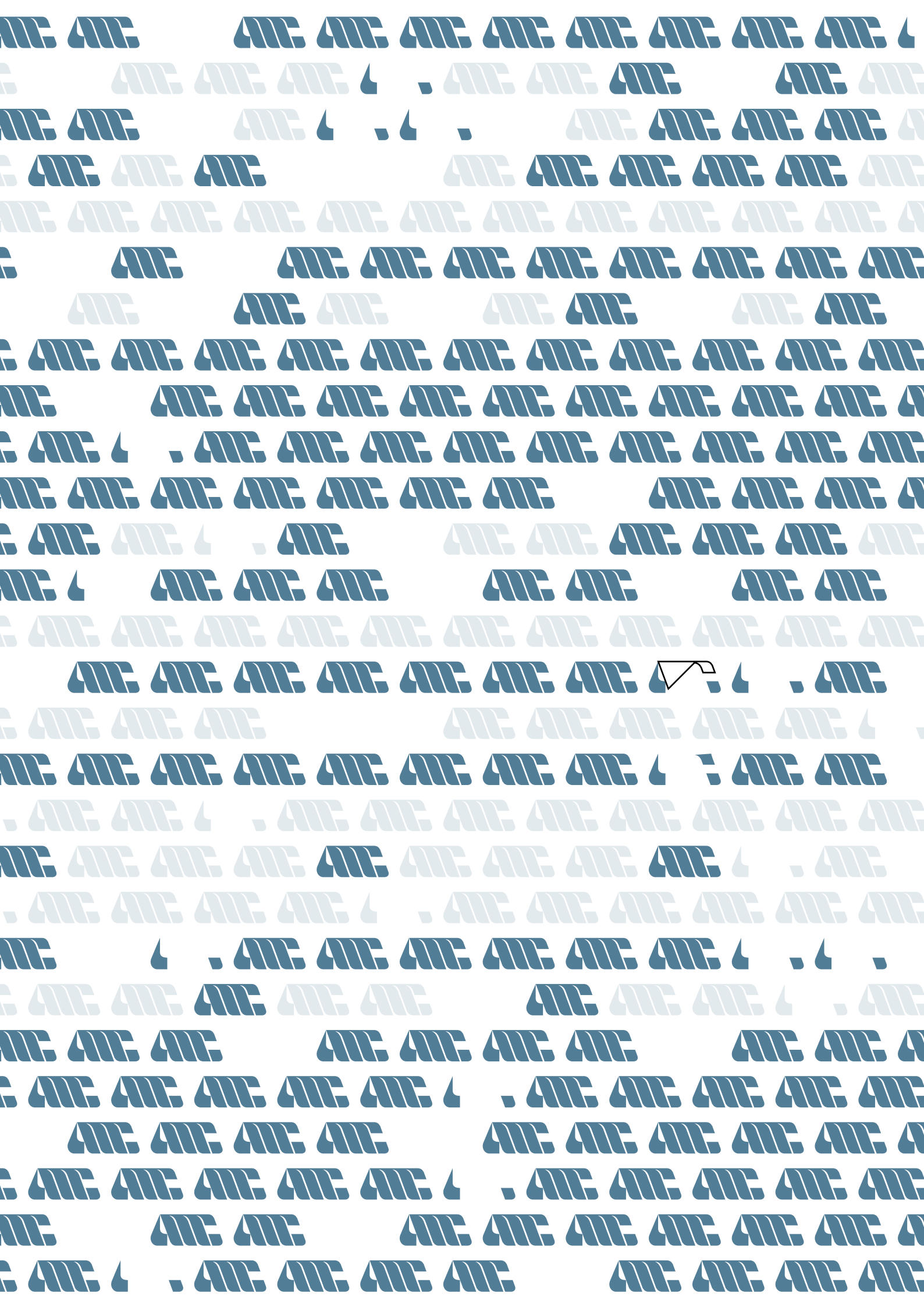




# ANNUAL REPORT 2014



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# Who we are

The Australian Medical Council Limited (AMC) is a not for profit organisation that works to ensure that standards of education, training and assessment of the medical profession promote and protect the health of the Australian community.

The

accrediting medical education and training providers and their programs

assessing the knowledge, clinical skills and professional attributes of overseas qualified medical practitioners seeking registration in medicine under the Health Practitioner Regulation National Law

giving advice and making recommendations to federal, state and territory governments and agencies, including medical regulatory authorities, in relation to:

- [Medical Council of Australia](#)
- [Medical Council of New South Wales](#)
- [Medical Council of Queensland](#)
- [Medical Council of South Australia](#)
- [Medical Council of Tasmania](#)
- [Medical Council of Victoria](#)
- [Medical Council of Western Australia](#)

developing standards, policies and procedures for the accreditation of medical programs and for the assessment of international medical graduates seeking registration in Australia

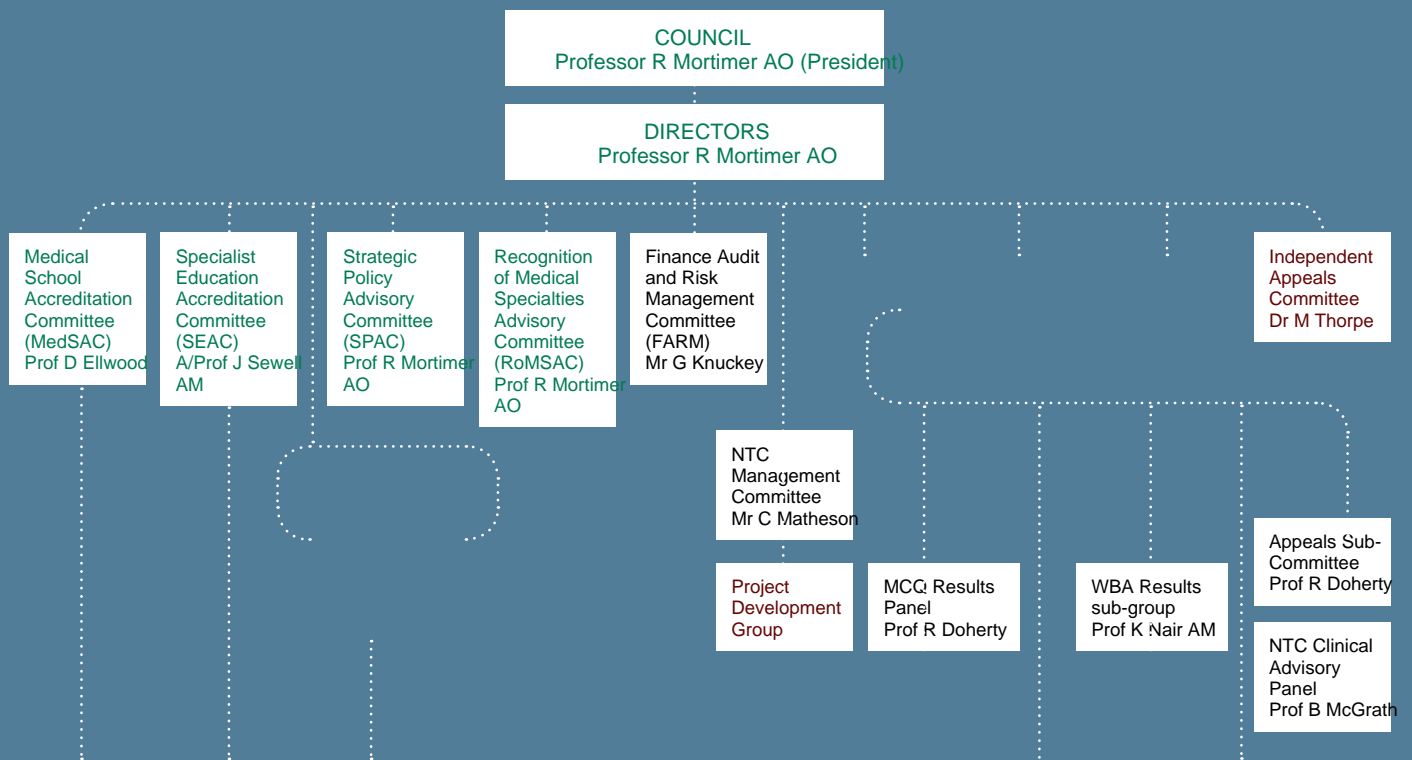
# What we do

## Our purpose

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

## Governance statement

The AMC, a company limited by guarantee and subject to the Corporations Act 2001, operates in accordance with its constitution, which sets out the terms of formation, membership, chair, term of office and quorum for the council and its committees. A large advisory council elects a smaller governance committee of directors with decision-making powers. The AMC's governance structure is set out below.



2018





There has been a period of 12 months since the last report. This year for the first time our accreditation process has been very successful. Our specialist and generalist professional bodies are being revised. The National Test Centre is being re-located in the new premises. Innovations in the medical Graduate

Readers of previous reports will be aware that the AMC has been through an extensive internal and external process of review. Goals evolving from the Strategic Review 2012-17 and the External Review held in 2013 have largely been realised and there is a clear pathway for the next five years. The Council is also in a sound financial position. In 2014, the Health Ministers began the independent review of the National Registration and Accreditation Scheme in line with the agreement to conduct a review three years after the scheme's establishment. This review has provided an opportunity to reflect on the challenges faced and successes achieved in the scheme's establishment, which saw the successful consolidation of more than 60 Acts of Parliament and in excess of 85 health professional boards, across eight states and territories, into a single national scheme. The AMC remains committed to the scheme and has been enthusiastic about the opportunities to review and improve on the initial successes.

The AMC continues to work closely with the Medical Board of Australia and the Australian Health Practitioner Regulation Agency (AHPRA). We value highly our strong and constructive relationships with these bodies. We also continue to work productively with the Health Professions Accreditation Councils Forum (the Forum). This body has members from the 11 independent accreditation councils, representing 11 of the 14 health professions regulated under the Health Practitioner Registration National Law. Through the Forum, established accreditation authorities such as the AMC are able to support newer bodies, and to share approaches to setting standards and accreditation. The Forum and the AMC have been able to make submissions to the Health Ministers' Review of the National Registration and Accreditation Scheme and we look forward to the publication of the report.

As always I want to recognise the enormous talent, commitment and productivity of our staff, the health and education professionals and community and consumer representatives who make the Australian Medical Council function so well. I thank them all.



**Robin Mortimer AO**  
President

The Australian Medical Council, at the beginning of 2014, was faced with a number of financial challenges that would preoccupy AMC Directors and the senior management for the first half of the year.

In late 2013 the Australian Government imposed a freeze on grant funding pending a review of government expenditure. The Commonwealth had provided a contribution to the operational costs of the AMC since its inception in 1985, in recognition of its work in relation to standards of medical education and the assessment of International Medical Graduates (IMGs). In

assessment services, publications, general  
administration and corporate services. At the

# Year at a glance

In 2014, the Australian Medical Council (AMC) has consolidated its response to the significant external reviews completed in 2012/2013, taking forward recommendations arising from its self-assessment and the external assessment of its operations. This has led to the completion of major developments, such as the implementation of the national framework for intern training, the consolidation of AMC clinical examinations at the Vernon C Marshall National Test Centre, and the beginning of new policy work on topics such as medical student fitness to practise, interprofessional education and generalism.

Throughout the year the AMC has demonstrated its continued commitment to ensuring that standards of education, training and assessment of the medical profession promote and protect the health of the Australian community. As well as the work of its six standing committees<sup>1</sup>, the AMC has undertaken significant work in the review and accreditation of intern training accreditation authorities, the evaluation of intern assessment documents, revision of intern training national standards for programs and the review of the accreditation standards for specialist training programs.

As is required by its agreement with the Australian Health Practitioner Regulation Agency for the performance of accreditation functions, the AMC considered:

- opportunities to increase cross-profession collaboration and innovation through its work with other accreditation entities and the Health Professions Accreditation Councils Forum;
- opportunities to facilitate and support interprofessional learning in its work; and
- opportunities to encourage use of simulated learning environments where appropriate.

The Council at its meetings in November 2013, May, August and November 2014 considered a number of issues including the significant challenges for healthcare and health education over the next five years and the impact of these challenges on:

- the Australian Medical Council;
- health workforce;
- student professional behaviour and fitness to practise issues;
- education in the health professions;
- standards and accreditation; and
- the review of the National Registration and Accreditation Scheme.

<sup>1</sup> Board of Examiners, Medical School Accreditation Committee, Recognition of Medical Specialties Advisory Committee, Specialist Education Accreditation Committee, Strategic Policy Advisory Committee and Finance, Audit and Risk Management Committee

# 2014 Highlights

## Vernon C Marshall National Test Centre

In its first full year of operation (2014) the Vernon C Marshall National Test Centre (NTC) has been successful in enhancing opportunities now and into the future that will not only increase the number of international medical graduates through the AMC system but also enhance the quality of the clinical examination from the perspective of both the examiner and examinee.

The establishment of the NTC has been a key enabler in the AMC forming an ethos and systems that create a customer focus and support AMC assessment and accreditation functions including:

- a candidate tracking system that will allow candidates to view the status of their application, examination scheduling and assessment outcomes;

- a management system for examiners, role-players and invigilators that will allow individuals to track their involvement in AMC examination functions.

Through the use of multimedia and CCTV recording capability, which enable monitoring of performance and identification of areas for improvement, the NTC has been fundamental to improving the quality of examiners and thus increasing the reliability of the clinical examination stations.

With the development and implementation in 2014 of a new scoring system for AMC clinical examinations together with the introduction of the new advanced computer-tablet scoring technology, the AMC now has hundreds of

thousands of data points of information relating to clinical examinations. The data will enhance the effectiveness of examiner training and content development programs. The application of these new technologies at the NTC has greatly improved examination reliability and defensibility for AMC clinical examinations.

The facility is the only one of its kind in Australia that enables the clinical skills of IMGs to be assessed outside hospitals.

In 2014 the NTC conducted 50 AMC examinations involving 1631 candidates. During the next 12 months the transfer of clinical examinations from hospital based venues to the NTC will be accelerated so that all clinical examinations (apart from those held in Townsville and Perth) will be conducted at the NTC. This will achieve significant savings for the AMC in time and resources.

## Implementation of the national internship framework

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 of Australia, the Australian Medical Council developed national standards and guidelines to support the implementation of the registration standard, which were implemented from January 2014, following public consultation.



generalism in medical practice and medical education;

professionalism in medicine;

interprofessional education;

benchmarking assessment; and

continuing to advocate for and support a national training survey.

A key recommendation of the AMC's 2013 external review was that the AMC raise the quality and responsiveness of the AMC's leadership in Indigenous health and the needs of its practitioners. In response to this recommendation, the AMC agreed to establish an Indigenous Planning Advisory Group to develop a more visible and effective strategy to engage with Indigenous health organisations, students and medical practitioners across its accreditation, standard setting, policy and assessment functions to support the AMC purpose. The AMC strategy will develop based on a shared understanding of priorities and opportunities.

The group will be co-chaired by Dr Noel Hayman, Director of Inala Indigenous Health Service, and Dr Gregory Phillips, Executive Director of ABSTARR Consulting.

In July 2014, Emeritus Professor Michael Field AM, Sydney Medical School, and former Chair of the AMC's Medical School Accreditation Committee was appointed President of the Association for Medical Education in the Western Pacific Region (AMEWPR). AMEWPR is a regional association of medical educators, concerned with the support and development of medical education in the countries in the Western Pacific Region.

AMEWPR's objective is to promote medical education in the Western Pacific Region by providing a forum for exchange of information and resources amongst members. It maintains links with organisations such as the World Health Organisation.



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;





# External engagement

## Stakeholders

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

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

Some of the AMC's major stakeholder activities include:

### Medical Board of Australia and Australian Health Practitioner Regulation Agency

The AMC, as the Medical Board of Australia's appointed accreditation authority under the Health Practitioner Regulation National Law, works closely with the Medical Board to ensure that the board is kept informed of the way the AMC discharges its accreditation functions and that it receives the reports and information required under the National Law. It also works collaboratively with the Australian Health Practitioner Regulation Agency (AHPRA), which supports the work of the Medical Board of Australia, by facilitating the flow of information between the AMC and AHPRA offices in relation to applications for registration of international medical graduates (IMGs).

### Health Professions Accreditation Councils' Forum

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



The AMC is the accreditation authority for accrediting education providers and programs of study for the medical profession under the Health Practitioner Regulation National Law.

This role includes developing accreditation standards, accrediting programs and providers

## Accreditation decisions 2014

### Medical schools and programs

#### University of New South Wales, Faculty of Medicine – reaccreditation

An AMC team completed an accreditation assessment of the University's medical programs in November 2013. The AMC Directors, (8 April 2014) granted accreditation of the following medical programs of the University of New South Wales, Faculty of Medicine until 31 March 2020, subject to satisfactory progress reports and conditions:

Bachelor of Medical Studies and Doctor of Medicine

Bachelor of Medicine/Bachelor of Surgery (Four-Year degree)

Bachelor of Medicine/Bachelor of Surgery (Six-Year degree) and

Doctor of Medicine

#### University of Otago, Faculty of Medicine – comprehensive report

On the basis of its comprehensive report, AMC Directors (21 July 2014) extended accreditation of the Bachelor of Medicine / Bachelor of Surgery (MBChB) medical program of the University of Otago, Faculty of Medicine to 31 March 2019, subject to the submission of satisfactory biennial progress reports.

#### University of Newcastle/University of New England, Joint Medical Program – comprehensive report

Following a comprehensive report assessment in July 2014, AMC Directors (20 October 2014) extended accreditation of the Bachelor of Medicine (BMed) medical program of the University of Newcastle/University of New England, Joint Medical Program to 31 March 2019, subject to satisfactory progress reports and reports on conditions in 2015 and 2016.

#### University of Queensland, School of Medicine – comprehensive report

After a follow-up assessment in June 2014, which included assessment of the implementation plans for the School's MD program, AMC Directors (20 October 2014) confirmed accreditation of the following medical programs of the University of Queensland, School of Medicine until 31 March 2017, subject to satisfactory progress reports and conditions:

Bachelor of Medicine/Bachelor of Surgery (Four-year degree with the final cohort enrolled 2014)

Doctor of Medicine (Four-year degree for cohorts commencing from 2015).

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

Following a visit in October 2014 to assess the School's plans to transition the delivery of the Basic and Clinical Science curriculum from Curtin University to Murdoch University, AMC Directors (17 December 2014) agreed the University of Notre Dame Australia, School of Medicine Fremantle and its medical program continue to meet the accreditation standards.

## ACCREDITATION ACTIVITIES

### Specialist medical education and training

#### Royal Australian and New Zealand College of Psychiatrists (RANZCP) Competency Based Fellowship Program

In August 2012, an AMC team completed the assessment of the Royal Australian and New Zealand College of Psychiatrists plans for a revised Fellowship training program, known as the 2012 Fellowship Program. In December 2012, AMC Directors granted accreditation to the College to commence the new program.

In August 2014, AMC Directors made the following decisions on the College's programs in the recognised specialty of psychiatry:

to extend the accreditation of the 2003 Fellowship Program to 31 March 2018 subject to the submission of a satisfactory progress report to the Committee in 2016 on the teach-out phase of the program.

to extend the accreditation of the 2012 Fellowship Program to 31 March 2018, subject to satisfactory progress reports to the AMC. The accreditation decision includes conditions concerning the finalisation of the curriculum and assessment plans for all stages of the revised program, program evaluation, managing the trainee transition to the new program, support for supervisors and selection into the training program.

#### Royal Australasian College of Medical Administrators Comprehensive Report

Following a comprehensive report assessment, AMC Directors (22 July 2014) extended the accreditation of the Royal Australasian College of Medical Administrators' education and training programs and professional development program in the recognised specialty of medical administration to 31 March 2019, subject to satisfactory progress reports.

#### Australasian College of Sports Physicians Comprehensive Report

Following a comprehensive report assessment, AMC Directors (21 August 2014) extended the accreditation of the Australasian College of Sports Physicians' continuing professional development program and Fellowship program in the recognised specialty of sport and exercise medicine to 31 March 2019, subject to satisfactory progress reports.

#### Royal Australian and New Zealand College of Radiologists Comprehensive Report

Following a comprehensive report assessment, AMC Directors (21 August 2014 and December 2014) extended the accreditation of the education and training programs and the professional development program of the Royal Australian and New Zealand College of Radiologists to 31 March 2020, subject to satisfactory progress reports.

This accreditation decision covers the College's programs for the recognised specialty of radiology with the fields of specialty practice: diagnostic radiology and diagnostic ultrasound. It also covers the programs for the recognised specialty of radiation oncology.

### Intern training accreditation providers

In March 2014, on advice from the Prevocational Standards Accreditation Committee, AMC Directors granted initial accreditation to the Postgraduate Medical Education Council of Queensland and the Postgraduate Medical Council of Western Australia for accreditation as intern training accreditation authorities. Accreditation is subject to satisfactory annual progress reports and continues until the AMC completes an accreditation assessment of each authority.

### Review of accreditation standards, criteria and guidelines

Under the Health Practitioner Regulation National Law, an accreditation standard, for a health profession, means a standard used to assess whether a program of study, and the education provider that provides the program of study, provide persons who complete

## ACCREDITATION ACTIVITIES

available assessment form which was considered too long and in some places the wording was considered unclear.

AMC Directors (August 2014) approved minor revisions to the following documents which were also approved by the Medical Board of Australia:

Intern training    Assessing and certifying completion

Intern training    Intern outcomes statements

### Review of Guidelines for Pre-Employment Structured Clinical Interviews

The PESCI is an objective assessment of the clinical experience, knowledge, skills and attributes of an international medical graduate to determine whether they are suitable to practise in a specific position. It consists of a structured interview using scenarios. The interview scope is determined by the level of risk of the position that the international medical graduate is applying for. The PESCI is conducted by a provider that has been approved by the AMC.

In 2014, working with the Medical Board of Australia, the AMC completed a review of the PESCI Guidelines and criteria for approval of PESCI providers. The revised guidelines take account of changes since the introduction of the National Law and the development of national registration standards. The review has also introduced a requirement for a regular report from approved PESCI providers to the AMC. The forms by which PESCI providers report to the Medical Board of Australia and to the applicant have also been revised. The new guidelines and approval criteria apply from 1 March 2015.

### Review of Workplace Based Assessment guidelines and procedures

AMC workplace-based assessment (WBA) was designed as an alternative to the AMC Clinical Examination for international medical graduates. The goal of AMC WBA is to ensure that an IMG possesses an adequate and appropriate set of clinical skills and other essential characteristics to practise safely within the Australian health care environment and in the cultural setting of the broader Australian community.

The AMC accredits providers to conduct workplace-based assessments having assessed their proposed WBA program against the workplace-based assessment accreditation guidelines and procedures.

The August 2014 meeting of the Directors agreed to a minor change to the AMC workplace-based assessment accreditation guidelines and procedures to clarify that case-based discussion (an indirect form of assessment) should be based on patient cases not paper cases. The Directors also approved plans for a more comprehensive review of the AMC workplace-based assessment accreditation guidelines and procedures bringing them into alignment with other AMC accreditation guidelines. The documents also need to distinguish between criteria relevant to accreditation of the program, and the oversight of assessment of individual candidates.





# Examination and assessment update

In the reporting period 1 July 2013 to 30 June 2014 a number of significant developments in assessment and examinations were implemented by the AMC. A number of these arose from, or were in direct response to, the House of Representatives' *Lost in the Labyrinth report* and others related to the 2013 External Review of the AMC. Some key developments included:

- re-establishing the collaborative arrangements on research in assessment between the AMC and the Medical Council of Canada;

- implementing the new scoring system for clinical examinations in conjunction with the computer-tablet scoring technology;

- commencing a research project on scoring clinical examinations based on the data captured from the computer-tablet technology;

- improvements to the feedback to candidates on their MCQ and clinical examination performance while at the same time maintaining the integrity of the examinations; and

- collaborating with stakeholders regarding benchmarking assessment for Australian medical programs utilising the AMC's calibrated MCQ item bank

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: standard, competent authority and specialist pathways. All three pathways involve initial verification of the primary qualifications of IMGs.

## 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 Educational Commission for Foreign Medical Graduates (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.

Highlights in the AMC's examination and assessment programs for the 2103/14 reporting period include:

### Standard Pathway

AMC CAT MCQ: a total of 2720 MCQ examinations were conducted by the AMC in Australia and in 22 controlled examination facilities internationally. Of that number 1,781 IMGs were presenting for the first time at the MCQ examination. A total of 1461 IMGs satisfied the requirements and qualified to proceed to the clinical examination.

AMC Clinical Examination: a total of 2548 clinical examinations, of which 1082 were conducted at the new National Test Centre (NTC) in Melbourne. Some 1328 candidates presented for the first time and a total of 855 passed the examination and qualified for the AMC certificate.





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## DIRECTORS' REPORT

- (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 the Federal, State and Territory governments, to assess the case for the recognition of new medical specialties and make recommendations to the Federal, State and Territory governments,

to assess the case for the recognition of new medical specialties and make recommendations to the Federal, State and Territory governments,



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### Indemnifying the directors

During the financial year, the AMC paid a premium of \$5,382 to insure the directors of the AMC. The policy covers all of the directors and the CEO. The liabilities insured include all costs and expenses that may be incurred in defending any claim that may be brought against the directors for any actual or alleged breach of their professional duty in carrying out their duties for the AMC.

### Information on directors

**Professor Robin Mortimer AO**

#### Qualifications

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

#### Experience

Professor, Disciplines of Medicine, ObstetricFS31.444 TD [Sof \$5,382 to insure the directors of the



Co-chair, Clinical Standards Committee  
Advisory Committee, Australian Commission  
on Safety and Quality in Health Care  
Former President, Royal Australasian College  
of Physicians  
Former Chair, National Institute of Clinical  
Studies  
Former Member, National Health and Medical  
Research Council

**Special responsibilities**

Deputy President Australian Medical Council  
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

## DIRECTORS' REPORT

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 AM

(Awarded on 9 June 2014 in Queen's Birthday  
honours list)

### 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

### Professor Kate Leslie

#### Qualifications

MBBS, MD, M, EPI, FANZCA, FAICD

#### Experience

Staff Anaesthetist and Head of Research,  
Department of Anaesthesia and Pain  
Management, Royal Melbourne Hospital

Honorary Professorial Fellow, Anaesthesia  
Perioperative and Pain Medicine Unit,  
Melbourne Medical School, University of  
Melbourne

Honorary Professorial Fellow, Department of  
Pharmacology, University of Melbourne

Honorary Adjunct Professor, Department  
of Epidemiology and Preventive Medicine,  
Monash University

Former President, Australian and New Zealand  
College of Anaesthetists

Former Chair, Committee of Presidents of  
Medical Colleges

### Special responsibilities

Director of the Australian Medical Council

Member of Council, Australian Medical Council

Member of the Finance, Audit and Risk  
Management Committee

Member of Specialist Education Accreditation  
Committee

AMC representative, Medical Training  
Review Panel

### 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, FChPM

Member Agency Management  
Committee, Australian Health Practitioner  
Regulation Agency





### Auditor's Independence Declaration

As lead auditor for the audit of Australian Medical Council Limited for the year ended 30 June 2014, 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.

A handwritten signature in black ink, appearing to read 'David Murphy', is positioned above the printed name.

David Murphy  
Partner  
PricewaterhouseCoopers

Canberra  
20 October 2014

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**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](http://www.pwc.com.au)

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Liability limited by a scheme approved under Professional Standards Legislation.

# Financial statements

6 W D W H P H Q W R I S U R À W R U O R V V D

for the year ended 30 June 2014

	Note	2014 \$	2013 \$
Revenue	2	21,614,001	19,973,965
Other income		239,070	352,340
<b>Total revenue and other income</b>		<b>21,853,071</b>	<b>20,326,305</b>
Accreditation expenses		1,211,500	703,941
Examination running expenses		6,622,775	6,337,188
Publishing expenses		64,270	62,816
Council committees and executive expenses		674,924	1,022,926
Employee benefits expenses		8,000,325	7,873,543
Depreciation and amortisation expenses		1,217,781	840,989
Bank fees and charges		343,062	281,199
Rental expenses		1,432,268	902,496
Audit, legal and consultancy expenses		133,832	129,811
Administration expenses		1,662,630	1,390,098
<b>Total expenses</b>		<b>21,363,367</b>	<b>19,545,007</b>
Surplus		489,704	781,298
Surplus for the year attributable to the Council		489,704	781,298
Other comprehensive income for the year		-	-
<b>Total comprehensive income for the year</b>		<b>489,704</b>	<b>781,298</b>

The accompanying notes form part of these financial statements.



## Statement of changes in equity

for the year ended 30 June 2014

	Note	Retained earnings \$	Total \$
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
Balance at 1 July 2013		5,253,606	5,253,606
Total comprehensive income for the year			
Surplus attributable to the Council		489,704	489,704
Total comprehensive income for the year		5,743,310	5,743,310
<b>Balance at 30 June 2014</b>		<b>5,743,310</b>	<b>5,743,310</b>

The accompanying notes form part of these financial statements.





1 R W H V W R W K H À Q D Q F L D O V W D W H P H Q W V I R U W K H \ H

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

### Note 1: Summary of significant accounting policies

#### Basis of preparation

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards – Reduced Disclosure Requirements of the Australian Accounting Standards Board (AASB) and the Corporations Act 2001. The AMC is a not-for-profit entity for the purpose of preparing financial statements.

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

The financial statements were authorised for issue on 20 October 2014 by the Directors of the AMC.

#### Accounting policies

##### a. Revenue

Revenue is measured at the fair value of the consideration received or receivable. The AMC recognises revenue when the amount of revenue can be reliably measured, it is probable that future economic benefits will flow to the AMC and specific criteria have been met for the specific activities as described below.

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

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

Interest revenue is recognised using the effective interest rate method.

Revenue from the rendering of a service is recognised by reference to the stage of completion of the transaction at the end of the reporting period.

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

##### b. Inventories

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

##### c. Plant and equipment

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

The carrying amount of plant and equipment is reviewed annually by directors to ensure it is not in excess of the recoverable amount from these assets. Each asset class's carrying amount is written down immediately to its recoverable amount if the class's carrying amount is greater than its estimated recoverable amount.

The depreciable amount of all fixed assets, including capitalised lease assets, is depreciated on a straight line basis over the asset's useful life commencing from the time the asset is held ready for use. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the useful lives of the improvements.

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

## FINANCIAL STATEMENTS

### e. Financial instruments

#### i) Classification

The AMC classifies its financial assets into the following categories:

loans and receivables, and

held-to-maturity investments

**v) Loans and receivables**

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market and are subsequently measured at amortised cost.

Loans and receivables are included in current assets, except for those which are not expected to mature within 12 months after the end of the reporting period. These loans and receivables are classified as non-current assets.

**f. Employee benefits**

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

The obligations are presented as current liabilities in the balance sheet if the AMC does not have an unconditional right to defer settlement for at least twelve months after the reporting period, regardless of when the actual settlement is expected to occur.

**g. Cash and cash equivalents**

Cash and cash equivalents include cash on hand, deposits held at call with banks, other short-term highly liquid investments with original maturities of three months or less.

**h. Goods and services tax**

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO). In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of an item of expense. The net amount of GST recoverable from, or payable to, the ATO is included as part of receivables or payables in the statement of financial position.

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

**i. Income tax**

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



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**Note 2: Revenue and other income**

	2014	2013
	\$	\$
<b>REVENUE FROM GOVERNMENT GRANTS AND OTHER GRANTS</b>		
Commonwealth government grants	63,636	631,365
Medical Board of Australia grants	2,295,868	642,740
Health Workforce Australia grant	-	2,000,000
<b>TOTAL REVENUE FROM GOVERNMENT AND OTHER GRANTS</b>	<b>2,359,504</b>	<b>3,274,105</b>
<b>REVENUE FROM OPERATIONS</b>		
Accreditation fees	438,225	361,846
Examination fees	18,342,590	15,852,865
Sale of publications	333,576	396,708
Other revenue	140,106	88,442
<b>TOTAL REVENUE</b>	<b>19,254,497</b>	<b>16,699,860</b>
<b>TOTAL REVENUE FROM OPERATIONS</b>	<b>21,614,001</b>	<b>19,973,965</b>
<b>OTHER INCOME</b>		
Gain on disposal of plant and equipment	-	27
Interest	239,070	352,313
<b>TOTAL OTHER INCOME</b>	<b>239,070</b>	<b>352,340</b>
<b>TOTAL REVENUE AND OTHER INCOME</b>	<b>21,853,071</b>	<b>20,326,305</b>







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## Note 8: Plant and equipment

	2014 \$	2013 \$
<b>Computer equipment</b>		
At cost	1,245,914	1,137,670
Less accumulated depreciation	(878,317)	(763,289)
	<b>367,597</b>	<b>374,381</b>
<b>Office equipment</b>		
At cost	695,649	693,999
Less accumulated depreciation	(293,936)	(210,868)
	<b>401,713</b>	<b>483,131</b>
<b>Furniture and fittings</b>		
At cost	752,394	740,768
Less accumulated depreciation	(404,575)	(350,272)
	<b>347,819</b>	<b>390,496</b>
<b>Leasehold improvement</b>		
At cost	5,234,380	5,147,550
Less accumulated depreciation	(2,520,185)	(1,790,867)
	<b>2,714,195</b>	<b>3,356,683</b>
<b>Leased assets</b>		
At cost	248,333	248,333
Less accumulated depreciation	(99,077)	(54,623)
	<b>149,256</b>	<b>193,710</b>
<b>TOTAL PLANT AND EQUIPMENT</b>	<b>3,980,580</b>	<b>4,798,401</b>

### Movements in carrying amounts

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

	Computer equipment \$	2 I À F equipment \$	Furniture D Q G À \$	Leasehold improvement \$	Leased assets \$	Total \$
Balance at 1 July 2013	374,381	483,131	390,496	3,356,683	193,710	<b>4,798,401</b>
Additions at cost	108,244	1,650	11,626	86,830	0	<b>208,350</b>
Disposals	0	0	0	0	0	<b>0</b>
Depreciation expenses	(115,028)	(83,068)	(54,303)	(729,318)	(44,454)	<b>(1,026,171)</b>
Carrying amount at the end of year	367,597	401,713	347,819	2,714,195	149,256	<b>3,980,580</b>

Note 9: Intangible assets

	2014 \$	2013 \$
Computer software at cost	1,381,485	1,053,818
Accumulated amortisation	(661,086)	(469,476)
Net carrying value	720,399	584,342

Movements in carrying amounts

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

	Computer software 2014 \$
Balance at the beginning of the year	584,342
Additions	327,667
Amortisation charge	(191,610)
	720,399

Note 10: Trade and other payables

	2014 \$	2013 \$
Trade payables	77,452	990,160
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## FINANCIAL STATEMENTS

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### Note 12: Employee benefits

	2014	2013
	\$	\$
Analysis of total provisions		
Current	1,488,155	1,477,540
Non-current	139,325	155,385
	<u>1,627,480</u>	<u>1,632,925</u>

#### Provision for employee benefits

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

### Note 13: Income in advance

	2014	2013
	\$	\$
CURRENT		
Income in advance	4,027,365	3,906,897
	<u>4,027,365</u>	<u>3,906,897</u>

Income in advance is comprised of examination and accreditation fees received in advance of services being provided and rent in advance on the AMC's sub-lease of the premises at Level 14 300 La Trobe Street, Melbourne.

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**Note 14: Capital and leasing commitments**

	2014 \$	2013 \$
<b>a. Finance lease commitments</b>		
Payable minimum lease payments:		
not later than 12 months	49,722	46,729
later than 12 months but not later than five years	122,705	172,428
<b>Minimum lease payments</b>	<b>172,427</b>	<b>219,157</b>
<p>The AMC entered a finance leasing arrangement in May 2012, for the lease of office equipment. The lease is for a term of five years with an option to purchase at the end of the lease term. No debt covenants or other such arrangements are in place.</p>		
<b>b. Operating lease commitments</b>	<b>\$</b>	<b>\$</b>
Non-cancellable operating leases contracted for but not capitalised in the financial statements		
Payable minimum lease payments:		
not later than 12 months	1,049,176	1,421,204
later than 12 months but not later than five years	1,915,321	2,858,567
<b>Minimum lease payments</b>	<b>2,964,497</b>	<b>4,279,771</b>
<p>The AMC has operating leases in place for the rental of two separate premises, at 11 Lancaster Place, Majura, ACT and Level 14, 300 La Trobe Street, Melbourne. The two operating leases both contain escalation clauses and renewal rights. The leased premises in Melbourne is secured by a bank guarantee. The bank guarantee is for the amount of \$554,368 (inclusive of GST) and is equal to the sum of 9 months rent and 9 months outgoings.</p>		
<b>c. Sub-lease payments</b>	<b>\$</b>	<b>\$</b>
Future minimum lease payments expected to be received in relation to non-cancellable sub-lease or operating leases		
Payable minimum lease payments:	511,251	633,654
	<b>511,251</b>	<b>633,654</b>







**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 company), which comprises the statement of profit or loss and other comprehensive income, the

[REDACTED]

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***

[REDACTED]

**PricewaterhouseCoopers, ABN 32 760 433 737**  
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](http://www.pwc.com.au)





*Auditor's opinion*

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

- (a) giving a true and fair view of the company's financial position as at 30 June 2014 and of its

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*PricewaterhouseCoopers*

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- (b) complying with Australian Accounting Standards – Reduced Disclosure Requirements and the *Corporations Regulations 2001*.

PricewaterhouseCoopers

David Murphy  
Partner

Canberra  
20 October 2014

APPENDIX A

Position and Nominating Body/Category of membership	Member
NSW	Professor Robin Mortimer AO*
NSW	Associate Professor Jill Sewell AM*
NSW, SA, TAS, VIC Appointed by Directors	Dr Greg Kesby (NSW)* Dr Bruce Mugford (SA) Dr Kim Rooney (TAS)* Professor Napier Thomson AM (VIC)
NSW, SA, TAS, VIC Appointed by Directors	Associate Professor Michael Hollands Professor Kate Leslie*
NSW, SA, TAS, VIC Appointed by Directors	Dr Iain Dunlop
NSW, SA, TAS, VIC Appointed by Directors	Dr Jules Catt
NSW, SA, TAS, VIC Appointed by Directors	Professor Nicholas Glasgow
NSW, SA, TAS, VIC Appointed by Directors	Professor Lisa Jackson Pulver AM
NSW, SA, TAS, VIC Appointed by Directors	Ms Yvonne Nguyen
NSW, SA, TAS, VIC Appointed by Directors	Ms Cindy Schultz-Ferguson Mr Ross Springolo
NSW, SA, TAS, VIC Appointed by Directors	Associate Professor Eleanor Milligan Dr Miriam Weisz
NSW, SA, TAS, VIC Appointed by Directors	Dr Sayanta Jana
NSW, SA, TAS, VIC Appointed by Directors	

Position and Nominating Body/Category of membership	Member
<p>66666</p>	<p>Professor Richard Doherty* Board of Examiners</p> <p>Professor David Ellwood* Medical School Accreditation Committee</p> <p>Assoc Professor Jill Sewell AM* Specialist Education Accreditation Committee</p> <p>Professor Robin Mortimer AO* Recognition of Medical Specialties Advisory Committee and Strategic Policy Advisory Committee</p>
<p>66666 666</p>	<p>Associate Professor Terence Brown</p>
<p>66666 66666</p>	<p>Professor Debora Picone AM (Professor Villis Marshall attends as proxy)</p>

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

# Appendix B

## Directors of the Australian Medical Council As at 31 December 2014

Position and Nominating Body/Category of membership	
MEMBER	Professor Robin Mortimer AO
PROFESSOR	Associate Professor Jill Sewell AM
MEMBER	Professor Kate Leslie Dr Kim Rooney Dr Greg Kesby
MEMBER	Professor Richard Doherty Board of Examiners Professor David Ellwood Medical School Accreditation Committee Associate Professor Jill Sewell AM Specialist Education Accreditation Committee Professor Robin Mortimer AO Recognition of Medical Specialties Advisory Committee Professor Robin Mortimer AO Strategic Policy Advisory Committee
MEMBER	Mr Ian Frank AM

\* As per resolution made at the 20 October Meeting of Directors - The Chair of the Prevocational Standards Accreditation Committee may attend and participate fully, other than for voting, and be privy to all information given to Directors

# Appendix C

## Committee membership at November 2014

### Board of Examiners

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

### Finance, Audit and Risk Management Committee

Mr G Knuckey (Chair)	Associate Professor J Sewell AM
Professor R Mortimer AO	Professor K Leslie

### Medical School Accreditation Committee

Professor D Ellwood (Chair)	Professor P Ellis	Me48 TD [j 0 -1.648 TD (Dr L MacPherson)Tj B
Professor S Broadley	Professor J Fraser	
Professor A Burt	Professor N Glasgow	
Ms G Carroll	Professor J Kolbe	
Professor J Dahlstrom	Ms R Lawson	
Dr P Dohrmann	Professor G McColl	

### Recognition of Medical Specialties Advisory Committee

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

## APPENDIX C

### Specialist Education Accreditation Committee

Associate Professor J Sewell AM (Chair)	Associate Professor T Lawler	Dr A Singer
Mr M Carpenter (Observer)	Professor K Leslie	Emeritus Professor N Thomson AM
Ms D Cox	Dr W Milford	Associate Professor M J Waters
Professor M Kidd AM	Professor J Nacey	Professor A Wilson
Associate Professor R Langham	Ms D Potter	
	Dr L Roberts	

### Strategic Policy Advisory Committee

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

### Prevocational Standards Accreditation Committee

Professor L Farmer (Chair)	Dr J Katsoris	Dr S O Dwyer
Dr C Blizard	Professor L Landau AO	Dr A Parab
Dr J Churchill	Mr D Malcolmson	Emeritus Professor D Prideaux
Professor B Crotty	Professor B McGrath	Clinical Professor R Tarala
Dr D Everett	Dr R Mohindra	
Dr E Flynn	Professor K Nair AM	

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APPENDIX D

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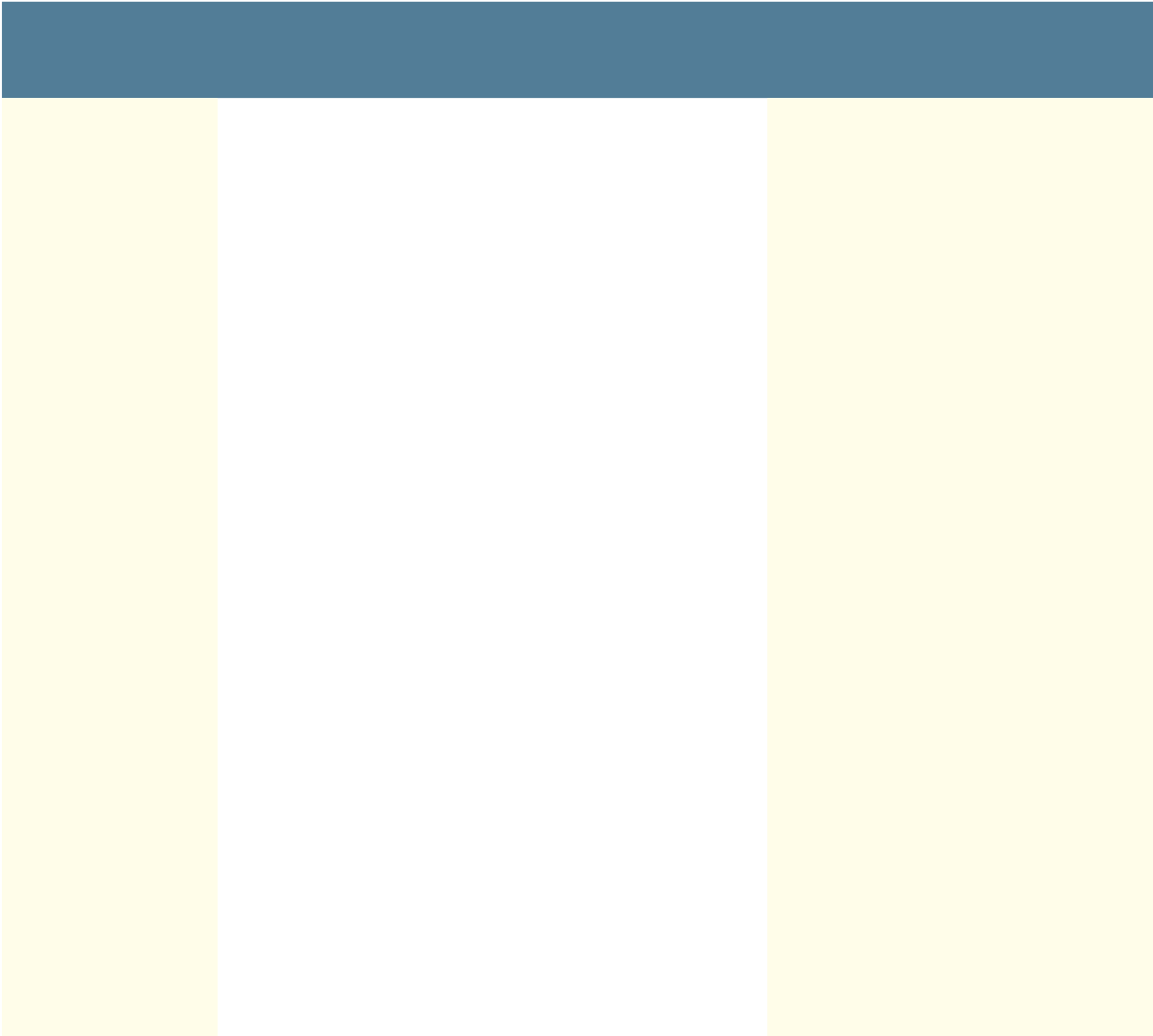


# Appendix E

## Competent Authority Pathway Statistics

For Period: 1/7/2013 to 30/06/2014 (All Candidates)

Country of Training	PLAB	MCC	860/(	NZREX	GMCUK	MCI	Issued	Issued	Issued
ALBANIA	1	0	0	0	0	0	1	1	0
ANTIGUA AND BARBUDA	0	0	0	1	0	0	1	1	0
BANGLADESH	0	3	0	1	0	0	4	7	4
BELARUS	0	1	0	0	0	0	1	1	1
BRAZIL	0	0	0	1	0	0	1	1	0
CANADA	0	20	0	0	0	0	20	23	7
CAYMAN ISLANDS	0	0	0	0	0	0	1	0	0
CHINA	0	0	0	0	0	0	0	2	0
CZECH REPUBLIC	0	0	0	0	0	0	0	0	1
DEMOCRATIC REPUBLIC OF THE CONGO	0	1	0	0	0	0	1	1	0
DOMINICA	0	0	1	0	0	0	1	1	0
EGYPT	0	9	1	1	0	0	14	14	4
ETHIOPIA	0	0	1	0	0	0	1	1	0
FIJI	0	0	0	0	0	0	1	0	0
FRANCE	0	0	0	0	0	0	1	0	0
GERMANY	0	0	0	0	0	0	0	0	1
GRENADA	1	1	1	0	0	0	3	3	0
HUNGARY	1	0	0	0	0	0	1	1	1
INDIA	21	4	4	4	0	0	43	43	29
IRAN	0	1	0	0	0	0	4	3	1
IRAQ	1	6	1	0	0	0	10	10	3
IRELAND	0	0	0	0	0	57	104	109	83
ITALY	0	0	0	0	0	0	1	0	0
JORDAN	0	1	0	0	0	0	2	2	0
LATVIA	0	1	0	0	0	0	1	1	0
LEBANON	0	0	0	0	0	0	1	0	0
MACEDONIA	0	0	0	1	0	0	1	1	0
MALAYSIA	0	0	0	0	0	0	0	0	1
MEXICO	0	0	0	0	0	0	0	0	1
MYANMAR	2	0	0	0	0	0	2	3	1
NEPAL	0	0	0	0	0	0	1	1	0











Clinical Examinations for Period: 1/7/2013 to 30/06/2014 (All Candidates)

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## APPENDIX E

### Clinical Examinations for Period: 1/7/2013 to 30/06/2014 (All Candidates)

Country of Training	6 D W	6 D W	6 D W	6 D W	Total	Pass 1	Pass 2	Pass 3	3 D V V	Total
IRAN	66	42	11	9	128	25	14	4	5	48
IRAQ	46	16	5	3	70	14	8	1	0	23
IRELAND	5	1	1	0	7	5	0	1	0	6
JAPAN	4	1	0	0	5	2	1	0	0	3
JORDAN	18	2	0	0	20	4	1	0	0	5
KAZAKHSTAN	2	0	0	0	2	1	0	0	0	1
KENYA	1	1	0	0	2	0	0	0	0	0
KYRGYZSTAN	0	2	0	0	2	0	0	0	0	0
LATVIA	4	1	0	2	7	2	1	0	0	3
LEBANON	5	2	0	0	7	1	0	0	0	1
LIBYA	2	6	1	1	10	0	2	0	0	2
LITHUANIA	4	1	1	1	7	1	0	0	0	1
MALAYSIA	35	11	1	1	48	18	4	0	1	23
MALTA	0	1	1	0	2	0	0	0	0	0
MAURITIUS	2	0	0	0	2	0	0	0	0	0
MEXICO	1	1	0	0	2	0	1	0	0	1
MYANMAR	90	59	18	13	180	33	26	7	1	67
NEPAL	17	13	2	1	33	7	7	1	1	16
NETHERLANDS	3	1	0	0	4	1	0	0	0	1
NIGERIA	32	14	8	8	62	12	4	1	1	18
NORWAY	2	0	0	0	2	1	0	0	0	1
OMAN	4	0	0	1	5	3	0	0	1	4
PAKISTAN	124	83	29	25	261	38	27	7	14	86
PALESTINIAN AUTHORITY	1	0	0	0	1	0	0	0	0	0
PAPUA NEW GUINEA	2	1	2	5	10	0	0	1	1	2
PARAGUAY	0	1	0	0	1	0	1	0	0	1
PERU	2	0	1	0	3	0	0	1	0	1
PHILIPPINES	52	49	22	19	142	11	11	0	2	24
POLAND	3	2	1	1	7	0	0	0	0	0
ROMANIA	4	4	2	1	11	0	1	0	0	1
RUSSIA	41	31	7	2	81	10	9	3	1	23
RWANDA	1	1	0	0	2	0	1	0	0	1
SAMOA	6	3	1	0	10	2	1	1	0	4
SAUDI ARABIA	5	1	1	0	7	0	0	1	0	1





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# Appendix F

## Specialist Statistics

Specialist Assessment Process by Medical Specialty for Period:  
1/7/2013 to 30/06/2014 (All Candidates)

Medical Specialty	7 RWDO \$SSOLF	QLWLD 3URFH	& ROOHJH 3URFH	6XEVWDQWLDO	Partially Comparable	Not Comparable	Withdrawn
Adult Medicine	311	101	39	77	33	10	51
Anaesthesia	174	30	38	46	35	9	16
Dermatology	27	4	6	6	9	1	1
EICS	1	1	0	0	0	0	0
Emergency Medicine	77	8	9	17	14	9	20
General Practice	721	215	65	381	34	10	16
Intensive Care	27	9	5	4	5	1	3
Medical Administration	3	1	0	1	0	1	0
Obstetrics and Gynaecology	110	44	3	37	11	7	8
Occupational and Environmental Medicine <sup>5</sup>		1	0	2	2	0	0
Ophthalmology	72	21	13	9	11	11	7
Paediatrics and Child Health	150	41	13	33	28	3	32
Pain Medicine	4	1	1	0	1	1	0
Palliative Medicine	3	1	0	1	0	0	1
Pathology	91	39	6	14	23	4	5
Psychiatry	121	29	8	44	33	4	3
Public Health Medicine	13	6	0	3	0	0	4
Radiology	110	34	10	31	30	1	4
Rehabilitation Medicine	7	1	0	1	3	1	1
Sexual Health Medicine	6	1	0	4	1	0	0
Sport and Exercise Medicine	2	0	0	0	1	1	0
Surgery	311	98	79	28	37	32	37
<b>Grand Total</b>	<b>2346</b>	<b>686</b>	<b>295</b>	<b>739</b>	<b>311</b>	<b>106</b>	<b>209</b>

**APPENDIX F**

**Substantially Comparable Specialist Applications by Medical Specialty and Country of Training for Period: 1/7/2013 to 30/06/2014 (All Candidates)**




Substantially Comparable Specialist Applications by Medical Specialty and Country of Training for Period: 1/7/2013 to 30/06/2014 (All Candidates)

Country of Training	0HGLFDO 6SH	6XOW 0HGLFLQ	Anesthesia	Dermatology	(PHUJHQF\ 0HGL	* HQUHO 3UDFW	Intensive Care	0HGLFDO \$GPLQ	2EVWHWULFV DQ	2FFXSDFLRQDO	(QYLURQPHQWDO	Ophthalmology	3DHGLDWULFV D	3DOOLDWLYH 0H	Pathology	3V\FKLDWU\	3XEOLF +HDOWK	Radiology	5HKDELOLWDFL	6H[XDO +HDOWK	6XUJHU\	Grand Total	
ROMANIA	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
RUSSIA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
SOUTH AFRICA	1	2	2	0	4	0	1	1	0	1	3	0	2	2	1	2	0	0	0	0	3	25	
SPAIN	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	
SRI LANKA	6	2	1	0	0	0	0	5	0	0	0	0	0	1	6	0	1	0	0	0	0	22	
SWEDEN	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	3	
SWITZERLAND	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	
UNITED KINGDOM	40	19	0	11	310	0	0	16	2	8	19	1	4	17	2	14	0	4	9	476			
USA	2	1	0	5	2	1	0	1	0	0	3	0	1	1	0	0	0	0	0	0	0	17	
<b>Grand Total</b>	<b>77</b>	<b>46</b>	<b>6</b>	<b>17</b>	<b>381</b>	<b>4</b>	<b>1</b>	<b>37</b>	<b>2</b>	<b>9</b>	<b>33</b>	<b>1</b>	<b>14</b>	<b>44</b>	<b>3</b>	<b>31</b>	<b>1</b>	<b>4</b>	<b>28</b>	<b>739</b>			

# Abbreviations

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









