

# 2010

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# Year in review

## Highlights

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In calendar year 2010, the AMC:

- celebrated its 25-year involvement in assuring the standards of medical practice in Australia
- effectively transitioned its internationally recognised accreditation and assessment programs into the National Registration and Accreditation Scheme introduced on 1 July 2010
- conducted an offshore accreditation of an Australian medical course
- worked with the Medical Board of Australia to review the implementation of the assessment pathways for international medical graduates
- published [The AMC: A History of the AMC](#), a history of the AMC, its structure, functions and prospects
- processed 1,355 applications for assessment through the Competent Authority Pathway
- conducted the AMC MCQ Examination for 3,807 candidates
- conducted the AMC Clinical Examination for 1,596 candidates
- planned for the expansion and improvement of its multiple-choice question and clinical examinations for international medical graduates
- completed eight assessments of medical school programs
- completed three assessments of specialist medical training providers
- processed 1,564 applications from overseas-trained specialists for specialist assessment.

## President's report

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I am pleased to present the annual report of the Australian Medical Council for 2010, a year in which we celebrated our 25th anniversary. At the end of the year, we published a book that describes our history, structure, functions and prospects. It details how, for 25 years, we have played an important role in assuring the standards of medical practice in Australia through independent scrutiny and accreditation of basic,

## Chief Executive Officer's report

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The period from the start of the financial year to the end of the financial year was a period of considerable uncertainty about the future of the AMC, its roles and responsibilities.

The decision by the Council of Health Ministers in December 2009 to appoint the AMC as the accreditation authority for the registration aspects of the scheme by 1 July 2010 meant that at the end of 2010 a number of details regarding accreditation and examination processes, including the formal agreements with the relevant bodies, were still being finalised.

In preparing for the new national scheme, the AMC implemented a number of measures. These measures included a review of current AMC accreditation processes in line with the provisions of the new national law, and an external review of AMC risk management policies and risk mitigation strategies.

While laying the groundwork for operating under the NRAS arrangements, the AMC continued to maintain and extend its accreditation and examination activities. Major initiatives in the accreditation area included the accreditation of



## Celebrating 25 years of assuring medical standards

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25 years of assuring medical standards

The publication, edited by Emeritus Professor Laurence Geffen AM, documents the evolution of accreditation and examination standards in medical education in Australia over 25 years.

The publication discusses the history of the AMC, its structure, functions and prospects, and includes information on the testing of AMC examination processes in Australian courts and tribunals; the history of supply and demand in the Australian medical workforce; government and health policy responses to issues in the medical workforce; and the adaptation of AMC processes to respond to changes in the practice of medicine, changes in medical education and changes in community expectations.

In the 25 years since its inaugural meeting in February 1985, the AMC has successfully transformed initial opposition to its existence to support for it. It has done so by engaging its stakeholders at all levels of activity, building strong relationships with them, and by consulting widely. It has also managed change successfully and responded well to new responsibilities.

Over the past 25 years, the AMC has successfully transformed initial opposition to its existence to support for it. It has done so by engaging its stakeholders at all levels of activity, building strong relationships with them, and by consulting widely. It has also managed change successfully and responded well to new responsibilities.

*July 2010 marks the start of a new chapter for the AMC as we establish our position in the National Regulation and Accreditation Scheme. We have restructured our organisation in preparation for this, to ensure that the AMC can continue to make a substantial contribution to medical education and accreditation in this country.*

# About the Australian Medical Council

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## Purpose

The purpose of the Australian Medical Council is to ensure that standards of education, training and assessment of the medical profession promote and protect the health of the Australian community.

## Role

Until the [constitution] core functions, as set out in its constitution, were as follows:

- the accreditation of medical schools based predominantly in Australia and New Zealand and of courses leading to admission to medical practice in Australia of the graduates of those schools
- the accreditation of Australian and Australasian providers of specialist medical training and of their specialist medical training and professional development programs
- the provision of advice and recommendations to federal, state and territory governments and state and territory medical boards in relation to the registration of medical practitioners; the recognition of the overseas medical practitioners

Under the National Law from 1 July 2010 to 30 June 2013. The arrangement between AHPRA, the Medical Board of Australia and the AMC provides, among other things, that the AMC will continue to perform the accreditation functions in relation to the medical profession that it performed immediately before the National Law commenced:

- accreditation of programs of study and the education providers supplying them based mainly in Australia and New Zealand and of courses leading to admission to medical practice in Australia of the graduates of those schools
- accreditation of programs of study and of the education providers supplying them based mainly in Australia and New Zealand and of courses leading to admission to medical practice in Australia of the graduates of those schools
- conducting the assessment of the knowledge and clinical skills of IMGs seeking general medical registration
- continuing to develop accreditation standards for medicine for approval by the Medical Board of Australia
- continuing to develop accreditation standards for medicine for approval by the Medical Board of Australia

Under the National Law from 1 July 2010 to 30 June 2013. The arrangement between AHPRA, the Medical Board of Australia and the AMC provides, among other things, that the AMC will continue to perform the accreditation functions in relation to the medical profession that it performed immediately before the National Law commenced:

## Stakeholders

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The AMC recognises the value of working with stakeholders to ensure that Australia is serviced by a safe and

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## Council and directors

Members of the AMC represent a broad cross-section of the groups associated with the standards of medical practice in Australia. At 31 December 2010, the council included:

- current members nominated by former state or territory medical boards
- nominees of University Australia and the Medical Deans of Australia and New Zealand
- nominees of the Committee of Presidents of Medical Colleges
- a nominee of the Australian Medical Association Federal Council
- persons with a background in and knowledge of consumer health issues
- senior executives from both the public and private hospital systems
- a medical student and a specialist trainee
- the chair of the Confederation of Postgraduate Medical Education Councils
- the chairs of the following AMC committees
  - Board of Examiners
  - Medical School Accreditation Committee
  - Recognition of the Medical Specialties Advisory Committee
  - Specialist Education Accreditation Committee
  - Strategic Policy Advisory Committee

The full council is responsible for determining the AMC's future and for appointing and removing the directors, who are responsible for the day-to-day management of the AMC.

A detailed list of the members of the council and the minutes of the council meetings is detailed in the directors' report.

## Committees

AMC committees and working parties provide expert advice to the directors and the council. Each committee provides a forum for the directors to consult with consumers and values community input into its processes. In 2010, community members and health consumers continued to be represented on the council and on most AMC committees.

In 2010, the AMC disbanded one committee and established another:

- The result of state and territory medical boards ceasing to exist with the establishment of the Medical Board of Australia.
- The Finance, Audit and Risk Management Committee was established to advise the directors in relation to financial and legislative compliance.

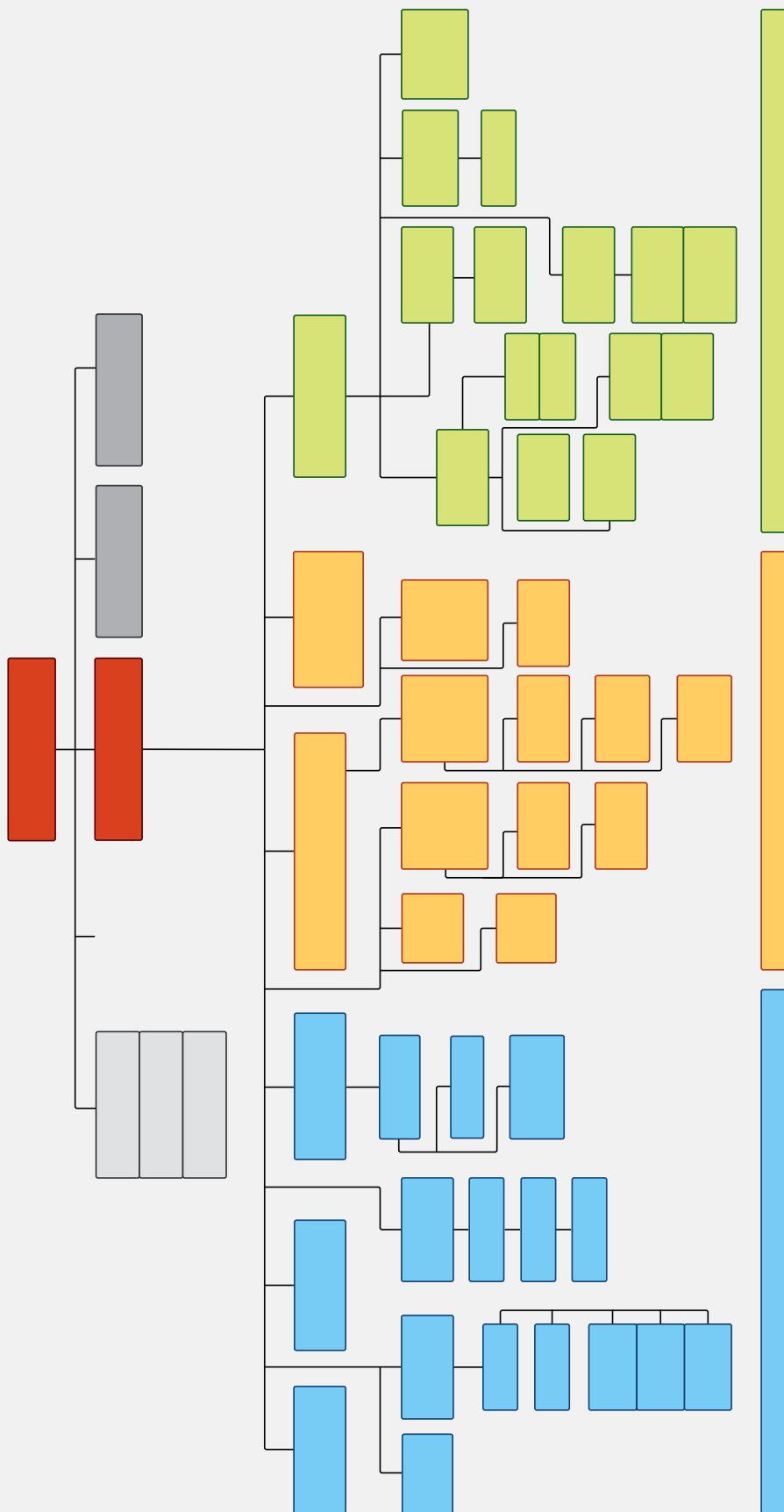
Table 1 lists the committees and their functions. A list of the members of each committee is at Appendix B.

**Table 1. Committees and their functions**

Committee	Function
Board of Examiners	Oversees the AMC examination process and advises the directors on international medical graduate assessment issues
Finance, Audit and Risk Management Committee <sup>a</sup>	Hijgnà.] k'Y\ndá] Yf\ Ykk&IYf [ ] 'Iq't' ] '9E ; '\á] [ Igjk'á ] j ]_Yj\ 'Iq' m'á ] 'á ] responsibilities in managing the business of the AMC
Joint Medical Boards Advisory Committee <sup>b</sup>	Addresses issues of national relevance and develops uniform national standards for medical regulation
Medical School Accreditation Committee	Manages the AMC process for assessment and accreditation of the medical programs of Australian and New Zealand university medical schools
Recognition of Medical Specialties Advisory Committee	9\ndk] k't' ] '\á] [ Igjk'gf ] j ] [ g_f'á ] f'g^p] d'k'g^e ] \á ] YdhjY [ Iá ] 'Yk'e ] \á ] Yd specialties, enabling the AMC to provide this advice to the Australian Government Minister for Health and Ageing
Specialist Education Accreditation Committee	Manages the AMC process for assessment and accreditation of specialist medical education, training and professional development programs in Australia
Strategic Policy Advisory Committee	Provides high-level advice to the AMC on medical education and health system policy matters

a.

Figure 2. Organisation structure, 31 December 2010



## Support for stakeholders

In 2010, the AMC continued to collaborate with and support its stakeholders, including government bodies, health profession and health consumer organisations, and medical education providers. In 2010, its work with the Medical Board of Australia, the Australian Health Practitioner Regulation Agency and Health Workforce Australia was particularly important in the light of the transition to the National Registration and Accreditation Scheme and its introduction on 1 July 2010.

Some of its many stakeholder support activities in 2010 are outlined below.

### Medical Board of Australia

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The Medical Board of Australia was established under the National Law as in force in each state and territory. One of the objectives of the National Law is to facilitate the provision of high-quality education and training of health professionals. The roles of the Medical Board and its appointed accreditation authority, the AMC, in the accreditation of medical schools and medical specialist colleges and in the development and approval of registration standards.

#### Accreditation standards

The AMC is responsible for developing accreditation standards for the approval of the Medical Board of Australia. Accreditation standards are used to assess whether a program of study, and the education provider that provides the program of study, provides graduates with the knowledge, skills and professional attributes to practise the profession. In developing the accreditation standards, the AMC must undertake wide-ranging consultation about the content of the standard.

In 2010, the AMC reviewed its accreditation standards on assessment and accreditation of medical schools and on specialist medical education and training programs and continuing professional development programs. In reviewing

## Intern year accreditation

The Medical Board of Australia asked the AMC to provide it with advice on the standards for intern training; what should be expected of interns after completing their internship, before general registration is granted and how the AMC could apply a national framework for intern training accreditation to the existing state-based accreditation processes to ensure that appropriate and consistent standards are in place in all jurisdictions. The AMC has formed a working party and undertaken consultation on the intern year. It will work with the Medical Board to develop and implement national standards for intern training.

## Code of conduct

The Medical Board of Australia reissued the Code of Conduct for Interns with effect from 1 July 2010. The Code sets out the standards of professional conduct that are expected of interns. It is a condition of registration for interns that they agree to be bound by the Code. The Code is available on the AMC website.

## International medical graduates

Since July 2010, the AMC, as the designated accreditation authority for medicine, has administered the assessment of IMGs for non-specialist medical registration on behalf of the Medical Board of Australia under the provisions of section 43 of the National Law. Specialist colleges have been individually appointed by the Medical Board as the appropriate authorities for the assessment of overseas-trained specialists under the provisions of sections 57 and 59 of the National Law. As the designated authorities, the AMC and the specialist colleges are accountable to the Medical Board for the conduct of these assessments.

In October 2010, the Medical Board of Australia announced that it would be working with the AMC on a major review of the pathways for IMG registration. The AMC will work with the Medical Board to scope out the terms of the review, which will assess what is working effectively and what can be improved. The review aims to ensure that the pathways have been implemented effectively and that the AMC has the necessary resources and experience to provide safe care to the Australian community.

## Australian Health Practitioner Regulation Agency

The Australian Health Practitioner Regulation Agency (AHPRA) is a Commonwealth Government agency. It is responsible for providing the staff, infrastructure and services to enable the Medical Board to meet its statutory responsibilities. Under the National Law, AHPRA may enter into a contract with the AMC for the performance of the accreditation function of medicine. The terms of the contract must be in line with the health profession agreement—which determines funding and service arrangements—between AHPRA and the Medical Board. For the initial period of the National Registration and Accreditation Scheme, the Medical Board, AHPRA and the AMC agreed to an exchange of letters while the contract was worked on. Under the agreement, the AMC's role remains largely unchanged.



## Forum of Australian Health Professions Councils

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The Forum of Australian Health Professions Councils is a coalition of the councils of the regulated health professions. The 10 health professions represented in the forum are those in the National Registration and Accreditation Scheme under the National Law at the scheme's commencement on 1 July 2010. The forum comprises the following councils:

- Australian Dental Council
- Australian Medical Council
- Australian Nursing and Midwifery Accreditation Council
- Australian Pharmacy Council
- Australian Physiotherapy Council
- Australian Psychology Accreditation Council
- Council on Chiropractic Education Australasia Inc.
- Optometry Council of Australia and New Zealand
- Australian and New Zealand Osteopathic Council
- Australian and New Zealand Podiatry Accreditation Council.

In 2010, the AMC continued to provide secretariat support to the forum.

## Health Workforce Australia

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Health Workforce Australia (HWA) was established in 2008 by the Commonwealth and State Governments through its 2008 National Partnership Agreement on Hospital and Health Workplace Reform. The HWA will develop policy and deliver programs across four main areas—workforce planning, policy and research; clinical education; innovation and reform of the health workforce; and the recruitment and retention of international health professionals. It will also consider the adequacy and availability of workforce data. It will not have responsibility for the accreditation of clinical education and training.

In December 2010, the HWA invited nominations for membership of its governance committee for developing a national health workforce strategy. The AMC has indicated its willingness to work with HWA on projects of common interest.

The AMC's Strategic Policy Advisory Committee has been monitoring the progress of Queensland Health's pilot physician assistant program. The AMC has indicated that it is willing to provide advice on issues relating to standards setting and accreditation if requested. Further discussion would include the HWA and AHPRA.

The outcome of an HWA project to map existing Australian health competency-based and capability standards will inform HWA stakeholder consultations to explore an integrated approach to a national health workforce competency framework. In 2010, the AMC convened a reference group and workshop to develop a discussion paper on competency-based medical education and subsequently released a discussion paper to stakeholders. The reference group will continue to work with HWA on this project.

## Medical Deans Australia and New Zealand

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Medical Deans Australia and New Zealand is the peak body representing professional entry-level medical education, training and research in Australia and New Zealand. The organisation comprises the deans of 19 Australian medical schools and two New Zealand medical schools.

The AMC is a stakeholder in the competencies project being undertaken by the organisation. The project, which began in February 2010, aims to delineate the AMC attributes of a medical graduate into competencies that rely on clinical placements, to develop a competency framework, and to improve vertical integration of clinical training across

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# Accreditation of medical school programs and training programs

*Accreditation is a strong quality assurance and quality improvement process when it begins with honest self-assessment of strengths and weaknesses by the training provider and is followed by rigorous external review. An AMC accreditation report, even of a strong training program, may recommend a number of quality improvements to address areas of relative weakness, ideally building on the training provider's own assessment and existing plans to address its weaknesses.*

The AMC is responsible for accrediting education providers and programs of study for the medical profession. Accreditation standards are used to assess whether a program of study, and the education provider that provides the program of study, provide persons who complete the program with the knowledge, skills and professional attributes to practise the profession. In developing accreditation standards, the AMC must undertake wide-ranging consultation about the content of the standard.

Under the [Medical Act 1983](#), the AMC is responsible for assessing whether a program of study substantially meets an approved accreditation standard, and the imposition of conditions on the approval will ensure that the program meets the standard within a reasonable time. The AMC reports its decision to the Medical Board of Australia to enable the Medical Board to make a decision on the approval of the program of study for registration purposes. The Medical Board details its decisions about accredited programs of study in communiqués published on its website, [www.medicalboard.gov.au](http://www.medicalboard.gov.au), after each meeting.

The AMC publishes the executive summaries of its accreditation reports on its website, [www.amc.org.au](http://www.amc.org.au). In 2010, in recognition of the new requirements of the National Law, the AMC revised the way it presents information in these summaries, to provide a clear assessment of the training provider and the program of study against the accreditation standards.

## Assessments

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AMC assessments are of three types:

- assessment of new developments, such as new schools or major changes to established medical programs
- reaccreditation of established medical schools
- follow-up visits required as a condition of the school's accreditation.

In 2010, the AMC completed six medical school assessments in accordance with its guidelines on the assessment [of medical schools](#).



## Progress reports

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Between formal accreditations, the AMC monitors progress in accredited medical schools through the progress reports that medical schools are required to provide, informing the AMC of curriculum changes and emerging issues that may affect their ability to deliver their medical curriculum and responding to issues raised in AMC accreditation reports. Reports are reviewed by an external reviewer.

Medical schools granted the full period of accreditation must submit written reports to the AMC every two years. Medical schools granted accreditation of major structural changes and new medical schools submit annual reports.

In the year before accreditation expires, medical schools are asked to submit a comprehensive report to enable the AMC to decide whether it will extend the accreditation before the next reaccreditation assessment by an AMC team.

In 2010, the AMC considered progress reports from the medical schools of the following universities:

- Australian National University
- Bond University
- Deakin University
- Monash University, Melbourne
- University of Newcastle and University of New England joint medical program
- University of Notre Dame Australia, Fremantle
- University of Otago
- University of Tasmania School of Medicine
- University of Western Sydney School of Medicine
- University of Wollongong Graduate School of Medicine.

The AMC considered the reports to be satisfactory and referred a number of issues back to schools.

In 2010, the AMC also considered comprehensive reports from the medical schools of the following three universities and resolved the following:

- [redacted] . Accreditation extended to 31 December 2015, subject to the submission of satisfactory progress reports.
- [redacted] . Accreditation extended to 31 December 2013, subject to the submission of satisfactory progress reports.
- [redacted] &L` ] `9E ; `kgm\_` l` [d]p [Yl@f `gf `Y`f me Z] j`g^akn] k`o` d` `o gmd `Z] [gf kA] j] \ `f`\*` ( ) ) &

# Accreditation of specialist education providers and programs

The Specialist Education Accreditation Committee manages the AMC process for assessing and accrediting the medical education and training programs and professional development programs of the specialist training providers—the specialist medical colleges.

## Reviews and assessments

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In 2010, the AMC extended the accreditation of the Australasian College of Dermatologists by 12 months, to December 2011. The planned review of the college's progress in introducing major changes, including the development of a national curriculum, was deferred to allow the college more time to review and the AMC then to assess the implementation of its curriculum.

In 2010, the AMC also conducted the following accreditation assessments:

- . An AMC team undertook a full assessment of the college's
-

In 2010, the AMC considered and accepted as satisfactory annual reports from the following accredited specialist medical colleges:

- Australasian College for Emergency Medicine
- Australian and New Zealand College of Anaesthetists
- J gqYd9mkIjYdkYf ; gdl\_ ] 'g^<] fIYdKmj\_] gfk'zgjYdyf \ 'e Ypatj Y[ ddkmj\_] jql
- Royal Australasian College of Medical Administrators
- Royal Australian College of General Practitioners
- Royal Australian and New Zealand College of Obstetricians and Gynaecologists
- Royal Australian and New Zealand College of Ophthalmologists
- Royal Australian and New Zealand College of Radiologists
- Royal Australasian College of Surgeons.

The AMC also considered annual reports from the following:

- . Representatives of the college and the Specialist Education Accreditation Committee met to discuss AMC feedback on the college's report. The college will provide further information to the AMC early in 2011.
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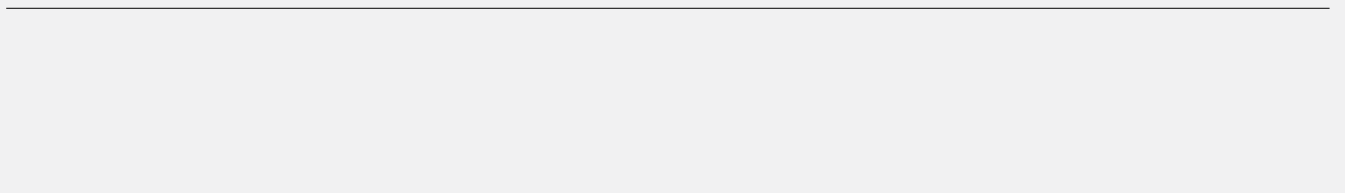
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## Recognition of medical specialties

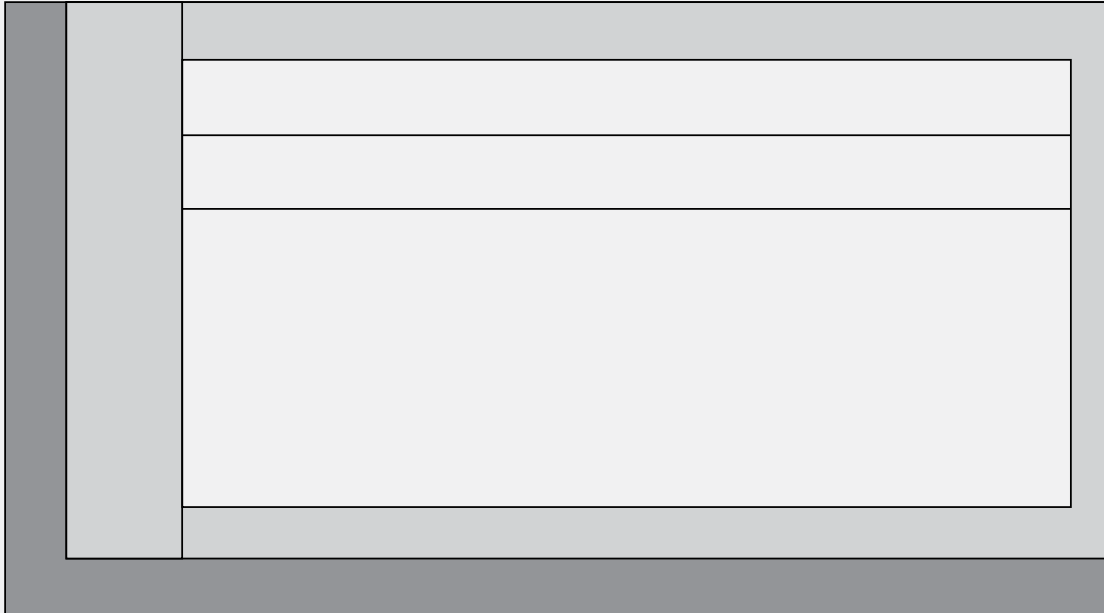
The recognition process managed by the AMC before the National Law commenced in July 2010 was designed to allow the AMC to prepare advice to assist the Australian Government Minister for Health to determine which areas of medical practice should be recognised as specialties for the purposes of the [redacted] and subsequent listing on Schedule 4 of the Health Insurance Regulations. The AMC process provided a mechanism for



# **Assessment of international medical graduates**

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Figure 3. EICS requests and verifications (by candidate number), 2006-07 to 2009-10



## AMC MCQ Examination

The MCQ examination tests candidates' basic or essential core medical knowledge and its clinical applications. It is a computer-administered test in the form of multiple-choice questions.

In calendar year 2010, the AMC conducted MCQ examinations at onshore and offshore secure locations for 3,807 candidates. The examination was administered in English and Arabic. The examination was held in 10 countries: Bahrain, Brunei Darussalam, Cambodia, Kuwait, Oman, Qatar, Saudi Arabia, Singapore, United Arab Emirates, and Yemen. The examination was held in 10 countries: Bahrain, Brunei Darussalam, Cambodia, Kuwait, Oman, Qatar, Saudi Arabia, Singapore, United Arab Emirates, and Yemen. The examination was held in 10 countries: Bahrain, Brunei Darussalam, Cambodia, Kuwait, Oman, Qatar, Saudi Arabia, Singapore, United Arab Emirates, and Yemen.

## **Workplace-based assessment**

Although workplace-based assessment was developed as an alternative to the AMC Clinical Examination as part of

## Specialist Pathway

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## **Finance, audit and risk management**

*The Finance, Audit and Risk Management Committee is to serve as a focal point for communication between the Directors, the*

## Financial summary

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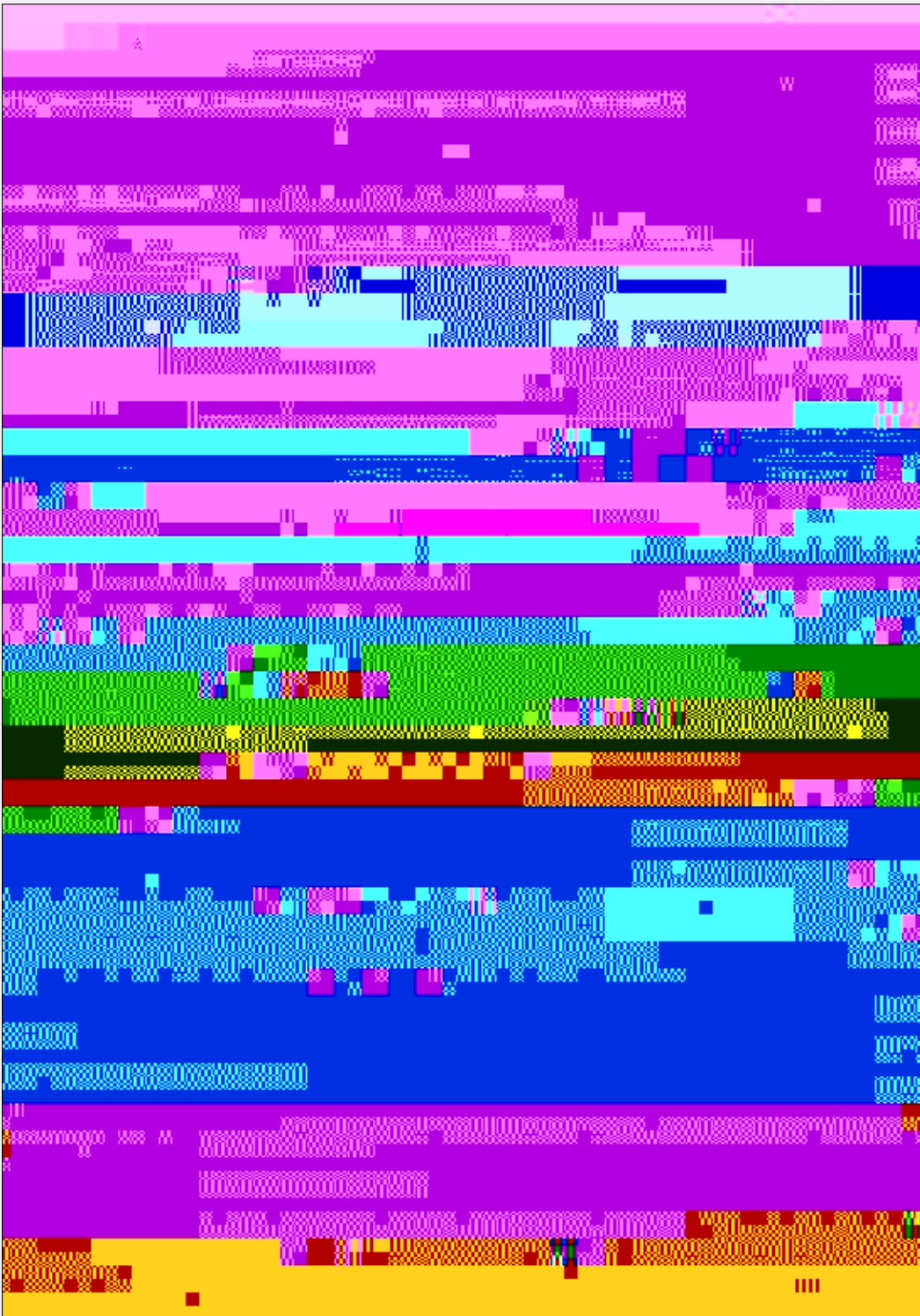
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9'j] n' 'g^gh] jYl' 'f'k'g^'l' ] '9nkIjYd'f 'E ] \ 'd' Yd; gmf[ 'd' 'd' 'd' ] \ 'n] 'f\_ 'l' ] 'P'Yf[ 'd'q] Yj 'f\ 'd' YI] \ 'l' 'YI' ] ] n] f m] ' increased by 20.8 per cent compared to the previous year, mainly due to the increase in the number of examination candidates. The overall expenditure for different activities also increased during the year.



# Audited financial statements

## Directors' report



AUSTRALIAN MEDICAL COUNCIL LIMITED  
ABN 97 131 796 980  
DIRECTORS' REPORT (Cont'd)

The five expenditure for different activities during the year as a result the financial ended with a surplus of \$194,451.

**SIGNIFICANT CHANGES**

No significant changes

and a number of major financial results

**ISSUES**

The Australian Medical Council Limited operates

removal

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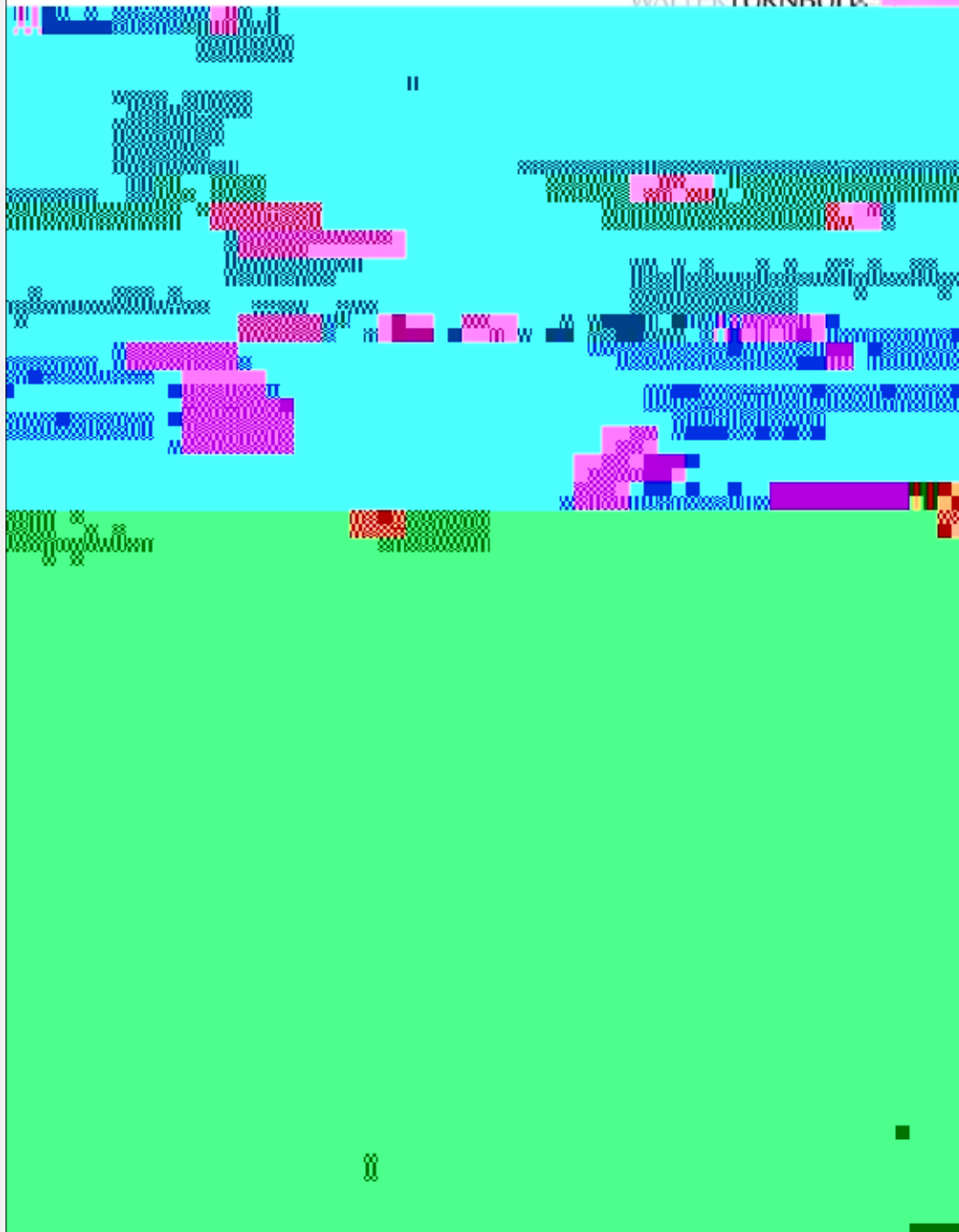
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**WALTER TURNBULL**

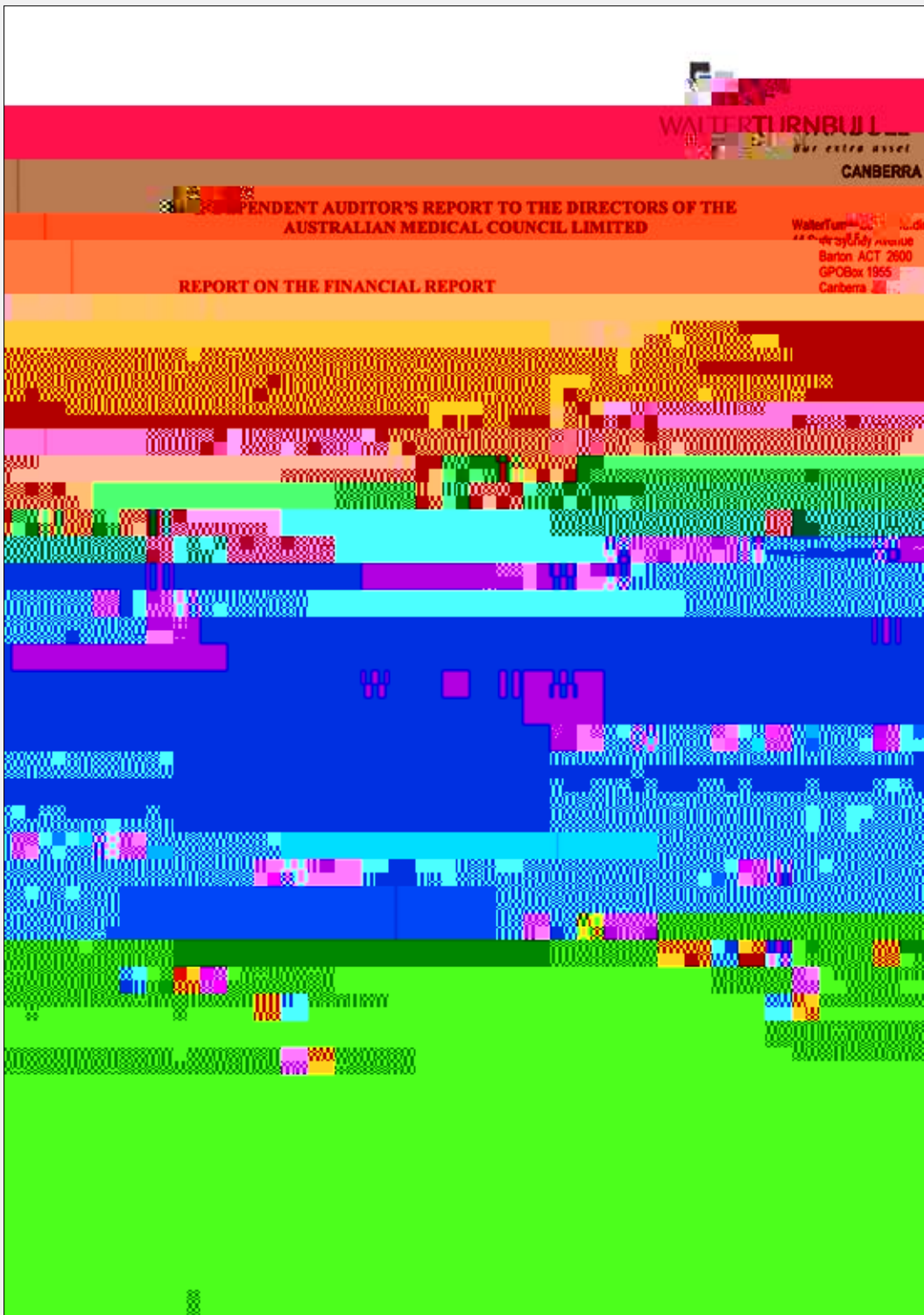
*Our extra asset*

**CANBERRA**

**INDEPENDENT AUDITOR'S REPORT TO THE DIRECTORS OF THE  
AUSTRALIAN MEDICAL COUNCIL LIMITED**

Waterloo House  
44-46 Macquarie Street  
Barton ACT 2600  
GPO Box 1955  
Canberra

**REPORT ON THE FINANCIAL REPORT**





	Note	2010 \$	2009 \$
Revenue	2	18,072,966	18,388,867
Accreditation expenses		585,049	520,557
International relations		20,013	-
Specialist education accreditation expenses		848,962	762,266
Recognition of medical specialties expenses		393,074	355,346
Specialist assessment		56,698	88,600
Credentialing expenses		329,147	629,158
Code of professional conduct		-	295,221
COAG IMG assessment project		251,685	417,089
Workplace based assessment		127,280	-
Silver Jubilee Publication		104,361	-
Publishing expenses		83,711	79,349
Examination running expenses		4,951,483	4,894,385
Uniformity expenses		180,062	139,906
Council committees & executive expenses		435,159	556,592
Management & administration expenses	3,4,5	9,511,831	8,835,991
Surplus		194,451	814,407
Other Comprehensive Income		-	-
Total Comprehensive Income		194,451	814,407

## Statement of financial position as at 30 June 2010

	Note	2010 \$	2009 \$
<b>ASSETS</b>			
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	6	762,579	1,066,448
Financial assets	7	5,430,488	3,627,156
Trade and other receivables	8	525,790	509,682
Inventories		123,089	57,842
Other current assets	9	30,156	31,291
<b>TOTAL CURRENT ASSETS</b>		<b>6,872,102</b>	<b>5,292,419</b>
<b>NON-CURRENT ASSETS</b>			
Plant and equipment	10	2,877,407	3,153,757
<b>TOTAL NON-CURRENT ASSETS</b>		<b>2,877,407</b>	<b>3,153,757</b>
<b>TOTAL ASSETS</b>		<b>9,749,509</b>	<b>8,446,176</b>
<b>LIABILITIES</b>			
<b>CURRENT LIABILITIES</b>			
Trade and other payables	11	1,455,072	1,156,933
Borrowing	14	23,498	44,852
Short-term provisions	13	315,923	226,387
Other liabilities	12	3,482,632	2,815,026
<b>TOTAL CURRENT LIABILITIES</b>		<b>5,277,125</b>	<b>4,243,198</b>
<b>NON-CURRENT LIABILITIES</b>			
Borrowings	14	45,241	68,984
Long-term provisions	13	216,638	117,940
<b>TOTAL NON-CURRENT LIABILITIES</b>		<b>261,879</b>	<b>186,924</b>
<b>TOTAL LIABILITIES</b>		<b>5,539,004</b>	<b>4,430,122</b>
<b>NET ASSETS</b>		<b>4,210,505</b>	<b>4,016,054</b>
<b>EQUITY</b>			
Reserves	15	160,287	160,287
Retained earnings		4,050,218	3,855,767
<b>TOTAL EQUITY</b>		<b>4,210,505</b>	<b>4,016,054</b>



	Retained Earnings	Development Fund Reserve	Examination Development Reserve	Total
	\$	\$	\$	\$
Balance at 1 July 2008	3,041,360	10,286	150,001	3,201,647
HjgH`YlljāmYZđ`lg`l` ] ; gmf [ æ	814,407	-	-	814,407
Balance at 30 June 2009	3,855,767	10,286	150,001	4,016,054
HjgH`YlljāmYZđ`lg`l` ] ; gmf [ æ	194,451	-	-	194,451
Balance at 30 June 2010	4,050,218	10,286	150,001	4,210,505

For a description of each reserve, refer to Note 15.



Notes to the financial statements for the year ended 30 June 2010

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## Notes to the financial statements for the year ended 30 June 2010

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

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## Notes to the financial statements for the year ended 30 June 2010

### Note 1: Statement of Significant Accounting Policies (continued)

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#### (f) Financial Instruments

##### Initial Recognition and Measurement

## Notes to the financial statements for the year ended 30 June 2010

(iii) Held-to-maturity investments

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## Notes to the financial statements for the year ended 30 June 2010

### Note 1: Statement of Significant Accounting Policies (continued)

#### (g) Impairment of Assets

At the end of each reporting period, the Australian Medical Council Limited reviews the carrying values of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, is compared to the asset's carrying value. Any excess of the asset's carrying value over its recoverable amount is expensed to the statement of comprehensive income.

Where it is not possible to estimate the recoverable amount of an assets class, the Australian Medical Council Limited estimates the recoverable amount of the cash-generating unit to which the class of assets belong.

Where it is not possible to estimate the recoverable amount of an assets class, the Australian Medical Council Limited estimates the recoverable amount of the cash-generating unit to which the class of assets belong.

In respect of the same class of asset to the extent that the impairment loss does not exceed the amount in the revaluation reserve for that same class of asset.

#### (h) Employee Benefits

Contributions are made by the Australian Medical Council Limited to an employee superannuation fund and are charged as expenses when incurred.

Contributions are made by the Australian Medical Council Limited to an employee superannuation fund and are charged as expenses when incurred.

#### (i) Investments

Non-current investments are measured on the cost basis.

The carrying amount of investments is reviewed annually by directors to ensure it is not in excess of the recoverable amount of these investments. The recoverable amount is assessed from the relevant market values.

#### (j) 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 as negative cash and cash equivalents.

## Notes to the financial statements for the year ended 30 June 2010

### (k) Revenue

Revenue from exam fees is recognised when the exam takes place.

Grant revenue is recognised in the statement of comprehensive income when the Australian Medical Council Donates to the Australian Medical Council Limited and the amount of the grant can be measured reliably.

When grant revenue is received whereby the Australian Medical Council Limited incurs an obligation to deliver economic value directly back to the contributor, this is considered a reciprocal transaction and the grant revenue is otherwise the grant is recognised as income on receipt.

When grant revenue is received whereby the Australian Medical Council Limited incurs an obligation to deliver economic value directly back to the contributor, this is considered a reciprocal transaction and the grant revenue is otherwise the grant is recognised as income on receipt.

Dividend revenue is recognised when the right to receive a dividend has been established.

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

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

### (l) Goods and Services Tax

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST is included in the cost of acquisition of the asset or as part of an item of the expense. Receivables and payables in the balance sheet are shown inclusive of GST.

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST is included in the cost of acquisition of the asset or as part of an item of the expense. Receivables and payables in the balance sheet are shown inclusive of GST.

### (m) Provisions

Provisions are recognised when the Council has a legal or constructive obligation, as a result of past events, for which the best estimate of the amounts required to settle the obligation at reporting date.

### (n) 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 the company 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.

### (o) Comparative Figures

Comparative figures are presented for the year ended 30 June 2009 and 30 June 2008.







Notes to the financial statements for the year ended 30 June 2010

Notes to the financial statements – the financial statements

## Notes to the financial statements for the year ended 30 June 2010

### Note 8: Trade and Other Receivables (continued)

#### Provision for Impairment of Receivables

Current trade and other receivables are non-interest bearing loans and generally are receivable within 30 days. A provision for impairment is recognised against revenue where there is subjective evidence that an individual trade

The company does not have any material credit risk exposure to any single receivable or group of receivables.

Receivables that are past due are assessed for impairment by the customer or counter party to the transaction. Receivables that are past due but not impaired are assessed for impairment by the customer or counter party to the transaction. Receivables that are past due but not impaired are assessed for impairment by the customer or counter party to the transaction.

Receivables that are past due but not impaired are assessed for impairment by the customer or counter party to the transaction. Receivables that are past due but not impaired are assessed for impairment by the customer or counter party to the transaction. Receivables that are past due but not impaired are assessed for impairment by the customer or counter party to the transaction.

Receivables that are past due but not impaired are assessed for impairment by the customer or counter party to the transaction. Receivables that are past due but not impaired are assessed for impairment by the customer or counter party to the transaction.

	Gross amount	Past due and impaired	Past due but not impaired (days overdue)				Within initial trade terms
			< 30	31-60	61-90	> 90	
	\$	\$	\$	\$	\$	\$	\$
<b>2010</b>							
Trade and term receivables	525,790	-	35,198	17,516	6,471	1,374	465,231
Other receivables	-	-	-	-	-	-	-
<b>Total</b>	<b>525,790</b>	<b>-</b>	<b>35,198</b>	<b>17,516</b>	<b>6,471</b>	<b>1,374</b>	<b>465,231</b>
<b>2009</b>							
Trade and term receivables	509,682	-	487,470	3,509	2,709	15,994	487,470
Other receivables	-	-	-	-	-	-	-
<b>Total</b>	<b>509,682</b>	<b>-</b>	<b>487,470</b>	<b>3,509</b>	<b>2,709</b>	<b>15,994</b>	<b>487,470</b>

Receivables that are past due or impaired.

There are no balances within trade receivables that contain assets that are not impaired and are past due. It is expected that these balances will be received when due.

## Notes to the financial statements for the year ended 30 June 2010

### Note 9: Other Current Assets

	2010 \$	2009 \$
CURRENT		
Prepayments	30,156	31,291

### Note 10: Plant and Equipment

	2010 \$	2009 \$
Plant and equipment	1,071,494	935,305
Less accumulated depreciation	683,616	537,463
	387,808	497,842
Motor vehicles	381,359	342,599
Less accumulated depreciation	230,526	161,711
	150,833	180,888
Leasehold improvements	343,012	343,012
Less accumulated depreciation	127,791	48,277
	215,221	294,735
Right of way	395,512	147,752
Less accumulated depreciation	130,019	97,838
	265,493	50,014
Leasehold improvement	2,370,024	2,245,990
Less accumulated depreciation	506,462	121,012
	1,863,562	2,124,978
	2,877,407	3,153,757

#### (a) Movements in carrying amounts

Movement in the carrying amounts for each class of plant and equipment between the beginning and the end of the financial year is as follows:

Notes to the financial statements for the year ended 30 June 2010

## Notes to the financial statements for the year ended 30 June 2010

### (a) Financial liabilities at amortised cost classified as trade and other payables

	2010 \$	2009 \$
Trade and other payables		
- Total current	1,455,072	1,156,933
- Total non-current	-	-



## Notes to the financial statements for the year ended 30 June 2010

### Note 13: Provisions (continued)

#### Provision for Long-Term Employee Benefits

A provision for long-term employee benefits is recognised for the estimated liability arising from the company's defined pension plan.

The provision is measured as the present value of the estimated future cash outflows that the company will have to make to settle its obligations under the plan. The provision has been included in Note 1.

#### Provision for Leases

A provision has been recognised for the lease of the Majura Park premises to align the current year lease expenditure with the average monthly expenditure over the entire term of the lease.

### Note 14: Borrowings

	2010 \$	2009 \$
<b>CURRENT</b>		
Lease liabilities	23,498	44,852
<b>NON-CURRENT</b>		
Lease liabilities	45,241	68,984

Leased liabilities are secured by the underlying assets which includes the Canon photocopiers, Sedcom telephone equipment, Lenovo and Dell notebook computers and video conferencing equipment.

### Note 15: Reserves

#### Development Fund Reserve

The development fund consists of a reserve for future new development activities.

#### Examination Development Reserve

The examination development reserve consists of funds allocated for the development of new examinations.

## Notes to the financial statements for the year ended 30 June 2010

### Note 16: Leasing Commitments

	2010 \$	2009 \$
<b>(a) Finance Lease Commitments</b>		
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Ð'fgl 'dI] j 'l' Yf ' ) 'q] Yj	29,626	52,600
Ð'dI] j 'l' Yf ' ) 'q] Yj Zm' fgl 'dI] j 'l' Yf ' - 'q] Yjk	57,543	96,476
Minimum lease payments	87,168	149,076
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Present value of minimum lease payments	68,738	113,836

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	2010 \$	2009 \$
<b>(b) Operating Lease Commitments</b>		
F gf%Yf [ ] dZd 'gh] jYl' dYk] k [gfIjY [l] \ 'g] Zm' fgl [Yh' dYk] \ 'f' l' ] 'P'Yf [ 'd statements		
: ] f' l' 'g] j] fl' g^g' l] ]		
HYqYZd 'De fæ ne 'dYk] 'hYqe ] fIk		
Ð'fgl 'dI] j 'l' Yf ' ) 'q] Yj	772,134	868,663
Ð'dI] j 'l' Yf ' ) 'q] Yj Zm' fgl 'dI] j 'l' Yf ' - 'q] Yjk	2,715,208	3,495,733
	3,487,342	4,364,396

### Note 17: Economic Dependency

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### Note 18: Events After Balance Sheet Date

Fg'e Yll] jk' g] : [ d' me kIYf [ ] k' ' Yn] ' Yj k] f' k' f [ ] ' l' ] ] f' l' g^l' ] 'P'Yf [ 'd] Yj \$ o' d' ' ka f' d] Yf l' d' Y' ] [ l' ] \ 'g] 'e Yq' ka f' d] Yf l' d' Y' ] [ l' ] ' gh] jYl' d' f' k' g^l' ] ' 9nkljYd' f' E ] \ d' Yd; gmf [ d' f' ] j] kml' k' g^l' ' gk] ' gh] jYl' d' f' k' g^l' ] ' KIYI] ' g^ Y^Yj k' f' knZk] i m] fl' 'P'Yf [ 'd] Yj k&

## Notes to the financial statements for the year ended 30 June 2010

### Note 19: Related Party Transactions

There is no remuneration received in connection with services provided.

### Note 20: Contingent Assets and Liabilities

There are no contingent assets or liabilities.

### Note 21: Cash Flow Information

	2010 \$	2009 \$
<b>(a) Reconciliation of Cash</b>		
Cash at bank	762,579	1,066,448
Accounts receivable	5,430,488	3,627,156
	<b>6,193,067</b>	<b>4,693,604</b>
<b>(b) Reconciliation Cash Flow from Operations with Surplus</b>		
Surplus	194,451	814,407
Finance income		
Depreciation and amortisation	823,094	444,853
Changes in assets and liabilities:		
Increase in receivables	-	37,907
Decrease in payables		
Increase in other assets		
Decrease in other liabilities		
	<b>1,017,545</b>	<b>1,307,167</b>



Notes to the financial statements for the year ended 30 June 2010

Note 22: Financial Risk Management (continued)

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## Notes to the financial statements for the year ended 30 June 2010

### Financial liability and financial asset maturity analysis

	Within 1 Year		1 to 5 Years		Total contractual cash	
	2010 \$	2009 \$	2010 \$	2009 \$	2010 \$	2009 \$
<b>Financial liabilities due for payment</b>						
Lease liabilities	1,100,000	1,100,000	1,100,000	1,100,000	2,200,000	2,200,000
Other financial liabilities	1,100,000	1,100,000	-	-	2,200,000	2,200,000
<b>Financial liabilities</b>	<b>2,200,000</b>	<b>2,200,000</b>	<b>1,100,000</b>	<b>1,100,000</b>	<b>4,400,000</b>	<b>4,400,000</b>
<b>Financial assets</b>						
Cash and cash equivalents	762,579	1,066,448	-	-	762,579	1,066,448
Financial assets	5,430,488	3,627,156	-	-	5,430,488	3,627,156
Trade and loans receivables	525,790	509,682	-	-	525,790	509,682
Other financial assets	6,718,857	5,203,286	-	-	6,718,857	5,203,286
<b>Financial assets</b>	<b>13,437,714</b>	<b>10,396,572</b>	<b>0</b>	<b>0</b>	<b>13,437,714</b>	<b>10,396,572</b>
<b>Net financial assets</b>	<b>11,237,714</b>	<b>8,196,572</b>	<b>1,100,000</b>	<b>1,100,000</b>	<b>9,037,714</b>	<b>5,996,572</b>

## Notes to the financial statements for the year ended 30 June 2010

### Note 22: Financial Risk Management (continued)

#### c. Market risk

The following table illustrates sensitivities to the company's exposures to changes in interest rates. The table is affected by changes in the relevant risk variable that management considers to be reasonably possible. These sensitivities assume that the movement in a particular variable is independent of other variables.

	\$
Year ended 30 June 2010	
+/- 1% in interest rates	54,305
Year ended 30 June 2009	
+/- 1% in interest rates	36,212

No sensitivity analysis has been performed on foreign exchange risk as the company is not exposed to foreign exchange risk.

## Net Fair Values

The fair value of an asset is the amount for which it could be exchanged, or a liability settled, between knowledgeable, willing parties in an arm's length transaction.

Fair values derived may be based on information that is estimated or subject to judgement, where changes in assumptions may have a material impact on the amounts estimated. Areas of judgement and the assumptions have been detailed below.

	Footnote	2010		2009	
		Net Carrying Value \$	Net Fair Value \$	Net Carrying Value \$	Net Fair Value \$
<b>Financial assets</b>					
Cash and cash equivalents	(i)	762,579	762,579	1,066,448	1,066,448
Financial assets	(i)	5,430,488	5,430,488	3,627,156	3,627,156
Trade and other receivables	(i)	525,790	525,790	509,782	509,782



## Note 23: Capital Management

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The Council ensures that the overall risk management strategy is in line with this objective.

The Council does not have formal risk management policies, however the board closely manages and reviews the Council at its regular board meetings.

The Council ensures that the overall risk management strategy is in line with this objective.

The Council ensures that the overall risk management strategy is in line with this objective.

The Company does not have a formal policy on capital management and gearing ratios.

## Note 24: Company Details

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The principal place of business of the Council is:

Australian Medical Council Limited

Level 3/11 Lancaster Place

MAJURA ACT 2609

## Note 25: Members Guarantee

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The entity is incorporated under the Australian Medical Council Limited and is an entity limited by guarantee. If the entity is wound up, the members of the Council are liable for the amount of their guarantee. At 30 June 2010 the number of members was 21.

AUSTRALIA



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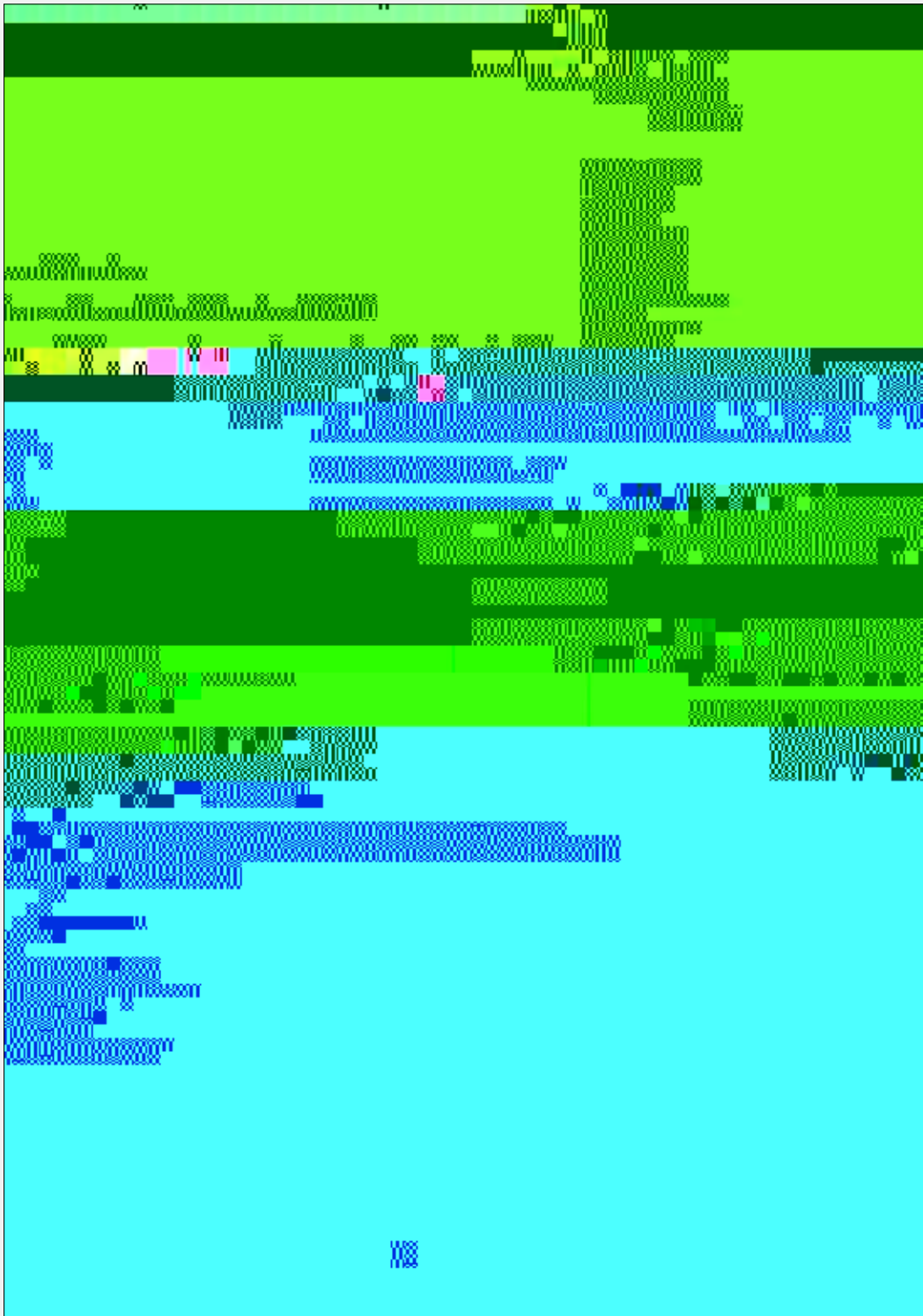
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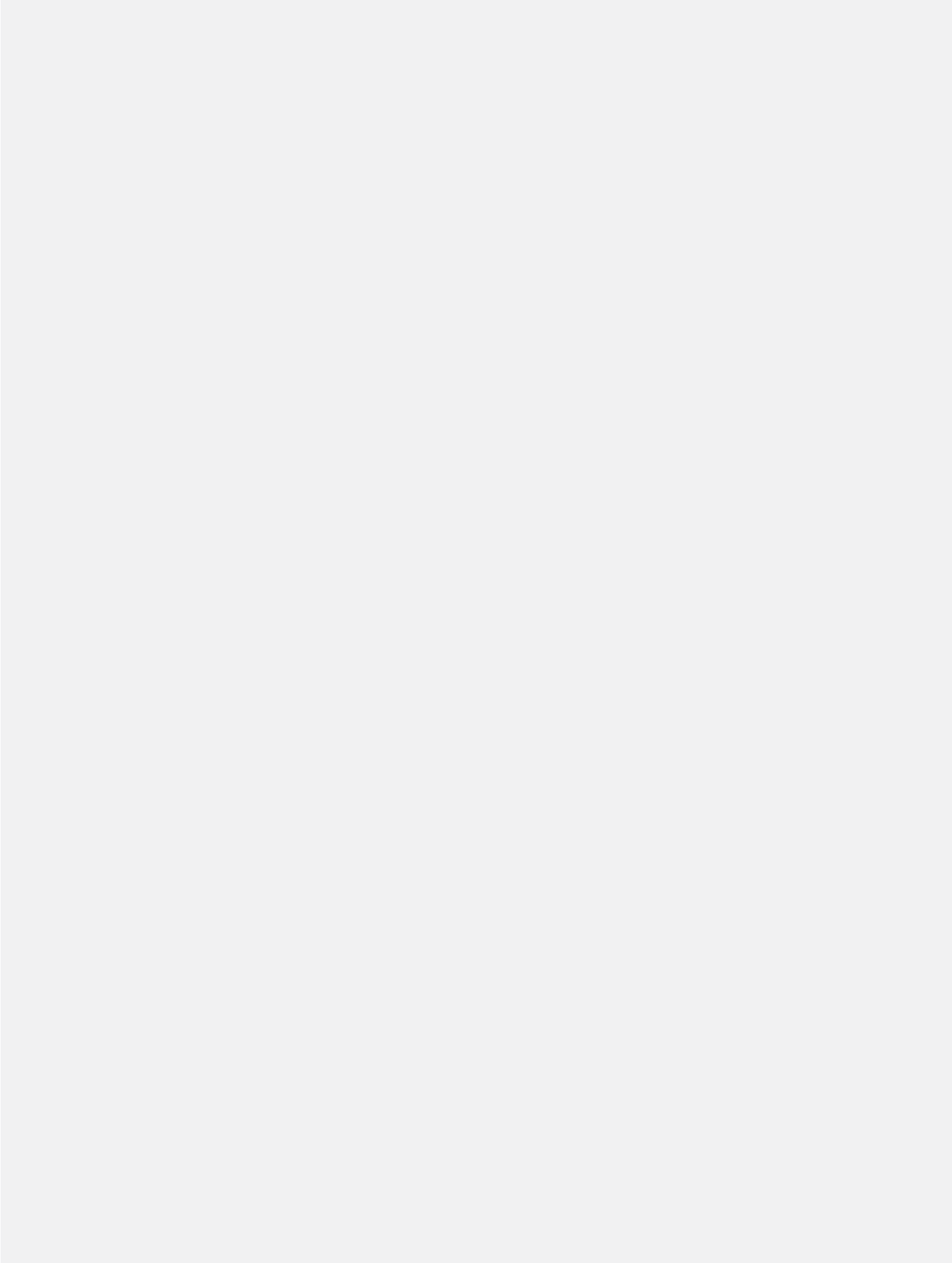




	2010 \$	2009 \$
<b>CLINICAL EXAMINATIONS</b>		
Accommodation & Fares	955,224	769,991
Examination Running Expenses	381,120	355,287
Fees Paid to Members	685,483	555,575
Taxis & Incidentals	124,730	111,753
<b>TOTAL CLINICAL EXAMINATIONS COSTS</b>	<b>2,146,557</b>	<b>1,792,606</b>
Accommodation & Fares	807,083	808,476
Examination Running Expenses	1,603,991	1,682,863
Fees Paid to Members	315,570	527,252
Taxis & Incidentals	75,115	78,945
Teleconferences	3,168	4,243
<b>TOTAL MCQ EXAMINATIONS</b>	<b>2,804,927</b>	<b>3,101,779</b>
<b>TOTAL EXAMINATIONS COSTS</b>	<b>4,951,484</b>	<b>4,894,385</b>
<b>CREDENTIALING</b>		
Fees to ECFMG	329,147	629,158
	<b>329,147</b>	<b>629,158</b>
<b>UNIFORMITY</b>		
Accommodation & Fares	153,890	122,356
Fees Paid to Members	5,276	3,128
Meeting Expenses	7,798	9,187
Taxis & Incidentals	13,090	5,235
	<b>180,054</b>	<b>139,906</b>
<b>SPECIALIST ASSESSMENT</b>		
Accommodation & Fares	41,706	67,538
Fees Paid to Members	7,097	7,001
Meeting Expenses	4,956	7,674
Taxis & Incidentals	2,940	6,387
	<b>56,699</b>	<b>88,600</b>
<b>CODE OF PROFESSIONAL CONDUCT</b>		
Accommodation & Fares	-	116,381
Fees Paid to Members	-	32,638
Meeting Expenses	-	133,623
Taxis & Incidentals	-	12,579

	2010 \$	2009 \$
	-	295,221
<b>PUBLISHING</b>		
Printing & Distribution Costs	73,654	56,955
Royalties	10,057	22,349
Taxis & Incidentals	-	45
	<b>83,711</b>	<b>79,349</b>
<b>COAG IMG ASSESSMENT PROJECT</b>		
Accommodation & Fares	124,473	258,077
Fees Paid to Members	95,442	87,806
Meeting Expenses	10,048	35,891
Taxis & Incidentals	18,500	32,375
Teleconferences	3,221	2,940
	<b>251,684</b>	<b>417,089</b>
<b>COUNCIL COMMITTEES &amp; DIRECTORS</b>		
Accommodation & Fares	284,867	416,868
Fees Paid to Members	47,649	49,731
Consultancy Fees	7,902	0
Meeting Expenses	58,608	47,329
Taxis & Incidentals	30,441	40,881
Teleconferences	5,692	1,783
	<b>435,159</b>	<b>556,592</b>
<b>WORKPLACE BASED ASSESSMENT</b>		
Accommodation & Fares	45,672	-
Fees Paid to Members	14,766	-
Consultancy Fees	29,751	-
Meeting Expenses	32,936	-
Taxis & Incidentals	3,851	-
Teleconferences	304	-
	<b>127,280</b>	<b>-</b>

	2010 \$	2009 \$
<b>SILVER JUBILEE PUBLICATION</b>		
Accommodation & Fares	39,457	-
Fees Paid to Members	32,186	-
Meeting Expenses	26,669	-
Taxis & Incidentals	6,032	-
Teleconferences	17	-
	<b>104,361</b>	<b>-</b>
<b>MANAGEMENT</b>		
Audit Fee	12,000	11,500
Bank Fees		





INCOME

2010  
\$

2009  
\$

## Members at December 2010

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Professor Brendan Crotty  
Professor Richard Doherty  
Professor David Ellwood  
Dr Rod McRae  
Professor Con Michael AO

Associate Professor Jill Sewell AM  
Professor Peter Smith  
Professor Russell Stitz AM, RFD  
Dr Kendra Sundquist  
Professor Anne Tonkin  
Ms Diane Walsh  
Dr Glenda W9S70%vE5Y7YMLZZV9PJOHYK:THSSW67YLZPKLU[  
Professor David Ellwood



## Board of Examiners

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Professor John Barnard  
Professor Annette Braunack-Mayer  
Associate Professor Tony Buzzard  
Associate Professor Peter Devitt  
Dr David Gillies  
Dr Ruben Glass  
Dr Peter Harris  
Professor Phillipa Hay  
Professor Michael Kidd AM  
Professor Barry McGrath

Dr Meredith Makeham  
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Professor Kichu Nair AM  
Dr Diane Neill  
Dr Michael Oldmeadow  
Professor Neil Paget  
Professor Dimity Pond  
Dr Kendra Sundquist  
Dr Ross Sweet AM  
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Associate Professor Bryan Yeo

## Strategic Policy Advisory Committee

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Professor James Angus AO  
Mr Peter Forster  
Mr Ian Frank  
Professor Janet Greeley

Professor Robin Mortimer AO  
Dr Melissa Naidoo  
Mr John Ramsay  
Emeritus Professor Lloyd Sansom AO  
Professor Leonie Segal

## Joint Medical Boards Advisory Committee

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Dr Robert Adler  
Dr Stephen Bradshaw  
Dr E Mary Cohn

Dr Charles Kilburn  
Professor Constantine Michael AO  
Dr Trevor Mudge  
Dr Peter Sexton

## Registrars Sub-group

E j' J gZ] j l] : j Y\ 'g j\ z' ` Yq!  
Mr Andrew Dix  
Mr Joseph Hooper  
Ms Jill Huck

Ms Pamela Malcolm  
Mrs Annette McLean-Aherne  
Mr Richard Mullaly  
Ms Kaye Pulsford

There is no direct relationship between the number of applications made in 2010 and the numbers issued with made in either a previous year or in 2010.

**Table C1. Competent authority applications and outcomes 2010**

Country of training	Applications	Advanced standing	
Antigua and Barbuda	1	0	0
Armenia	2	2	0
Bangladesh	7	6	5
Belarus	1	0	0
Canada	31	23	2
Chile	1	0	1
China	2	2	0
Colombia	1	1	1
Czech Republic	2	2	0
Dominica	1	0	0
Dominican Republic	0	0	1
Egypt	10	10	0
Germany	2	1	1
Grenada	2	0	1
Guyana	0	1	1
Hungary	1	1	0
India	66	53	85
Iran	8	8	1
Iraq	8	7	5
Ireland	193	182	65
Israel	1	1	0
Jordan	3	2	0
Lebanon	0	0	1
Libya	1	1	0
Myanmar	5	6	4
Nepal	1	1	4

Country of training	Applications	Advanced standing	
Netherlands Antilles	1	1	0
New Zealand	1	0	0
Nigeria	11	6	4
Oman	1	1	0
Pakistan	36	28	23
Philippines	4	4	2
Poland	2	1	0
Romania	2	1	0
Russia	4	5	55 0 Td (1)j 11.5

Poland

Table C2 AMC MCQ Examination: pass rates by number of attempts, 2010

Country of training	Total sat (number of attempts)				Total sat	Pass (number of attempts)				Total passed
	Sat 1	Sat 2	Sat 3	Sat 4+		Sat 1	Sat 2	Sat 3	Sat 4+	
Afghanistan	4	4	2	3	13	0	1	1	1	3
Argentina	0	1	3	3	7	0	0	2	1	3
Armenia	3	1	0	0	4	2	1	0	0	3
Australia	2	0	0	0	2	1	0	0	0	1
Austria	4	2	0	0	6	1	0	0	0	1
Azerbaijan	0	0	0	2	2	0	0	0	1	1
Balearic Islands	1	0	0	0	1	1	0	0	0	1
Bangladesh	115	52	26	29	222	55	31	6	20	112
Belarus	3	1	1	0	5	2	0	0	0	2
Belgium	3	0	0	0	3	3	0	0	0	3
Bolivia	1	0	0	0	1	0	0	0	0	0
Bosnia-Herzegovina	2	0	0	1	3	2	0	0	1	3
Brazil	12	3	3	1	19	9	2	1	0	12
Bulgaria	4	3	1	5	13	3	2	0	2	7
Cambodia	2	1	0	0	3	0	1	0	0	1
Canada	2	0	0	0	2	1	0	0	0	1
Cayman Islands	1	0	0	0	1	1	0	0	0	1
China	77	47	14	15	153	36	19	5	5	65
Colombia	13	6	4	1	24	7	5	3	0	15
Croatia	1	0	0	0	1	1	0	0	0	1
Cuba	0	1	0	0	1	0	0	0	0	0
Czech Republic	1	2	1	0	4	1	2	0	0	3
Czechoslovakia	0	1	0	0	1	0	1	0	0	1
Denmark	2	0	0	0	2	2	0	0	0	2
Dominica	1	1	0	0	2	1	0	0	0	1
Ecuador	1	0	0	0	1	0	0	0	0	0
Egypt	81	22	4	11	118	41	12	2	4	59
El Salvador	1	1	0	0	2	0	1	0	0	1







Country of training	Total sat (number of attempts)				Total sat	Pass (number of attempts)				Total passed
	Sat 1	Sat 2	Sat 3	Sat 4+		Sat 1	Sat 2	Sat 3	Sat 4+	
Switzerland	4	2	1	0	7	4	1	1	0	6
Syria	5	1	3	2	11	5	0	1	1	7
Taiwan	2	1	0	3	6	1	0	0	0	1
Tajikistan	0	1	0	0	1	0	0	0	0	0
Tanzania	5	3	1	0	9	1	1	0	0	2
Thailand	3	1	0	3	7	3	1	0	0	4
Trinidad and Tobago	1	1	1	0	3	1	0	1	0	2
Turkey	4	1	0	0	5	2	0	0	0	2
Uganda	3	1	0	0	4	2	1	0	0	3
Ukraine	22	19	7	13	61	9	6	2	5	22
United Arab Emirates	4	5	1	0	10	1	3	1	0	5

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Table C3. AMC Clinical Examination 2010, passes by country of training and number of attempts

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Country of training	Sat 1	Sat 2	Sat 3	Sat 4+	Total	Pass 1	Pass 2	Pass 3	Pass 4+	Total
Slovak Republic	1	0	0	0	1	1	0	0	0	1
South Africa	65	5	0	0	70	57	3	0	0	60
South Korea	2	2	0	0	4	1	1	0	0	2
Sri Lanka	118	27	2	0	147	88	18	2	0	108
Sudan	3	0	4	0	7	1	0	3	0	4
Syria	4	1	0	0	5	3	0	0	0	3
Taiwan	3	0	0	0	3	1	0	0	0	1
Thailand	2	0	0	0	2	1	0	0	0	1
Trinidad and Tobago	10	0	0	0	10	9	0	0	0	9
Turkey	5	0	0	0	5	3	0	0	0	3
Uganda	0	1	0	0	1	0	1	0	0	1
Ukraine	11	2	2	0	15	4	1	2	0	7
United Arab Emirates	1	1	0	0	2	1	1	0	0	2
United States	1	0	0	0	1	1	0	0	0	1

Table D1. Specialist assessments by medical specialty, 2010

Medical specialty	Initial processing	College processing	Substantially comparable	Partially comparable	Not comparable	Withdrawn	Total
Adult Medicine	93	3	88	21	9	8	222
Anaesthesia	32	12	38	48	9	9	148
Dermatology	8	1	3	2	3	0	17
Emergency Medicine	13	5	13	10	0	3	44
General Practice	130	2	71	11	0	9	223
Intensive Care	7	2	2	7	1	4	23
Medical Administration	0	0	0	1	0	0	1
Obstetrics and Gynaecology	53	0	46	9	13	2	123
Occupational and Environmental Medicine	1	0	0	0	0	0	1
Ophthalmology	19	2	5	11	2	1	40
Oral and Maxillofacial Surgery	0	2	0	1	0	1	4
Paediatrics and Child Health	44	2	34	15	10	4	109
Pain Medicine	1	0	0	0	0	0	1
Palliative Medicine	0	0	1	1	0	0	2
Pathology	35	0	19	24	0	4	82
Psychiatry	41	3	47	40	1	2	134
Public Health Medicine	6	0	0	0	0	0	6
Radiology	22	4	40	43	0	4	113
Rehabilitation Medicine	4	0	1	1	1	1	8
Sexual Health Medicine	1	0	0	0	0	0	1
Surgery	62	21	61	43	25	50	262
Total	572	59	469	288	74	102	1,564

Source: Australian Medical Council administrative data, 2011

