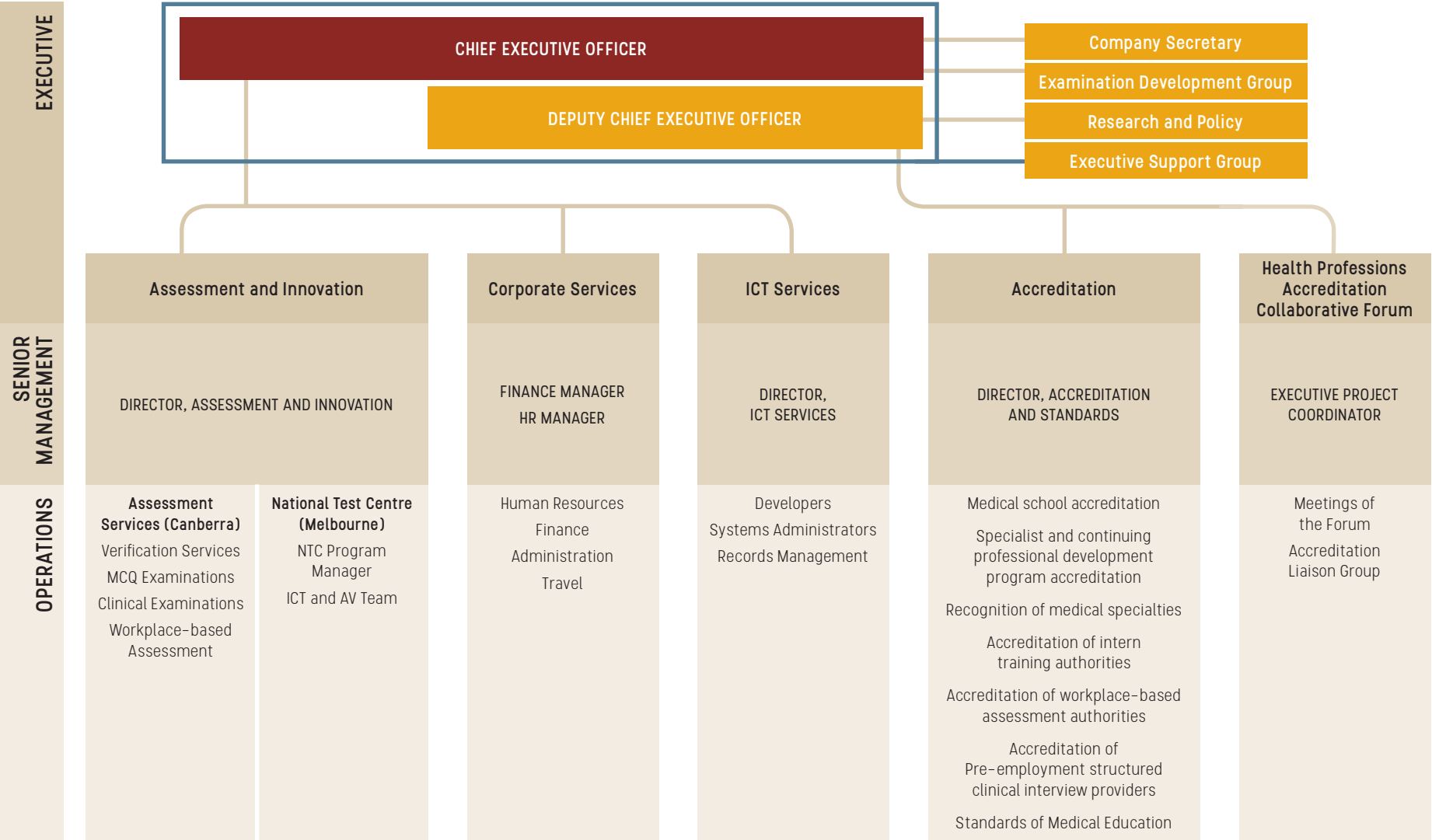
- Defined in the Constitution, as the governing body of the AMC.
- These committees are defined in the Constitution. They oversee large functional areas of the AMC.
- This group provides expert advice on specific long term projects and topics.
- These groups represent the primary stakeholders to the 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.

The AMC’s organisational structure is set out below.



# EXTERNAL ENGAGEMENT

## STAKEHOLDERS

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

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

Some of the AMC's major stakeholders 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). Quarterly meetings are held between the AMC, AHPRA and Medical Board of Australia and six monthly reports to AHPRA provide updates on the ongoing work and activities of the AMC.

### Health Professions Accreditation Collaborative Forum

The Health Professions Accreditation Collaborative Forum is a coalition of the accreditation councils of the regulated health professions. The AMC, as the appointed accreditation authority for the Medical Board of Australia, is a member of the Forum and provides it with secretariat and administrative support. The Forum works collaboratively to support good accreditation practices and to work with accreditation council staff across the professions to strengthen networking opportunities and share understanding of accreditation processes; contributes to national boards and AHPRA meetings on accreditation matters.

### Council of Presidents of Medical Colleges

The Council of Presidents of Medical Colleges (CPMC) brings together the specialist medical colleges of Australia. The CPMC seeks to ensure that individual medical specialties have a broad base of intercollegiate knowledge, as well as providing policy development and objective advice on health

issues to Government and the wider community. The AMC attends quarterly meetings with the CPMC and provides regular reports on its work and accreditation activities.

### Leaders in Indigenous Medical Education (LIME)

The LIME Network is a dynamic network dedicated to ensuring the quality and effectiveness of teaching and learning of Indigenous health in medical education, as well as best practice in the recruitment and graduation of Indigenous medical students. It seeks to build multi-disciplinary and multi-sectoral linkages and to provide quality review, professional development, capacity-building; and advocacy functions. The LIME Network recognises and promotes the primacy of Indigenous leadership and knowledge and supports collaboration within and between medical schools in Australia and New Zealand to support the development, delivery and evaluation of quality Indigenous health content in medical education. The AMC attended the 2017 LIME conference *The Future of Indigenous Health Education*:

*Leadership, Collaboration, Curriculum* in April and presented on the AMC's work with Indigenous Health and Education.

### Stakeholder engagement

The AMC regularly meets with peak bodies representing its many and varied stakeholders including:

- Medical Deans Australia and New Zealand
- Universities Australia
- Australian Indigenous Doctors' Association
- Medical Council of New Zealand
- Te Ohu Rata o Aotearoa – Maori Medical Practitioners Association (Te ORA)
- Confederation of Postgraduate Medical Education Councils
- Accreditation Liaison Group (ALG)
- Consumer Health Forum.



# 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 2016–17, 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.

## Curtin University, Faculty of Health Sciences, Curtin Medical School: Accreditation

The Curtin University, Faculty of Health Sciences, Curtin Medical School sought 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 at their 20 October 2016 meeting found that the Curtin Medical School, Faculty of Health Sciences and its medical program substantially meets the approved accreditation standards. Directors granted accreditation of the five-year school leaver Bachelor of Medicine / Bachelor of Surgery (MBBS) program to 31 March 2023, subject to satisfying AMC monitoring requirements including satisfactory progress reports; a follow-up assessment in 2018 to assess the implementation of Years 1 and 2 and plans for Years 3 to 5; and reports on conditions in November 2016, 2017 and 2018.

The Medical Board of Australia at its 23 November 2016 meeting approved the Curtin University medical program for the purpose of providing qualifications for registration in the medical profession until 31 March 2023.

## Deakin University, School of Medicine: Extension of accreditation

The Directors at their 1 September 2016 meeting extended the accreditation of the Deakin University, School of Medicine until 31 March 2019. The Medical Board of Australia at its 28 September 2016 meeting approved the School's medical program as providing a qualification for the purposes of registration until 31 March 2019.

An AMC team will conduct a reaccreditation assessment of the School in March 2018.

## James Cook University, School of Medicine and Dentistry: Comprehensive report

The Directors at their 1 September 2016 meeting agreed that the James Cook University, School of Medicine and Dentistry and its Bachelor of Medicine / Bachelor of Surgery (MBBS) program continues to meet the accreditation standards, and approved the extension of accreditation to 31 March 2021, subject to the submission of satisfactory biennial progress reports.

The Medical Board of Australia at its 28 September 2016 meeting approved the School's medical program as providing a qualification for the purposes of registration until 31 March 2021.

## Macquarie University, Faculty of Medicine and Health Sciences: Accreditation

Macquarie University was seeking accreditation of a four-year graduate-entry Masters Degree (Extended) leading to a Doctor of Medicine (MD). The program is scheduled to commence in 2018 with a yearly intake of 60 full fee paying students, comprised of 40 domestic (fee paying) students and 20 international students. The program contains an offshore component and was assessed against the AMC policy in the *Primary medical programs provided offshore by Australian and/or New Zealand education providers*.

An AMC team conducted a Stage 2 assessment of the proposed program over March and April 2017, with site visits to Hyderabad, India in March, and Sydney in April 2017.

On the basis of the accreditation report and recommendations by the Medical School Accreditation Committee, the Directors at their 23 June 2017 meeting found that Macquarie University, Faculty of Medicine and Health Sciences and its medical program meets the approved accreditation standards. Directors granted accreditation of the four-year graduate-entry Masters Degree (Extended) leading to a Doctor of Medicine (MD) program of Macquarie University, Faculty of Medicine and Health Sciences, to 31 March 2023, subject to satisfying AMC monitoring requirements including satisfactory progress reports; a follow-up assessment in 2019 to assess the implementation of Years 1 and 2 and plans for Years 3 to 4.

The Medical Board of Australia at their July 2017 meeting will consider the accreditation report of the Macquarie University, Faculty of Medicine and Health Sciences.

## The University of Melbourne, Melbourne Medical School: Comprehensive report

The Directors, at their 1 September 2016 meeting agreed that the University of Melbourne, Melbourne Medical School and its Doctor of Medicine (MD) program continue to meet the accreditation standards, and approved the extension of accreditation to 31 March 2021, subject to the submission of satisfactory annual progress reports.

The Medical Board of Australia at its 28 September 2016 meeting approved the School's medical program as providing a qualification for the purposes of registration until 31 March 2021.

## Monash University, Faculty of Medicine, Nursing and Health Sciences: Extension of accreditation

The Directors at their 20 October 2016 meeting extended the accreditation of the Monash University, Faculty of Medicine, Nursing and Health Sciences from 31 December 2017 to 31 March 2018.

The Medical Board of Australia at its 28 September 2016 meeting approved the Faculty's medical programs as providing a qualification for the purposes of registration until 31 March 2018.

An AMC team will conduct a reaccreditation assessment of the School in August 2017.

## The University of Newcastle / University of New England, Joint Medical Program: Major Change

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. The BMed program accepted its last intake in 2016 and will be taught out in parallel with the implementation of the BMedSc/MD program.

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

The Directors at their 20 October 2016 meeting found that the University of Newcastle / University of New England, Joint Medical Program's five-year BMedSc / MD program substantially meets the accreditation standards, and granted accreditation until 31 March 2023, subject to satisfactory progress reports and a follow-up assessment in 2018.

The Medical Board of Australia at its 23 November 2016 meeting approved the medical programs of the University of Newcastle / University of New England, Joint Medical Program as providing qualifications for the purposes of registration in the medical profession until 31 March 2023.

## University of Notre Dame Australia, School of Medicine Fremantle: Reaccreditation

The four-year graduate entry medical program is offered as a MBBS program. From 2017, the School will only offer a MD program as existing MBBS students will be converted to the MD program.

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

The Directors at their 20 October 2016 meeting found that the medical programs of the University of Notre Dame Australia, School of Medicine Fremantle continue to meet the accreditation standards. Directors extended accreditation of the MBBS program to 31 March 2018, and granted accreditation of the MD program to 31 March 2023. Accreditation of both programs is subject to satisfactory progress reports and reports on conditions.

The Medical Board of Australia at its 23 November 2016 meeting approved the medical programs of the University of Notre Dame Australia, School of Medicine Fremantle as providing qualifications for the purposes of registration in the medical profession until 31 March 2023.



## University of Queensland, Faculty of Medicine: Comprehensive report

The Directors at their 19 December 2016 meeting found that the University of Queensland, Faculty of Medicine and its Bachelor of Medicine / Bachelor of Surgery (MBBS) and Doctor of Medicine (MD) substantially meet the accreditation standards, and approved the extension of accreditation to 31 March 2021, subject to the submission of satisfactory progress reports and report on conditions.

The Medical Board of Australia at its 22 February 2017 meeting approved the Faculty's medical program as providing a qualification for the purpose of registration until 31 March 2021.

## University of Tasmania, School of Medicine: Reaccreditation

The five-year direct-entry medical program is offered as a Bachelor of Medicine / Bachelor of Surgery (MBBS) program.

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

The Directors at their 20 October 2016 meeting found that the medical program of the University of Tasmania, School of Medicine substantially meets the accreditation standards. Directors granted accreditation of the MBBS program to 31 March 2023, subject to satisfactory progress reports and reports on conditions.

The Medical Board of Australia at its 23 November 2016 meeting approved the medical program of the University of Tasmania as providing qualifications for the purposes of registration in the medical profession until 31 March 2023.

## University of Western Australia, Faculty of Medicine, Dentistry and Health Sciences: Extension of accreditation

The Doctor of Medicine (MD) program offered by the University of Western Australia, Faculty of Medicine, Dentistry and Health Sciences, is accredited until 31 March 2019. The MBBS program is accredited until March 2019, subject to a satisfactory report on the teach-out phase of the course.

The Directors at their 19 December 2016 meeting extended the accreditation of the University of Western Australia, Faculty of Medicine, Dentistry and Health Sciences' four-and-one-half-year graduate entry stream medical program (MBBS) to 31 March 2021 in order to accommodate those students who have not yet completed the program.

The Medical Board of Australia at its 22 February 2017 meeting approved the four-and-one-half-year graduate entry stream medical program (MBBS) of the Faculty of Medicine, Dentistry and Health Sciences as providing qualifications for the purposes of registration in the medical profession until 31 March 2021.

## University of Wollongong, Graduate School of Medicine: Reaccreditation

The University of Wollongong, Graduate School of Medicine's Bachelor of Medicine / Bachelor of Surgery (MBBS) program is accredited to 31 March 2017. From 2017 the School will offer a Doctor of Medicine (MD) program in place of the MBBS.

An AMC team visited the School from 8–12 August 2016.

The Directors at their 19 December 2016 meeting found that the medical programs of the University of Wollongong, Graduate School of Medicine continued to meet the accreditation standards. Directors agreed to confirm accreditation of the program to 31 March 2023 subject to satisfactory progress reports.

The Medical Board of Australia at its 22 February 2017 meeting approved the medical program of the University of Wollongong, Graduate School of Medicine as providing qualifications for the purposes of registration in the medical profession until 31 March 2023.

## SPECIALIST MEDICAL EDUCATION AND TRAINING

### 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 in May 2016.

The Directors at their 20 October 2016 meeting found the programs substantially meet the accreditation standards. Directors agreed to grant accreditation of the programs until 31 March 2020, subject to satisfying AMC monitoring requirements including progress reports and addressing accreditation conditions, and a review visit in late 2017.

The Medical Board of Australia at its 23 November 2016 meeting approved the fellowship of the RANZCO as providing a qualification for the purposes of specialist registration in the recognised speciality of ophthalmology to 31 March 2020.

### Royal College of Pathologists of Australasia: Reaccreditation

An AMC team completed an assessment of the training, education and continuing professional development programs of the Royal College of Pathologists of Australasia in November 2016.

The Directors at their 2 March 2017 meeting found that the programs of the Royal College of Pathologists of Australasia substantially meet the accreditation standards. Directors granted accreditation of the programs until 31 March 2023, subject to satisfying AMC monitoring requirements including progress reports and addressing accreditation conditions, and a review visit in late 2020.

The Medical Board of Australia at their 29 March 2017 meeting approved the training, education and continuing professional development programs of the RCPA leading to fellowship of the RCPA in the recognised speciality

of pathology and the fields of specialty practice in general pathology, anatomical pathology (including cytopathology), chemical pathology, forensic pathology, haematology, immunology and microbiology, as providing qualifications for specialist registration, to 31 March 2023.

## Australasian College of Dermatologists: Extension of Accreditation

The AMC will conduct a reaccreditation assessment of the College's programs in September 2017.

The AMC Directors at their 21 November 2016 meeting agreed to extend the accreditation of the Australasian College of Dermatologists and programs from 31 December 2017 until 31 March 2018 to allow for an accreditation decision to be made.

The Medical Board of Australia at their 22 February 2017 meeting approved the extension of accreditation to the training, education and continuing professional development programs of ACD to 31 March 2018.

## INTERN TRAINING ACCREDITATION PROVIDERS

In 2016/17 the AMC has completed the assessment of the following two intern training accreditation providers and commenced the assessment process of one other:

### Health Leaders Australia, trading as Queensland Prevocational Medical Accreditation

In 2015, the AMC granted initial accreditation to Health Leaders Australia (HLA), trading as Queensland Prevocational Medical Accreditation (QPMA) as the intern accreditation authority for Queensland.

An AMC team completed its review of HLA-QPMA in July 2016.

The AMC Directors at their 24 February 2017 meeting considered the Committee's recommendations and the accreditation report and found that HLA-QPMA substantially meets the domains for assessing intern training accreditation authorities and granted accreditation as an intern training accreditation authority for three years, to 31 March 2019, subject to satisfactory annual progress reports.

The Medical Board of Australia at its 29 March 2017 meeting approved HLA - QPMA as the intern training accreditation authority in Queensland to 31 March 2019.

### Northern Territory Medical Education and Training Centre

In 2013 the AMC granted initial accreditation to the Northern Territory Medical Education and Training Centre (NT METC), as the intern accreditation authority for the Northern Territory.

An AMC team completed its review of NT METC in September 2016.

The AMC Directors at their May 2017 meeting considered the Committee's recommendations and the accreditation report and found that Northern Territory Medical Education and Training Centre substantially meets the domains for assessing intern training accreditation authorities and granted accreditation as an intern training accreditation authority to 31 March 2021, subject to satisfactory annual progress reports.

The Medical Board of Australia at its 31 May 2017 meeting approved NT METC as an intern training accreditation authority in the Northern Territory to 31 March 2021.

### NSW Health Education and Training Institute

The assessment of the NSW Health Education and Training Institute commenced in the 2016/2017 period.

## WORKPLACE BASED ASSESSMENT PROVIDERS

The following WBA providers submitted their progress reports in 2017, which were accepted as satisfactory with areas for further reporting identified for 2018. These four providers continue to meet the criteria for accreditation of WBA providers:

- Central Coast Local Health District (CCLHD)
- Launceston General Hospital (LGH)
- Monash Health
- WA Health

Additional information was requested from Hunter New England Local Health District (HNELHD) and the Rural and Outer Metropolitan United Alliance (ROMUA) which will be considered in the 2017/2018 period.

Each accredited WBA assessment provider undergoes a reaccreditation assessment at least every three years. Reaccreditation assessments are by review of a comprehensive report and the AMC experience in monitoring the provider and WBA program by progress reports over the accreditation period. Directors make an accreditation decision on advice from the Prevocational Standards Accreditation Committee. A comprehensive report for reaccreditation was submitted by Wide Bay Hospital and Health Service (WBHHS) in 2016/17 to the Committee. Further information was required to make a decision and as such this report will be considered in the 2017/2018 period.

## PRE-EMPLOYMENT STRUCTURED CLINICAL INTERVIEW PROVIDERS

The following PESCI providers submitted their progress reports in 2017, which were accepted as satisfactory with areas for further reporting identified for 2018. These five providers continue to meet the criteria for accreditation of PESCI providers:

- Australian College of Rural and Remote Medicine (ACCRM)
- Health Workforce Assessment Victoria (HWAV)
- The Postgraduate Medical Council of Victoria (PMCV)
- Queensland Health
- The Royal Australian College of General Practitioners (RACGP)



# ASSESSMENT AND EXAMINATION UPDATE

## OVERVIEW

The AMC Assessment Services business area is responsible for the assessment and examination of International Medical Graduates (IMGs) seeking registration to practice in Australia. Within the Assessment Services team, there are separate operational areas: Verification services, Multiple Choice Question (MCQ) examination, Clinical examination, Workplace-based Assessment and Examination development.

The Assessment Services team works with a range of committees, panels, working groups, stakeholders and other AMC staff to not only manage an AMC candidate's progress along the pathway to the award of the AMC Certificate however works closely with the committees, panels and working groups in the areas of research and data analysis, development and implementation of examination procedures.

## 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 from 1 October 2015, which launched simultaneously with the new AMC online applications platform requiring IMGs to 'Establish an AMC portfolio'.

## Requests for Primary Source Verification completed 2016/2017

The new AMC portfolio applications platform launched on 1 October 2015. This electronic platform enables IMGs to complete information required, attached identification

documentation and the payment online for processing by the Verification Services team. This new facility eliminates paper application forms, paper supporting documentation and the manual processing of application fees.

Also from 1 October 2015, IMGs have been required to submit medical qualifications directly to ECFMG for EPIC verification as part of the AMC portfolio process. Below is a summary of qualifications verified from 1 July 2016 to 30 June 2017 via both the EICS and EPIC verification systems:

VERIFICATIONS TYPE	TOTAL QUALIFICATIONS VERIFIED
EICS verifications	441
EPIC verifications	5,564
<b>Total qualifications verified</b>	<b>6,005</b>

## 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.

## 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 84 most popular schools is available at ATTACHMENT A – *AMC Top Medical Schools Activity* as of 30 June 2017, with the schools in blue blocks now linked to ECFMG's e-verification system.

To date, ECFMG has added a total of 931 medical institutions to the e-verifications system.

## EPIC API Development

With the launch of the EPIC verifications system on 1 October 2015, AMC candidates submit their qualifications directly to ECFMG for EPIC verification. ECFMG provides verification status updates as well as the qualification and verification images are provided to the AMC via an EPIC secure portal. The AMC was required to manually download and transfer the updates and images from the EPIC portal to AMC candidate records, which was a slow and demanding process.

After close collaboration between Verification Services and the AMC IT team, a new development was implemented in April 2017 allowing for the data captured on the EPIC API system to be imported electronically to the AMC applications portal for processing. This eliminates the cumbersome 'drag and drop' processes and has allowed for a more streamlined process for the Verifications Service team to update AMC candidate records efficiently.

## AMC portfolios statistics

The AMC launched the new online applications process referred to 'AMC portfolio' on 1 October 2015. In the reporting period of 1 July 2016 – 30 June 2017, a total of 5,192 portfolios applications have been established (an average of 115 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 July 2016 and 30 June 2017. 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 119 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 63 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.

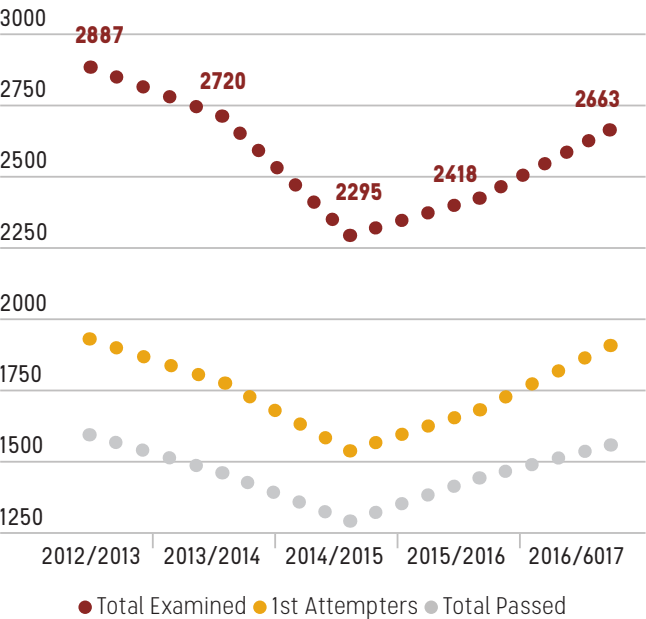
Between 1 July 2016 and 30 June 2017 a total of 50,039 IMG records have been accessed.

### Multiple Choice Examinations (MCQ)

In the reporting period of 1 July 2016 to 30 June 2017, a total of 2,663 MCQ examinations were conducted by the AMC in Australia and in 300 controlled examination facilities internationally. Of that number, 1903 IMGs were presenting for the first time at the MCQ examination. A total of 1,559 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 Examination Country of Training Statistics**.

**Figure 2 MCQ Examinations for Financial Year: 2012/2013 – 2016/2017 (All Candidates)**



### AMC Computer Adaptive Testing (CAT) MCQ examination items

The AMC CAT MCQ examination format contains 150 items taken in one session of 3.5 hours. Of the 150 items, 120 items are scored and 30 items are pilots, which are integrated through the examination content.

The blueprinting for the CAT MCQ examination includes a Pool of 1800 scored items and a Pod of 180 pilot items. The MCQ Panel of Examiners at their meetings, select the items suitable for both the Pool and Pod and confirms when a Pool or Pod requires replacement dependent on item usage. This is determined by item analysis reports provided at the MCQ Results panel meetings.

In July 2016, the MCQ Panel of Examiners confirmed that active Pool 2 required replacement due to its item usage, as such Pool 3 was implemented.

During the use of Pool 3, two new sets of Pilot Pods were used. Of the two sets of Pilot Pods (360 pilot items), 290 of these items successfully progressed to Scored item status within the MCQ Question Bank database. This equals an 80% retention rate on these pilot items. These pilot items are then considered for selection into the next item pool. The unsuccessful items are either archived or returned to the MCQ Writing groups for a review and further development.

### MCQ Writing Workshops and MCQ Panel of Examiner Meetings

Between 1 June 2016 and 31 July 2017, the MCQ team supported the work of six MCQ Writing workshops. These workshops involve the development, review and approval of items ready for final sign-off at the MCQ Panel of Examiners meetings.

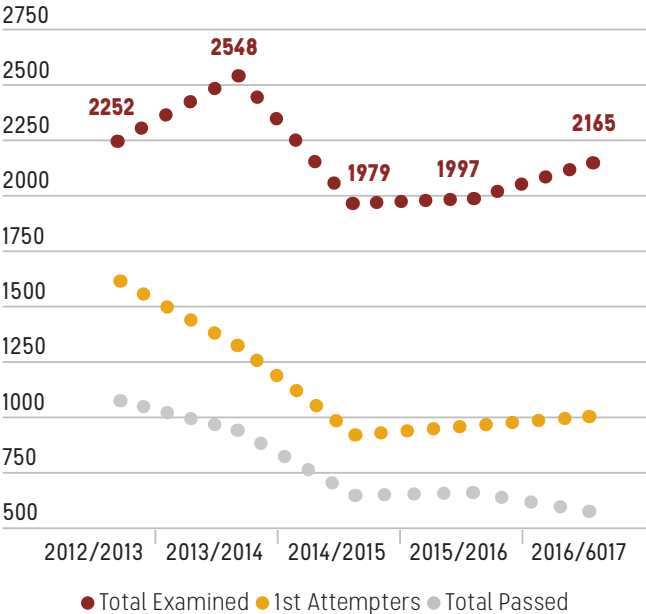
The MCQ team also supported three MCQ Panel of Examiners meetings. These meetings involve the multi-disciplinary panel members reviewing and selecting items for the development of a further three pilot pods.

### Clinical Examinations

In the reporting period a total of 2,165 candidates were assessed at 65 clinical examinations, of which 61 were conducted at the NTC in Melbourne. Some 1,026 candidates presented for the first time and a total of 597 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: 2012/13 – 2016/17 (All Candidates)**



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



## New Clinical Scoring Model

The Clinical Examination Research Group developed a new scoring model for the Clinical examinations. This model involves a 14 scored items + 2 pilot items policy and took into account considerations of the removal of the compulsory stations and the replacement of a poor performing station. A policy paper was developed and approved through the Assessment Committee and recently by the AMC Directors.

A timeline was initiated to develop and implement the 14 + 2 policy which includes communication to both AMC Candidates via the AMC website, email and in the Clinical Examination Specifications booklet and the Medical Board of Australia advising of the change in Clinical examination scoring. The new scoring model will be implemented from the February 2018 Clinical examinations.

## Clinical Results panel

Following initial approval from the AMC Directors, the AMC Assessment Committee approved a proposal for a Clinical examination result sign-off process, which aligns with the current MCQ results sign-off process, and helps develop a consistent approach across both AMC examinations. The development of the Clinical Results Panel and the implementation of this group allows for the mitigation of any risk surrounding content issues either technical or procedural, by providing sufficient time for the multi-disciplinary panel members to review statistical analysis or result data prior to releasing of results.

Whilst the remainder of 2017 will involve a shadowing process with the current result sign-off process, the new Clinical Results panel and sign-off process will commence from the February 2018 Clinical examinations.

## Technology scenarios

Through the work of the AMC Clinical Assessment panel and NTC ICT team, a Clinical trial examination was held in September 2016. The purpose of this examination was to fast track cases into Pool 2 ready for use in Clinical examinations. There were two types of cases in the examination with the focus being:

1. Trialling of cases where new technology is required (telemedicine, video review etc.)
2. Running of trial pool cases in order to review how the case performs

The technology cases included video footage and audio usage as well as the use of a polycom or telephone.

There were three Mental Health cases which involved a video to be played on the internal monitor in the assessment station with no simulated patient involvement. The Child Health cases involved the use of audio via a mobile phone, the audio was to be played when required by the simulated patient and Medicine cases where the use of a polycom or telephone involved either the Examiner or simulated patient.

Following review, testing and development of solid business continuity plans, the technology cases are now an integral component of the blueprinting of the Clinical examinations.

## Workplace-Based Assessment (WBA)

In the reporting period of 1 July 2016 to 30 June 2017, seven accredited WBA providers assessed 100 candidates. 95 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 – Workplace based Assessment statistics.

## National Test Centre

In the reporting period of 1 July 2016 to 30 June 2017, the AMC National Test Centre conducted 69 Clinical examinations. The examination facilities were used on 6 occasions by external clients. Interest in the use of the NTC's facilities by external clients continues to grow, with bookings for 2017–2018 increasing. In addition to all this, the NTC meeting rooms also hosted a large number of AMC committee meetings, workshops and panel meetings. The total of meetings in the reporting period was 78.

The audited statements for the 2016/17 financial year indicate that the NTC generated \$464,500 additional income from non-AMC (external) clients. This is expected to increase in 2017/18 due to the increased number of bookings.



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

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

The financial statements were prepared according to the Australian Accounting Standards—Reduced Disclosure Requirements of the Australian Accounting Standards Board and were audited by PricewaterhouseCoopers. The auditors gave an unqualified audit report after doing a comprehensive check of bank accounts, cash statements and journals for irregularities, fraud and any items that could lead to fraud. The emphasis was on checking all systems, procedures and controls to ensure that fraud had not been committed and to strengthen the controls to prevent any possible future fraud.

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



The financial report of the Australian Medical Council Limited for the year ended 30 June 2017 consists of the directors' report, including the auditor's independence declaration; the statement of financial position; the statement of profit and loss and other comprehensive income and statement of cash flows; 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 2017.

### 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
- Professor David Ellwood, Deputy President
- Mr Ian Frank, Chief Executive Officer
- Professor Kate Leslie AO, ex officio, Chair, Specialist Education Accreditation Committee
- Professor Elizabeth Farmer, ex officio, Chair, Prevocational Standards Accreditation Committee, appointed at the AGM 30 November 2016
- Professor Geoff McColl, ex officio, Chair, Medical School Accreditation Committee, (appointed 20 October 2016)
- Professor Eleanor Milligan, Director elected by Council (AGM 30 November 2016)
- Associate Professor Kim Rooney, Director

- Emeritus Professor David Prideaux, ex officio, Chair, Assessment Committee (formerly the Board of Examiners)
- Emeritus Professor Napier Thomson AM, Director
- Dr Greg Kesby, Director elected by Council (term ended AGM 30 November 2016)

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 develop accreditation standards, policies and procedures for medical programs of study based predominantly in Australia and New Zealand and for assessment of international medical graduates for registration in Australia

- (c) to assess programs of study based predominantly in Australia and New Zealand leading to general or specialist registration of the graduates of those programs to practise medicine in Australia to determine whether the programs meet approved accreditation standards, and to make recommendations for improvement of those programs
- (d) to assess education providers based predominantly in Australia and New Zealand that provide programs of study leading to registration of the graduates of those programs to practice medicine in Australia, to determine whether the providers meet approved accreditation standards
- (e) to assess authorities in other countries 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
- (f) to assess, or oversee the assessment of, the knowledge, clinical skills and professional attributes of overseas qualified medical practitioners who are seeking registration in medicine under the Health Practitioner Regulation National Law and whose qualifications are not approved qualifications under the Health Practitioner Regulation National Law for medicine
- (g) to assess the case for the recognition of new medical specialties
- (h) to act as an external accreditation entity for the purposes of the Health Practitioner Regulation National Law

- (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
  - (a) collaborate with other accreditation authorities on the further 'comprehensive' review of accreditation that will include:
  - (b) Cost effectiveness of the accreditation regime for delivering the accreditation functions;

- (c) Governance structures including reporting arrangements;
  - (d) Opportunities for the streamlining of accreditation including consideration of the other educational accreditation processes – e.g. TEQSA and ASQA;
  - (e) The extent to which accreditation arrangements support educational innovation in programs including clinical training arrangements, use of simulation and inter-professional learning; and
  - (f) 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, 9 meetings of directors were held. Attendances by each director were as follows.

	DIRECTORS' MEETINGS	
	NO. ELIGIBLE TO ATTEND	NO. ATTENDED
Associate Professor Jill Sewell AM	9	9
Professor David Ellwood	9	9
Mr Ian Frank AM	9	9
Professor Kate Leslie AO	9	8
Associate Professor Kim Rooney	9	9
Emeritus Professor Napier Thomson	9	7
Emeritus Professor David Prideaux	9	8
Dr Greg Kesby (term ended 30 November 2016)	4	4
Professor Liz Farmer (term commenced 30 November 2016)	5	5
Professor Eleanor Milligan (term commenced 30 November 2016)	5	5
Professor Geoff McColl (term commenced 20 October 2016)	5	5

## Indemnifying the directors

During the financial year, the AMC paid a premium of \$5,021 (2016: \$6,543) 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 Jillian Sewell AM

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

### Experience

- Deputy Director, Centre for Community Child Health, Royal Children's Hospital
- Paediatrician, Principal Specialist, Royal Children's Hospital
- Clinical Director, Children's Bioethics Centre, 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
- 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
- Former member, Health Innovation and Reform Council, Victorian government

### Special responsibilities

- President of the Australian Medical Council (re-elected by Council at the AGM 30 November 2016)
- Director of the Australian Medical Council
- Member of Council, Australian Medical Council
- Member of the Finance, Audit and Risk Management Committee
- Member, Strategic Policy Advisory Committee
- Member, Indigenous Advisory Group
- AMC Representative to the Health Professions Accreditation Councils' Forum



### Professor David Ellwood

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

### Experience

- Deputy Head of School (Research) Griffith University, School of Medicine
- 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, Griffith University School of Medicine
- Professor of Obstetrics and Gynaecology, Australian National University Medical School
- Deputy Dean, Australian National University Medical School
- Senior Staff Specialist in Obstetrics and Gynaecology, Canberra Hospital
- Associate Dean, Canberra Clinical School, University of Sydney
- Medical Advisor (Acute Services) to ACT Health
- Acting Chief Executive Officer (Clinical Services), Canberra Hospital
- Deputy Chief Executive Officer (Clinical Services), Canberra Hospital
- Executive Director, Women's and Children's Health Services, Canberra Hospital

### Special responsibilities

- Deputy President of the Australian Medical Council (re-elected by Council at the AGM 30 November 2016)
- Deputy President of the Australian Medical Council (re-elected by Council at the AGM 30 November 2016)
- Director of the Australian Medical Council
- Member of Council, Australian Medical Council

- Chair of the Medical School Accreditation Committee (term ended 20 October 2016)
- Member of the Finance, Audit and Risk Management Committee
- Senior Examiner in Obstetrics and Gynaecology
- Chair of the Royal Australasian College of Dental Surgeons
- Chair of the MedSAC Standards Review Working Party



**Professor Elizabeth Farmer**  
MBBS, BSc, PhD, FRACGP, MAICD

#### Experience

- Consultant – Liz Farmer and Associates
- Clinical Professor, University of Wollongong, Graduate School of Medicine
- Adjunct Professor, Discipline of General Practice, University of Adelaide
- Professorial Fellow, Flinders University Adelaide

#### Special responsibilities

- Director of the Australian Medical Council (from 30 November 2016)
- Member of Council, Australian Medical Council (from 30 November 2016)
- Chair of the Prevocational Standards Accreditation Committee
- Member, Assessment Committee
- Member, Assessment Publication Editorial Group
- Member, Clinical Assessment Panel
- Senior examiner for Clinical Examinations
- Clinical Results panel
- Member, NTC Management Group
- Chair, NTC Research Group
- Member, Investment Planning Advisory Group



**Mr Ian Frank AM**  
BA (Hons), MAICD

#### Experience

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

#### Special responsibilities

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



**Professor Kate Leslie AO FAHMS**  
MBBS, MD, MEPID, MHLTHSERVMT, FANZCA, FAICD, FAHMS

#### 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

#### Special responsibilities

- Director of the Australian Medical Council
- Member of Council, Australian Medical Council
- Chair of the Specialist Education Accreditation Committee



**Professor Geoffrey McColl**  
BMedSci, MBBS, FRACP, PhD Med

#### Experience

- Head, Melbourne Medical School, University of Melbourne
- Visiting Rheumatologist, the Royal Melbourne Hospital and NorthWestern Mental Health
- Member, Advisory Committee on Medicine
- Special responsibilities
- Director of the Australian Medical Council (from 20 October 2016)
- Chair of the Medical School Accreditation Committee (from 20 October 2016)
- Member of Council, Australian Medical Council (from 20 October 2016)
- Chair, Joint Medical Program Assessment Team





**Professor Eleanor Milligan**  
PhD, Grad Dip Ed, BA (Hons), BSc

#### Experience

- Professor of Ethics and Professional Practice
- Deputy Dean Clinical Education, Griffith University
- Member of Medical Board of Australia (Queensland)
- Chair – Notifications Committee – (MBA Queensland)
- Chair – Griffith University Human Research Ethics Committee
- Former Member of NHMRC Australian Health Ethics Committee (Australian Health Ethics Committee)
- Former Chair NHMRC AHEC – National project – Clinical Ethics Capacity Building

#### Special responsibilities

- Director of the Australian Medical Council (from 30 November 2016)
- Member of Council, Australian Medical Council
- Member Professionalism / Fitness to practice working group



**Emeritus Professor David Prideaux**  
Dip of Teaching, BA (Hons), Master of Education, PhD, FANZAPHE

#### Experience

- Emeritus Professor of Medical Education, Prideaux Centre for Research in Health Professions Education, Flinders University
- 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 Assessment Committee, Australian Medical Council, (formerly Board of Examiners)
- Member, NTC Research Committee
- Member, Health Leaders Australia Assessment Team
- MCQ Results Panel
- NTC Innovations Group
- WBA Development Group
- MCQ Development Group
- Clinical Statistics Group
- Chair Investment Policy Advisory Group



**Associate Professor Kim Rooney**  
MBBS (Hons) (Monash), FRACP, FACHPM

#### Experience

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



### **Emeritus Professor Napier Thomson AM**

MBBS, MD, MRACP, FRACP, Fellow Royal College of Physicians (London), Fellow American College of Physicians, F.R.C. Physicians & Surgeons (Glasgow)

#### **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
- Member of Council, Australian Medical Council
- Representative, National Medical Training Advisory Network (NMTAN) Executive Committee
- Member, Medical School Accreditation Committee and Specialist Education Accreditation Committee
- Deputy Chair, Macquarie University Assessment team
- Member, Investment Planning Advisory Group



### **Dr Greg Kesby (Term as Director concluded 30 November 2016)**

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

#### **Experience**

- President, Medical Council of New South Wales
- 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 Chair, New South Wales Board of the Medical Board of Australia
- 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**

- Member of Council, Australian Medical Council
- Member of the Finance, Audit and Risk Management Committee (Concluded 30 Nov 16)
- Director of the Australian Medical Council (Concluded 30 Nov 16)



Australian Medical Council Limited ABN 97 131 796 980

#### Auditor

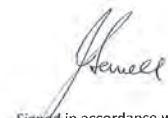
PwC continues in office in accordance with section 327 of the *Corporations Act 2001*.

#### 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 13 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 2017, the total amount that members of the company are liable to contribute if the company is wound up is \$250 (2016: \$230).



Signed in accordance with a resolution of the directors.

Director

Associate Professor Jill Sewell AM (Chair)

Dated 26<sup>th</sup> day of October 2017



#### Auditor's Independence Declaration

As lead auditor for the audit of Australian Medical Council for the year ended 30 June 2017, I declare that to the best of my knowledge and belief, there have been no contraventions of any applicable code of professional conduct in relation to the audit.



David Murphy  
Partner  
PricewaterhouseCoopers

Canberra  
26 October 2017

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.

## STATEMENT OF PROFIT AND LOSS AND OTHER COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2017

	Note	2017 \$	2016 \$
Revenue	2	26,301,656	22,425,220
Other income		448,030	362,989
<b>Total revenue and other income</b>		<b>26,749,686</b>	<b>22,788,209</b>
Accreditation expenses		1,267,245	939,293
Examination running expenses		5,767,182	5,887,006
Publishing expenses		98,988	50,119
Council committees and executive expenses		744,113	847,668
Employee benefits expenses	15	6,852,700	6,735,540
Depreciation and amortisation expenses		1,015,481	993,021
Bank fees and charges		291,817	288,439
Rental expenses		1,350,644	1,336,530
Audit, legal and consultancy expenses		338,908	458,459
Computer expenses		1,428,446	719,450
Administration expenses		1,584,984	1,286,559
<b>Total expenses</b>		<b>20,740,508</b>	<b>19,542,084</b>
<b>Surplus for the year attributable to the Council</b>		<b>6,009,178</b>	<b>3,246,125</b>
Unrealised Loss on investments for the year		29,690	-
<b>Total comprehensive income for the year</b>		<b>5,979,488</b>	<b>3,246,125</b>

The accompanying notes form part of these financial statements.

## STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2017

	Note	2017 \$	2016 \$
<b>ASSETS</b>			
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	3	2,735,771	2,352,815
Trade and other receivables	4	314,524	137,516
Inventories	5	92,934	76,034
Investments	6	6,058,447	-
Term Deposits	7	14,083,394	15,154,637
Other assets	8	937,860	521,708
<b>TOTAL CURRENT ASSETS</b>		<b>24,222,930</b>	<b>18,242,710</b>
<b>NON-CURRENT ASSETS</b>			
Plant and equipment	10	2,760,052	3,131,622
Intangible assets	11	321,378	445,483
Work in Progress	9	474,690	-
<b>TOTAL NON-CURRENT ASSETS</b>		<b>3,556,120</b>	<b>3,577,105</b>
<b>TOTAL ASSETS</b>		<b>27,779,050</b>	<b>21,819,815</b>
<b>LIABILITIES</b>			
<b>CURRENT LIABILITIES</b>			
Trade and other payables	12	1,704,578	1,116,022
Finance Lease liabilities	13	851	47,326
Lease incentive		114,136	114,136
Employee benefits	14	1,835,030	1,688,046
Income in advance	16	6,200,008	6,912,514
<b>TOTAL CURRENT LIABILITIES</b>		<b>9,854,603</b>	<b>9,878,044</b>
<b>NON-CURRENT LIABILITIES</b>			
Lease liabilities	13	-	24,094
Lease incentive		-	114,139
Employee benefits	14	133,650	141,656
Other payables		513,141	374,890
Provision for make good		632,007	620,831
<b>TOTAL NON-CURRENT LIABILITIES</b>		<b>1,278,798</b>	<b>1,275,610</b>
<b>TOTAL LIABILITIES</b>		<b>11,133,401</b>	<b>11,153,654</b>
<b>NET ASSETS</b>		<b>16,645,649</b>	<b>10,666,161</b>
<b>EQUITY</b>			
Available for sale investment reserve		(29,690)	-
Retained earnings		16,675,339	10,666,161
<b>TOTAL EQUITY</b>		<b>16,645,649</b>	<b>10,666,161</b>

The accompanying notes form part of these financial statements.



# FINANCIAL STATEMENTS

## STATEMENT OF CHANGES IN EQUITY

FOR THE YEAR ENDED 30 JUNE 2017

	Available for sale Investment Reserve \$	Retained earnings \$	Total \$
Balance at 1 July 2015	–	7,420,036	7,420,036
<b>Total comprehensive income for the year</b>			
Surplus for the period attributable to the Council	–	3,246,125	3,246,125
<b>Total comprehensive income for the year</b>	–	<b>10,666,161</b>	<b>10,666,161</b>
Balance at 30 June 2016	–	<b>10,666,161</b>	<b>10,666,161</b>
Surplus for the period attributable to the Council	–	6,009,178	6,009,178
Unrealised Loss on available for sale investments	(29,690)	–	(29,690)
<b>Total comprehensive income for the year</b>	(29,690)	<b>16,675,339</b>	<b>16,645,649</b>
<b>Balance at 30 June 2017</b>	(29,690)	<b>16,675,339</b>	<b>16,645,649</b>

The accompanying notes form part of these financial statements.

## STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED 30 JUNE 2017

	Note	2017 \$	2016 \$
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
Receipt of grants		3,714,705	3,628,779
Other receipts		21,873,703	18,792,190
Payments to suppliers and employees		(19,571,493)	(17,429,364)
Net cash generated from operating activities		6,016,915	4,991,605
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Purchases of plant and equipment		(495,056)	(266,093)
Net movements in investments and term deposits		(6,088,137)	(5,665,927)
Purchases of software		(547,484)	(22,375)
Interest received from term deposit Investments		359,126	362,989
Interest received from Macquarie Investments		88,137	–
Proceeds from Term Deposits		1,120,024	–
Net cash used in investing activities		(5,563,390)	(5,591,406)
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
Repayment of finance lease		(70,569)	(53,429)
Net cash used in financing activities		(70,569)	(53,429)
<b>NET INCREASE (DECREASE) IN CASH HELD</b>		382,956	(653,230)
Cash and cash equivalents at beginning of financial year		2,352,815	3,006,045
<b>CASH AND CASH EQUIVALENTS AT END OF FINANCIAL YEAR</b>	3	<b>2,735,771</b>	<b>2,352,815</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 for the year ended 30 June 2017 were authorised for issue on 20 October 2017 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.

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

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:

- Available for sale investments
- 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.

The Council's investment in managed funds, listed shares and securities are classified as available for sale financial assets. After initial recognition, these assets are measured at fair value and changes there in, other than impairment losses, are recognised as a separate component of equity (available for sale investment reserve). When an investment is derecognised the cumulative gain or loss in equity is transferred to the profit and loss.

### **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 for 2016/17 include cash on hand and deposits held at call. In 2015/16 cash and cash equivalents include cash on hand, deposits held at call with banks, and short term deposits over 90 days and less than 12 months. These short term deposits have been reclassified as short term investments in 2016/17.

## **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 2017 reporting period and have not been adopted by the AMC. The AMC's assessment of the impact of these new standards and interpretations is set out below.

TITLE OF STANDARD	NATURE OF CHANGE	IMPACT	MANDATORY APPLICATION DATE
AASB 9 <i>Financial Instruments</i>	AASB 9 addresses the classification, measurement and derecognition of financial assets and financial liabilities and introduces new rules for hedge accounting.  In December 2014, the AASB made further changes to the classification and measurement rules and also introduced a new impairment model. These latest amendments now complete the new financial instruments standard.	No impact.  The AMC does not hold any financial instruments which are subjected to hedge accounting.	Must be applied for financial years commencing on or after the 1 January 2018.
AASB 15 <i>Revenue from Contracts with Customers</i>	The AASB has issued a new standard for the recognition of revenue. This will replace AASB 118 which covers contracts for goods and services and AASB 111 which covers construction contracts.  The new standard is based on the principle that revenue is recognised when control of a good or service transfers to a customer – so the notion of control replaces the existing notion of risks and rewards.  The standard permits a modified retrospective approach for the adoption. Under this approach entities will recognise transitional adjustments in retained earnings on the date of initial application (e.g. 1 July 2017), i.e. without restating the comparative period. They will only need to apply the new rules to contracts that are not completed as of the date of initial application.	Minimum impact on contracts and revenue recognition.	Mandatory for financial years commencing on or 1 January 2019.



TITLE OF STANDARD	NATURE OF CHANGE	IMPACT	MANDATORY APPLICATION DATE
AASB 117 <i>Leases</i>	<p>The standard sets out the principles for the recognition, measurement, presentation and disclosure of leases for both parties to a contract.</p> <p>AASB 117 eliminates the current dual accounting model for leases, which distinguishes between on balance sheet finance leases and off balances sheet operating leases, instead, there is a single, on balance sheet accounting model that is like current finance lease accounting.</p>	Most operating leases will be capitalised on the statement of financial position.	Mandatory for financial years commencing on or after 1 January 2019.

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

	2017 \$	2016 \$
<b>REVENUE FROM GOVERNMENT GRANTS AND OTHER GRANTS</b>		
Medical Board of Australia grants	3,599,705	3,528,779
Health Profession Accreditation Councils Forum contributions	115,000	100,000
<b>TOTAL REVENUE FROM GOVERNMENT AND OTHER GRANTS</b>	<b>3,714,705</b>	<b>3,628,779</b>
<b>REVENUE FROM OPERATIONS</b>		
Accreditation fees	797,531	463,688
Examination fees	19,246,869	17,442,389
NTC Rent and Hire	604,376	368,286
Sale of publications	328,329	348,088
Other revenue	1,609,846	173,990
<b>TOTAL REVENUE FROM OPERATIONS</b>	<b>22,586,951</b>	<b>18,796,441</b>
<b>TOTAL REVENUE</b>	<b>26,301,656</b>	<b>22,425,220</b>
<b>OTHER INCOME</b>		
Interest	488,030	362,989
<b>TOTAL OTHER INCOME</b>	<b>488,030</b>	<b>362,989</b>
<b>TOTAL REVENUE AND OTHER INCOME</b>	<b>26,749,686</b>	<b>22,788,209</b>

## NOTE 3: CASH AND CASH EQUIVALENTS

	2017 \$	2016 \$
Cash on hand	1,500	1,500
Cash at bank	2,734,271	2,351,315
	<b>2,735,771</b>	<b>2,352,815</b>

## NOTE 4: TRADE AND OTHER RECEIVABLES

	2017 \$	2016 \$
Trade receivables	140,618	63,241
GST receivable	173,906	74,275
	<b>314,524</b>	<b>137,516</b>

## NOTE 5: INVENTORIES

	2017 \$	2016 \$
Current		
At cost: Inventory	92,934	76,034
	<b>92,934</b>	<b>76,034</b>

## NOTE 6: INVESTMENTS

	2017 \$	2016 \$
Listed Securities	4,734,573	-
Managed Investments	79,125	-
Macquarie Vision Cash Account	1,244,750	-
	<b>6,058,447</b>	<b>-</b>

## NOTE 7: TERM DEPOSITS

	2017 \$	2016 \$
Current		
Term deposits	14,083,394	15,154,637
	<b>14,083,394</b>	<b>15,154,637</b>

Term deposits comprise deposits with banks with original maturities of 90 days or more, but less than 12 months.

## NOTE 8: OTHER ASSETS

	2017 \$	2016 \$
<b>CURRENT</b>		
Accrued income	646,239	379,325
Prepayments	291,621	142,383
	<b>937,860</b>	<b>521,708</b>

## NOTE 9: WORK IN PROGRESS

The Accreditation Management System is a software system developed by Armature, a US company, for the Accreditation section to meet its business needs. It involves migration of data through extraction from legacy systems and building the infrastructure required to host the new AMS. The program is expected to be completed at the end of next year. The amount of expenditure incurred as at 30 June 2017 was \$474,690.

## NOTE 10: PLANT AND EQUIPMENT

### 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 \$
Cost at 1 July 2016	1,612,227	695,649	765,759	5,844,402	250,868	<b>9,168,905</b>
Accumulated depreciation	(1,175,156)	(433,189)	(510,744)	(3,718,865)	(199,329)	<b>(6,037,283)</b>
Net book amount at 1 July 2016	437,071	262,460	255,015	2,125,537	51,539	<b>3,131,622</b>
Additions at cost	462,574	32,483	-	-	-	<b>495,057</b>
Net disposals	(51,755)	2,511	(1,488)	-	-	<b>(50,732)</b>
Depreciation charge for the period	(194,806)	(73,290)	(51,619)	(451,159)	(45,022)	<b>(815,896)</b>
Carrying amount at 30 June 2017	653,084	224,164	201,908	1,674,378	6,517	<b>2,760,052</b>

## NOTE 11: INTANGIBLE ASSETS

	\$
Computer software – at cost 1 July 2016	1,537,310
Accumulated depreciation	(1,091,827)
Net Book amount at 1 July 2016	445,483
Additions at cost	72,796
Net disposals	1,328
Depreciation charge for the period	(198,229)
Carrying amount at 30 June 2017	<b>321,378</b>

## NOTE 12: TRADE AND OTHER PAYABLES

	2017 \$	2016 \$
Trade payables	748,932	322
Accrued expenses	921,217	1,098,598
Other current payables	34,429	17,102
	<b>1,704,578</b>	<b>1,116,022</b>

## NOTE 13: LEASE LIABILITIES

	2017 \$	2016 \$
<b>CURRENT</b>		
Lease liabilities	851	47,326
<b>NON-CURRENT</b>		
Lease liabilities	-	24,094
<b>TOTAL LEASE LIABILITIES</b>	<b>851</b>	<b>71,420</b>

Lease liabilities are secured by the underlying leased assets.

## NOTE 14: EMPLOYEE BENEFITS

	2017 \$	2016 \$
Current – Annual leave and Long service leave	1,835,030	1,688,046
Non-current – Long service leave	133,650	141,656
	<b>1,968,680</b>	<b>1,829,702</b>

### PROVISION FOR EMPLOYEE BENEFITS

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

## NOTE 15: EMPLOYEE BENEFIT EXPENSES

	2017 \$	2016 \$
Wages	6,215,820	6,090,425
Superannuation	636,880	645,115
	<b>6,852,700</b>	<b>6,735,540</b>

## NOTE 16: INCOME IN ADVANCE

	2017 \$	2016 \$
<b>CURRENT</b>		
Income in advance	6,200,008	6,912,514
	<b>6,200,008</b>	<b>6,912,514</b>

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 17: LEASING COMMITMENTS

	2017 \$	2016 \$
<b>A. FINANCE LEASE COMMITMENTS</b>		
Payable – minimum lease payments:		
– not later than 12 months	851	47,326
– later than 12 months but not later than five years	-	24,094
<b>Minimum lease payments</b>	<b>851</b>	<b>71,420</b>

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. A new lease for a new set of equipment will be negotiated during the financial year 2017/18.

	2017 \$	2016 \$
<b>B. OPERATING LEASE COMMITMENTS</b>		
Non-cancellable operating leases contracted for but not capitalised in the financial statements		
Payable—minimum lease payments:		
– not later than 12 months	1,258,738	1,314,050
– later than 12 months but not later than five years	3,599,010	4,857,747
<b>Minimum lease payments</b>	<b>4,857,748</b>	<b>6,171,797</b>



	2017 \$	2016 \$
<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	124,586	114,824
– later than 12 months but not later than five years	–	129,556
<b>Minimum lease payment</b>	<b>124,586</b>	<b>244,380</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 18: CONTINGENT LIABILITIES AND CONTINGENT ASSETS

There are no material contingent assets or liabilities as at 30 June 2017 which require disclosure in the financial statements (2016: nil).

## NOTE 19: EVENTS AFTER THE REPORTING PERIOD

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

## NOTE 20: KEY MANAGEMENT PERSONNEL COMPENSATION

Key management personnel are those persons having authority and responsibility for planning, directing and controlling the activities of the Council, directly or indirectly, including any director (whether executive or otherwise) of the Council.

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

	2017 \$	2016 \$
Short term benefits	775,955	762,534
Long term benefits	14,909	16,085
Post employment benefits	54,106	51,371
	<b>844,970</b>	<b>829,990</b>

## NOTE 21: RELATED PARTY TRANSACTIONS

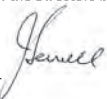
During the financial year, the Council paid consulting fees to a director related entity to the amount of \$30,460.

## Directors' declaration

The Directors of the company declare that:

- 1) The financial statements and notes, as set out on pages 13 to 33, are in accordance with the *Australian Charities and Not-for-Profit Commission Act 2012* and
  - (l) comply with Australian Accounting Standards Reduced Disclosure Requirements and other mandatory professional reporting requirements
  - (m) give a true and fair view of the financial position as at 30 June 2017 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 26<sup>th</sup> day of October 2017

# AUDITORS REPORT



## Independent auditor's report

To the members of Australian Medical Council

### Our opinion

In our opinion:

The accompanying financial report of Australian Medical Council (the Council) is in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission (ACNC) Act 2012*, including:

- (a) giving a true and fair view of the Council's financial position as at 30 June 2017 and of its financial performance for the year then ended
- (b) complying with Australian Accounting Standards - Reduced Disclosure Requirements and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

### What we have audited

The financial report comprises:

- the statement of financial position as at 30 June 2017
- the statement of changes in equity for the year then ended
- the statement of cash flows for the year then ended
- the statement of profit or loss and other comprehensive income for the year then ended
- the notes to the financial statements, which include a summary of significant accounting policies
- the declaration of the Directors.

### Basis for opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's responsibilities for the audit of the financial report* section of our report.

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

### Independence

We are independent of the Council in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

### Responsibilities of the Directors 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 *Australian Charities and Not-for-profits Commission (ACNC) Act 2012* and for such internal

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.



control as the Directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the Directors is responsible for assessing the ability of the Council to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Directors either intend to liquidate the Council or to cease operations, or have no realistic alternative but to do so.

### Auditor's responsibilities for the audit of the financial report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial report.

A further description of our responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website at: [http://www.auasb.gov.au/auditors\\_responsibilities/ar4.pdf](http://www.auasb.gov.au/auditors_responsibilities/ar4.pdf). This description forms part of our auditor's report.

PricewaterhouseCoopers

David Murphy  
Partner

Canberra  
26 October 2017



## APPENDIX A: COUNCIL MEMBERS – 2017

POSITION AND NOMINATING BODY/CATEGORY OF MEMBERSHIP	MEMBER
President elected by Council	Associate Professor Jill Sewell AM*
Deputy President elected by Council	Professor David Ellwood*
Member of a State and Territory Board of the Medical Board of Australia	Dr Greg Kesby (NSW)
	Dr Bruce Mugford (SA)
	Dr Kim Rooney (TAS)*
	Professor Napier Thomson AM (VIC)*
Nominees of Council of Presidents of Medical Colleges	Associate Professor Michael Hollands
	Laureate Professor Nicholas Talley
Nominees of Australian Medical Association Federal Council	Dr Iain Dunlop AM
Post-graduate Medical Trainee	Dr Jules Catt
Nominee of Medical Deans Australia and New Zealand	Professor Richard Murray
Nominee of Universities Australia	Professor Lisa Jackson Pulver AM
Medical Student in Basic or Pre-professional Training	Dr Vandit Bhasin
Consumer Members	Ms Cindy Schultz-Ferguson
	Mr Ross Springolo
Community Members	Associate Professor Eleanor Milligan*
	Dr Miriam Weisz
Senior Executive of a Public Hospital	Dr Sayanta Jana
Senior Executive of a Private Hospital	Dr Jeanette Conley

POSITION AND NOMINATING BODY/CATEGORY OF MEMBERSHIP	MEMBER
Chairs of the AMC Standing Committees	Emeritus Professor David Prideaux* Assessment Committee
	Professor Geoff McColl* Medical School Accreditation Committee
	Professor Liz Farmer* Prevocational Standards Accreditation Committee Professor
	Professor Kate Leslie AO* Specialist Education Accreditation Committee
	Clinical Professor Richard Tarala
Chair of Confederation of Postgraduate Medical Education Councils	
Chief Executive Officer, Australian Commission on Safety and Quality in Health Care	Professor Debora Picone AM
	Professor Willis Marshall AC attends as proxy

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

# APPENDIX B: DIRECTORS OF THE AUSTRALIAN MEDICAL COUNCIL AS AT JANUARY 2017

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	Professor Eleanor Milligan
	Dr Kim Rooney
	Emeritus Professor Napier Thomson AM
Chairs of the AMC Standing Committees	Emeritus Professor David Prideaux Assessment Committee
	Professor Geoff McColl Medical School Accreditation Committee
	Professor Liz Farmer Prevocational Standards Accreditation Committee
	Professor Kate Leslie AO Specialist Education Accreditation Committee
Chief Executive Officer	Mr Ian Frank AM

## APPENDIX C: COMMITTEE MEMBERSHIP AT JUNE 2017

### Assessment Committee

Emeritus Professor D Prideaux (Chair)  
Dr A Akram  
Professor J Barnard  
Associate Professor P Devitt  
Dr A Dawson  
Professor L Farmer  
Mr I Frank AM  
Dr P Harris  
Professor P Hay  
Dr J Gladman  
Professor B McGrath  
Professor K Nair AM  
Professor L Jackson-Pulver AM  
Emeritus Professor D Ruffin 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 G McColl (Chair)  
Mr V Bhasin  
Professor S Broadley  
Professor A Burt  
Professor J Dahlstrom  
Dr P Dohrmann  
Professor P Ellis  
Professor S Ewen  
Professor J Fraser  
Professor N Glasgow  
Mr Fergus Leicester  
Mr T Morrison  
Associate Professor P Reid Clinical Professor R Tarala  
Emeritus Professor N Thomson AM

### Specialist Education Accreditation Committee

Professor K Leslie AO (Chair)  
Mr M Carpenter (Observer)  
Professor A Cripps AO Professor I Civil  
Ms D Cox  
Dr J Grabek  
Professor Allan Cripps AO  
Dr T Kimpton  
Associate Professor R Langham  
Associate Professor T Lawler  
Professor M Leech  
Professor J Nacey  
Professor M Permezel  
Dr L Roberts  
Dr A Singer  
Emeritus Professor N Thomson AM

### Prevocational Standards Accreditation Committee

Professor L Farmer (Chair)  
Dr C Blizzard  
Dr T Crowhurst  
Professor B Crotty  
Dr D Everett  
Dr S Conroy  
Dr J Ghannam  
Dr J Katsoris  
Professor L Landau AO  
Dr M Naidoo  
Mr D Malcolmson  
Professor B McGrath  
Dr S O'Dwyer  
Emeritus Professor D Prideaux  
Dr A Singer  
Associate Professor D Smallwood  
Clinical Professor R Tarala  
Dr A Tatian



## APPENDIX D: STAFF AT JUNE 2017

### **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 lafrate

### **Executive Assistant**

Ellana Rietdyk

### **Executive Services Officer**

Fiona van der Weide

Jessica Buckley

### **Executive Project Coordinator**

Caroline Watkin

### **Research and Policy Analyst**

Bronwen Jones

### **Research and Policy Consultant**

Kim Ashwin

## Corporate Services

### **Finance Manager**

Ravi Wickramaratna

### **Accounts Supervisor**

Santhosh Moorkoth

### **Management Accountant**

Nilesh Jojoide

### **Payroll Officer**

Ivy Kong

### **Accounts Receivable Clerk**

Christine Thompson

### **Human Resources Manager**

John Akuak

### **Executive Officer, Human Resources**

Dianne Nockels MBE

### **Senior Administrative Officer (Acting)**

Jane McGovern

### **Assistant Manager Administrative Services**

Helen Slat

### **Administrative Services Officers**

Carla Lopes Reis

Michelle Edmonds

Bernadette Cross

### **Travel Manager**

Steven Cook

### **Travel Officer**

Emily Moore

### **Director, ICT Services**

Karen Anderson

### **ICT Developers**

Kevin Ng

Kristy Sim

### **ICT Project Manager**

Nevin Morison

### **ICT Systems Administrator/Team Leader**

Matthew Kendrick

### **ICT Senior Helpdesk Manager**

Uday Krishnan

### **ICT Senior Systems Administrator**

Jaleel Mohammad

### **ICT Administration Officer**

Tania Greve

### **Records Manager**

Maureen Lipinski

### **Records and Information Projects Officer**

Lindsey MacDonald

## Accreditation and Standards

### **Program Manager, Medical Education and Accreditation Services**

Annette Wright

### **Manager Medical School Assessment**

Alan Merritt

### **Manager, Specialist Training and Program Assessment**

Jane Porter

### **Manager, Prevocational Standards and Accreditation**

Sarah Vaughan

### **Accreditation Executive Officer**

Melinda Donevski

### **Accreditation Officers**

Patrick Murray

Brooke Pearson

Jessica Penca

### **Program Administrator**

Chrissy Arnaoutis

### **Accreditation Policy Officer**

Karen Rocca

### **Accreditation Administrator**

Juliana Simon

Fiona van der Weide

**Accreditation Project Officer**

Liesl Perryman

**Accreditation Assistant**

Katie Khan

## Assessment and Innovation

**Director, Assessment and Innovation**

Carl Matheson

**Program Director, Quality Assurance and Development**

Susan Buick

**Operations Manager**

Megan Lovett

**Manager, Verification Services**

Zuzette Kruger-Finch

**Assistant Manager, Verification Services**

Kylie Edwards

**Verifications Administrators**

Carol Ford

Trish Bevacqua

Derike Steenberg

**Manager, MCQ Examinations**

Josie Cunningham

**MCQ Examinations Administrator**

Margaret Hurley

**Manager, Clinical Examinations**

Joanne Lebihan

**Assistant Manager, Clinical Examinations**

Amanda Cox

**Clinical Examination Administrators**

Marleah Stratford

Natasha Bagnara

Karla Alvarado

Kate Maree

Stewart Chinn

**Clinical Case Manager**

Nadeem Afzal

**Clinical Examination Content Coordinators**

Jacqui Tarrant

Jessica Brewis

**Clinical Examination Administrator (Appeals)**

Slavica Ljubic

## National Test Centre

**Program Manager**

Andrea Meredith

**Program Assistants**

Kista Ho

Philippa Henderson

Nada Nasr

**Receptionist & Admin Assistant**

Kristi Marmor

**ICT and AV Manager**

Daniel Neill

**ICT and AV Administrator**

Wayne Tran

**ICT and AV Systems Support Officer**

Waqas Khan

## GLOSSARY

**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**FARM**Finance, Audit and Risk Management  
Committee**IMG**

international medical graduate

**MCQ**

multiple-choice question

**Medical Board**

Medical Board of Australia

**MedSAC**Medical School Accreditation  
Committee**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**PreVAC**Prevocational Standards  
Accreditation Committee**SEAC**Specialist Education  
Accreditation Committee**WBA**

workplace-based assessment

# ATTACHMENTS

## ATTACHMENT A: AMC TOP MEDICAL SCHOOLS ACTIVITY AS OF 30 JUNE 2017

University of Colombo Faculty of Medicine	Ain Shams University Faculty of Medicine	Sheffield University School of Medicine and Biomedical Sciences	University of Medicine 1	University of Gezira Faculty of Medicine	University of Khartoum Faculty of Medicine	Mansoura University Faculty of Medicine
University of Manchester School of Medicine	King's College London GKT School of Medicine	Dow Medical College	University of Aberdeen School of Medicine and Dentistry	Chittagong Medical College and Hospital	Fatima Jinnah Medical University	Omdurman Islamic University Faculty of Medicine
Queen's University Belfast School of Medicine, Dentistry and Biomedical Sciences	University of Nottingham Faculty of Medicine & Health Sciences	University of Santo Tomas Faculty of Medicine and Surgery	Trinity College Dublin School of Medicine	Melaka-Manipal Medical College	University of Cape Town Faculty of Health Sciences	Obafemi Awolowo College of Health Sciences, Olabisi Onabanjo University
University College Dublin School of Medicine and Medical Science	University of Peradeniya Faculty of Medicine	University of Al-Mustansiriyyah College of Medicine	Jinnah Sindh Medical University	Allama Iqbal Medical College	University of Basrah College of Medicine	University of Zimbabwe College of Health Sciences
University of Edinburgh College of Medicine & Veterinary Medicine	Cairo University Faculty of Medicine	University of Dundee School of Medicine	University of the Witwatersrand Faculty of Health Sciences	University of Ruhuna Faculty of Medicine	NUI Galway School of Medicine	Islamic Azad University, Tehran Faculty of Medicine
Newcastle University Faculty of Medical Sciences	UCL Medical School	University of Sri Jayawardenepura Faculty of Medical Sciences	Royal College of Surgeons in Ireland School of Medicine	University of Leicester College of Medicine, Biological Sciences and Psychology	University of Mosul College of Medicine	Keele University School of Medicine
Cardiff University School of Medicine	University of Leeds School of Medicine	St. George's University of London	Kasturba Medical College Manipal	Peninsula College of Medicine and Dentistry	International Medical University Faculty of Medicine and Health	Universiti Malaya Fakulti Perubatan
Alexandria University Faculty of Medicine	University of Bristol Faculty of Medicine and Dentistry	Barts and the London School of Medicine and Dentistry	Rawalpindi Medical College	Government Medical College Amritsar	University of Oxford Medical Sciences Division	Tianjin Medical University
Imperial College London Faculty of Medicine	University of Southampton Faculty of Medicine	University of Kelaniya Faculty of Medicine	Tehran University of Medical Sciences School of Medicine	University of Pretoria School of Medicine	Fiji National University College of Medicine	University of Medicine 2
University of Birmingham College of Medical and Dental Sciences	University of Baghdad College of Medicine	Kasturba Medical College Mangalore	Liaquat University of Medical & Health Sciences Jamshoro	Punjab Medical College	University of the East/ Ramon Magsaysay Memorial Medical Center College of Medicine	Assiut University Faculty of Medicine



## ATTACHMENT B: MCQ EXAMINATION COUNTRY OF TRAINING STATISTICS 1 JULY 2016 TO 30 JUNE 2017

CTY TRAINED	NO OF CANDIDATE	SAT 1	SAT 2	SAT 3	SAT 4	SAT TOTAL	PASS 1	PASS 2	PASS 3	PASS 4	PASS TOTAL
AFGHANISTAN	10	7	3	1	1	12	1	1	0	1	3
ALGERIA	1	1	0	0	0	1	0	0	0	0	0
ARGENTINA	5	4	1	0	0	5	2	1	0	0	3
ARMENIA	4	2	2	1	0	5	1	0	1	0	2
ARUBA	1	1	0	0	0	1	1	0	0	0	1
AUSTRIA	1	0	1	0	0	1	0	0	0	0	0
BAHRAIN	1	1	0	0	0	1	0	0	0	0	0
BANGLADESH	157	122	31	7	11	171	83	17	4	6	110
BELARUS	8	4	3	0	1	8	1	2	0	0	3
BOLIVIA	2	2	0	0	0	2	1	0	0	0	1
BOSNIA AND HERZEGOVINA	1	1	0	0	0	1	0	0	0	0	0
BRAZIL	30	29	4	0	1	34	15	2	0	1	18
BURUNDI	1	0	1	0	0	1	0	1	0	0	1
CAMBODIA	1	0	1	0	0	1	0	0	0	0	0
CHILE	2	2	0	0	0	2	2	0	0	0	2
CHINA	144	102	37	19	15	173	39	13	7	3	62
COLOMBIA	19	16	3	1	0	20	8	0	1	0	9
CUBA	4	2	2	1	0	5	1	1	0	0	2
CURACAO	1	0	1	0	0	1	0	0	0	0	0
CZECH REPUBLIC	1	1	1	0	0	2	0	0	0	0	0
DEMOCRATIC REPUBLIC OF THE CONGO	1	0	1	1	0	2	0	0	0	0	0
DENMARK	1	1	0	0	0	1	1	0	0	0	1
EGYPT	255	221	31	5	9	266	177	18	3	2	200
EL SALVADOR	2	0	2	1	0	3	0	0	1	0	1
ETHIOPIA	5	5	0	0	0	5	3	0	0	0	3
FIJI	13	11	1	1	0	13	5	0	0	0	5
FINLAND	1	1	0	0	0	1	1	0	0	0	1
FRANCE	2	2	0	0	0	2	2	0	0	0	2
GEORGIA	4	3	2	0	0	5	1	2	0	0	3
GERMANY	11	11	0	0	0	11	10	0	0	0	10
GHANA	3	3	1	0	0	4	0	0	0	0	0
GRENADA	3	2	1	0	0	3	1	1	0	0	2
GUYANA	1	1	0	0	0	1	0	0	0	0	0
HONG KONG	2	2	0	0	0	2	2	0	0	0	2

CTY TRAINED	NO OF CANDIDATE	SAT 1	SAT 2	SAT 3	SAT 4	SAT TOTAL	PASS 1	PASS 2	PASS 3	PASS 4	PASS TOTAL
HUNGARY	3	1	2	0	0	3	1	1	0	0	2
INDIA	288	217	62	24	23	326	135	30	9	7	181
INDONESIA	21	16	5	2	3	26	5	3	1	0	9
IRAN	138	112	24	9	4	149	84	16	5	2	107
IRAQ	101	89	11	4	2	106	71	9	3	2	85
IRELAND	10	8	0	0	2	10	6	0	0	0	6
ITALY	4	4	0	0	0	4	3	0	0	0	3
JAMAICA	2	2	0	0	0	2	2	0	0	0	2
JAPAN	4	4	0	0	0	4	4	0	0	0	4
JORDAN	6	5	1	0	0	6	5	1	0	0	6
KAZAKHSTAN	1	1	1	0	0	2	0	0	0	0	0
KENYA	11	8	2	1	0	11	3	1	1	0	5
KUWAIT	2	2	0	0	0	2	2	0	0	0	2
KYRGYZSTAN	4	3	1	0	0	4	1	1	0	0	2
LATVIA	4	3	0	0	1	4	2	0	0	1	3
LEBANON	4	4	0	0	0	4	2	0	0	0	2
LIBYA	7	4	1	1	2	8	3	0	1	0	4
MACEDONIA	2	0	1	1	0	2	0	1	0	0	1
MALAYSIA	66	58	9	3	2	72	37	3	0	1	41
MALTA	2	2	0	0	0	2	2	0	0	0	2
MAURITIUS	3	2	0	0	2	4	0	0	0	1	1
MEXICO	2	2	0	0	0	2	1	0	0	0	1
MONTSERRAT	1	1	1	0	0	2	0	1	0	0	1
MOZAMBIQUE	1	0	0	1	0	1	0	0	0	0	0
MYANMAR	81	68	15	5	3	91	50	7	3	1	61
NEPAL	30	19	10	3	3	35	11	3	2	1	17
NETHERLANDS	8	5	1	2	1	9	4	0	2	1	7
NIGERIA	60	46	19	6	4	75	22	5	2	3	32
OMAN	1	1	0	0	0	1	1	0	0	0	1
PAKISTAN	244	193	41	21	11	266	134	23	7	3	167
PAPUA NEW GUINEA	5	1	2	2	0	5	0	1	0	0	1
PERU	3	3	0	0	0	3	1	0	0	0	1
PHILIPPINES	123	92	23	13	11	139	47	8	7	3	65
POLAND	9	7	1	2	0	10	3	1	1	0	5
ROMANIA	10	5	2	2	3	12	3	0	0	1	4

## ATTACHMENT B: MCQ EXAMINATION COUNTRY OF TRAINING STATISTICS CONTINUED

CTY TRAINED	NO OF CANDIDATE	SAT 1	SAT 2	SAT 3	SAT 4	SAT TOTAL	PASS 1	PASS 2	PASS 3	PASS 4	PASS TOTAL
RUSSIA	59	36	16	7	12	71	8	5	4	0	17
RWANDA	2	2	1	0	0	3	1	1	0	0	2
SAINT KITTS AND NEVIS	5	2	2	1	0	5	2	0	0	0	2
SAINT LUCIA	2	2	0	0	0	2	0	0	0	0	0
SAMOA	3	2	1	1	0	4	2	0	1	0	3
SAUDI ARABIA	5	5	0	0	0	5	2	0	0	0	2
SERBIA	6	2	1	0	5	8	1	0	0	1	2
SEYCHELLES	3	0	1	2	1	4	0	0	1	0	1
SINGAPORE	3	3	0	0	0	3	3	0	0	0	3
SINT MAARTEN	1	1	0	0	0	1	0	0	0	0	0
SOUTH AFRICA	41	35	7	3	0	45	27	2	1	0	30
SOUTH KOREA	10	8	3	0	0	11	6	1	0	0	7
SRI LANKA	126	111	20	5	3	139	88	14	2	2	106
SUDAN	50	41	8	2	0	51	27	4	1	0	32
SWITZERLAND	2	2	0	0	0	2	2	0	0	0	2
SYRIA	21	17	4	1	0	22	11	4	1	0	16
TAIWAN	3	3	0	0	0	3	3	0	0	0	3
TAJIKISTAN	2	0	1	0	1	2	0	0	0	0	0

CTY TRAINED	NO OF CANDIDATE	SAT 1	SAT 2	SAT 3	SAT 4	SAT TOTAL	PASS 1	PASS 2	PASS 3	PASS 4	PASS TOTAL
TANZANIA	2	2	0	0	0	2	1	0	0	0	1
THAILAND	5	3	2	0	0	5	2	2	0	0	4
TRINIDAD AND TOBAGO	2	2	0	0	0	2	1	0	0	0	1
TURKEY	4	4	0	0	0	4	3	0	0	0	3
UGANDA	3	3	0	0	0	3	0	0	0	0	0
UKRAINE	40	29	10	0	3	42	8	5	0	0	13
UNITED ARAB EMIRATES	9	7	2	1	0	10	6	1	1	0	8
UNITED KINGDOM	2	2	0	0	0	2	1	0	0	0	1
URUGUAY	1	1	0	0	0	1	1	0	0	0	1
USA	3	3	0	0	0	3	3	0	0	0	3
UZBEKISTAN	1	1	0	0	0	1	0	0	0	0	0
VENEZUELA	10	7	3	2	1	13	1	1	0	1	3
VIET NAM	10	8	2	0	1	11	4	2	0	0	6
YEMEN	2	2	0	0	0	2	1	0	0	0	1
ZAMBIA	1	1	0	0	0	1	1	0	0	0	1
ZIMBABWE	11	8	3	1	0	12	4	3	0	0	7
<b>Total</b>	<b>2409</b>	<b>1903</b>	<b>452</b>	<b>166</b>	<b>142</b>	<b>2663</b>	<b>1223</b>	<b>219</b>	<b>73</b>	<b>44</b>	<b>1559</b>

## ATTACHMENT C: CLINICAL EXAMINATION COUNTRY OF TRAINING STATISTICS 1 JULY 2016 TO 30 JUNE 2017

CTY TRAINED	NO OF CANDIDATE	SAT 1	SAT 2	SAT 3	SAT 4	SAT TOTAL	PASS 1	PASS 2	PASS 3	PASS 4	PASS TOTAL
AFGHANISTAN	8	6	3	1	1	11	1	1	0	0	2
ALBANIA	1	0	0	0	1	1	0	0	0	0	0
ARGENTINA	4	2	1	2	0	5	0	0	0	0	0
ARUBA	1	1	0	0	0	1	0	0	0	0	0
BANGLADESH	199	103	58	35	33	229	21	9	6	4	40
BELARUS	11	9	3	2	0	14	1	0	1	0	2
BELGIUM	1	0	0	0	1	1	0	0	0	0	0
BOSNIA AND HERZEGOVINA	1	0	1	0	0	1	0	0	0	0	0
BRAZIL	12	8	4	0	0	12	3	2	0	0	5
BULGARIA	3	1	2	1	1	5	0	1	0	0	1
CAMBODIA	1	0	0	0	1	1	0	0	0	0	0
CHILE	2	2	0	0	0	2	1	0	0	0	1
CHINA	81	48	24	15	12	99	13	3	5	3	24
COLOMBIA	19	13	6	1	1	21	4	2	0	1	7
CUBA	1	1	0	0	0	1	0	0	0	0	0
CURACAO	1	0	1	1	0	2	0	0	0	0	0
CZECH REPUBLIC	3	2	0	1	0	3	1	0	0	0	1
DEMOCRATIC REPUBLIC OF THE CONGO	1	0	0	1	0	1	0	0	0	0	0
DENMARK	1	1	0	0	0	1	0	0	0	0	0
DOMINICAN REPUBLIC	2	1	2	0	0	3	0	0	0	0	0
ECUADOR	1	1	0	0	0	1	1	0	0	0	1
EGYPT	78	55	20	10	7	92	12	4	2	4	22
EL SALVADOR	2	0	1	0	1	2	0	0	0	0	0
FIJI	17	9	6	4	0	19	4	2	1	0	7
FRANCE	4	0	2	1	1	4	0	0	1	1	2
GERMANY	7	3	3	0	1	7	1	2	0	0	3
GHANA	1	1	0	0	0	1	0	0	0	0	0
GREECE	1	0	0	1	0	1	0	0	0	0	0
GRENADA	1	1	1	0	0	2	0	1	0	0	1
GUATEMALA	1	0	1	1	0	2	0	0	0	0	0
GUYANA	1	1	0	0	0	1	0	0	0	0	0
HUNGARY	2	0	2	1	0	3	0	0	0	0	0

CTY TRAINED	NO OF CANDIDATE	SAT 1	SAT 2	SAT 3	SAT 4	SAT TOTAL	PASS 1	PASS 2	PASS 3	PASS 4	PASS TOTAL
INDIA	299	143	104	66	50	363	42	27	25	7	101
INDONESIA	12	5	4	2	5	16	3	1	0	0	4
IRAN	134	81	45	23	11	160	15	16	7	4	42
IRAQ	76	43	23	12	9	87	14	6	3	3	26
IRELAND	3	3	0	0	0	3	1	0	0	0	1
ISRAEL	1	1	0	0	0	1	0	0	0	0	0
ITALY	4	3	1	0	0	4	0	0	0	0	0
JAPAN	4	3	1	0	0	4	1	0	0	0	1
JORDAN	5	3	2	0	0	5	2	1	0	0	3
KAZAKHSTAN	1	1	0	0	0	1	0	0	0	0	0
KENYA	7	7	1	0	0	8	2	1	0	0	3
LATVIA	3	2	1	1	0	4	1	1	1	0	3
LEBANON	2	2	0	0	0	2	1	0	0	0	1
LIBYA	1	1	1	0	0	2	0	0	0	0	0
MALAYSIA	33	19	14	3	3	39	7	7	1	1	16
MAURITIUS	1	0	0	1	0	1	0	0	0	0	0
MOROCCO	1	1	0	0	0	1	1	0	0	0	1
MYANMAR	91	46	27	13	20	106	26	14	4	4	48
NEPAL	23	8	10	4	4	26	3	2	1	1	7
NETHERLANDS	7	7	0	0	0	7	4	0	0	0	4
NIGERIA	57	29	18	6	12	65	3	7	3	2	15
OMAN	1	1	0	0	0	1	0	0	0	0	0
PAKISTAN	171	95	60	17	17	189	27	22	4	7	60
PALESTINIAN AUTHORITY	1	0	1	1	0	2	0	0	1	0	1
PAPUA NEW GUINEA	3	0	2	2	0	4	0	1	0	0	1
PERU	1	1	0	0	0	1	0	0	0	0	0
PHILIPPINES	89	40	25	12	25	102	15	7	1	2	25
POLAND	4	1	2	1	0	4	0	1	0	0	1
PORTUGAL	1	1	1	0	0	2	0	1	0	0	1
ROMANIA	7	6	2	0	2	10	0	1	0	0	1
RUSSIA	54	29	19	10	4	62	6	2	2	1	11
SAINT KITTS AND NEVIS	3	2	1	0	0	3	0	1	0	0	1
SAINT LUCIA	2	1	2	0	0	3	0	0	0	0	0



## ATTACHMENT C: CLINICAL EXAMINATION COUNTRY OF TRAINING STATISTICS CONTINUED

CTY TRAINED	NO OF CANDIDATE	SAT 1	SAT 2	SAT 3	SAT 4	SAT TOTAL	PASS 1	PASS 2	PASS 3	PASS 4	PASS TOTAL
SAINT VINCENT AND THE GRENADINES	1	0	0	1	0	1	0	0	0	0	0
SAMOA	5	2	1	1	1	5	1	0	1	0	2
SAUDI ARABIA	3	1	1	0	2	4	0	0	0	0	0
SERBIA	4	2	1	0	1	4	0	1	0	0	1
SEYCHELLES	2	1	1	0	0	2	0	1	0	0	1
SINT MAARTEN	1	1	0	0	0	1	0	0	0	0	0
SOUTH AFRICA	23	17	3	3	2	25	12	0	2	0	14
SOUTH KOREA	3	3	2	0	0	5	0	0	0	0	0
SOUTH SUDAN	1	1	0	0	0	1	0	0	0	0	0
SRI LANKA	139	82	46	16	19	163	28	22	3	3	56
SUDAN	9	7	0	1	2	10	0	0	0	0	0
SWITZERLAND	2	2	0	0	0	2	2	0	0	0	2
SYRIA	7	5	2	0	0	7	1	1	0	0	2
TAIWAN	5	3	2	1	0	6	2	0	0	0	2

CTY TRAINED	NO OF CANDIDATE	SAT 1	SAT 2	SAT 3	SAT 4	SAT TOTAL	PASS 1	PASS 2	PASS 3	PASS 4	PASS TOTAL
TANZANIA	3	0	2	2	0	4	0	0	1	0	1
THAILAND	1	1	0	0	0	1	0	0	0	0	0
TRINIDAD AND TOBAGO	2	1	0	0	1	2	0	0	0	0	0
TURKEY	3	2	1	1	0	4	0	0	0	0	0
UGANDA	4	2	1	0	1	4	1	1	0	1	3
UKRAINE	36	20	9	6	9	44	3	1	1	1	6
UNITED ARAB EMIRATES	5	4	1	0	0	5	2	1	0	0	3
URUGUAY	1	1	0	0	0	1	0	0	0	0	0
USA	2	1	1	0	0	2	0	0	0	0	0
VENEZUELA	7	6	1	1	0	8	1	0	1	0	2
VIET NAM	8	2	2	1	3	8	0	0	0	1	1
ZAMBIA	1	1	0	0	0	1	0	0	0	0	0
ZIMBABWE	8	4	1	2	1	8	3	0	1	0	4
<b>Total</b>	<b>1857</b>	<b>1026</b>	<b>586</b>	<b>288</b>	<b>265</b>	<b>2165</b>	<b>293</b>	<b>174</b>	<b>79</b>	<b>51</b>	<b>597</b>

ATTACHMENT D: CLINICAL RETEST STATISTICS 1 JULY 2016 TO 30 JUNE 2017

EXAM	DATE	CITY	NUMBER OF CANDIDATES WHO SAT	CANDIDATES WHO PASSED		CANDIDATES WHO FAILED	
				NUMBER	RATE	NUMBER	RATE
16-08-19MR	19/08/2016	MELBOURNE-NTC	54	21	38.89%	33	61.11%
16-08-25MR	25/08/2016	MELBOURNE-NTC	53	33	62.26%	20	37.74%
16-09-02MR	02/09/2016	MELBOURNE-NTC	52	24	46.15%	28	53.85%
16-11-23MI	23/11/2016	MELBOURNE-NTC	1	1	100.00%	0	0.00%
16-11-24MR	24/11/2016	MELBOURNE-NTC	54	22	40.74%	32	59.26%
17-02-11MR	11/02/2017	MELBOURNE-NTC	54	16	29.63%	38	70.37%
17-03-03MR	03/03/2017	MELBOURNE-NTC	53	23	43.40%	30	56.60%
17-04-29MR	29/04/2017	MELBOURNE-NTC	50	18	36.00%	32	64.00%
17-06-09MR	09/06/2017	MELBOURNE-NTC	54	19	35.19%	35	64.81%
Total			425	177	41.65%	248	58.35%

## ATTACHMENT E: WORKPLACE BASED ASSESSMENT STATISTICS 1 JULY 2016 TO 30 JUNE 2017

AUTHORITY	CTY TRAINED	NO OF ASSESSED	NO OF PASS	NO OF FAIL	NO OF PENDING RESULT
Central Coast Local Health District	INDIA	3	3	0	0
	IRAN	1	1	0	0
	PAKISTAN	3	3	0	0
	PAPUA NEW GUINEA	2	2	0	0
	PHILIPPINES	3	3	0	0
	SOUTH AFRICA	3	3	0	0
	SRI LANKA	2	2	0	0
	<b>Subtotal</b>	<b>17</b>	<b>17</b>	<b>0</b>	<b>0</b>
Hunter New England Area Health Service	BRAZIL	2	2	0	0
	COLOMBIA	1	1	0	0
	DOMINICAN REPUBLIC	1	1	0	0
	GERMANY	1	1	0	0
	INDIA	3	3	0	0
	IRAQ	1	1	0	0
	NORWAY	1	1	0	0
	PAKISTAN	2	2	0	0
	PHILIPPINES	2	2	0	0
	SRI LANKA	3	2	1	0
	SUDAN	1	1	0	0
	UKRAINE	1	0	1	0
	<b>Subtotal</b>	<b>19</b>	<b>17</b>	<b>2</b>	<b>0</b>
Launceston General Hospital	BANGLADESH	2	2	0	0
	INDIA	9	9	0	0
	IRAQ	2	2	0	0
	MEXICO	1	1	0	0
	PHILIPPINES	1	0	0	1
	RUSSIA	1	1	0	0
	SRI LANKA	2	2	0	0
	<b>Subtotal</b>	<b>18</b>	<b>17</b>	<b>0</b>	<b>1</b>
Monash Health	COLOMBIA	1	1	0	0
	FIJI	1	0	0	1
	INDIA	2	2	0	0
	<b>Subtotal</b>	<b>4</b>	<b>3</b>	<b>0</b>	<b>1</b>

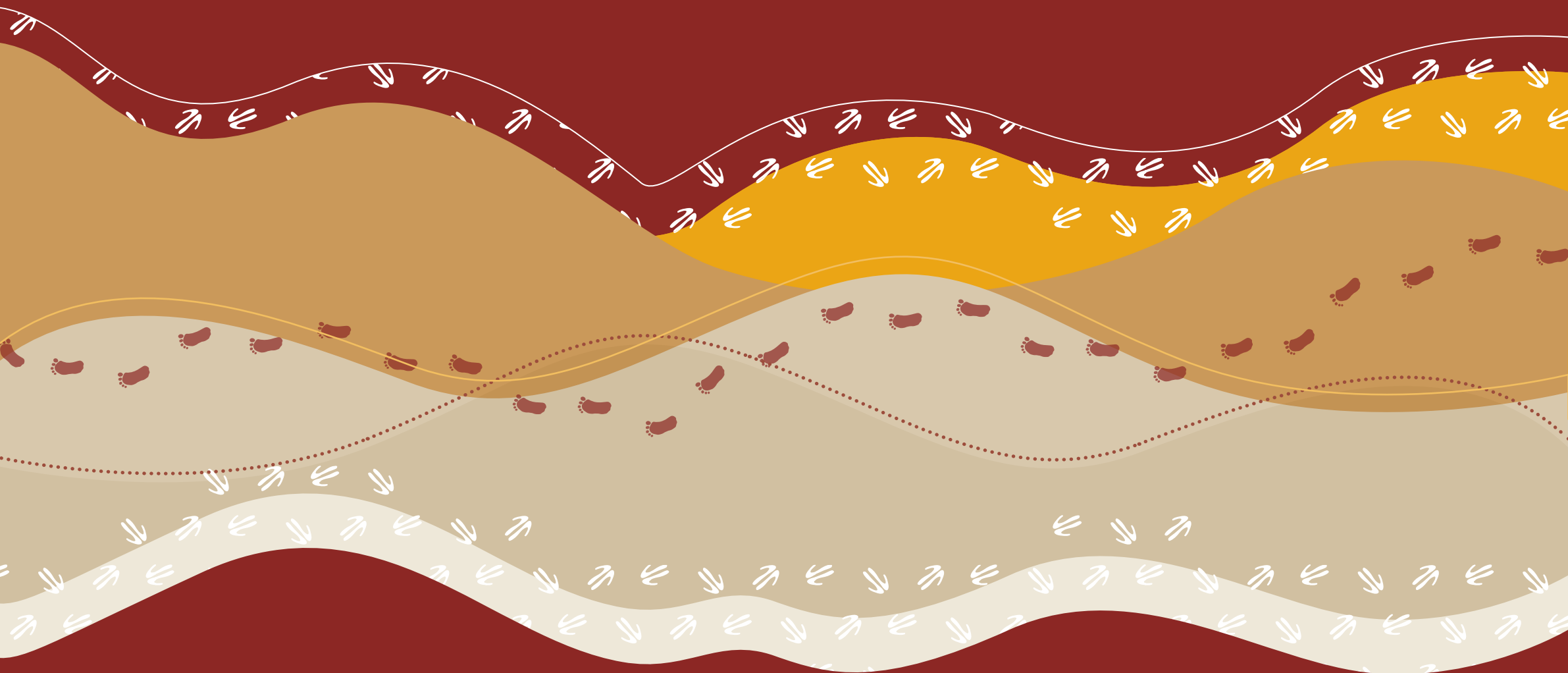
AUTHORITY	CTY TRAINED	NO OF ASSESSED	NO OF PASS	NO OF FAIL	NO OF PENDING RESULT
Rural and Outer Metro United Alliance	EGYPT	1	1	0	0
	IRAQ	2	2	0	0
	NIGERIA	3	3	0	0
	SRI LANKA	2	2	0	0
	<b>Subtotal</b>	<b>8</b>	<b>8</b>	<b>0</b>	<b>0</b>
WA Health	INDIA	8	7	0	1
	INDONESIA	1	1	0	0
	KENYA	1	1	0	0
	NIGERIA	2	2	0	0
	PAKISTAN	4	4	0	0
	PHILIPPINES	1	1	0	0
	POLAND	1	1	0	0
	SOUTH AFRICA	1	1	0	0
	SUDAN	1	1	0	0
	SYRIA	1	1	0	0
	UKRAINE	1	1	0	0
	<b>Subtotal</b>	<b>22</b>	<b>21</b>	<b>0</b>	<b>1</b>
Wide Bay Hospital and Health Service	BANGLADESH	1	1	0	0
	INDIA	3	3	0	0
	LEBANON	1	1	0	0
	NIGERIA	1	1	0	0
	PAKISTAN	1	1	0	0
	PAPUA NEW GUINEA	2	2	0	0
	PHILIPPINES	1	1	0	0
	RUSSIA	2	2	0	0
	<b>Subtotal</b>	<b>12</b>	<b>12</b>	<b>0</b>	<b>0</b>
<b>Grand Total</b>		<b>100</b>	<b>95</b>	<b>2</b>	<b>3</b>





Linda Huddleston





Australian Medical Council Limited