



Annual Report

2022-23



The AMC acknowledges the Aboriginal and Torres Strait Islander peoples as the original Australians, and the Māori Peoples as the original people of New Zealand.

We acknowledge and pay our respects to the Traditional Custodians of all the lands on which we meet and to their ongoing connection to the land, water and sky.

We recognise the Elders of all these Nations both past, present and emerging, and honour them as the traditional custodians of knowledge for these lands.



This annual report contains the audited financial statements for the Australian Medical Council (AMC) for the financial year 2022-23 and information on the AMC's corporate governance arrangements, its performance in carrying out its functions, and important events and activities during that period.

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President's Message



Professor Geoff McColl
President

As 2023 draws to an end, it is again time to pause and reflect on the AMC's achievements over the 2022-23 year.

I have been a Director of the AMC since 2016, first ex-officio as Chair of the Medical School Accreditation Committee, then serving as Deputy President and now completing my first year as President.

What is evident over this time is the AMC's maturity as an organisation to what today is a high functioning, well respected service organisation.

For those who have perhaps not been around for as long, or not as closely associated with the AMC, a brief timeline is provided below.

For its Silver Jubilee in 2010, the AMC published *Assuring Medical Standards: The Australian Medical Council 1985 – 2010*. In writing the foreword to that publication, then President, Richard Smallwood AO, wrote:

The Australian Medical Council (AMC) has a profoundly important role in assuring the high standards of medical practice in this country, yet few doctors, and even fewer politicians and members of the public, know of its role, let alone understand how it functions. This volume "Assuring Medical Standards: The Australian Medical Council 1985 - 2010" will do much to redress this, although I suspect that to much of the medical and lay community, the AMC will continue to remain a mysterious body, tucked away in the complex regulatory framework of 21st century medicine.

- 1985 AMC established as an Incorporated Association in the ACT
- 2007 strategic review; Members adopted a new constitution
- 2008 the AMC changed to a company limited by guarantee
- 2009 Health Practitioner National Law Act replaced State-based arrangements
- 2010 AMC appointed as the accreditation authority for medicine under the Act
- 2013 Comprehensive external review. The report is available on the AMC's website
- 2014 AMC became a registered Charity under the Australian Charities and Not-for-profits Commission

I think we can all agree that the AMC's presence is now far better known, and understood, across the medical profession and government, if not the general public.

The AMC's role in setting standards and providing accreditation across the medical continuum has seen it become a respected leader in its field. This is reflected in the increasing body of work detailed in the CEO's Report and reflected throughout this Annual Report.

As a service organisation, our position is underpinned by the quality of our people – the AMC's staff and the large number of external professionals that contribute to our work through our Committees and other fora, our examiners, assessors, marshals, simulated patients, our Members, and my fellow Directors.

Our sincere thanks to these individuals who give so freely of their time, their knowledge, skills and experience.

Our Golden Jubilee is still a few years away – 2035 – and that will truly be an interesting time. Perhaps this report will be written and produced by AI, perhaps too will much of our accreditation and assessment work, and our clinical examination may include Humanoid Robots.

As with every organisation, consideration of AI – both opportunities and threats – is now high on the AMC's radar. However, AI will not and cannot take away the need for the work we – humans – do to “ensure that standards of education, training and assessment of the medical profession promote and protect the health of the Australian community”. I have no doubt, however, that it will change the way the AMC works and increase the value that our people provide.

As I complete my first year as President, I would like to acknowledge and thank my fellow Directors.

- Dr Bruce Mugford, who completes his first year as Deputy President and serves as Chair of our Investment Reserve Advisory Group
- Tom Symonds, Dr Elizabeth Rushbrook AM, and Dr Tammy Kimpton were appointed by Members last year, and have quickly provided valuable and insightful contributions to the Board and our Committees
- To our five Committee Chairs, who, in addition to their Directors' roles, have an extensive Committee workload:
 - Professor Shaun Ewen, Chair of the Aboriginal and/or Torres Strait Islander and Māori Committee
 - Professor Jane Dahlstrom AOM, who was appointed as Chair of MedSAC in June 2023
 - Dr Andrew Singer AM, Chair of PreVAC
 - Professor Robyn Langham AM, Chair of SEAC
 - Emeritus Professor David Prideaux, Chair of the Assessment Committee.

I would especially like to acknowledge Professor David Prideaux who is stepping down as Chair of the Assessment Committee this AGM, and as a Director of the AMC.

David has been with the AMC for nearly two decades, and an AMC Director since 2015, serving two terms as Assessment Committee Chair. He has been instrumental in leading the Committee over that time, bringing the highest level of integrity and innovation to the AMC's work in the assessment of international medical graduates.

He steered the course through the COVID pandemic which had its greatest impact on the operations of the National Test Centre, and ensured that there was a Plan B with the Online Clinical Examination.

Our sincere thanks to David for his commitment and dedication to the AMC, although I expect he won't stray too far as yet.

And I'd like to welcome Professor Cheryl Jones as Chair-elect of the Assessment Committee and an AMC Director.

I would also like to thank those Directors who served on the Board over 2022-23: Professor Kate Leslie AO, Professor Eleanor Milligan, and Professor Lisa Jackson Pulver AM.

A changing of the guard is always beneficial, bringing new perspectives to the Board and Committees. The Directors continue to undertake their roles and responsibilities with the highest regard and to ensure the AMC reaches its Golden jubilee in good form and function.

I commend to you the AMC's work over the year, in the 2022-23 Annual Report.



CEO's Forward



Philip Pigou
CEO

The 2022-23 year was almost unprecedented for the AMC in terms of new and urgent work, which was focused on adding value to the health sector. This included:

- development of the Accreditation Standards for Cosmetic Surgery fast-tracked in late 2022 and which came into effect just six months later
- development of the Criteria and Procedures for AMC Accreditation of CPD Homes and implementation of EOIs to identify new Homes
- facilitation of discussions and development of a Communications Protocol with Colleges and Jurisdictions for Accreditation of Specialist Training Sites, and
- contributing to the Kruk Review on Australia's assessment and registration processes for overseas health practitioners wishing to work in Australia.

Work continued on several major projects over the year including:

- completion of the Medical School Standards Review and finalisation of the new Standards to take effect in January 2024, and importantly, the approach and learnings from the shared sovereignty approach to the Review

- finalisation of the National Prevocational Framework, including preparation for implementation, and commencing the development of an e-portfolio
- finalisation of the AMC's Indigenous Strategy and the work to ensure that cultural safety is imbedded in all our work
- development of options, evaluations and a business plan for the future of clinical examinations and Director endorsement for the development of a new test centre in Melbourne
- the continuing work of the Clinical Examination Futures Working Group, and
- development of the AMC international medical graduate assessment experiences and performance project.

Workload was at a peak across all business areas, not least of which were due to significant increases in verifications and MCQs, a high number of new applications for WBA homes, and consideration of new CPD Home applications.

Each of these key areas of work is covered in this Annual Report and regular updates are provided on the AMC's revamped [website](#).

AMC finances

Financially, we had a very positive year, primarily due to the large increase in candidates applying for verification and MCQ examinations. However, as with many things in the post-COVID world, it is too early to tell if this is an anomaly or a new norm.

Our investment reserves continued to stabilise over the year, meeting our long term target of CPI +3% over a 5-year period.

Expenditure also increased, due in large part to additional staff and external contributors required to meet the increased workload.

Zoom continues to be a mainstay for meetings but travel increased, recognizing the importance of doing business face to face. As a significant component of our budget, Virgin Airlines remains the AMC's preferred air carrier and we appreciate the support of our external contributors in helping us reduce this spend.

The AMC also remains committed to reducing its carbon footprint, recognising that air travel is a key contributor to climate change. We are focused on initiatives at AMC House to reduce our power usage and there is a similar focus for the new test centre.

Reports on the AMC's finances, investments and the audited financial statements are provided in this report.

National Test Centre

More recently, we shut the doors on the National Test Centre. It is the end of the first NTC era, and now we are embarking on the development of the second test centre.

There are two people who deserve special recognition for their vision and leadership leading to the world-leading innovation and success of the NTC. Ian Frank, the AMC's initial CEO (and my predecessor) and Carl Matheson, the initial project manager, and then Director, Assessment and Innovation. Sadly, Carl passed away earlier this year but his many contributions were recognised at the NTC closing event and are shared in this report.

It is difficult to acknowledge everyone involved, but I'd especially like to thank all the staff, examiners, simulated patients, invigilators, and international medical graduates who helped make the NTC a successful operation.

AMC National Test Centre Closing, October 2023



Dr Ross Sweet, Professor Barry McGrath, Dr Frank Hume, Susan Buick, Megan Lovett and Professor Vernon Marshall

The Voice Referendum

In closing, I'd like to acknowledge the profound effect the outcome of the Voice Referendum has had on Aboriginal and/or Torres Strait Islander People.

The AMC remains committed to *Promoting Aboriginal and/or Torres Strait Islander and Māori Health - Ensuring culturally safe practice to improve health outcomes* as a core strategy. While we have a long road ahead, it is heartening to see the changes taking place internally and externally, guided by the leadership of the AMC's Aboriginal and/or Torres Strait Islander and Māori Committee and Indigenous Policy and Programs team. This is evident in the inclusion of work across every report; there is no longer 'just' an Indigenous report.

The AMC's Aboriginal and/or Torres Strait Islander and Māori Committee and Directors unanimously supported the [Voice to Parliament](#) and will continue to advocate the inclusion of Indigenous voices in all aspects of health and wellbeing.

And we will continue to support each other.



Governance

The Australian Medical Council (AMC) is an independent national standards body for medical education. Its purpose is to ensure that standards of education, training and assessment of the medical profession promote and protect the health of the Australian community.

It is appointed under the Health Practitioner Regulation National Law Act 2009 as the external accreditation authority for medicine. In this capacity it develops standards for medical education and training at medical school, intern and specialist medical training stages and programs for endorsement of medical registration and accredits programs that meet the standards.

It also sets standards for and assesses international medical graduates seeking to practise medicine in Australia, and assesses authorities in other countries who conduct examinations or accredit programs for registration in the medical profession to advise the Medical Board of Australia on whether they meet the standards to be accepted as a competent authority.

The AMC also conducts the assessment of non-specialist international medical graduates leading to general registration, and facilitates the assessment of overseas trained specialists by the relevant Specialist Medical Colleges. Examinations are undertaken at the AMC's purpose-built National Test Centre (NTC) in Melbourne.

The AMC is a Company Limited by Guarantee and a registered charity. It is subject to the Corporations Act 2001 and the Australian Charities and Not-for-profits Commission Act 2012 and operates in accordance with its [Constitution](#).

The AMC is governed by its Directors and the Members of the Company (AMC Council). AMC Standing Committees and sub committees provide support and advice to the Directors and Council.

The AMC Secretariat, based in Canberra and Melbourne, supports the functions of the AMC.

Directors

The AMC Directors are the President, Deputy President, three Member-elected Directors and the Chairs of the five AMC Standing Committees.

The powers and duties of the AMC Directors are set out in the AMC Constitution, the Corporations Act, the Australian Charities and Not-for-Profits Commission Act and the general law.

AMC Directors determine the AMC's strategic direction and oversee its business activities to pursue the Objects of the AMC. This includes appointment of the CEO, setting the AMC's strategic direction, ensuring corporate governance compliance and good practice, promoting the AMC's reputation and standing, financial oversight, and determining the direction of AMC committees.

Directors receive high-level advice from the AMC's Finance, Audit and Risk Management Committee, Investment Reserve Advisory Group and the five Standing Committees. The Directors meet regularly and have in place mechanisms for the conduct of special meetings.

Information on AMC Directors, including qualifications and special responsibilities, are detailed in the Financial Statements.



Emeritus Professor David Prideaux



Dr Elizabeth Rushbrook AM



**Associate Professor Andrew Singer
AM**



Dr Tammy Kimpton



Professor Geoff McColl

PRESIDENT



Dr Bruce Mugford

DEPUTY PRESIDENT



Professor Shaun Ewen



Professor Robyn Langham AM

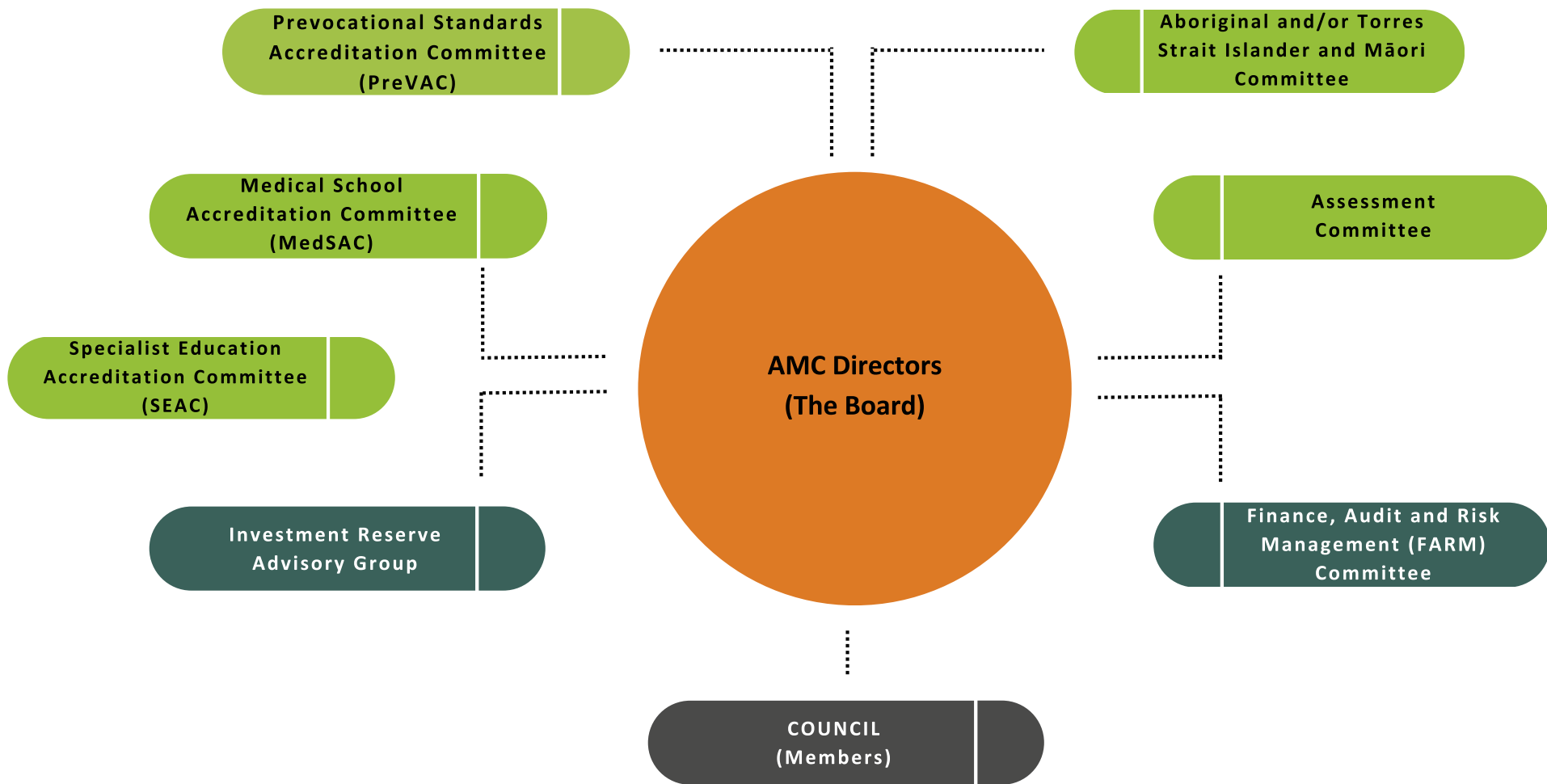


Tom Symonds



Professor Jane Dahlstrom OAM

High level governance structure



● Constituted Committees overseeing large functional areas of the AMC

● Established as required and generally with a defined task and time limit

Finance, Audit and Risk Management (FARM) Committee

The FARM Committee assists the AMC Directors to fulfil their corporate governance and oversight responsibilities in relation to financial reporting, risk management, internal controls, external audit and compliance with relevant laws, regulations and codes.

Membership as at 30 June 2023

- Mr Don Cross (External), Chair
- Professor Geoff McColl (Director)
- Dr Bruce Mugford (Director)
- Professor Elizabeth Rushbrook (Director)
- Tom Symonds (Director)

Non-current Members serving during 2022-23:

- Professor Kate Leslie AO (Director)
- Professor Eleanor Milligan (Director)

Investment Policy Advisory Group

IRAG oversees the prudent and efficient management of the AMC's investment reserve as determined by the Long Term Investment Reserve Policy and AMC Directors.

Membership as at 30 June 2023

- Dr Bruce Mugford (Director), Chair
- Professor Robyn Langham AM (Director)
- Associate Professor Andrew Singer AM (Director)
- Philip Pigou (CEO)
- Grace Culpitt (CFO)

Non-current Members serving during 2022-23:

- Professor Lisa Jackson Pulver AM (Director), Chair

There are five Constituted Standing Committees. Further details on the structure, roles, membership and subcommittees are provided under the Committee Reports.

Medical School Accreditation Committee

Oversees the process for accreditation of primary medical programs and providers

Prevocational Standards Accreditation Committee

Oversees accreditation and review processes for the prevocational phase of medical education including: review of intern training accreditation bodies, accreditation of international medical graduates, assessment processes for Workplace Based Assessment and pre-employment structured clinical interview.

Specialist Education Accreditation Committee

Oversees the process for accreditation of specialist medical education programs and continuing professional development programs.

Aboriginal and/or Torres Strait Islander and Māori Committee

Established as a Constituted Standing Committee in June 2019 to strengthen the AMC's approach to improving the health and social outcomes for Aboriginal and/or Torres Strait Islander peoples in Australia and Māori in New Zealand.

Further details on the structure and membership are provided under the Committee Report.

Assessment Committee

Oversees operation of the AMC examinations and reviews the performance of the Multiple Choice Question (MCQ) Examination, Clinical Examination and Workplace Based Assessment.

The Assessment Committee has several subcommittees, details of which are provided under the Assessment Report.

Members

The role of Council (AMC Ltd Members) is two-fold:

- Individual Members of a Company Limited by Guarantee with the roles and responsibilities outlined in the AMC Constitution and Commonwealth Acts.
- A community of individuals bringing their views and experience as ambassadors of sectors or organisations to provide input to the operations and strategic direction of the AMC.

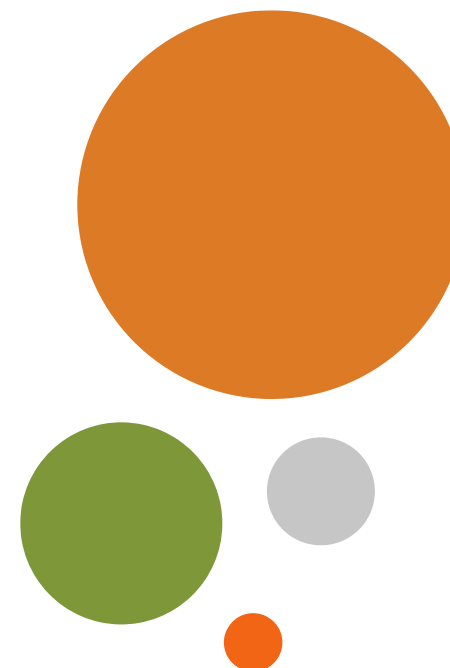
The Council's responsibilities include electing the President and Deputy President and three of the Directors, shaping the AMC's strategic direction and ensuring the AMC's Constitution is fit for purpose.

Members are appointed according to the categories defined in the Constitution, drawn from a wide cross-section of the groups associated with medical education, health delivery and with the standards of medical practice. The AMC aims for diversity of region, gender, ethnicity, experience and skill in its membership.

The appointment of Members takes place at the AGM in November. The process is commenced early in the year with incumbents contacted and Members advised of terms ending at the Council meeting in May. Increased focus is being placed on cultural safety in the appointment of AMC Members, Directors and Committee Members with all selection panels including an Indigenous representative who was an AMC Director, Member, Committee Member or Staff Member.

Council Members and Directors* as at 30 June 2023

- Dr Claire Blizzard
- Dr Heather Buchan
- Dr Sarah Chalmers
- Professor Jane Dahlstrom OAM*
- Professor Shaun Ewen*
- Dr Brian Fernandes
- Dr Tessa Ho
- Dr Cassandra Host
- Professor Lisa Jackson Pulver AM
- Dr Kym Jenkins
- Dr Tammy Kimpton*
- Dr Omar Khorshid
- Professor Robyn Langham AM*
- Debra Letica
- Professor Geoff McColl*
- Professor Richard Murray
- Dr Bruce Mugford*
- Dr Shyamsundar Muthuralingam
- Dr Jonathan Newchurch
- Emeritus Professor David Prideaux*
- Professor Papaarangi Reid
- Dr Elizabeth Rushbrook*
- Associate Professor Andrew Singer AM*
- Dr Dianne Stephens OAM
- Tom Symonds*
- Dr Brittney Wicksteed
- Amanda Wilson AM
- Dr Daniel Zou



Non-current members and Directors serving 2022-23

- Dr Jenni Davidson
- Dr Sergio Diez Alvarez
- Professor Kate Leslie AO FAHMS*
- Professor Eleanor Milligan*
- Dr Tereza Stillerova



Membership

Retiring Members

The following members completed their terms on Council at the AMC AGM held on 25 November 2022. The AMC very much appreciates their contributions to achieving the purpose of the AMC, to ensure that standards of education, training and assessment of the medical profession promote and protect the health of the Australian community.

AMC President

Professor Kate Leslie AO was appointed as President in 2020 for a two-year term. She served as Deputy Directors from 2018-202 and as a Director of the AMC since 2015 when she was appointed Chair of the Specialist Education Accreditation Committee.

Professor Leslie was a member of the AMC Finance, Audit and Risk Management Committee. As a member (2010-14) and then Chair of the Specialist Education Accreditation Committee (2014-18) she participated in and led several AMC accreditation assessments of specialist medical programs.

Practitioner Member State or Territory Board of the Medical Board of Australia

Dr Sergio Diez Alvarez was appointed in 2018 for a four-year term.

Practitioner Member State or Territory Board of the Medical Board of Australia

Dr Jenni Davidson was appointed in 2018 for a four-year term. Dr Davidson has served as an AMC Examiner.

Prevocational Trainee Member

Dr Tereza Stillerova was appointed in 2020 for a two-year term. She was not eligible for reappointment in the prevocational trainee member category.

Dr Stillerova was a member of the University of Adelaide 2022 accreditation assessment.

Australian Medical Association Federal Council Member

Professor Steve Robson was appointed to Council for a four-year term in October 2021 and served as a Member of the Specialist Education Accreditation Committee. Professor Robson resigned in August 2022 on appointment as President of the Australian Medical Association Federal Council.

Appointments 2022-23

Practitioner Members State or Territory Board of the Medical Board of Australia

Article 4.2 (a)(i) of the Constitution provides for two persons each of whom is, at the time of their appointment, a Member of a State or Territory Board of the Medical Board of Australia and who is registered under Part 7 of the Health Practitioner Regulation National Law by the MBA.

Directors appointed Dr Tessa Ho and Professor Dianne Stephens OAM to Council for four-year terms.

Dr Ho is a Practitioner Member for the NSW Board of the Medical Board of Australia, as well as the Chair for the Standing Notifications Committee: Assessment, MBA. She was a Member on the AMC's Cosmetic Surgery Accreditation Standards and Procedures Project Advisory Group and has been a member of several medical school assessment teams.

Professor Stephens is a Practitioner Member for the NT Board of the MBA. Professor Stephens is an Intensive Care Specialist and is Foundation Dean of the CDU Menzies School of Medicine as well as the Academic Partnerships Lead of the National Critical Care and Trauma Response Centre. She is a Member of the Medical School Accreditation Committee.

Community Member State or Territory Board of the Medical Board of Australia

Article 4.2(f) of the Constitution provides for two persons each of whom is, at the time of their appointment, or who has recently been, a community member of a State or Territory Board of the Medical Board of Australia.

Directors reappointed Tom Symonds and appointed Ms Amanda Wilson AM for four-year terms.

Mr Symonds is a Community Member for the SA Board of the MBA. He is Project Manager for the Lot Fourteen Innovation District, Department of Innovation, Industry and Science, SA Government. He is also a Director and Chair of the Board of the Adelaide Primary Health Network, and community member of the SA Board of the Nursing and Midwifery Board of Australia.

Mr Symonds was appointed as an AMC Director on 25 November 2022, and continues as a Member of the AMC Assessment Committee and, as a Director, serves on the AMC's Finance, Audit and Risk Management Committee.

Ms Wilson is a Community Member for the NSW Board of the MBA, a Community Member for the NSW Serious Offenders Review Council (SORC), Chair of the NSW Crime Stoppers Board and Director of Good Things Foundation Australia. She was a Member of the AMC's Cosmetic Surgery Accreditation Standards and Procedures Project Advisory Group

Ms Wilson is a Community Member on the AMC National Framework for Prevocational Medical Training Review Stakeholder Reference Group.

Prevocational Trainee Member

Article 4.2(a)(v) of the Constitution provides for one person who is at the time of their appointment, or who has recently been, a prevocational trainee primarily working at an Australian hospital.

Directors appointed Dr Brittney Wicksteed to Council for a two-year term.

Dr Wicksteed is a Resident Medical Officer (PGY4) at the Royal Perth Hospital. She has experience on a number of committees and is a current Board Director for Rural Doctors' Association Australia.

Aboriginal and/or Torres Strait Islander Member

Article 4.2(j) of the Constitution provides for one person who is an Aboriginal and/or Torres Strait Islander and who has experience in Aboriginal and/or Torres Strait Islander health issues.

Directors reappointed Dr Tammy Kimpton to Council for a further four-year term.

Dr Kimpton is a member of the Specialist Education Accreditation Committee and the Aboriginal and Torres Strait Islander and Māori Committee as well as a member of its predecessor Committee. She has also held membership on several AMC accreditation assessments, including RACS 2021 and 2017 and UNDAF 2016. She was appointed as an AMC Director on 25 November 2022.

Confederation of Postgraduate Medical Education Council Member

Article 4.2(a)(iv) of the Constitution provides for one person nominated by the Confederation of Postgraduate Medical Education Council.

Directors reappointed Dr Claire Blizard to Council for a further four-year term.

Dr Blizard is Chair of CPMEC and Medical Director Health Education and Training Institute. She is a former member of the AMC's Prevocational Standards Accreditation Committee and was the CPMEC nominee for the AMC Medical Workforce Digital Capabilities Advisory Group and has held membership on several AMC accreditation assessments, including HLA 2016 and RCPA 2006.

Universities Australia Member

Article 4.2(d) of the Constitution provides for one person who is, at the time of their appointment, a senior academic staff member of an Australian university nominated by Universities Australia.

Directors reappointed Professor Lisa Jackson Pulver AM to Council for a further four-year term.

Professor Jackson Pulver has served as the Universities Australia nominated AMC Member since 2013 and as a Member-elected Director from 2018-2022. As an AMC Director, she Chaired of the Investment Reserve Advisory Group and was a Member of the Aboriginal and/or Torres Strait Islander and Māori Committee. She continues as a member of the Assessment Committee and MCQ Content and Anthology Editorial Groups. She has held membership on several AMC accreditation assessments.



Australian Medical Association Federal Council Member

Article 4.2(a)(iii) of the Constitution provides for Membership of the Council for one person nominated by the Australian Medical Association Federal Council.

Directors appointed Dr Omar Khorshid to Council until November 2026.

Dr Khorshid is an Orthopaedic Surgeon based in Freemantle, WA. He served as President and a Director of the Australian Medical Association Federal Council from 2020-2022, and has held many other appointments, including serving as an Executive Member of RACS and an AMA Federal Councillor, as well as previous involvement in AMC's accreditation processes.

Standing Committee Chairs

Chair of the Prevocational Standards Accreditation Committee

Article 4.2(l)/14.3 of the Constitution states that the Chair of the Prevocational Standards Accreditation Committee will be appointed by the Directors.

Associate Professor Andrew Singer was appointed Chair of the Prevocational Standards Accreditation Committee in 2018 and, ex-officio, as a Director and Member of the AMC. In line with Article 14.4 of the AMC Constitution, Director Singer was eligible for reappointment for a further term or terms of up to four years. Directors reappointed Associate Professor Andrew Singer for a further four-year term.

Professor Singer is a current Director and is a member of the Specialist Education Accreditation Committee, Investment Reserve Advisory Group, Monitoring Reports Subcommittee, and the Clinical Assessment Futures Working Group. He is also a former member of the Medical School Accreditation Committee and the Recognition of Medical Specialties Committee. He was a member of several AMC accreditation assessments.

Chair of the Medical School Accreditation Committee

Article 4.2(l)/13.3 of the Constitution states that the Chair of the Medical Education Accreditation Committee will be appointed by the Directors.

Directors appointed Professor Eleanor Milligan as Chair of the Medical School Accreditation Committee for a four-year term. Due to personal reasons, Professor Milligan resigned from the role, and as a Director of the AMC, in January 2023.

Professor Milligan served as an AMC Member in the Community Member of a State or Territory Board of the Medical Board of Australia since 2014 and as a Member-elected Director since 2018. She served on the AMC's Finance, Audit and Risk Management Committee, the Investment Reserve Advisory Group and the Aboriginal and Torres Strait Islander and Māori Strategy Committee.

Directors appointed Professor Jane Dahlstrom OAM, as Chair of the Medical School Accreditation Committee on 20 April 2023.

Professor Dahlstrom is currently the Acting Head of the Canberra Clinical School and Chair and Professor of Pathology, School of Medicine and Psychology in the College of Health and Medicine, at the Australian National University.

Professor Dahlstrom is a Fellow of the Royal College of Pathologists of Australasia and has been an RCPA examiner in anatomical pathology and oral pathology for many years.

Professor Dahlstrom has had a long association with the AMC including as a member of various accreditation teams involved in the assessment of medical schools and medical colleges. She served as Deputy Chair of the Medical School Accreditation Committee prior to her appointment as Chair.

President, Deputy President and three Directors

In accordance with the Constitution, the President, Deputy President and three elected Directors, having completed their two-year terms of appointment, retired from office at the 2022 AGM. All eligible Members, including retiring Directors, were invited to submit nominations for these positions.

Professor Kate Leslie AO stepped down as President and as a Director of the AMC at the 2022 AGM.

The following appointments were made by Members for two-year terms concluding at the close of the AGM in November 2024:

President

Professor Geoff McColl was appointed as the AMC President and ex-officio an AMC Director. He steps into the role following two years as Deputy President and six years as a Director of the AMC as Chair of the Medical School Accreditation Committee. Professor McColl is a member of the Finance, Audit and Risk Management Committee and has held membership on several AMC accreditation assessments, including JMP 2016 and 2014 and UWA 2013. He was also Chair of the 2020 Working Party on Western Pacific Accreditation Relationships and the 2011 Benchmarking Working Group.

Deputy President

Dr Bruce Mugford was appointed as the AMC Deputy President and ex-officio an AMC Director. Director Mugford is Chair of the Investment Reserve Advisory Group, a Member of the Finance, Audit and Risk Management Committee and the AMC representative on the MBA IMG Specialist Committee.

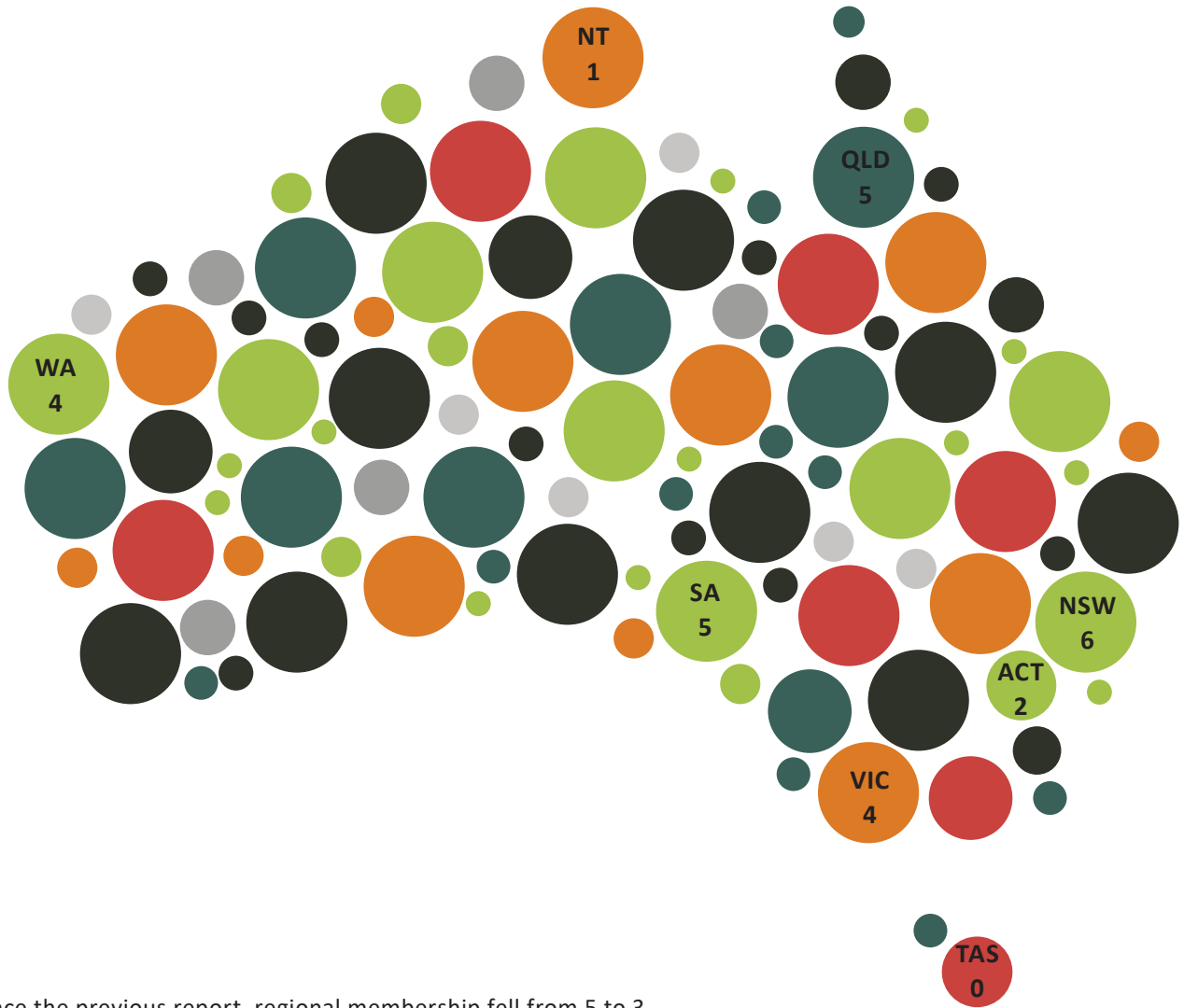
Three Directors elected by the Members

Dr Elizabeth Rushbrook was appointed as an AMC Director. Dr Rushbrook is also a member of the Finance, Audit and Risk Management Committee and the IMG assessment experiences and performance advisory group.

Dr Tammy Kimpton was appointed as an AMC Director. As noted above, Dr Kimpton is a member of the Specialist Education Accreditation Committee and the Aboriginal and Torres Strait Islander and Māori Committee as well as a member of its predecessor Committee.

Tom Symonds was appointed as an AMC Director. As noted above, he continues as a Member of the AMC Assessment Committee and, as a Director, serves on the AMC's Finance, Audit and Risk Management Committee.



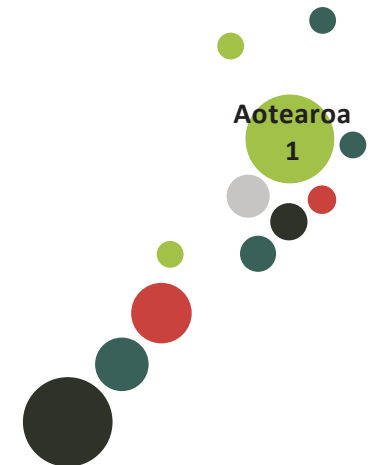


Regional 3 (10%)
Metropolitan 25 (90%)

Australia 27 (96%)
Aotearoa New Zealand 1 (4%)

Aboriginal or Torres Strait Islander: 3 (11%)

Māori: 1 (4%)



Since the previous report, regional membership fell from 5 to 3. Two regional members are located in Qld, the other in NSW.

Membership in the NT increased by one and in WA by two.

Membership in Qld reduced from 7 to 5 and in Victoria by one.

Governance activities

- AMC Directors met twelve times over 2022/23 with seven of these held face-to-face. Directors considered strategic, governance, finance, audit and risk matters, and received reports and recommendations from each of the Standing Committees
- the Finance, Audit and Risk Management Committee met four times via zoom, meeting its requirements under its Terms of Reference and advising Directors in its areas of responsibility including oversight of compliance activities, financial reporting, budgets, audit and risk management
- the Investment Reserve Advisory Group met four times via zoom, consulting with the AMC's Investment Adviser and managing the investment reserves in line with the Policy and its authorities
- AMC Directors, the Finance, Audit and Risk Management Committee and the Investment Reserve Advisory Group completed annual Performance Reviews in September 2022, developing action plans with the aim of best practice and continuous improvement
- the annual joint meeting of the Medical Board of Australia, the Australian Health Practitioner Regulation Agency and the AMC Directors was held via Zoom on 26 July 2023
- the AMC Ltd Annual General Meeting was held in Canberra on 25 November 2022. The General Meeting was held in Adelaide on 12 May 2023

- several policies were reviewed and updated in line with the compliance framework including the Directors Delegation to the CEO; Payment of fees to AMC external contributors; Privacy; Whistleblower; Procurement, HR; and the Long Term Investment Reserve
- the Australian Charities and Not-for-Profits Commission (ACNC) self-evaluation for charities was reviewed and updated to ensure that the AMC is meeting its obligations as a registered charity
- the 'responsible persons' register on the ACNC portal was updated to reflect current Director appointments
- the 2022 Annual Report was submitted to the ACNC and to Health Ministers as required under Article 21.3 of the AMC's Constitution
- the 2022 Annual Information Statement was lodged with ACNC
- the AMC reported to the Medical Board of Australia against the domains of the Quality Framework for Accreditation
- the Audited Financial Report for the Year Ended 30 June 2023 was approved by AMC Directors at their meeting on 26 October 2023.

Annual General Meeting

The AMC Ltd Annual General Meeting was held on Friday 25 November 2022 on Ngunnawal and Nambri Country, Canberra, attended by AMC Members, with Members-elect, representatives from MBA, MDANZ, CPMC and the Medical Council of New Zealand, and AMC staff.

Key items of business included:

- Audited Financial Report of the AMC Limited for the year ended 30 June 2022
- 2021-22 Annual Report
- Membership
- Election of the President, Deputy President and three Council Members
- Directors Report
- Standing Committee Reports
- Strategic Presentations on the training of health practitioners to provide care for people with intellectual disability and the future of clinical examinations



General Meeting

The AMC's mid-year General Meeting is held in various locations, including rural and regional Australia. This is preceded by site visits to meet with community members and local health and education bodies to gain a better understanding of issues related to the purpose of the AMC. The composition of the Council ensures that issues can be explored from a number of perspectives.

The 2023 General Meeting was held on Kurna Country, Adelaide, with site visits in northern Adelaide, on the lands of the Ngarrindjeri people in the regional location of Murray Bridge, and on the lands of the Nganguraku people at Ngaut Ngaut.

The visit was initially planned for 2020 and was delayed for a number of years due to the COVID-19 pandemic.

The AMC's Aboriginal and/or Torres Strait Islander and Māori Committee met in Murray Bridge so that Committee Members could join Council on the site visits and the General Meeting.

The Mannum Aboriginal Community Association Inc's Ngaut Ngaut: Interpretive Guide is available [here](#).

Ngaut Ngaut Conservation Park

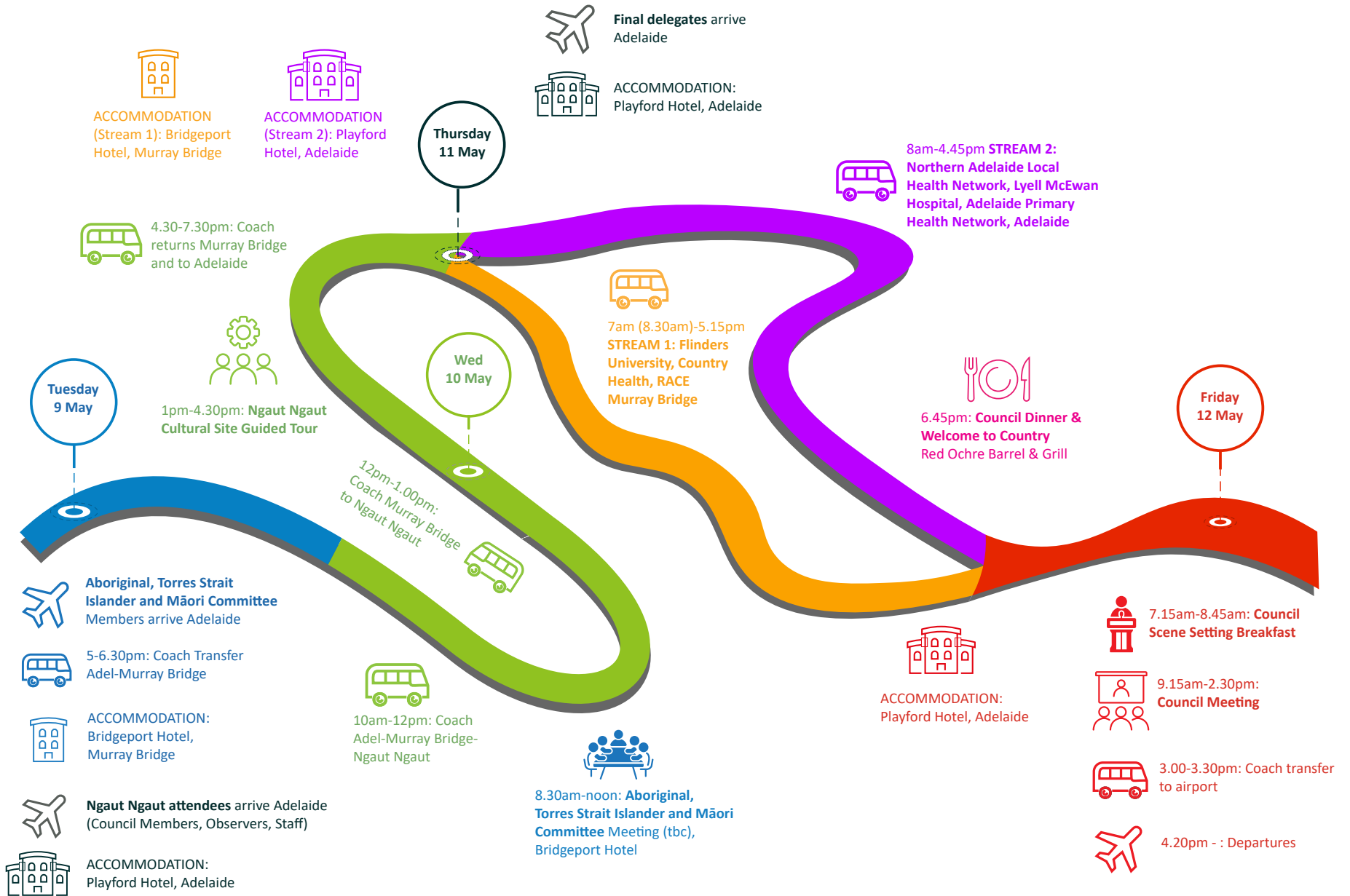
Several Directors, Members, Members of the Aboriginal and/or Torres Strait Islander and Māori Committee and staff, accompanied by Professor Paul Worley (Executive Director, Clinical Innovation, at Riverland Mallee Coorong Local Health Network) travelled to Ngaut Ngaut Conservation Park, one of South Australia's most significant Aboriginal cultural sites managed by the Mannum Aboriginal Community Association.

The group was welcomed by the cultural custodians, the Nganguraku people, with a Smoking Ceremony and Welcome to Country. It was a memorable afternoon on Nganguraku Country, hearing truth telling, an explanation and display of cultural artefacts, and viewing the ancestral sites on the Murray. Due to the recent severe floods experienced along the river, the lower caves and rock art were not accessible at the time of the visit.



On Nganguraku Country overlooking the Murray River

2023 General Meeting Journey Map



Site visits

Site visits are linked to the AMC's Strategic Plan actions which also form the key topics for the Council meeting presentations and discussions. The focus of the 2023 visits was on Pillar 2 – Medical education and training responsive to community needs.

Site visits were held in northern Adelaide and in Murray Bridge on Thursday 11 May 2023.



Stream 1: Postgraduate, Pre- and Vocational, Indigenous health and self-determination

[College of Medicine and Public Health, Flinders University, MD Rural Stream Murray Bridge](#)

Hosts and program contributors:

College of Medicine and Public Health, Flinders University:

- Professor Jonathan Craig, Vice President and Executive Dean
- Professor Robyn Aitken, Dean Rural and Remote Health SA
- Professor Claire Drummond, Deputy Dean, Rural and Remote Health SA
- Vanessa Ryan, Director, Rural Clinical School SA
- Professor Alison Jones, Dean Education

Flinders' third year Doctor of Medicine students undertake the 12-month Doctor of Medicine Rural Stream (MDRS) based at several regional locations, including Mannum, Murray Bridge, Strathalbyn, Goolwa, Middleton and Kingscote (Kangaroo Island).

Located behind the Murray Bridge hospital, the Flinders University rural campus supports the delivery of a range of inter-professional and discipline-specific educational experiences. The campus opened in 2012.

While principally attached to a general practice, students also learn alongside health professionals in hospitals, community health centres, outreach agencies, Aboriginal Medical Services, and with private allied health practitioners.

Country Health Murray Bridge

RACE Riverland academy of clinical excellence

Hosts and program contributors:

- Professor Paul Worley, Executive Director, Clinical Innovation, Riverland Mallee Coorong Local Health Network (Emeritus Professor, College of Medicine and Public Health, Flinders University)
- Dr Hamish Eske (Renmark), Director of Clinical Training, Riverland Academy of Clinical Excellence program, Flinders University
- Sharon Frahn, Medical Education Officer, Riverland Mallee Coorong Local Health Network
- Sharon Wingard, Director Aboriginal Health Riverland Mallee Coorong Local Health Network

Country Health Connect is operated by the six regional health networks in South Australia, which are part of SA Health and backed by the State Government. They deliver health care and wellbeing support across regional South Australia in hospitals, local health services, community centres, residential aged care facilities and client's homes.

The Riverland Academy of Clinical Excellence (RACE) is a multidisciplinary division within the Riverland Mallee Coorong Local Health Network created to "deliver on our commitment to take responsibility for training our own clinical workforce, creating and improving relevant evidence bases for our clinical practice, and bringing the benefits of integrated teaching, research and clinical care to the communities in our region".



Stream 2: International Medical Graduates, WBA, Mental Health, Indigenous health and self-determination

Northern Adelaide Local Health Network

Lyell McEwen hospital

Hosts and program contributors:

- Dr John Maddison, Executive Director of Medical Services, Northern Adelaide Local Health Network
- Dr Kate Wislang FRACP, Medical Oncologist, Director of Clinical Training, Northern Adelaide Local Health Network
- Dr Sanmuganatham Sujeeve, Divisional Director, Mental Health Services, Northern Adelaide Local Health Services
- Maree Geraghty, CEO, Northern Adelaide Local Health Network
- Karen Coppins, Manager, Medical Services Directorate, Northern Adelaide Local Health Network
- Dr Samuel Gluck, Medical Admin Registrar, Medical Services Directorate, Northern Adelaide Local Health Network



The Northern Adelaide Local Health Network includes the Lyell McEwin Hospital, Modbury Hospital, GP Plus Health Care Clinics, sub-acute and mental health services. It delivers services to a population of more than 400,000 people living in Adelaide's north and north-eastern suburbs.

The Lyell McEwin Hospital (LMH) is a major tertiary hospital located north of Adelaide that provides medical, surgical, diagnostic, emergency and support services. It works closely with the Muna Paiendi Aboriginal Community Health Centre, located on site.

Modbury/Lyell McEwin recently joined the workplace based assessment program and are one of two programs in SA, the other being Mt Gambier.

SA Health has a comprehensive range of public mental health services which are provided through community health centres and hospitals, and to consumers in their own homes.





AMC Ltd General Meeting

The AMC Ltd General Meeting was held in Adelaide on Friday 12 May 2023, attended by AMC Directors, Members, Members-elect, Members of the AMC's Aboriginal and/or Torres Strait Islander and Māori Committee, representatives from MBA and Indigenous Allied Health Australia, and AMC staff.

Key items of business included:

- Directors Report
- Financial Report
- Adoption of a Special resolution to amend the Constitution of the AMC Ltd to change references to Aboriginal and Torres Strait Islander People to Aboriginal and/or Torres Strait Islander people.
- Membership
- Standing Committee Reports
- Presentations



Professor Nicola Spurrier, SA Health

Presentations

The Conference commenced with a 'scene setting' breakfast from Professor Nicola Spurrier, Chief Public Health Officer, SA Health, who spoke on the importance of public health as a discipline and its future in the Australian Health system.

Specialist training and workforce needs

What are the challenges to meeting specialist training and workforce needs in SA?

- Strengths and highlights of specialist training in SA
- Accreditation of training sites and posts
- Trainee access to learning resources and support, and to assessment
- Rural training opportunities
- Scope of training and planning for future workforce needs

Guest speakers:

- Dr Michael Cusack, Chief Medical Officer, SA Health
- Associate Professor Melanie Turner, Deputy Chief Psychiatrist - Inspections and Investigations, Office of the Chief Psychiatrist, SA Health

Session facilitator:

- Dr Sarah Chalmers, AMC Member

Panel Session: Meeting changing workforce needs and the AMC's strategic priorities

- AMC engagement in the medical workforce change agenda
- Accreditation standards and policy change
- Focussing accreditation assessment processes on community healthcare needs

Panellists:

- Philip Pigou, CEO
- Theanne Walters, AM, Deputy CEO, General Manager, Strategic Policy and Research
- Kirsty White, Director, Accreditation and Standards

Session facilitator:

- Dr Bruce Mugford, Deputy President, AMC



Philip Pigou, AMC

Allied Health partnerships

Allied Health professionals are integral to meeting the ever increasing demands for high quality, accessible, timely interventions to an increasing and ageing population.

- Overview of the Allied Health workforce
- Indigenous Allied Health and impacts on care and self-determination
- Impact of extending the roles / scope of allied health professionals on health care services
- Models of care

Guest speakers:

- Julianne O'Connor, Chief Clinical Advisor, Rural Support Service, Regional LHNs, SA Health
- Jodie May, Senior Project Manager – Allied Health Projects, Allied Health Rural Generalist Pathway, Rural Support Service, Regional LHNs, SA Health
- Paul Gibson, Executive Director of Strategy and Partnerships, Indigenous Allied Health Australia

Session facilitator:

- Emeritus Professor David Prideaux, AMC Director, Chair, Assessment Committee



Julianne O'Connor & Jodie May, SA Health

Junior Doctor perspective

Guest speaker:

- Dr Harry Gaffney, Junior Doctor, Limestone Coast, and ex-Flinders' Doctor of Medicine Rural Stream student

Yarning Circle: Changing tomorrow through thinking differently today

- Facilitated by Belinda Gibb, Manager, Indigenous Policy and Programs, and Adam Ship, Indigenous Policy and Programs Officer



Paul Gibson, Indigenous Allied Health Australia

Council Dinner

AMC Directors, Council Members, Members-elect, staff and guests enjoyed an insightful evening hearing from special guest, Jack Buckskin, a proud Kurna, Narrunga and Wirangu man born in the Adelaide plains region.

Jack has dedicated the last 15 years to preserving and promoting the Kurna language and culture. He shared some of his work in the revival of the language and culture, interwoven with his own story.

His work has inspired generations new and old to reclaim their cultural heritage and identities.

AMC Strategy and core business functions

Reviewing performance against the strategic plan

The AMC's [Strategic Plan](#) is one of its key governing documents, defining the priorities needed to achieve its Vision and communicating these to internal and external stakeholders.

The Strategic Plan is based on five pillars, focusing on actions and projects to strengthen the relationship between core business functions of standards development, accreditation and assessment and meeting community health needs.

Our strategic actions draw on our relationships with key partners, including the Medical Board of Australia, medical schools, intern training accreditation authorities and specialist colleges, on our stakeholder engagement through our advisory and governance structures, and on building new strategic relationships.

The AMC was reviewed in 2021-22 to consider progress and changes in its operating environment and policy contexts. The plan is based on five strategic pillars to meet the Vision and Purpose, and underpinned by the AMC's Values.

What we do

- Develop accreditation standards for medical programs across all phases of medical education
- Assess medical programs and their providers against the standards and accredit programs that meet these standards
- Assess international medical graduates seeking registration to practise medicine in Australia
- Assess authorities in other countries to ensure they meet the standards to be accepted as a competent authority
- Ensure culturally safe practice to improve health outcomes for Aboriginal and/or Torres Strait Islander and Māori peoples
- Work with government and state and territory regulatory authorities to improve the standards of medical education
- Assess new medical specialties.

Strategic Highlights

The following articles highlight key work under the AMC's Strategic Plan:

- Implementation of the Revised Medical School Accreditation Standards 29
- A new AMC Test Centre 32
- Accreditation of Continuing Professional Development Homes 33
- Navigating the path: A lived experience approach to improving international medical graduate assessment experiences and performance 35 3
- Clinical Examination Futures 37
- National Framework for Prevocational (PGY1 and PGY2) Review 38
- Accreditation of Cosmetic Surgery Programs of Study 41
- Improving Indigenous Health 43
- Reducing the AMC's footprint 86

VISION
Excellence in healthcare
through a highly trained
medical workforce

PURPOSE
To ensure that standards of education,
training and assessment of the medical
profession promote and protect the health
of the Australian community

**Medical Education and
Training Responsive to
Community Health Needs**

Promoting medical
education and training
that is responsive to the
workforce needs of the
Australian community

**Business
with a Purpose**

Managing our business
in an ethical, efficient
and sustainable way

**Professional Practice
in a Changing World**

Promoting professional and
humanistic practice in a world
of increasing technological,
environmental and system
change

**Promoting Aboriginal,
Torres Strait Islander
and Māori Health**

Ensuring culturally safe
practice to improve
health outcomes

Our Accountability

Promoting and protecting the
health of the Australian community through
working with our partners and stakeholders

Innovation
Cultural safety

Striving for excellence
Openness and accountability

Our Values

Integrity
Collaboration

Key achievements 2022-23

- Implementation of the revised Strategic Plan and Aboriginal and/or Torres Strait Islander and Māori Strategy
- Accreditation of two new programs, reaccreditation of 27 programs and monitoring of 90 programs of study under the AMC's designation as the accreditation body for medicine
- Accreditation of nine new workplace based assessment providers as part of the standard pathway for medical practitioner registration
- Implemented the new framework for Continuing Professional Development (CPD) Homes (Registration standard: Continuing Professional Development), transitioning 16 specialist medical colleges to CPD homes and approving one further organisation
- Development and approval of Standards and Procedures for Assessment and Accreditation of Cosmetic Surgery Programs of Study. The revised standards strengthen standards related to Aboriginal and/or Torres Strait Islander and Māori health
- Approval of revised Standards for Primary Medical Programs by Medical Board of Australia and the Medical Council of New Zealand
- Development of resources to support implementation of the National Framework for Prevocational Medical Training
- Commenced procurement process for a national e-portfolio to support implementation of the National Framework for Prevocational Medical Training
- Input to the National Medical Workforce Review through membership of the Medical Workforce Reform Advisory Committee
- Input to the National Medical Training Survey and the use of results as documentary evidence that AMC assessment teams consider for accreditation reviews
- Commencement of the AMC's International Medical Graduate Assessment Experiences and Performance Project
- Submission to the Department of Health Draft National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031
- Aboriginal and/or Torres Strait Islander and Māori Standing Committee representation on all main Committees of the AMC, the Medical Workforce Digital Capabilities Project, the Primary Medical Program Standards review and the Prevocational Framework Review
- Australian Medicine in Context (previously Anthology of Medical Conditions): Review of the updated draft
- Contribution to Department of Health and Aged Care's expert drafting group for an Intellectual Disability Health Capability Framework
- Report by the Clinical Examinations Working Group on a model for the future development of the Clinical Examination and beginning of detailed work
- Collaboration with affiliates in the USA, Canada, Europe and the UK on medical licensure, health and commercial assessment delivery, and examination security
- Development of Options concerning the Future Delivery of the AMC Clinical Examination post the closing of the National Test Centre
- Optimised revenue streams and investments, reviewed and carefully managed all expenditure, and maintained an efficient cost structure.



Implementation of the Revised Medical School Accreditation Standards

Review of the accreditation standards

The AMC regularly reviews the standards that are used to accredit medical education and training providers and programs. The medical school accreditation standards include two parts: the graduate outcome required of newly qualified doctors and the standards for primary medical programs that must be met by medical schools.

The review of the medical school standards began in 2021 with a consultation on the scope of the review. The scoping established the themes and issues which have driven the review, including the key themes of social accountability and cultural safety.

Once the scope of the review was established, in late 2021 the Medical School Standards Review Working Group began drafting detailed proposed changes to the standards. Along with consideration of feedback in the consultation on the scope of the review, the Working Group considered a wide range of policy work in medical education in establishing the scope and drafting proposals. This included policy work by

key professional groups, developments in safety and quality standards, findings of Royal Commissions on aged care and disability, and international developments. The Working Group also considered literature on medical education and student wellbeing.

This work was paused for a brief time to allow stakeholders to focus on the impacts of COVID-19, ultimately being completed in mid-2022. The AMC consulted on the detailed proposals from September–November 2022.

Over the two rounds of consultation, the AMC received over 100 written consultation responses, met stakeholder groups, organised six community member focus groups, and spoke about the review at three conferences. The AMC also facilitated a seminar on the Aboriginal and/or Torres Strait Islander and Māori health and cultural safety related standards and development process. A [recording of the seminar](#) is available on the AMC website.

After final refinement of the proposed standards including drafting of a glossary in early 2023, the revised standards were endorsed by the AMC Directors, the Medical Council of New Zealand, and

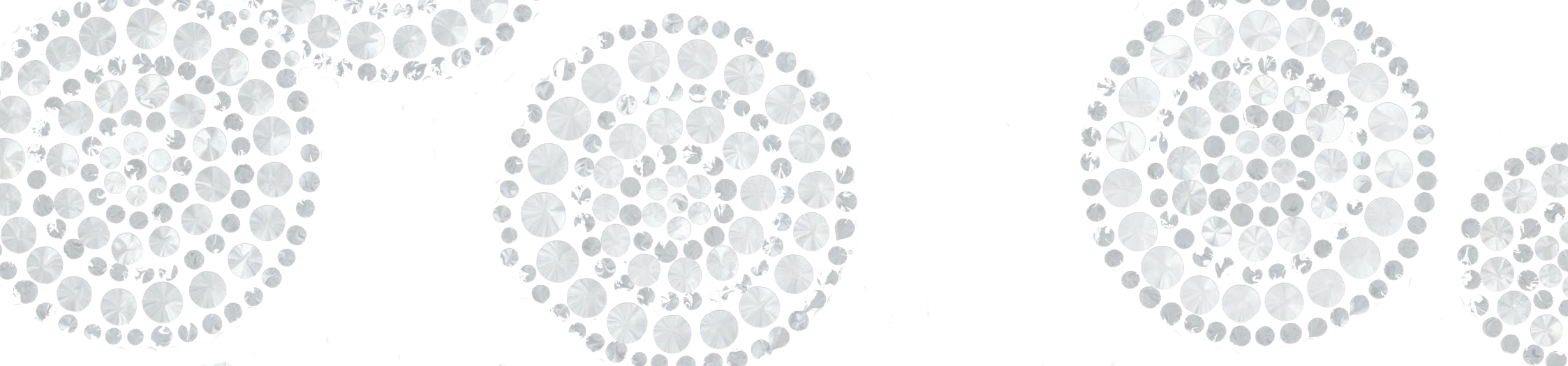
approved by the Medical Board of Australia in June 2023. The Medical Board of Australia determined that the revised standards would have effect from 1 January 2024.

The standards were provided to all stakeholders on 31 July 2023 and are published on the AMC website.

Implementation through 2024

The review will be in its implementation phase through the remainder of 2023 and 2024. Implementation projects include drafting revised templates for reporting against the standards, revising and confirming with stakeholders a Guidance Matrix to accompany the standards, and hosting a Standards Implementation Workshop.

In November 2023, the AMC intends to provide medical schools with self-assessment monitoring templates. These templates will allow schools to reflect internally and to the AMC on their progress with implementation of the revised standards, opportunities they are realising and challenges to overcome.



The shared sovereignty approach to the development and implementation of the standards

The AMC is committed to promoting Aboriginal and/or Torres Strait Islander and Māori health by ensuring culturally safe practice to improve health outcomes. Acknowledging the right to self-determination, the AMC has been implementing a shared sovereignty process for developing the standards in these areas. Stakeholders representing many different groups – most importantly, Aboriginal and/or Torres Strait Islander and Māori stakeholders – have supported this process. More broadly, stakeholders supported an increased emphasis on cultural safety and Aboriginal and/or Torres Strait Islander and Māori health in the accreditation standards.

The AMC Aboriginal and/or Torres Strait Islander and Māori Committee Sub Group led development of cultural safety and Aboriginal and/or Torres Strait Islander and Māori health content in the standards. The Sub Group sought input from Aboriginal and/or Torres Strait Islander and Māori staff in medical schools through two rounds of Yarning Circles and from Aboriginal and/or Torres Strait Islander and Māori health peak bodies through targeted consultation. The AMC Standards Review Working Group provided detailed feedback on these draft proposals, which was considered iteratively by the Sub Group during development of the detailed proposals. The Aboriginal and/or Torres Strait Islander and Māori Committee reviewed and approved these revised standards alongside the Medical School Accreditation Committee.

Resulting from this process and the outcome of the revised standards, key Aboriginal and/or Torres Strait Islander and Māori health organisations, along with the AMC and other non-Indigenous stakeholder organisations representing medical schools and regulators in Australia and New Zealand, released a [joint statement](#) in support of the revised standards.

The AMC's commitment to shared sovereignty continues in implementation. The AMC will ensure that the development of guidance material and workshop planning related to cultural safety and Aboriginal and/or Torres Strait Islander and Māori health will be led by Aboriginal and/or Torres Strait Islander and Māori experts and subject to consultation.

The AMC will also provide revised accreditation templates to schools in a visit year, accreditation extension templates to schools in an extension year, and student submission templates for student societies.

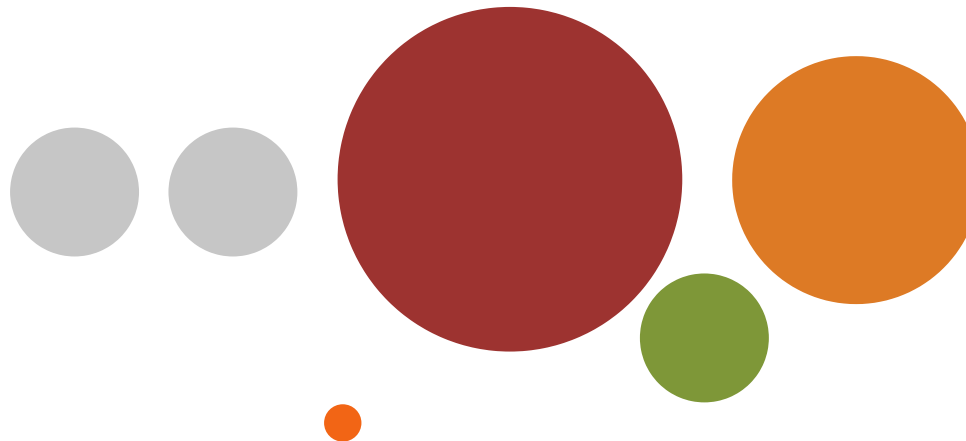
A key tool for stakeholders will be the Guidance Matrix, which will provide key context for stakeholders and accompany the revised standards. This context includes accreditation expectations and shared practice. The matrix will be a living document, with regular opportunities for stakeholders and AMC committees to contribute new and updated content.

The Guidance Matrix will include:

- 'Explanation' providing concise additional context on standards where the AMC has understood from stakeholders that this context would be helpful
- 'Evidence' is a non-exhaustive list of potential documents and data, as well as interview and observation evidence, that the AMC may rely on to make an accreditation decision against the standard
- 'Examples' of practice that meets or is on a journey to meeting the standards
- 'Resources', which are key external documents and media to consider with the standards.

The AMC is planning to undertake targeted consultation with Medical Deans Australia and New Zealand (MDANZ), the Australian Medical Students Association (AMSA) and Leaders in Indigenous Medical Education (LIME), to review the draft matrix content and generate new examples. The initial version of the Guidance Matrix is scheduled for release by the end of 2023.

Finally, the AMC intends to hold a Standards Implementation Workshop in early 2024 for medical schools. The workshop will include presentations and group activities to allow schools to share practice and provide feedback to the AMC.



A new AMC Test Centre

The AMC is establishing a new test centre in Melbourne for the AMC clinical examinations. The new test centre is part of the AMC's ongoing commitment to delivering the best possible standard of assessment of international medical graduates now and into the future.

It is expected that the new test centre will open towards the end of 2024. Like the current test centre, it will be an independent state-of-the-art facility that harnesses the best of technology and talent to improve the experience for candidates and deliver a high standard of assessment validity and reliability.

The current National Test Centre (NTC) closed on Monday 16 October 2023, and the AMC will continue with online examinations into 2024 to allow candidates to continue their pathway towards registration.

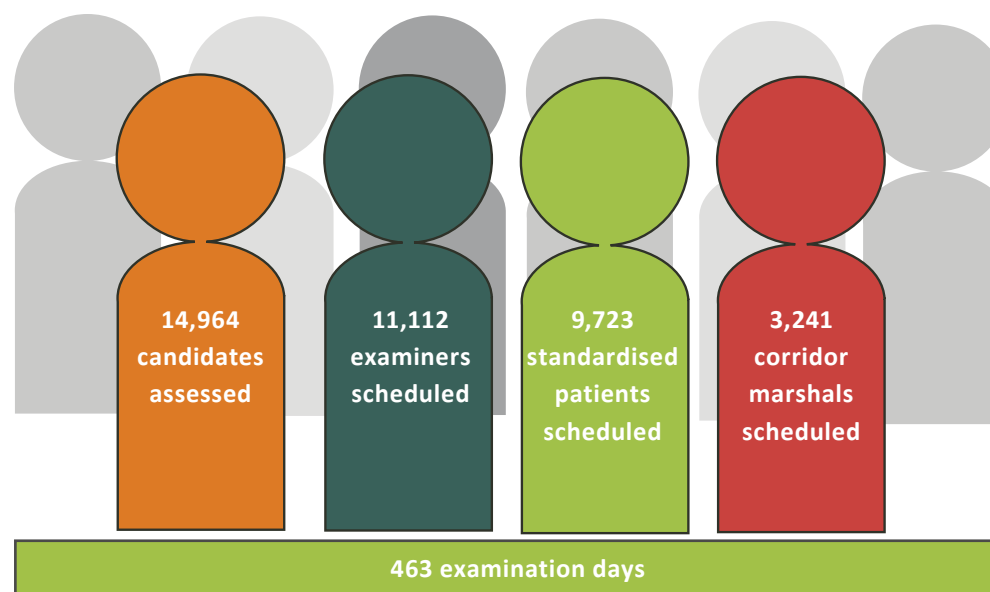
The NTC was the only one of its kind in Australia and one of only a handful of facilities like it world-wide. Built in direct response to the 'Lost in the Labyrinth' report by the House of Representatives Standing Committee on Health and Aged Care, the centre has been the main site for AMC clinical examinations since August 2013.

The NTC has also been the assessment venue for other organisations, such as Australian specialist medical colleges. The new AMC independent test centre will be available for use by these organisations.

The AMC is committed to ensuring that all doctors who practise medicine in Australia are skilled, safe, and ethical practitioners. The AMC recognises that many International medical graduates who want to practice medicine in Australia find the process complex and complicated and is currently looking at ways to improve the experience for International medical graduates while ensuring the process remains rigorous.

A test centre brings together examination candidates, examiners, simulated patients, administrators and ICT systems to provide a secure, consistent and standardised method of assessment. The AMC recognises that the success of the NTC is due to the expertise and skill of the people involved and we are looking forward to continuing our strong relationships with simulated patients, invigilators, marshals and examiners as we move forward with in-person clinical examinations.

NTC clinical examination statistics - August 2013 to October 2023



Accreditation of Continuing Professional Development Homes

Criteria for AMC accreditation of CPD Homes

In 2023 the registration framework for continuing professional development in Australia changed as the Medical Board of Australia's new Registration Standard: Continuing Professional Development (CPD) came into effect with transition arrangements for 2023. From 2024, all doctors other than those exempted by the standard, are required to join a CPD Home to support their continuing professional development.

CPD Homes provide CPD programs and make sure doctors registered in their home can access support and guidance to meet their minimum CPD requirements. Accredited CPD Homes also audit and report CPD compliance to the Medical Board.

The AMC is the accreditation authority for CPD Homes.

As the accreditation authority, the AMC is responsible for developing the criteria and a process for accrediting CPD Homes, which is being undertaken through the AMC's Specialist Accreditation Education

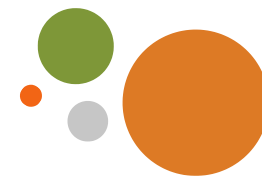
Committee. The Criteria for AMC Accreditation of CPD Homes were published in August 2022 (Diagram 1).

The *Procedures for AMC Accreditation of CPD Homes* were published in September 2022.

Transitioning of AMC-accredited specialist medical colleges to become CPD Homes

The AMC has accredited specialist medical colleges and their CPD programs since 2002. The AMC transitioned all 16 AMC-accredited specialist medical colleges to become CPD Homes from 1 January 2023. This recognised the substantial similarity between the new criteria for CPD Homes and the Standards for Assessment and Accreditation of Specialist Medical Programs and Continuing Professional Development Programs that the AMC used prior to the new framework to accredit CPD programs and the accreditation activity already undertaken. It is also consistent with the commitment of the Medical Board of Australia that, as far as possible, CPD Homes accreditation processes will be implemented alongside the accreditation of specialist medical training programs.

Following their transition, colleges will address the new CPD Homes criteria in 2023 as part of their monitoring process or, for a small number of colleges, their accreditation assessment process. Colleges will have an accreditation assessment by an AMC assessment team either during their reaccreditation or follow-up assessment, or as an additional CPD Home assessment, depending on their next scheduled activity.



Applications for initial accreditation as a CPD Home

The AMC reviews and makes decisions on applications from organisations to become a CPD Home.

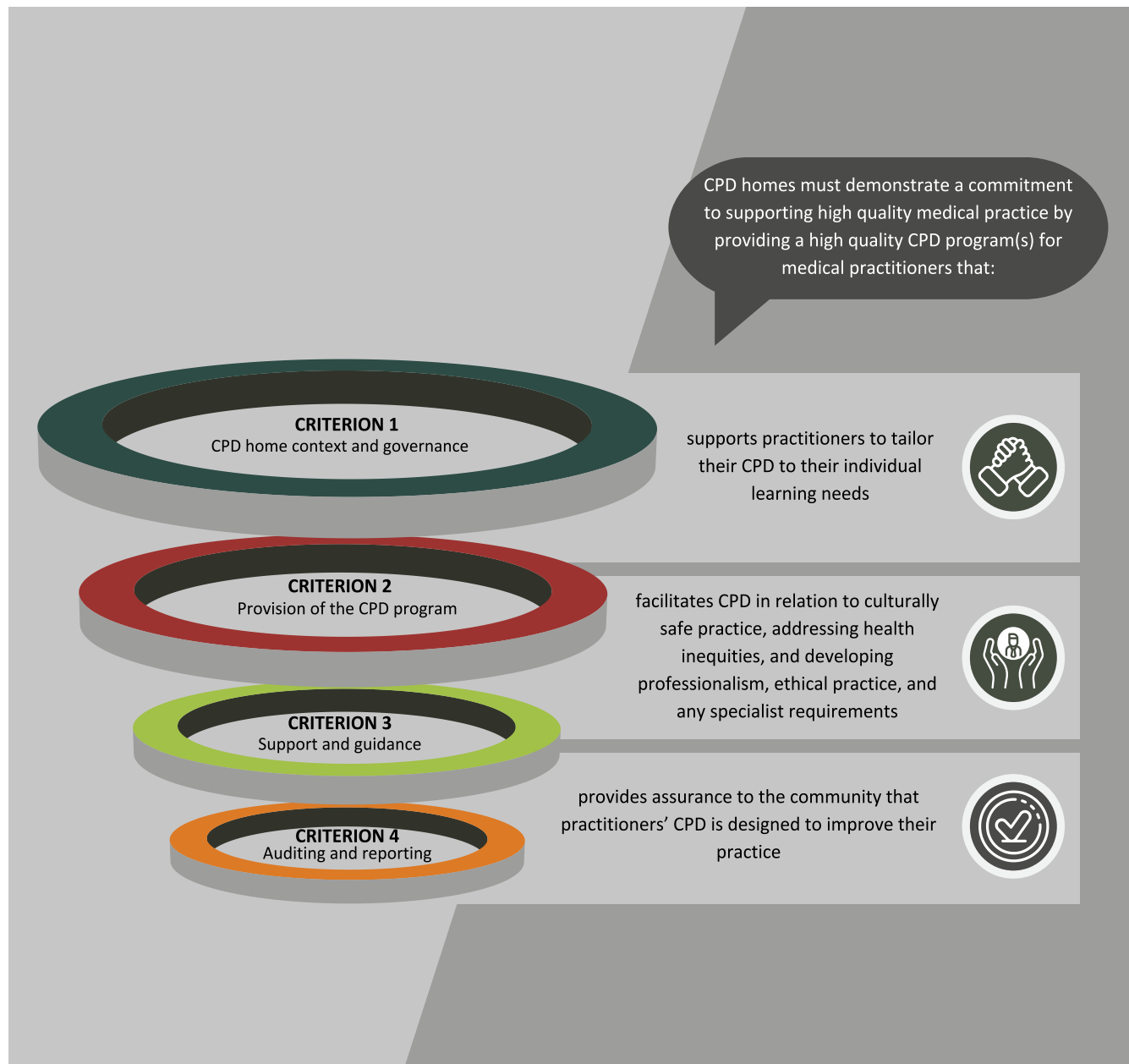
The first application round was held in October 2022 following the publication of the Criteria and Procedures, and there have been two application rounds in 2023 (in April and August).

Webinars have been held before each round, for organisations interested in becoming a CPD Home.

The Specialist Education Accreditation Committee completes the initial accreditation assessment based on a review of the organisation's submission against the Criteria for AMC Accreditation of CPD Homes and makes a recommendation on initial accreditation to AMC Directors with supporting analysis.

AMC Directors grant initial accreditation if the submission demonstrates that the organisation meets the criteria, or that it substantially meets the criteria and setting conditions will lead to all criteria being met in a reasonable time.

Criteria for AMC Accreditation of CPD Homes



Navigating the path: A lived experience approach to improving international medical graduate assessment experiences and performance

International medical graduates play a critical role in the health care of Australian communities. They comprise more than 30 percent of the Australian medical workforce and are the mainstay of the medical workforce in rural and remote areas.

What is the problem?

We know that many international medical graduates who are wanting to practice medicine in Australia find the process complex, at times bureaucratic, time consuming, uncertain, expensive and stressful.

The perception of a difficult medical registration pathway in Australia leads international medical graduates to go elsewhere, for example New Zealand or Canada where assessment systems, registration and migration may be perceived as less burdensome.

Aims of the work

The International Medical Graduate Experiences and Performance Project aims to better understand international medical graduates' journeys to become doctors in Australia as well as the contribution that they make once they are in the workforce.

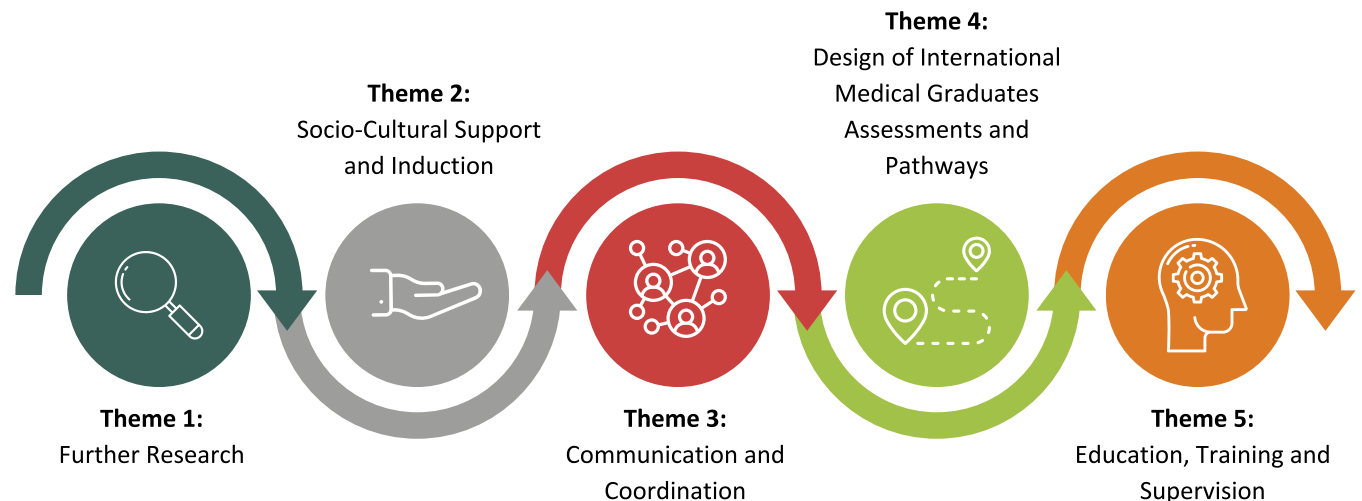
The project seeks to approach international medical graduate recruitment through a more sensitive and supportive process. The outcomes of this work will help to inform policy development linked to the National Medical Workforce Strategy and will contribute to improving the user experience and the efficiency, effectiveness and sustainability of assessment pathways.

Approach and outcomes

High impact initiatives

The AMC engaged with stakeholders and partners to identify 23 initiatives for improving the pathways and experience of international medical graduates. These initiatives were prioritised by using a well-tested

Themes



methodology based on evaluating impact and feasibility. A number of the initiatives have direct relevance to The Independent review of overseas health practitioner regulatory settings (the Kruk Review).

Recognising that the ecosystem in which international medical graduates practice is complex and involves many stakeholders, the initiatives have been categorised according to those that the AMC will lead, those that will require partnership and collaboration with other agencies, and those that the AMC can support.

Read the *Clearing the way: high impact initiatives to address barriers and support international medical graduates journeys* report.

Journey maps and personas

The research will also draw on quantitative data and qualitative insights drawn from the literature, a survey of international medical graduates, focus groups and interviews with international medical graduates, supervisors, health services, education providers and other health industry stakeholders.

The research will provide the evidence-base to develop journey maps and personas to shed light on the journeys of international medical graduates.

This work is being led by a Project Advisory Group that includes a wide range of stakeholders of international medical graduate assessment.

This project has Monash University Human Research Ethics Committee (HREC) approval #37561 and is deemed to be low risk.

The project is planned to conclude following a cross-sectorial consultation phase mid-2024.

Categorisation of initiatives by degree of collaboration required



Activity within the remit of the AMC, to be completed relatively independently within AMC budget

- Investigate standard for clinical exam
- AMC website
- Online exam capacity
- Feedback to exam candidates
- Publish exam stats
- Videos for exam prep

Cross sectorial activities for which the AMC would seek partners and joint funding

- Longitudinal outcomes data and data collaboration
- Cultural safety
- Framework for observership
- System to accredit providers of preparatory courses
- Induction framework
- Increased resources for WBA providers
- Analyse comparability for Specialist IMGs
- Document portal
- Pilot for supervisor training
- Strategy to support supervision
- Pilot mentoring system
- Handbook for supervisors
- Level 1 to Level 4 IMG supervision



Activity which other sectors would lead and fund which the AMC would support

- Employment and registration
- Sociocultural support

Learn more about the [International medical graduate experiences and performance project](#).

Clinical Examination Futures

The Futures Working Group was established to explore the future direction for the assessment of international medical graduates and the clinical examination to ensure that it meets current and future healthcare needs.

This is part of a program of work that is looking at ways to improve assessment pathways and experiences for international medical graduates, while ensuring that international medical graduates can practise effectively and safely, including in culturally safe ways, in Australian healthcare settings.

Assessment framework

The Working Group held a two-day workshop from 30 November to 1 December 2022 to consider:

- assessment outcomes with the design of a blueprint relevant to an improved form of the AMC Clinical Examination format
- a potential pre-assessment / assessment program for international medical graduates preferring to undertake further clinical assessment at the AMC based on MCQ performance, prior qualifications, language comprehension and verification data.

Based on the workshop discussions, a proposal, including a draft assessment framework, was developed, and a roadmap document has been drafted outlining the work to be undertaken.

Roadmap

The roadmap includes the following key areas of work:

- Explore blended methods of assessment that recognise the different experiences, circumstances and knowledge of international medical graduates and that different assessment methods assess different things
- Reform the clinical exam drawing on the evidence base and ensuring that it aligns with the graduate outcomes expected of Australian medical graduates commencing internship training (PGY1)
- Build a stream of research and evaluation to inform quality improvement, decision-making and innovation in assessments
- Develop learning support and resources to assist candidates to prepare for the clinical examination
- Embed cultural safety into exam blueprints and look at what support international medical graduates need in this area.

National Framework for Prevocational (PGY1 and PGY2) Review

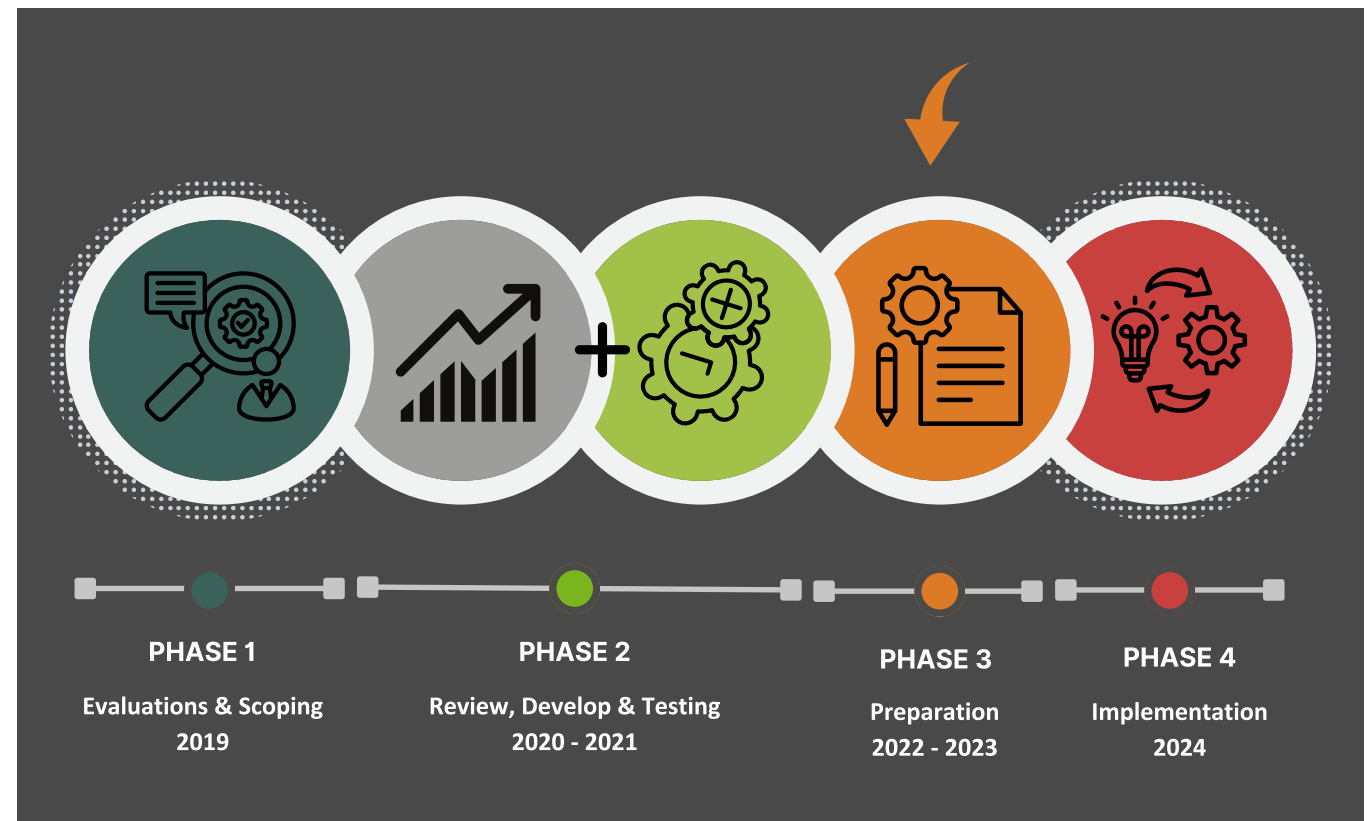
The AMC has developed a two-year framework for prevocational (PGY1 and PGY2) medical training that combines:

1. AMC's review of the National Framework for Medical Internship (PGY1), on behalf of the Medical Board of Australia.
2. The development of a two-year Capability and Performance Framework, Entrustable Professional Activities (EPAs) and specifications for an e-portfolio, on behalf of the Health Chief Executives Forum (HCEF). This work arose from the 2018 Health Ministers' response to the recommendations of the 2015 Council of Australian Governments (COAG) Review of Medical Internship.

The Framework, which previously only related to internship, has been expanded to include structured development for PGY2. The point of general registration will remain at the end of PGY1.

Over 2021-22 the new Framework documents were developed and the standards and requirements relating to PGY1 training within the Framework were approved by the Medical Board of Australia. PGY1 will be implemented in 2024, and PGY2 may be implemented in either 2024 or 2025 depending on the decision of each Jurisdiction.

Summary of the review status



Phase 3

In mid-2022 the AMC commenced Phase 3: Preparation. This phase focuses on communication and developing resources to support implementation as well as development of detailed specifications for an e-portfolio.

Resources and communication to support the revised National Framework

Resources developed to support implementation of the Framework and which are available on the AMC website include:

Written guides

- [Guide to prevocational training in Australia – for PGY1 & PGY2 doctors](#)
- [Guide to prevocational training in Australia – for supervisors of prevocational doctors](#)
- [Guide for assessment review panels – to assist health services in establishing a panel or repurposing an existing panel](#)

Templates

- [Term description template](#) – an optional template for PMCs to implement, some information within the form is mandatory to be tracked
- [Beginning of term discussion template](#) - an example of what items should be covered in the discussion.

Video resources to be utilised in supervisor training and prevocational doctor orientation

- [Introduction to the EPAs](#)
- [Assessment requirements in 2024](#)

Additional

- [Example PGY1 & PGY2 programs](#) – provides examples of potential programs to illustrate the flexibility of the revised Framework.
- Frequently asked questions

Resources in development include:

- A guidance matrix for Aboriginal and/or Torres Strait Islander health and cultural safety content – provides example evidence that may illustrate meeting each standard, or a feature of training or assessment that may illustrate the meeting of each outcome. This will include examples of existing initiatives along the medical education continuum that have been developed locally with Aboriginal and/or Torres Strait Islander stakeholders.
- Video resources to be utilised in supervisor training and prevocational doctor orientation:
 - ‘Introduction to the National Framework’
 - Six example EPA assessment discussions across different EPAs and clinical settings
- Supervisor training modules - The AMC is supporting the Postgraduate Medical Council Victoria to lead development of national supervisor training modules to assist PMCs and health services meet mandatory supervisor training requirements. The AMC Aboriginal and/or Torres Strait Islander and Māori Committee has contributed to the development of cultural safety content within the modules.

Major changes across the Framework include:

- Expansion of the Framework to cover PGY2
- New Entrustable Professional Activities that provide PGY1 and PGY2 doctors with structured opportunities for feedback based on observations of their clinical practice
- Global judgment at the end of each year by a panel rather than an individual
- New and strengthened learning outcomes and standards related to Aboriginal and/or Torres Strait Islander health, including cultural safety and health equity
- Mandatory training for term supervisors
- Replaced current term requirements (10 weeks surgery/10 weeks medicine/8 weeks emergency medical care) with parameters more appropriate to the current health context that ensure a breadth of experience, with more flexibility and a focus on quality of learning.

Implementation workshops

An implementation workshop for Postgraduate Medical Councils was held on 31 May 2023. The workshop, facilitated by Dr Jo Burnand, focused on PMC accreditation of health services and the new term and program requirements, as well as supporting information sharing across jurisdictions.

A second implementation workshop for PMCs was held in October 2023. Facilitated by Dr Artiene Tatian, this workshop focused on implementation of Aboriginal and/or Torres Strait Islander health and cultural safety content within the National Framework.

National e-portfolio to support the revised National Framework

In 2023 the AMC was advised that all jurisdictions had agreed to a national approach and to commence work on the procurement and development of a national e-portfolio. The Health Chief Executives Forum (HCEF) established the National e-Portfolio Project Board (NEPB), with representation from all PMCs and Health Departments, to oversee the AMC-led procurement and development processes.

Detailed specifications for the e-portfolio were finalised, and a Request for Tender was issued in July 2023. An evaluation panel considered vendor responses and made a recommendation to NEPB, Health Workforce Taskforce and HCEF. Launch of the National e-Portfolio is currently planned to occur by 1 January 2025.



Accreditation of Cosmetic Surgery Programs of Study

The AMC assessment and accreditation of cosmetic surgery programs of study is part of a suite of measures implemented by the Medical Board of Australia (MBA), the Australian Health Practitioner Regulation Agency (Ahpra), and other regulators to make cosmetic surgery safer for patients in response to the Independent review of the regulation of medical practitioners who perform cosmetic surgery commissioned by the MBA and Ahpra. The measures include the establishment of an “area of practice endorsement” for cosmetic surgery, tougher rules for advertising, stronger guidance for doctors who perform cosmetic surgery, new safety measures including referral by a GP, and accreditation of cosmetic surgery facilities.

The Medical Board of Australia’s Registration standard: [Endorsement of registration of registered medical practitioners for the approved area of cosmetic surgery](#) came into effect on 1 July 2023.

Registered medical practitioners may apply for endorsement of registration for cosmetic surgery if they have been awarded a qualification approved by the Board, or another qualification that the Board considers is substantially equivalent to an approved qualification.

The AMC will assess cosmetic surgery programs of study and the organisations that provide them against the *Standards for Assessment and Accreditation of Cosmetic Surgery Programs of Study*.

The accreditation standards were developed by an AMC-established Cosmetic Surgery Accreditation Standards and Procedures Project Advisory Group that included regulators and accreditation experts and members from:

- The Australian Society of Plastic Surgeons
- The Australasian College of Cosmetic Surgery and Medicine
- The Royal Australasian College of Surgeons
- The Australian Medical Association
- community and health consumer organisations
- related professional organisations.

A Technical Advisory Group, including members with expertise in medical education, surgical education and practice, cosmetic surgery and other related disciplines, was established to provide expert advice to the AMC.

A formal public consultation on the draft standards and outcome (capability) statements was undertaken early in 2023 and, following review of the feedback and minor amendments, the final standards and outcome (capability) statements were approved by the AMC and the MBA in February-March 2023. These are available on the [AMC website](#).

Education providers applying for accreditation of their cosmetic surgery program(s) of study will need to demonstrate their capacity to: govern; manage; resource; and deliver a cosmetic surgery program that meets the accreditation standards, and to offer a program covering scientific and theoretical learning, supervised clinical practice and reflective practice capabilities to ensure that doctors are skilled, safe, and ethical practitioners in cosmetic surgery.

The standards include outcome (capability) statements that define the high-level and specific knowledge, skills, professional behaviours and attributes that graduates of programs are expected to demonstrate. These are described under four domains:

1. The cosmetic surgery practitioner
2. The cosmetic surgery practitioner as ethical professional and leader
3. The cosmetic surgery practitioner as patient and health advocate
4. The cosmetic surgery practitioner as a reflective and evidence informed practitioner.

Education providers must show that their program's learning outcomes, learning and teaching approaches, supervised practice and assessment of trainees, address these outcome (capability) statements.

The AMC has established a Cosmetic Surgery Accreditation Advisory Committee to oversee the establishment of the process for assessment and accreditation of cosmetic surgery programs of study. The Committee is chaired by Associate Professor Jillian Sewell AM (who chaired the Project Advisory Group that led the development of the accreditation standards).

The *Procedures for AMC Accreditation of Cosmetic Surgery Programs of Study* were approved by the AMC in June 2023 and are available on the [AMC website](#) and outline the conduct of the accreditation process.

The AMC is working with organisations interested in applying for accreditation.



Improving Indigenous Health

Indigenous Policy and Programs and Aboriginal and/or Torres Strait Islander and Māori Committee

The Aboriginal and/or Torres Strait Islander and Māori Committee is a Standing Committee of the AMC that provides strategic advice and recommendations on important matters related to Aboriginal and/or Torres Strait Islander and Māori health to the AMC Directors and staff.

The Committee guides and supports the AMC's purpose of making health systems free of racism and inequality and provides oversight to the implementation of the [AMC's Aboriginal and/or Torres Strait Islander and Māori Strategy](#).

The Committee works alongside and is supported by the Indigenous Policy and Programs team (IPP). The Committee and the IPP team work closely with other Committees and sub-Committees of the AMC to ensure collaborative effort is installed before, during and after all work of the AMC. Not least of which includes writing contributions and editing support on publications, strategic policy papers and building connections with other organisations to share information, growth, and successful industry change modelling.

The Committee and the IPP team have led substantial change in the culture of the AMC, contributing to many key processes throughout 2022/2023 including:

- The finalisation, implementation, and operationalisation of the Aboriginal and/or Torres Strait Islander and Māori Strategy for the AMC. With oversight from the Committee the AMC business areas will collaborate to embed delivery of the strategy to successfully achieve outcomes that align with the four focus areas:
 - Self Determination
 - Relationships, Partnerships and Connections
 - Culturally safe environments
 - Influence, advocacy and support

The Indigenous Strategy supports the identified areas of action under the AMC Strategic Plan Pillar Promoting Aboriginal and/or Torres Strait Islander and Māori Health - Ensuring culturally safe practice to improve health outcomes.

- Consultation on the development of the AMC Data Strategy incorporating Data Sovereignty highlighting Indigenous consultation.

- Finalising the Medical School Accreditation Standards and Student outcome statements with the inclusion of Aboriginal and/or Torres Strait Islander and Māori health standards.
- Contributing to and developing the Shared Sovereignty methodology created through the review of the Medical School Accreditation Standards and Student outcome statements. The process supported, with oversight, the Indigenous Health content development with a genuine collaborative, Indigenous lead method.
- Contributing to the review of the Prevocational Standards and the development of Assessor modules to ensure the inclusion and consideration of Cultural Safety and Indigenous Health content development.
- Engaging and developing critical relationships with stakeholders in meaningful ways. Elevating the voices of Indigenous communities and partnering with peak bodies and key networks such as:
 - Australian Indigenous Doctors Association (AIDA)
 - Leaders in Indigenous Medical Education (LIME)
 - National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAATSIHWP).

- Consultation on the scoping and development of emerging project Cultural Safety in Assessments, building a framework to enable extensive elemental process and function review to embed Cultural Safety practices.
- Contributing to the development of strategic policy including Climate Sustainability and Planetary Health, Endorsement of cosmetic surgery as an area of practice and strategic projects including the Intellectual Disability Capability Framework Project.
- Contributing to the AMC website redevelopment including a dedicated platform for Indigenous Health.
- Policy reviews, including combining the Indigenous Procurement Policy the AMC Procurement Policy as one, and the AMC Privacy Policy.

Cultural Safety Staff Learning and Training

The Seedling Group Ltd delivered two one-hour webinars over the year, the final of a series of five. These were each supported by one hour coaching sessions designed to bring into context for staff the impacts of both past and present policy of Government and institutions on Indigenous Peoples. The webinars included firsthand accounts and ties to the work outcomes of the AMC.

AMC managers and senior staff attended a facilitated Cultural Safety review session in June. This provided an opportunity for staff to discuss where the AMC should move in terms of imbedding cultural safety.

The group discussed the need for committees, sub committees, working groups, council, and directors to be provided the opportunity to undertake cultural safety training. There was robust discussion and brainstorming group activities to share ideas on ways to continue to upskill staff and how training may look like moving into 2023/2024. The IPP team spoke to the Seedling group evaluation document, which was provided at the completion of five cultural safety training sessions. This gave managers the opportunity to grasp a greater understanding of the impact the training has had on staff across the organisation.

Cultural Updates

Regular updates on both culture and events relevant to Aboriginal and/or Torres Strait Islander and Māori peoples were provided over the year. Some of these emails have been supported by speakers or yarning circles with all staff, including sharing personal stories and/or expanding on these topics through practice.

Content has included:

- National Sorry Day
- Invasion Day
- Mabo Day
- Waitangi Day, NZ
- Australia day and complexities in celebrating this date for Aboriginal and/or Torres Strait Islander people
- NAIDOC (events, and information)
- Matariki - Māori New Year, NZ
- Reconciliation Week
- The Freedom Rides

- Racism (yarning circle)
- Black lives Matter (yarning circle)
- Yarning practice
- Stolen Generations (speakers)
- Australian history of slavery (and Black-birding policy) (speakers)
- Impact of poor Health care on Indigenous Patients
- Deaths in custody/hospital misdiagnosis due to racist bias within systems
- Role of Aboriginal Medical Services in particular Olive Brown founder of Winnunga health service in Canberra
- Weaving (workshops)
- Bush tucker (workshops & walks on Country)
- Bush food and medicine plants and bush teas information
- Tours of Galleries
- Art symbolism and meanings
- Cultural appropriation
- Songlines and dreaming
- Our different Nations (Australian context)
- Cultural seasons
- Books to read - various topics

Engagement continues to increase from non-Indigenous staff around these topics. Approaches from individual staff members seeking to discuss and expand on their knowledge have occurred with more frequency.



Membership of the Committee

Committee membership includes the Aboriginal and/or Torres Strait Islander and Māori members of other AMC Committees, community members, health consumer members and representatives from stakeholder organisations including Australian Indigenous Doctors Association (AIDA) and Leaders in Indigenous Medical Education (LIME).

This ensures that all work undertaken by the AMC is able to be considered through multiple levels of Indigenous perspectives as well as providing feedback and guidance within forums regarding AMC's commitment to and practice of cultural safety.

New members joining the Committee during the year included AIDA representative, President of the AIDA Board, Dr Simone Raye, and proxy member nominated from AIDA, Dr Jonathan Newchurch, and AMC committee member and AMC Director, Dr Tammy Kimpton.

Membership as at 30 June 2023

Member (Membership category)

- Professor Shaun Ewen, Chair (AMC Director & Council Member, Aboriginal Member)
- Dr Artiene Tatian, Deputy Chair (Aboriginal, Torres Strait Islander or Māori persons who are members of other AMC Committees (MedSAC), Aboriginal Member)
- Professor Papaarangi Reid (Aboriginal, Torres Strait Islander or Māori persons who are members of other AMC Committees (MedSAC), Māori Member)
- Professor Karen Adams (Aboriginal, Torres Strait Islander or Māori persons who are members of other AMC Committees (MedSAC), Aboriginal Member)
- Ms Bianca Field (Aboriginal, Torres Strait Islander or Māori persons who are members of other AMC Committees (PreVAC), Aboriginal Member)
- Ms Jacqui Gibson (Aboriginal, Torres Strait Islander or Māori persons who are members of other AMC Committees (SEAC), Aboriginal Member)
- Ms Kiri Rikihana (Aboriginal, Torres Strait Islander or Māori persons who are members of other AMC Committees (SEAC), Māori Member)
- Professor Lisa Jackson Pulver AM (Aboriginal, Torres Strait Islander or Māori persons who are members of other AMC Committees (Assessment), AMC Council Member, Aboriginal Member)
- Dr Justin Gladman (Aboriginal, Torres Strait Islander or Māori persons who are members of other AMC Committees (Assessment), Aboriginal Member)
- Dr Waikaremoana Waitoki (Community Stakeholder Member, Māori Member)
- Mr Karl Briscoe (Community Stakeholder Member, Aboriginal Member)
- Associate Professor Phillip Mills (Community Stakeholder Member, Torres Strait Islander Member)
- Dr Stewart Sutherland (Member nominated by the Leaders in Indigenous Medical Education Network (LIME), Aboriginal Member)
- Dr Simone Raye (Member nominated by the Australian Indigenous Doctors' Association (AIDA), Aboriginal Member)
- Dr Jonathan Newchurch (proxy) (Proxy Member nominated by the Australian Indigenous Doctors' Association (AIDA), AMC Council Member, Aboriginal Member)
- Dr Tammy Kimpton (AMC Director & Council Member, Aboriginal, Torres Strait Islander or Māori persons who are members of other AMC Committees (SEAC), Aboriginal Member)
- Emeritus Professor David Prideaux (AMC Director & Council Member, AMC Assessment Committee Chair)

Non-current members serving during 2022-23

Nil

The IPP team

The IPP team at AMC includes:

- Belinda Gibb, Manager Indigenous Policy and Programs
- Adam Shipp, Indigenous Policy and Programs Officer
- Amber Parker, Secretariat Support, Indigenous Policy and Programs
- Cassandra Inkley, Senior Indigenous Policy and Programs Officer

Meetings of the Committee

The Committee met four times during 2022-23:

- September 2022 (zoom)
- November 2022 - Melbourne (Wurundjeri Country)
- March 2023 (zoom)
- May 2023 - Adelaide (Kurna Country).

In May 2023 the meeting coincided with the AMC Council meeting on location in Adelaide and Murray Bridge. The Committee connected with Council on site visits throughout the area and shared with Council the work of the Committee, discussing the importance of Assurance around Cultural Safety in all aspects of Health.

The Council of the AMC met in May 2023, and the Manager of Indigenous Policy and Programs, along with the Deputy Chair, held a yarning circle about the new Indigenous Strategy with Council Members and Directors, to discuss the intent and purpose of the new strategy. The feedback from this was very positive, with a number of council members reaching out for more information following this session. The yarning circle provided an opportunity for Council Members and Directors to share reflections, insights and ask questions to the Indigenous committee and AMC Indigenous Policy and Programs team, providing open dialogue within a safe setting. With positive feedback from those involved, the AMC will look to continue these yarning circles at Council events going forward.

Supply Nation Membership

The AMC has continued its registration and resource commitment with Supply Nation, which continues to support the AMC's targets for Indigenous procurement. Refining the practice of seeking Indigenous Business options requires continuous improvement, and many suppliers not previously considered have had opportunities to showcase skills and abilities and have won engagement through open processes.

AMC is on track for achieving a target of 5% of its contracts or purchases to Indigenous enterprises by 2025.



AMC Aboriginal and/or Torres Strait Islander and Māori Strategy

The AMC published its Aboriginal and/or Torres Strait Islander and Māori Strategy (the Strategy) to support the integration of Aboriginal and Torres Strait Islander activities across the AMC, expanding on and replacing initiatives developed through the AMC's Reconciliation Action Plan. It is published with forewords from the AMC President, CEO and Aboriginal and/or Torres Strait Islander and Māori Committee Chair.

The Strategy draws heavily from and builds on one of the five pillars of the AMC Strategic Plan 2018 –2028, which sets out the promotion of Aboriginal and/or Torres Strait Islander and Māori Health – ensuring culturally safe practice to improve health outcomes. Previous efforts to ensure this pillar is supported have primarily been through the Reconciliation Action Plan (RAP). Ongoing facilitation to achieve the strategic pillar will primarily be driven by the AMC Aboriginal and/or Torres Strait Islander and Māori Strategy.

Plans are underway to operationalise the Strategy. This will incorporate ongoing training for staff in 2023, including commencement of a second round of training sessions to identify further achievable items to meet and expand on within the strategy within each team across the AMC. A reporting tool has been developed that will offer a collective way to track items that still require work and items that have been achieved. This reporting tool will be requested by IPP staff to periodically evaluate how each team is tracking across the organisation.

Focus Areas

The Aboriginal and/or Torres Strait Islander and Māori Strategy contains several commitments and focus areas that seek to support Self-determination, Legal Recognition, Relationships and Partnerships, Culturally Safe Environments, and Health Promotion and Advocacy. The AMC acknowledges its roles as an employer of Aboriginal and/or Torres Strait Islander and Māori People and as a national standards and accreditation body and commits to the targeted actions focusing both internally and externally. The four strategic areas include:

All four focus areas of the Strategy are intertwined and are therefore required to be implemented simultaneously to drive effective and meaningful implementation to support change.

- Self-determination** Support the right to self-determination of Aboriginal and/or Torres Strait Islander and Māori Peoples in our work.
- Relationships, partnerships and connections** Develop and foster strong and mutually beneficial relationships and partnerships with Aboriginal and/or Torres Strait Islander and Māori partners, stakeholders and communities.
- Culturally safe environments** Create culturally safe, respectful and supportive environments.
- Influence, advocacy and support** Advocate, support and promote the goals of Aboriginal and/or Torres Strait Islander and Māori Peoples, in relation to Aboriginal and/or Torres Strait Islander and Māori health.

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Aboriginal graphic design business Wantok Designs was contracted to provide the AMC with layout and design, including vectorized elements from art commissioned from Sarah Richards of Murrawuy Journeys to design artwork for the strategy and to include for future use options.

The Strategy artwork: Diverse Alignment



Artist: Sarah Richards (Ngiyampaa Nation)

“Diverse Alignment” was created for the Australian Medical Council’s (AMC) Aboriginal and/or Torres Strait Islander and Māori Strategy.

A key element of “Diverse Alignment” is to recognise the important part Aboriginal and/or Torres Strait Islander and Māori Peoples’ knowledge plays in achieving positive outcomes for our people and combining this with the role AMC plays in delivering initiatives to support Closing the Gap in terms of health outcomes. The combining of all these valuable knowledge sources is represented by the four paths coming together in the centre.

In addition, it was important to represent the healing elements of nature that served, prior to colonisation, and still serves Aboriginal, Torres Strait Islander and Māori Peoples. So, surrounding the four paths, which also represents the healing element of the sun, I have included some natural healing elements that resonate with me – water, trees, earth, and fire/smoke.

It is my hope that “Diverse Alignment” generates a feeling of meaningful connection where relationships are strengthened, and diversity of knowledge is respected.

People, Culture and Values

Staff engagement surveys

The AMC's 2022 staff engagement survey was undertaken in October, attracting an 76% response rate compared to 83% from the previous year.

The strengths of the AMC highlighted in the report included its people, commitment, flexibility, and values, including cultural safety.

A staff engagement survey feedback working group was formed made up of representatives from each business area across the AMC to:

- work with the HR team to review and identify priority areas from the staff engagement survey feedback
- discuss and agree on criteria for prioritising issues from the survey results
- recommend appropriate actions to Executive Management in relation to priority areas
- ensure recommended actions are aligned with AMC purpose and values
- work with HR to implement actions approved by Executive Management.

The engagement survey has been undertaken in October/November annually over the past 5 years.

Health and Wellbeing

The AMC strongly values staff health and wellbeing. In addition to providing an Employee Assistance Program (EAP), staff are provided with an AMC wellbeing day to rest and reset and focus on their mental, physical, emotional, and/or social health.

Additional staff have been recruited to support business functions and reduce workload pressure on staff.

Staffing

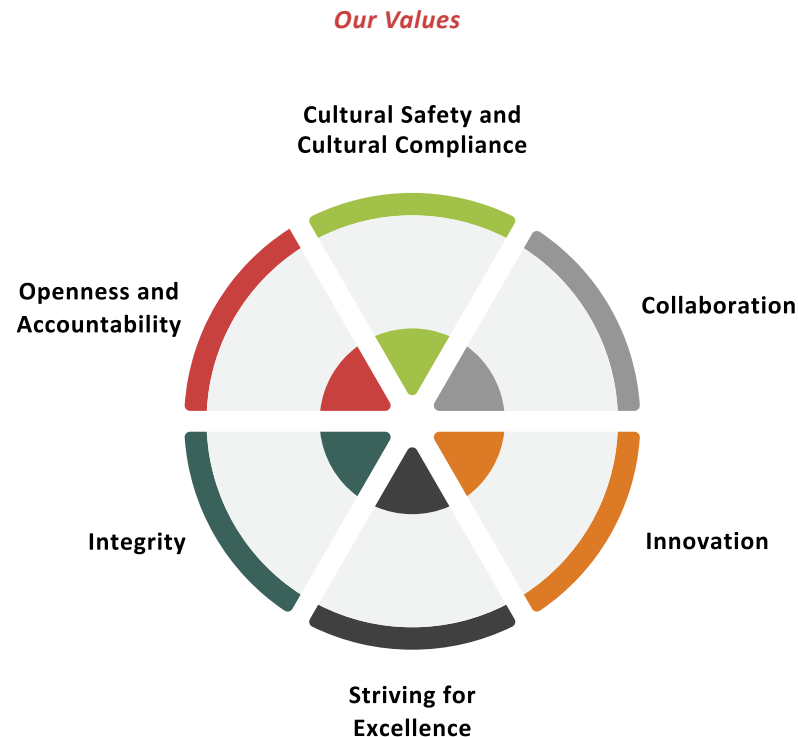
During the reporting period, 11 members of staff left the AMC. This was a 1% increase on the previous year but also reflected increasing employee mobility.

Filling vacancies continues to be challenging and the AMC has recently revised its recruitment processes as well as its branding, with a view to attracting a greater number of candidates.

AMC staff took an average of 8.06 unscheduled leave days in the reporting period. There was an increase in unscheduled absences compared to the last three years. This was likely a result of a higher burden of illness as COVID restrictions were removed.

Annual Staff feedback and development reviews were undertaken from February to May 2023. The reviews focus on staff development, and this was reflected in the 2023/24 budget for staff training and development.

The AMC engaged an external consultant to assess the AMC's remuneration structure and roles against market to ensure we are and remain competitive.



Business Areas

and Management



Grace Culpitt

Chief Finance Officer

- › Monitor budget processing and performance
- › Financial Health
- › Investments
- › Financial Reporting
- › Travel
- › Administration



Philip Pigou

**Chief Executive Officer
Company Secretary**

- › Strategic direction
- › Vision, Values and Culture
- › Performance
- › Governance
- › Finance and budgets
- › Risk
- › Policy & compliance
- › Staff



Kirsty White

**Director, Accreditation
and Standards**

- › Medical School Accreditation
- › Standards of Medical Education
- › Accreditation of Pre-employment Structures Clinical Interview Providers
- › Accreditation of Intern Training Authorities
- › Recognition of Medical Specialities
- › Specialist and Continuing Professional Development Program Accreditation



Belinda Gibb

**Manager, Indigenous
Policy and Programs**

- › Indigenous strategy and policy
- › Cultural safety training, education and staff support
- › Aboriginal and/or Torres Strait Islander and Māori Committee
- › Ensuring the voices of Aboriginal and/or Torres Strait Islander and Māori people are heard in the AMC's work



Theanne Walters AM

**Deputy CEO
General Manager,
Strategic Policy and
Research**

- › Strategic Policy
- › Research
- › Health Accreditation Collaborative Forum



Megan Lovett

**Senior Operations
Manager, Assessment**

- › Verification Services
- › MCQ Examinations
- › Clinical Examinations
- › Workplace Based Assessment
- › NTC Program Team



John Akuak

**Manager, Human
Resources**

- › HR Planning
- › Health and Safety
- › Staff Wellbeing
- › Recruitment and Selection
- › Staff performance development
- › Staff Learning and Development
- › HR policies and practices



Matt Kendrick

Director, ICT Services

- › ICT functions
- › Systems Administration
- › Development
- › Project Management Office

Accreditation of Medical Programs

The AMC develops standards for medical education and training in all phases of medical education. The standards define the knowledge, skills and professional attributes expected at the end of basic medical training and specialist medical training, and good practice in the delivery of medical education and training. Through its accreditation processes, the AMC assesses and monitors education providers and their medical programs against these standards. Medical programs that meet the standards are granted accreditation.

AMC processes entail both accreditation (validating that standards are met) and peer review to promote high standards of medical education, stimulate self-analysis and assist the organisation under review to achieve its objectives. Accreditation is conducted in a collegial manner that includes consultation, advice and feedback to the organisation under review.

AMC accreditation processes apply to:

- primary medical education programs provided by university medical schools
- the internship, the first year after medical school, which is a year of supervised work based training
- specialist medical programs provided by national specialist medical colleges
- Continuing professional development (CPD) Homes

- programs for endorsement of registration of medical practitioners for cosmetic surgery
- programs for endorsement of registration of medical practitioners for acupuncture
- workplace based assessment programs for international medical graduates
- pre-employment structured clinical interviews

The AMC's standards, processes and reports are also relied upon by the Medical Council of New Zealand to make decisions about programs that are acceptable qualifications for registration in New Zealand.

Review process

The AMC establishes accreditation assessment teams to assess programs and their providers. Using a peer review process, these teams assess medical programs against the approved accreditation standards and prepare a report on their findings.

Assessment team findings are considered by the relevant AMC Standing Committee (Medical School Accreditation Committee, Specialist Education Accreditation Committee, and Prevocational Standards Accreditation Committee) and the recommendations of these Committees by the AMC Directors.

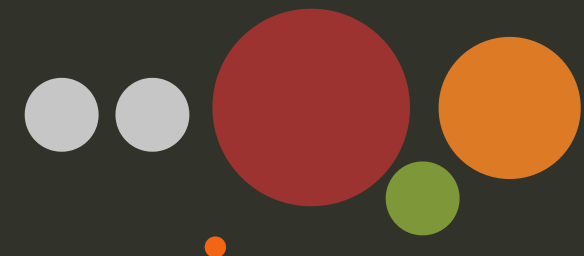
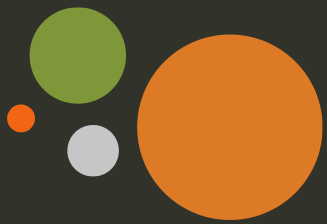
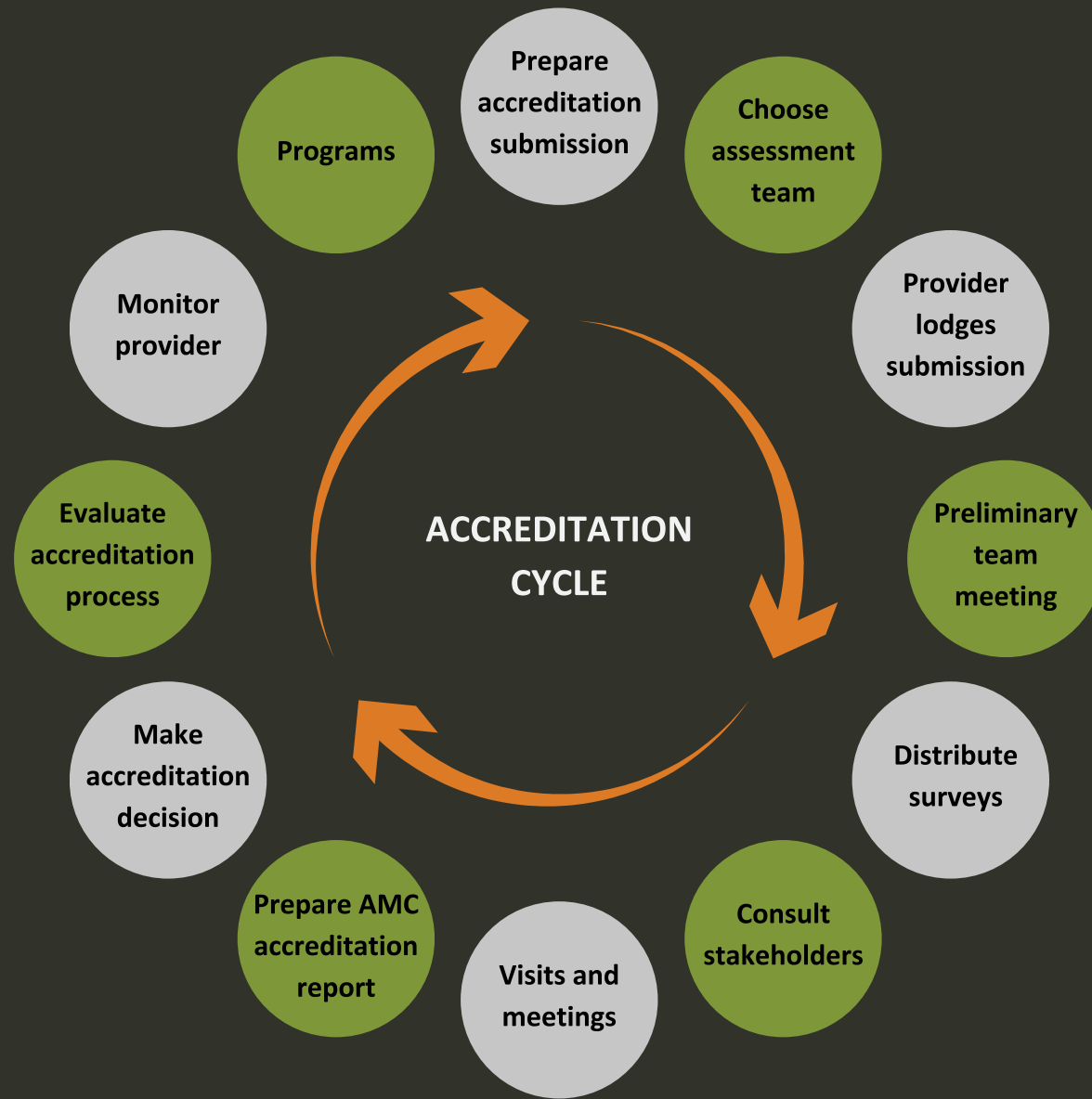
The AMC may grant accreditation if it is reasonably satisfied that a program of study and its provider:

- MEET an approved accreditation standard or
- 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.

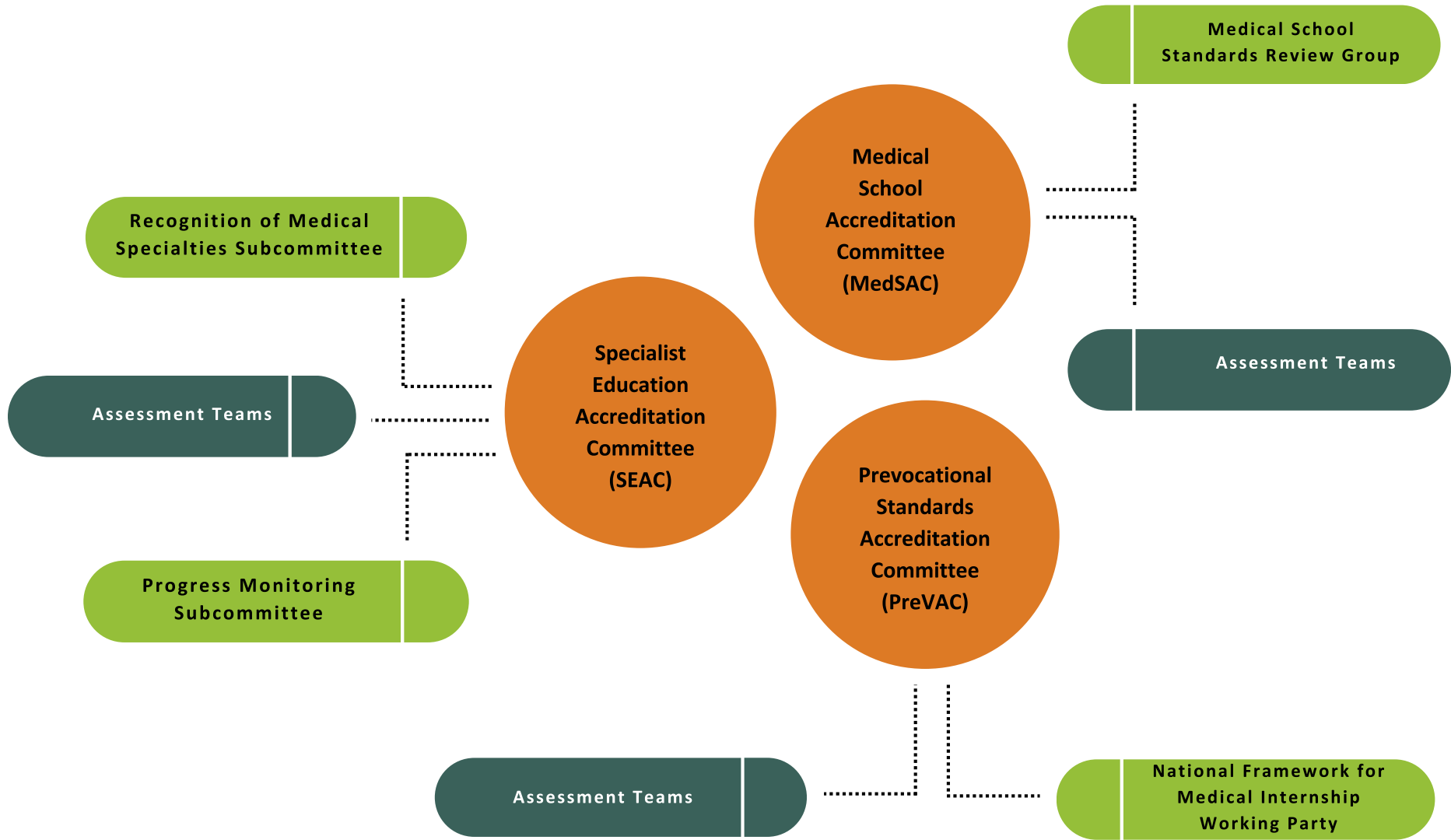
In 2022-23, the AMC made the accreditation decisions listed below. Each decision on an accredited program of study and education provider was reported to the Medical Board of Australia (MBA). The MBA makes an independent decision on whether to approve programs for the purposes of registration and lists approved programs on the MBA [website](#).

AMC accreditation reports and provider monitoring reports for medical schools, and bi-national and Australian specialist medical colleges are also used by the Medical Council New Zealand to make decisions about acceptable qualifications for the purposes of registration in New Zealand. Approved programs are listed on the [website](#).

Full reports are available on the AMC's [website](#).



Accreditation Committee Structure



- Established as required and generally with a defined task and time limit
- Established as required and generally with a defined task and time limit
- Constituted Committees overseeing large functional areas of the AMC

Medical School Accreditation Committee

The Medical School Accreditation Committee manages the AMC assessments of medical education providers in Australia and New Zealand.

Its role is:

- Addressing policy related to medical schools and primary medical qualifications
- Reviewing standards
- Reviewing procedures
- Setting up assessment teams
- Making recommendations to AMC Directors on accreditation decisions and any related conditions
- Monitoring medical schools against the standards and progress towards meeting outstanding conditions
- Reviewing changes to the way in which medical schools meet the accreditation standards and determining consequential review and monitoring activity.

Membership as at 30 June 2023:

- ⊙ Professor Jane Dahlstrom OAM (Chair)
- ⊙ Dr Kenneth Clark
- ⊙ Associate Professor Bradleigh Hayhow
- ⊙ Professor Jeff Hamdorf AM
- ⊙ Professor Inam Haq
- ⊙ Professor Sandra Kemp
- ⊙ Mr Fergus Leicester
- ⊙ Associate Professor Kylie Mansfield
- ⊙ Professor Papaarangi Reid
- ⊙ Professor Gary Rogers
- ⊙ Ms Tisshapaa Sivagnanan
- ⊙ Professor Diane Stephens OAM
- ⊙ Dr Artiene Tatian
- ⊙ Dr Mary White
- ⊙ Professor Tim Wilkinson

Non-current members serving during 2022-23:

- ⊙ Professor Geoff McColl (Former Chair)
- ⊙ Dr Daniel Zou
- ⊙ Ms Sophie Keen
- ⊙ Professor Rathan Subramaniam

Primary medical programs and providers

Accreditation assessments: reaccreditation assessments

University of Queensland, Faculty of Medicine

The University of Queensland, Faculty of Medicine offers a four-year Doctor of Medicine (MD).

In May 2022, the AMC conducted a reaccreditation assessment on site at university campuses and health services.

At their 15 September 2022 meeting, Directors resolved:

- i. the four-year Doctor of Medicine (MD) medical program of the University of Queensland, Faculty of Medicine meets the accreditation standards.
- ii. accreditation of the four-year Doctor of Medicine (MD) medical program of the University of Queensland, Faculty of Medicine be granted for six years, to 31 March 2029, subject to the meeting the conditions, to meeting the monitoring requirements of the AMC, and a visit to review progress on the curriculum development and new pathways.

University of Adelaide, Faculty of Health and Medical Sciences, School of Medicine

The University of Adelaide, School of Medicine offers a six-year Bachelor of Medicine/Bachelor of Surgery. This program was in the process of transitioning to a Bachelor of Medical Sciences and Doctor of Medicine



(BMD) which in 2019, the Medical School Accreditation Committee determined that the transition could be implemented within the current accreditation cycle as part of the 2022 reaccreditation assessment.

In August 2022 the AMC conducted a reaccreditation assessment of the medical program virtually as a result of an increase in COVID-19 cases in South Australia.

At their 8 December 2022 meeting, Directors resolved:

- i. that the medical programs of the University of Adelaide, Faculty of Health and Medical Sciences, School of Medicine substantially meet the accreditation standards;
- ii. accreditation of six-year Bachelor of Medical Studies and Doctor of Medicine (BMD) medical program of the University of Adelaide, Faculty of Health and Medical Sciences, School of Medicine be granted for two years, to 31 March 2025;
- iii. accreditation of six-year Bachelor of Medicine/ Bachelor of Surgery (MBBS) medical program of the University of Adelaide, Faculty of Health and Medical Sciences, School of Medicine be granted for two years, to 31 March 2025;
- iv. that accreditation of the programs and provider is subject to meeting the conditions contained in the accreditation report, a follow-up assessment that includes clinical sites where the programs are delivered, and to meeting the monitoring requirements of the AMC.

Accreditation assessments: follow up assessments

University of Western Australia, UWA Medical School

The University of Western Australia, UWA Medical School offers a four-year Doctor of Medicine (MD).

In October 2019, an AMC team conducted a reaccreditation assessment of the MD medical program following the AMC's determination in 2018 that the range of changes occurring met the definition of a major change (now called a material change) to the medical program, and were so significant that a new accreditation assessment was required. As a result of this assessment, the Committee agreed that given the significant changes that the program was found to substantially meet the accreditation standards and set a requirement for a follow-up assessment in 2022.

In September 2022, an AMC team conducted a follow-up assessment of the program at the university campus.

At their 10 March 2023 meeting, Directors resolved:

- i. that the four-year Doctor of Medicine (MD) of the University of Western Australia, UWA Medical School continues to substantially meet the accreditation standards; or
- ii. that accreditation be granted for two years to 31 March 2025, subject to the conditions contained in the report, and satisfactory AMC monitoring requirements.

University of Sydney, Sydney Medical School

The University of Sydney, Sydney Medical School offers a four-year Doctor of Medicine (MD).

In October 2022, as a result of the 2021 virtual assessment of material change (new beginning to end program delivery at the Dubbo Rural Clinical School), an AMC team conducted a short follow-up in-person visit to the Dubbo Rural Clinical School. The purpose of this visit was to review the plans for the late stages of the new program development and review progress on conditions.

At their November 2022 meeting the Committee reviewed progress on the remaining conditions and determined that the program continues to substantially meet the accreditation standards. The Committee also determined that no further conditions or change to the Directors' 9 December 2021 accreditation decision was required.

University of Melbourne, Melbourne Medical School

The University of Melbourne, Melbourne Medical School offers a four-year Doctor of Medicine (MD).

In August 2022, in response to the Directors decision on accreditation resulting from the 2020 virtual reaccreditation assessment, an AMC team conducted a short follow-up in-person visit to the Melbourne Medical School and clinical sites where the program is delivered.

At their November 2022 meeting, the Committee reviewed progress on the remaining conditions and determined that the program continues to substantially meet the accreditation standards. The

Committee also determined that no further conditions or change to the Directors' 9 December 2021 accreditation decision was required.

Accreditation assessments: material changes

Education providers must notify the AMC of material changes that may affect whether and how they or their medical program continue to meet the accreditation standards. Examples of material change are set out in the procedures and include a change in the length or format of the program, the introduction of new distinct streams/pathways, substantial changes to cohort numbers and substantial changes to program resources. The Committee will assess the plans against the accreditation standards prior to implementation and may constitute an AMC accreditation assessment team to undertake activities such as interviews with staff, students and health services to support the Committee's assessment.

James Cook University, College of Medicine and Dentistry

The James Cook University, College of Medicine and Dentistry offers a six-year Bachelor of Medicine/ Bachelor of Surgery (MBBS).

In December 2022, an AMC team conducted a short online assessment of material change of the program's planned delivery of the full program at the University's Cairns campus and local health service, in addition to the existing delivery at the Townsville campus. There are well established clinical placements at health services in Cairns. A short site visit to the Cairns

campus will be undertaken in November 2023 to assess the implementation of the program.

At their 13 April 2023 meeting, Directors resolved:

- i. that the James Cook University, College of Medicine and Dentistry and its medical program continue to meet the accreditation standards; and
- ii. that accreditation of the program be confirmed to 31 March 2028 subject to the addition of new conditions.

University of Queensland, Faculty of Medicine

The University of Queensland, Faculty of Medicine offers a four-year Doctor of Medicine (MD). The medical program includes a pathway for a cohort of US students where the first two years are spent at the Queensland campuses and the final two years are spent at UQ's Ochsner Clinical School in New Orleans.

The Faculty submitted a proposal for change to its Ochsner pathway relating to the removal of the mandatory six-week clinical placement requirement for Ochsner student returning to Australia in Year 4, in support of increased clinical experiences in Year 1 and 2.

The Committee considered that the nature of clinical experience in Years 1 and 2, even if expanded significantly as suggested in the proposal, would be different to the nature of clinical experience in later years of the program and would not provide assurance that there would be adequate experience in a variety of clinical settings within the Australian or New Zealand health care system so that graduates meet the AMC's Graduate Outcome Statements as outlined in

the Standards for Assessment and Accreditation of Primary Medical Programs by the Australian Medical Council (4.1.5 of the Policy on accreditation of programs conducted offshore).

At their 15 September 2022 meeting, Directors agreed with the Committee's recommendation and resolved:

- i. The University of Queensland, Faculty of Medicine be advised that the proposal for changes to the Australian clinical experience for UQ-Ochsner students is not consistent with the accreditation standards and should not be implemented.

Accreditation assessments: extension of accreditation

The AMC considers requests for extension via an accreditation extension submission. In the submission, the education provider is expected to provide evidence that it continues to meet the accreditation standards, and that it has maintained its standard of education and of resources. The submission also provides an appraisal of the developments since accreditation, and information on plans leading up to the next AMC reaccreditation. The education provider's student society is also invited to contribute to the submission. The Committee may decide that that review of the submission should entail discussions with the education provider or an assessment by an AMC team. If, on the basis of the submission, the Committee decides that the education provider is continuing to satisfy the accreditation standards, it may recommend that the AMC Directors extend the accreditation of the program(s). The period of extension possible is usually three to four years, taking



the accreditation to the full period that the AMC will grant between assessments, which is ten years. At the end of this extension, the education provider and its programs undergo a reaccreditation assessment.

From time to time, the AMC may also extend accreditation of programs to respond to specific situations, for example to enable teach out of a program when students' studies have been interrupted. In this situation the Committee assesses the program and provider against the accreditation standards and, if satisfied that the program continues to meet or substantially meet the standards it makes a recommendation to the AMC Directors on the period of extension.

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

The University of Newcastle/University of New England, Joint Medical Program offers a five-year Bachelor of Medicine (BMed) and a five-year Bachelor of Medical Sciences and Doctor of Medicine (BMedSc and MD).

In May 2022, a submission for extension of accreditation was considered by the Committee.

At their 27 July 2022 meeting, Directors resolved:

- i. that the accreditation extension submission and student report indicate that the University of Newcastle/University of New England Joint Medical Program and its medical programs continue to meet the accreditation standards; and

- ii. to extend the accreditation of the University of Newcastle/University of New England Joint Medical Program's Bachelor of Medical Science and Doctor of Medicine (BMedSc and MD), up to the maximum of four years to 31 March 2027; and

- iii. to extend the accreditation of the University of Newcastle/University of New England Joint Medical Program's Bachelor of Medicine (BMed) medical program until 31 March 2025, to accommodate the teach-out.

Curtin University, Curtin Medical School

The Curtin University, Curtin Medical School offers a five-year Bachelor of Medicine/Bachelor of Surgery (MBBS).

In May 2022, a submission for extension of accreditation was considered by the Committee. The Committee identified that the turnover in staff and challenges in recruitment meant that one of the accreditation standards which had been met was now substantially met and, in line with the National Law, recommended that Directors place a condition on the accreditation of the program and provider to ensure that the standard is met in a timely manner.

At their 27 July 2022 meeting, Directors resolved:

- i. that the Curtin University, Curtin Medical School and its medical program continue to meet the accreditation standards;
- ii. to add a new accreditation condition to the accreditation of the education provider and its program to be addressed in 2023.

- iii. to extend the accreditation of the Curtin University, Curtin Medical School and its medical program, up to the maximum of four years, to 31 March 2027.

University of Tasmania, College of Health and Medicine, School of Medicine

The University of Tasmania, College of Health and Medicine, School of Medicine offers a five-year Bachelor of Medicine/Bachelor of Surgery (MBBS).

The Committee had been monitoring the School's plans to transition the Bachelor of Medicine/Bachelor of Surgery (MBBS) to a Bachelor of Medical Science and Doctor of Medicine (BMedSc/MD) to begin in 2023 and at its meeting on May 2022 determined that the transition to the MD program was a material change that could be considered within the current accreditation period and that a small amount of additional information would be sought as part of the extension submission.

In August 2022, a submission for extension of accreditation was considered by the Committee.

At their 15 September 2022 meeting, Directors resolved:

- i. that the University of Tasmania, College of Health and Medicine, School of Medicine and its medical programs continue to meet the accreditation standards and;
- ii. to extend the accreditation of the University of Tasmania, College of Health and Medicine, School of Medicine and its medical programs, up to a maximum of four years, to 31 March 2027.

University of Wollongong, Graduate School of Medicine

The University of Wollongong, Graduate School of Medicine offers a four-year Doctor of Medicine (MD).

In August 2022, a submission for extension of accreditation was considered by the Committee.

In view of the substantial changes in the leadership team, in the resourcing model and in the approach to the Indigenous Health curriculum, the Committee recommended that accreditation of the provider and its program be extended for two years, after which the School may apply for a further two-year period of extension.

At their 15 September 2022 meeting, Directors resolved:

- i. that the University of Wollongong, Graduate School of Medicine and its medical program substantially meet the accreditation standards and;
- ii. to extend accreditation of the University of Wollongong, Graduate School of Medicine and its medical program for two years to, 31 March 2025.

Macquarie University, Faculty of Medicine, Health and Human Sciences

The Macquarie University, Faculty of Medicine, Health and Human Sciences offers a four-year Doctor of Medicine (MD).

In August 2022, a submission for extension of accreditation was considered by the Committee.

At their 8 December 2022 meeting, Directors resolved:

- i. that the Macquarie University, Faculty of Medicine, Health and Human Sciences and its four-year Doctor of Medicine (MD) medical program continue to meet the accreditation standards;
- ii. to extend the accreditation of the Macquarie University, Faculty of Medicine, Health and Human and its medical program for two years to 31 March 2025; and
- iii. that accreditation of the program is subject to the conditions in the report, a follow up assessment in 2024, and meeting the monitoring requirements of the AMC.

Short extension of accreditation

University of New South Wales, Faculty of Medicine, UNSW Medicine

The University of New South Wales (UNSW), Faculty of Medicine, UNSW Medicine offers a six-year Bachelor of Medical Studies and Doctor of Medicine (BMedMD) and a three-year Doctor of Medicine (MD) medical program.

The Faculty notified the AMC that a number of major health professional programs will be commencing within the School of Medicine and Health in 2023, occurring at the same time the reaccreditation submission and visit planning was scheduled. The University of New South Wales, Faculty of Medicine, UNSW Medicine requested a short extension to its accreditation to ensure that the program could adequately address both.

At their 27 July 2022 meeting, Directors resolved:

- i. a short extension of accreditation of the University of New South Wales, Faculty of Medicine, UNSW and its six-year Bachelor of Medical Studies and Doctor of Medicine (BMedMD) and a three-year Doctor of Medicine (MD) medical program, to 30 June 2024 to support an adequate accreditation assessment process.

New conditions set in the monitoring process

Australian National University, College of Health and Medicine, ANU Medical School

At its May 2022 meeting, the Committee considered the 2022 monitoring submission from the Australian National University, College of Health and Medicine, ANU Medical School. The Committee agreed that the School and its program weremeeting the accreditation standards overall. However, given the extent of organisational, financial and leadership change, the Committee considered that there were three accreditation standards that had become substantially met and, in line with the National Law, recommended that Directors place three conditions on the accreditation of the program and provider to ensure that the standards are met in a timely manner.

At their 27 July 2022 meeting, Directors resolved:

- i. to add three new conditions to the accreditation of the education provider and its program to be addressed in 2023.



Prevocational Standards Accreditation Committee

The Prevocational Standards Accreditation Committee oversees the AMC's role in setting standards for elements of the prevocational phase of the medical education continuum. The Committee reports to the AMC Directors on its oversight of AMC accreditation and approval processes for intern training accreditation authorities, Workplace Based Assessment providers, and pre-employment structured clinical interview providers. It also provides advice to the MBA on matters relating to competent authorities.

Its role is:

- Addressing policy related to the prevocational phase of training, the Workplace Based Assessment pathway for international medical graduates, pre-employment structured clinical interviews and matters relating to competent authorities
- Providing advice to the MBA on applications from existing or prospective competent authorities
- Reviewing standards
- Reviewing procedures
- Setting up teams for assessments of intern training accreditation authorities
- Making recommendations to AMC Directors on accreditation decisions and any related conditions
- Monitoring providers against the relevant standards and their progress towards meeting outstanding conditions

- Reviewing changes to the way in which providers meet the accreditation standards and determining consequential review and monitoring activity.

Membership as at 30 June 2023:

- ⊙ Associate Professor Andrew Singer AM (Chair)
- ⊙ Dr Georga Cooke (Deputy Chair)
- ⊙ Associate Professor Katrina Anderson
- ⊙ Professor Stuart Carney
- ⊙ Dr Hwee Sin Chong
- ⊙ Dr Sheree Conroy
- ⊙ Professor Brendan Crotty AM
- ⊙ Associate Professor Amanda Dawson
- ⊙ Ms Bianca Field
- ⊙ Mrs Kate Griggs
- ⊙ Dr Jo Katsoris
- ⊙ Dr Ruth Kearon
- ⊙ Dr Vidya Muraleedharan
- ⊙ Dr Greg Sweetman
- ⊙ Professor John Vassiliadis
- ⊙ Dr Daniel Zou

Non-current members serving during 2022-23:

- ⊙ Dr Bhavi Ravindran
- ⊙ Dr Wan Jun (June) Song
- ⊙ Dr Artiene Tatian

Intern Training Accreditation Authorities

The AMC reviews and accredits authorities that accredit intern training programs in each state and territory on behalf of the MBA. These authorities are commonly known as postgraduate medical councils (PMC). Prior to commencing accreditation activities, a new PMC will submit a paper-based application for initial accreditation to the AMC. If the AMC grants initial accreditation, and the MBA approves the authority, the PMC commences accreditation activities. The AMC schedules an accreditation assessment by an AMC team, usually within the first 18 months of operation.

The AMC grants accreditation of new providers for a maximum of three years, and established providers for a maximum of five years subject to satisfactory monitoring submissions. In the last year of the accreditation period, the provider may apply for an extension of accreditation through an accreditation extension submission, taking the provider up to a maximum of eight years before a reaccreditation assessment by an AMC team.

Accreditation assessments: reaccreditation

South Australian Medical Education and Training Health Advisory Council (SA MET)

The South Australian Medical Education and Training Health Advisory Council (SA MET) is the intern training accreditation authority for South Australia. A reaccreditation assessment was undertaken over

July-November 2022 using a hybrid model of virtual meetings and face-to-face meetings in Adelaide. The process was elongated due to the impact of the COVID-19 pandemic on South Australian health services, and to enable interns to participate in the review.

At the request of the Committee, AMC Directors at their 10 March 2023 meeting resolved:

- i. to extend the accreditation of the South Australian Medical Education and Training Health Advisory Council (SA MET) as an intern training accreditation authority for six months to 30 September 2023, to enable the AMC to undertake an internal review of the accreditation process before the Committee finalised the accreditation report.

The review was completed, and the Committee finalised the report in July 2023, for consideration by AMC Directors.

Accreditation assessments: extension of accreditation

The AMC considers requests for extension via an accreditation extension submission. In the submission, the intern training accreditation authority is expected to provide evidence that it continues to meet the accreditation domains. The report also provides an appraisal of the developments since accreditation, and information on plans leading up to the next AMC reaccreditation. If, on the basis of the submission, the Committee decides that the authority is continuing to satisfy the accreditation domains, it may recommend that the AMC Directors extend the accreditation. The period of extension possible is usually two to three

years, taking the accreditation to the full period that the AMC will grant between assessments, which is eight years. At the end of this extension, the authority undergoes a reaccreditation assessment.

NSW Health Education and Training Institute (HETI)

In November 2022, a submission for extension of accreditation was considered by the Committee.

At their 8 December 2022 meeting, Directors resolved:

- i. that NSW Health Education and Training Institute (HETI) meets the domains for assessing intern training accreditation authorities, and
- ii. to extend the accreditation of NSW Health Education and Training Institute (HETI) as an intern training accreditation authority for three years to 31 March 2026, taking accreditation to the full period which the AMC will grant between assessments, which is eight years.

Canberra Region Medical Education Council (CRMEC)

During 2023 the AMC was due to undertake three intern training accreditation authority reaccreditation assessments. With the implementation of the new framework in 2024, the AMC canvassed the authorities due be assessed during 2023 as to whether it would be preferable to postpone the assessment for 12 months to 2024, so that the authority could focus on implementing the new framework (and be assessed against the updated domains for assessing accreditation authorities).

The Canberra Region Medical Education Council (CRMEC) confirmed that an assessment in 2024 would be a preferred approach.

At their 8 December 2022 meeting, Directors resolved:

- i. to extend the accreditation of the Canberra Region Medical Education Council (CRMEC) as an intern training accreditation authority for 12 months to 31 March 2025, to enable the accreditation assessment in the context of the revised framework for prevocational training (PGY1&2) (and the updated domains for assessing accreditation authorities).

Workplace Based Assessment (WBA) Providers

Under the AMC Accreditation of Workplace Based Assessment Providers: Standards and Procedures, the Prevocational Standards Accreditation Committee assesses applications for initial accreditation against the accreditation standards. The Committee also seeks advice from the Chair of the Assessment Committee on the assessment plan. On the recommendation of the Committee, AMC Directors may grant initial accreditation to new WBA providers subject to satisfactory progress reports, until the WBA Results Panel of the Assessment Committee evaluates the results of the first cohort of candidates.

Initial accreditation

Nine providers submitted an application for initial accreditation.

Central Queensland Hospital and Health Service

Central Queensland Hospital and Health Service's application for accreditation, along with feedback from the Chairs of the Assessment Committee and

WBA Results Panel on the assessment plan, was considered by the Committee in August 2022.

AMC Directors at their 15 September 2022 meeting granted initial accreditation to Central Queensland Hospital and Health Service, subject to satisfactory monitoring submissions, until the Assessment Committee evaluates the results of the first cohort of candidates.

Top End Regional Health Service

Top End Regional Health Service's application for accreditation, along with feedback from the Chairs of the Assessment Committee and WBA Results Panel on the assessment plan, was considered by the Committee in August 2022.

AMC Directors at their 15 September 2022 meeting granted initial accreditation to Top End Regional Health Service, subject to satisfactory monitoring submissions, until the Assessment Committee evaluates the results of the first cohort of candidates.

Midura Base Public Hospital

Midura Base Public Hospital's application for accreditation, along with feedback from the Chairs of the Assessment Committee and WBA Results Panel on the assessment plan, was considered by the Committee in August and October 2022.

AMC Directors at their 27 October 2022 meeting granted initial accreditation to Midura Base Public Hospital, subject to satisfactory monitoring submissions, until the Assessment Committee evaluates the results of the first cohort of candidates.

Joondalup Health Campus

Joondalup Health Campus's application for accreditation, along with feedback from the Chairs of the Assessment Committee and WBA Results Panel on the assessment plan, was considered by the Committee in November 2022.

AMC Directors at their 8 December 2022 meeting granted initial accreditation to Joondalup Health Campus, subject to satisfactory monitoring submissions, until the Assessment Committee evaluates the results of the first cohort of candidates.

Gold Coast Hospital and Health Service

Gold Coast Hospital and Health Service's application for accreditation, along with feedback from the Chairs of the Assessment Committee and WBA Results Panel on the assessment plan, was considered by the Committee in March 2023.

AMC Directors at their 13 April 2023 meeting granted initial accreditation to Gold Coast Hospital and Health Service, subject to satisfactory monitoring submissions, until the Assessment Committee evaluates the results of the first cohort of candidates.

Western Sydney Local Health District

Western Sydney Local Health District's application for accreditation, along with feedback from the Chairs of the Assessment Committee and WBA Results Panel on the assessment plan, was considered by the Committee in March 2023.

AMC Directors at their 13 April 2023 meeting granted initial accreditation to Western Sydney Local Health District, subject to satisfactory monitoring

submissions, until the Assessment Committee evaluates the results of the first cohort of candidates.

Armadale Kalamunda Group

Armadale Kalamunda Group's application for accreditation, along with feedback from the Chairs of the Assessment Committee and WBA Results Panel on the assessment plan, was considered by the Committee in March 2023.

AMC Directors at their 13 April 2023 meeting granted initial accreditation to Armadale Kalamunda Group, subject to satisfactory monitoring submissions, until the Assessment Committee evaluates the results of the first cohort of candidates.

Rockingham General Hospital

Rockingham General Hospital's application for accreditation, along with feedback from the Chairs of the Assessment Committee and WBA Results Panel on the assessment plan, was considered by the Committee in March 2023.

AMC Directors at their 13 April 2023 meeting granted initial accreditation to Rockingham General Hospital, subject to satisfactory monitoring submissions, until the Assessment Committee evaluates the results of the first cohort of candidates.

West Gippsland Healthcare Group

The West Gippsland Healthcare Group's application for accreditation, along with feedback from the Chairs of the Assessment Committee and WBA Results Panel on the assessment plan, was considered by the Committee in March 2023. At the time of the submission, the Committee did not consider that the program

would be sufficiently supported, and the program was not granted initial accreditation. West Gippsland Healthcare Group was encouraged to further develop the submission and invited to resubmit in 12-months' time.

Extension of accreditation

Under the AMC Accreditation of Workplace Based Assessment Providers: Standards and Procedures, accredited providers undergo a reaccreditation assessment at least every four years. Reaccreditation assessments are informed by an accreditation extension submission and the AMC's experience in monitoring the provider and workplace based program over the accreditation period. AMC Directors make an accreditation decision on advice from the Prevocational Standards Accreditation Committee.

Two providers submitted an accreditation extension submission:

Launceston General Hospital

Launceston General Hospital's extension submission and monitoring information was considered by the Committee in March 2023.

The Committee raised concerns that a large number of assessors have not been re-calibrated in alignment with the AMC requirement of calibration every 24 months. This feedback has been provided to LGH over recent monitoring reviews with little to no progression or evidence of strategy to provide sufficient training sessions for assessors. As a result of this, the Committee agree that Standard 7 is not met and that a new condition be imposed on accreditation to

ensure that this standard is met in a timely manner. The Committee agreed to recommend that Directors resolve that a shorter period of accreditation be granted to ensure that the condition is addressed.

The Directors at their 13 April 2023 meeting agreed to reaccredit Launceston General Hospital and its Workplace Based Assessment program for 12 months to 30 June 2024, subject to satisfactory monitoring submissions to the AMC.

Illawarra Shoalhaven Local Health District

Illawarra Shoalhaven Local Health District's extension submission and monitoring information was considered by the Committee in May 2023.

The Directors at their 8 June 2023 meeting agreed to reaccredit Illawarra Shoalhaven Local Health District and its Workplace Based Assessment program for four years to 30 June 2027, subject to satisfactory monitoring submissions to the AMC.

Accreditation

For providers with initial accreditation, the Assessment Committee will consider all the results of the candidates to establish that the overall result is valid and that the AMC Certificate should be awarded. If the Assessment Committee identifies no deficiencies in the assessment program plan and/or in the results of the first cohort of candidates, and the Prevocational Standards Accreditation Committee determines that accreditation standards continue to be met, the Prevocational Standards Accreditation Committee may recommend that AMC Directors grant accreditation to the provider.

Latrobe Regional Hospital

The Committee considered the Latrobe Regional Hospital monitoring submission and reviewer commentary at their meeting on 20 March. As per the 2022 initial accreditation decision, the Committee was asked to make a decision on the period of accreditation following the WBA Results Panel consideration of the first cohort results at their meetings in May 2023.

Directors at their 8 June 2023 meeting resolved:

- i. that the Latrobe Regional Hospital and its Workplace Based Assessment program substantially meets the accreditation standards for AMC Workplace Based Assessment.
- ii. to grant accreditation of the Latrobe Regional Hospital's Workplace Based Assessment program for the maximum period for four years that is until 30 June 2027 subject to the monitoring of the AMC.

Monitoring and changes related to the consequences of COVID-19

While usual reporting resumed in 2021, the Committee continued to monitor ongoing impacts to providers as a consequence of COVID-19 through annual monitoring in 2022. The AMC advised WBA providers to continue to notify the AMC and seek approval of potential changes to the assessment plan in advance of their implementation. Over 2022-23, no change requests were sought.



Changes to WBA programs and providers

During 2022-23, the AMC approved changes to the WBA programs of the following providers:

- Illawarra Shoalhaven Local Health District (Increase to cohort)
- Sunshine Coast Local Hospital and Health Service (New site of delivery)
- Wide Bay Hospital and Health Service (New site of delivery)
- South Western Sydney Local Health District (New site of delivery)

Pre-Employment Structured Clinical Interview Providers

International medical graduates applying for limited registration or provisional registration may be required to undergo a pre-employment structured clinical interview (PESCI). The information obtained from the PESCI is considered by the MBA when it decides whether to grant registration.

A PESCI is an objective assessment of knowledge, skills, clinical experience and attributes to determine whether the international medical graduate is suitable to practise in a specific position. The PESCI consists of a structured clinical interview using scenarios.

Organisations conducting PESCI's must be accredited by the AMC. Applications from prospective PESCI providers are assessed by the Prevocational Standards Accreditation Committee through a paper-based process. Accredited providers are required to submit monitoring reports to the AMC (usually annually) and

this information is considered along with information from the MBA on PESCI's undertaken by the accredited providers.

There are three accredited PESCI providers:

- Australian College of Rural and Remote Medicine
- Royal Australian College of General Practitioners
- METC Institute

Changes to PESCI provision

Royal Australian College of General Practitioners

At their November 2022 meeting, the Committee considered the PESCI monitoring submission which included specific review of the piloted delivery of PESCI's nationally and determined that the provider had sufficiently demonstrated that this expansion could be supported.

Directors at their 2 February 2023 meeting resolved:

- i. that the Royal Australian College of General Practitioners (RACGP) continues to substantially meet the accreditation requirements of the PESCI guidelines and criteria and;
- ii. to accredit Royal Australian College of General Practitioners (RACGP) to deliver PESCI's nationally.



Specialist Medical Education and Training

The Specialist Education Accreditation Committee manages the process for assessing and accrediting the medical education and training programs of the specialist training providers – the specialist medical colleges. It also manages assessment and accreditation of:

- Programs of study for endorsement of registration for acupuncture for medical practitioners and endorsement of cosmetic surgery programs of study
- Continuing Professional Development (CPD) homes

This Committee provides advice to the MBA on applications for recognition and approval of new or amended specialties.

Role:

- Addressing policy related to medical specialist colleges and specialist training
- Developing, monitoring and reviewing criteria and procedures relating to the accreditation of Continuing Professional Development (CPD) homes
- Providing advice to the MBA on applications for recognition for new medical specialties and fields of specialty practice
- Reviewing standards
- Reviewing procedures
- Setting up assessment teams

- Making recommendations to AMC Directors on accreditation decisions and any related conditions
- Monitoring providers against the standards and their progress towards meeting outstanding conditions
- Reviewing changes to the way in which providers meet the accreditation standards and determining consequential review and monitoring activity.

Membership as at 30 June 2023:

- ⊙ Professor Robyn Langham AM (Chair)
- ⊙ Dr Lindy Roberts (Deputy Chair)
- ⊙ Dr Hashim Abdeen
- ⊙ Dr Walter Abhayaratna
- ⊙ Dr Emmanuel Anthony
- ⊙ Dr Caroline Clarke
- ⊙ Ms Jacqui Gibson
- ⊙ Professor Marc Gladman
- ⊙ Dr Kim Hill
- ⊙ Dr Tammy Kimpton
- ⊙ Ms Helen Maxwell-Wright
- ⊙ Dr Sarah Nicolson
- ⊙ Dr Vijay Roach
- ⊙ Ms Kiri Rikihana
- ⊙ Associate Professor Alan Sandford AM
- ⊙ Dr Andrew Singer AM
- ⊙ Dr Philip Truskett AM
- ⊙ Dr Margaret Wilsher

Non-current members serving during 2022-23:

- ⊙ Associate Professor Marco Briceno
- ⊙ Dr Laura Raiti
- ⊙ Professor Stephen Robson

Training and education programs

Accreditation assessments: reaccréditation

College of Intensive Care Medicine of Australia and New Zealand

In April 2022 the AMC completed a reaccréditation assessment of the training, education and continuing professional development programs of the College of Intensive Care Medicine of Australia and New Zealand. AMC Directors, at their 15 September 2022 meeting resolved that:

- i. the training, education and continuing professional development programs of the College of Intensive Care Medicine of Australia and New Zealand substantially meet the accreditation standards
- ii. that the accreditation of the College of Intensive Care Medicine of Australia and New Zealand specialist medical programs and continuing professional development programs in the recognised medical specialties of Intensive Care Medicine and Paediatric Intensive Care Medicine be granted accreditation for six years until 31 March 2029, subject to AMC monitoring requirements, a monitoring review visit prior to 31 March 2029, and addressing accreditation conditions.

Australian and New Zealand College of Anaesthetists and Faculty of Pain Medicine

In July 2022, the AMC completed a reaccréditation assessment of the training, education and continuing professional development programs of the Australian



and New Zealand College of Anaesthetists and Faculty of Pain Medicine, which lead the award of the Fellowship of the Australian and New Zealand College of Anaesthetists and the Fellowship of the Faculty of Pain Medicine.

AMC Directors, at their 8 December 2022 meeting resolved that:

- i. the the training, education and continuing professional development programs of the Australian and New Zealand College of Anaesthetists and Faculty of Pain Medicine substantially meet the accreditation standards
- ii. accreditation be granted to 31 March 2029, subject to the submission of satisfactory monitoring submissions and accreditation conditions.

Royal Australian and New Zealand College of Psychiatrists

In 2022, the AMC conducted a reaccreditation assessment of the training, education and continuing professional development programs of the Royal Australian and New Zealand College of Psychiatrists. This reaccreditation was undertaken against the Standards for Assessment and Accreditation of Specialist Medical Programs and Continuing Professional Development Programs by the AMC over 2022. The CPD homes Criteria had superseded these standards on 1 January 2023 so the AMC Directors' assessment and decision reflected the change in standards.

AMC Directors, at their 10 March 2023 meeting, resolved that:

- i. the education program of the Royal Australian and New Zealand College of Psychiatrists in the recognised specialty of Psychiatry and the continuing professional development program substantially meet the accreditation standards and granted accreditation to the provider and its training program to 31 March 2027, subject to the submission of satisfactory monitoring submissions and addressing accreditation conditions.
- ii. To accredit the Royal Australian and New Zealand College of Psychiatrists as a CPD home subject to AMC monitoring requirements and addressing the accreditation condition.

Accreditation assessments: extension of accreditation

The AMC considers requests for extension via an accreditation extension submission. In the submission, the education provider is expected to provide evidence that it continues to meet the accreditation standards, and that it has maintained its standard of education and of resources. The submission also provides an appraisal of the developments since accreditation, and information on plans leading up to the next AMC reaccreditation. The education provider's trainee representative body is also invited to contribute to the submission. The Committee may decide that that review of the submission should entail discussions with the education provider or an assessment by an AMC team. If, on the basis of the submission, the Committee decides that the education provider is continuing to satisfy the accreditation standards, it may recommend that the AMC Directors extend the accreditation of the program(s). The period

of extension possible is usually three to four years, taking the accreditation to the full period that the AMC will grant between assessments, which is ten years. At the end of this extension, the education provider and its programs undergo a reaccreditation assessment

From time to time, the AMC may also extend accreditation of programs to respond to specific situations, for example to enable teach out of a program when students' studies have been interrupted. In this situation the Committee assesses the program and provider against the accreditation standards and, if satisfied that the program continues to meet or substantially meet the standards it makes a recommendation to the AMC Directors on the period of extension.

Royal College of Pathologists of Australasia

At their meeting on 15 September 2022, AMC Directors resolved that:

- i. Royal College of Pathologists of Australasia training, education and continuing professional development programs meet the accreditation standards
- ii. to extend accreditation in the recognised specialty of Pathology by four years, to 31 March 2027. This accreditation decision covers the following fields of specialty practice:
 - General Pathology
 - Anatomical pathology (including cytopathology)
 - Chemical Pathology
 - Forensic Pathology

- Haematology
- Immunology
- Microbiology

Royal Australasian College of Dental Surgeons Oral Maxillofacial Surgery Program

At their meeting on 24 November 2022, AMC Directors extended the accreditation of the Royal Australasian College of Dental Surgeons training and education program and continuing professional development programs, in the recognised specialty of Oral and Maxillofacial Surgery by five years, to 31 March 2028.

Royal Australian and New Zealand College of Ophthalmologists

At their meeting on 24 November 2022, AMC Directors extended the accreditation of the Royal Australian and New Zealand College of Ophthalmologists training and education program and continuing professional development programs, in the recognised specialty of Ophthalmology by four years, to 31 March 2027.

CPD homes

Accreditation assessments: initial accreditation of organisations to become CPD homes in Australia

Approval of criteria and procedures for CPD homes

In 2023, the registration framework for continuing professional development in Australia changed as the MBA's new Registration Standard: Continuing Professional Development came into effect with

transition arrangements for 2023. From 2024, all doctors other than those exempt by the standard, are required to join a CPD home to support their continuing professional development. To enable the new registration standard, the AMC developed standards and procedures for the accreditation of CPD homes. This accreditation process superseded the AMC's previous accreditation process and standard relating to continuing professional development programs provided by AMC accredited specialist medical colleges.

The AMC now reviews and makes decisions on applications from organisations to become a CPD home and assures the quality of CPD homes to ensure they provide CPD programs that are robust, monitored and evaluated and meet the requirements of the MBA's Registration Standard: Continuing Professional Development through its monitoring process.

At their meeting on 13 July 2023, AMC Directors approved the Criteria for AMC Accreditation of CPD Homes, and on 15 September 2022, AMC Directors approved the Procedures for AMC Accreditation of CPD Homes

Initial accreditation as a CPD home

The Specialist Education Accreditation Committee completes the initial accreditation assessment based on a review of the organisation's submission against the Criteria for AMC Accreditation of CPD Homes with a view to making a recommendation on initial accreditation to AMC Directors.

AMC Directors grant initial accreditation if the submission demonstrates that the organisation meets the

criteria, or that it substantially meets the criteria and setting conditions will lead to all criteria being met in a reasonable time.

DoctorPortal Learning trading as CPD Home (Australian Medical Association Western Australia)

At their meeting on 24 November 2022, AMC Directors granted initial accreditation to DoctorPortal Learning trading as CPD Home, subject to satisfactory monitoring, up until completion of an accreditation assessment by an AMC assessment team.

Specialist medical colleges

At their meeting on 24 November 2022, AMC Directors agreed to transition AMC-accredited specialist medical colleges to become CPD homes, subject to satisfactory monitoring, up until completion of an accreditation assessment by an AMC assessment team. The basis for this decision was the substantial similarity between the accreditation standards that have applied to AMC-accredited specialist medical colleges and their CPD programs and the new criteria for CPD homes, along with the significant accreditation assessment and monitoring activities that had been applied to their CPD programs

This accreditation decision covers the following specialist medical colleges:

- Australasian College of Dermatologists
- Australasian College for Emergency Medicine
- Australian College of Rural and Remote Medicine
- Australasian College of Sport and Exercise Physicians

- Australian and New Zealand College of Anaesthetists & the Faculty of Pain Medicine
- College of Intensive Care Medicine of Australia and New Zealand
- Royal Australasian College of Dental Surgeons
- Royal Australian College of General Practitioners
- Royal Australasian College of Medical Administrators
- Royal Australasian College of Physicians
- Royal Australasian College of Surgeons
- Royal Australian and New Zealand College of Obstetricians and Gynaecologists
- Royal Australian and New Zealand College of Ophthalmologists)
- Royal Australian and New Zealand College of Psychiatrists
- Royal Australian and New Zealand College of Radiologists
- Royal College of Pathologists of Australasia

Over November 2022-June 2023, AMC Directors considered a further 12 applications to become a CPD home and determined on the basis of an assessment against the Criteria that these applicants should not be accredited.

Planning for CPD home accreditation assessments

The accreditation assessments for AMC-accredited specialist medical colleges that are also accredited by the AMC as a CPD home integrates the assessment of the specialist training program/s and CPD home provision. The following accreditation assessment processes had begun at 30 June 2023:

- Royal Australian and New Zealand College of Obstetrics and Gynaecology (Assessment visit: July 2023)
- Royal Australian and New Zealand College of Radiologists (Assessment visit: August/September 2023)

Endorsement for cosmetic surgery

The AMC has developed accreditation standards for cosmetic surgery programs of study on behalf of the MBA.

At their 28 February 2023 meeting, AMC Directors approved the Standards for Assessment and Accreditation of Cosmetic Surgery Programs of Study including the Outcome (capability) statements for Cosmetic Programs of Study and submitted them to the MBA for the Board's approval.

These standards came into effect on 19 April 2023 and define the requirements of programs of study, which is to produce graduates who have acquired the necessary knowledge and clinical skills to perform cosmetic surgery, and have the attributes to practise safely, ethically and in the best interests of the patient.

At their 8 June 2023 Meeting, AMC Directors approved the accreditation procedures for AMC Accreditation of Cosmetic Surgery Programs of Study and determined that a Cosmetic Surgery Accreditation Advisory Committee be established to oversee the process for assessment and accreditation of cosmetic surgery programs of study.

The accreditation standards are part of a suite of measures implemented by the MBA, Ahpra and other regulators to make cosmetic surgery safer for patients in response to the Independent review of the regulation of medical practitioners who perform cosmetic surgery commissioned by the MBA and Apha.

(For further details, see the full article on page 41.)



Assessment and Innovation

The AMC Assessment and Innovation business area is responsible for the assessment of international medical graduates seeking medical registration to practise in Australia. To achieve this, the Assessment and Innovation area:

- partners with a range of subject matter experts such as medical educators, assessment experts and clinicians as well as stakeholders and staff to manage international medical graduate progress along the pathway to securing an AMC Certificate
- works collaboratively with medical schools and specialist colleges to deliver examinations at the AMC National Test Centre (NTC) in Melbourne as well as online and develops technologies, products, and services that ensure high quality assessment delivery; and

- relies on an evidence-based approach to examination quality improvement by using research and data analysis to improve examination procedures, policy, and assessment outcomes.

Assessment Committee

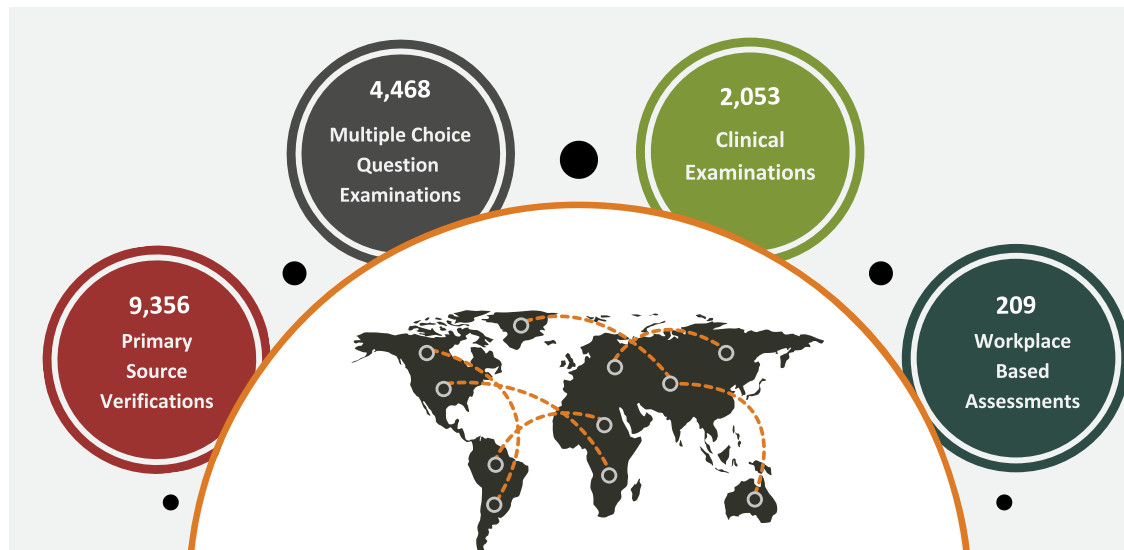
The Assessment Committee monitors the operation of the AMC examinations, including primary source verification, and reviews the performance of the Multiple-Choice Questionnaire (MCQ) examination, and the Clinical Examination and Workplace Based Assessment results. Several Panels and sub-groups report to the Committee, with a focus on the development of examination questions and scenarios, approving results and ongoing progress of the examinations and development of assessment processes.

Assessment Committee Membership as at 30 June 2023:

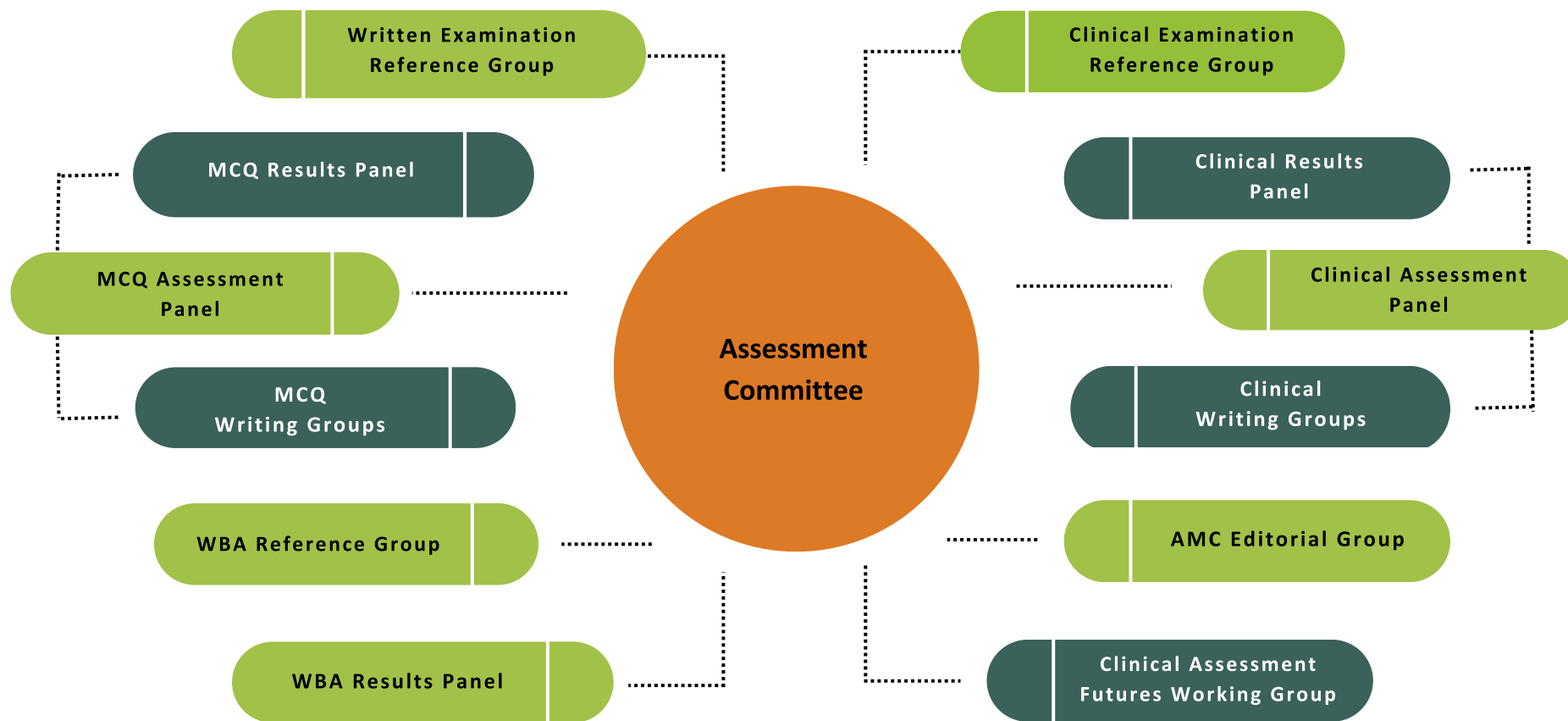
- ◉ Emeritus Professor David Prideaux – Chair
- ◉ Professor Amanda Barnard – Deputy Chair
- ◉ Dr Ayesha Akram
- ◉ Professor John Barnard
- ◉ Assoc. Professor Amanda Dawson
- ◉ Ms Christine Edwards
- ◉ Professor Liz Farmer
- ◉ Dr Justin Gladman
- ◉ Dr Peter Harris
- ◉ Dr Catherine Hickie
- ◉ Professor Nicky Hudson
- ◉ Professor Lisa Jackson Pulver AM
- ◉ Professor Philip Jones
- ◉ Dr Mandeep Kalsi
- ◉ Professor Kichu Nair AM
- ◉ Professor Lambert Schuwirth
- ◉ Tom Symonds
- ◉ Dr David Thomas
- ◉ Professor Josephine Thomas


Non-current members serving during 2022: -23


- ◉ Assoc. Professor Peter Devitt




Assessment Committee structure



 Constituted Committee overseeing large functional areas of the AMC

 Established to provide expert advice on specific issues or long-term projects

 Established as required and generally with a defined task and time limit

PRIORITIES

In 2022-23 several projects were identified and undertaken to align with the AMC's strategic pillars. The major initiatives are set out below:

Create efficiency and quality improvement across assessment pathways

Cultural Safety in AMC assessments

Cultural Safety and Aboriginal and/or Torres Strait Islander Health are clear priorities for the AMC, yet assessment of this is limited in a station-based clinical examination conducted either face-to-face or online. Hence, alternative assessment approaches are being developed in partnership with the Aboriginal and/or Torres Strait Islander and Māori Committee of the AMC. The Committee has pointed to the need for a curriculum or blueprint to underpin this work.

The AMC's Indigenous Policy and Programs team have met with key staff from the assessments area to discuss the implementation of cultural safety into the assessment of international medical graduates through the pathways overseen or conducted by the AMC.

The purpose of this project is to:

- Establish a Framework to implement cultural safety training and Aboriginal and/or Torres Strait Islander Health into assessment (exam content) and strategies across all aspects of the Standard Pathway (AMC examinations) to create culturally safe systems and ongoing learning.

- Determine the principles of the framework with links to AMC Strategic pillars and AMC values.
- Promote culturally safe practice, Aboriginal and/or Torres Strait Islander health skills, and knowledge and ensure it is firmly embedded in AMC examinations and to ensure continued evaluation and development for improved outcomes on culturally safe and responsive healthcare.

Cultural Safety Reference Group

A Cultural Safety Reference Group will be established within the Assessment Committee structure to bring together a number of Aboriginal and/or Torres Strait Islander subject matter experts, including an external consultant, to review, advise on and support the development of a framework to establish Aboriginal and/or Torres Strait Islander health and cultural safety into all aspects of AMC examinations.

AMC and Medical Deans of Australia and New Zealand (MDANZ) Collaboration Project

The benchmarking project was an opportunity for the AMC to provide MCQ content to medical schools to use for ongoing benchmarking work, and to use the de-identified item data to improve calibration. This was made possible with the introduction of the computer-administered examination format used since 2011, with a total of 2,251 questions specifically selected as part of this project. Participating institutions are able to select questions that line up with their curriculum, and to use the statistical data to suit their own needs. The danger of leakage of questions provided to MDANZ was considered minimal.

Key objectives

AMC:

- To calibrate examination content by using more accurate data from actual student performances.
- To gain advantage by attracting some staff to become AMC item developers.

MDANZ:

- To have access to high quality, Item Response Theory calibrated examination questions to create their benchmarking process.
- To create an opportunity for professional development of junior academic staff of medical schools to write high quality MCQ items

Benefits

The data gained from the assessment benchmarking project has been extensively used by medical schools and is considered an important source of information.

The psychometric reports are important as medical schools:

- use aspects of the data to inform gaps in curriculum
- gain De-identified ranking data
- can draw inferences from the data, and
- clarify what kinds of inferences are reasonable to conclude from those data.

Building Capacity in Multiple-Choice Question Writing workshop

A networked workshop was held in February 2023 to assist schools to build their capacity in quality MCQ item writing and improve their self-sufficiency in generating assessment items, thereby reducing reliance on externally managed item banks where items may not suit the context or needs. Dr Peter Harris, Chair of the MCQ Assessment Panel, provided a presentation on item-writing.

Around 350 medical school teachers attended at over 20 hubs, including NZ campuses and one campus in Malaysia. Participants hosted in-person 'hubs' at schools around Australia and New Zealand, with selected AMC Examiners attending hubs in Melbourne, Wollongong, Sydney, Newcastle and Adelaide, and participants connecting via zoom for the opening and closing sessions.

Participant feedback

Feedback from participants and MDANZ was positive:

- 83% of respondents felt more confident about item-writing as a result of their attendance
- 99% of respondents would recommend colleagues to attend if offered again, and
- Dr Peter Harris' presentation was identified as the most useful component of the workshop.

Expression of interest as AMC MCQ item-writers

As part of the evaluation form, participants were invited to express interest in becoming involved in the AMC MCQ item-writing groups. Over 24 Australian

registered practitioners expressed interest, with five appointments confirmed.

As a result of this event, some resources are available for training new item-writers and the AMC is in the process of building an examiner resource site for access to documents and training material.

Update the delivery of AMC publications and handbooks

Australian Medicine in Context publication

The AMC Anthology of Medical Conditions, first printed in 2003, will be replaced with a new publication, Australian Medicine in Context to be published early 2024. The Editorial Group, led by Editor-in-chief and Chair, Professor Tim Wilkinson, and Editor-in-chief Professor Lisa Jackson Pulver, are overseeing the writing of the new publication to ensure the content remains current and reflects medicine in the context of Australian practice.

This publication is designed to assist:

- international medical graduates seeking to practise in Australia but required to pass the AMC assessments
- panel members who write questions for the AMC examinations or are looking to develop assessments, and
- Australian medical students, as the resource sets out what is needed at the point of graduation as a doctor.

The introductory chapters of Australian Medicine in Context are designed to inform international medical graduates on what is required for practising medicine in Australia and contain an overview on Australian culture and society. The Professional Practice chapter contains short sections on common and important patient presentations and highlights the Legal, Ethical and Organisational topics required for practising medicine as well as generic skills needed by doctors. The book also includes sections on important issues in professional practice, including cultural safety. An external review by Aboriginal and/or Torres Strait Islander Medical Practitioners and Educators has now been completed. A total of ten reviewers assisted with this process to review the presentations and introductory chapters for strengths, gaps, omissions and overall general readability, ensuring the publication is culturally safe. The feedback provided has been reviewed and is currently being incorporated into this publication.

There are several iterations of editing as well as indexing, graphic design, marketing and stakeholder communications before publication.

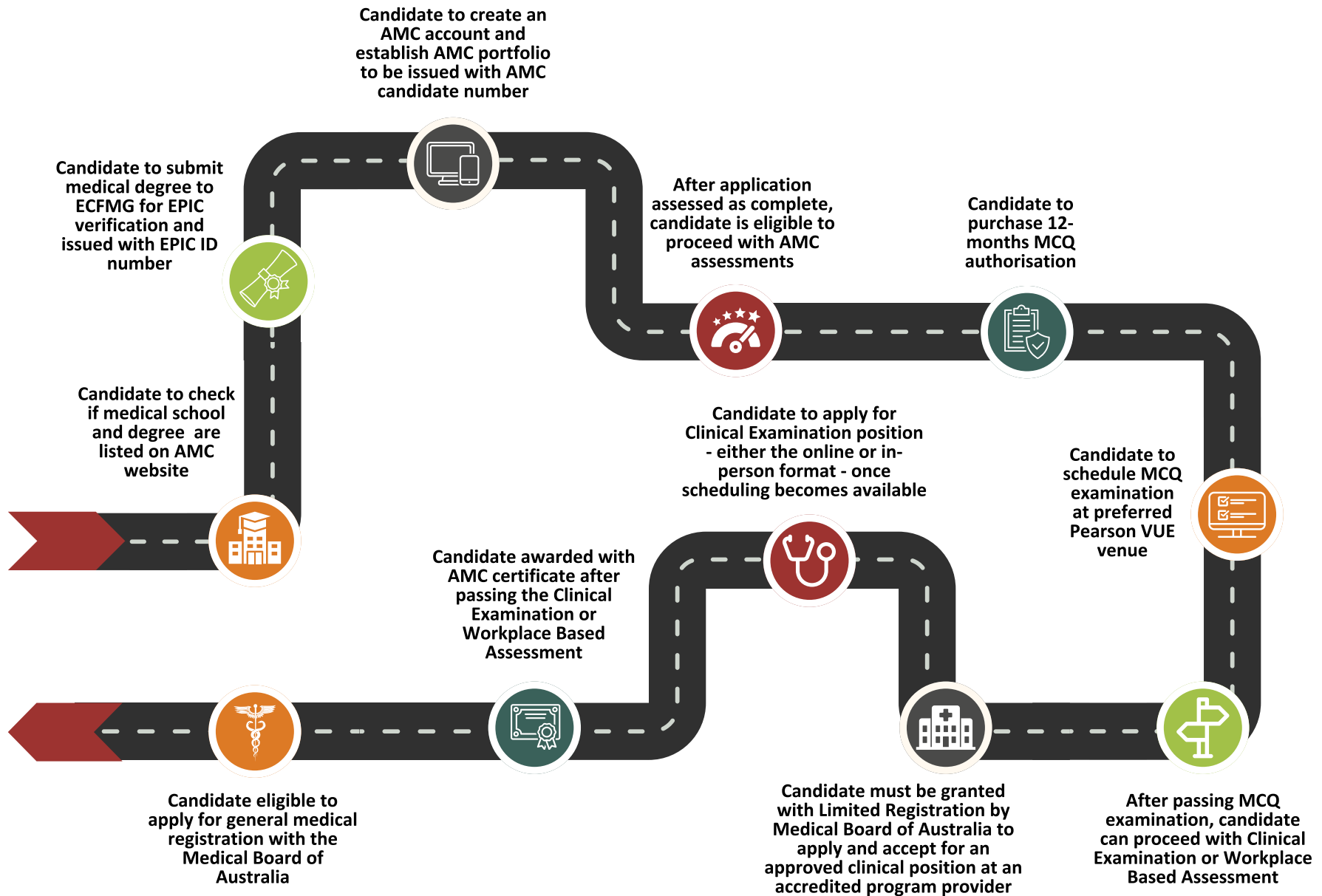
Additional work is being undertaken in the AMC Exam Content database to ensure that the classifications are updated to reflect the patient presentations in the new publication.

Assessment Pathway

A diagram of the different registration pathway requirements is presented in Figure 1. Details and statistics for the Standard Pathway component follow.



Registration pathway requirements



Verification Services

The Verifications Services team:

- assesses all international medical graduate applications for primary and post-graduate and qualification verifications
- maintains the AMC qualifications portal which is accessed by Australian Specialist Colleges and Ahpra to verify medical student primary and post-graduate qualifications
- assists international medical graduates in establishing an AMC online portfolio, and
- updates international medical graduate verification status with the Educational Commission for Foreign Medical Graduates (ECFMG).

An international medical graduate seeking registration in Australia and applying to complete the AMC examinations must firstly have attained an eligible medical qualification recognised by a medical school listed in the World Directory of Medical Schools (WDoMS) and AMC website. This directory lists only medical schools assessed as educational institutions that provide a complete or full program of instruction leading to a basic medical and surgery qualification; that is, a qualification that permits the holder to obtain a licence to practise as a medical doctor or physician.

The process of verifying international medical graduate qualifications is described as Primary Source Verification (PSV) and was implemented by the AMC in 2006. PSV is designed to check and ensure the integrity of basic and specialist medical qualifications and is confirmed by the ECFMG who assist the AMC to verify the international medical graduate identity,

check the integrity of the qualification documentation, and confirm the awarded qualification directly with the issuing institution. ECFMG now has a total of 2,038 medical institutions in the e-verifications system.

In the 2022-23 reporting period a total of 9,356 portfolio applications were established (an average of

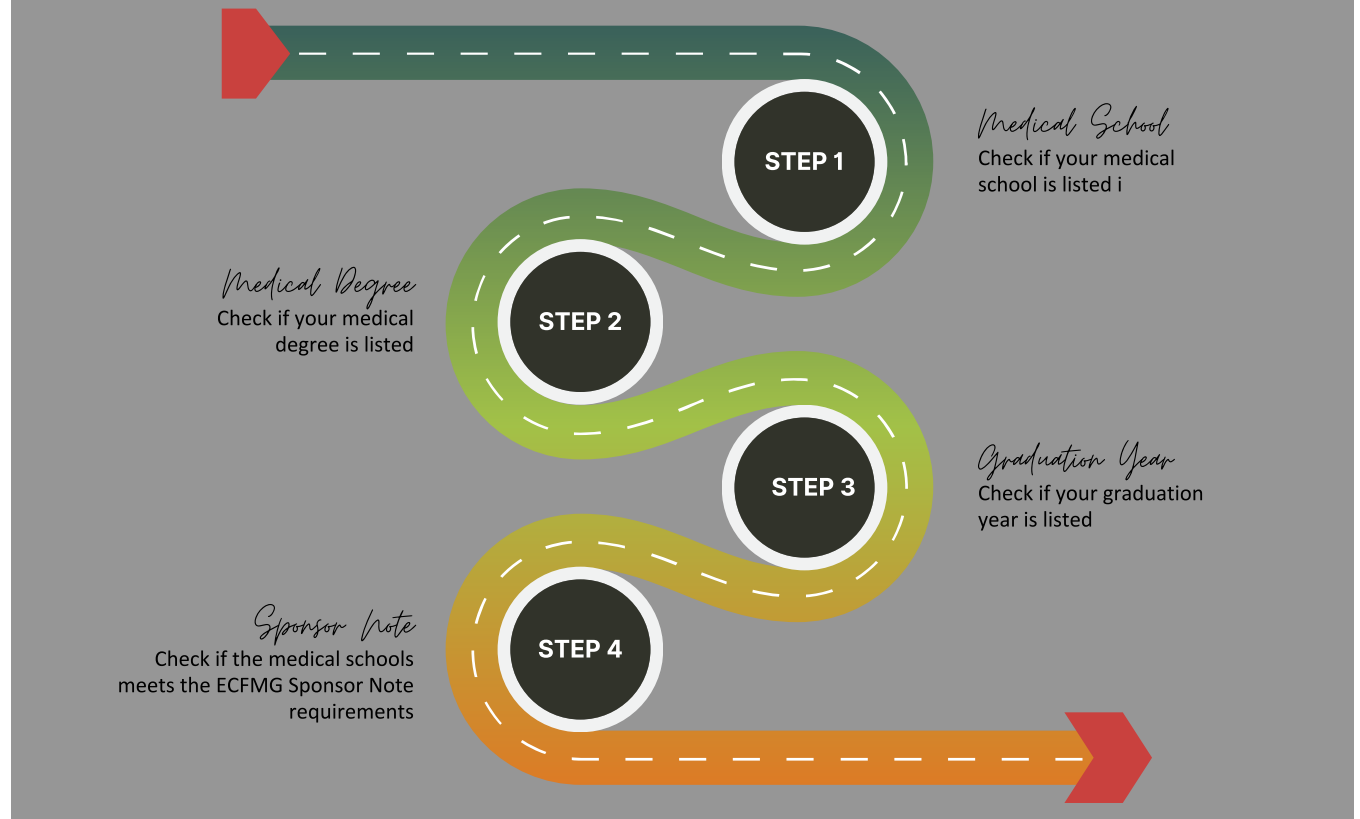
180 applications per week). A total of 957 additional medical qualifications were added to international medical graduate portfolios.

A summary of key statistics for the 2022-23 year follows.

Verifications process

The AMC's eligibility requirements align with the eligibility requirements that the United States Education Commission for Foreign Medical Graduates (ECFMG) lists through its sponsor note in the World Directory of Medical Schools.

It is important to check the following on the World Directory of Medical Schools to ensure you are eligible to apply.



AMC portfolio applications statistics

Table 1: AMC Portfolio applications established and additional qualifications added

| Qualification type | 2021-22 | 2022-23 | Variances |
|---|--------------|---------------|--------------|
| AMC Portfolio applications | 5,383 | 9,356 | (74%) |
| Additional qualifications added to portfolios | 732 | 957 | (30%) |
| Total qualifications verified | 6,115 | 10,899 | (59%) |

Portfolio applications for 2022-23 is the highest number ever received.

Table 2: Ten highest volume countries of birth for international medical graduate Portfolio applications

| 2021-22 | | 2022-23 | | Significant variances (>10%) |
|----------------|--------------|----------------|--------------|------------------------------|
| Country | Total | Country | Total | |
| United Kingdom | 943 | Sri Lanka | 1,750 | (86%) |
| Sri Lanka | 725 | United Kingdom | 1,332 | (84%) |
| India | 669 | India | 1,226 | (83%) |
| Ireland | 512 | Pakistan | 588 | (15%) |
| Iran | 265 | Philippines | 508 | (92%) |
| Pakistan | 257 | Malaysia | 470 | (83%) |
| Malaysia | 240 | Ireland | 441 | (83%) |
| Philippines | 238 | Iran | 437 | (84%) |
| South Africa | 175 | Nigeria | 306 | (75%) |
| Nigeria | 134 | Bangladesh | 190 | (42%) |
| Total | 4,158 | Total | 7,248 | (74%) |

Compared to the 2021-22 period, only one of the ten highest countries remain unchanged. The United Kingdom, Sri Lanka, and India remain the top contributors, while South Africa was replaced by Bangladesh. Overall, numbers across the top 10 countries have increased in 2022-23 by 73%. The top 10 countries comprise just over 77% of all applications.

Table 3: Requests for Primary Source Verification

| Qualification type | EPIC verified 2021-22 | EPIC verified 2022-23 | Variances |
|--------------------------------------|-----------------------|-----------------------|--------------|
| Primary qualifications | 4,745 | 8,257 | (74%) |
| Postgraduate qualifications | 1,852 | 2,642 | (30%) |
| Total qualifications verified | 6,597 | 10,899 | (65%) |

Numbers increased in 2022-23 by 59%, the highest numbers ever recorded.



Primary qualification verification statistics

Table 4: Ten highest volume countries by primary qualifications added to AMC portfolios and verification completed

| 2020-21 | | 2021-22 | | Significant variances (>10%) |
|----------------|--------------|----------------|--------------|------------------------------|
| Country | Total | Country | Total | |
| United Kingdom | 955 | United Kingdom | 1,257 | (32%) |
| Ireland | 562 | Sri Lanka | 1,184 | |
| Sri Lanka | 511 | India | 723 | |
| India | 407 | Ireland | 468 | |
| Philippines | 237 | Pakistan | 444 | |
| Pakistan | 220 | Philippines | 441 | |
| Iran | 212 | Iran | 316 | (49%) |
| China | 127 | Bangladesh | 237 | |
| Bangladesh | 118 | China | 237 | |
| Malaysia | 112 | Malaysia | 230 | (105%) |
| Total | 3,461 | Total | 5,537 | (60%) |

Compared to the 2021-22 period, three of the ten highest countries remain unchanged. Ireland, Sri Lanka, India, Philippines, Pakistan, China and Bangladesh changed positions, with no replacements recorded. Overall, numbers across the top 10 countries have increased in 2022-23 by 60%, with the highest numbers ever recorded. The top 10 countries comprise just over 67% of all applications.

Postgraduate qualification verification statistics

Table 5: Ten highest volume countries by postgraduate training added to AMC portfolios and verification completed

| 2020-21 | | 2021-22 | | Significant variances (>10%) |
|----------------|--------------|----------------|--------------|------------------------------|
| Country | Total | Country | Total | |
| United Kingdom | 483 | United Kingdom | 619 | (28%) |
| India | 260 | India | 370 | (42%) |
| Sri Lanka | 176 | Sri Lanka | 280 | (59%) |
| South Africa | 133 | South Africa | 116 | |
| USA | 64 | Iran | 98 | |
| Iran | 54 | Malaysia | 80 | |
| Ireland | 48 | USA | 77 | |
| Hong Kong | 42 | Pakistan | 60 | |
| Canada | 39 | Nigeria | 59 | |
| Malaysia | 37 | Philippines | 55 | |
| Total | 1,336 | Total | 1,814 | (36%) |

Compared to the 2021-22 period, four of the ten highest countries remain unchanged. The USA, Iran, Ireland, Hong Kong and Malaysia changed positions with Canada replaced by Philippines. Overall, numbers across the top 10 countries have increased in 2022-23 by 36%. The top 10 countries comprise just over 69% of all applications.

AMC Top Medical Schools Activity

Summary of the schools with the highest volumes of applications or verifications of primary qualifications: [Appendix A](#)



MyIntealth replacing the EPIC Report Portal

The Educational Commission for Foreign Medical Graduates (ECFMG) and the Foundation for Advancement of International Medical Education and Research (FAIMER) announced the creation of a new, overarching identity in November 2021.

MyIntealth will replace the Electronic Portfolio of International Credentials (EPIC) Physician Portal in late 2023, and the EPIC Report Portal in early 2024.

With the launch of MyIntealth, ECFMG will discontinue the name EPIC. This change will not impact the verification services provided as ECFMG will continue to verify the authenticity of credentials using their high-quality primary-source verification process and deliver reports to the AMC through a secure online system. ECFMG is working closely with the AMC on the processes involved.

Once finalised, updates and information will be provided on the AMC website, AMC candidate portal, as well as both the Ahpra and Specialist Colleges portals.

Conflict affected countries

The AMC and ECFMG remain diligent in their monitoring of the impact of international conflict on medical education and training and the verification of medical credentials. Ongoing conflict can disrupt education, affecting the availability and quality of medical training and the reliability of graduates' qualifications. By closely scrutinizing these situations, the

AMC and ECFMG ensure that credentials of healthcare professionals are rigorously verified.

This scrutiny is an integral part of AMC's primary source verification process, as mandated by the Medical Board of Australia for medical registration and to safeguard the quality of healthcare in Australia.

Multiple Choice Question Examinations

The AMC Multiple Choice Question (MCQ) Examination assesses the medical knowledge of international medical graduates who attained an eligible medical qualification from a medical school listed in the World Director of Medical Schools (WDoMS) and recognised by the AMC. The MCQ Examination, which is delivered as a Computer-Based Adaptive Test, forms the first examination component of the standard pathway. All international medical graduates are required to pass the MCQ Examination in order to progress on the pathway towards receiving an AMC Certificate and applying to the Medical Board of Australia for medical registration.

The MCQ Examination focuses on basic and applied medical knowledge across a wide range of topics and disciplines. International medical graduates are required to demonstrate:

- understanding of the disease process
- competency in clinical examination, diagnosis, investigation, therapy and management skills
- an ability to exercise judgment and reasoning in distinguishing between the correct diagnosis and plausible alternatives, and

- the capacity to take a patient's history, conduct a physical examination, formulate diagnostic and management plans, and communicate with patients, their families and other health workers.

The MCQ Examination is a test of the principles and practice of medicine in the fields of: Adult Health - Medicine; Adult Health - Surgery; Women's Health - Obstetrics & Gynaecology; Child Health; Mental Health; and Population Health & Ethics. The multiple choice questions reflect common clinical conditions in the Australian community. To achieve a satisfactory level of performance, a candidate will require a knowledge of pathogenesis, clinical features, investigative findings, differential diagnosis, management and treatment.

Statistical reporting

In the 2022-23 reporting period a total of 4,468 MCQ Examinations were conducted by the AMC in Australia or in one of 352 internationally controlled examination facilities, with 285 in USA and a further 67 globally (Asia-Pacific & Europe, the Middle East and Africa).

Of that number, 2,987 international medical graduates were presenting for the first time. This is a significant increase from the previous year as testing centres are operating at normal capacity.

A total of 2,119 international medical graduates passed the examination and qualified to proceed to the AMC clinical examination. Appendix B: MCQ COT Report

AMC CAT MCQ examinations are conducted in more than 350 Pearson VUE testing centres across 27 countries world wide



New testing centres added to conduct MCQ Examinations

In response to the growing demand for standardised testing from international medical graduates, additional testing centres have been introduced in high demand countries to expand accessibility and alleviate some of the logistical challenges faced.

The AMC has been negotiating additional testing centres with Pearson VUE since July 2022 including three venues to open in 2024: .

- Pakistan (Lahore) – to open in 2024
- Malaysia (Colombo) – to open in 2024
- Sri Lanka (Malaysia) – to open in 2024

Table 6: MCQ examination Statistics comparison

| | 2021-22 | 2022-23 | Variances |
|---|--------------|--------------|--------------|
| Total international medical graduates undertaking examination | 2,696 | 4,468 | (66%) |
| Presenting for the first time | 1,760 | 2,987 | (70%) |
| Total passed | 1,250 | 2,119 | (70%) |
| Total passed % | 46% | 47% | (1%) |

Compared to 2021-22, the numbers for 2022-23 presented exceptionally high volumes of international medical graduates that have sat the MCQ examination.

MCQ examination Country of Training Statistics

Breakdown of the international medical graduates who have taken the MCQ examination by country of training:
[Appendix B](#)

Clinical Examinations

Once an international medical graduate has passed the AMC MCQ Examination they are eligible to apply to undertake the AMC Clinical Examination or, alternatively, participate in a Workplace Based Assessment program.

The AMC Clinical Examination assesses an international medical graduate's clinical competency and requires demonstration of clinical ability at the level of an Australian graduating final year medical student about to commence the (pre-registration) intern year.

Examination content is developed across a broad range of required clinical disciplines such as:

- history taking
- physical examination
- diagnostic formulation; and
- management, counselling and education skills.

Clinical examinations are delivered in the format of an Objective Structured Clinical Examination (OSCE), consisting of 14 scored and 2 unscored stations (scenarios) which require the presence of an examiner and a simulated or real patient.

From 2013 to 2020 all AMC clinical examinations were conducted at the purpose-built NTC in Melbourne. The NTC was closed for examinations from March 2021 to March 2022 due to COVID-19 restrictions. The AMC

developed and offered an online clinical examination format during that time.

However, due to the expiry of its lease, the NTC closed in October 2023. The final in-person clinical examinations were conducted on 13 October 2023. The AMC will be establishing a new AMC independent test centre in Melbourne, expected to open towards the end of 2024.

The online clinical examination will be offered during the shut down period.

Statistical reporting

In the 2022-23 reporting period the AMC conducted 142 clinical examinations, assessing 2,053 international medical graduates. A total of 426 passed the examination and qualified for the AMC Certificate. Of these, 863 presented for the first time.

Table 7: Clinical examination Statistics comparison

| | 2021-22 | 2022-23 | Variances |
|---|------------|------------|--------------|
| Total International medical graduates undertaking examination | | | |
| <ul style="list-style-type: none"> • Online examination = 544 • NTC examination = 1,509 | 1,787 | 2,053 | (15%) |
| Presenting for the first time | 962 | 863 | (-11%) |
| Total passed | 381 | 426 | (12%) |
| Total passed % | 21% | 21% | 0 |

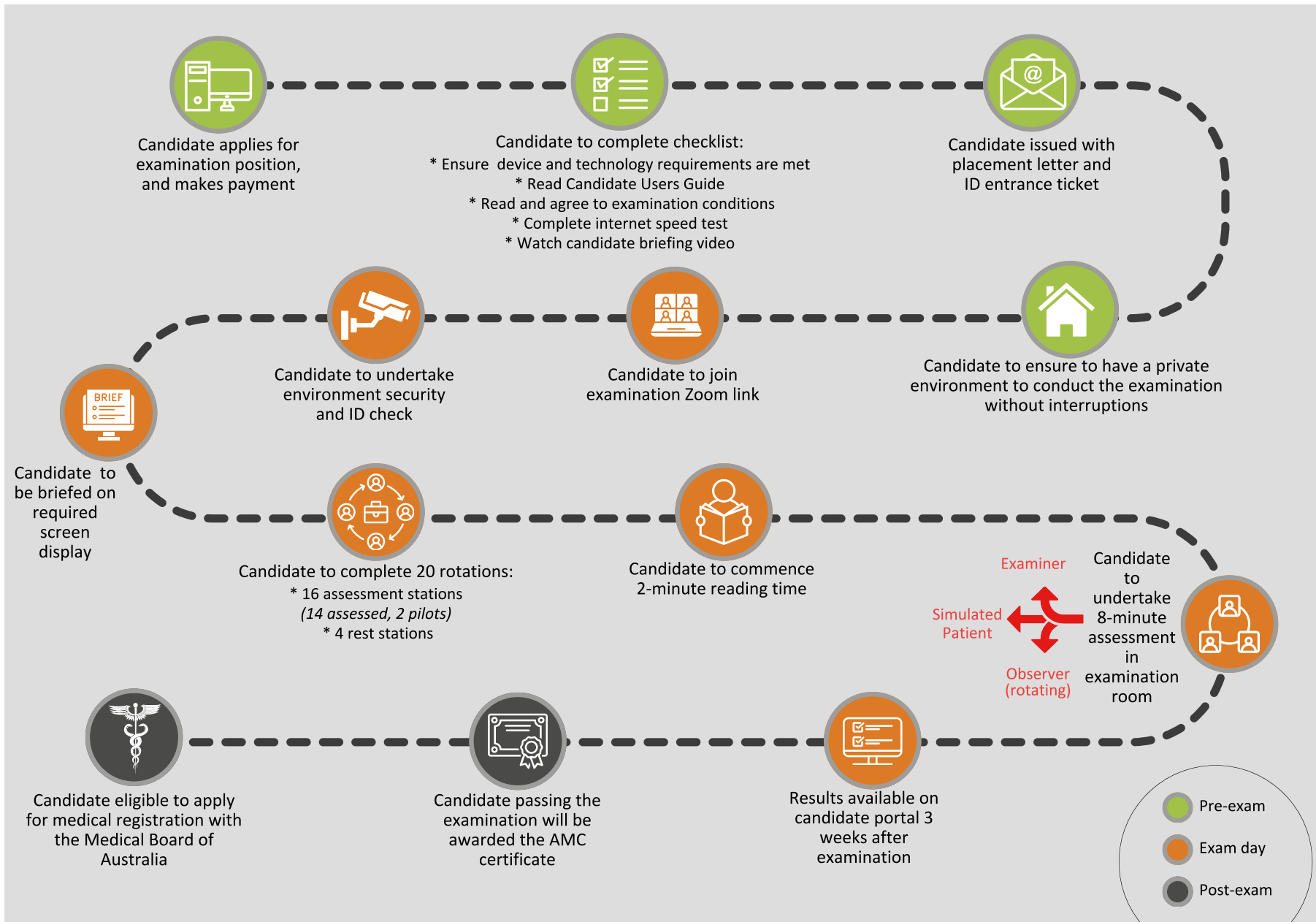
There was a steady increase from the previous year with both the online and face-to-face clinical examinations available. Compared to the 2022-23, the pass rate has remained unchanged at 21%.

Clinical examination Country of Training Statistics

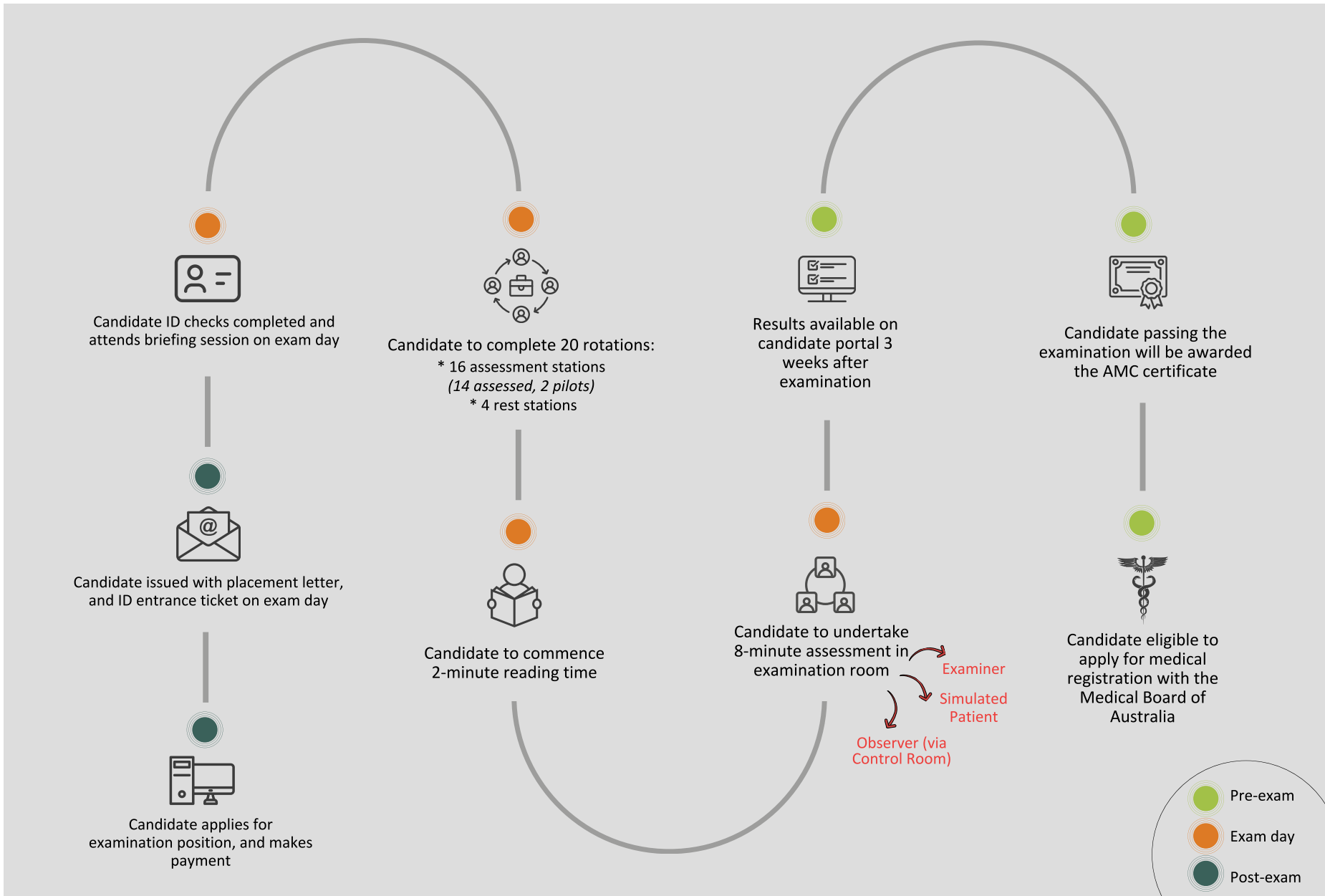
Breakdown of international medical graduates by examination attempt and country of training: [Appendix C](#)



Clinical Online Examination process



Clinical face-to-face Examination process



Workplace Based Assessment

The workplace based assessment (WBA) pathway provides international medical graduates with an alternative assessment pathway to the AMC Clinical Examination and leads to the award of an AMC Certificate. In the WBA pathway, international medical graduates are assessed using the AMC Computer Adaptive Test (CAT) Multiple Choice Question (MCQ) Examination, followed by a 6 to 12 month program of workplace based assessment of clinical skills and knowledge by an AMC-accredited provider.

As the WBA program assesses candidates in the workplace it allows international medical graduates to

work under supervision, to demonstrate their ability to integrate clinical knowledge and skills as a basis for effective clinical judgments and decisions and to track their development towards becoming a medical practitioner in the Australian setting.

The WBA program uses a variety of assessment methods including Case Based Discussions, Mini Clinical Examinations (Mini-CEX), Direct Observation of Procedural Skills, Multi-Source Feedback from medical colleagues and other health practitioners, as well as In-Training Assessments.

(See also Accreditation of Workplace Based Assessment (WBA) Providers 60.)

Statistical reporting

WBA programs are provided by health services accredited by the AMC. Eight new providers received initial accreditation during 2022-23.

In the 2022-23 reporting period, ten accredited WBA providers assessed 209 international medical graduates, with a total of 206 completing the assessment to a satisfactory standard and qualifying for the AMC Certificate.

WBA accredited providers as at June 2023

There are 24 AMC accredited Workplace Based Assessment providers, with nine new providers accredited in 2022-23.

Table 8: WBA Statistics

| | 2021-22 | 2022-23 | Variances |
|---|---------|---------|-----------|
| Total international medical graduates undertaking and completing the Workplace Based Assessment | 156 | 209 | (34%) |
| Total international medical graduates passing the Workplace Based Assessment | 153 | 206 | |
| Total international medical graduates Workplace Based Assessment results pending | *3 | 2 | |
| Total international medical graduates failed the Workplace Based Assessment | 0 | 1 | |

* Required to undertake further assessments

WBA Statistics

Breakdown of international medical graduates assessed through the WBA Program by country of training and provider [Appendix D: WBA Statistics](#)

Location of WBA accredited providers as at June 2023



Workplace Based Assessment (WBA) Provider Forum

The WBA program provides international medical graduates (IMGs) who have successfully completed the AMC MCQ examination with an alternative assessment pathway to the AMC clinical examination. In the WBA pathway, IMGs employed in a health service accredited by the AMC as a WBA program provider, complete a program of workplace-based assessment of clinical skills and knowledge.

Following from the AMC National Workshop on Workplace Based Assessment held in 2018, a follow-up WBA Provider Forum was hosted by the AMC in July 2023.

The 65 Attendees included WBA program providers, AMC committee and WBA panel members, IMGs who had completed the WBA program, and AMC staff.

There was a high level of engagement by workshop participants, reflecting the commitment by senior clinicians, medical educators, and AMC panel members to explore the strengths and challenges of, and improvements to, the WBA program.

Topics included:

- WBA Provider Perspectives
 - Reflections moving into a second decade of WBA program delivery, including reflections from a new provider
 - Supporting IMGs in robust WBA assessment programs
- WBA IMGs Perspectives
 - Experience of undertaking the WBA program, including perspective of the WBA program
- Learning from AMC processes
 - Reflections from the Accreditation Committee and Results Panel Chairs
- Areas for development – WBA Reference Group Projects
 - Principles for ensuring breadth in assessment
 - Developing a shared approach to multi-source feedback assessment.
- AMCs commitment to cultural safety

This included a yarning session on cultural safety and what training and assessment looks like in a prevocational setting, including current processes and opportunities for development.

Providers agreed that cultural safety components were currently lacking in WBA programs and this was identified as an area for improvement. Attendees were informed of the AMC currently embarking on a Cultural in Safety in Assessment project.



Reducing the AMC's footprint

Solar panels installed

A 70 kilowatt PV (photovoltaic) solar array has been installed on the roof top of 4 Marcus Clarke. The system will generate around 280 kilowatt hours of electricity per day – eight times larger than the average domestic solar installation.

It is expected to pay for itself in approximately seven years and will have a useful lifetime of approximately 25 years, potentially saving the AMC close to half a million dollars in electricity costs.

Due to the limitations of the roof (size and shape) the system will only generate approximately a quarter of the building's electricity needs. However, the AMC is exploring other ways to reduce energy use and implement efficiencies to reduce its environmental impact and costs.



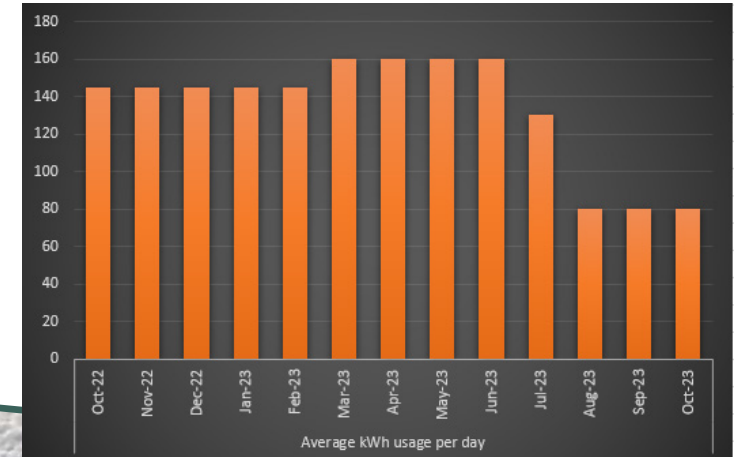
Other initiatives

The recent upgrade of our network storage array has seen server room power consumption cut by over 40%, reflected in the graph on server room electricity usage (not overall power use).

The first half of 2024 will see the installation of a modern building management system (BMS) – a smart control for the buildings heating and air conditioning.



AMC server room electricity usage



Engagement

The AMC's ability to promote and protect the health of the Australian community through a safe and competent medical workforce is enhanced and strengthened through working with partners and stakeholders on areas of common strategic intent, undertaking joint initiatives in areas of shared interest, and maintaining awareness of current issues across the medical continuum.

To facilitate this outcome, the AMC:

- meets regularly with national stakeholders, both formally and informally
- is represented on Committees, Boards and other groups through its Directors, Members and staff
- consults on key developments such as the review of medical school accreditation standards
- participates in conferences, workshops and other forums
- develops and maintains international links with accreditation agencies and other stakeholders such as health sector assessment, technology, and education affiliates
- collaborates on projects and areas of work
- hosts conferences, workshops and summits
- contributes to enquiries, and

- maintains a broad membership of its Council and its Committees, working parties and other expert groups providing stakeholder nominees with the ability to contribute directly to decision-making and policy development.

The AMC engages with numerous peak bodies representing its many and varied stakeholders including:

Medical Board of Australia (MBA) and Australian Health Practitioner Regulation Agency (Ahpra)

The AMC, as the MBA's appointed accreditation authority under the Health Practitioner Regulation National Law (the National Law), works closely with the MBA to keep it informed of the way the AMC discharges its accreditation functions and provide it with reports and information required under the National Law. It also works collaboratively with the Ahpra, which supports the work of the MBA.

Confederation of Postgraduate Medical Education Councils (CPMEC)

CPMEC is the peak body for prevocational medical education and training.

Council of Presidents of Medical Colleges (CPMC)

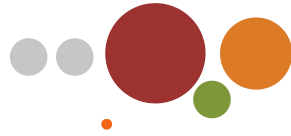
CPMC brings together the specialist medical colleges of Australia.

Universities Australia

Universities Australia is the peak body for the university sector.

Medical Deans Australia and New Zealand (MDANZ)

MDANZ is the peak body representing professional entry-level medical education, training and research in Australia and New Zealand.



Australian Indigenous Doctors Association (AIDA)

AIDA is a not-for-profit organisation whose purpose is to contribute to equitable health and life outcomes, and the cultural wellbeing of Aboriginal and Torres Strait Islander Peoples.

Australian Collaboration for Clinical Assessment in Medicine (ACCLAiM)

ACCLAiM provides the opportunity for Australian and New Zealand Medical Schools to collaborate on clinical assessment, thereby contributing to the development of a national framework for standard setting of assessment in medical schools.

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.

Medical Council of New Zealand (MCNZ)

The Medical Council of New Zealand's role is to protect and promote public health and safety as the medical regulator in New Zealand.

Te Ohu Rata o Aotearoa – Māori Medical Practitioners Association (Te ORA)

Te ORA is the professional body representing Māori medical students and doctors working as clinicians, researchers and teachers.

Western Pacific Association for Medical Education (WPAME)

WPAME is the regional association of the World Federation for Medical Education concerned with the support and development of medical education in the countries in the Western Pacific Region of the World Health Organization. The AMC provides Secretariat support.

Medical Workforce Reform Advisory Committee (MWRAC)

The Committee advises Commonwealth, state and territory health ministers on medical workforce reform priorities.

Health Professions Accreditation Collaborative Forum

The Forum is a coalition of the accreditation authorities 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 since 2007 has provided its secretariat and administrative support. The Forum works collaboratively to support good accreditation practices, to strengthen networking opportunities and share understanding of accreditation processes, and to contribute to national boards and Australian Health Practitioner Regulation Agency joint meetings.



From Canberra to Ottawa: the AMC and the MCC forge stronger ties

On September 21 and 22, 2023, the Medical Council of Canada (MCC) enthusiastically welcomed a delegation from the Australian Medical Council (AMC) to our office in Ottawa. This visit was an opportunity for the two organizations to share knowledge on mutual interests and to increase understanding of the assessment environments in Australia and Canada. Given the disruption of international collaboration due to the pandemic, the in-person meeting with our Australian counterparts was especially welcomed. Key discussions revolved around assessments and critical topics like pathways to licensure for international medical graduates (IMGs), Indigenous relations, culturally safe practice, and data management.

Written by the Medical Council of Canada and reproduced with permission.

A focus on Indigenous health and cultural safety

Before delving into the agenda, both AMC and MCC teams were honoured to hear wise words from Elder Albert Dumont, and the musical talent of singer and drummer Claire Brascoupe, both from the Anishinaabe Algonquin Nation.

Among the many topics covered over the two days, the MCC was particularly interested to learn about the AMC's commitment to ensuring culturally safe practice and improving health outcomes for Aboriginal and/or Torres Strait Islander and Māori Peoples. In addition to the delegation's visit, the following week, AMC Chief Executive Officer (CEO) Philip Pigou delivered an inspirational speech at the MCC Annual Meeting, emphasizing the concept of public value within the regulatory context. Mr. Pigou offered valuable insights into cultural safety and workforce considerations, drawing from the Australian experience. His address invited the audience to reflect more broadly on the challenges facing medical education, as well as regulatory and assessment communities. Mr. Pigou also engaged in productive conversations with other leaders about the work the MCC can achieve on transforming health care.

Common considerations across the Australian and Canadian systems

Both the AMC and MCC share a common objective of upholding excellence in health care. They ensure that practising physicians in Australia and in Canada respectively have the skills, knowledge, as well as the professional and ethical behaviours to meet the highest standard of patient care. While their goals align, there are notable differences between the roles of the two organizations. The AMC is responsible for accrediting medical programs across the medical education continuum as well as assessing IMGs, whereas the MCC focuses on assessing the core competencies of all physicians in Canada —both Canadian and international medical graduates— prior to specialty training and certification.

The discussions in Ottawa focused on key areas for future collaboration on assessment practices. The teams contemplated the development of new approaches in assessment that align with the evolving health care environment in both countries, such as incorporating artificial intelligence and machine learning into evaluations. As Australia and Canada face similar challenges in terms of health human resources, the groups also discussed strategies for efficient

and ethical recruitment policies for IMGs, as well as approaches to expedite their integration into the system while ensuring safe and high-quality care.

Cultural safety in medical education and assessment was another pivotal topic and presented an opportunity for the teams to exchange on the work being done in their respective medical landscape for advancing equity, diversity and inclusion.

As virtualization to support exam delivery is being increasingly used, another significant theme on the agenda was the administration of remotely proctored examinations. The MCC team, taking from the experience of delivering two examinations by remote proctoring as an alternative to test centres, shared their insights on exam security and spoke to improving the candidate experience in remote proctored examinations while maintaining validity and integrity. The MCC's high-quality preparatory products, that are valuable exam preparation tools for candidates, also spurred interest from the AMC.

Engaging with all publics to help transform health outcomes

As a guest speaker at the MCC Annual Meeting, AMC CEO Philip Pigou drew on his expertise from an 18-year regulatory career to offer a compelling presentation on "Adding value to the public." Reflecting on Elizabeth Davis' inspirational comment "You can't speak for me if I haven't had a say," Mr. Pigou talked about the need to build an all-inclusive and dynamic approach that embraces public value. He highlighted the AMC's commitment to cultural safety and underscored its importance in improving health outcomes of

Indigenous Peoples. He also stressed the necessity of including Aboriginal, Torres Strait Islander and Māori Peoples in assessment and accreditation processes, emphasizing that such change requires leadership "with a clear vision, purpose and values."

"Our strategy must be to engage with all our publics, all our communities – to help transform health outcomes in collectively desired directions."

Philip Pigou, CEO of the Australian Medical Council

Highlighting the continued efforts towards promoting self-determination and partnership with Indigenous communities, he explained how the AMC brought in Indigenous staff and board members to lead and achieve change, as part of its strategy to support Indigenous health in all aspects of its work. Mr. Pigou also noted that, while those considerations apply to the context of accreditation of medical education in Australia, the principles are similar for any work involving and affecting Indigenous Peoples.

To conclude his address, Mr. Pigou shared valuable considerations on workforce and the ethical aspect of IMGs recruitment—a common challenge for Australia and Canada—and outlined the initiative that the AMC undertook to increase understanding of the IMG journey, starting with a review of how IMGs are assessed in order to implement changes.

In keeping the momentum of this collaborative work, the AMC and MCC teams will have an opportunity to expand on the areas of collaboration they touched upon during the meeting and extend the conversation to the broader international community of researchers and practitioners. Despite the geographical distance, both organizations are steadfast in nurturing their relationship through future virtual interactions, with the aim of creating a more interconnected and resilient medical education landscape.



Finance and Investment

2023 Annual Financial Report

The AMC 2022/23 Annual Financial Report includes the components required by the Australian Charities and Not-for-profits Commission Act, including the:

- Directors' report, including the auditor's independence declaration
- Audited financial statements
 - statement of financial position
 - statement of profit and loss
 - statement of cash flows
 - statement of changes in equity
 - notes to the financial statements
- 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
- Independent auditor's report.

The financial statements were prepared according to the Australian Accounting Standards—Simplified Disclosures, Interpretations of the Australian Accounting Standards Board and were audited by Nexia Duesburys. The auditors gave an unqualified

audit report after doing an independent external audit on the value of AMC's assets, liabilities owed, and income and expenses recognised as well as a review of key financial controls particularly those that prevent and/or mitigate the risk of fraud. Among the documents reviewed by the auditors were meeting papers for AMC's Committees to ensure all matters of relevance to the financial statements were identified and reported in the financial statements.

AMC Finances

The main objectives of AMC financial operating strategy are to:

- optimise all current revenue streams
- develop new income streams to ensure future financial stability, and
- review and carefully manage all expenditure and maintain an efficient cost structure.

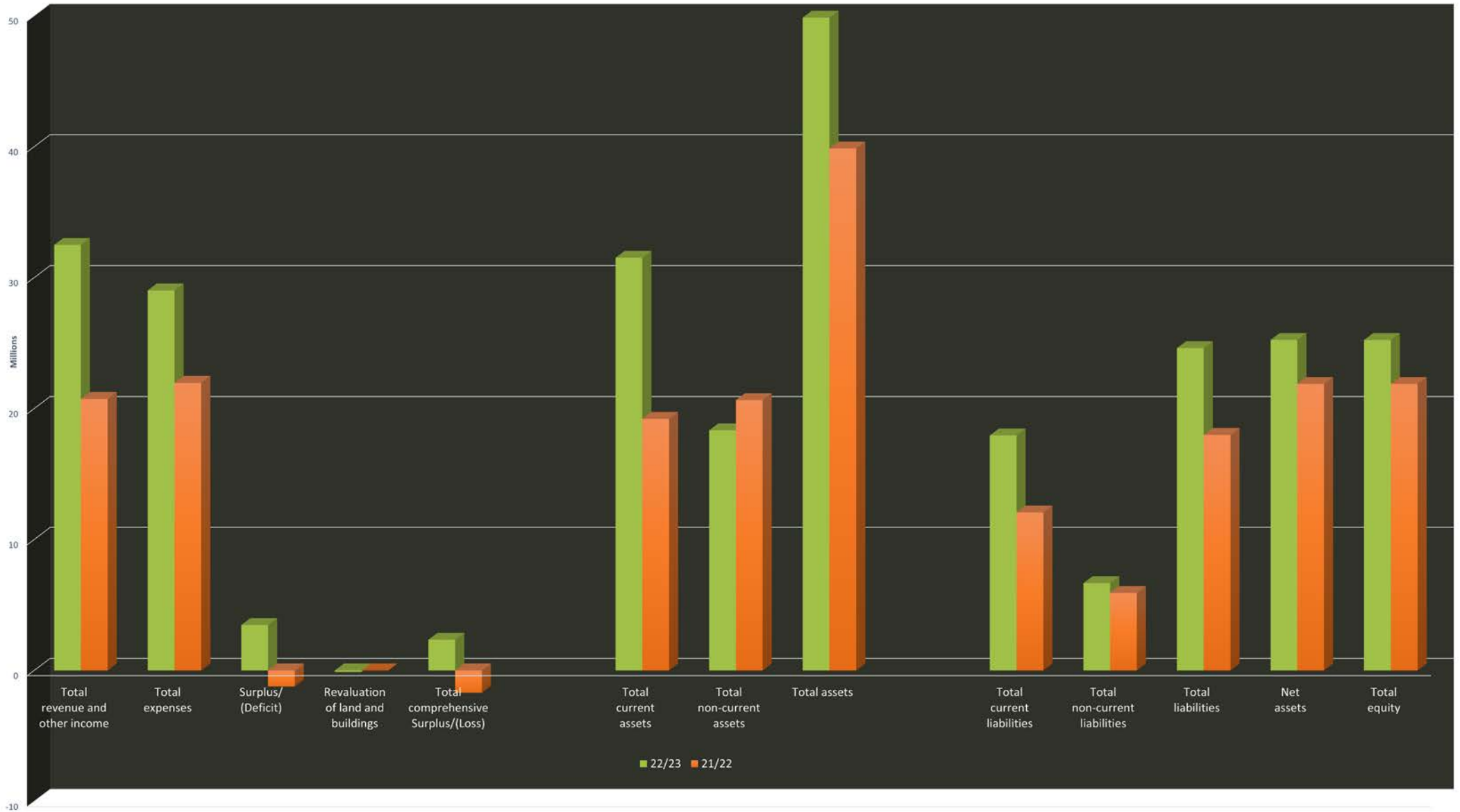
The 2023 financial year saw strong improvement in AMC's performance with a greater number of candidates applying for verification and MCQ examinations. This increase has been attributed, in part, to many international jurisdictions lifting travel restrictions and/or candidates increased willingness to travel thus including the flow of international medical graduates (IMGs) through AMC's assessment pathways.

Expenditure has increased during the year with increased activity as detailed in this annual report including the delivery of the Cosmetic Surgery standards, Medical School Accreditation Standards, the National Framework for Prevocational Medical Training Review, and the Accreditation of Continuing Professional Development Homes. This has meant more staff have been hired. While video conferencing continues to be used for meetings, there has been an increase in travel costs with more meetings held in-person compared to the previous year.

There have also been additional expenses recognised for make good costs relating to the National Testing Centre in Melbourne. The lease expired 31 October 2023 and, under the contract, the AMC was required to make good the premises.

Finally, \$1.4m in impairment expenses has been recognised in the financial statements as additional expenditure. This is a one-off expense item and relates to costs previously incurred to develop various assets, such as software programs and publications, which were capitalised as assets. An analysis performed in the current year indicated a low financial return expected on these investments and, in accordance with Australian Accounting Standards, the amounts have to be de-recognised as assets and instead recognised as an expense.

Financial summary 2022/23 compared to 2021/22 graph



Other key financial achievements include:

- The AMC's long term investment reserve continued to generate income and capital growth for future operational and working capital requirements. The return target is measured over a rolling 5-year period and is set at CPI + 3%. In the current year, markets improved such that AMC has met its long term target.
- Strategies, innovations and solutions were implemented to continue providing assessment and accreditation services at a high standard while balancing costs:

- reviewing supplier contracts to identify cost savings
- maintaining a hybrid approach to delivering accreditations and IMG assessments with some work conducted online (Zoom) rather than in-person, consequently reducing costs
- reviewing internal systems to identify improvement areas that drive operational efficiencies
- critically assessing new projects to ensure there is a clear cost-benefit justification.

Table: Financial summary comparison

| | 2022/23 | 2021/22 |
|---|-------------------|--------------------|
| Total revenue and other income | 32,499,514 | 20,736,183 |
| Total expenses | 29,026,212 | 21,965,998 |
| Surplus/(Deficit) | 3,473,302 | (1,229,815) |
| Revaluation of land and buildings | (114,167) | - |
| Total comprehensive Surplus/(Loss) | 2,348,660 | -1,696,328 |
| Total current assets | 31,520,369 | 19,216,626 |
| Total non-current assets | 18,337,769 | 20,650,434 |
| Total assets | 49,858,138 | 39,867,060 |
| Total current liabilities | 17,951,302 | 12,064,907 |
| Total non-current liabilities | 6,666,752 | 5,921,204 |
| Total liabilities | 24,618,054 | 17,986,111 |
| Net assets | 25,240,084 | 21,880,949 |
| Total equity | 25,240,084 | 21,880,949 |



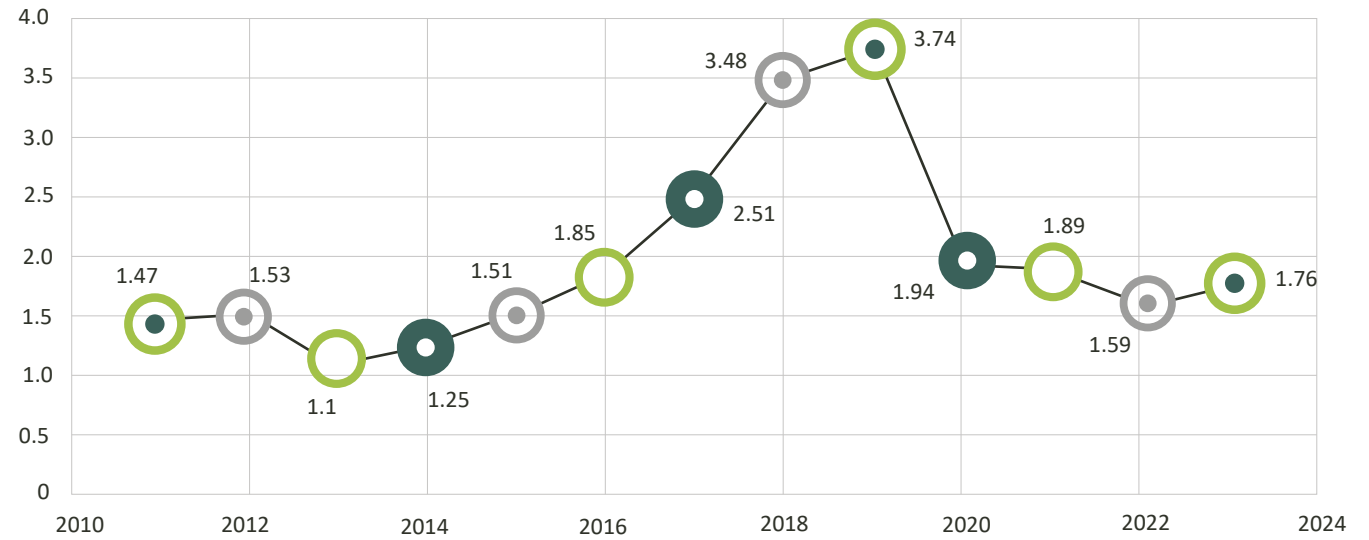
Solvency

AMC has maintained a strong solvency position over the current year with strong cash flows improving the solvency position from the previous year. As at 30 June 2023, AMC's solvency position (as measured by current assets divided by current liabilities) is 1.76, an increase from 1.59 the previous year.

Cash flow is monitored on a monthly basis including performing regular forecasts to better plan for expected cash needs against expected cash receipts which can sometimes be cyclical in nature.

Management has a strong focus on ensuring cash is managed effectively including generating interest income on cash balances at competitive rates, where possible. Alternative investment options are also considered, with any options (which may generate a higher return) being assessed against the risk of negative returns.

Graph: Solvency



Investments

The AMC maintains a long term investment reserve to generate income and capital growth for future operational and working capital requirements. The AMC Investment Policy Advisory Group (IPAG) oversees the investment which is managed by Macquarie Private Bank.

The long term investment reserve and the role of IPAG are directed by the AMC's Long Term Investment Reserve Policy.

The current asset allocations are 75% growth assets and 25% defensive assets. There is also an ethical investment overlay for active investment managers.

The benchmark for the reserves is CPI + 3% over a rolling 5 year period. It is accepted that in the pursuit of long-term objectives, occasionally negative returns will occur. The AMC considers it acceptable to suffer one negative annual return in any rolling five-year period, provided that the overall five-year investment return target is achieved.

The AMC recognises its important responsibility to pursue positive environmental, social and governance (ESG) change through its investments.

In selecting its investments, the AMC applies ESG criteria to seek out those that align with the United Nations' 17 Sustainable Development Goals while providing good financial returns, attractive investment portfolio characteristics and appropriate management fees.

The AMC pursues ESG criteria in its investments through the use of exclusion, integration and impact:

- exclude investments with a material exposure to the tobacco, uranium, weapons manufacturing or gambling industries, those engaged in exploitative labour practises, the inhumane treatment of animals or environmentally-damaging activities, such as the extraction of coal-seam gas
- integrate investments through share funds using screening methodologies
- invest for impact in areas aligned with the AMC's objectives and strategic priorities, i.e., health and wellbeing, positive outcomes for Aboriginal, Torres Strait Islander and Māori communities.

The AMC acknowledges that the ESG investment sector as a whole is still developing and therefore seeks to achieve the following ESG investment targets across the ESG sector: 40% by 2025; 50% by 2027, and 60% by 2030.

AMC long-term investment reserve 12 month performance

| | |
|--------------------------------------|----------------|
| Portfolio valuation 1/7/2022 | \$11.32M |
| Portfolio Income | \$452k |
| Franking credits (indicative) | \$47k |
| Market movements (unrealised growth) | \$725k |
| Net Contributions | Nil |
| Portfolio valuation 30/6/2023 | \$12.5M |



The funds environmental impact in action

The Impax Sustainable Leaders Fund (the Fund) seeks to achieve sustainable, above market returns over the longer term by investing globally in companies active in Environmental Markets. These markets address a number of long-term macroeconomic themes: growing populations, rising living standards, increasing urbanisation, rising consumption, and depletion of limited natural resources.

Impax's Classification of environmental markets

The Fund seeks companies providing a positive impact through environmental solutions and net carbon reductions to help lead the transition to a sustainable global economy, are leaders in environmental markets, and offer resource efficiency.

** There can be no assurance that results in the future will be comparable to the results presented herein. Source: Impax Asset Management. Based on most recently reported annual environmental data for holdings and assets under management as of 31 December 2022. Impax's impact methodology is based on equity value. Refer to the Methodology section at the back of the report for further details on methodology and summarized data that was available and estimated for companies in the portfolio.*

The Impax Sustainable Leaders Fund's Beyond Financial Returns Report 2023 can be found [here](#).

AMC investment impacts based on the \$586,000 invested in the strategy for one year as at 31 December 2022*



**75t CO₂e avoided
vgreenhouse gas
emissions**

Equivalent to 49 cars off the road



**2 megalitres water
provided/saved/treated**

Equivalent to 15 households' annual water consumption



**18 MWh renewable
energy generated**

Equivalent to 5 households' annual electricity consumption



**22 tonnes material
recovered/waste treated**

Equivalent to 22 households' annual waste output





Annual Financial Report

2023

The annual financial report of the Australian Medical Council Limited for the year ended 30 June 2023 consists of the Directors' report, including the auditor's independence declaration; the financial report being the statement of financial position; the statement of profit or 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.

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 2023.

Directors

Directors who have been in office since the start of the financial year to the date of this report unless otherwise stated are:

- Professor Jane Dahlstrom OAM, Director ex officio as Chair of the Medical School Accreditation Committee. Appointed on 20 April 2023.
- Professor Shaun Ewen, Director ex officio as Chair of the Aboriginal and/or Torres Strait Islander and Māori Committee. Appointed on 22 April 2022.
- Professor Lisa Jackson Pulver AM, Director elected by Council. Appointed on 30 November 2018 and reappointed on 20 November 2020. *Term concluded 25 November 2022.*
- Dr Tammy Kimpton, Director elected by Council. Appointed for a two-year term on 25 November 2022.
- Professor Robyn Langham AM, Director ex officio as Chair of the Specialist Education Accreditation Committee. Appointed 10 December 2020.
- Professor Kate Leslie AO FAHMS, President. Appointed as President for a two-year term on 20 November 2020, ex officio a Director of the AMC. *Term concluded 25 November 2022.*
- Professor Eleanor Milligan, Director elected by Council. Appointed on 30 November 2016 and reappointed on 30 November 2018 and 20 November 2020. Director, ex officio as Chair of the Medical School Accreditation Committee, effective 25 November 2022. *Resigned 31 January 2023.*
- Professor Geoffrey McColl, President. Appointed as President for a two-year term on 25 November 2022. Served as Deputy President 2020-2022. Director, ex officio as Chair of the Medical School Accreditation Committee 2016-2020 and 2020-2022.
- Dr Bruce Mugford, Deputy President. Appointed as Deputy President for a two-year term 25 November 2022. Director elected by Council, appointed on 30 November 2018 and reappointed 20 November 2020.
- Emeritus Professor David Prideaux, Director ex officio as Chair of the Assessment Committee. Appointed on 19 November 2015 and reappointed on 24 July 2019.
- Dr Elizabeth Rushbrook, Director elected by Council. Appointed for a two-year term on 25 November 2022.
- Associate Professor Andrew Singer AM, Director ex officio as Chair of the Prevocational Standards Accreditation Committee. Appointed on 14 June 2018 and reappointed for a further four-year term on 25 November 2022.
- Mr Tom Symonds, Director elected by Council. Appointed for a two-year term on 25 November 2022.

Meetings of Directors

During the 2022/23 financial year, twelve Meetings of Directors were held. Attendance was as follows:

| | Directors' meetings (22/23) | |
|-----------------------------------|-----------------------------|--------------|
| | No. eligible to attend | No. attended |
| Professor Jane Dahlstrom OAM | 1 | 0 |
| Professor Shaun Ewen | 12 | 12 |
| Dr Tammy Kimpton | 6 | 6 |
| Professor Kate Leslie AO FAHMS | 6 | 6 |
| Professor Robyn Langham | 12 | 12 |
| Professor Lisa Jackson Pulver AM | 6 | 4 |
| Professor Geoffrey McColl | 12 | 11 |
| Professor Eleanor Milligan | 7 | 7 |
| Dr Bruce Mugford | 12 | 10 |
| Emeritus Professor David Prideaux | 12 | 12 |
| Dr Elizabeth Rushbrook | 6 | 5 |
| Dr Andrew Singer AM | 12 | 12 |
| Mr Tom Symonds | 6 | 6 |

Indemnifying the Directors

During the financial year, the AMC paid a premium of \$9,865 (2022 \$9,863) to insure the Directors of the AMC. The policy covers all of the Directors and the CEO. The liabilities insured include all costs and expenses that may be incurred in defending any claim that may be brought against the Directors for any actual or alleged breach of their professional duty in carrying out their duties for the AMC.

Information on Directors

Professor Jane Dahlstrom OAM

Qualifications

MBBS, Grad Cert Ed, PhD, FPAC, FRCPA, FFOP, FFSc, SFHEA

Experience

- Senior Staff Specialist, Anatomical Pathology, ACT Pathology, Canberra Health Services
- Chair and Professor of Pathology, ANU School of Medicine and Psychology
- Acting Head, Canberra Clinical School, School of Medicine and Psychology

Special responsibilities

- Director, Australian Medical Council
- Member, Australian Medical Council
- Chair, Medical School Accreditation Committee

Professor Shaun Ewen

Qualifications

BAppSc(Physio) MMIL, D.Ed

Experience

- Deputy Vice Chancellor (Education), Griffith University
- Head of Campus, Griffith University, Nathan Campus
- Member, Griffith University, University Executive
- Member, Griffith University, Matins (VC Advisory Group)
- Chair, Griffith University, Learning and Teaching Committee
- Chair, Griffith University, Deans Teaching and Learning Forum

Special responsibilities

- Director, Australian Medical Council
- Member, Australian Medical Council
- Chair, Aboriginal and/or Torres Strait Islander and Māori Committee

Dr Tammy Kimpton

Qualifications

BMed, FRACGP, MAVMED

Experience

- General Practitioner, Scone Medical Practice

Special responsibilities

- Director, Australian Medical Council
- Member, Australian Medical Council
- Member, Specialist Education Accreditation Committee
- Member, Aboriginal and/or Torres Strait Islander and Māori Committee

Professor Robyn Langham AM

Qualifications

MBBS, PhD, FRACP, FAMA, GAICD

Experience

- Chief Medical Advisor, Therapeutic Goods Administration
- Chair, Royal Children's Hospital Human Research and Ethics Committee
- Nephrologist
- Adjunct Professor of Medicine, Monash University
- Adjunct Professor of Medicine, University of Melbourne

Special responsibilities

- Director, Australian Medical Council
- Member, Australian Medical Council
- Chair, Specialist Education Accreditation Committee
- Member, Investment Reserve Advisory Group
- Member, Australian Medical Council
- Chair, Investment Policy Advisory Group
- Member, Investment Policy Advisory Group

- Member, Aboriginal, Torres Strait Islander and Māori Committee
- Member, Assessment Committee
- Member, Anthology Group
- Member, MCQ Group

Professor Geoffrey McColl

Qualifications

BMedSci, MBBS, PhD MEd, FRACP

Experience

- Executive Dean, Faculty of Medicine, University of Queensland
- Chair, Advisory Committee on Medicines, Therapeutic Goods Administration

Special responsibilities

- President, Australian Medical Council
- Director, Australian Medical Council
- Member, Australian Medical Council
- Chair, MedSAC Standards Review Working Group
- Chair, Working Party on Western Pacific Accreditation Relationships

Dr Bruce Mugford

Qualifications

BM, BS, FRACGP, MPH&TM, Grad Dip Family Medicine

Experience

- Rural generalist
- Private General Practice
- Group Director, Clinical Services – Primary Health Care Pty Ltd
- Director, Primary Health Care Institute. Primary Health Care Pty Ltd
- CEO, Sturt Fleurieu General Practice Education and Training
- Foundation Director, Greater Green Triangle University Department of Rural Health, Flinders University
- Senior Lecturer, Flinders University
- Counsellor (Medical) Department of Foreign Affairs and Trade Australian Embassy, Jakarta
- Director, Medical Indemnity Protection Society

Special responsibilities

- Deputy President, Australian Medical Council
- Director, Australian Medical Council
- Member, Australian Medical Council
- Member, Finance, Audit and Risk Management Committee
- Chair, Investment Reserve Advisory Group

Emeritus Professor David Prideaux

Qualifications

Dip of Teaching, BA (Hons), MEd, PhD, FANZAHPE

Experience

- Emeritus Professor of Medical Education, Prideaux Discipline of Clinical Education, College of Medicine and Public Health, Flinders University
- Chair Allied Health Rural Generalist Accreditation Committee
- Chair Reference Group Health Professions Education research Centre, Fiji National University
- Member, Examinations Committee, Australian Pharmacy Council
- Member, Competence in Optometry Reference Group, Optometry Council of Australia and New Zealand
- Former Deputy Dean, Professor and Head, Health Professional Education, School of Medicine, Flinders University
- Former Professor of Medical Education, Griffith and Deakin Universities
- 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, Australian Medical Council
- Member, Australian Medical Council
- Chair, Assessment Committee
- Member, Aboriginal and/or Torres Strait Islander and Māori Committee
- Member, Written Examination Reference Group
- Member, MCQ Results Panel
- Member, WBA Reference Group
- Member, WBA Results Panel
- Member, Clinical Examination Research Group
- Member, Clinical Results Panel
- Member, Clinical Examination Futures Group Working Party

Dr Elizabeth Rushbrook, CSC

Qualifications

MBBS, MHA, FRACMA

Experience

Chief Medical Officer, Metro North

Special responsibilities

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

Associate Professor Andrew Singer AM

Qualifications

MBBS, FACEM, FIFEM

Experience

- Senior Specialist, Emergency Medicine, Canberra Health Services
- Associate Professor, ANU Medical School
- Principal Medical Adviser, Australian Government Department of Health and Aged Care
- Former President, Australasian College for Emergency Medicine

Special responsibilities

- Director, Australian Medical Council
- Member, Australian Medical Council
- Chair, Prevocational Standards Accreditation Committee
- Member, Finance, Audit and Risk Management Committee
- Technical Adviser, Specialist Education Accreditation Committee
- Member, Monitoring Reports Subcommittee, SEAC
- Member, Clinical Assessment Futures Working Group
- Member, Investment Reserve Advisory Group

Mr Tom Symonds

Qualifications

BSc (Hons), MBA (Health), GAICD

Experience

- Business Growth Manager, Lot Fourteen, Department of the Premier and Cabinet, SA Government

Special responsibilities

- Director, Australian Medical Council
- Member, Australian Medical Council
- Member, Assessment Committee
- Member, Assessment Committee Executive
- Member, Finance, Audit and Risk Management Committee

Retired Directors

Professor Lisa Jackson Pulver AM (to 25 November 2022)

Qualifications

Ph.D., MPH, MA, Grad Cert App Epi., Fellow, Centre for Defence and Strategic Studies, Australian Defence Force, Australia. MAICD, FRSN.

Experience

- Deputy Vice Chancellor, Sydney University
- Specialist Advisor (Epidemiologist), Royal Australian Air Force
- Member, Australian Statistical Advisory Committee
- Member, Indigenous HealthInfoNet Advisory Committee
- Director, Praxis Australia
- Professor Public Health, the University of Sydney

Special responsibilities

- Director, Australian Medical Council
- Member, Australian Medical Council
- Chair, Investment Policy Advisory Group
- Member, Investment Policy Advisory Group
- Member, Aboriginal and/or Torres Strait Islander and Māori Committee
- Member, Assessment Committee
- Member, Anthology Group
- Member, MCQ Group

Professor Kate Leslie AO FAHMS (to 25 November 2022)

Qualifications

MBBS, MD, MEpid, MHealthServMt, Hon DMedSc, FANZCA, FAICD

Experience

- Staff Anaesthetist and Head of Research, Department of Anaesthesia and Pain Management, Royal Melbourne Hospital
- Honorary Professorial Fellow, Department of Critical Care, Melbourne Medical School, University of Melbourne
- Honorary Adjunct Professor, Central Clinical School, Monash University
- Former President, Australian and New Zealand College of Anaesthetists

Special responsibilities

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

Professor Eleanor Milligan (to 31 January 2023)

Qualifications

PhD, GradDipEd, BSc, BA (Hons -1st), GAICD, FCHSM CHE

Experience

- Professor of Ethics and Professional Practice, Griffith University
- Member, Medical Board of Australia (Queensland)
- Chair, Notifications Committee (MBA Queensland)
- Chair, Griffith University Human Research Ethics Committee
- Chair, Griffith University Student Misconduct Committee
- Member, Metro South Hospital and Health Board (2018-2022)
- Member, North West Hospital and Health Board
- Member, National Health and Medical Research Council Australian Health Ethics Committee
- Member, National Health and Medical Research Council Audit Committee

Special responsibilities

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

Principal activities

The principal activity of the AMC during the financial year was as 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 develops standards, assesses medical programs of study (Australian and New Zealand medical school programs, medical specialist programs, and programs for endorsement for acupuncture), 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.

The Objects of the AMC are set out in its [Constitution](#).

The AMC is a registered charity under the Australian Charities and Not-for-profits Commission and submits an Annual Information Statement to the ACNC.

Strategy

The AMC's [Strategic Plan 2022-2028](#), being a mid-term review of the 2018-2028 Strategic Plan, takes into account progress and changes in its operating environment and policy contexts.

The Strategic Plan focuses on strategic actions and projects to strengthen the relationship between core business functions of standards development, accreditation and assessment and meeting community health needs. These are:

- *Promoting and protecting the health of the Australian community through working with our partners and stakeholders*
- *Promoting medical education and training that is responsive to the workforce needs of the Australian community*
- *Ensuring culturally safe practice to improve health outcomes*
- *Promoting professional and humanistic practice in a world of increasing technological, environmental and system change*
- *Managing our business in an ethical, efficient and sustainable way*

The AMC also launched its Aboriginal and/or Torres Strait Islander and Māori Strategy 2023-2028 which builds on the AMC's commitment to ensure that standards of education, training and assessment of the medical profession protect and promote the health of the Australian community, in particular Aboriginal and/or Torres Strait Islander and Māori Peoples.

Key achievements over 2022-23 included:

- Implementation of the revised Strategic Plan and Aboriginal and/or Torres Strait Islander and Māori Strategy
- Accreditation of two new programs, reaccreditation of 27 programs and monitoring of 90 programs of study under the AMC's designation as the accreditation body for medicine
- Accreditation of nine new workplace based assessment providers as part of the standard pathway for medical practitioner registration
- Implemented the new framework for Continuing Professional Development (CPD) Homes (Registration standard: Continuing Professional Development), transitioning 16 specialist medical colleges to CPD homes and approving one further organisation
- Development and approval of Standards and Procedures for Assessment and Accreditation of Cosmetic Surgery Programs of Study. The revised standards strengthen standards related to Aboriginal and/or Torres Strait Islander and Māori health

- Approval of revised Standards for Primary Medical Programs by Medical Board of Australia and the Medical Council of New Zealand
- Development of resources to support implementation of the National Framework for Prevocational Medical Training
- Commenced procurement process for a national e-portfolio to support implementation of the National Framework for Prevocational Medical Training
- Input to the National Medical Workforce Review through membership of the Medical Workforce Reform Advisory Committee
- Input to the National Medical Training Survey and the use of results as documentary evidence that AMC assessment teams consider for accreditation reviews
- Commencement of the AMC's International Medical Graduate Assessment Experiences and Performance Project
- Submission to the Department of Health *Draft National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031*
- Aboriginal and/or Torres Strait Islander and Māori Standing Committee representation on all main Committees of the AMC, the Medical Workforce Digital Capabilities Project, the Primary Medical Program Standards review and the Prevocational Framework Review
- Australian Medicine in Context (previously Anthology of Medical Conditions): Review of the updated draft
- Contribution to Department of Health and Aged Care's expert drafting group for an Intellectual Disability Health Capability Framework
- Report by the Clinical Examinations Working Group on a model for the future development of the Clinical Examination and beginning of detailed work
- Collaboration with affiliates in the USA, Canada, Europe and the UK on medical licensure, health and commercial assessment delivery, and examination security
- Development of Options concerning the Future Delivery of the AMC Clinical Examination post the closing of the National Test Centre

Financial

The main objectives of AMC financial operating strategy are to optimise all current revenue streams, develop new income streams to ensure future financial stability, and review and carefully manage all expenditure and maintain an efficient cost structure.

- The AMC strengthened its financial position during the year as a result of increased revenues, with the majority of cash invested in short term deposits. The increase in revenues was driven in large part by many of the travel restrictions imposed during the COVID-19 pandemic being lifted, thus allowing international medical graduations (IMGs) more opportunity to travel to undertake AMC assessments.
- While expenditure increased during the year due to increased operational activity and inflationary pressures, cost savings were continually sought with some of AMC's meetings continuing to be held online.
- The AMC's long term investment reserve continued to generate income and capital growth for future operational and working capital requirements. The return target is measured over a rolling 5-year period and is set at CPI + 3%. In the current year, markets improved such that AMC has met its long term target.

- Solvency remained at acceptable ranges throughout the year with close attention paid to expenditure and cash positions.
- Strategies, innovations and solutions were implemented to continue providing assessment and accreditation services at a high standard while balancing costs:
 - Reviewing supplier contracts to identify cost savings
 - Maintaining a hybrid approach to delivering accreditations and IMG assessments with some work conducted online (Zoom) rather than in-person, thus reducing costs
 - Reviewing internal systems to identify improvement areas that drive operational efficiencies
 - Critically assessing new projects to ensure there is a clear cost-benefit justification.

Events since the end of the financial year

No events since the end of financial year.

Auditor's independence declaration

A copy of the auditor's independence declaration as required under subdivision 60-40 of the *Australian Charities and Not-for-Profits Commission (ACNC) Act 2012* is set out on page 12 and forms part of the Directors' 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 2023 the total amount that members of the company are liable to contribute if the company is wound up is \$280 (2022: \$280).



Signed in accordance with a resolution of the Directors.

Professor Geoff McColl (President)

Dated 26 October 2023



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Canberra ACT 2601
GPO Box 500
Canberra ACT 2601
P +61 2 6279 5400
nexia.com.au

Auditor's Independence Declaration Under Subdivision 60 - 40 of the Australian Charities and Not-for-profits Commission Act 2012 to the Board of Australian Medical Council Limited

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2023 there have been no contraventions of the auditor independence requirements as set out in any applicable code of professional conduct in relation to the audit.



Nexia Duesburys (Audit)
Canberra, 26 October 2023



G J Murphy
Partner

Audit. Tax. Advisory.

Nexia Duesburys (Audit) (ABN 21 041 530 270) is a firm of Chartered Accountants. It is affiliated with, but independent from Nexia Australia Pty Ltd. Nexia Australia Pty Ltd is a member of Nexia International, a leading, global network of independent accounting and consulting firms. For more information please see www.nexia.com.au/legal. Neither Nexia International nor Nexia Australia Pty Ltd provide services to clients.

Liability limited under a scheme approved under Professional Standards Legislation.

Financial Report For the year ending 30 June 2023

These financial statements are the financial statements of Australian Medical Council Limited as an individual entity.

The financial statements are presented in Australian dollars (\$). The amounts presented in the financial statements are rounded to the nearest dollar.

The Australian Medical Council Limited is a company limited by guarantee, incorporated and domiciled in Australia. Its registered office and principal place of business is:

4 Marcus Clarke Street, Canberra ACT 2601

The financial statements were authorised for issue by the directors on 26 October 2023. The directors have the power to amend and reissue the financial statements.

Australian Medical Council Limited ABN 97 131 796 980
STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2023

| | Note | 2023 | 2022 |
|--|------|-------------------|--------------------|
| | | \$ | \$ |
| Revenue from contracts with customers | 2 | 31,021,078 | 21,518,036 |
| Other income | 2 | 963,091 | 529,655 |
| Fair value adjustment of investment property | | (225,000) | - |
| Net (loss)/gain on Financial Assets at Fair Value through Profit or Loss | | 740,345 | (1,311,508) |
| Total revenue and other income | | 32,499,514 | 20,736,183 |
| Accreditation expenses | | 938,244 | 659,918 |
| Examination running expenses | | 6,715,590 | 5,334,832 |
| Publishing expenses | | 11,785 | 13,043 |
| Council committees and executive expenses | | 923,339 | 380,798 |
| Employee benefits | 16 | 12,194,234 | 10,276,577 |
| Depreciation and amortisation | | 1,564,612 | 1,758,153 |
| Bank fees and charges | | 615,690 | 265,248 |
| Interest expense | | 293,995 | 199,703 |
| Audit, legal and consultancy expenses | 13 | 398,474 | 179,646 |
| Computer expenses | | 1,302,029 | 1,276,354 |
| Administration expenses | | 2,054,481 | 1,621,726 |
| Provision for make good expense | 18 | 621,369 | - |
| Impairment of intangibles | | 1,392,370 | - |
| Total expenses | | 29,026,212 | 21,965,998 |
| Surplus/(Deficit) for the year attributable to the Council | | 3,473,302 | (1,229,815) |
| Other comprehensive income | | | |
| <i>Items that will not be reclassified to profit or loss</i> | | | |
| Revaluation of land and buildings | | (114,167) | - |
| Total comprehensive Surplus/(Deficit) for the year | | 3,359,135 | (1,229,815) |

The accompanying notes form part of these financial statements.

Australian Medical Council Limited ABN 97 131 796 980
STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2023

| | Note | 2023 | 2022 |
|---|------|-------------------|-------------------|
| | | \$ | \$ |
| ASSETS | | | |
| CURRENT ASSETS | | | |
| Cash and cash equivalents | 4 | 2,828,676 | 1,874,323 |
| Trade and other receivables | 5 | 862,404 | 142,787 |
| Contract assets | 3 | 30,973 | 181,820 |
| Inventories | | 11,788 | 17,566 |
| Lease receivable | 14 | - | 109,470 |
| Investments – Financial assets at fair value through profit or loss | 6 | 11,773,061 | 10,982,850 |
| Financial assets at amortised cost | 7 | 15,354,534 | 5,561,433 |
| Other assets | 8 | 658,933 | 346,377 |
| TOTAL CURRENT ASSETS | | 31,520,369 | 19,216,626 |
| NON-CURRENT ASSETS | | | |
| Intangibles | 9 | 472,218 | 1,722,247 |
| Property, plant and equipment | 10 | 12,846,925 | 13,691,440 |
| Investment property | 11 | 4,125,000 | 4,350,000 |
| Right-of-use assets | 14 | 893,626 | 886,747 |
| TOTAL NON-CURRENT ASSETS | | 18,337,769 | 20,650,434 |
| TOTAL ASSETS | | 49,858,138 | 39,867,060 |

The accompanying notes form part of these financial statements.

Australian Medical Council Limited ABN 97 131 796 980
STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2023 (CONTINUED)

| | Note | 2023 | 2022 |
|--------------------------------------|------|-------------------|-------------------|
| | | \$ | \$ |
| LIABILITIES | | | |
| CURRENT LIABILITIES | | | |
| Trade and other payables | 12 | 2,007,297 | 1,875,224 |
| Lease liabilities | 14 | 240,123 | 710,811 |
| Loan | 17 | 234,280 | 235,000 |
| Employee benefits | 15 | 2,516,374 | 2,359,691 |
| Contract liabilities | 3 | 12,953,228 | 6,884,181 |
| TOTAL CURRENT LIABILITIES | | 17,951,302 | 12,064,907 |
| NON-CURRENT LIABILITIES | | | |
| Lease liabilities | 14 | 700,462 | 484,991 |
| Loan | 17 | 4,602,870 | 4,836,250 |
| Employee benefits | 15 | 365,289 | 223,201 |
| Provision for make good | 18 | 998,131 | 376,762 |
| TOTAL NON-CURRENT LIABILITIES | | 6,666,752 | 5,921,204 |
| TOTAL LIABILITIES | | 24,618,054 | 17,986,111 |
| NET ASSETS | | | |
| | | 25,240,084 | 21,880,949 |
| EQUITY | | | |
| Asset revaluation reserve | | 118,624 | 232,791 |
| Retained earnings | | 25,121,460 | 21,648,158 |
| TOTAL EQUITY | | 25,240,084 | 21,880,949 |

The accompanying notes form part of these financial statements.

Australian Medical Council Limited ABN 97 131 796 980
STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2023

| | Asset Revaluation Reserve* | Retained earnings | Total |
|---|----------------------------|--------------------|--------------------|
| | \$ | \$ | \$ |
| Balance at 30 June 2021 | 232,791 | 22,877,973 | 23,110,764 |
| Deficit for the period attributable to the Council | - | (1,229,815) | (1,229,815) |
| Other Comprehensive Income - Revaluation of land and building | - | - | - |
| Total comprehensive surplus/(deficit) for the year | - | (1,229,815) | (1,229,815) |
| Balance at 30 June 2022 | 232,791 | 21,648,158 | 21,880,949 |
| Surplus for the period attributable to the Council | - | 3,473,302 | 3,473,302 |
| Other Comprehensive Income – Revaluation of land and building | (114,167) | - | (114,167) |
| Total comprehensive surplus/(deficit) for the year | (114,167) | 3,473,302 | 3,359,135 |
| Balance at 30 June 2023 | 118,624 | 25,121,460 | 25,240,084 |

*The asset revaluation reserve records increments and decrements on the revaluation of the land and building.

The accompanying notes form part of these financial statements.

Australian Medical Council Limited ABN 97 131 796 980
STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2023

| | Note | 2023 | 2022 |
|--|----------|------------------|------------------|
| | | \$ | \$ |
| CASH FLOWS FROM OPERATING ACTIVITIES | | | |
| Receipts from customers, grants and other sources (inclusive of GST) | | 37,845,499 | 22,538,830 |
| Payments to suppliers and employees (inclusive of GST) | | (26,004,066) | (20,088,204) |
| Interest paid | | (267,798) | (199,703) |
| Net cash generated from operating activities | | 11,573,635 | 2,250,923 |
| CASH FLOWS FROM INVESTING ACTIVITIES | | | |
| Payments for plant and equipment | | (247,610) | (3,015,055) |
| Net decrease/(increase) in investments and term deposits | | (9,878,582) | 1,658,767 |
| Payments for intangible assets | | (249,225) | (141,344) |
| Interest and distributions received from investments | | 690,769 | 379,598 |
| Net cash (used) in investing activities | | (9,684,648) | (1,118,034) |
| CASH FLOWS FROM FINANCING ACTIVITIES | | | |
| Repayment of borrowings | | (234,100) | (235,000) |
| Repayment of leases | | (727,019) | (1,388,612) |
| Net cash (used) in financing activities | | (961,119) | (1,623,612) |
| Net (decrease)/increase in cash held | | 927,868 | (490,723) |
| Effects of exchange rate changes on cash and cash equivalents | | 26,485 | 18,857 |
| Cash and cash equivalents at beginning of financial year | | 1,874,323 | 2,346,189 |
| Cash and cash equivalents at end of financial year | 4 | 2,828,676 | 1,874,323 |

The accompanying notes form part of these financial statements.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2023

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**(a) Basis of preparation**

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards – Simplified Disclosures, Interpretations 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. 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 2023 were authorised for issue on 26 October 2023 by the Directors of the AMC.

(b) Revenue

AMC complies with the normal customary practice for contracts with customers within the scope of the accounting standards. Based on the contract, AMC determines at the inception whether it satisfies the performance obligation over time or at a point in time. Depending on the performance obligation the revenue will be recognised either over time or at a point in time.

If the recognition is over time as in the case of the Australian Health Practitioner Regulation Agency (AHPRA) grant, it is measured in a way so that the performance obligation is met with complete satisfaction at the end of the predetermined period. The AHPRA grant is determined by the AMC work program for the financial year and complies with the basic funding principles set out by Accreditation Authorities, National Boards and AHPRA. Accreditation fees are recognised over time. Where a deposit is paid by the contractual party, it is transferred to a contract liability account. The performance of the contract takes place over time, and based on this performance, revenue is recognised, including the deposit, from the contract liability account. The Australian Digital Health Agency (ADH) Grant, Australian Health Ministers' Advisory Council (AHMAC) Grant and the Department of Health Grant are contractual obligations delivered over time.

Other income generating activities fall under the category of point in time. The revenue recognition takes place at a point in time when AMC satisfies the performance obligation. These activities include Examination fees, facility hire and sale of publications.

Examination fees (including Verification fees) are recognised at a point in time when the revenue is received and the portfolio is created. Amounts received in advance are recorded in a contract liability account, until such time as AMC delivers the contracted performance obligation. At this point in time revenue is recognised.

NTC Hire of facility is recognised at a point in time. Deposits paid by the contractual party in advance of hire are transferred to a contract liability account. The performance of the contract takes place at the specified time, and based on this performance, revenue is recognised, including the deposit in the contract liability account.

There are point in time contractual obligations where there is delivery of goods regarding the sale of publications. For these activities of the AMC, the revenue recognition takes place as soon as the revenue is received and simultaneously the goods are delivered thereby completing the contractual obligation.

(c) Inventories

Inventories are measured at the lower of cost and net realisable value.

(d) Property, plant and equipment**i. 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 its recoverable amount. 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 |
|------------------------|---------------------|
| Land and buildings | 20 - 30 years |
| Computer equipment | 3 - 5 years |
| Office equipment | 2 - 10 years |
| Leasehold Improvements | 3 - 5 years |
| Furniture and fittings | 3 - 20 years |

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains or losses are included in the statement of profit or loss and other comprehensive income. When revalued assets are sold, amounts included in the revaluation surplus relating to that asset are transferred to retained earnings.

ii. Land and buildings

Land and buildings represent the AMC occupied portion of 4 Marcus Clarke Street. Land and buildings are measured at fair value (fair value is determined on the basis of an independent valuation prepared by external valuation experts, based on an assessment of discounted cash flows, capitalisation of net income, and direct comparison approaches).

Any revaluation increase arising on the revaluation of land and buildings is credited to a revaluation reserve, except to the extent that it reverses a revaluation decrease for the same asset previously recognised as an expense in profit or loss, in which case the increase is credited to the statement of profit or loss and other comprehensive income to the extent of the decrease previously charged.

A decrease in carrying amount arising on the revaluation of land and buildings is charged as an expense in profit or loss to the extent that it exceeds the balance, if any, held in the revaluation reserve relating to that asset. In the event that there are revaluation increases and revaluation decreases relating to individual assets within land and buildings these are offset against one another. On the subsequent sale or retirement of a revalued property, the attributable revaluation surplus remaining in the revaluation reserve, is transferred directly to retained earnings.

Land is not depreciated; buildings are depreciated on a straight line basis over the asset's useful life commencing from the time the building is ready for use by AMC.

(e) Investment property

Investment property represents the ground floor of 4 Marcus Clarke Street and is held for long-term rental yields and is not occupied by AMC. It is carried at fair value. Changes in fair value are presented in profit or loss as part of other income.

AMC obtains an independent valuation for its investment property every two years. An independent valuation was performed during the year ended 30 June 2023, and the next valuation will be performed during the year ended 30 June 2025.

At the end of each reporting period, the directors update their assessment of the fair value of the property, taking into account the most recent independent valuation.

Fair value is based on an assessment of discounted cash flows, capitalisation of net income and direct comparison approaches.

(f) Leases

AMC leases various offices and equipment. Rental contracts are typically made for fixed periods of 5 years.

Contracts may contain both lease and non-lease components. AMC allocates the consideration in the contract to the lease and non-lease components based on their relative stand-alone prices. However, for leases of AMC, it has elected not to separate lease and non-lease components and instead accounts for these as a single lease component.

Lease terms are negotiated on an individual basis and contain a wide range of different terms and conditions. The lease agreements do not impose any covenants other than the security interests in the leased assets that are held by the lessor. Leased assets may not be used as security for borrowing purposes.

Leases are recognised as a right-of-use asset and a corresponding liability at the date at which the leased asset is available for use by AMC.

The lease regime under the Accounting standards includes all contracts that convey the right to use an asset for a period of time. This gives rise to the right of use of an asset and a lease liability based on discounted payments required under the lease, taking into account the lease term determined under the lease standard. The right of use will bring the asset to its present value based on the prevailing interest rate. Once this is determined the right of use asset will be depreciated over the period of the lease and this depreciation will be brought into the profit or loss.

AMC leases premises to third parties in the NTC building and at 4 Marcus Clarke Street. The sub-lease in the NTC building expires 31 October 2023 and has been deemed an operating lease with rental income recognised as it is earned. The lease at 4 Marcus Clarke Street is an operating lease and rental income is recognised on a straight line basis over the term of the lease.

(g) Financial instruments

i) Classification

AMC classifies its financial assets into the following measurement categories:

- those to be measured subsequently at fair value (through profit or loss), and
- those to be measured at amortised cost.

The classification depends on the entity's business model for managing the financial assets and the contractual terms of the cash flows.

AMC's investment in managed funds and listed securities are classified as financial assets at fair value through the profit or loss. After initial recognition, these assets are measured at fair value and changes there in, are recognised as a gain or loss in the profit or loss. Fair value is determined by reference to published prices.

ii) Recognition and de-recognition

Purchases and sales of financial assets are recognised on trade-date, the date on which the AMC commits 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. Transaction costs of financial assets carried at FVPL (fair value through profit or loss) are expensed in profit or loss.

iv) Impairment

AMC assesses on a forward looking basis the expected credit losses associated with its debt instruments carried at amortised cost and FVOCI (fair value through other comprehensive income). The impairment methodology applied depends on whether there has been a significant increase in credit risk.

For trade receivables, the AMC applies the simplified approach permitted by AASB 9, which requires expected lifetime losses to be recognised from initial recognition of the receivables.

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.

(h) 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 corporate 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.

(i) Cash and cash equivalents

Cash and cash equivalents include cash on hand, deposits held at call with banks, and short term deposits of 90 days or less. There is a US dollar cash account which is translated to Australian Dollars as at 30 June of the financial year for accounting purposes and any exchange gain or losses are transferred to the profit or loss.

(j) 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 which is classified as a part of operating cash flows.

(k) Income tax

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

(l) Intangible assets

Intangible 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:

- Computer Software and other intangibles 2 - 10 years

Costs incurred in developing systems and costs incurred in acquiring software and licences that will contribute to future period financial benefits are capitalised. 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.

(m) 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.

(n) Comparative figures

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

(o) 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.

(p) 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.

(q) Going concern

The Directors have, at the time of approving the financial statements, a reasonable expectation that AMC has adequate resources to continue in operational existence for the foreseeable future. Thus, they continue to adopt the going concern basis of accounting in preparing the financial statements.

(r) Critical accounting estimates and judgements

In the application of accounting policies described above, the Directors are required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

The following are critical judgements and key sources of estimation uncertainty and that have the most significant effect on the amounts recognised in the financial statements.

i) Provision for make good expense

The NTC (National Testing Centre) lease expires 31 October 2023 and AMC is contractually obligated to make good the premises. During the financial year, quotes were obtained as to the potential value of make good that would be incurred. These quotes have been used to determine the provision for make good and as a result, an additional \$621,369 in expenditure has been recognised in the statement of profit or loss and other comprehensive income.

ii) Fair value measurements and adjustments

Some of AMC's assets are measured at fair value for financial reporting purposes. This includes financial assets, land and building and investment property.

Valuations are obtained for financial assets from AMC's investment adviser with many of these assets valued using market-observable data.

AMC's ownership in 4 Marcus Clarke Street, Canberra is valued by an independent qualified external valuer every 2 years. The assumptions adopted by the valuer are reviewed and critically assessed before any valuation is adopted. Within the valuation, the valuer uses various techniques to determine the appropriate split between land and buildings (owner-occupied component) and investment property including the proportion of income generated within the building.

In the current year, there was a valuation decrement which was proportionately allocated between land and building and investment property using the valuer's assessment. The decrease associated to land and building was recognised in the asset revaluation reserve and the decrease associated to investment property was recognised in the statement of profit or loss and other comprehensive income.

iii) Impairment of intangibles

In assessing intangible assets for impairment, the recoverable value was estimated using expected revenue to be generated over the next five years. This included estimates on the volume of sales (where relevant) and the expected unit price. Sales volume was estimated using historical patterns and the expected unit price was obtained from similar products that have or are currently being offered.

Where a decision was made to discontinue a project, all amounts previously capitalised were written off as an impairment expense.

Note 2: Revenue and other income

AMC derives revenue from contracts with customers through the transfer of goods and services over time and at a point in time across the following revenue streams.

| | 2023 | 2022 |
|--|-------------------|-------------------|
| | \$ | \$ |
| REVENUE DERIVED OVER TIME | | |
| Medical Board of Australia grants | 3,816,699 | 3,408,840 |
| Health Profession Accreditation Councils Forum contributions | 141,984 | 120,000 |
| Australian Digital Health Agency Grant | - | 20,000 |
| Australian Health Ministers' Advisory Council | - | 99,431 |
| Department of Health Grant | 144,000 | - |
| Accreditation fees | 408,395 | 358,945 |
| All other segments | 128,872 | 150,875 |
| | 4,639,950 | 4,158,091 |
| REVENUE DERIVED AT A POINT IN TIME | | |
| Examination fees | 25,900,598 | 17,248,045 |
| NTC Income | 451,591 | 64,615 |
| Sale of publications | 28,939 | 47,285 |
| | 26,381,128 | 17,359,945 |
| TOTAL REVENUE FROM CONTRACTS WITH CUSTOMERS | 31,021,078 | 21,518,036 |

Note 2: Revenue and other income (continued)

| | 2023 | 2022 |
|---|----------------|----------------|
| | \$ | \$ |
| OTHER INCOME | | |
| Rental Income for 4MC | 118,195 | 127,215 |
| Unrealised gain on exchange differences | 26,485 | 18,856 |
| Realised gain on investments | - | 3,986 |
| Investment income | 494,317 | 379,598 |
| Interest income | 321,560 | - |
| Miscellaneous income | 2,534 | - |
| TOTAL OTHER INCOME | 963,091 | 529,655 |

Note 3: Assets and liabilities related to contracts with customers

AMC has recognised the following assets and liabilities related to contracts with customers:

| | 2023 | 2022 |
|--------------------------------------|-------------------|------------------|
| | \$ | \$ |
| CURRENT CONTRACT ASSETS | | |
| Other | 30,973 | 181,820 |
| TOTAL CURRENT CONTRACT ASSETS | 30,973 | 181,820 |
| CONTRACT LIABILITIES | | |
| Accreditation fees | 500,398 | 412,333 |
| Examination fees | 12,411,540 | 6,452,566 |
| NTC Rent and other income | 41,290 | 19,282 |
| TOTAL CONTRACT LIABILITIES | 12,953,228 | 6,884,181 |

| | 2023 | 2022 |
|--|------------------|------------------|
| | \$ | \$ |
| Note 4: Cash and cash equivalents | | |
| Cash on hand | 700 | 1,500 |
| Cash at bank | 2,452,823 | 1,763,021 |
| Macquarie Vision Cash Account | 375,153 | 109,802 |
| | 2,828,676 | 1,874,323 |

Note 5: Trade and other receivables

| | | |
|-------------------|----------------|----------------|
| Trade receivables | 594,529 | 46,100 |
| GST receivable | 139,124 | 93,044 |
| Accrued income | 128,751 | 3,643 |
| | 862,404 | 142,787 |

Note 6: Investments**Financial assets at fair value through profit or loss**

| | | |
|---------------------|-------------------|-------------------|
| Listed Securities | 5,077,700 | 4,552,736 |
| Managed Investments | 6,695,361 | 6,430,114 |
| | 11,773,061 | 10,982,850 |

Note 7: Financial assets at amortised cost

| | | |
|---------------|-------------------|------------------|
| Term deposits | 15,354,534 | 5,561,433 |
| | 15,354,534 | 5,561,433 |

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

Note 8: Other assets

| | 2023 | 2022 |
|----------------|----------------|----------------|
| | \$ | \$ |
| CURRENT | | |
| Prepayments | 552,235 | 245,447 |
| Travel Credit | 106,698 | 100,930 |
| | 658,933 | 346,377 |

Note 9: Intangibles

| | Computer Software/ Systems | Work in progress | | | | Total |
|---|-------------------------------|---------------------------------|----------------|---------------|----------------|------------------|
| | | Accreditation Management System | App/MCQ | GMP | Anthology | |
| | \$ | \$ | \$ | \$ | \$ | \$ |
| Cost at 1 July 2022 | 2,108,402 | 578,655 | 358,266 | 20,548 | 467,761 | 3,533,632 |
| Accumulated amortisation | (1,811,385) | - | - | - | - | (1,811,385) |
| Net book amount at 1 July 2022 | 297,017 | 578,655 | 358,266 | 20,548 | 467,761 | 1,722,247 |
| Additions at cost | 119,262 | 92,433 | 1,414 | 16,231 | 19,885 | 249,225 |
| Impairment | (93,439) | (671,088) | (188,197) | - | (439,646) | (1,392,370) |
| Disposals (written down value) | (16,604) | - | - | - | - | (16,604) |
| Amortisation | (90,280) | - | - | - | - | (90,280) |
| Closing net book amount at 30 June 2023 | 215,956 | - | 171,483 | 36,779 | 48,000 | 472,218 |

The recoverable amount of each cash-generating unit above is determined based on value-in-use calculations. Value in use is calculated based on the present value of cashflow projects over a 5-year period. Costs are calculated taking into account historical gross margins.

Note 10: Property, plant and equipment

| | Computer equipment | Office equipment | Furniture and fittings | Leasehold improvement | Land and building | Work in progress | Total |
|---|--------------------|------------------|------------------------|-----------------------|-------------------|------------------|--------------------|
| | (at cost) | (at cost) | (at cost) | (at cost) | (at fair value) | (at cost) | |
| | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| Cost/fair value at 1 July 2022 | 2,537,383 | 920,032 | 1,197,071 | 8,361,047 | 10,150,000 | - | 23,165,533 |
| Accumulated depreciation | (2,188,718) | (744,843) | (750,752) | (5,668,947) | (120,833) | - | (9,474,093) |
| Net book amount at 1 July 2022 | 348,665 | 175,189 | 446,319 | 2,692,100 | 10,029,167 | - | 13,691,440 |
| | | | | | | | |
| Additions at cost | 1,896 | - | - | - | - | 245,714 | 247,610 |
| | | | | | | | |
| Disposals (written down value) | - | (2,700) | - | (937) | - | - | (3,637) |
| | | | | | | | |
| Decrease in fair value | - | - | - | - | (114,167) | - | (114,167) |
| | | | | | | | |
| Amortisation/Depreciation charge for the period | (249,639) | (55,283) | (53,746) | (325,653) | (290,000) | - | (974,321) |
| | | | | | | | |
| Carrying amount at 30 June 2023 | 100,922 | 117,206 | 392,573 | 2,365,510 | 9,625,000 | 245,714 | 12,846,925 |

Note 11: Investment property

| | 2023 | 2022 |
|--|------------------|------------------|
| | \$ | \$ |
| Opening balance at 1 July | 4,350,000 | 4,350,000 |
| Additions | - | - |
| Net gain/(loss) from fair value adjustment | (225,000) | - |
| Carrying amount at 30 June | 4,125,000 | 4,350,000 |

Note 12: Trade and other payables

| | 2023 | 2022 |
|-------------------------------------|------------------|------------------|
| | \$ | \$ |
| Trade payables | 31,238 | 90,861 |
| Accrued expenses and other payables | 1,976,059 | 1,784,363 |
| | 2,007,297 | 1,875,224 |

Note 13: Audit, legal and consultancy expenses

| | 2023 | 2022 |
|-----------------|----------------|----------------|
| | \$ | \$ |
| Audit fee | 24,720 | 39,000 |
| Legal fee | 145,197 | 136,291 |
| Consultancy fee | 228,557 | 4,355 |
| | 398,474 | 179,646 |

| Note 14: Leases | 2023 | 2022 |
|---|-----------------|------------------|
| | \$ | \$ |
| (a) Right of use assets – net carrying amounts | | |
| Building | - | 273,016 |
| Equipment | 893,626 | 613,731 |
| Total right of use assets | 893,626 | 886,747 |
| Movement during the period | Building | Equipment |
| Balance at 1 July 2022 | 273,016 | 613,731 |
| Additions | - | 506,889 |
| Depreciation | (273,016) | (226,994) |
| Balance at 30 June 2023 | - | 893,626 |
| | 2023 | 2022 |
| | \$ | \$ |
| (b) Lease receivable and liabilities | | |
| Lease receivable – Finance lease | | |
| Current lease receivable | | |
| Building | - | 109,470 |
| Total lease receivables | - | 109,470 |
| - Not later than 12 months | - | 109,470 |
| - Later than 12 months but not later than five years | - | - |
| | - | 109,470 |

| | 2023 | 2022 |
|--|------------------|------------------|
| | \$ | \$ |
| Lease liabilities | | |
| Current lease liabilities | | |
| Building | 21,384 | 602,538 |
| Equipment | 218,739 | 108,273 |
| | 240,123 | 710,811 |
| Non-current lease liabilities | | |
| Building | - | - |
| Equipment | 700,462 | 484,991 |
| | 700,462 | 484,991 |
| Total lease liabilities | 940,585 | 1,195,802 |
| Lease liabilities are secured by the underlying leased assets. The building lease relates to the NTC and expired in March 2023 and continues on a short term basis. The remaining lease liability above relates to lease incentives provided on sub-lease that will unwind by 30 June 2024. Equipment leases relate to IT equipment with terms of 5 years. | | |
| The future minimum lease payments arising under AMC's lease contracts at the end of the reporting period are as follows: | | |
| - Not later than 12 months | 269,239 | 755,509 |
| - Later than 12 months but less than five years | 768,895 | 523,959 |
| - Later than five years | - | - |
| | 1,038,134 | 1,279,468 |

(c) Amounts recognised in the statement of profit or loss and other comprehensive income

The Statement of profit or loss and other comprehensive income shows the following amounts relating to leases:

| | 2023 | 2022 |
|---|----------------|----------------|
| | \$ | \$ |
| Depreciation charge of right-of-use assets | | |
| Building | 273,016 | 850,961 |
| Equipment | 226,994 | 35,659 |
| Total depreciation charge of right-of-use assets | 500,010 | 886,620 |
| Interest expense (included in finance cost) | 66,923 | 43,944 |
| Expenses recognised for short term and low value leases | 415,149 | 63,176 |

(i) The AMC leasing activities and how these are accounted for

Assets and liabilities arising from a lease are initially measured on a present value basis. Lease liabilities include the net present value of the following lease payments:

- Fixed payments (including in-substance fixed payments), less any lease incentives receivable
- Amounts expected to be payable by the company under residual value guarantees
- Payments of penalties for terminating the lease, if the lease term reflects the company exercising that option

The lease payments are discounted using the interest rate implicit in the lease. If that rate cannot be readily determined, which is generally the case for leases in the company, the lessee's incremental borrowing rate is used, being the rate that the individual lessee would have to pay to borrow the funds necessary to obtain an asset of similar value to the right-of-use asset in a similar economic environment with similar terms, security and conditions.

The incremental borrowing rate from ANZ for the leases:

- The incremental borrowing rate received from ANZ was 3.5% for the lease of the NTC buildings. For equipment leases the rate is the rate implicit in the lease.

Lease payments are allocated between principal and finance cost. The finance cost is charged to profit or loss over the lease period so as to produce a constant periodic rate of interest on the remaining balance of the liability for each period.

Right-of-use assets are measured at cost comprising the following:

- The amount of the initial measurement of lease liability
- Any lease payments made at or before the commencement date less any lease incentives received
- Any initial direct costs, and
- Restoration costs.

(ii) Termination options

Termination options are included in a number of property and equipment leases across the company. The majority of termination options held are exercisable only by the company and not by the respective lessor.

(d) AMC as lessor – operating leases

| | 2023 | 2022 |
|---|----------------|----------------|
| | \$ | \$ |
| Lease of office premises – minimum lease payments receivable: | | |
| - Not later than 12 months | 114,328 | 110,461 |
| - Later than 12 months but not later than five years | - | 114,328 |
| | 114,328 | 224,789 |

Operating lease receivables relate to the lease of the ground floor of 4 Marcus Clarke Street. The initial lease term expires 30 June 2024 with an option period of 3 years.

Note 15: Employee benefits liabilities

| | 2023 | 2022 |
|--|------------------|------------------|
| | \$ | \$ |
| Current - Annual leave, Long service leave and Time in Lieu/Flex leave | 2,516,374 | 2,359,691 |
| Non-current - Long service leave | 365,289 | 223,201 |
| | 2,881,663 | 2,582,892 |

Provision for employee benefits

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

Note 16: Employee benefit expenses

| | 2023 | 2022 |
|--------------------|-------------------|-------------------|
| | \$ | \$ |
| Wages and salaries | 11,071,611 | 9,310,446 |
| Superannuation | 1,122,623 | 966,131 |
| | 12,194,234 | 10,276,577 |

Note 17: Loan

| | 2023 | 2022 |
|-------------------------------|------------------|------------------|
| | \$ | \$ |
| CURRENT | | |
| Loan liabilities | 234,280 | 235,000 |
| NON-CURRENT | | |
| Loan liabilities | 4,602,870 | 4,836,250 |
| TOTAL LOAN LIABILITIES | 4,837,150 | 5,071,250 |

AMC borrowed \$5,600,000 in the year ended 30 June 2020 from ANZ bank to fund the purchase of 4 Marcus Clarke Street. The security offered was the land and building at 4 Marcus Clarke Street, Canberra, Australian Capital Territory being the land described in Certificate of Title Volume 1229 Folio 51 along with a general security over other property of AMC.

Note 18: Provision for make good

| | 2023 | 2022 |
|-------------------------------|----------------|----------------|
| | \$ | \$ |
| Carrying amount as at 1 July | 376,762 | 669,377 |
| Additions | 621,369 | 58,142 |
| Provisions used | - | (350,757) |
| Carrying amount as at 30 June | 998,131 | 376,762 |

Note 19: Contingent liabilities and contingent assets

There are contingent liabilities as at 30 June 2023 as recorded by Commonwealth Bank for the amount of \$467,958. The balance is related to the Bank guarantee for the rent bond for 300 Latrobe Street, Melbourne in favour of Perpetual Trustee company (2022: \$467,958). This bank guarantee expires on 30 April 2024.

Note 20: Events after the reporting period

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

Note 21: 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).

The totals of remuneration paid or payable (in the case of employee benefit provisions) to key management personnel (KMP) of AMC during the year was as follows and this was for two staff members and the Directors fees paid to the Directors of the AMC.

| | 2023 | 2022 |
|---------------------|------------------|------------------|
| | \$ | \$ |
| Short term benefits | 1,159,139 | 1,020,767 |
| Long term benefits | 58,572 | 14,765 |
| | 1,217,711 | 1,035,532 |

Note 22: Related party transactions

During the financial year, the Council paid fees to directors amounting to \$171,577 (2022: \$139,647). These fees relate to sitting fees for attending Board and other related Meetings and are included as part of key management personnel remuneration in Note 21.

Directors' declaration

The Directors of the company declare that:

- 1) The financial statements and notes, as set out on pages 13 to 36 are in accordance with the *Australian Charities and Not-for-Profit Commission Act 2012* and
 - (a) comply with Australian Accounting Standards – Simplified Disclosures and other mandatory professional reporting requirements
 - (b) give a true and fair view of the financial position as at 30 June 2023 and of the performance for the year ended on that date of the AMC.
- 2) In the Directors' opinion there are reasonable grounds to believe that the AMC will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Directors and is signed for and on behalf of the Directors by:



Director

Professor Geoff McColl (President)

Dated 26 October 2023



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Independent Auditor's Report To the Members of Australian Medical Council Limited

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of Australian Medical Council Limited (the Company), which comprise the statement of financial position as at 30 June 2023, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the directors' declaration.

In our opinion, the accompanying financial statements of Australian Medical Council Limited, are in accordance with Division 60 of the Australian Charities and Not-for-profits Commission Act 2012, including:

- (i) giving a true and fair view of the entity's financial position as at 30 June 2023 and of its financial performance for the year then ended; and
- (ii) complying with Australian Accounting Standards – Simplified Disclosures and Division 60 of the Australian Charities and Not-for-profits Commission Regulation 2022.

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 Responsibility for the Audit of the Financial Statements section of our report. We are independent of the entity in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 Code of Ethics for Professional Accountants (including Independence Standards) (the Code) that are relevant to our audit of the financial statements in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

Other information

The directors are responsible for the other information. The other information comprises the information in the Company's directors' report for the year ended 30 June 2023, but does not include the financial statements and the auditor's report thereon.

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work we have performed, we conclude that there is a material misstatement of the other information we are required to report that fact. We have nothing to report in this regard.

Audit. Tax. Advisory.

Nexia Duesburys (Australia) (ABN 21 841 510 270) is a firm of Chartered Accountants. It is affiliated with, but independent from Nexia Australia Pty Ltd. Nexia Australia Pty Ltd is a member of Nexia International, a leading, global network of independent accounting and consulting firms. For more information please see www.nexia.com.au/legal. Neither Nexia International nor Nexia Australia Pty Ltd provide services to clients.

Liability limited under a scheme approved under Professional Standards Legislation.

Directors' responsibility for the financial statements

The directors of the Company are responsible for the preparation of the financial statements that give a true and fair view in accordance with Australian Accounting Standards – Simplified Disclosures and the Australian Charities and Not-for-profits Commission Act 2012 and for such internal control as the directors determine is necessary to enable the preparation of the financial statements that give a true and fair view and are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the directors are responsible for assessing the entity's ability 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 entity or to cease operations, or have no realistic alternative but to do so.

The directors are responsible for overseeing the entity's financial reporting process.

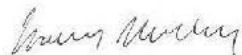
Auditor's responsibility for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are 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 statements.

A further description of our responsibilities for the audit of the financial statements is located at The Australian Auditing and Assurance Standards Board website at: http://www.aasb.gov.au/auditors_responsibilities/ar4.pdf. This description forms part of our auditor's report.



Nexia Duesburys (Audit)
Canberra, 26 October 2023



G J Murphy
Partner



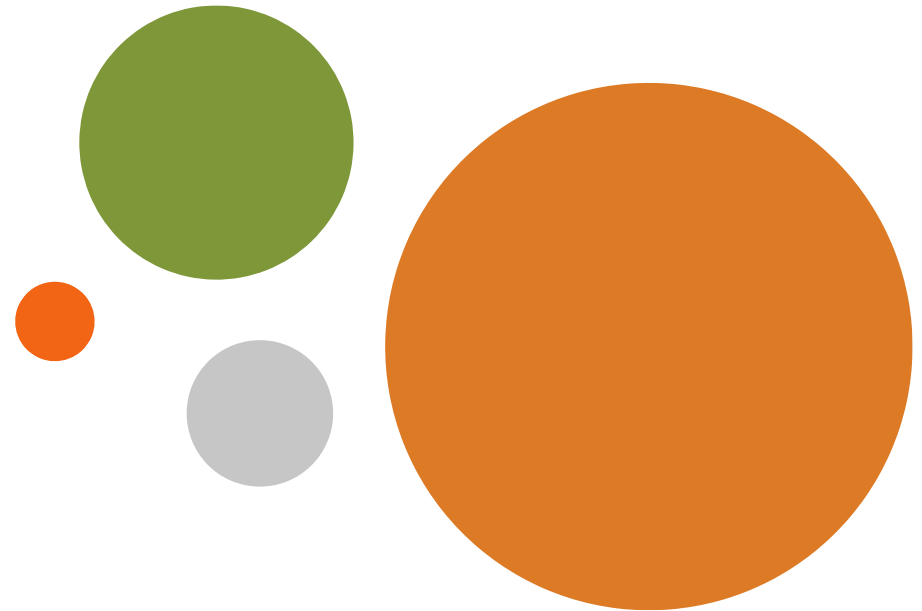
Appendices

Appendix A: AMC Top Medical Schools Activity as at 30 June 2023

Summary of the schools with the highest volumes of applications or verifications of primary qualifications.

| | | | |
|----|--|----|--|
| 1 | University of Peradeniya Faculty of Medicine | 37 | King's College London GKT School of Medicine |
| 2 | University of Colombo Faculty of Medicine | 38 | University of Aberdeen School of Medicine, Medical Sciences and Nutrition |
| 3 | University College Dublin School of Medicine | 39 | Manipal University College Malaysia |
| 4 | University of Kelaniya Faculty of Medicine | 40 | University of the Witwatersrand Faculty of Health Sciences |
| 5 | University of Sri Jaywardenepura Faculty of Medical Sciences | 41 | Rawalpindi Medical University |
| 6 | University of Ruhuna Faculty of Medicine | 42 | International Medical University Faculty of Medicine and Health |
| 7 | University of Galway School of Medicine | 43 | Tehran University of Medical Sciences School of Medicine |
| 8 | Trinity College Dublin School of Medicine | 44 | Shiraz University of Medical Sciences School of Medicine |
| 9 | University College Cork School of Medicine | 45 | University of Dundee School of Medicine |
| 10 | Rajarata University of Sri Lanka Faculty of Medicine and Allied Sciences | 46 | Keele University School of Medicine |
| 11 | Bristol Medical School, University of Bristol | 47 | Faculty of Health-Care Sciences, Eastern University, Sri Lanka |
| 12 | Newcastle University Faculty of Medical Sciences | 48 | Umanand Prasad School of Medicine, University of Fiji |
| 13 | Edinburgh Medical School, College of Medicine and Veterinary Medicine, University of Edinburgh | 49 | Kursk State Medical University |
| 14 | Royal College of Surgeons in Ireland School of Medicine | 50 | De La Salle Medical and Health Sciences Institute College of Medicine |
| 15 | UCL Medical School | 51 | Liaquat University of Medical & Health Sciences Jamshoro |
| 16 | Manchester Medical School | 52 | Far Eastern University Institute of Medicine, Nicanor Reyes Medical Foundation |
| 17 | Queen's University Belfast School of Medicine, Dentistry and Biomedical Sciences | 53 | Shahid Beheshti University of Medical Sciences Faculty of Medicine |
| 18 | University of Liverpool School of Medicine | 54 | Davao Medical School Foundation College of Medicine |
| 19 | Imperial College London Faculty of Medicine | 55 | Dow Medical College |
| 20 | University of Nottingham School of Medicine | 56 | Cebu Institute of Medicine |
| 21 | Cardiff University School of Medicine | 57 | RCSI & UCD Malaysia Campus |
| 22 | University of Jaffna Faculty of Medicine | 58 | Manipal College of Medical Sciences (MCOMS) |
| 23 | University of Birmingham College of Medical and Dental Sciences | 59 | Leicester Medical School, University of Leicester |
| 24 | St. George's University of London | 60 | University of Cambridge School of Clinical Medicine |
| 25 | University of Limerick School of Medicine | 61 | Alexandria University Faculty of Medicine |
| 26 | Barts and the London School of Medicine and Dentistry | 62 | Yong Loo Lin School of Medicine, National University of Singapore |
| 27 | Sheffield University School of Medicine and Biomedical Sciences | 63 | University of the City of Manila College of Medicine |
| 28 | University of Glasgow School of Medicine, Dentistry and Nursing | 64 | University of Nairobi School of Medicine |
| 29 | University of the East/Ramon Magsaysay Memorial Medical Center College of Medicine | 65 | Asian Institute of Medicine, Science and Technology (AIMST) |
| 30 | Fiji National University College of Medicine, Nursing & Health Sciences | 66 | Ain Shams University Faculty of Medicine |
| 31 | University of Santo Tomas Faculty of Medicine and Surgery | 67 | Nishtar Medical University |
| 32 | University of Zimbabwe Faculty of Medicine and Health Science | 68 | Vitebsk State Medical University |
| 33 | Institute of Applied Health Sciences (IAHS) | 69 | General Sir John Kotelawala Defence University Faculty of Medicine |
| 34 | University of Leeds School of Medicine | 70 | MAHSA University Faculty of Medicine |
| 35 | Tianjin Medical University School of Basic Medical Sciences | 71 | Cairo University Faculty of Medicine |
| 36 | University of Pretoria School of Medicine | 72 | Tbilisi State Medical University Faculty of Medicine |
| | | 73 | Liaquat National Hospital and Medical College |
| | | 74 | University of Southampton Faculty of Medicine |

| | |
|-----|--|
| 75 | Kharkiv National Medical University |
| 76 | University of Baghdad College of Medicine |
| 77 | Our Lady of Fatima University College of Medicine |
| 78 | Kasturba Medical College Mangalore |
| 79 | University of Calabar College of Medical Sciences |
| 80 | Islamic Azad University Tehran Faculty of Medicine |
| 81 | St. Louis University School of Medicine |
| 82 | Faisalabad Medical University |
| 83 | Omdurman Islamic University Faculty of Medicine and Health Sciences |
| 84 | Kasturba Medical College Manipal |
| 85 | Medical Academy named after S.I. Georgievsky of Vernadsky CFU |
| 86 | Russian National Research Medical University named after N. I. Pirogov |
| 87 | SSR Medical College |
| 88 | Katholieke Universiteit Leuven (KULeuven) Faculteit Geneeskunde |
| 89 | Jinnah Sindh Medical University |
| 90 | University of Nigeria College of Medicine |
| 91 | University of Exeter College of Medicine and Health |
| 92 | University of Stellenbosch Faculty of Medicine and Health Sciences |
| 93 | J.J.M. Medical College, Davangere |
| 94 | University of Ilorin College of Health Sciences |
| 95 | Universiti Sains Malaysia School of Medical Sciences |
| 96 | Chittagong Medical College and Hospital |
| 97 | University of Khartoum Faculty of Medicine |
| 98 | University of Benin College of Medical Sciences |
| 99 | First Moscow State Medical University named after I. M. Sechenov |
| 100 | Oceania University of Medicine |



LEGEND

SCHOOLS USING EMSWP

SCHOOLS USING EMAIL

SCHOOLS USING PAPER

Appendix B – MCQ Country of Training Report

Breakdown of the international medical graduates who have taken the MCQ examination by country of training.

| City Trained | No of Candidates | Sat 1 | Sat 2 | Sat 3 | Sat 4 | Sat Total | Pass 1 | Pass 2 | Pass 3 | Pass 4 | Pass Total |
|----------------------------------|------------------|-------|-------|-------|-------|-----------|--------|--------|--------|--------|------------|
| AFGHANISTAN | 8 | 5 | 2 | 3 | 1 | 11 | 2 | 1 | 0 | 1 | 4 |
| ALGERIA | 1 | 0 | 1 | 1 | 0 | 2 | 0 | 0 | 1 | 0 | 1 |
| ANTIGUA AND BARBUDA | 2 | 1 | 1 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 |
| ARGENTINA | 10 | 10 | 0 | 0 | 0 | 10 | 6 | 0 | 0 | 0 | 6 |
| ARMENIA | 3 | 2 | 0 | 0 | 2 | 4 | 1 | 0 | 0 | 0 | 1 |
| AUSTRIA | 1 | 1 | 1 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 |
| BAHRAIN | 1 | 1 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 1 |
| BANGLADESH | 222 | 160 | 66 | 16 | 12 | 254 | 68 | 30 | 9 | 1 | 108 |
| BARBADOS | 1 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| BELARUS | 8 | 5 | 3 | 3 | 0 | 11 | 3 | 0 | 1 | 0 | 4 |
| BELGIUM | 4 | 4 | 0 | 0 | 0 | 4 | 4 | 0 | 0 | 0 | 4 |
| BELIZE | 1 | 1 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 1 |
| BOLIVIA | 2 | 0 | 1 | 1 | 2 | 4 | 0 | 0 | 1 | 0 | 1 |
| BRAZIL | 53 | 45 | 9 | 2 | 5 | 61 | 19 | 5 | 1 | 1 | 26 |
| BULGARIA | 2 | 2 | 2 | 0 | 0 | 4 | 0 | 1 | 0 | 0 | 1 |
| CANADA | 1 | 1 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 1 |
| CHILE | 5 | 5 | 3 | 3 | 0 | 11 | 2 | 0 | 1 | 0 | 3 |
| CHINA | 224 | 159 | 76 | 28 | 25 | 288 | 28 | 31 | 12 | 6 | 77 |
| COLOMBIA | 29 | 18 | 9 | 8 | 2 | 37 | 4 | 2 | 4 | 2 | 12 |
| COSTA RICA | 2 | 1 | 1 | 0 | 1 | 3 | 0 | 1 | 0 | 0 | 1 |
| CUBA | 3 | 2 | 0 | 1 | 0 | 3 | 1 | 0 | 0 | 0 | 1 |
| CURACAO | 1 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| CYPRUS | 1 | 1 | 1 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 |
| CZECH REPUBLIC | 4 | 3 | 0 | 0 | 1 | 4 | 2 | 0 | 0 | 0 | 2 |
| DEMOCRATIC REPUBLIC OF THE CONGO | 3 | 2 | 1 | 0 | 0 | 3 | 1 | 0 | 0 | 0 | 1 |
| DOMINICA | 1 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| DOMINICAN REPUBLIC | 1 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| ECUADOR | 1 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 1 | 1 |
| EGYPT | 71 | 57 | 16 | 6 | 4 | 83 | 30 | 9 | 0 | 0 | 39 |
| ETHIOPIA | 5 | 3 | 2 | 0 | 0 | 5 | 2 | 2 | 0 | 0 | 4 |
| FIJI | 58 | 44 | 15 | 4 | 5 | 68 | 17 | 3 | 1 | 3 | 24 |
| FINLAND | 1 | 1 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 1 |
| GEORGIA | 18 | 13 | 5 | 0 | 4 | 22 | 5 | 3 | 0 | 0 | 8 |
| GERMANY | 6 | 6 | 0 | 0 | 0 | 6 | 5 | 0 | 0 | 0 | 5 |
| GHANA | 6 | 4 | 1 | 1 | 1 | 7 | 3 | 0 | 0 | 0 | 3 |
| GREECE | 1 | 1 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 1 |
| GRENADA | 1 | 1 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 1 |
| GUYANA | 1 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| HONDURAS | 2 | 2 | 2 | 0 | 0 | 4 | 0 | 1 | 0 | 0 | 1 |

Appendix B – MCQ Country of Training Report Continued

| City Trained | No of Candidates | Sat 1 | Sat 2 | Sat 3 | Sat 4 | Sat Total | Pass 1 | Pass 2 | Pass 3 | Pass 4 | Pass Total |
|-----------------------|------------------|-------|-------|-------|-------|-----------|--------|--------|--------|--------|------------|
| HONG KONG | 13 | 11 | 2 | 2 | 0 | 15 | 6 | 0 | 1 | 0 | 7 |
| HUNGARY | 6 | 4 | 2 | 3 | 1 | 10 | 0 | 1 | 2 | 1 | |
| INDIA | 429 | 320 | 131 | 29 | 59 | 539 | 112 | 63 | 5 | 12 | 192 |
| INDONESIA | 28 | 15 | 8 | 7 | 4 | 34 | 6 | 2 | 0 | 0 | 8 |
| IRAN | 230 | 208 | 26 | 5 | 3 | 242 | 181 | 19 | 4 | 2 | 206 |
| IRAQ | 38 | 29 | 11 | 5 | 1 | 46 | 23 | 3 | 1 | 1 | 28 |
| IRELAND | 5 | 4 | 1 | 0 | 4 | 9 | 2 | 0 | 0 | 0 | 2 |
| ISRAEL | 1 | 1 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 1 |
| ITALY | 4 | 2 | 2 | 0 | 4 | 8 | 0 | 1 | 0 | 0 | 1 |
| JAPAN | 9 | 6 | 2 | 3 | 3 | 14 | 3 | 1 | 2 | 0 | 6 |
| JORDAN | 12 | 10 | 1 | 2 | 1 | 14 | 5 | 1 | 0 | 1 | 7 |
| KAZAKHSTAN | 3 | 1 | 0 | 2 | 0 | 3 | 1 | 0 | 0 | 0 | 1 |
| KENYA | 20 | 14 | 7 | 0 | 3 | 24 | 8 | 5 | 0 | 1 | 14 |
| KYRGYZSTAN | 6 | 4 | 2 | 0 | 1 | 7 | 1 | 0 | 0 | 1 | 2 |
| LATVIA | 3 | 2 | 1 | 0 | 1 | 4 | 0 | 1 | 0 | 0 | 1 |
| LEBANON | 2 | 1 | 1 | 0 | 0 | 2 | 1 | 0 | 0 | 0 | 1 |
| LIBYA | 4 | 2 | 1 | 1 | 0 | 4 | 0 | 1 | 0 | 0 | 1 |
| LITHUANIA | 3 | 2 | 3 | 2 | 0 | 7 | 0 | 0 | 0 | 0 | 0 |
| MACEDONIA | 3 | 3 | 1 | 0 | 0 | 4 | 2 | 1 | 0 | 0 | 3 |
| MALAWI | 2 | 2 | 2 | 0 | 0 | 4 | 0 | 2 | 0 | 0 | 2 |
| MALAYSIA | 121 | 98 | 29 | 12 | 15 | 154 | 43 | 13 | 4 | 5 | 65 |
| MAURITIUS | 7 | 7 | 2 | 1 | 0 | 10 | 3 | 0 | 1 | 0 | 4 |
| MEXICO | 7 | 2 | 5 | 3 | 0 | 10 | 1 | 3 | 0 | 0 | 4 |
| MONGOLIA | 3 | 2 | 0 | 1 | 0 | 3 | 0 | 0 | 0 | 0 | 0 |
| MOZAMBIQUE | 2 | 1 | 2 | 0 | 0 | 3 | 0 | 2 | 0 | 0 | 2 |
| MYANMAR | 98 | 85 | 15 | 3 | 3 | 106 | 53 | 9 | 2 | 0 | 64 |
| NAMIBIA | 1 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| NEPAL | 58 | 44 | 16 | 4 | 4 | 68 | 22 | 6 | 0 | 1 | 29 |
| NETHERLANDS | 2 | 2 | 1 | 0 | 0 | 3 | 1 | 0 | 0 | 0 | 1 |
| NIGERIA | 86 | 66 | 22 | 11 | 11 | 110 | 26 | 10 | 5 | 2 | 43 |
| NORWAY | 1 | 1 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 1 |
| OMAN | 2 | 1 | 1 | 0 | 0 | 2 | 1 | 0 | 0 | 0 | 1 |
| PAKISTAN | 259 | 193 | 64 | 19 | 12 | 288 | 106 | 29 | 10 | 2 | 147 |
| PALESTINIAN AUTHORITY | 1 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 |
| PAPUA NEW GUINEA | 2 | 2 | 1 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 |
| PERU | 5 | 2 | 2 | 1 | 0 | 5 | 2 | 2 | 1 | 0 | 5 |
| PHILIPPINES | 321 | 243 | 87 | 32 | 18 | 380 | 85 | 31 | 6 | 4 | 126 |
| POLAND | 11 | 8 | 4 | 2 | 4 | 18 | 1 | 1 | 0 | 0 | 2 |
| PORTUGAL | 2 | 2 | 0 | 0 | 0 | 2 | 2 | 0 | 0 | 0 | 2 |

Appendix B – MCQ Country of Training Report Continued

| City Trained | No of Candidates | Sat 1 | Sat 2 | Sat 3 | Sat 4 | Sat Total | Pass 1 | Pass 2 | Pass 3 | Pass 4 | Pass Total |
|-----------------------|------------------|-------------|------------|------------|------------|-------------|-------------|------------|------------|-----------|-------------|
| QATAR | 1 | 1 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 1 |
| ROMANIA | 6 | 4 | 2 | 1 | 1 | 8 | 1 | 0 | 0 | 0 | 1 |
| RUSSIA | 88 | 61 | 21 | 12 | 12 | 106 | 26 | 4 | 8 | 2 | 40 |
| RWANDA | 1 | 1 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 1 |
| SAINT KITTS AND NEVIS | 6 | 5 | 2 | 0 | 1 | 8 | 2 | 2 | 0 | 0 | 4 |
| SAINT LUCIA | 2 | 0 | 1 | 1 | 0 | 2 | 0 | 1 | 1 | 0 | 2 |
| SAMOA | 24 | 15 | 10 | 7 | 4 | 36 | 5 | 5 | 6 | 3 | 19 |
| SAUDI ARABIA | 7 | 3 | 3 | 1 | 0 | 7 | 1 | 0 | 1 | 0 | 2 |
| SERBIA | 3 | 1 | 0 | 1 | 1 | 3 | 0 | 0 | 0 | 1 | 1 |
| SEYCHELLES | 2 | 0 | 0 | 1 | 1 | 2 | 0 | 0 | 0 | 0 | 0 |
| SINGAPORE | 3 | 3 | 0 | 0 | 0 | 3 | 3 | 0 | 0 | 0 | 3 |
| SOMALIA | 1 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| SOUTH AFRICA | 71 | 59 | 14 | 4 | 7 | 84 | 36 | 6 | 2 | 3 | 47 |
| SOUTH KOREA | 2 | 2 | 0 | 0 | 0 | 2 | 1 | 0 | 0 | 0 | 1 |
| SOUTH SUDAN | 1 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| SPAIN | 1 | 1 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 1 |
| SRI LANKA | 781 | 729 | 127 | 24 | 10 | 890 | 484 | 85 | 11 | 4 | 584 |
| SUDAN | 27 | 23 | 3 | 1 | 2 | 29 | 9 | 1 | 0 | 1 | 11 |
| SWEDEN | 2 | 2 | 0 | 0 | 0 | 2 | 1 | 0 | 0 | 0 | 1 |
| SYRIA | 7 | 4 | 4 | 0 | 1 | 9 | 2 | 1 | 0 | 0 | 3 |
| TAIWAN | 3 | 2 | 2 | 0 | 0 | 4 | 0 | 2 | 0 | 0 | 2 |
| TANZANIA | 2 | 1 | 1 | 1 | 1 | 4 | 0 | 0 | 0 | 0 | 0 |
| THAILAND | 12 | 10 | 4 | 1 | 0 | 15 | 5 | 1 | 1 | 0 | 7 |
| TURKEY | 22 | 18 | 5 | 2 | 3 | 28 | 5 | 3 | 1 | 1 | 10 |
| UGANDA | 6 | 6 | 2 | 0 | 0 | 8 | 1 | 0 | 0 | 0 | 1 |
| UKRAINE | 53 | 35 | 12 | 8 | 14 | 69 | 15 | 3 | 0 | 6 | 24 |
| UNITED ARAB EMIRATES | 7 | 5 | 3 | 0 | 2 | 10 | 2 | 2 | 0 | 1 | 5 |
| UNITED KINGDOM | 2 | 2 | 1 | 0 | 0 | 3 | 1 | 0 | 0 | 0 | 1 |
| URUGUAY | 1 | 0 | 0 | 1 | 1 | 2 | 0 | 0 | 0 | 0 | 0 |
| VENEZUELA | 4 | 1 | 3 | 2 | 0 | 6 | 0 | 0 | 1 | 0 | 1 |
| VIET NAM | 10 | 8 | 2 | 1 | 0 | 11 | 4 | 1 | 1 | 0 | 6 |
| YEMEN | 5 | 3 | 2 | 0 | 0 | 5 | 3 | 2 | 0 | 0 | 5 |
| ZAMBIA | 1 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| ZIMBABWE | 17 | 16 | 3 | 1 | 0 | 20 | 6 | 2 | 0 | 0 | 8 |
| Total | 3756 | 2987 | 903 | 298 | 280 | 4468 | 1524 | 417 | 108 | 70 | 2119 |

Appendix C: Clinical Examination Country of Training Statistics

Breakdown of international medical graduates by examination attempt and country of training.

| City Trained | No of Candidates | Sat 1 | Sat 2 | Sat 3 | Sat 4 | Sat Total | Pass 1 | Pass 2 | Pass 3 | Pass 4 | Pass Total |
|----------------------------------|------------------|-------|-------|-------|-------|-----------|--------|--------|--------|--------|------------|
| AFGHANISTAN | 11 | 1 | 3 | 1 | 8 | 13 | 0 | 0 | 0 | 2 | 2 |
| ALBANIA | 1 | 0 | 0 | 0 | 2 | 2 | 0 | 0 | 0 | 0 | 0 |
| ALGERIA | 2 | 2 | 0 | 0 | 0 | 2 | 1 | 0 | 0 | 0 | 1 |
| ARGENTINA | 4 | 3 | 1 | 0 | 0 | 4 | 0 | 1 | 0 | 0 | 1 |
| ARMENIA | 1 | 0 | 0 | 0 | 4 | 4 | 0 | 0 | 0 | 0 | 0 |
| AUSTRIA | 1 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 1 | 0 | 1 |
| AZERBAIJAN | 1 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| BAHRAIN | 2 | 2 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 |
| BANGLADESH | 176 | 64 | 54 | 34 | 57 | 209 | 11 | 14 | 5 | 10 | 40 |
| BELARUS | 10 | 3 | 2 | 3 | 4 | 12 | 1 | 0 | 2 | 1 | 4 |
| BELGIUM | 3 | 3 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 |
| BOSNIA AND HERZEGOVINA | 2 | 1 | 0 | 0 | 1 | 2 | 0 | 0 | 0 | 0 | 0 |
| BRAZIL | 13 | 8 | 2 | 3 | 1 | 14 | 1 | 1 | 3 | 1 | 6 |
| CANADA | 1 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| CAYMAN ISLANDS | 1 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| CHILE | 5 | 4 | 1 | 1 | 0 | 6 | 1 | 0 | 0 | 0 | 1 |
| CHINA | 95 | 42 | 36 | 10 | 26 | 114 | 5 | 10 | 2 | 5 | 22 |
| COLOMBIA | 8 | 3 | 4 | 1 | 1 | 9 | 0 | 1 | 0 | 0 | 1 |
| COSTA RICA | 1 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 1 | 0 | 1 |
| CYPRUS | 1 | 1 | 1 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 |
| CZECH REPUBLIC | 2 | 1 | 0 | 0 | 1 | 2 | 0 | 0 | 0 | 0 | 0 |
| DEMOCRATIC REPUBLIC OF THE CONGO | 2 | 0 | 2 | 1 | 0 | 3 | 0 | 0 | 0 | 0 | 0 |
| DOMINICA | 2 | 0 | 1 | 1 | 0 | 2 | 0 | 0 | 1 | 0 | 1 |
| DOMINICAN REPUBLIC | 1 | 0 | 0 | 0 | 2 | 2 | 0 | 0 | 0 | 1 | 1 |
| ECUADOR | 2 | 1 | 2 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 |
| EGYPT | 53 | 27 | 17 | 9 | 8 | 61 | 1 | 6 | 3 | 3 | 13 |
| EL SALVADOR | 1 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 |
| ESTONIA | 1 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| FIJI | 8 | 2 | 4 | 2 | 1 | 9 | 0 | 1 | 1 | 0 | 2 |
| FRANCE | 1 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| GEORGIA | 4 | 2 | 2 | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 |
| GERMANY | 4 | 2 | 1 | 1 | 1 | 5 | 0 | 0 | 1 | 1 | 2 |
| GHANA | 1 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| GREECE | 2 | 1 | 0 | 1 | 1 | 3 | 0 | 0 | 0 | 0 | 0 |
| GRENADA | 1 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| GUATEMALA | 1 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 |
| HONG KONG | 16 | 13 | 5 | 2 | 0 | 20 | 2 | 1 | 1 | 0 | 4 |

Appendix C: Clinical Examination Country of Training Statistics Continued

| City Trained | No of Candidates | Sat 1 | Sat 2 | Sat 3 | Sat 4 | Sat Total | Pass 1 | Pass 2 | Pass 3 | Pass 4 | Pass Total |
|-----------------------|------------------|-------|-------|-------|-------|-----------|--------|--------|--------|--------|------------|
| HUNGARY | 3 | 0 | 2 | 0 | 1 | 3 | 0 | 0 | 0 | 1 | 1 |
| INDIA | 259 | 126 | 90 | 44 | 53 | 313 | 23 | 23 | 7 | 6 | 59 |
| INDONESIA | 18 | 8 | 6 | 5 | 4 | 23 | 2 | 2 | 2 | 0 | 6 |
| IRAN | 83 | 44 | 28 | 18 | 14 | 104 | 11 | 4 | 2 | 1 | 18 |
| IRAQ | 45 | 31 | 12 | 1 | 5 | 49 | 2 | 4 | 0 | 1 | 7 |
| IRELAND | 2 | 1 | 1 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 |
| ISRAEL | 1 | 1 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 1 |
| ITALY | 1 | 1 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 1 |
| JAPAN | 3 | 2 | 1 | 0 | 0 | 3 | 1 | 0 | 0 | 0 | 1 |
| JORDAN | 3 | 3 | 1 | 0 | 0 | 4 | 1 | 0 | 0 | 0 | 1 |
| KAZAKHSTAN | 1 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| KENYA | 10 | 6 | 4 | 0 | 4 | 14 | 2 | 1 | 0 | 0 | 3 |
| KYRGYZSTAN | 2 | 1 | 0 | 1 | 0 | 2 | 0 | 0 | 0 | 0 | 0 |
| LATVIA | 1 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| LEBANON | 3 | 2 | 1 | 0 | 0 | 3 | 1 | 1 | 0 | 0 | 2 |
| LIBYA | 3 | 1 | 2 | 0 | 2 | 5 | 0 | 0 | 0 | 1 | 1 |
| MACEDONIA | 1 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| MADAGASCAR | 1 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| MALAYSIA | 38 | 31 | 3 | 5 | 2 | 41 | 14 | 1 | 0 | 2 | 17 |
| MAURITIUS | 7 | 4 | 3 | 1 | 0 | 8 | 0 | 1 | 1 | 0 | 2 |
| MEXICO | 6 | 4 | 3 | 0 | 0 | 7 | 1 | 0 | 0 | 0 | 1 |
| MOLDOVA | 1 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 |
| MYANMAR | 50 | 23 | 13 | 10 | 15 | 61 | 9 | 5 | 2 | 4 | 20 |
| NEPAL | 36 | 21 | 11 | 6 | 7 | 45 | 2 | 0 | 1 | 3 | 6 |
| NETHERLANDS | 2 | 1 | 1 | 0 | 1 | 3 | 0 | 0 | 0 | 0 | 0 |
| NIGERIA | 31 | 11 | 5 | 10 | 11 | 37 | 0 | 0 | 2 | 1 | 3 |
| PAKISTAN | 212 | 104 | 85 | 36 | 35 | 260 | 16 | 25 | 6 | 9 | 56 |
| PALESTINIAN AUTHORITY | 3 | 2 | 1 | 2 | 1 | 6 | 1 | 0 | 0 | 1 | 2 |
| PAPUA NEW GUINEA | 2 | 1 | 2 | 1 | 0 | 4 | 0 | 1 | 0 | 0 | 1 |
| PERU | 3 | 2 | 2 | 1 | 0 | 5 | 0 | 0 | 0 | 0 | 0 |
| PHILIPPINES | 81 | 42 | 25 | 10 | 18 | 95 | 11 | 5 | 1 | 1 | 18 |
| POLAND | 7 | 6 | 1 | 0 | 0 | 7 | 2 | 1 | 0 | 0 | 3 |
| QATAR | 1 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| ROMANIA | 3 | 3 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 |
| RUSSIA | 43 | 17 | 14 | 9 | 11 | 51 | 1 | 2 | 1 | 3 | 7 |
| RWANDA | 2 | 0 | 2 | 1 | 1 | 4 | 0 | 0 | 0 | 1 | 1 |
| SAINT KITTS AND NEVIS | 4 | 2 | 2 | 1 | 0 | 5 | 0 | 0 | 0 | 0 | 0 |

Appendix C: Clinical Examination Country of Training Statistics Continued

| City Trained | No of Candidates | Sat 1 | Sat 2 | Sat 3 | Sat 4 | Sat Total | Pass 1 | Pass 2 | Pass 3 | Pass 4 | Pass Total |
|----------------------|------------------|------------|------------|------------|------------|-------------|------------|------------|-----------|-----------|------------|
| SAMOA | 30 | 15 | 8 | 6 | 7 | 36 | 1 | 1 | 2 | 1 | 5 |
| SERBIA | 5 | 2 | 2 | 0 | 1 | 5 | 0 | 0 | 0 | 0 | 0 |
| SEYCHELLES | 2 | 1 | 0 | 0 | 1 | 2 | 0 | 0 | 0 | 0 | 0 |
| SINGAPORE | 1 | 1 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 1 |
| SLOVENIA | 1 | 0 | 1 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 1 |
| SOUTH AFRICA | 21 | 15 | 5 | 2 | 2 | 24 | 7 | 4 | 0 | 0 | 11 |
| SOUTH KOREA | 3 | 0 | 2 | 0 | 1 | 3 | 0 | 1 | 0 | 1 | 2 |
| SPAIN | 1 | 0 | 0 | 1 | 1 | 2 | 0 | 0 | 0 | 0 | 0 |
| SRI LANKA | 118 | 80 | 39 | 15 | 14 | 148 | 18 | 13 | 3 | 4 | 38 |
| SUDAN | 14 | 7 | 5 | 3 | 5 | 20 | 1 | 1 | 0 | 2 | 4 |
| SYRIA | 4 | 2 | 2 | 1 | 1 | 6 | 0 | 0 | 0 | 0 | 0 |
| TAIWAN | 2 | 1 | 1 | 1 | 0 | 3 | 0 | 0 | 1 | 0 | 1 |
| TANZANIA | 1 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| THAILAND | 5 | 5 | 1 | 0 | 0 | 6 | 0 | 1 | 0 | 0 | 1 |
| TRINIDAD AND TOBAGO | 1 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| TURKEY | 3 | 2 | 1 | 1 | 0 | 4 | 1 | 0 | 0 | 0 | 1 |
| UGANDA | 5 | 5 | 2 | 0 | 0 | 7 | 1 | 0 | 0 | 0 | 1 |
| UKRAINE | 23 | 12 | 3 | 6 | 10 | 31 | 1 | 1 | 2 | 1 | 5 |
| UNITED ARAB EMIRATES | 7 | 4 | 1 | 1 | 4 | 10 | 1 | 1 | 0 | 0 | 2 |
| UNITED KINGDOM | 1 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| URUGUAY | 1 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| USA | 2 | 2 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 |
| UZBEKISTAN | 1 | 0 | 1 | 1 | 0 | 2 | 0 | 0 | 1 | 0 | 1 |
| VENEZUELA | 3 | 1 | 2 | 2 | 0 | 5 | 0 | 0 | 1 | 0 | 1 |
| VIET NAM | 19 | 9 | 2 | 5 | 10 | 26 | 3 | 1 | 2 | 2 | 8 |
| YEMEN | 2 | 1 | 1 | 1 | 0 | 3 | 0 | 0 | 0 | 0 | 0 |
| ZIMBABWE | 3 | 1 | 2 | 1 | 0 | 4 | 1 | 0 | 1 | 0 | 2 |
| Total | 1692 | 863 | 546 | 281 | 363 | 2053 | 161 | 136 | 59 | 70 | 426 |



Appendix D: WBA Statistics

Breakdown of international medical graduates assessed through the WBA Program by country of training and provider.

| Authority | Cty Trained | No of Assessed | No of Pass | No of Fail | No of Pending Result |
|--|-----------------|----------------|------------|------------|----------------------|
| South Western Sydney Local Health District | BANGLADESH | 1 | 1 | 0 | 0 |
| | BELARUS | 1 | 1 | 0 | 0 |
| | CHINA | 1 | 1 | 0 | 0 |
| | INDIA | 2 | 2 | 0 | 0 |
| | SRI LANKA | 5 | 5 | 0 | 0 |
| | Subtotal | 10 | 10 | 0 | 0 |
| Central Coast Local Health District | BANGLADESH | 2 | 2 | 0 | 0 |
| | COLOMBIA | 1 | 1 | 0 | 0 |
| | EGYPT | 6 | 6 | 0 | 0 |
| | FIJI | 1 | 1 | 0 | 0 |
| | INDIA | 2 | 2 | 0 | 0 |
| | IRAQ | 1 | 1 | 0 | 0 |
| | NEPAL | 1 | 1 | 0 | 0 |
| | PAKISTAN | 4 | 4 | 0 | 0 |
| | PHILIPPINES | 5 | 5 | 0 | 0 |
| | SRI LANKA | 1 | 1 | 0 | 0 |
| Subtotal | 24 | 24 | 0 | 0 | |
| Flinders Rural Health South Australia | BANGLADESH | 1 | 1 | 0 | 0 |
| | PAKISTAN | 2 | 2 | 0 | 0 |
| | Subtotal | 3 | 3 | 0 | 0 |
| Hunter New England Local Health District | BANGLADESH | 1 | 1 | 0 | 0 |
| | BRAZIL | 5 | 5 | 0 | 0 |
| | CHINA | 1 | 1 | 0 | 0 |
| | EGYPT | 3 | 2 | 1 | 0 |
| | GERMANY | 1 | 1 | 0 | 0 |
| | INDIA | 7 | 7 | 0 | 0 |
| | IRAQ | 1 | 1 | 0 | 0 |
| | ITALY | 1 | 1 | 0 | 0 |
| | MYANMAR | 1 | 1 | 0 | 0 |
| | NIGERIA | 1 | 1 | 0 | 0 |
| | PAKISTAN | 2 | 2 | 0 | 0 |
| | RUSSIA | 1 | 1 | 0 | 0 |
| | SOUTH AFRICA | 2 | 2 | 0 | 0 |
| | SRI LANKA | 2 | 2 | 0 | 0 |
| | SWEDEN | 1 | 1 | 0 | 0 |
| | SYRIA | 1 | 1 | 0 | 0 |
| Subtotal | 31 | 30 | 1 | 0 | |

| | | | | | |
|--|-----------------------------|------------|-----------|----------|----------|
| Illawarra Shoalhaven Local Health District | BANGLADESH | 1 | 1 | 0 | 0 |
| | BELARUS | 1 | 1 | 0 | 0 |
| | BRAZIL | 1 | 1 | 0 | 0 |
| | EGYPT | 1 | 1 | 0 | 0 |
| | GRENADA | 1 | 1 | 0 | 0 |
| | INDIA | 3 | 3 | 0 | 0 |
| | IRAQ | 1 | 1 | 0 | 0 |
| | RUSSIA | 2 | 2 | 0 | 0 |
| | SOUTH AFRICA | 1 | 1 | 0 | 0 |
| | Subtotal | 12 | 12 | 0 | 0 |
| Latrobe Regional Hospital | EGYPT | 1 | 1 | 0 | 0 |
| | INDIA | 1 | 1 | 0 | 0 |
| | IRAQ | 1 | 1 | 0 | 0 |
| | MYANMAR | 1 | 1 | 0 | 0 |
| | PAKISTAN | 1 | 1 | 0 | 0 |
| | PHILIPPINES | 2 | 2 | 0 | 0 |
| | Subtotal | 7 | 7 | 0 | 0 |
| | Launceston General Hospital | BANGLADESH | 1 | 1 | 0 |
| BELGIUM | | 1 | 1 | 0 | 0 |
| CHINA | | 1 | 1 | 0 | 0 |
| EGYPT | | 5 | 5 | 0 | 0 |
| INDIA | | 5 | 5 | 0 | 0 |
| IRAN | | 1 | 1 | 0 | 0 |
| IRAQ | | 6 | 6 | 0 | 0 |
| NIGERIA | | 1 | 1 | 0 | 0 |
| PHILIPPINES | | 3 | 3 | 0 | 0 |
| RUSSIA | | 1 | 1 | 0 | 0 |
| SAMOA | | 2 | 2 | 0 | 0 |
| SOUTH AFRICA | | 1 | 1 | 0 | 0 |
| SRI LANKA | | 5 | 4 | 0 | 1 |
| SUDAN | | 1 | 1 | 0 | 0 |
| SYRIA | | 2 | 2 | 0 | 0 |
| UKRAINE | | 1 | 1 | 0 | 0 |
| VENEZUELA | | 1 | 1 | 0 | 0 |
| Subtotal | 38 | 37 | 0 | 1 | |
| Mid North Coast Local Health District | BANGLADESH | 1 | 1 | 0 | 0 |
| | BRAZIL | 3 | 3 | 0 | 0 |
| | FIJI | 1 | 1 | 0 | 0 |
| | INDIA | 2 | 2 | 0 | 0 |

Appendix D: WBA Statistics Continued

| | | | | | |
|--|-----------------|-----------|-----------|----------|----------|
| | IRAQ | 1 | 1 | 0 | 0 |
| | SOUTH AFRICA | 2 | 2 | 0 | 0 |
| | Subtotal | 10 | 10 | 0 | 0 |
| Monash Health | HUNGARY | 1 | 1 | 0 | 0 |
| | INDIA | 4 | 4 | 0 | 0 |
| | IRAQ | 1 | 1 | 0 | 0 |
| | JAPAN | 1 | 1 | 0 | 0 |
| | MOLDOVA | 1 | 1 | 0 | 0 |
| | NEPAL | 1 | 1 | 0 | 0 |
| | PAKISTAN | 4 | 4 | 0 | 0 |
| | Subtotal | 13 | 13 | 0 | 0 |
| Northern Adelaide Local Health Network | INDIA | 1 | 0 | 0 | 1 |
| | MALAYSIA | 1 | 1 | 0 | 0 |
| | PHILIPPINES | 1 | 1 | 0 | 0 |
| | Subtotal | 3 | 2 | 0 | 1 |
| Sunshine Coast Hospital and Health Service | BANGLADESH | 1 | 1 | 0 | 0 |
| | CHINA | 2 | 2 | 0 | 0 |
| | FIJI | 1 | 1 | 0 | 0 |
| | INDIA | 1 | 1 | 0 | 0 |
| | ITALY | 2 | 2 | 0 | 0 |
| | MYANMAR | 1 | 1 | 0 | 0 |
| | NIGERIA | 1 | 1 | 0 | 0 |
| | ROMANIA | 1 | 1 | 0 | 0 |
| | RUSSIA | 1 | 1 | 0 | 0 |
| | SRI LANKA | 1 | 1 | 0 | 0 |
| Subtotal | 12 | 12 | 0 | 0 | |
| WA Country Health Service | ARMENIA | 1 | 1 | 0 | 0 |
| | BANGLADESH | 1 | 1 | 0 | 0 |
| | CHINA | 2 | 2 | 0 | 0 |
| | CUBA | 1 | 1 | 0 | 0 |
| | EGYPT | 1 | 1 | 0 | 0 |
| | INDIA | 7 | 7 | 0 | 0 |
| | IRAN | 2 | 2 | 0 | 0 |
| | IRAQ | 1 | 1 | 0 | 0 |
| | MYANMAR | 2 | 2 | 0 | 0 |
| | NEPAL | 1 | 1 | 0 | 0 |
| | NIGERIA | 1 | 1 | 0 | 0 |
| | PAKISTAN | 3 | 3 | 0 | 0 |

| | | | | | |
|--------------------------------------|-----------------|------------|------------|----------|----------|
| | RUSSIA | 1 | 1 | 0 | 0 |
| | SAMOA | 1 | 1 | 0 | 0 |
| | SOUTH AFRICA | 1 | 1 | 0 | 0 |
| | SRI LANKA | 4 | 4 | 0 | 0 |
| | SUDAN | 1 | 1 | 0 | 0 |
| | Subtotal | 31 | 31 | 0 | 0 |
| Wide Bay Hospital and Health Service | BRAZIL | 1 | 1 | 0 | 0 |
| | BURUNDI | 1 | 1 | 0 | 0 |
| | INDIA | 1 | 1 | 0 | 0 |
| | MYANMAR | 3 | 3 | 0 | 0 |
| | NIGERIA | 2 | 2 | 0 | 0 |
| | PAKISTAN | 3 | 3 | 0 | 0 |
| | PHILIPPINES | 1 | 1 | 0 | 0 |
| | RUSSIA | 1 | 1 | 0 | 0 |
| | SAMOA | 1 | 1 | 0 | 0 |
| | SOUTH AFRICA | 1 | 1 | 0 | 0 |
| Subtotal | 15 | 15 | 0 | 0 | |
| Grand Total | | 209 | 206 | 1 | 2 |

Vale



Carl Matheson

The AMC wishes to pay tribute to the life and career of Carl Matheson, a highly respected and dedicated professional who made significant contributions during his tenure of a decade.

Carl passed away earlier this year after a prolonged illness. Here we remember the key milestones and accomplishments during his time at the AMC and the profound impact he had on our organisation.

Carl joined the AMC in June 2012, in the role of Project Manager, AMC Examination Centre Development. From the outset, his commitment to the AMC and his team was evident.

Carl's dedication and exceptional work ethic led to his appointment as AMC's Director of Assessment and Innovation in January 2015. In this role, he played a pivotal role in shaping the AMC's assessment strategies and fostering a culture of innovation.

Throughout his tenure at the AMC, Carl consistently demonstrated commitment to the organisation's purpose and the well-being of his team. Even during his prolonged illness, he remained actively engaged, ensuring that the high standards of the business were upheld. His approach to leadership served as a testament to his character and values, leaving a lasting impression on those who worked alongside him.

One of Carl's most significant achievements during his time at the AMC was his vision for a world-class, best-practice testing facility, resulting in the establishment of the National Test Centre (NTC) in Melbourne.

Under his guidance, the NTC became a shining example of excellence in testing facilities, earning recognition and admiration from national and international peers and competitors alike. Carl was involved in every facet of the NTC, from its inception to its continued success.

Carl's passing is a profound loss. He leaves behind a legacy of excellence, innovation, and dedication and will continue to inspire all who had the privilege of working with him.

The Australian Medical Council is an organisation whose work impacts across the lands of Australia and New Zealand.

The AMC acknowledges the Aboriginal and Torres Strait Islander Peoples as the original Australians and the Māori People as the tangata whenua (Indigenous) Peoples of Aotearoa (New Zealand).

We recognise them as the traditional custodians of knowledge for these lands.

We pay our respects to them and to their Elders, both past, present and emerging, and we recognise their enduring connection to these lands on which we live and work every day, and honour their ongoing connection to those lands, its waters and sky.

