

13 ANNUAL REPORT

This annual report contains the audited financial statements for the Australian Medical Council (AMC) for the financial year 2012-13 and information on the AMC's performance in carrying out its functions, important events and activities in the reporting period, 1 January 2013 to 31 December 2013.

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2013 ANNUAL REPORT

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About this report

This annual report contains the audited financial statements for the Australian Medical Council (AMC) for the financial year 2012–13, and information on the AMC's performance in carrying out its functions, important events and activities in the reporting period, 1 January 2013 to 31 December 2013.

The report varies from previous reports, which provided financial statements for financial years while providing information on some activities and events for calendar years. As a result, this annual report may contain some duplication of information previously provided in the 2012 annual report.

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Year in review

1

President's report

Among the many highlights of 2013 I would like to comment on four:

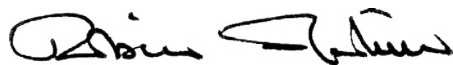
- The Review of the Australian Medical Council
- Work done on behalf of the Medical Board of Australia on intern training and assessment
- Opening of the AMC National Test Centre in Melbourne, and
- The continuing excellent work of the AMC secretariat and our large body of voluntary committee members, examiners and assessors.

The findings of the review of the Australian Medical Council (AMC) initiated by the Council under the leadership of Professor Richard Smallwood, my predecessor as President, were thoroughly examined by Council in two workshops. A Draft Strategic Plan has been reviewed but not unexpectedly will need continued attention because of the rapidly evolving external environment and the many planned changes to the internal structures and processes of the AMC. An outline of recommendations and the responses of the AMC to these will soon be available on our website.

The Medical Board of Australia (Medical Board) commissioned the AMC to examine and make recommendations about standards for training and assessment of interns and accreditation of organisations that accredit intern training positions. This involved a large amount of excellent work by AMC sponsored working parties and the AMC secretariat and extensive consultation with stakeholders. Previous work done by the Confederation of Postgraduate Medical Councils formed the basis for a significant amount of the output. The MBA has approved new national standards for intern training, a consistent national process for accreditation of intern posts and accreditation of intern training authorities and a plan for initial assessment of the training authorities. The AMC now develops accreditation standards, policies and procedures for the continuum of medical programs of study from medical school, internship and prevocational training. The newly formed Prevocational Standards Accreditation Committee, chaired by Professor Liz Farmer, will be responsible for oversight of the AMC intern training activities.

As a direct response to the report by the House of Representatives Standing Committee on Health and Ageing, *Lost in the Labyrinth*, published in March 2012 the AMC has established in Melbourne a state of the art facility for assessment of clinical skills of international medical graduates. This has already significantly shortened waiting times for examination candidates and will eventually replace hospital based exams. The Centre has been named in honour of Professor Vernon C Marshall, the former Chair of the AMC Board of Examiners and editor in chief of many AMC publications.

The work of the AMC depends on many people, notably our highly skilled and productive secretariat and the large number of health and educational professionals and consumer representatives who serve on our committees and assessment panels. I thank them all and also thank the Medical Board of Australia for their support and the excellent working relationship that continues.



Robin Mortimer AO
President



Chief Executive Officer's report

In 2013 the AMC achieved a number of key milestones that represented a considerable investment in time and resources for the AMC Secretariat and many of the individuals who contribute to the work of the Council.

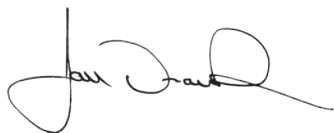
The year commenced with the announcement by the MBA that the AMC, after a comprehensive consultation and review process, had been reassigned the role of the accreditation authority for medicine under the Health Practitioner Regulation National Law (National Law). A considerable effort had been invested by the AMC preparing the re-assignment submission and it was a sobering experience for the AMC itself to be subjected to an "accreditation" process of the type that it has carried out with other organisations over many years.

In 2013 the AMC also completed work on the accreditation standards, processes and guidelines for intern training in Australia as part of the new national registration and accreditation scheme. This project, which was commissioned by the MBA, proved to be more complex and time-consuming than had been expected. The completion of the national accreditation standards for intern training now means that the continuum of medical education, from basic medical education (primary medical degree) through the internship to postgraduate specialist training is now covered by nationally consistent AMC accreditation standards.

Funding and resource challenges continued to be a concern for the AMC in 2013. The decision by the incoming Australian government in late 2013 to freeze grant funding pending a major audit and review of government expenditure, together with limitations on the level of funding available to the AMC under the terms of its Agreement with Australian Health Practitioner Regulation Agency (AHPRA) and a decline in demand for the AMC examination, meant that for the first time in many years the AMC was likely to experience a deficit in its income over expenditure. As a result, despite a number of major successes in 2013, the AMC is faced with the very real prospect of having to downsize its staff and operations in 2014 and beyond.

In July 2013 the new AMC National Test Centre in Melbourne was officially opened. Many years of planning and thought had been invested in the idea of a purpose-built clinical test facility for AMC examinations. The impetus to commission a test facility was provided by a capital grant from Health Workforce Australia in response to the House of Representatives report into international medical graduates. The National Test Centre not only allows the AMC to streamline the delivery of its clinical examinations but also brings together sophisticated technology and assessment expertise that confirms the standing of the AMC as a leader in assessment development and delivery.

I would like to acknowledge the dedication and professionalism of the staff of the AMC during the year. Once again the AMC has been able to maintain its existing work program while at the same time accommodating new initiatives and developments within a constrained resource base. The staff, together with the many medical professionals, clinicians and educators, who generously give their time and expertise to the AMC, are instrumental in enabling the Council to achieve its objectives.



Ian Frank
Chief Executive Officer



Council members and directors

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

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

- experts in medical regulation
- experts in the education and training of medical students and medical practitioners
- doctors in training and medical students
- representatives of the medical profession
- health consumers and community members
- health service managers
- experts in improving safety and quality in the health care system.

The directors are responsible for the AMC's day-to-day management. They receive high-level advice on budgets and finances from the AMC's Finance, Audit and Risk Management Committee and are provided with training through the Australian Institute of Company Directors. The directors for all or part of the financial year 2012–13 are listed in the directors' report in the financial statements, where their attendance at meetings is also detailed.



Council members at the 2013 annual general meeting



Report of highlights

2

Highlights

- Reassigned the accreditation functions for the medical profession for a period of five years (from 1 July 2013 to 30 June 2018)
- Report of the independent external review affirming the AMC's commitment to the process of continuous improvement and self-reflection that it commends to organisations undergoing its accreditation processes
- Development of a national framework, in consultation with the Medical Board of Australia, for the intern year that includes:
 - global outcome statements for the intern year;
 - national standards for intern training;
 - guidelines for rotations during the intern year; and
 - a nationally consistent assessment process.
- Completion of the AMC Vernon C Marshall National Test Centre, a state-of-the-art purpose built clinical skills testing facility

Independent panel reviews the Australian Medical Council

In 2013 an independent international panel completed a review of the AMC. The review was commissioned by the AMC Directors to consider the objectives of the AMC and to identify areas for improvement in order to lay the foundations for a stronger future.

This follows on from the decision by the Medical Board of Australia that the accreditation functions for the medical profession required under the National Law should continue to be exercised by the AMC for a period of five years, from 1 July 2013 to 30 June 2018. It also follows the development of the AMC's strategic plan for 2012–17.

The findings in the independent international panel's report, chaired by Professor Sir Liam Donaldson, affirm that the AMC has much to be proud of and to build on. Their report commends the AMC's work in many areas. The panel's report said, 'The AMC as an organisation is highly respected and regarded as a force for good in the Australian [healthcare] system.'

The AMC commissioned the external review to consider its challenges in a complex environment, to identify areas for improvement, and to lay the strategic foundations for a strong future.

The external review has provided valuable insights to support the AMC to continue its important work to ensure that standards of education, training and assessment of the medical profession promote and protect the health of the

Australian community. The panel's review report highlighted the importance of the AMC's work to promote high standards of medical practice and protect patients from unsafe care.

The report addresses the complex healthcare landscape in which the AMC operates, characterised by challenges common to the developed world, such as overstretched resources, an increased burden of chronic disease and the demands of an ageing population, as well as challenges specific to Australia such as high quality and safe health care for Australia's Indigenous peoples and for a multicultural society, health workforce shortages and medical workforce maldistribution.

The panel made 10 recommendations regarding management, funding and organisational governance, and strengthening client relationships.

The AMC Directors and the Council at the November 2013 annual general meeting considered its response to the panel's review report and the AMC's strategic priorities. The Council agreed to implement the highest priority recommendations that align with its strategic plan to address significant national medical education and health issues.



Independent review panel members

Assignment of accreditation functions

The Australian Medical Council (AMC) was assigned the accreditation functions for the medical profession by the Australian Health Workforce Ministerial Council prior to the commencement of the National Registration and Accreditation Scheme for an initial period of three years. That three-year period expired on 30 June 2013. As required under section 253 of the Health Practitioner Regulation National Law Act, as in force in each state and territory (the National Law), the Medical Board of Australia (Medical Board) commenced a review of the accreditation arrangements for the medical profession in 2012, founded on principles agreed by the National Boards, the accreditation authorities (through the Australian Health Professions Accreditation Councils' Forum) and the Australian Health Practitioner Regulation Agency (AHPRA). The review included wide-ranging consultation as required by the National Law. After considering the submission provided by the Council, and feedback received during the review process, the Medical Board at its meeting on 12 December 2012 decided that the accreditation functions for the medical profession should continue to be exercised by the AMC for a period of five years, from 1 July 2013 to 30 June 2018.

National framework for the intern year

Following the introduction of the National Law as in force in each state and territory, the Medical Board of Australia (the Medical Board) is responsible for granting general registration to Australian and New Zealand medical graduates who have completed an intern year.

In November 2012, the Australian Health Workforce Ministerial Council approved a new national registration standard on granting general registration to Australian and New Zealand medical graduates on completion of internship. On behalf of the Medical Board, the AMC has developed national standards and guidelines to support the implementation of the registration standard from 2014. These documents provide a national framework for intern training accreditation.

The national framework for intern training includes a process for the Medical Board to approve intern training accreditation authorities after the AMC has assessed and accredited them. The aim of the AMC process is to recognise intern training programs that promote and protect the quality and safety of patient care, and meet the needs of the interns and the health service as a whole. This is achieved through setting standards for intern training programs and recognising intern training accreditation authorities that assess programs against these standards.

In this process, the accreditation authority's intern training activities are assessed against the domains of a quality framework agreed by the Medical Board. These domains are: governance, independence, operational management, intern training program accreditation and stakeholder collaboration. The AMC completes its assessment and reports to the Medical Board which makes a decision on approval of the intern training accreditation authority for the purposes of the registration standard.

Completion of Vernon C Marshall National Test Centre

In 2012–13, with support from Health Workforce Australia, the Australian Medical Council developed a new medical test centre for international medical graduates (IMGs). The technologically advanced centre, located in Melbourne, has been named the Vernon C Marshall National Test Centre (NTC) in honour of Professor Marshall, former chair of the AMC Board of Examiners and editor in chief of many AMC publications produced to help IMGs to prepare for AMC examinations.

The facility, the only one of its kind in Australia, will enable the clinical skills of IMGs to be assessed outside hospitals through the use of multimedia and CCTV recording capability. The centre is colocated with a high security computer-test facility operated by US-based international computer-testing provider Pearson VUE, which is responsible for delivering the AMC's computer-administered multiple-choice question examination. The centre enables the AMC to:

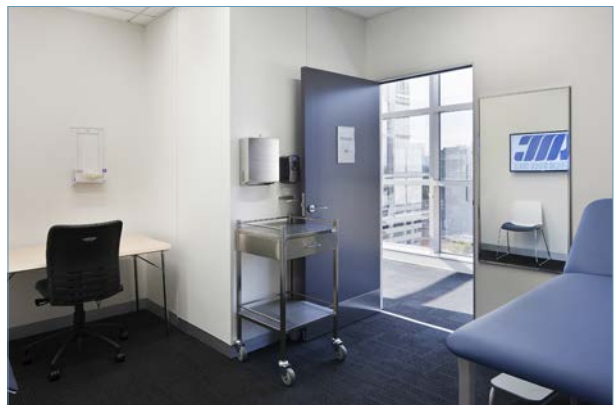
- monitor the performance of individual components of the examination in real time
- identify areas for improvement in test design and role-player and examination training
- review and assess disputed assessment outcomes and appeals
- implement greater test efficiency by using remote scoring of test stations.

In March 2012, the House of Representatives Standing Committee on Health and Ageing released the report of its inquiry into registration processes and support for overseas-trained doctors. The report recommended that the AMC increase the availability of clinical examination places so that those making a first attempt at the examination could be accommodated within six months of their initial application. The centre will help the AMC make its examinations—both multiple-choice question and clinical—available more often to smaller numbers of candidates and will help clear the backlog of candidates wanting to schedule for the clinical examination.

‘The centre will immediately increase the number of international medical graduates eligible for registration in Australia and end delays for candidates waiting to sit the AMC clinical examination,’ said Professor Robin Mortimer

AO, President of the Australian Medical Council. 'It means more doctors for Australian patients—more international medical graduates who have passed robust tests to make sure they can provide safe care.'

In June 2013, the AMC successfully conducted trial clinical examinations at the centre, which was officially opened on July 31 2013 by the Hon. Shayne Newmann, MP, Parliamentary Secretary for Health and Ageing. The AMC is scoping business models for future development and use of the NTC, with the aim of offering spare capacity to other users such as specialist medical colleges, medical schools, the Australian Health Practitioner Regulation Agency and other health professions.



Report of activities

Accreditation update

Accreditation standards review

Following wide ranging consultation, the 29 October 2012 meeting of AMC Directors approved new accreditation standards for primary medical programs. The Medical Board approved these standards in December 2012. The AMC implemented these standards from January 2013.

In 2013, the AMC also implemented the national standards for intern training programs as part of the work for the Medical Board on a national framework for intern training. While these standards do not relate to the accreditation of programs of study and their education providers, the AMC has structured the standards along the same lines as the accreditation standards for primary medical programs and specialist medical programs. After wide ranging consultation, from late 2012 to November 2013, they were approved by the November 2013 meeting of AMC Directors and December 2013 meeting of the Medical Board.

In August 2013, the AMC began to review the standards for accreditation of specialist medical programs and continuing professional development programs. It started the consultation process on this in August 2013. The AMC invited submissions via its website and through targeted invitations to stakeholders. Stakeholders, including the Medical Board, made initial submission on the proposed scope of the review in late 2013. The next phase is to constitute small review groups to begin consultation and development of revised standards.

The three sets of accreditation standards (primary medical programs, national standards for intern training programs and standards for specialist medical training) are on the AMC website: <http://www.amc.org.au/index.php/ar>.

Accreditation of medical programs

Under the Health Practitioner Regulation National Law, the AMC may grant accreditation if it is reasonably satisfied that a program of study and the education provider that provides it meet an approved accreditation standard. The AMC may also grant accreditation if it is reasonably satisfied that the provider and the program of study substantially meet an approved accreditation standard, and the imposition of conditions on the approval will ensure the program meets the standard within a reasonable time. Having made a decision, the AMC reports its accreditation decision to the Medical Board to enable the Medical Board to make a decision on the approval of the program of study for registration purposes.

An AMC accreditation report, even of a strong medical program, may contain conditions and will include recommendations for improvement to address areas of relative weakness, ideally building on the education provider's own assessment and plans to address its weaknesses.

The AMC undertakes assessments in the following circumstances:

- *assessment of new developments including:*
 - assessment of new medical education providers and programs of study
 - assessment of proposals for material change in established medical programs
- *assessment for the purposes of reaccreditation of established programs and their medical education providers.*

In 2013 the AMC made the accreditation decisions listed below under the National Law. Each decision was reported to the Medical Board. The Medical Board announces its decisions on the approval of AMC-accredited programs for the purposes of registration via communiques: <http://www.medicalboard.gov.au/News.aspx>. The executive summaries of the AMC accreditation reports are published on the AMC website.

Australian National University Medical School

AMC Directors (20 June 2013) agreed the proposal to change the program name and qualification type from Bachelor of Medicine / Bachelor of Surgery (MBBS) to Medicinae ac Chirurgiae (MChD) did not constitute a major change. The Directors agreed to continue the accreditation of these programs.

The AMC Directors (21 November 2013) agreed to accredit:

- The four-year graduate-entry program Bachelor of Medicine/Bachelor of Surgery (MBBS) medical program of the Australian National University Medical School to 31 December 2018 subject to satisfactory progress reports;
- The four-year graduate-entry Doctor of Medicine and Surgery (MChD) medical program of the Australian National University Medical School to 31 December 2019.

The accreditation is subject to conditions.

Deakin University, School of Medicine

On the basis of a comprehensive report, AMC Directors (20 June 2013) extended the accreditation of the School's medical program to 31 December 2017, subject to satisfactory progress reports.

Flinders University, School of Medicine

AMC Directors (17 May 2013) agreed the change of program name and qualification type from Bachelor of Medicine / Bachelor of Surgery (BMBS) to Doctor of Medicine (MD) did not constitute a major change. The Directors resolved to continue the accreditation of these programs.

Griffith University School of Medicine

AMC Directors (17 May 2013) agreed the change of program name and qualification type from Bachelor of Medicine / Bachelor of Surgery (MBBS) to Doctor of Medicine (MD) did not constitute a major change. The Directors resolved to continue the accreditation of these programs.

University of Melbourne, Melbourne Medical School

AMC Directors (21 November 2013) extended the accreditation of the following medical programs of the University of Melbourne, Melbourne Medical School, from 31 December 2013 to 31 December 2015. These programs are in teach-out phase:

- Bachelor of Medicine / Bachelor of Surgery (MBBS)
- Bachelor of Medicine / Bachelor of Surgery / Bachelor of Medical Sciences (MBBS/BMedSci)

Monash University: Faculty of Medicine, Nursing and Health Sciences

AMC Directors (21 November 2013) extended the accreditation of the four-year Bachelor of Medicine/Bachelor of Surgery (MBBS) program and the five-year Bachelor of medicine/Bachelor of Surgery (MBBS) program of the Monash University, Faculty of Medicine, Nursing and Health Sciences until 31 December 2017, subject to satisfactory progress reports. The decision follows review of the Faculty's comprehensive report.

University of New South Wales, Faculty of Medicine

AMC Directors (17 May 2013) agreed the change of program name and qualification type from Bachelor of Medicine / Bachelor of Surgery (MBBS) to Bachelor of Medical Studies and Doctor of Medicine – integrated

program (BMedMD) did not constitute a major change. The Directors resolved to continue the accreditation of these programs.

The accreditation of the Faculty's programs ended on 31 December 2013. The AMC assessed the Faculty's programs in October 2013 and is finalising the accreditation report. AMC Directors (26 August 2013) extended the accreditation of the medical programs of the University of New South Wales, Faculty of Medicine to 31 June 2014, allowing time for the accreditation report to be completed.

University of Notre Dame Australia, School of Medicine Sydney

On the basis of the School's comprehensive report AMC Directors (21 October 2013) extended the accreditation of the medical program of the University of Notre Dame Australia, School of Medicine Sydney to 31 December 2017, subject to satisfactory progress reports.

University of Sydney Medical School

AMC Directors (26 August 2013) agreed the proposed change of program name and qualification type: Bachelor of Medicine / Bachelor of Surgery to Doctor of Medicine (MD) did not constitute a major change to the accredited program. The Directors resolved to continue the accreditation of these programs.

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

AMC Directors (21 October 2013) extended the accreditation of the six-year MBBS program of the Faculty of Medicine, Dentistry and Health Sciences University of Western Australia to 31 December 2017 (subject to a report on the teach-out phase in 2015) and granted accreditation of the Faculty's four-year MD program to 21 December 2018, subject to conditions and satisfactory progress reports.

Australasian College of Dermatologists

On the basis of the College's comprehensive report, AMC Directors (21 November 2013) extended the accreditation of the dermatology training program and the continuing professional development program of the Australasian College of Dermatologists to 31 December 2017, subject to satisfactory progress reports.

Australasian College for Emergency Medicine

On the basis of the College's comprehensive report, AMC Directors (26 August 2013) extended the accreditation of the education and training programs and the professional development programs of the Australasian College for Emergency Medicine to 31 December 2015, subject to satisfactory progress reports.

Royal Australian College of General Practitioners

AMC Directors (21 November 2013) reaccredited the following programs of the Royal Australian College of General Practitioners to 31 December 2019, subject to satisfactory progress reports: the Vocational Training Pathway, the General Practice Experience (Practice Eligible) Pathway, the Specialist Pathway Program and the Quality Improvement and Continuing Professional Development program.

Royal Australian and New Zealand College of Obstetricians and Gynaecologists

The AMC Directors (21 November 2013) reaccredited the Royal Australian and New Zealand College of Obstetricians and Gynaecologists' training programs in obstetrics and gynaecology and its continuing professional development program to 31 December 2019, subject to satisfactory progress reports.

Australian College of Rural and Remote Medicine (ad eundum gradum pathway)

AMC Directors (22 November 2012) accepted a proposal from the Australian College of Rural and Remote Medicine (ACRRM) to develop a new pathway to fellowship, the ad eundum gradum pathway, for holders of qualifications deemed to be equivalent to the ACRRM fellowship. This is not a new program of training, but a change to the way the College addresses the accreditation standard relating to the assessment of specialist international medical graduates.

Directors accepted the Fellowship of the Royal New Zealand College of General Practitioners for the purposes of this pathway.

In May 2013, Directors also accepted the certificate in Family Practice from the College of Family Physicians of Canada, awarded post-1992, as an equivalent qualification to ACRRM's fellowship in specialist general practice.

Accreditation of intern training accreditation authorities

The AMC began to implement the new process for assessing intern training accreditation authorities in 2013. It piloted the process by reviewing the intern training accreditation authorities for South Australia and Tasmania. With the successful conclusion of the pilots, the AMC has granted five years' accreditation (to December 2018) to the South Australian Medical Education and Training Health Advisory Council and the Postgraduate Medical Education Council of Tasmania. The reports on these assessments are available on the AMC website.

The remaining intern accreditation authorities were requested to provide initial reports to the AMC for the purposes of granting initial accreditation until they undergo a full AMC accreditation assessment. The following authorities are currently accredited by the AMC through the transition to the new standards:

- Northern Territory Postgraduate Medical Council
- NSW Health Education and Training Institute
- Postgraduate Medical Council of Victoria

The Postgraduate Medical Education Council of Queensland and the Postgraduate Medical Council of Western Australia will participate in the new accreditation framework in 2014.

The Medical Board of Australia (17 December 2013) approved these bodies as intern accreditation authorities for the purposes of the registration standard.

Examination and assessment update

In November 2013, in line with the opening of the AMC National Test Centre and the successful implementation of the computer adaptive (CAT) multiple choice question (MCQ) examination, both the MCQ and the clinical examinations will increasingly be delivered on a "rolling" or test-windows basis, rather than the current large (single-day) test events. The AMC is working toward different arrangements for the selection and delivery of MCQ and clinical testing, to streamline the process in the interests of continuity.

The AMC is responsible for the assessment of international medical graduates (IMGs) seeking registration in Australia. The AMC assesses IMGs through one of three assessment pathways – the competent authority, standard and specialist pathways. All three pathways involve initial verification of the primary qualifications of IMGs.

Highlights in the AMC's examination and assessment programs

Standard Pathway

AMC CAT MCQ Examination: In 2013, a total of 2849 candidates were examined (including 1915 who were presenting for the first time). Of this number a total of 1508 passed and qualified to proceed to the clinical examination.

AMC Clinical Examination: The AMC conducted a total of 2607 clinical examinations (including 1623 candidates who were presenting for the first time). Of this number a total of 1055 passed and qualified for the AMC Certificate.

AMC Workplace-based Assessment: The workplace-based assessment (WBA) pathway was originally envisaged as an alternative to the AMC clinical examination for IMGs who had secured employment within the health care sector

in Australia. The WBA pathway has been very successful in both assessing the clinical skills of IMGs and integrating them into the medical workforce, although it has had limited take up by the jurisdictions.

There are seven accredited WBA programs operating in Australia. A total of 95 candidates commenced assessment through the WBA pathway. Of this number 76 completed the requirements and qualified for the AMC Certificate.

Competent Authority Pathway

In 2013, a total of 1123 applications were received for assessment through the competent authority pathway. 1054 were assessed as eligible for Advanced Standing. A total of 662 completed the pathway and were eligible for the AMC Certificate. (Because of the processing time involved, the statistics on Advanced Standing and Competent Authority Complete are not sub-sets of the total applications received.)

Specialist Assessment Pathway

In 2013 a total of 944 applications were received from overseas trained specialists for assessment. In the same period a total of 349 applications were assessed as Substantially Comparable (eligible to apply for specialist registration) and a further 335 were assessed as Partially Comparable (requiring not more than two years further training to reach substantial comparability).

Assessment of international medical graduates

The AMC assesses international medical graduates (IMGs) seeking general registration in Australia and facilitates the assessment of overseas-trained specialists through the relevant specialist medical colleges. It uses the ECFMG International Credentials Service (EICS) to verify the medical qualifications of all IMGs applying to it under any of its assessment pathways. It processes applications from, and conducts assessments of, IMGs seeking registration in Australia through the competent authority, standard and specialist pathways. IMGs are assessed through the computer-adaptive test (CAT) multiple-choice question (MCQ) examination and the clinical examination or its alternative, workplace-based assessment through an AMC-accredited provider.

In 2013, the AMC:

- processed
 - 6813 individual qualifications for primary source verification
 - 4308 verified qualifications
 - 1123 new applications for assessment through the Competent Authority Pathway
 - 2107 new applications from overseas-trained specialists for specialist assessment
- conducted
 - 33 CAT MCQ examinations
 - 37 main (16-station) clinical examination sessions
 - 6 retest (8-station) examination sessions
- assessed
 - 2887 candidates in the CAT MCQ examination
 - 2252 candidates in the clinical examination
 - 423 candidates in the clinical retest examination
 - 75 candidates for workplace-based assessment
- issued
 - 1068 Advanced Standing Certificates to successful competent authority pathway candidates
 - 1616 AMC Certificates to successful standard pathway candidates.

See Appendix C for statistics on the competent authority and standard pathways and Appendix D for statistics on the specialist pathway covering the period 1 July 2012 to 30 June 2013.





Financial report

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

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

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

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

Directors' report

AUSTRALIAN MEDICAL COUNCIL LIMITED

ABN 97 131 796 980

Financial Report for the Year Ended 30 June 2013

Directors' Report

Your Directors present this report on the entity for the financial year ended 30 June 2013.

Directors

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

- Professor Richard Smallwood AO President (until the AGM 23 November 2012) and Chair, Strategic Policy Advisory Committee (until the AGM 23 November 2012)
- Professor Robin Mortimer AO Deputy President (until the AGM 23 November 2012); President (appointed at the AGM 23 November 2012); Chair, Recognition of Medical Specialties Advisory Committee; and Chair, Strategic Policy Advisory Committee (from the AGM 23 November 2012)
- Associate Professor Jillian Sewell AM Deputy President (appointed at the AGM 23 November 2012); and Chair, Specialist Education Accreditation Committee
- Professor Richard Doherty Chair, Board of Examiners
- Professor David Ellwood Chair, Medical School Accreditation Committee
- Mr Ian Frank Chief Executive Officer, Australian Medical Council Limited
- Professor Constantine Michael AO Member elected by Council
- Dr Kim Rooney Member elected by Council
- Dr Glenda Wood AM Member elected by Council

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

Principal activities

The principal activity of the entity during the financial year was to be the external accreditation authority for medicine under the *Health Practitioner Regulation National Law Act 2009* (the National Law), functioning as an independent national standards and assessment body for medical education and training. The Council assesses medical courses and training programs (both Australian and New Zealand medical school courses and the programs for training medical specialists) and accredits programs which meet Australian Medical Council (AMC) accreditation standards; and the Council assesses doctors trained overseas who wish to be registered to practise medicine in Australia under the provisions of the National Law.

Objectives

The objectives of the Australian Medical Council (AMC) are:

- (a) to act as an external accreditation entity for the purposes of the Health Practitioner Regulation National Law

Australian Medical Council Limited ABN 97 131 796 980

Directors' Report

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

Directors' report (continued)

Australian Medical Council Limited ABN 97 131 796 980

Directors' Report

The entity's short-term objectives are to:

- align its accreditation and assessment functions with the Medical Board of Australia and the Australian Health Practitioner Regulation Agency (AHPRA)
- secure the renewal of the accreditation role of the AMC under the National Law
- negotiate and secure funding under the national regulatory arrangements to support the ongoing activities of the AMC
- implement the relevant recommendations of the House of Representatives *Lost in the Labyrinth* report, including the establishment of a National Test Centre for international medical graduates.

The entity's long-term objectives are to:

- consolidate its position as a leader in accreditation and assessment standards
- advocate for standards and safety in medical education
- become a leader in assessment in medicine
- support and encourage the exchange of expertise and information relating to accreditation and assessment both nationally and internationally.

Strategy

To achieve these objectives, the entity has adopted the following strategies:

- the AMC has formally changed its legal structure, constitution and governance to enable it to operate more effectively within the new national regulatory framework
- the AMC over time has developed a pool of more than 800 academics, clinicians, educationalists and experts in assessment to support its accreditation and assessment activities
- there has been a significant increase in commitment and resources to support in-house IT development to enable the AMC to implement new administrative and operational systems, data management and security
- the AMC has developed formal links with relevant accreditation and assessment bodies internationally and is an active participant in the advancement of accreditation and assessment processes internationally
- the AMC has established a state-of-the-art testing facility to improve the quality and efficiency of assessment in medicine
- the AMC has sought funding to expand its examination capacity.

Meetings of Directors 2013

During the financial year, 10 Meetings of Directors were held. Attendances by each Director were as follows:

	Directors' Meetings	
	No. eligible to attend	No. attended
Professor Richard Doherty	10	9
Professor David Ellwood	10	10
Mr Ian Frank	10	9
Professor Constantine Michael AO	10	8
Professor Robin Mortimer AO	10	10
Dr Kim Rooney	10	9
Associate Professor Jillian Sewell AM	10	9
Professor Richard Smallwood AO	5	5
Dr Glenda Wood AM	10	8

Indemnifying the Directors

During the financial year, the entity paid a premium of \$9,200 to insure the Directors of AMC. The Directors of AMC covered by the policy include 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 Richard Smallwood AO

Qualifications

MBBS, MD (Melb), FRACP, FRCP (London), FACP (Hon), D Med Sc (Hon), FAMS (Hon), FAMM (Hon).

Experience

Present appointments

- Emeritus Professor of Medicine, University of Melbourne
- Member, Board of Snowdome Foundation
- Member, Board of Drinkwise Australia
- Member, Board of the National Stem Cell Foundation of Australia
- Fellow of Trinity College, University of Melbourne

Directors' report (continued)

Information on Directors (cont.)

Past appointments

- Chairman of the Division of Medicine at the Austin and Repatriation Medical Centre and Director of Gastroenterology.
- Member, Board of the Australian Stem Cell Centre
- Member, Board of the Victorian Health Promotion Foundation
- Member, Board of the Victorian Neurotrauma Initiative
- Chair of National Health and Medical Research Council (1994 – 1997)
- Member of Australian Health Ministers Advisory Council (1994 – 1997)
- Chief Medical Officer (1999 – 2003)
- Chair of National Influenza Pandemic Advisory Council
- Chair of the National Health Information Management Advisory Council
- Chair of National Health Priority Action Council
- Inaugural Chair of National Blood Authority
- Chair of the Ministerial Taskforce for Cancer in Victoria
- Vice-President of the World Health Assembly in Geneva
- President, Royal Australasian College of Physicians
- Chair of the Health Professions Accreditation Councils' Forum

Special responsibilities

- President of the Australian Medical Council (until AGM 23 November 2012)
- Director of the Australian Medical Council (until AGM 23 November 2012)
- Member of Council, Australian Medical Council (until AGM 23 November 2012)
- Chair of the Strategic Policy Advisory Committee (until AGM 23 November 2012)
- Member of the Finance, Audit and Risk Management Committee (until AGM 23 November 2012)
- AMC Representative to the Committee of Presidents of Medical Colleges (until AGM 23 November 2012)
- AMC Representative to the Health Professions Accreditation Councils' Forum (until AGM 23 November 2012)
- Member of the Strategic Policy Advisory Committee

Professor Robin Mortimer AO

Qualifications

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

Experience

- Professor, Disciplines of Medicine, Obstetrics and Gynaecology, The University of Queensland
- Adjunct Professor, School of Biomedical Sciences, Faculty of Health, Queensland University of Technology
- Former Executive Director, Office of Health and Medical Research Queensland Health
- Former Senior Specialist, Royal Brisbane and Women's Hospital, Brisbane
- Former Director of Endocrinology, Royal Brisbane and Women's Hospital, Brisbane

Information on Directors (cont.)

- Former Physician, Department of Nuclear Medicine, Royal Brisbane Hospital, Brisbane
- Former Physician, Thyroid Carcinoma Clinic, Queensland Radium Institute, Royal Brisbane Hospital
- Former Consultant, Department of Pathology, Royal Brisbane Hospital
- Former President, Royal Australasian College of Physicians

Special responsibilities

- Deputy President of the Australian Medical Council (to AGM 23 November 2012)
- President of the Australian Medical Council (elected AGM 23 November 2012)
- Director of the Australian Medical Council
- Member of Council, Australian Medical Council
- Chair of the Recognition of Medical Specialties Advisory Committee
- Member of the Strategic Policy Advisory Committee, and Chair of the Strategic Policy Advisory Committee (from AGM 23 November 2012)
- Member of the Recognition of Medical Specialties Advisory Committee Economic Sub-Committee
- Member of the Finance, Audit and Risk Management Committee (from AGM 23 November 2012)
- AMC Representative on Health Workforce Australia National Training Plan Governance Committee
- AMC Representative to the Health Professions Accreditation Councils' Forum (from AGM 23 November 2012)
- NHMRC Australian Health Ethics Committee

Associate Professor Jillian Sewell AM**Qualifications**

MBBS (Hons) (Melb), FRACP, FRCP, FRCPCH (Hon), FCCP (Hon), FRCPI (Hon)
FAMS (Hon), FCPCHS (Hon), FAICD

Experience

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

Directors' report (continued)

Information on Directors (cont.)

Special responsibilities

- Deputy President Australian Medical Council (elected AGM 23 November 2012)
- Director of the Australian Medical Council
- Member of Council, Australian Medical Council
- Chair of the Specialist Education Accreditation Committee
- Member of the Finance, Audit and Risk Management Committee
- Member of the Recognition of Medical Specialties Advisory Committee
- AMC Representative to the Australian Health Ministers' Advisory Council Project Reference Group: Accreditation of Specialist Medical Training Sites

Professor Richard Doherty

Qualifications

MBBS (Hons), FRACP, D Obst RCOG

Experience

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

Special responsibilities

- Director of the Australian Medical Council
- Member of Council, Australian Medical Council
- Chair of the Board of Examiners
- Member of the Clinical Main Panel of Examiners
- Member of Clinical Sub Panel of Examiners (Paediatrics)
- Clinical Publications Contributor
- Chair of MCQ Development Committee
- Member of MCQ Panel of Examiners
- Chair of MCQ Panel of Examiners (Results Sub-group)
- Member of Editorial Committee – MCQ Publications
- Member of Expert Advisory Panel on Assessment
- Member of WBA Hybrid Model Working Group
- Chair of WBA Results Sub-group
- Member of COAG IMG Project (Stakeholders)
- Senior Examiner

Information on Directors (cont.)**Professor David Ellwood****Qualifications**

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

Experience

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

Special responsibilities

- Director of the Australian Medical Council
- Member of Council, Australian Medical Council
- Chair of the Medical School Accreditation Committee
- Member of the Benchmarking Working Group
- Chair of Australian Medical Education Study (AMES) Report Working Party
- Senior Examiner in Obstetrics and Gynaecology

Mr Ian Frank**Qualifications**

BA (Hons), MAICD

Experience

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

Special responsibilities

- Director of the Australian Medical Council
- Chief Executive Officer, Australian Medical Council

Directors' report (continued)

Information on Directors (cont.)

Professor Constantine Michael AO

Qualifications

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

Experience

- Principal Advisor, Medical Workforce, Health Department of Western Australia
- Emeritus Professor, University of Western Australia
- Consultant Medical Advisor, St John of God Health Care
- Group Director of Medical Services, St John of God Health Care
- Professor of Obstetrics and Gynaecology, University of Western Australia
- Head, Department of Obstetrics, King Edward Memorial Hospital for Women
- Head of Department, University of Western Australia
- Chair, Reproductive Technology Council
- Director, University of Notre Dame Australia
- Member Agency Management Committee, Australian Health Practitioner Regulation Agency
- Chair, Western Australian Board of the Medical Board of Australia

Special responsibilities

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

Associate Professor Kim Rooney

Qualifications

MBBS (Hons) (Monash), FRACP, FACHPM

Experience

- Associate Head, Launceston Clinical School, University of Tasmania School of Medicine
- Co-director of Physician Training, Launceston General Hospital
- Board member of the Post Graduate Medical Council of Tasmania
- Member of the National Examining Panel, Royal Australasian College of Physicians (Senior Examiners Panel)

Special responsibilities

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

Information on Directors (cont.)**Dr Glenda Wood AM****Qualifications**

MBBS (Hons), FACD, FAICD

Experience

- Former Chair of the Committee of Presidents of Medical Colleges
- Former President of The Australasian College of Dermatologists
- Head of Department of Dermatology, Prince of Wales Hospital
- Former Head of Department Sydney Children's Hospital
- Dermatologist in Private Practice
- Member of the European Academy of Dermatology and Venereology
- Fellow of the Australian Institute of Company Directors
- Senior Staff Specialist, The Prince of Wales Hospital and Royal Hospital for Women
- Former Senior Staff Specialist, Sydney Children's Hospital
- Member of the Society for Paediatric Dermatology
- Member of the American Academy of Dermatology

Special responsibilities

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

Directors' report (continued)

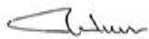
Members' guarantee

The entity is incorporated under the *Corporations Act 2001* and is an entity limited by guarantee. If the entity 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 entity. At 30 June 2013, the total amount that members of the company are liable to contribute if the company is wound up is \$220 (2012: \$230).

Auditor's independence declaration

The lead auditor's independence declaration for the year ended 30 June 2013 has been received and can be found on page 12 of the financial report.

Signed in accordance with a resolution of the Directors.

Director 
Professor Robin Mortimer AO (Chair)

Dated this 21 day of October 2013

Auditor's independence declaration



Auditor's Independence Declaration

As lead auditor for the audit of Australian Medical Council Limited for the year ended 30 June 2013, I declare that to the best of my knowledge and belief, there have been:

- a) no contraventions of the auditor independence requirements of the *Corporations Act 2001* in relation to the audit; and
- b) no contraventions of any applicable code of professional conduct in relation to the audit.

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


Shane Bellchambers
Partner
PricewaterhouseCoopers

 Canberra
October 2013

Statement of profit or loss and other comprehensive income for the year ended 30 June 2013

	Note	2013 \$	2012 \$
Revenue	2	19,973,965	17,436,921
Other income		352,340	407,924
Total revenue and other income		20,326,305	17,844,845
Accreditation expenses		703,941	516,094
Examination running expenses		6,337,188	6,049,404
Publishing expenses		62,816	76,691
Council committees and executive expenses		1,022,926	773,824
Employee benefits expenses		7,873,543	7,402,029
Depreciation and amortisation expenses		840,989	809,781
Bank fees and charges		281,199	253,267
Rental expenses		902,496	740,651
Audit, legal and consultancy expenses		129,811	58,830
Administration expenses		1,390,098	1,116,411
Other expenses		–	30,277
Total expenses		19,545,007	17,827,259
Surplus		781,298	17,586
Surplus for the year attributable to the Council		781,298	17,586
Other comprehensive income for the year		–	–
Total comprehensive income for the year		781,298	17,586

The accompanying notes form part of these financial statements

Statement of financial position as at 30 June 2013

	Note	2013 \$	2012 \$
Assets			
Current assets			
Cash and cash equivalents	3	2,832,235	1,389,630
Trade and other receivables	4	522,090	296,241
Inventories	5	99,877	122,423
Financial assets	7	4,891,038	6,490,055
Other assets	6	239,657	203,791
Total current assets		8,584,897	8,502,140
Non-current assets			
Plant and equipment	8	4,798,401	1,685,650
Intangible assets	9	584,342	359,555
Total non-current assets		5,382,743	2,045,205
Total assets		13,967,640	10,547,345
Liabilities			
Current liabilities			
Trade and other payables	10	3,123,081	1,574,075
Lease liabilities	11	46,729	43,915
Lease incentive		114,135	–
Employee benefits	12	602,586	446,133
Income in advance	13	3,906,897	3,507,422
Total current liabilities		7,793,428	5,571,545
Non-current liabilities			
Lease liabilities	11	172,427	196,079
Lease incentive		456,548	–
Employee benefits	12	155,385	191,693
Other payables		136,246	115,720
Total non-current liabilities		920,606	503,492
Total liabilities		8,714,034	6,075,037
Net assets		5,253,606	4,472,308
Equity			
Retained earnings		5,253,606	4,472,308
Total equity		5,253,606	4,472,308

The accompanying notes form part of these financial statements

Statement of changes in equity for the year ended 30 June 2013

	Note	Retained earnings \$	Total
Balance at 1 July 2011		4,454,722	4,454,722
Total comprehensive income for the year			
Surplus attributable to the Council		17,586	17,586
Total comprehensive income for the year		4,472,308	4,472,308
Balance at 30 June 2012		4,472,308	4,472,308
 Balance at 1 July 2012		 4,472,308	 4,472,308
Total comprehensive income for the year			
Surplus attributable to the Council		781,298	781,298
Total comprehensive income for the year		5,253,606	5,253,606
Balance at 30 June 2013		5,253,606	5,253,606

The accompanying notes form part of these financial statements

Statement of cash flows for the year ended 30 June 2013

	Note	2013 \$	2012 \$
Cash flows from operating activities			
Receipt of grants		3,274,105	2,100,674
Other receipts		17,972,052	16,565,956
Payments to suppliers and employees		(17,532,440)	(17,429,547)
Interest received		352,313	407,924
Net cash generated from operating activities		4,066,030	1,645,007
Cash flows from investing activities			
Proceeds from sale of plant and equipment		(5,903)	–
Payment for plant and equipment		(3,805,856)	(390,372)
Purchase of intangibles		(366,768)	(108,024)
Net cash used in investing activities		(4,178,527)	(498,396)
Cash flows from financing activities			
Repayment of finance lease commitments		(43,915)	194,796
Net cash used in financing activities		(43,915)	194,796
Net increase in cash held		(156,412)	1,341,407
Cash and cash equivalents at beginning of financial year		7,879,685	6,538,278
Cash and cash equivalents at end of financial year	3	7,723,273	7,879,685

The accompanying notes form part of these financial statements

Notes to the financial statements for the year ended 30 June 2013

The financial statements are for Australian Medical Council Limited (AMC), as an individual entity, incorporated and domiciled in Australia. Australian Medical Council Limited is a company limited by guarantee.

Note 1: Summary of significant accounting policies

Basis of preparation

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards – Reduced Disclosure Requirements of the Australian Accounting Standards Board (AASB) and the *Corporations Act 2001*.

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless otherwise stated.

The financial statements were authorised for issue on 21 October 2013 by the Directors of the AMC.

Accounting policies

(a) Revenue

Grant revenue is recognised when AMC obtains control of the grant and it is probable that the economic benefits gained from the grant will flow to the entity and the amount of the grant can be measured reliably.

If conditions are attached to the grant which must be satisfied before AMC is eligible to receive the contribution, the recognition of the grant as revenue will be deferred until those conditions are satisfied.

AMC receives non-reciprocal contributions of assets from the government and other parties for zero or a nominal value. These assets are recognised at fair value on the date of acquisition in the statement of financial position, with a corresponding amount of income recognised in the statement of comprehensive income.

Interest revenue is recognised using the effective interest rate method, which for floating rate financial assets is the rate inherent in the instrument.

Revenue from the rendering of a service is recognised upon the delivery of the service to the customers.

All revenue is stated net of the amount of goods and services tax (GST).

(b) Inventories

Inventories are measured at the lower of cost and current replacement cost. Inventories are measured at cost adjusted, when applicable, for any loss of service potential.

Inventories acquired at no cost, or for nominal consideration, are valued at the current replacement cost as at the date of acquisition.

(c) Plant and equipment

Plant and equipment are measured on the cost basis less accumulated depreciation and any accumulated impairment losses.

The carrying amount of plant and equipment is reviewed annually by directors to ensure it is not in excess of the recoverable amount from these assets. The recoverable amount is assessed on the basis of the expected net cash

flows that will be received from the asset's employment and subsequent disposal. The expected net cash flows have been discounted to their present values in determining recoverable amounts.

Plant and equipment that have been contributed at no cost, or for nominal cost, are valued and recognised at the fair value of the asset at the date it is acquired.

The depreciable amount of all fixed assets, including capitalised lease assets, is depreciated on a straight line basis over the asset's useful life to the entity 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 estimated useful lives of the improvements.

The depreciation rates used for each class of depreciable assets are:

Class of fixed asset	Depreciation period
Computer equipment	2–5 years
Office equipment	3–10 years
Leasehold Improvements	Term of the lease
Furniture and fittings	3–10 years
Leased assets	Term of the lease

The assets' residual values and useful lives are reviewed, and adjusted if appropriate, at the end of each reporting period.

Each asset class's carrying amount is written down immediately to its recoverable amount if the class's carrying amount is greater than its estimated recoverable amount.

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

(d) Leases

Leases of fixed assets, where substantially all the risks and benefits incidental to the ownership of the asset but not the legal ownership are transferred to AMC, are classified as finance leases.

Finance leases are capitalised, recording an asset and a liability equal to the present value of the minimum lease payments, including any guaranteed residual values.

AMC leased assets are depreciated on a straight-line basis over their estimated useful lives where it is likely that the entity will obtain ownership of the asset. Lease payments are allocated between the reduction of the lease liability and the lease interest expense for the period.

Lease payments for operating leases, where substantially all the risks and benefits remain with the lessor, are charged as expenses on a straight-line basis over the lease term.

Lease incentives under operating leases are recognised as a liability and amortised on a straight-line basis over the life of the lease term.

(e) Financial instruments

Initial recognition and measurement

Financial assets and financial liabilities are recognised when AMC becomes a party to the contractual provisions to the instrument. For financial assets, this is equivalent to the date that AMC commits itself to either purchase or sell the asset (i.e. trade date accounting is adopted). Financial instruments are initially measured at fair value plus transactions costs except where the instrument is classified 'at fair value through profit or loss' in which case transaction costs are expensed to profit or loss immediately.

Note 1: Summary of significant accounting policies (continued)

Classification and subsequent measurement

Financial instruments are subsequently measured at fair value, amortised cost using the effective interest rate method or cost. Fair value represents the amount for which an asset could be exchanged or a liability settled, between knowledgeable, willing parties. Where available, quoted prices in an active market are used to determine fair value. In other circumstances, valuation techniques are adopted.

Amortised cost is calculated as:

- (i) the amount at which the financial asset or financial liability is measured at initial recognition;
- (ii) less principal repayments;
- (iii) plus or minus the cumulative amortisation of the difference, if any, between the amount initially recognised and the maturity amount calculated using the effective interest method; and less any reduction for impairment.
- (iv) less any reduction for impairment.

The effective interest method is used to allocate interest income or interest expense over the relevant period and is equivalent to the rate that exactly discounts estimated future cash payments or receipts (including fees, transaction costs and other premiums or discounts) through the expected life (or when this cannot be reliably predicted, the contractual term) of the financial instrument to the net carrying amount of the financial asset or financial liability. Revisions to expected future net cash flows will necessitate an adjustment to the carrying value with a consequential recognition of an income or expense in profit or loss.

- (i) Financial assets at fair value through profit or loss

Financial assets are classified at 'fair value through profit or loss' when they are held for trading for the purpose of short-term profit taking, or where they are derivatives not held for hedging purposes, or when they are designated as such to avoid an accounting mismatch or to enable performance evaluation where a group of financial assets is managed by key management personnel on a fair value basis in accordance with a documented risk management or investment strategy. Such assets are subsequently measured at fair value with changes in carrying value being included in profit or loss.

- (ii) 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. (All other loans and receivables are classified as non-current assets.)

- (iii) Held-to-maturity investments

Held-to-maturity investments are non-derivative financial assets that have fixed maturities and fixed or determinable payments, and it is the AMC intention to hold these investments to maturity. They are subsequently measured at amortised cost.

Held-to-maturity investments are included in non-current assets, except for those which are expected to mature within 12 months after the end of the reporting period. (All other investments are classified as current assets.)

If during the period the AMC sold or reclassified more than an insignificant amount of the held-to-maturity investments before maturity, the entire held-to-maturity investments category would be tainted and reclassified as available-for-sale.

(iv) Available-for-sale financial assets

Available-for-sale financial assets are non-derivative financial assets that are either not capable of being classified into other categories of financial assets due to their nature, or they are designated as such by management. They comprise investments in the equity of other entities where there is neither a fixed maturity nor fixed or determinable payments. Such assets are subsequently measured at fair value.

Available-for-sale financial assets are included in non-current assets, except for those which are expected to be disposed of within 12 months after the end of the reporting period. (All other financial assets are classified as current assets.)

(v) Financial liabilities

Non-derivative financial liabilities (excluding financial guarantees) are subsequently measured at amortised cost.

Fair value

Fair value is determined based on current bid prices for all quoted investments. Valuation techniques are applied to determine the fair value for all unlisted securities, including recent arm's length transactions, reference to similar instruments and option pricing models.

Impairment

At the end of each reporting period, AMC assesses whether there is objective evidence that a financial instrument has been impaired. In the case of available-for-sale financial instruments, a prolonged decline in the value of the instrument is considered to determine whether an impairment has arisen. Impairment losses are recognised in the statement of comprehensive income.

Derecognition

Financial assets are derecognised where the contractual rights to receipt of cash flows expire or the asset is transferred to another party whereby AMC no longer has any significant continuing involvement in the risks and benefits associated with the asset. Financial liabilities are derecognised where the related obligations are discharged, cancelled or expired. The difference between the carrying value of the financial liability, which is extinguished or transferred to another party, and the fair value of consideration paid, including the transfer of non-cash assets or liabilities assumed, is recognised in profit or loss.

(f) Employee benefits

Provision is made for AMC's liability for employee benefits arising from services rendered by employees to the end of the reporting period. Employee benefits that are expected to be settled within one year have been measured at the amounts expected to be paid when the liability is settled. Employee benefits payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those benefits. In determining the liability, consideration is given to employee wage increases and the probability that the employee may not satisfy vesting requirements. Those cash outflows are discounted using market yields on national government bonds with terms to maturity that match the expected timing of cash flows.

(g) Cash and cash equivalents

Cash and cash equivalents include cash on hand, deposits held at call with banks, other short-term highly liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within short-term borrowings in current liabilities on the statement of financial position.

(h) Goods and services tax (GST)

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

Note 1: Summary of significant accounting policies (continued)

recognised as part of the cost of acquisition of the asset or as part of an item of expense. The net amount of GST recoverable from, or payable to, the ATO is included as part of receivables or payables in the statement of financial position.

Cash flows are included in the statement of cash flows on a gross basis, except for the GST component of cash flows arising from investing and financing activities which is recoverable from, or payable to, the ATO. The GST component of financing and investing activities which is recoverable from, or payable to, the ATO is classified as a part of operating cash flows. Accordingly, investing and financing cash flows are presented in the statement of cash flows net of the GST that is recoverable from, or payable to, the ATO.

(i) Income tax

No provision for income tax has been raised as AMC is exempt from income tax under Div 50 of the *Income Tax Assessment Act 1997*.

(j) Intangibles

Software

Software is recorded at cost. Software has a finite life and is carried at cost less any accumulated amortisation and impairment losses. It has an estimated useful life of between three to six years. It is assessed annually for impairment.

(k) Provisions

Provisions are recognised when AMC has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured. Provisions recognised represent the best estimate of the amounts required to settle the obligation at the end of the reporting period.

(l) Comparative figures

Where required by Accounting Standards, comparative figures have been adjusted to conform with changes in presentation for the current financial year.

When AMC applies an accounting policy retrospectively, makes a retrospective restatement or reclassifies items in its financial statements, a statement of financial position as at the beginning of the earliest comparative period must be disclosed.

(m) Trade and other payables

Trade and other payables represent the liability outstanding at the end of the reporting period for goods and services received by AMC during the reporting period which remain unpaid. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.

(n) Critical accounting estimates and judgements

The Directors evaluate estimates and judgements incorporated into the financial statements based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within AMC.

Key estimates – impairment

AMC assesses impairment at each reporting date by evaluating conditions specific to AMC that may lead to impairment of assets. Where an impairment trigger exists, the recoverable amount of the asset is determined. Fair value less costs to sell or current replacement cost calculations performed in assessing recoverable amounts incorporate a number of key estimates.

Note 2: Revenue and other income

	2013	2012
	\$	\$
Revenue from government grants and other grants		
Commonwealth government grants	631,365	671,932
Commonwealth special grants	–	71,910
Commonwealth grant for recognition of medical specialties	–	461,407
Commonwealth grant for accreditation of specialist education	–	603,182
Medical Board of Australia Grants	642,740	–
Medical Board of Australia special grants	–	292,243
Health Workforce Australia Grant	2,000,000	–
Total revenue from government grants and other grants	3,274,105	2,100,674
Other revenue		
Accreditation fees	361,846	185,391
Examination fees	15,852,865	14,299,810
Sale of publications	396,708	476,223
Other revenue	88,442	374,823
Total other revenue	16,699,860	15,336,247
Total revenue	19,973,965	17,436,921
Other income		
Gain on disposal of plant and equipment	27	–
Interest	352,313	407,924
Total other income	352,340	407,924
Total revenue and other income	20,326,305	17,844,845

Note 3: Cash and cash equivalents

	2013	2012
	\$	\$
Cash on hand	1,500	1,500
Cash at bank	2,830,735	1,388,130
	<u>2,832,235</u>	<u>1,389,630</u>

Reconciliation to cash at the end of the year

The above figures are reconciled to cash at the end of the financial year as shown in the statement of cash flows as follows:

	2013	2012
	\$	\$
Balances as above	2,832,235	1,389,630
Term deposits	4,891,038	6,490,055
Balances per statement of cash flows	<u>7,723,273</u>	<u>7,879,685</u>

Note 4: Trade and other receivables

	2013	2012
	\$	\$
Trade receivables	363,928	218,695
Other receivables	158,162	77,546
	<u>522,090</u>	<u>276,891</u>

Note 5: Inventories

	2013	2012
	\$	\$
Current		
At cost: Inventory	99,877	122,423
	<u>99,877</u>	<u>122,423</u>

Note 6: Other assets

	2013	2012
	\$	\$
Current		
Accrued income	148,216	76,585
Prepayments	91,441	127,206
	<u>239,657</u>	<u>203,791</u>

Note 7: Term deposits

	2013	2012
	\$	\$
Current		
Term deposits	4,891,038	6,490,055
	<u>4,891,038</u>	<u>6,490,055</u>

Financial assets are comprised of term deposits with banks.

Note 8: Plant and equipment

	2013	2012
	\$	\$
Computer equipment		
At cost	1,137,670	921,896
Less accumulated depreciation	(763,289)	(819,263)
	<u>374,381</u>	<u>102,633</u>
Office equipment		
At cost	693,999	228,116
Less accumulated depreciation	(210,868)	(177,802)
	<u>483,131</u>	<u>50,314</u>
Furniture and fittings		
At cost	740,768	362,728
Less accumulated depreciation	(350,272)	(286,878)
	<u>390,496</u>	<u>75,860</u>
Leasehold improvement		
At cost	5,147,550	2,560,704
Less accumulated depreciation	(1,790,867)	(1,347,238)
	<u>3,356,683</u>	<u>1,213,466</u>
Leased assets		
At cost	248,333	248,333
Less accumulated depreciation	(54,623)	(4,956)
	<u>193,710</u>	<u>243,377</u>
Total plant and equipment	<u>4,798,401</u>	<u>1,685,650</u>

Note 8: Plant and equipment (continued)

Movements in carrying amounts

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

	Computer equipment \$	Office equipment \$	Furniture and fittings \$	Leasehold improvement \$	Leased assets \$	Total \$
Balance at 1 July 2012	102,633	50,314	75,860	1,213,466	243,377	1,685,650
Additions at cost	372,804	465,906	380,323	2,601,577	–	3,820,610
Disposals	(157,031)	–	(2,292)	–	–	(159,323)
Depreciation expenses	(92,207)	(33,089)	(65,687)	(458,360)	(49,667)	(699,010)
Depreciation written back	148,182	–	2,292	–	–	150,474
Carrying amount at the end of year	374,381	483,131	390,496	3,356,683	193,710	4,798,401

Note 9: Intangible assets

	2013 \$	2012 \$
Computer software – at cost	1,053,818	687,050
Accumulated amortisation	(469,476)	(327,495)
Net carrying value	<u>584,342</u>	<u>359,555</u>

Movements in carrying amounts

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

	Computer software 2013 \$
Balance at the beginning of the year	359,555
Additions	366,768
Amortisation charge	(141,981)
	<u>584,342</u>

Note 10: Trade and other payables

	2013	2012
	\$	\$
Trade payables	990,160	59,034
Accrued expenses	1,064,579	692,734
Other current payables	193,388	23,480
Employee benefits	874,954	798,827
	<u>3,123,081</u>	<u>1,574,075</u>

Note 11: Lease liabilities

	2013	2012
	\$	\$
Current		
Lease liabilities	46,729	43,915
Non-current		
Lease liabilities	172,427	196,079
Total lease liabilities	<u>219,156</u>	<u>239,994</u>

Leased liabilities are secured by the underlying leased assets.

Note 12: Employee benefits

	Movement in provisions	
	\$	
Opening balance at 1 July 2012		637,826
Additional provisions raised during year		120,145
Amounts used		–
Balance at 30 June 2013		<u>757,971</u>
	2013	2012
	\$	\$
Analysis of total provisions		
Current	602,586	446,133
Non-current	155,385	191,693
	<u>757,971</u>	<u>637,826</u>

Note 12: Employee benefits (continued)

Provision for long-term employee benefits

A provision has been recognised for employee entitlements relating to long service leave. In calculating the present value of future cash flows in respect of long service leave, the probability of long service leave being taken is based on historical data. The measurement and recognition criteria relating to employee benefits have been included in Note 1.

Note 13: Income in advance

	2013	2012
	\$	\$
Current		
Examination fees received in advance	3,906,897	3,507,422
	<u>3,906,897</u>	<u>3,507,422</u>

Note 14: Capital and leasing commitments

	2013	2012
	\$	\$
a. Finance lease commitments		
Payable – minimum lease payments:		
– not later than 12 months	46,729	43,915
– later than 12 months but not later than five years	172,428	196,079
Minimum lease payments	<u>219,157</u>	<u>239,994</u>

Finance leases of which there are 5 (2012: 5), commencing in May 2012, and are five-year leases all with an option to purchase at the end of the lease term. No debt covenants or other such arrangements are in place.

	2013	2012
	\$	\$
b. Operating lease commitments		
Non-cancellable operating leases contracted for but not capitalised in the financial statements		
Payable – minimum lease payments:		
– not later than 12 months	1,421,204	845,381
– later than 12 months but not later than five years	2,858,567	1,373,009
Minimum lease payments	<u>4,279,771</u>	<u>2,218,390</u>

The lease of the premises at Level 14, 300 La Trobe Street, Melbourne is secured by a bank guarantee. The bank guarantee is for the amount of \$554,368 (inclusive of GST) and is equal to the sum of 9 months rent and 9 months outgoings.

Note 15: Contingent liabilities and contingent assets

AMC has not identified any contingent assets or liabilities that are either measurable or probable.

Note 16: Events after the reporting period

There were no reportable events after the reporting period.

Note 17: Key management personnel compensation

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

	2013	2012
	\$	\$
Key management personnel compensation	686,759	660,696

Note 18: Related party transactions

There were no related party transactions during the financial year.

Directors' declaration

Australian Medical Council Limited ABN 97 131 796 980

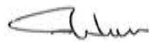
Directors' Declaration

The Directors of the Company declare that:

1. The financial statements and notes, as set out on pages 13 to 28, are in accordance with the *Corporations Act 2001* and:
 - (a) comply with Accounting Standards and the Corporations Regulations 2001;
 - (b) give a true and fair view of the financial position as at 30 June 2013 and of the performance for the year ended on that date of the Company;
2. In the Directors' opinion there are reasonable grounds to believe that the Company will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Directors and is signed for and on behalf of the Directors by:

Director



Professor Robin Mortimer AO (Chair)

Dated this 21 day of October 2013

Independent auditor's report



Independent auditor's report to the members of Australian Medical Council Limited

Report on the financial report

We have audited the accompanying financial report of Australian Medical Council Limited (the Council), which comprises the statement of financial position as at 30 June 2013, the statement of profit and loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year ended on that date, a summary of significant accounting policies, other explanatory notes and the directors' declaration.

Directors' responsibility for the financial report

The directors of the Council are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and the *Corporations Act 2001* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

Auditor's responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

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

Independence

In conducting our audit, we have complied with the independence requirements of the *Corporations Act 2001*.

Auditor's opinion

In our opinion, the financial report of Australian Medical Council Limited is in accordance with the *Corporations Act 2001*, including:

PricewaterhouseCoopers, ABN 52 780 433 757
Ground Floor, 28 Sydney Avenue, FORREST ACT 2603, GPO Box 447, CANBERRA CITY ACT 2601
T: + 61 2 6271 3000, F: + 61 2 6271 3999, www.pwc.com.au

Liability limited by a scheme approved under Professional Standards Legislation.

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Independent auditor's report (continued)



- (a) giving a true and fair view of the Council's financial position as at 30 June 2013 and of its performance for the year ended on that date; and
- (b) complying with Australian Accounting Standards – Reduced Disclosure Requirements and the *Corporations Regulations 2001*.

PricewaterhouseCoopers

PricewaterhouseCoopers


Shane Bellchambers
Partner

 Canberra
October 2013

Appendix A: Committee membership at 30 June 2013

Board of Examiners

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

Finance, Audit and Risk Management Committee

Mr G Knuckey (Chair)	Assoc Prof J Sewell AM
Prof R Mortimer AO	Dr G Wood AM

Medical School Accreditation Committee

Prof D Ellwood (Chair)	Ms G Carroll	Prof R Murray
Prof P Ellis (Deputy Chair)	Dr P Dohrmann	Prof A Tonkin
Prof J Beilby	Prof J Kolbe	Dr P White
Prof S Broadley	Ms R Lawson	
Assoc Prof T Brown	Prof G McColl	

Recognition of Medical Specialties Advisory Committee

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

Specialist Education Accreditation Committee

Assoc Prof J Sewell AM (Chair)	Prof K Leslie	Dr A Singer
Dr J Burgess	Mr R McGowan	Prof A Tonkin
Dr A Fraser	Dr R McRae	Assoc Prof M Waters
Prof M Kidd AM	Dr W Milford	Dr P White
Assoc Prof T Lawler	Ms D Potter	Prof A Wilson

Strategic Policy Advisory Committee

Prof R Mortimer AO (Chair)	Mr I Frank	Prof L Segal
Prof J Angus AO	Prof J Greeley	Prof R Smallwood AO
Mr P Forster	Mr J Ramsay	Mr J Topfer
Dr J Francis	Prof L Sansom AO	Ms T Walters

Appendix B: Staff at 30 June 2013

Executive

Chief Executive Officer

Ian Frank

Deputy Chief Executive Officer

Theanne Walters

Senior Executive Officer Management Services and Company Secretary

Peggy Sanders

Executive Support

Senior Executive Assistant

Wendy Schubert

Project Manager, AMC Examination Centre Development

Carl Matheson

Executive Project Coordinator

Caroline Watkin

Executive Assistant

Louise McCormack

Executive Project Officer

Anna Boots

National Test Centre

AMC Examination Test Centre Manager

Ileana Guizzi

Corporate Services

Senior Operations Manager

Catharine Armitage

Accounts Administration Assistant

Minthaka Wijeyaratna

Human Resources Manager

Alison Howard

Assistant Manager Administrative Services

Jane McGovern

Human Resources Coordinator

John Akuak

Senior Travel Officer

Steven Cook

Executive Assistant (Corporate Services)

Amanda Thompson

Travel Officer

Teisha Mercer

Records Manager

Lindsey MacDonald

Administrative Officers

Michelle Edmonds

Finance Manager

Ravi Wickramaratna

Dhanushka Keenagahapitiya

Accounts Supervisor

Santhosh Moorkoth

Carla Lopes Reis

Tegan Michelin-Jones

Helen Slat

Payroll Officer

Debbie Banks

Administration Officer

Nicole Wilson

Accounts Receivable Clerk

Christine Thompson

Project Officer

Jarrold Bradley

Chief Information Officer

John Mostovoy

IT Systems Manager and Team Leader

John Hunter

Information Systems Administrators

Andrew Cole

Matt Kendrick

Brenden Wood

Senior Programmers

Eddie Ridwan (Senior Programmer – Project Schedule Coordinator)

Brendan Boesen

Kevin Ng

Programmers

Kapila Chovatiya

Dionne Saunders

Accreditation and Recognition

Senior Executive Officer Research and International Developments

Trevor Lockyer

Program Manager, Medical Education and Accreditation Services

Annette Wright

Accreditation Executive Officer

Melinda Donevski

Manager Medical School Assessment

Stephanie Tozer

Accreditation Officer

Robin Dearlove

Medical School Assessment Officer

Sarah Vaughan

Accreditation Officer

Jessica Tipping

Accreditation Project Officer

Liesl Perryman

Manager, Specialist Training and Program Assessment

Jane Porter

Policy Officer Accreditation

Anthea Kerrison

Accreditation Administrator

Ellana Rietdyk

Assessment Services

Program Director, AMC Examination Development and Risk Management

Susan Buick

Manager, AMC Examination Item Banking

Megan Lovett

Manager, MCQ Examinations

Josie Cunningham

Project Manager (Multimedia), AMC Examination Development

Martin Jagodzki

Administrative Officer, Examination Development and Multimedia

Frank Pavey

Publications Editor

Lorraine Lebel

Publications Clerk

Matthew Haggan

Manager, Clinical Examinations

Stacey Yeats

Clinical Examination Coordinators

Sarah Anderson

Amanda Murphy

Clinical Examination Administrators

Nadeem Afzal

Andrew Hing

Kista Ho

Andrea Meredith

Meagan Miller

Lucy Nelson

Manager Assessment Services Support

Zuzette Van Vuuren

Assessment Services Support Officer

Kylie Edwards

Assessment Clerks

Rachelle McVey

Elissa Munchow

Dhara Patel

Wendy Zhuang

Kaylene Tanti

Competent Authority Assessment Officer

Slavica Petreska

Assessment Services Help Desk Operators

Carol Ford

Helen Rakowski

Appendix C: Non-specialist statistics

In Table C 1, the following abbreviations are used:

PLAB	Professional and Linguistic Assessments Board examination of the United Kingdom
MCC	Medical Council of Canada Licensing Examination
USMLE	United States Medical Licensing Examination
NZREX	New Zealand Registration Examination
GMCCUK	General Medical Council–accredited medical school in the United Kingdom
MCI	Medical Council of Ireland–accredited medical school in Ireland.

Table C 1
Competent Authority Pathway statistics, by country of training, 2012–13

Country of training	Applications received, by competent authority						Applications	Advanced Standing issued	AMC Certificate issued
	PLAB	MCC	USMLE	NZREX	GMCCUK	MCI			
Armenia	0	0	1	0	0	0	1	1	0
Bahrain	0	0	0	0	0	0	0	1	0
Bangladesh	3	4	0	0	0	0	8	7	1
Belarus	1	1	0	0	0	0	2	2	1
Belize	1	0	0	0	0	0	1	1	0
Bulgaria	0	1	0	0	0	0	2	1	0
Canada	0	20	0	0	0	0	22	20	5
China	2	0	0	0	0	0	3	0	0
Czech Republic	0	0	0	0	0	0	1	0	0
Democratic Republic of the Congo	0	1	0	0	0	0	1	1	0
Dominica	0	0	0	0	0	0	1	0	1
Egypt	0	4	0	0	0	0	7	7	4
Georgia	0	1	0	0	0	0	1	1	0
Germany	0	0	0	0	0	0	1	0	0
Greece	0	0	0	0	0	0	1	0	0
Grenada	0	0	1	0	0	0	1	2	1
Guyana	0	0	0	0	0	0	1	0	0
Hungary	0	0	0	0	0	0	1	0	0
India	36	3	4	0	0	0	56	50	26
Iran	0	6	0	1	0	0	11	10	2
Iraq	2	4	0	0	0	0	7	7	3

Table continues

Country of training	Applications received, by competent authority						Applications	Advanced	AMC
	PLAB	MCC	USMLE	NZREX	GMCUK	MCI		Standing issued	Certificate issued
Ireland	0	0	0	0	0	83	127	125	105
Jordan	1	1	0	1	0	0	3	4	2
Kenya	0	0	0	0	0	0	1	0	0
Kuwait	0	0	0	0	0	0	0	1	0
Libya	1	0	0	0	0	0	1	0	0
Mexico	0	0	0	0	0	0	0	1	0
Moldova	0	0	1	0	0	0	1	1	0
Myanmar	2	0	0	0	0	0	3	3	2
Nepal	2	0	0	0	0	0	3	2	0
Nigeria	7	2	2	0	1	0	15	12	6
Pakistan	9	6	4	0	0	0	29	22	11
Philippines	0	0	0	0	0	0	0	1	0
Poland	0	0	1	0	0	0	2	1	0
Romania	2	0	0	0	0	0	2	3	2
Russia	5	2	0	2	0	0	10	6	1
Saba	0	0	0	0	0	0	0	1	0
Samoa	0	0	0	1	0	0	1	1	0
Saudi Arabia	0	0	0	0	0	0	1	0	0
Sierra Leone	0	0	0	0	0	0	0	1	0
Sint Eustatius	0	0	0	0	0	0	0	1	0
South Africa	3	3	0	0	0	0	7	5	2
Sri Lanka	4	3	0	2	0	0	11	9	7
Sudan	1	0	0	0	1	0	3	3	1
Syria	0	4	0	0	0	0	4	5	1
Thailand	0	1	0	0	0	0	1	2	0
Trinidad and Tobago	0	0	0	0	0	0	0	1	0
Uganda	1	0	0	0	0	0	2	0	0
Ukraine	0	1	0	0	0	0	1	1	2
United Arab Emirates	1	0	0	0	0	0	1	1	1
United Kingdom	0	0	0	0	650	1	746	727	432
USA	0	0	14	0	0	0	17	15	9
Uzbekistan	0	0	0	0	0	0	0	0	1
Venezuela	0	0	0	0	0	0	1	0	0
Zambia	0	0	0	0	0	0	0	0	1
Zimbabwe	1	0	0	0	0	0	1	2	0
Total	85	68	28	7	652	84	1123	1068	630

Table C 2

AMC CAT MCQ Examination: passes by country of training and number of attempts, 2012–13

Country of training	Sat 1	Sat 2	Sat 3	Sat 4+	Total	Pass 1	Pass 2	Pass 3	Pass 4+	Total
Afghanistan	4	1	1	4	10	4	0	1	0	5
Argentina	5	0	0	0	5	5	0	0	0	5
Armenia	2	0	0	0	2	1	0	0	0	1
Austria	1	1	0	0	2	1	0	0	0	1
Bahrain	3	0	0	0	3	2	0	0	0	2
Bangladesh	126	47	23	14	210	75	20	13	2	110
Barbados	1	0	0	0	1	1	0	0	0	1
Belarus	4	4	1	1	10	2	1	0	0	3
Belgium	3	0	0	2	5	3	0	0	0	3
Bolivia	2	1	1	0	4	1	0	0	0	1
Bosnia and Herzegovina	1	1	0	0	2	0	0	0	0	0
Brazil	6	2	0	0	8	4	2	0	0	6
Bulgaria	0	0	1	0	1	0	0	0	0	0
Cayman Islands	0	1	1	0	2	0	0	0	0	0
Chile	1	0	0	0	1	0	0	0	0	0
China	75	22	12	9	118	35	7	6	2	50
Colombia	17	7	0	0	24	8	4	0	0	12
Croatia	0	1	0	0	1	0	0	0	0	0
Cuba	2	0	0	1	3	1	0	0	1	2
Curacao	1	0	0	0	1	0	0	0	0	0
Czech Republic	2	0	0	1	3	1	0	0	0	1
Democratic Republic of the Congo	2	1	0	0	3	0	0	0	0	0
Denmark	1	0	0	0	1	1	0	0	0	1
Dominica	2	0	0	1	3	1	0	0	1	2
Dominican Republic	1	0	0	1	2	0	0	0	0	0
Ecuador	1	0	0	0	1	1	0	0	0	1
Egypt	79	18	6	6	109	38	7	2	2	49
Ethiopia	2	0	0	0	2	2	0	0	0	2
Fiji	14	7	4	1	26	6	2	1	1	10
France	5	1	1	0	7	5	0	1	0	6
Georgia	1	0	0	1	2	1	0	0	0	1
Germany	20	6	3	1	30	14	6	0	0	20

Table continues

Country of training	Sat 1	Sat 2	Sat 3	Sat 4+	Total	Pass 1	Pass 2	Pass 3	Pass 4+	Total
Ghana	1	0	0	0	1	1	0	0	0	1
Greece	1	0	0	0	1	0	0	0	0	0
Grenada	2	0	0	0	2	1	0	0	0	1
Guatemala	0	1	0	0	1	0	1	0	0	1
Hungary	3	0	0	0	3	2	0	0	0	2
India	283	74	38	37	432	176	31	17	11	235
Indonesia	11	7	6	5	29	6	1	1	1	9
Iran	149	50	11	4	214	102	25	4	2	133
Iraq	46	12	9	5	72	31	5	5	2	43
Ireland	3	0	0	0	3	3	0	0	0	3
Israel	1	0	0	0	1	1	0	0	0	1
Italy	6	1	0	2	9	2	1	0	1	4
Japan	4	1	0	0	5	4	0	0	0	4
Jordan	29	3	0	0	32	20	0	0	0	20
Kazakhstan	4	1	0	0	5	1	1	0	0	2
Kenya	1	0	0	0	1	0	0	0	0	0
Kosovo	1	0	0	1	2	0	0	0	1	1
Kyrgyzstan	2	2	1	0	5	1	0	0	0	1
Latvia	4	1	1	0	6	2	1	1	0	4
Lebanon	0	1	0	0	1	0	0	0	0	0
Libya	2	0	1	1	4	1	0	0	1	2
Lithuania	3	1	1	1	6	1	0	0	0	1
Macedonia	1	0	1	1	3	1	0	0	0	1
Malawi	1	0	0	0	1	1	0	0	0	1
Malaysia	38	4	3	1	46	29	0	1	1	31
Mauritius	2	1	0	0	3	1	1	0	0	2
Mexico	4	0	0	1	5	2	0	0	1	3
Moldova	1	0	0	0	1	0	0	0	0	0
Myanmar	111	18	6	4	139	81	8	4	3	96
Nepal	23	2	1	7	33	15	0	0	1	16
Netherlands	4	1	0	0	5	3	1	0	0	4
Nigeria	78	21	12	5	116	39	11	7	4	61
Norway	3	0	0	0	3	3	0	0	0	3
Oman	8	2	0	0	10	5	1	0	0	6
Pakistan	211	47	29	20	307	125	21	17	11	174
Palestinian Authority	2	0	0	0	2	1	0	0	0	1
Papua New Guinea	1	1	1	1	4	0	1	0	0	1
Peru	2	1	1	0	4	1	1	0	0	2
Philippines	66	34	21	36	157	27	13	6	6	52
Poland	3	1	0	0	4	2	1	0	0	3

Country of training	Sat 1	Sat 2	Sat 3	Sat 4+	Total	Pass 1	Pass 2	Pass 3	Pass 4+	Total
Portugal	1	0	0	0	1	1	0	0	0	1
Romania	8	4	2	1	15	2	2	2	1	7
Russia	52	19	15	12	98	20	8	8	4	40
Rwanda	1	1	2	1	5	0	0	0	1	1
St Kitts and Nevis	2	2	1	0	5	1	1	0	0	2
Samoa	7	1	0	0	8	4	1	0	0	5
Saudi Arabia	3	0	0	0	3	2	0	0	0	2
Serbia	4	1	0	1	6	3	0	0	0	3
Seychelles	1	1	0	0	2	0	0	0	0	0
Singapore	4	0	0	0	4	3	0	0	0	3
Sint Maarten	1	0	0	0	1	1	0	0	0	1
Slovakia	0	2	1	0	3	0	1	1	0	2
Slovenia	0	1	0	0	1	0	1	0	0	1
South Africa	21	5	1	0	27	13	3	1	0	17
South Korea	1	1	2	1	5	1	1	0	0	2
Sri Lanka	213	28	9	5	255	173	20	3	3	199
Sudan	22	10	3	3	38	11	4	2	0	17
Sweden	3	0	0	0	3	3	0	0	0	3
Switzerland	2	0	0	0	2	2	0	0	0	2
Syria	2	1	1	2	6	1	1	0	0	2
Taiwan	2	1	0	0	3	0	0	0	0	0
Tajikistan	1	0	0	1	2	0	0	0	0	0
Tanzania	3	1	1	1	6	2	1	0	1	4
Thailand	2	1	0	0	3	0	1	0	0	1
Trinidad and Tobago	2	1	0	0	3	2	1	0	0	3
Turkey	1	0	0	0	1	0	0	0	0	0
Uganda	8	2	0	0	10	7	1	0	0	8
Ukraine	23	9	2	6	40	10	4	1	1	16
United Arab Emirates	7	2	0	0	9	5	0	0	0	5
United Kingdom	4	0	1	0	5	4	0	0	0	4
USA	2	1	0	0	3	2	1	0	0	3
Uzbekistan	1	1	0	0	2	0	1	0	0	1
Venezuela	2	1	0	0	3	2	1	0	0	3
Viet Nam	8	2	0	2	12	5	1	0	2	8
Zambia	1	1	0	0	2	1	0	0	0	1
Zimbabwe	9	1	0	3	13	8	1	0	2	11
Total	1923	510	238	214	2885	1193	230	105	70	1598

Table C 3
AMC Clinical Examination, passes by country of training and number of attempts, 2012–13

Country of training	Sat 1	Sat 2	Sat 3	Sat 4+	Total	Pass 1	Pass 2	Pass 3	Pass 4+	Total
Afghanistan	3	3	3	0	9	0	0	0	0	0
Argentina	4	2	0	0	6	2	2	0	0	4
Armenia	0	1	0	0	1	0	1	0	0	1
Austria	1	0	0	0	1	0	0	0	0	0
Azerbaijan	1	0	0	0	1	0	0	0	0	0
Bangladesh	125	22	9	5	161	43	9	3	2	57
Belarus	4	0	1	0	5	2	0	0	0	2
Belgium	2	0	0	0	2	1	0	0	0	1
Bosnia and Herzegovina	3	0	0	0	3	2	0	0	0	2
Brazil	9	1	0	0	10	3	1	0	0	4
Bulgaria	3	3	1	0	7	1	1	0	0	2
Cambodia	2	0	0	0	2	1	0	0	0	1
Canada	2	0	0	0	2	1	0	0	0	1
China	68	10	4	3	85	29	8	1	1	39
Colombia	18	5	0	0	23	8	1	0	0	9
Costa Rica	1	0	0	0	1	0	0	0	0	0
Croatia	0	0	1	0	1	0	0	0	0	0
Cuba	1	0	0	0	1	0	0	0	0	0
Czech Republic	1	1	0	0	2	1	1	0	0	2
Democratic Republic of the Congo	0	1	0	1	2	0	0	0	0	0
Dominica	1	0	0	0	1	1	0	0	0	1
Dominican Republic	1	0	0	0	1	0	0	0	0	0
Ecuador	0	1	0	0	1	0	1	0	0	1
Egypt	51	12	1	1	65	18	8	1	0	27
El Salvador	1	1	0	0	2	0	0	0	0	0
Estonia	1	0	0	0	1	1	0	0	0	1
Ethiopia	1	0	0	0	1	0	0	0	0	0
Fiji	8	2	0	0	10	4	1	0	0	5
Finland	1	0	0	0	1	0	0	0	0	0
France	3	2	0	0	5	0	0	0	0	0
Germany	17	3	1	1	22	13	3	1	1	18
Ghana	1	0	0	0	1	0	0	0	0	0
Greece	1	0	0	0	1	0	0	0	0	0

Country of training	Sat 1	Sat 2	Sat 3	Sat 4+	Total	Pass 1	Pass 2	Pass 3	Pass 4+	Total
Grenada	0	2	0	0	2	0	1	0	0	1
Hong Kong	1	1	0	0	2	1	1	0	0	2
Hungary	4	1	2	1	8	1	0	1	0	2
India	308	97	35	9	449	112	46	18	3	179
Indonesia	13	3	1	1	18	5	1	1	0	7
Iran	94	28	10	1	133	42	16	5	0	63
Iraq	41	11	9	1	62	23	6	4	0	33
Ireland	5	0	0	0	5	4	0	0	0	4
Jamaica	1	0	0	0	1	0	0	0	0	0
Japan	1	0	0	0	1	1	0	0	0	1
Jordan	7	4	1	0	12	4	2	1	0	7
Kazakhstan	0	0	0	1	1	0	0	0	1	1
Kenya	1	1	0	0	2	1	0	0	0	1
Kosovo	0	1	0	0	1	0	1	0	0	1
Kyrgyzstan	1	1	0	0	2	0	1	0	0	1
Latvia	4	0	1	0	5	2	0	0	0	2
Libya	8	2	0	0	10	1	2	0	0	3
Lithuania	1	0	0	0	1	0	0	0	0	0
Macedonia	0	0	1	0	1	0	0	0	0	0
Malaysia	26	8	0	0	34	11	6	0	0	17
Malta	2	0	0	0	2	1	0	0	0	1
Mauritius	0	0	1	0	1	0	0	1	0	1
Mexico	2	0	0	0	2	0	0	0	0	0
Moldova	0	1	0	0	1	0	0	0	0	0
Myanmar	129	16	4	1	150	59	9	2	1	71
Nepal	19	6	4	0	29	7	2	2	0	11
Netherlands	6	0	0	0	6	4	0	0	0	4
Nigeria	32	12	3	0	47	18	6	0	0	24
Oman	2	0	0	0	2	1	0	0	0	1
Pakistan	171	48	16	4	239	74	28	5	2	109
Palestinian Authority	1	0	0	0	1	1	0	0	0	1
Papua New Guinea	3	3	2	2	10	0	0	0	0	0
Paraguay	1	1	0	0	2	0	1	0	0	1
Peru	2	1	1	0	4	2	0	1	0	3
Philippines	84	29	14	8	135	21	11	4	2	38
Poland	4	1	0	0	5	3	0	0	0	3
Romania	7	2	0	0	9	2	0	0	0	2
Russia	49	11	2	0	62	16	6	1	0	23

Table continues

Country of training	Sat 1	Sat 2	Sat 3	Sat 4+	Total	Pass 1	Pass 2	Pass 3	Pass 4+	Total
St Kitts and Nevis	4	1	0	0	5	2	1	0	0	3
Samoa	4	1	0	0	5	3	1	0	0	4
Saudi Arabia	2	1	0	0	3	1	0	0	0	1
Serbia	3	1	2	0	6	0	0	2	0	2
Seychelles	1	1	0	0	2	0	0	0	0	0
Slovakia	2	0	0	0	2	0	0	0	0	0
Somalia	0	0	0	1	1	0	0	0	0	0
South Africa	29	6	2	1	38	15	4	1	0	20
South Korea	2	1	1	0	4	1	0	0	0	1
Sri Lanka	132	40	9	0	181	74	19	5	0	98
Sudan	10	2	1	0	13	2	1	0	0	3
Switzerland	2	0	0	0	2	0	0	0	0	0
Syria	4	2	1	2	9	1	1	0	1	3
Taiwan	1	1	1	0	3	0	0	0	0	0
Tanzania	2	0	0	0	2	1	0	0	0	1
Thailand	1	0	0	0	1	0	0	0	0	0
Trinidad and Tobago	2	0	0	0	2	0	0	0	0	0
Turkey	1	2	1	0	4	0	1	1	0	2
Uganda	3	0	0	0	3	1	0	0	0	1
Ukraine	22	10	3	0	35	7	7	0	0	14
United Arab Emirates	3	1	0	0	4	2	0	0	0	2
United Kingdom	2	0	0	0	2	0	0	0	0	0
USA	1	0	0	0	1	1	0	0	0	1
USSR	0	0	1	0	1	0	0	0	0	0
Uzbekistan	2	1	0	0	3	1	0	0	0	1
Venezuela	1	0	0	0	1	0	0	0	0	0
Viet Nam	3	1	1	0	5	1	1	1	0	3
Yemen	1	1	0	0	2	1	1	0	0	2
Zambia	1	0	0	0	1	0	0	0	0	0
Zimbabwe	10	5	2	0	17	7	4	1	0	12
Total	1616	439	153	44	2252	669	224	63	14	970

Table C 4
Workplace-based assessment, all candidates, by country of training, 2012–13

Authority Sat 1 Sat 2 Sat 3 Sat 4+ Total Pass 1 Pass 2 Pass 3 Pass 4+ Total
Country of training

Australian College of Rural and Remote Medicine

Argentina	1	0	0	0	1	1	0	0	0	1
Bangladesh	2	0	0	0	2	0	0	0	0	0
Serbia	1	0	0	0	1	0	0	0	0	0
Sri Lanka	2	0	0	0	2	0	0	0	0	0
Zimbabwe	1	0	0	0	1	0	0	0	0	0
Subtotal	7	0	0	0	7	1	0	0	0	1

Hunter New England Area Health Service

Bangladesh	2	0	0	0	2	1	0	0	0	1
Egypt	1	0	0	0	1	1	0	0	0	1
Fiji	1	0	0	0	1	1	0	0	0	1
Germany	1	0	0	0	1	1	0	0	0	1
India	12	0	0	0	12	12	0	0	0	12
Italy	1	0	0	0	1	1	0	0	0	1
Jordan	1	0	0	0	1	1	0	0	0	1
Kenya	1	0	0	0	1	1	0	0	0	1
Pakistan	4	0	0	0	4	4	0	0	0	4
Romania	1	0	0	0	1	1	0	0	0	1
Russia	1	0	0	0	1	1	0	0	0	1
Ukraine	1	0	0	0	1	1	0	0	0	1
Uruguay	1	0	0	0	1	1	0	0	0	1
Subtotal	28	0	0	0	28	27	0	0	0	27

Launceston General Hospital

Bangladesh	1	0	0	0	1	1	0	0	0	1
Colombia	1	0	0	0	1	1	0	0	0	1
India	3	0	0	0	3	3	0	0	0	3
Iran	1	0	0	0	1	1	0	0	0	1
Ireland	1	0	0	0	1	0	0	0	0	0
Nepal	1	0	0	0	1	1	0	0	0	1
Nigeria	1	0	0	0	1	0	0	0	0	0
Pakistan	1	0	0	0	1	1	0	0	0	1
Philippines	1	0	0	0	1	1	0	0	0	1
South Africa	1	0	0	0	1	1	0	0	0	1
Thailand	1	0	0	0	1	1	0	0	0	1
Subtotal	13	0	0	0	13	11	0	0	0	11

Table continues

Authority Sat 1 Sat 2 Sat 3 Sat 4+ Total Pass 1 Pass 2 Pass 3 Pass 4+ Total
Country of training

Rural and Outer Metro United Alliance

Nigeria	1	0	0	0	1	1	0	0	0	1
Pakistan	5	0	0	0	5	4	0	0	0	4
Romania	1	0	0	0	1	1	0	0	0	1
Subtotal	7	0	0	0	7	6	0	0	0	6

Southern Health

India	1	1	0	0	2	0	1	0	0	1
Pakistan	2	0	0	0	2	1	0	0	0	1
Philippines	2	0	0	0	2	1	0	0	0	1
Russia	1	0	0	0	1	0	0	0	0	0
Subtotal	6	1	0	0	7	2	1	0	0	3

WA Health

Bangladesh	2	0	0	0	2	2	0	0	0	2
Belgium	1	0	0	0	1	1	0	0	0	1
Bulgaria	1	0	0	0	1	1	0	0	0	1
Colombia	1	0	0	0	1	1	0	0	0	1
India	2	0	0	0	2	1	0	0	0	1
Iran	1	0	0	0	1	1	0	0	0	1
Nepal	1	0	0	0	1	1	0	0	0	1
Pakistan	5	0	0	0	5	5	0	0	0	5
Subtotal	14	0	0	0	14	13	0	0	0	13

Total	75	1	0	0	76	60	1	0	0	61
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Appendix D: Specialist statistics

Table D 1 Specialist assessments by medical specialty, 2012–13

	Applications	Initial processing	College processing	Substantially comparable	Partially comparable	Not comparable	Withdrawn
Adult Medicine	341	104	20	56	76	18	67
Anaesthesia	175	32	34	40	32	12	25
Dermatology	18	8	0	5	3	2	0
Emergency Medicine	60	14	11	15	12	3	5
General Practice	539	419	48	31	30	2	9
Intensive Care Medicine	27	5	6	6	5	3	2
Medical Administration	1	0	0	0	0	0	1
Obstetrics and Gynaecology	122	45	3	43	15	12	4
Occupational and Environmental Medicine	5	1	0	1	2	0	1
Ophthalmology	60	22	13	6	9	8	2
Oral and Maxillofacial Surgery	2	0	0	1	1	0	0
Paediatrics and Child Health	154	57	8	20	29	4	36
Pain Medicine	4	3	0	0	0	0	1
Palliative Medicine	5	1	0	0	1	0	3
Pathology	81	29	7	10	26	2	7
Psychiatry	91	31	2	27	28	3	0
Public Health Medicine	11	3	0	0	3	3	2
Radiology	130	26	4	50	46	3	1
Rehabilitation Medicine	9	3	0	1	4	0	1
Sexual Health Medicine	3	1	0	1	1	0	0
Sport and Exercise Medicine	2	2	0	0	0	0	0
Surgery	267	69	93	33	28	25	19
Total	2107	875	249	346	351	100	186

Table D 2
Substantially comparable statistics, by medical specialty and country of training, 2012–13

Country of training	Adult Medicine	Anaesthesia	Dermatology	Emergency Medicine	General Practice	Intensive Care	Obstetrics and Gynaecology	Ophthalmology	Oral and Maxillofacial Surgery	Paediatrics and Child Health	Palliative Medicine	Pathology	Psychiatry	Radiology	Rehabilitation Medicine	Sexual Health Medicine	Surgery	Total
Argentina	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
Austria	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
Belgium	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Brazil	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Canada	2	0	0	1	2	0	3	0	0	0	1	0	0	0	0	0	1	10
China	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Egypt	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	2
Germany	0	1	1	0	0	0	2	0	0	0	0	0	0	0	0	0	0	4
Hong Kong	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	2
India	11	7	1	0	0	0	6	0	2	0	3	0	7	10	0	0	5	52
Iran	0	1	1	0	0	0	0	0	0	0	0	1	1	1	0	0	0	5
Ireland	1	3	0	0	1	0	0	0	0	0	0	0	0	0	0	0	3	8
Israel	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	2
Jordan	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	2
Macedonia	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Malaysia	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Netherlands	1	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	3
New Zealand	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2
Pakistan	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	2
Singapore	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
South Africa	3	3	0	0	1	1	2	0	1	0	2	1	0	5	0	0	4	23
South Korea	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Spain	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	2
Sri Lanka	5	1	0	0	0	0	6	0	0	0	1	5	2	5	0	0	1	26
Switzerland	0	0	0	0	0	2	0	0	0	0	1	0	0	0	0	0	0	3
Taiwan	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
United Kingdom	27	18	1	8	23	2	18	0	3	1	11	2	14	21	0	1	16	166
USA	1	0	0	6	2	0	1	0	0	0	0	0	2	3	1	0	2	18
Zimbabwe	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Total	56	40	5	15	31	6	43	1	6	1	20	10	27	50	1	1	33	346

ABBREVIATIONS

AHPRA	Australian Health Practitioner Regulation Agency
CAT	computer-adaptive test
CAT MCQ examination	computer-adaptive test multiple-choice question examination
ECFMG	Educational Commission for Foreign Medical Graduates (US)
EICS	ECFMG International Credentials Service
HWA	Health Workforce Australia
IMG	international medical graduate
MCQ	multiple-choice question
Medical Board	Medical Board of Australia
NTC	National Test Centre
National Law	Health Practitioner Regulation National Law as in force in each state and territory
PESCI	pre-employment structured clinical interview
WBA	workplace-based assessment

