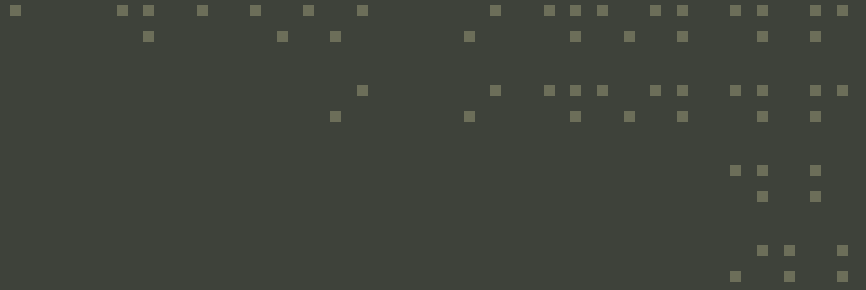


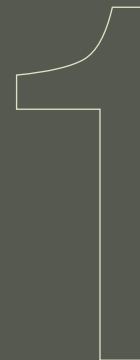
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# BACKGROUND

## *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*

The Australian Medical Council (AMC) is an independent national standards body for medical education and training and has four core functions. The AMC:

- ¥ assesses medical courses and training programs (both medical school courses and the programs for training medical specialists) and accredits programs which meet AMC accreditation standards
- ¥ assesses international medical graduates who wish to practise medicine in Australia
- ¥ advises medical boards on uniform approaches to the registration of medical practitioners and the maintenance of professional standards in the medical profession
- ¥ advises the Commonwealth on the recognition of medical specialties.

More information on each of these functions is detailed throughout this report.









# 2008 DIRECTORS' REPORT

## *2008 Highlights*

- ¥ New governance structure to a company limited by guarantee (Australian Medical Council Limited)
- ¥ Ongoing work supporting the development of the National Registration and Accreditation Scheme (NRAS)
- ¥ Implementation of a national consultation process to develop a code of conduct for doctors in Australia
- ¥ Development and implementation of three pathways for uniform, national assessment of IMGs at the request of COAG
- ¥ Expanded the capacity of the AMC Clinical Examination to accommodate an increased demand
- ¥ Accreditation reviews of four specialist medical college training programs
- ¥ Extended the accreditation of two specialist medical college education and training programs
- ¥ Monitored progress (through annual reports) of nine accredited colleges
- ¥ Review of two applications for specialist recognition
- ¥ 9 [ [ j ] \ d Y l a g f j ] n a o k ' g ^ b n ] ' n f a n ] j k a q ' e ] \ d Y d k [ ` g g d k
- ¥ Extended the accreditation of one medical school
- ¥ Monitored progress through periodic reports of 11 medical schools
- ¥ Ongoing collaboration with health consumer organisations
- ¥ Ongoing collaboration with the other health professions councils.







Education Australasia, Optometry Council of Australia and New Zealand, Australian Osteopathic Council and the Australian Podiatry Council.

The ten health professions represented are those that are listed in the Council of Australian Governments (COAG) Intergovernmental Agreement for the National Registration and Accreditation Scheme, signed on 26 March 2008.

Forum members contribute individually and collectively on issues of national importance to the regulated health professions.

During the year, the Forum considered the COAG plans for health workforce reform. The Forum supported the aim of national registration for the regulated health professions, and that of national accreditation schemes to ensure practitioners are educated to appropriate standards. Forum members worked to share expertise and collaborate across several areas of common interest, particularly on good practice in accreditation of education and training and the assessment of overseas-trained health practitioners, and the way in which accreditation and practitioner registration are best linked.

### *Developing a Code of Conduct for Doctors in Australia*

During 2008, the AMC progressed the development of

The Code aimed to develop clear, nationally consistent standards of practice and a consistent code of professional conduct that was understood by the profession and the community.

At the request of the Joint Medical Boards Advisory Committee (on behalf of all the state and territory medical boards), in 2007 the AMC established a working group to lead the development of the Code.

The Working Group included strong clinical representation and the expertise of junior doctors and medical students, medical regulators and educators, medical and health administrators, the Australian Medical Association (AMA), and the perspectives of rural and indigenous practitioners as well as consumers and the community. Former AMC President, Dr Joanna Flynn, chaired the Working Group.

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# 2008 OPERATIONS

## *Specialist Education Accreditation*

The Specialist Education Accreditation Committee manages the assessment and accreditation of specialist medical education, training and professional development programs for the AMC.

The AMC completed four accreditation assessments during 2008 - three involved comprehensive assessments by AMC teams and one a short follow up visit:

- ¥ An assessment of the education and training programs in medical administration provided by the Royal Australasian College of Medical Administrators in June 2008
  
- ¥ A review of the education and training programs of the Royal Australasian College of Physicians in August 2008
  
- ¥ An assessment of the education and training programs in sport and exercise medicine provided by the Australasian College of Sports Physicians in November 2008
  
- ¥ A follow up review of the new surgical education and training program of the Royal Australasian College of Surgeons in October 2008

The AMC extended the accreditation of two education and training programs during the year:

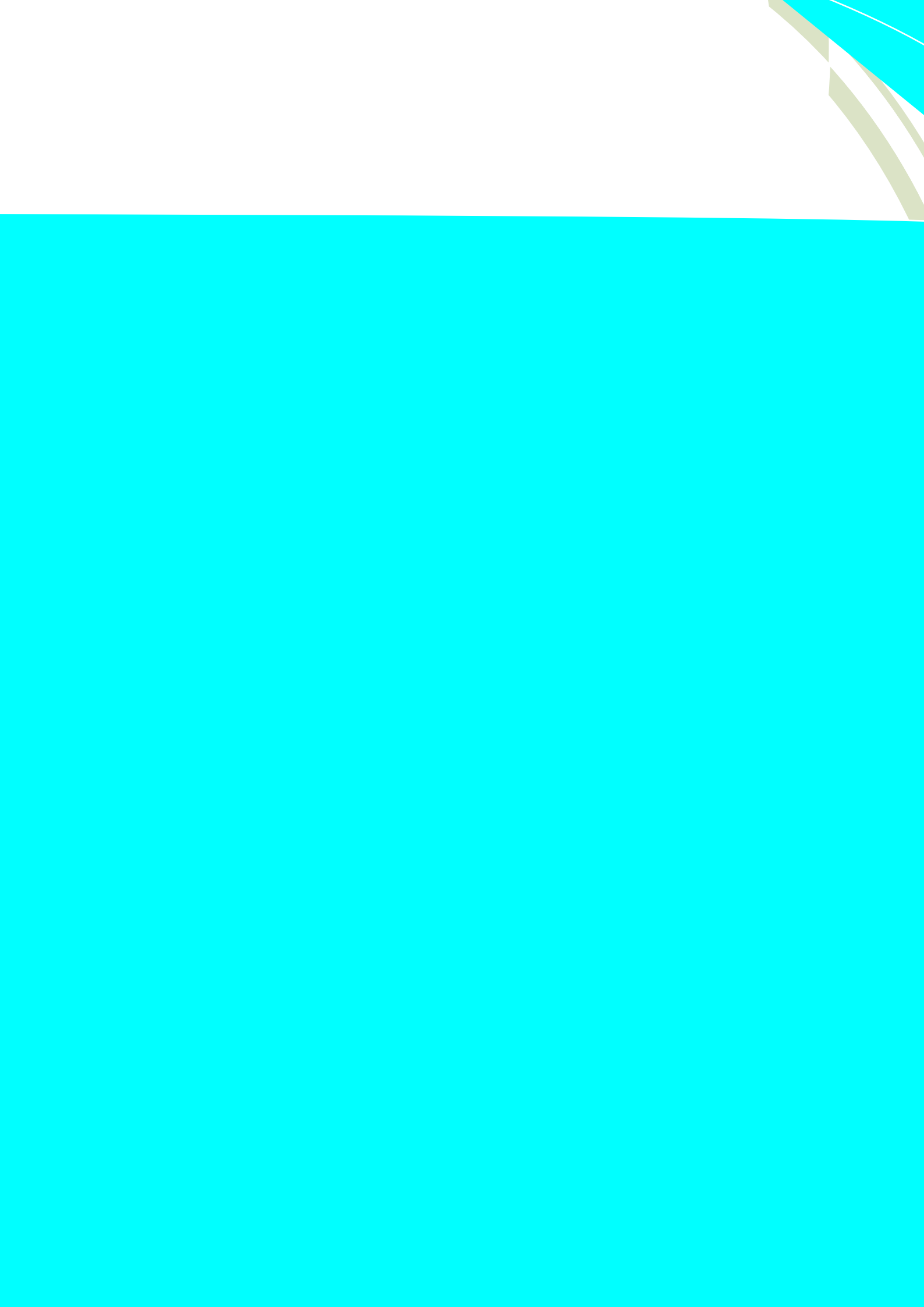
- ¥ It extended the accreditation of the education and training programs of the Royal Australian and New Zealand College of Radiologists in August 2008 and the Royal Australian and New Zealand College of Anaesthetists in October 2008











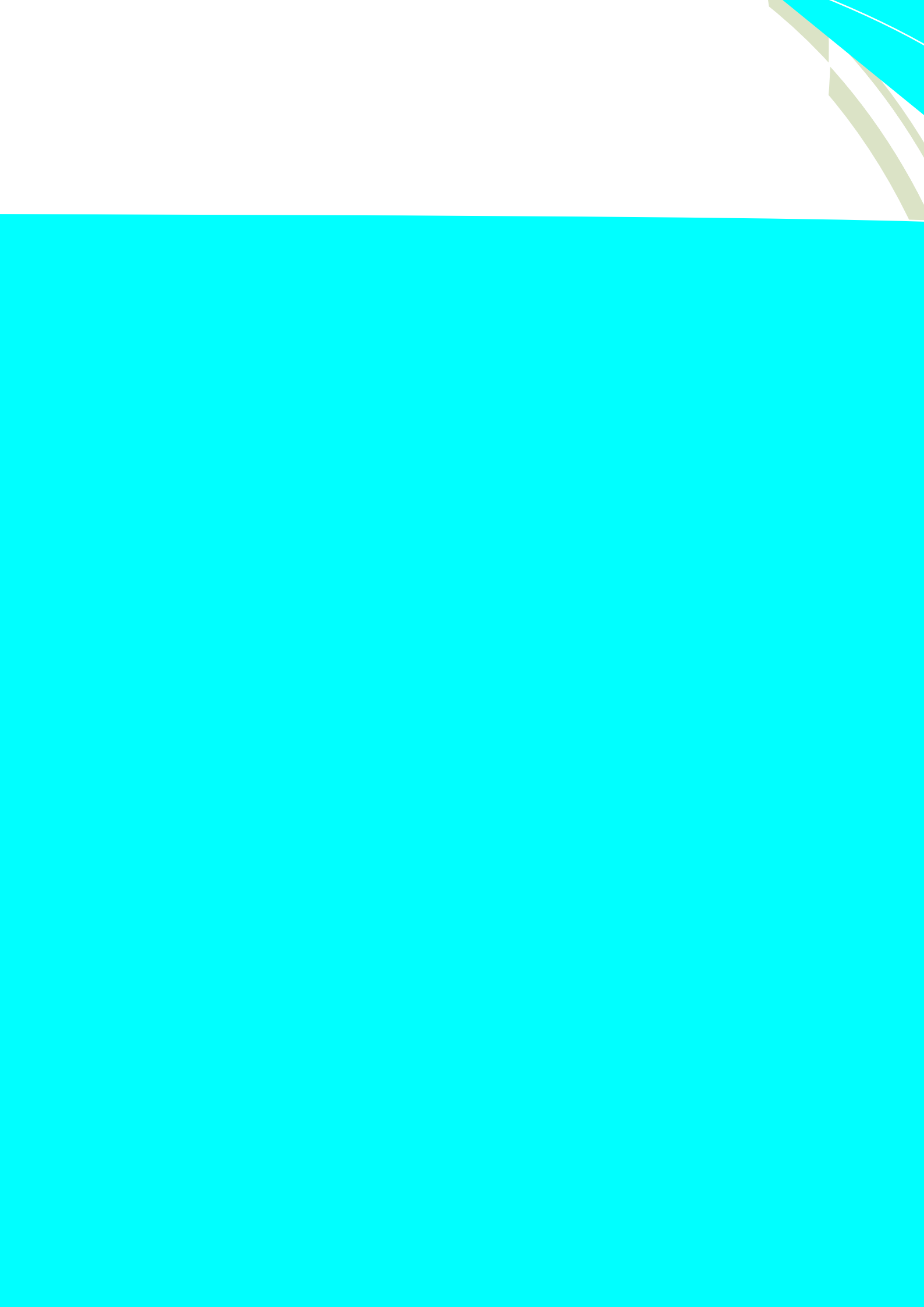


















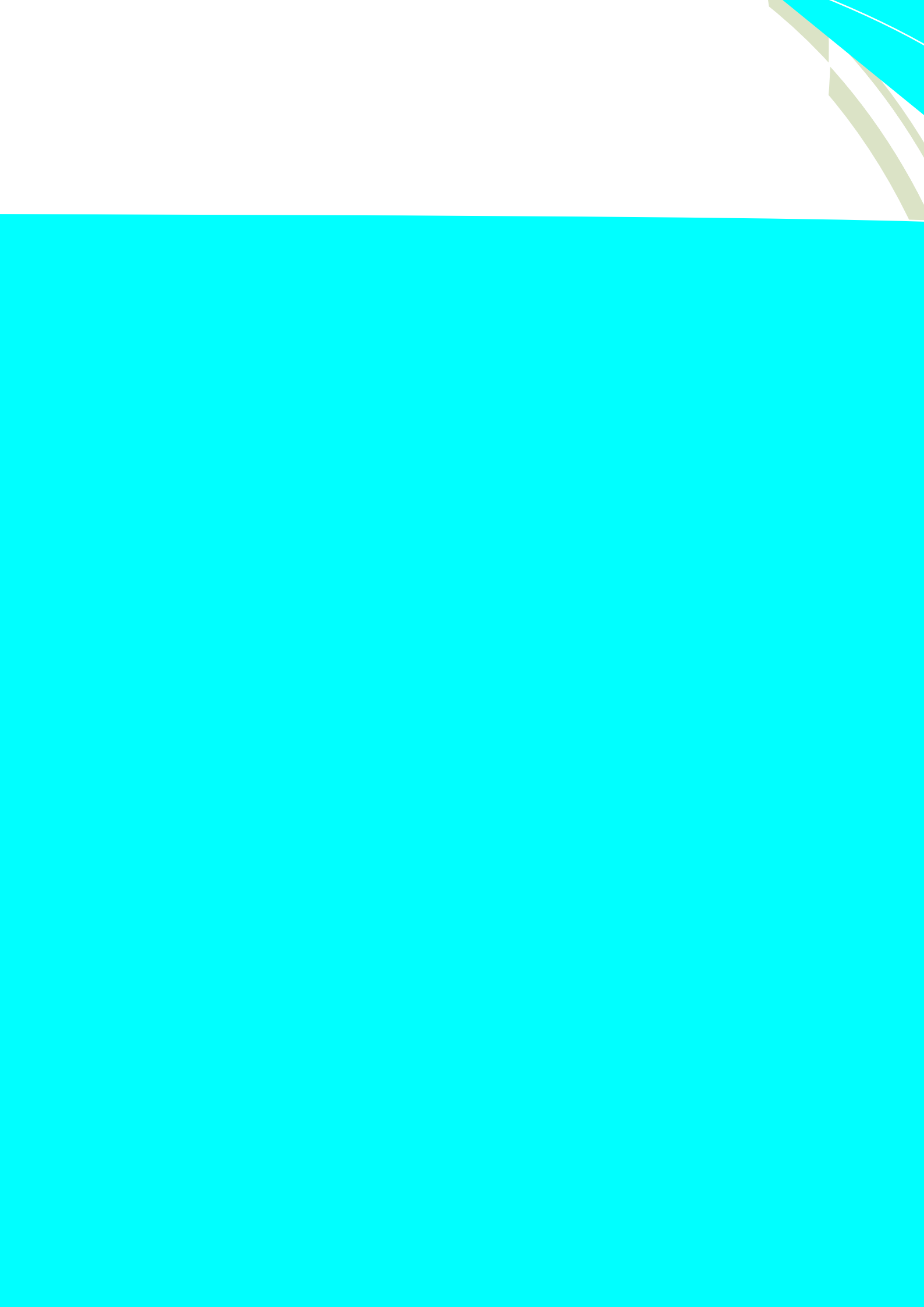


















# FINANCIAL REPORT *30 June 2008*

## Summary

The Australian Medical Council (AMC) is a not-for-profit company limited by guarantee, incorporated in Australia under the Companies Act 1993 (ACT) and has been audited by WalterTurnbull.

The AMC's financial results for the year ended 30 June 2008 are set out in the financial statements on pages 10 to 18. The AMC's financial results for the year ended 30 June 2008 are set out in Table 8.

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## Statement of Recognised Income and Expenditure

	Retained Earnings \$	Fund Reserve \$	\$	Total \$
<b>Balance at 1 July 2006</b>	1,016,610	10,286	) - (\$ (	1,176,897
HjgPl YlljānmYZd 'lg'e ]e Z]jk	64,212	-	-	64,212
<b>Balance at 30 June 2007</b>	1,080,822	10,286	) - (\$ (	1,241,109
HjgPl YlljānmYZd 'lg'e ]e Z]jk	) \$1. (\$ +0	-	-	) \$1. (\$ +0
<b>Balance at 30 June 2008</b>	+\$ ( ) \$+. (	10,286	) - (\$ (	+\$ ( ) \$, /

## Cash Flow Statement

Note	2008 \$	2007 \$





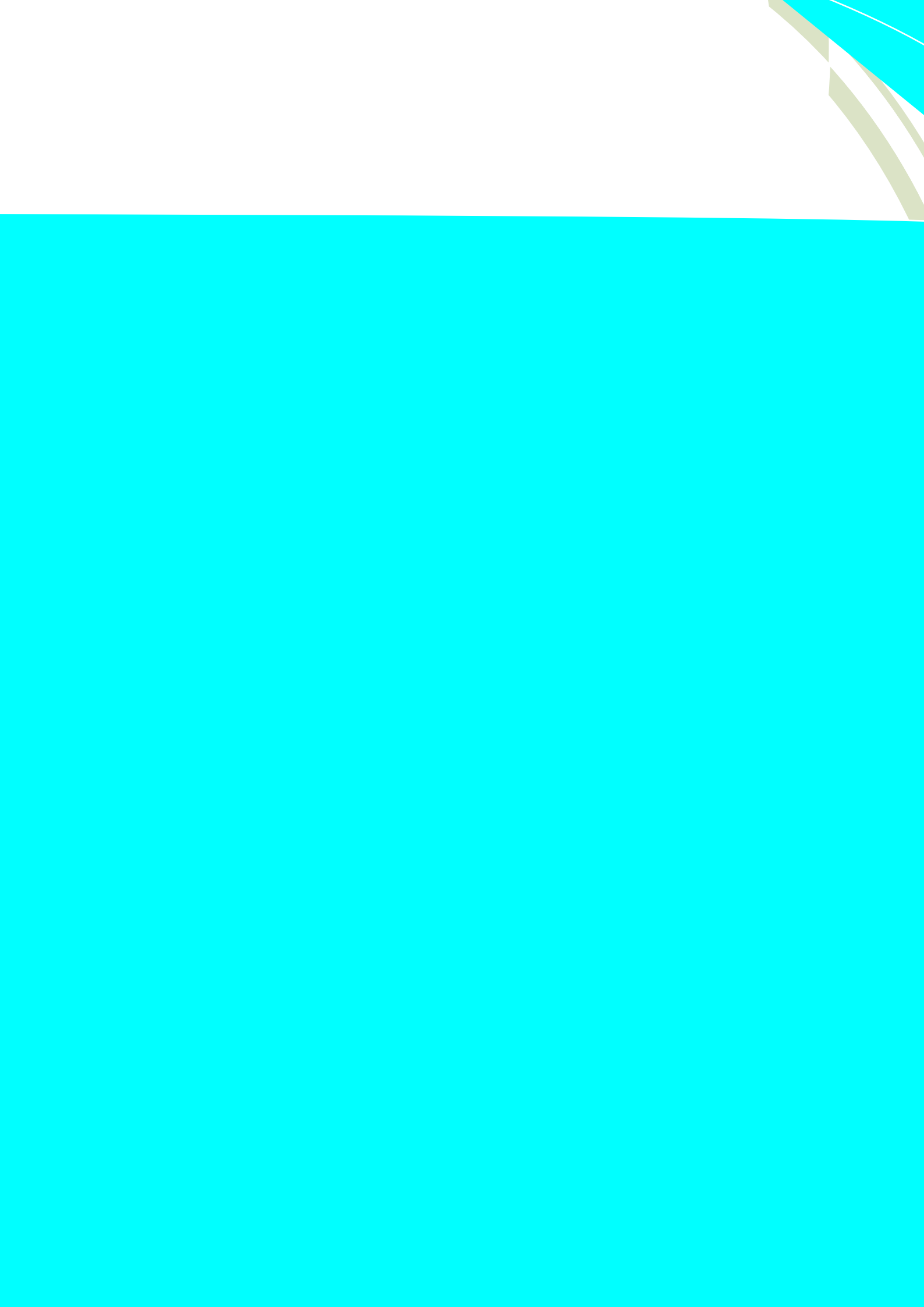

















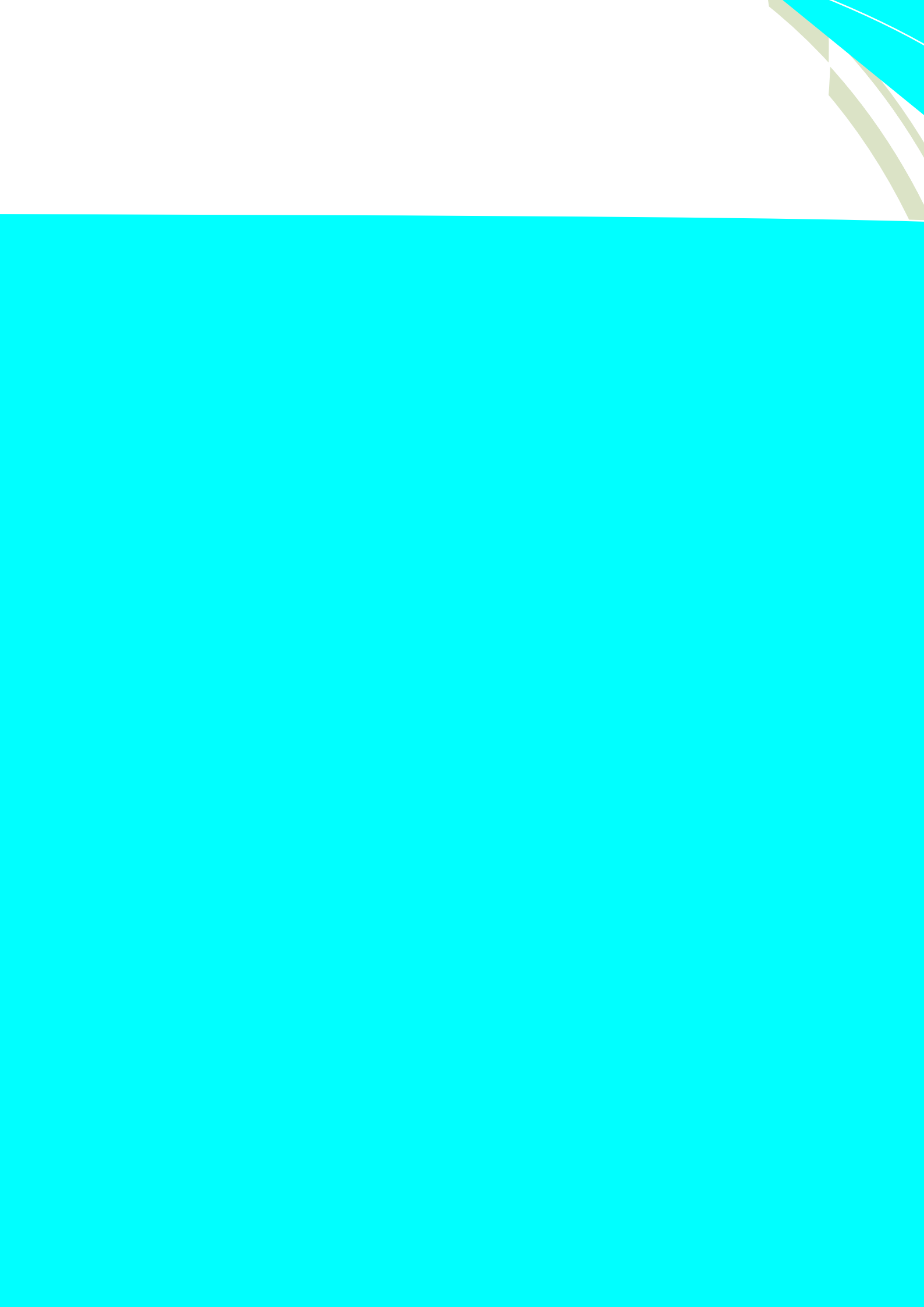


The Board members receive an allowance for attendance at board meetings to the value of \$260 per session. No other remuneration was received in connection with services provided.

The Council operates predominately in one business and geographical segment, being a national standards advisory body for medical education and training in Australia.









PRESIDENT

BOARD MEMBER

Dated on this 13th day of October 2008

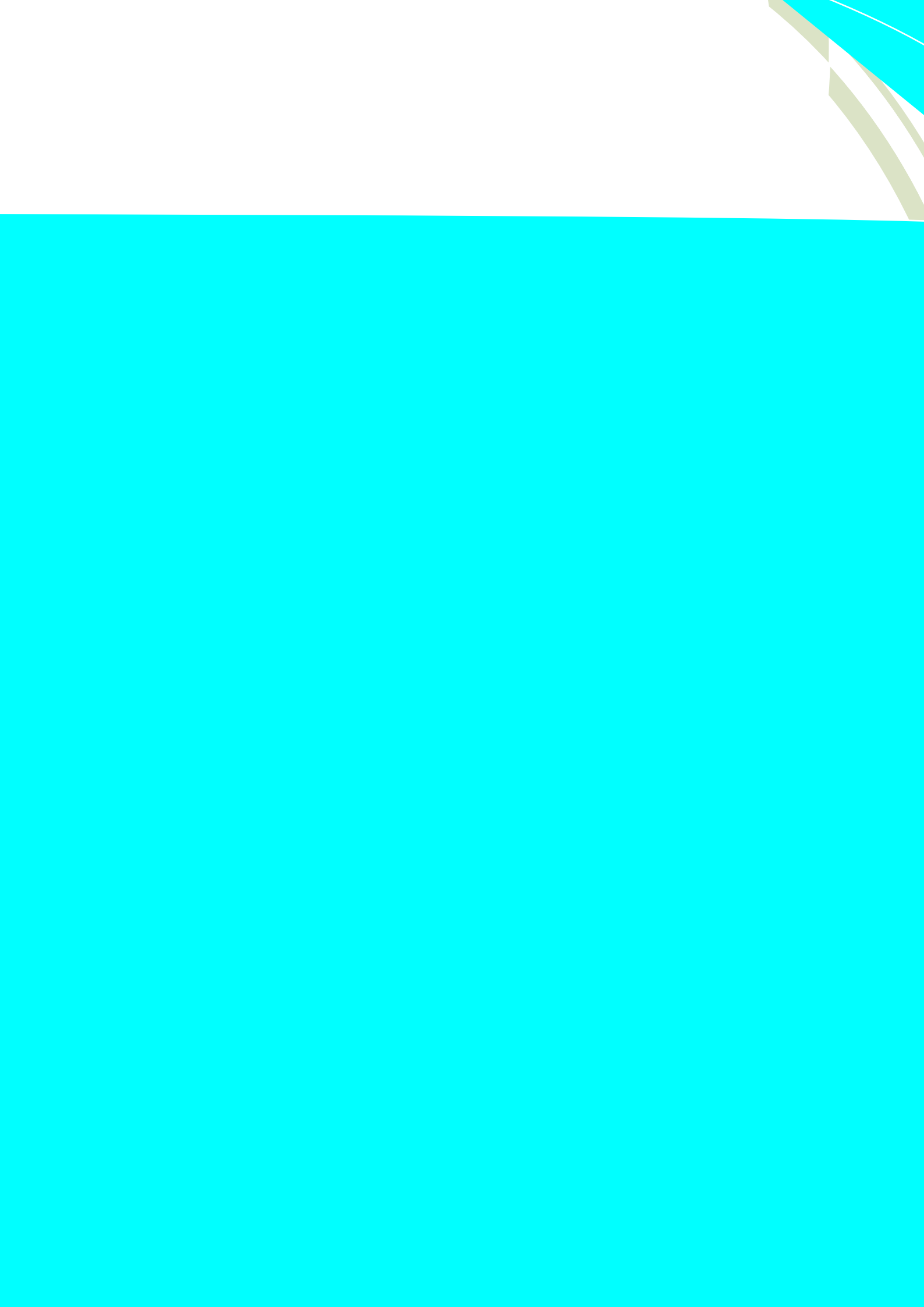




*Income and Expenditure Statement for Core Activities*







## STRUCTURE AND GOVERNANCE

In an historic shift, in June 2008 the Australian Medical Council adopted a new constitution when members of the Council voted unanimously to change the AMC structure from an incorporated association to a company limited by guarantee. The decision was made after a strategic review conducted in 2007 found constitutional change was necessary to provide the AMC with the foundation for all its current and possible future operations.

The changes in legal structure support the national and international operations of the AMC and provide a

### AMC Organisation Structure

