AUSTRALIAN MEDICAL COUNCIL

ANNUAL REPORT 2009

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Highlights

In 2009, the AMC:

- moved to new premises, upgrading the IT and secretariat support for AMC operations
- published
- published the

President's report

Chief Executive Officer's report

A major challenge for the AMC secretariat in 2009 was the relocation of the AMC offices from Barton to a purpose-designed facility at Majura Park within the Canberra Airport Business Park precinct. The relocation was undertaken during a period of some uncertainty about the ongoing role of the AMC in the new National Registration and Accreditation Scheme (NRAS).

During 2008, the increased workloads arising from the Council of Australia Governments (COAG) international medical graduate (IMG) assessment initiative and increased accreditation activity resulted in an expansion of secretariat staff, which in turn placed a strain on the available accommodation. Previously, the secretariat had expanded at its Barton site to include accommodation in two adjacent buildings—Arts House and the AMA building. By mid-2008, these two sites had reached their maximum capacity and were no longer functioning efficiently.

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anticipation of the national registration scheme, following an extensive consultation process, the AMC published

Role

The Australian Medical Council Limited (AMC) is an independent national standards and assessment body for medical education and training.

The AMC has four core functions:

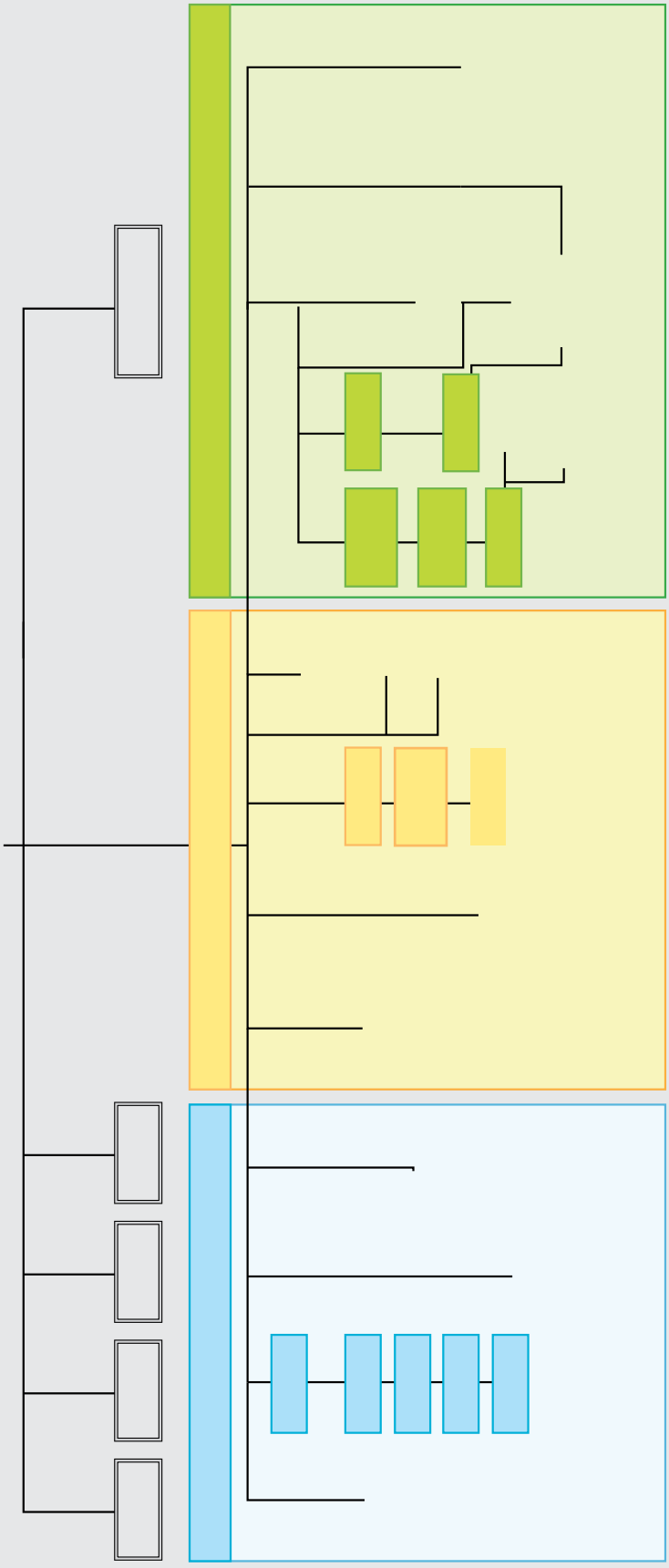
Committees

AMC committees and working parties provide expert advice to the directors and the council. Each committee is responsible for advising on matters under its specifc area of operations. The AMC works closely with health consumers and values community input into its processes. In 2009, this collaboration was refected in the representation of community members and health consumers on the council and on most AMC committees.

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
Medical School Accreditation Committee	Manages the AMC process for assessment and accreditation of the medical programs of Australian and New Zealand university medical schools
Specialist Education Accreditation Committee	Manages the AMC process for assessment and accreditation of specialist medical education, training and professional development programs in Australia
Recognition of Medical Specialties Advisory Committee	Advis h er h к Й p s К n



. IMGs applying for non-specialist positions who are not eligible for registration under the Competent Authority Pathway can apply through the Standard Pathway. They must sit for both the AMC MCQ Examination and the AMC Clinical Examination. A workplace-based alternative to the Standard Pathway is being developed; it will test the performance of IMGs

In 2009, the AMC continued to collaborate with and support its stakeholders, including government bodies, health profession and health consumer organisations, medical education providers and state and territory medical boards. It also prepared for a new collaboration with the newly formed Medical Board of Australia.

Some of its many stakeholder support activities in 2009 are outlined below. They included:

- preparing submissions on the National Registration and Accreditation Scheme (NRAS) and on reform of the health workforce
- giving secretariat support to the Forum of Australian Health Professions Councils
- taking part in and sponsoring a medical education conference hosted by Medical Deans Australia and New Zealand
- hosting a competency-based training workshop
- releasing a nationally consistent code of professional conduct for doctors practising in Australia.

Medic l bo rds

To practise medicine in Australia, doctors must be registered with a state or territory medical board. Each state and territory has its own legislation for regulating registration, and registration regimes vary between the states and territories. Through the Joint Medical Boards Advisory Committee (JMBAC), the AMC advises the boards on uniform approaches to the registration of medical practitioners and, at their request, researches approaches to streamline interactions between boards. The JMBAC is a vehicle to discuss uniform policies and develop national position papers.

Registration of medical practitioners

Through the JMBAC, the AMC continued to support medical boards in the implementation of nationally consistent assessment through the COAG IMG Technical Committee.

In 2009, state and territory medical boards considered options for improving the understanding of the COAG IMG assessment pathways for IMGs applying for assessment through the AMC.

The JMBAC also supported medical boards in the implementation of uniform approaches to prerequisites for medical registration in Australia: English language profciency, verifcation of

documentation of primary medical qualifcations and proof of identifcation. As a result of this work, the AMC made demonstrated evidence of English language profciency a prerequisite for

Code of conduct for doctors in Australia

In August 2009, the AMC published

The second draft of the code, which resolved many of the concerns raised previously, was released for a further round of consultations in April 2009.

The AMC directors endorsed the code,
, and recommended it to state and territory medical boards for their endorsement or adoption, pending the establishment of the Medical Board of Australia and the commencement of the National Registration and Accreditation Scheme in July 2010.

The code, available in hard copy and on the dedicated website www.goodmedicalpractice.org.au, has been widely distributed.

National Compendium of Medical Registers

The AMC has a contractual obligation under its funding agreement with the Commonwealth to maintain the National Compendium of Medical Registers. Although state and territory medical boards have not relied on the compendium, the AMC has undertaken a major upgrade of the system in anticipation that it may be used to assist the migration of registration data to the new national register when it is established.

Forum of Australian Health Professions Councils

In 2009, the AMC continued to provide secretariat support to the Forum of Australian Health Professions Councils, in addition to contributing to discussion and debate and the development of submissions made by the forum in the lead-up to the implementation of the NRAS.

The forum is a coalition of the councils of a number of the regulated professions, particularly the accreditation councils of each of the 10 professions to be covered by the NRAS:

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

In 2009, the forum provided a point of consultation across the professions for the NRAS Implementation Project. It met on several occasions with the NRAS project implementation

representatives on both the NRAS Registration Reference Group and the NRAS Professions Reference Group.

The forum made several submissions in response to the consultation papers, concentrating on issues common to all the professions in accreditation matters.

The AMC values its involvement with the forum, which is mutually beneficial.

Health workforce

Following COAG's decision to introduce a health workforce reform package, the National

- increasing health workforce flexibility
- achieving vertical integration
- building training capacity.

Following MedEd09 and the completion of the final report, Medical Deans Australia and New Zealand established the MedEd09 Implementation Group. The key task of the group will be to facilitate action, where appropriate, to progress the 17 recommendations that came out of the conference. The group will comprise representatives of the key stakeholders in medical education, including:

- Medical Deans Australia and New Zealand
- Confederation of Postgraduate Medical Education Councils
- Committee of Presidents of Medical Colleges
- Australian Government Department of Health and Ageing
- Australian Medical Students' Association
- Australian Medical Council
- Australian Medical Association Council of Doctors-in-Training and junior medical officers
- Australian Indigenous Doctors Association.

As the accreditation body for medical education, the AMC values its association with the MedEd conferences.

Competency-based training workshop

In April 2009, the AMC hosted a workshop on competency-based training to extend its understanding of competency-based training models and to identify areas for improvement in AMC accreditation standards. The workshop drew on the work of the Strategic Policy Advisory Committee on competency-based training and involved a range of stakeholders, including medical schools, specialist colleges, medical boards, professional associations and government health departments.

Health consumers

In 2009, the AMC continued its now well-established relationship with health consumer organisations to ensure effective community input into all the AMC processes and health consumer representation on most committees, including the council. The input of health consumers to the development of

and the role of the Health Consumers' Forum of Australia in supporting this input is particularly acknowledged.

4

This report on the AMC's operations in 2009 covers:

- accreditation of university medical school courses and training programs

Table 2 Medical school programs, reviews completed, 2009

Medical school program	Type of assessment	Purpose of assessment	Result	Reporting condition
Bond University				
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University of Newcastle and the University of New England Joint Medical Program Five-year program BMed	Follow-up	To review implementation of the medical program provided jointly by the universities	Accreditation to December 2014 confrmed	Annual
University of Notre Dame, Sydney Four-year program MBBS	Follow-up	To review implementation of the frst year of the course and detailed	A92reditation to	

- . Flinders University School of Medicine presented a comprehensive report to the Medical School Accreditation Committee in 2009 proposing a major change to the accredited program. The major change proposed was to offer all years of the Flinders course in the Northern Territory and to provide for a school leaver intake in the program. The AMC agreed to accept the report as meeting the requirements of a Stage 1 submission for major change and invited the medical school to proceed to Stage 2.

Progress reports

Between formal accreditations, the AMC monitors progress in the accredited medical schools through progress reports.

Medical schools are required to provide the AMC with reports informing the AMC of changes in their programs and emerging issues that may affect their ability to deliver their medical curriculum and responding to issues raised in AMC accreditation reports.

Medical schools granted the full period of accreditation submit written reports to the AMC two, five and seven years after the school's assessment by the AMC. 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 enabling the Medical School Accreditation Committee to decide whether future accreditation should be given to the school. Reports are reviewed by an external reviewer.

Accreditation of specialist education providers and programs

The AMC accredits Australian providers of specialist medical training and their programs. Most of the accredited training organisations, the specialist medical colleges, operate training programs in Australia and New Zealand. The AMC collaborates with the Medical Council of New Zealand in the assessment of bi-national programs. All colleges voluntarily undergo AMC review to ensure quality assurance and improvement. The Specialist Education Accreditation Committee oversees their assessment and accreditation. The committee is responsible for:

- developing guidelines, policy and procedures for the accreditation of specialist medical education and training programs
- overseeing the AMC's program of accreditation
- encouraging improvements in postgraduate medical education that respond to evolving health needs and practices, and educational and scientific developments.

In 2009, Associate Professor Jill Sewell AM was appointed Chair of the committee, succeeding Professor Richard Smallwood AO.

> We are delighted to have a person of Professor Sewell's integrity, calibre and experience in the operations of the AMC.
>
> AMC President Richard Smallwood, August 2009

- After assessing plans by the Joint Faculty of Intensive Care Medicine to establish a standalone specialist college, the AMC granted initial accreditation of the college's programs from 1 January 2010, subject to satisfactory annual reports and a full assessment of the college's training programs within 12 to 18 months.

Accreditation extensions

The AMC extended to December 2013 the accreditation of education and training leading to fellowship of the Royal Australian College of General Practitioners and of the quality assurance and continuing professional development programs of the Royal Australian College of General Practitioners, subject to the provision of satisfactory annual reports to the AMC.

Progress reports

The AMC monitors developments in education and training and professional development programs through periodic and annual reports from AMC-accredited training organisations to ensure that the AMC remains informed of responses to issues raised in the accreditation report, new developments, and issues that may affect a training organisation's accreditation.

Reports are normally required annually, and usually exclude the year in which a training organisation is preparing for assessment.

In 2009, the AMC considered the annual reports from nine colleges:

- Australasian College for Emergency Medicine
- Royal Australian and New Zealand College of Ophthalmologists
- Royal College of Pathologists of Australasia
- Australasian College of Sports Physicians
- Australian and New Zealand College of Anaesthetists
- Royal Australasian College of Medical Administrators
- Royal Australasian College of Physicians
- Royal Australasian College of Surgeons
- Royal Australian and New Zealand College of Obstetricians and Gynaecologists.

The AMC accepted all annual reports, and advised colleges of the specifc issues that they will need to address in their 2010 reports.

Intern tion l ccredit tion ctivities

Assessment of international medical graduates

The AMC is responsible for the assessment of IMGs wishing to register with state and territory medical boards. The AMC assesses IMGs through one of three assessment pathways—the

Figure 4 shows the growing trend in the number of verifcation requests since 2006–07.

Figure 4 Primary source verification requests, 2006–07 to 2008–09

At the end of 2008, the AMC established a web portal to streamline verifcation requests and enable state and territory medical boards to track candidates' verifcation status, as well as their primary medical qualifcations and ElCS certifcate, effectively saving them time and reducing paperwork.

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Table 4 Designated competent authority countries

Country	Authority	Qualification/Award/Assessment	Effective date
United Kingdom	General Medical Council of the United Kingdom (GMC)	1. Professional and Linguistic Assessments Board (PLAB) Test plus 12 months supervised training in a competent authority (CA) country approved by the GMC OR Foundation Year 1	Post-1975
		2. Graduates of Medical Schools in the United Kingdom accredited by the General Medical Council PLUS 12 months supervised training in a CA country approved by the GMC or Foundation Year 1	No date limit
Canada	Medical Council of Canada (MCC)	Licentiate of the Medical Council of Canada (LMCC) (includes the period of residency completed between the Part 1 LMCC and the Part 2 LMCC)	No date limit
United States of America	Education Commission for Foreign Medical Graduates (ECFMG)	United States Medical Licensing Examination Step 1, Step 2 and Step 3 (USMLE 1, 2 & 3) PLUS Minimum two years of Graduate Medical Education (GME) within a residency program accredited by the Accreditation Council of Graduate Medical Education (ACGME)	Post-1992
New Zealand	Medical Council of New Zealand (MCNZ)	New Zealand Registration Examination (NZREX) PLUS Evidence of satisfactory completion of rotating internship (four runs accredited by the MCNZ)*	No date limit

Table continues

Country	Authority	Qualifcation/Award/Assessment	Effective date
Ireland	Medical Council of Ireland (MCI)	Graduates of medical schools in Ireland accredited by the Medical Council of Ireland PLUS Evidence of completion of an internship in Ireland (certifcate of experience) or in a CA country approved by the Medical Council of Ireland	2003

* The Competent Authority Pathway is not applicable to graduates of AMC-accredited New Zealand medical schools who have completed an approved period of intern training.

In 2009, the AMC processed 1,626 Competent Authority Pathway applications; granted advanced standing towards the AMC Certifcate to1,325 applicants, an increase of 64.5 per cent on the number granted in 2008; and issued certifcates to 853 applicants. Holders of AMC certifcates can apply for general registration with Australian medical ` o ά s v

Figure 5 AMC MCQ Examination, passes, 2004–05 to 2008–09

In calendar year 2009, the AMC conducted the MCQ examination at onshore and offshore

Table 5 Offshore test centres, AMC MCQ Examination, 2009

Country	City
China	Beijing
	Guangzhou
	Shanghai
France	Paris
Germany	Frankfurt
Greece	Athens
Hong Kong	Hong Kong
India	Bangalore
	Chennai
	Hyderabad
	Mumbai
	New Delhi
Israel	Tel Aviv
Korea	Seoul
Philippines	Manila
Singapore	Singapore
Spain	Madrid
Taiwan	Taipei
Thailand	Bangkok
Turkey	Istanbul
United Kingdom	London

MCQ item-writing workshops

Since 2004, the AMC has conducted MCQ item-writing workshops for members of the MCQ Panel of Examiners as part of the development of AMC computer-based testing. The workshops are held over two days four times a year. Each member of the panel is requested to nominate additional participants to be invited to the workshop, with the nominee expected

to be a person involved in the development of the MCQ items in the member's university or college, or a colleague interested in developing skills in writing MCQ items. Table 6 gives details of the MCQ writing workshops held in 2009.

Table 6 MCQ item-writing workshops, 2009

Workshop series	Date	Participants	MCQ items
16th workshop—review	28–29 March	47	0*
17th workshop—review and production	13–14 June	36	

Figure 6 shows the number of candidates who attempted and passed the clinical examination over the past five financial years, 2004–05 to 2008–09. Although the number who passed in 2008–09 (714) was approximately the same as in 2007–08 (711), the proportion relative to the total number attempting the examination in those years was lower, falling from 66.4 per cent in 2007–08 to 59.8 per cent in 2008–09.

Figure 6 AMC Clinical Examination, passes, 2004–05 to 2008–09

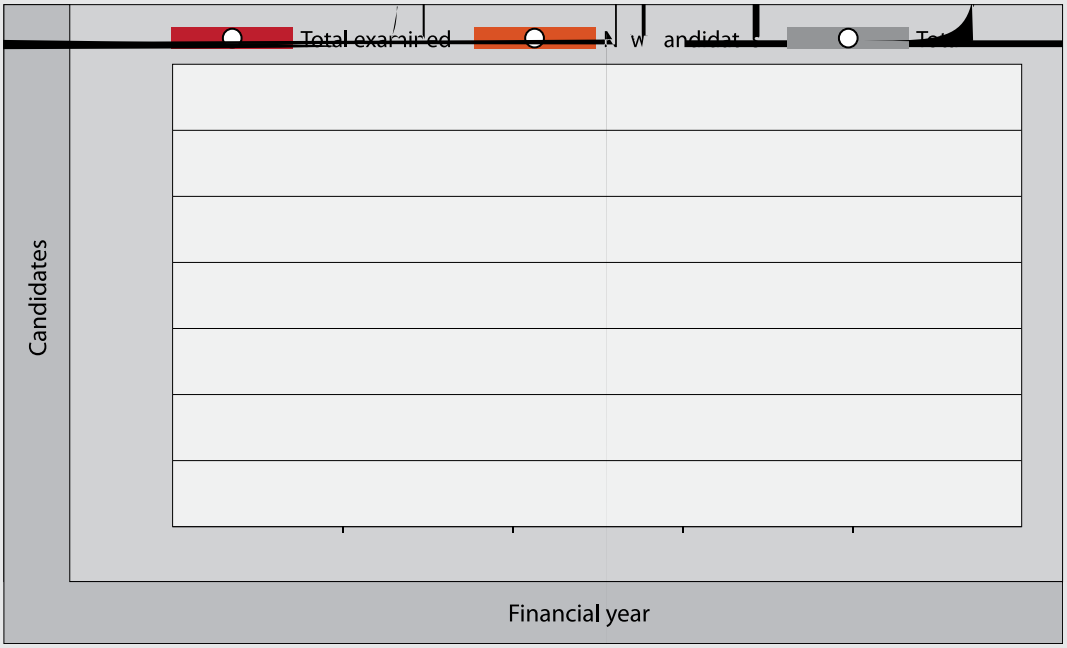

Table D3 in Appendix D sets out clinical examination passes by candidates' country of training and number of attempts.

Specialist Pathway

Under the Specialist Pathway, overseas-trained specialists can apply to the AMC for assessment by the relevant specialist medical college against the criteria for a fully qualified Australian-trained specialist in the relevant specialty field (full comparability) or against specific position descriptions that specify the levels of clinical responsibility, specialist skills and levels of supervision for a particular area of need position. The criteria and assessment processes for both categories are described in Table 7.

Table 7 Specialist assessment, criteria and assessment processes

Category	Assessment process/Criteria
Full comparability (Independent practice in a feld of specialty)	Assessed by the relevant specialist medical college against the criteria for an Australian-trained specialist in the same feld of specialty.
Area of need (Registration restricted by scope of practice, location and/or time)	Assessed by the relevant specialist medical college against the position description for the specifc area of need position.

The number of specialist assessment applications increased dramatically in 2009. The number of new applications was more than double that in 2008 (Table 8). In 2009, 825 of the 2,682 overseas-trained specialists who applied were assessed as partially comparable to an Australian-trained specialist in the same feld of specialty. In order to be granted substantial comparability and the option of registration for specialist practice in Australia, applicants granted partial comparability must undertake further training and/or examinations. In 2009, 351 applicants were granted substantial comparability, 65.6 per cent more than in 2008.

Table 8 Specialist assessment, applications and outcomes, 2008 and 2009

	2008	2009	Increase (%)
Total new applicants	923	2,682	190.6
Partial comparability	440	825	87.5
Substantial comparability	212	351	65.6

The growth in specialist assessment applications is due to the development of the COAG IMG assessment scheme in 2008, which streamlined the access of overseas-trained medical graduates to assessment by the AMC for registration to practise medicine with Australian state and territory medical boards.

Table 9 shows the number of new applications processed by specialist colleges and the assessment outcome.

Table 9 Specialist assessment applications, by college and outcome, 2009

College	Total received	Outcome	No.
Australasian Chapter of Palliative Medicine	15	Initial processing	13
		Withdrawn	1
		Approved	1
Australasian College for Emergency Medicine	82	Initial processing	64
		Withdrawn	1
		Lapsed	1
		Rejected	1
		Further training and/or examinations	2
		Approved	13
Australasian College of Dermatologists	37	Initial processing	25
		Rejected	5
		Further training and/or examinations	5
		Approved	2
Australian and New Zealand College of Anaesthetists	618	Initial processing	340
		Withdrawn	1
		Lapsed	11
		Rejected	43
		Further training and/or examinations	192
		Approved	31
Australian and New Zealand College of Anaesthetists, Faculty of Pain Medicine	2	Initial processing	2

College	Total received	Outcome	No.
Royal Australasian College of Physicians, Australasian Faculty of Rehabilitation Medicine	33	Initial processing	19
		Withdrawn	1
		Lapsed	1
		Further training and/or examinations	8
		Approved	4
Royal Australasian College of Physicians, Paediatrics and Child Health Division	288	Initial processing	184
		Lapsed	2
		Rejected	15
		Further training and/or examinations	41
		Approved	46
Royal Australasian College of Surgeons	858	Initial processing	592
		Withdrawn	47
		Lapsed	12
		Rejected	51
		Further training and/or examinations	139
		Approved	17
Royal Australian and New Zealand College of Obstetricians and Gynaecologists	259	Initial processing	172
		Withdrawn	1
		Lapsed	4
		Rejected	23
		Further training and/or examinations	29
		Approved	30

College	Total received	Outcome	No.
Royal Australian and New Zealand College of Ophthalmologists	117	Initial processing	80
		Withdrawn	1
		Lapsed	3
		Rejected	11
		Further training and/or examinations	16
		Approved	6
Royal Australian and New Zealand College of Psychiatrists	495	Initial processing	307
		Withdrawn	3
		Further training and/or examinations	149
		Approved	36
Royal Australian and New Zealand College of Radiologists	379	Initial processing	269
		Deferred	1
		Lapsed	2
		Rejected	3
		Further training and/or examinations	75
		Approved	29
Royal Australian College of General Practitioners	34	Initial processing	29
		Withdrawn	2
		Lapsed	1
		Further training and/or examinations	1
		Approved	1

College	Total received	Outcome	No.
Royal College of Pathologists of Australasia	237	Initial processing	115
		Withdrawn	3
		Lapsed	1
		Rejected	4
		Further training and/or examinations	90
		Approved	24
Total	4,158		

Publications

In 2009, the AMC continued to publish works to help IMGs prepare for the MCQ examination

Sports and exercise medicine

In November 2008, the AMC assessed the education and training programs of the Australasian College of Sports Physicians. The AMC then advised the Minister for Health and Ageing that the education and training programs of the college met the AMC standards for accreditation, thereby completing Stage 2 of the recognition procedure.

In November 2009, the minister announced the decision to recognise sport and exercise medicine as a medical specialty for the purpose of inclusion in the AMC List of Australian Recognised Medical Specialties.

This decision does not automatically lead to the inclusion of this specialty in Schedule 4 of the Health Insurance Regulations 1975 (Cth), which would grant patients access to rebates through Medicare Australia.

Addiction medicine

In November 2008, as part of the accreditation review of the Royal Australasian College of Physicians, the AMC assessed the education and training programs of the Australasian Chapter of Addiction Medicine. The AMC then advised the Minister for Health and Ageing that the education and training programs of the chapter met the AMC standards of accreditation, thereby completing Stage 2 of the recognition procedure.

In December 2009, the minister announced the decision to recognise addiction medicine as a medical specialty for the purpose of inclusion in the AMC List of Australian Recognised Medical Specialties.

This decision does not automatically lead to the inclusion of this specialty in Schedule 4 of the Health Insurance Regulations 1975 (Cth), which would grant patients access to rebates through Medicare Australia.

Sexual health medicine

In November 2008, as part of the accreditation review of the Royal Australasian College of Physicians, the AMC assessed the education and training programs of the Australasian Chapter of Sexual Health Medicine. The AMC then advised the Minister for Health and Ageing that the education and training programs of the college met the criteria for AMC accreditation, thereby completing Stage 2 of the recognition procedure.

In December 2009, the minister announced the decision to recognise sexual health medicine as a medical specialty for the purpose of inclusion in the AMC List of Australian Recognised Medical Specialties.

This decision does not automatically lead to the inclusion of this specialty in Schedule 4 of the Health Insurance Regulations 1975 (Cth), which would grant patients access to rebates through Medicare Australia.

Cosmetic medical practice

In October 2008, the Australasian College of Cosmetic Surgery (ACCS) lodged its full application for recognition of cosmetic medical practice as a medical specialty. After careful consideration of the application against the four criteria for recognition, the AMC accepted the college's application for assessment and agreed to establish a recognition review group.

Public consultations began on 4 April 2009, with the call for public submissions on the application placed in the public notices section of the national and regional press and on the AMC website. The AMC also wrote to stakeholders inviting submissions on the application. The closing date for submissions was 4 June 2009. More than 80 submissions were received from a range of stakeholders.

In June 2009, the recognition review group began its detailed assessment of the case for recognition of cosmetic medical practice as a medical specialty. It requested that the ACCS provide supplementary information against the four core recognition criteria outlined in the guidelines.

The ACCS requested an extension to the original deadline. The recognition review group will resume its assessment of the application in 2010 when it receives the supplementary information requested.

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For the year ending 30 June 2009

Summary

For the whole of the financial year ended 30 June 2009, the Australian Medical Council operated

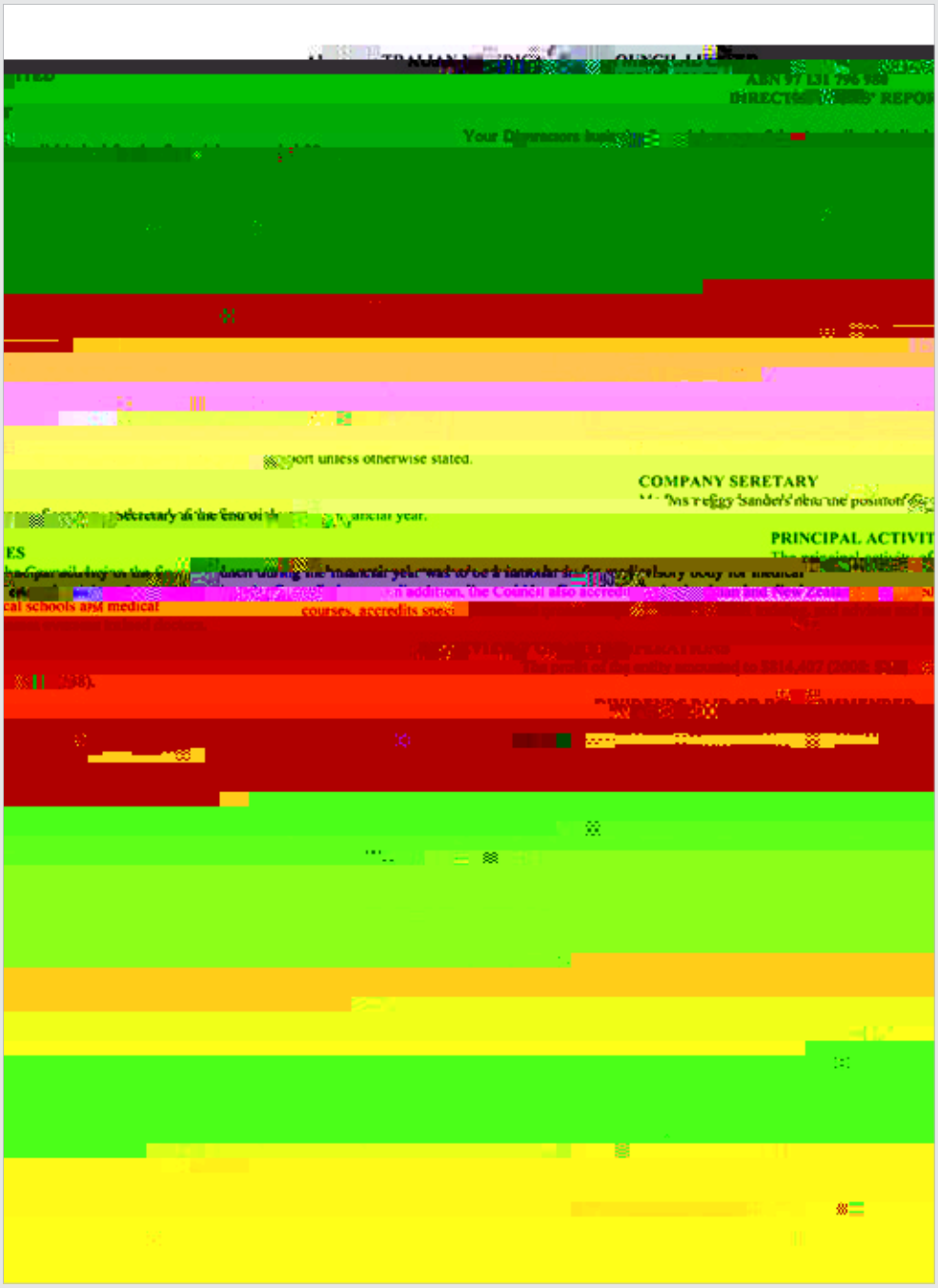
The increase in revenue reflects the expanded services of the AMC. The major contributors to revenue were examination fees, primary source verification fees and the sale of publications.

Other revenue sources were grants from the Commonwealth and from state and territory medical boards. Commonwealth grants in 2008–09 totalled $2.2 million: $0.5 million for Specialist Education Accreditation; $0.3 million for Recognition of Medical Specialties; $0.8 million to support the implementation of the COAG IMG assessment initiative; and $0.6 million for the core area of activity of the AMC. State and territory medical boards contributed $0.6 million.

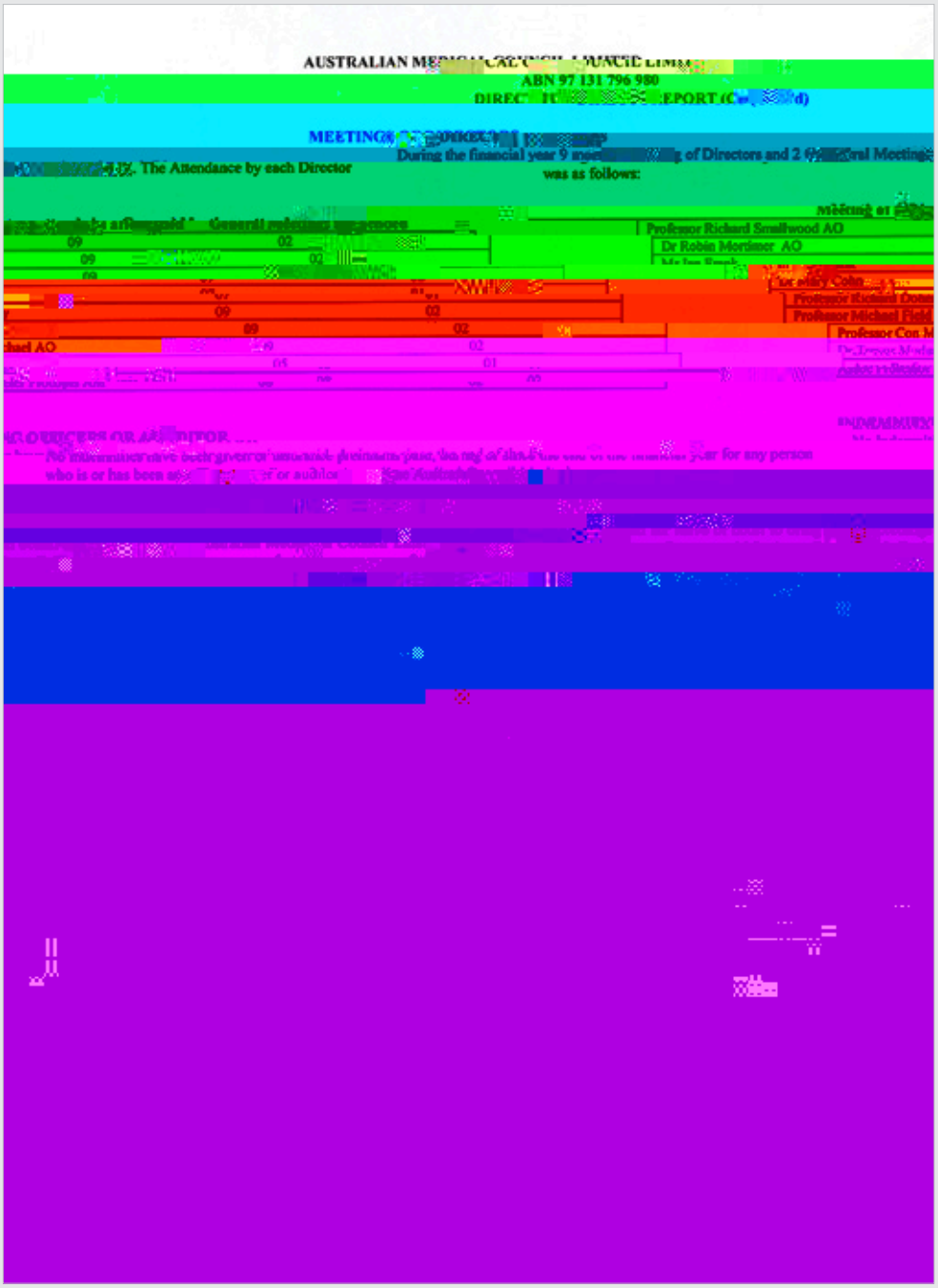
The major contributing factors to the increase in expenditure were direct examination expenditure; payments to the Educational Commission for Foreign Medical Graduates for primary source verification; costs associated with accreditation of medical schools; and costs associated with the council, standing committees and directors. Management and administration expenses accounted for about $8.1 million.

Audited fin nci l st tements

Directors' report



Directors' report (continued)



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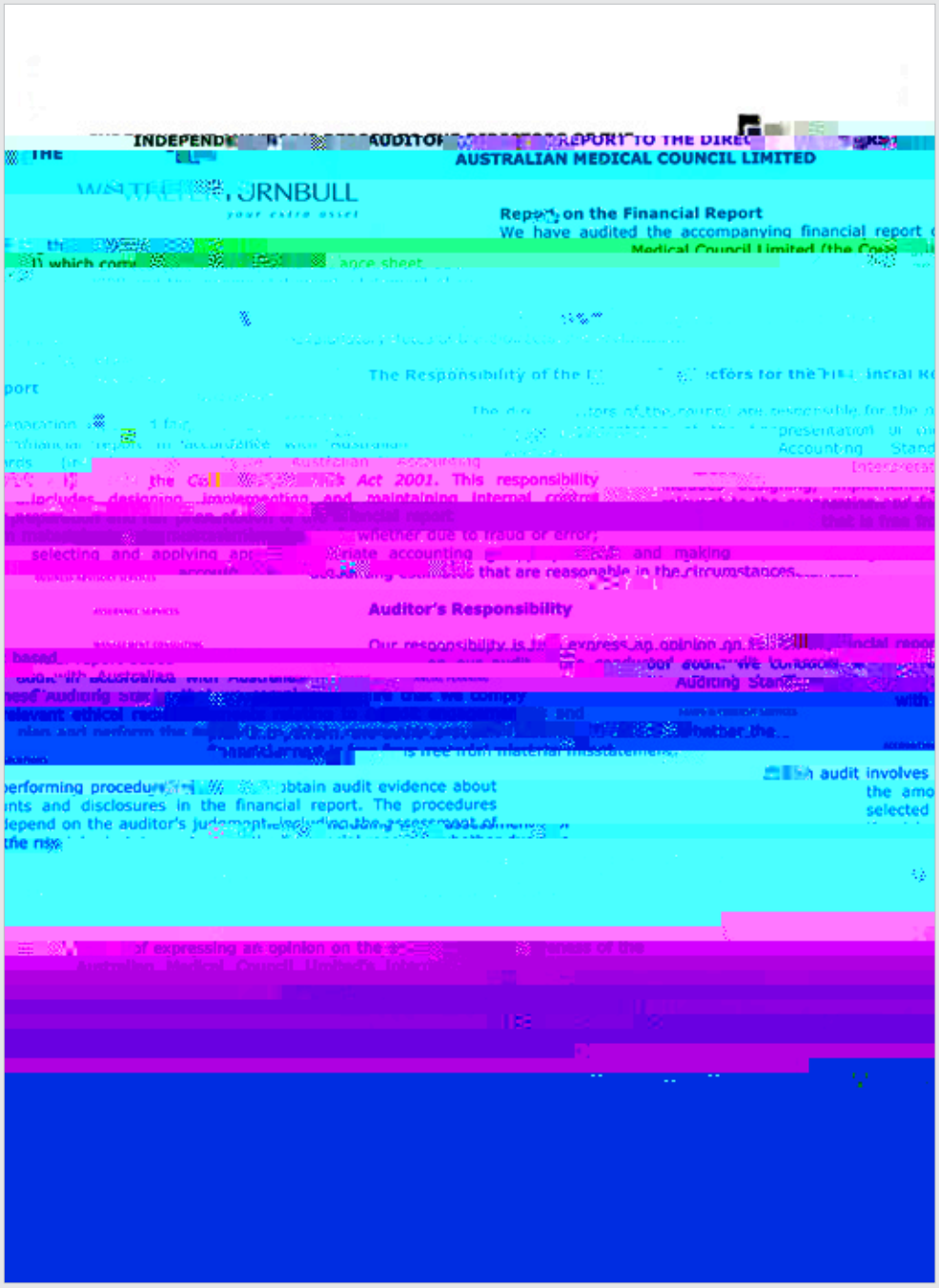
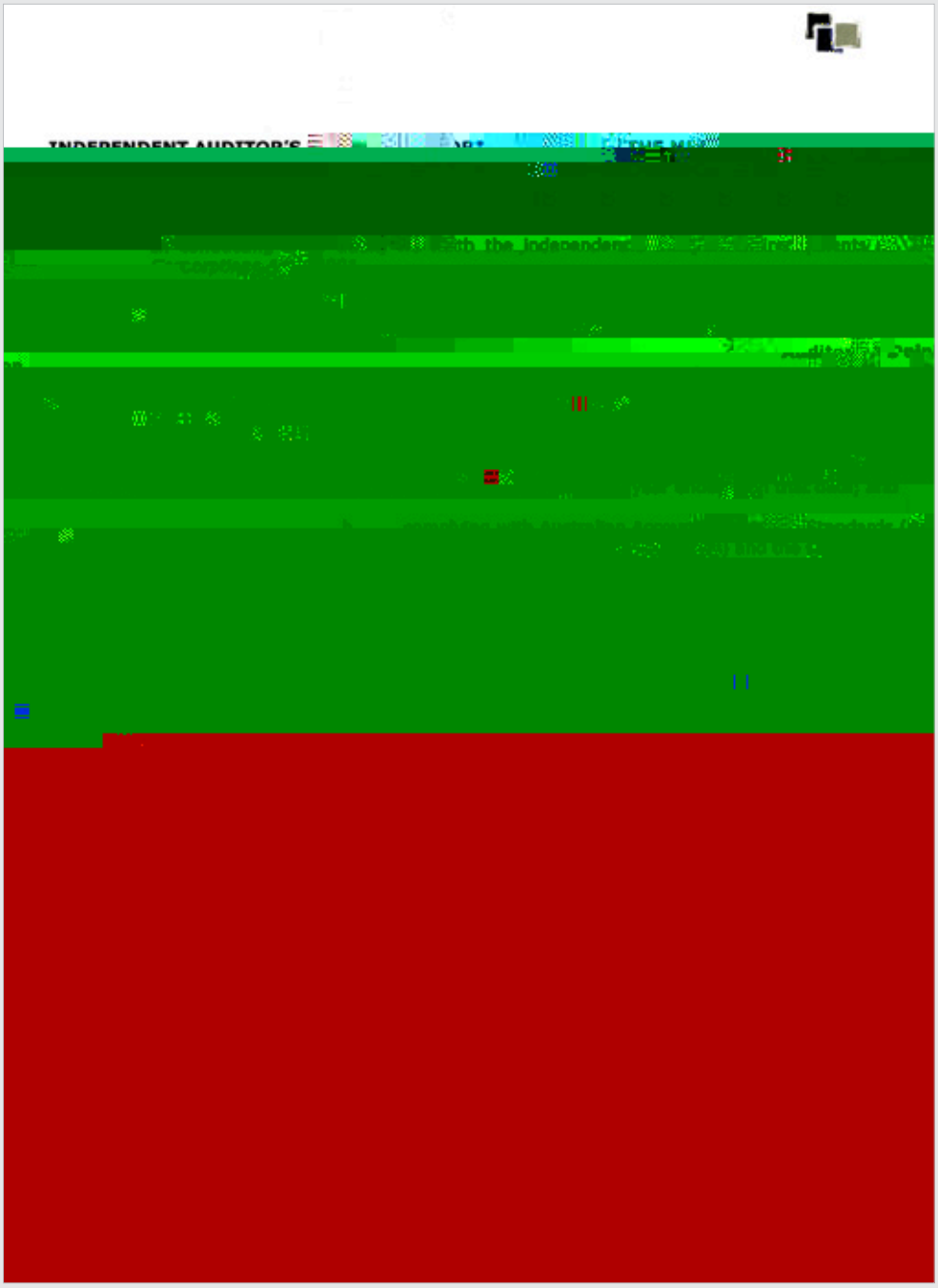
Independent auditor's report



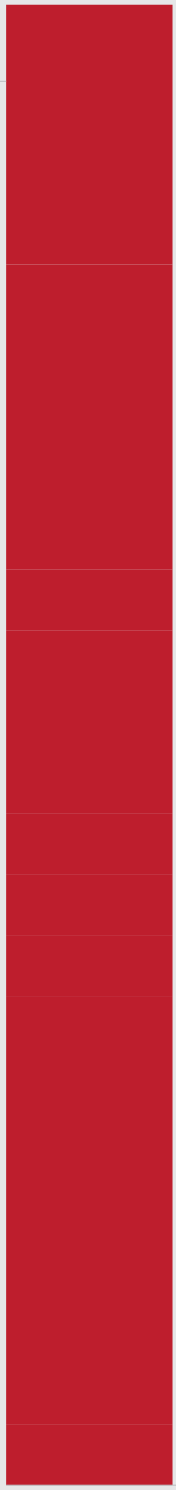
Independent auditor's report (continued)



Income statement for the year ended 30 June 2009

	Note	2009 $	2008 $
Revenue	2	18,388,867	15,256,482
Accreditation expense		(520,557)	(469,761)
Specialist education accreditation expenses		(762,266)	(769,709)
Recognition of medical specialties expenses		(355,346)	(286,888)
Specialist assessment		(88,600)	(74,551)

Balance sheet as at 30 June 2009



	Note	2009 $	2008 $
NON-CURRENT LIABILITIES			

Statement of recognised income and expenditure for the year ended 30 June 2009

	Retained Earnings $	Development Fund Reserve $	Examination Development Reserve $	Total $
Balance at 1 July 2007	1,080,822	10,286	150,001	1,241,109
Proft attributable to the Council	1,960,538	-	-	1,960,538
Balance at 30 June 2008	3,041,360	10,286	150,001	3,201,647
Proft attributable to the Council	814,407	-	-	814,407
Balance at 30 June 2009	3,855,767	10,286	150,001	4,016,054

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

The accompanying notes form part of these financial statements

Cash flow statement for the year ended 30 June 2009

	Note	2009 $	2008 $
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from candidates and grants		20,248,355	15,054,522
Payments to suppliers and employees		(18,000,683)	(12,987,731)
Interest received		353,885	287,537
Net cash generated from operating activities	21 b)	2,606,557	2,354,328
CASH FLOW FROM INVESTING ACTIVITIES			
Purchase of plant and equipment		(3,028,508)	(223,964)
Proceeds from disposal of plant and equipment		5,000	10,196
Net cash (used in) investing activities		(3,023,508)	(213,768)
CASH FLOW FROM FINANCING ACTIVITIES			
Payment of borrowings		(69,304)	(41,717)
Net cash (used in) financing activities		(69,304)	(41,717)
Net increase in cash held		(491,255)	2,098,843
Cash at the beginning of financial year		5,184,859	3,086,016
Cash at the end of financial year	21 a)	4,693,604	5,184,859

The accompanying notes form part of these financial statements

Notes to the financial statements for the year ended 30 June 2009

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

Note 1: Statement of Significant Accounting Policies

Basis of Preparation

The financial report is a general purpose financial report that has been prepared in accordance with Australian Accounting Standards (including Australian Accounting Interpretations) and the .

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

The financial report has been prepared on an accruals basis and is based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities.

(a) Income Tax

The Council has not provided for income tax as the Council is exempt from income tax under the provisions of Section 50-5 of the .

(b) Plant and equipment

Each class of property, plant and equipment is carried at cost or fair value as indicated less, where applicable, any accumulated depreciation and impairment losses.

Plant and equipment

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

The carrying amount of plant and equipment is reviewed annually by directors to ensure it is not in excess of the recoverable amount from these assets. The recoverable amount is assessed on the basis of the expected net cash flows that will be received from the assets employment and subsequent disposal. The expected net cash flows have been discounted to their present values in determining recoverable amounts.

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

Depreciation

The depreciable amount of all fixed assets is depreciated on a straight-line basis over the asset's useful life to the Australian Medical Council Limited commencing from the time the asset is held ready for use. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

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

Class of Fixed Asset	Depreciation Rate
Furniture and Fittings	20%
Office Equipment	20%
Computer Equipment	40%

The assets' residual values and useful lives are reviewed, and adjusted if appropriate, at each balance sheet date.

(ii) Loans and receivables

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

(iii) Held-to-maturity investments

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

(iv) Available-for-sale financial assets

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

(v) Financial liabilities

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

Fair value

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

Impairment

At each reporting date, the Australian Medical Council Limited assesses whether there is objective evidence that a financial instrument has been impaired. In the case of available-for-sale financial instruments, a prolonged decline in the value of the instrument is considered

Note 1: Statement of Significant Accounting Policies (continued)

(e) Financial Instruments (continued)

Impairment of assets

At each reporting date, 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 Income Statement.

Where the future economic benefts of the asset are not primarily dependent upon the asset's ability to generate net cash inflows and when the Australian Medical Council Limited would, if deprived of the asset, replace its remaining future economic benefts, value in use is determined as the depreciated replacement cost of an asset.

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 an impairment loss on a revalued asset is identifed, this is debited against the revaluation reserve 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.

(f) Employee benefits

Provision is made for the Australian Medical Council Limited's liability for employee benefts arising from services rendered by employees to Balance Sheet date. Employee benefts expected to be settled within one year together with benefts arising from wages, salaries

bank overdrafts. Bank overdrafts are shown within the short-term borrowings in current

Notes to the financial statements for the year ended 30 June 2009

Note 1: Statement of Significant Accounting Policies (continued)

(k) Provisions

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

(l) Comparative Figures

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

(m) Key Estimates

Impairment

The Council assesses impairment at each reporting date by evaluating conditions specifc to the Council that may lead to impairment of assets. Where an impairment trigger exists, the recoverable amount of the asset is determined. Value-in-use calculations performed in assessing recoverable amounts incorporate a number of key estimates.

Provision for doubtful debts

The directors believe that the full amount of trade and other receivables are recoverable and no doubtful debt provision has been made at 30 June 2009.

(n) New Accounting Standards for Application in Future Periods

The AASB has issued new, revised and amended standards and interpretations that have mandatory application dates for future reporting periods. The company has decided against early adoption of these standards. A discussion of those future requirements and their impact on the company is as follows:

- AASB 2008-11: Amendments to Australian Accounting Standard — Business Combinations among Not-for-Proft Entities (applicable to annual reporting periods beginning on or after 1 July 2009). These amendments make the requirements in AASB 3: Business Combinations applicable to business combinations among not-for-proft entities (other than restructures of local governments) that are not commonly controlled, and to include specifc recognition, measurement and disclosure requirements in AASB 3 for restructures of local governments.
- AASB 101: Presentation of Financial Statements, AASB 2007-8: Amendments to Australian Accounting Standards arising from AASB 101, and AASB 2007-10: Further Amendments to Australian Accounting Standards arising from AASB 101 (all applicable to annual reporting periods commencing from 1 January 2009). The revised AASB 101 and amendments supersede the previous AASB 101 and redefnes the composition of fnancial statements including the inclusion of a statement of comprehensive income. There will be no measurement or recognition impact on the company. If an entity has made a prior period adjustment or reclassifcation, a third balance sheet as at the beginning of the comparative period will be required.

- AASB 123: Borrowing Costs and AASB 2007-6: Amendments to Australian Accounting Standards arising from AASB 123 [AASB 1, AASB 101, AASB 107, AASB 111, AASB 116 and AASB 138 and Interpretations 1 and 12] (applicable for

Note 2: Revenue and Other Income

Notes to the financial statements for the year ended 30 June 2009

Note 3: Profit for the Year

	2009 $	2008 $
(a) Expenses		
Rental expense on operating leases		
– minimum lease payments	702,858	361,311
Depreciation and amortisation		
– furniture and equipment	289,576	264,717
– software	37,765	29,428
– leasehold improvements	117,512	-
	444,853	294,145

Note 4: Key Management Personnel

	Short Term Benefits			Post Employment Beneft	
	Salary and Fees	Superannuation Contribution	Non-cash Benefts	Long Service Leave	Total
	$	$	$	$	$
2009					
Total compensation	275,217	71,798	-	-	347,015
2008					
Total compensation	250,370	67,680	-	-	318,050

Note 5: Auditor’s Remuneration

Notes to the financial statements for the year ended 30 June 2009

Note 8: Trade and Other Receivables

	2009 $	2008 $
CURRENT		
Trade receivables	250,650	750,982
GST recievable	-	-
Accrued interest	8,446	42,949
Accrued income	250,586	269,218
	509,682	1,063,149

i. 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 receivable is impaired. No impairment was required at 30 June 2009 (2008: Nil).

ii. Credit Risk – Trade and Other Receivables

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

The following table details the company's trade and other receivables exposed to credit risk (prior to collateral and other credit enhancements) with ageing analysis and impairment provided for thereon. Amounts are considered as 'past due' when the debt has not been settled within the terms and conditions agreed between the company and the customer or counter party to the transaction. Receivables that are past due are assessed for impairment by ascertaining solvency of the debtors and are provided for where there are specifc circumstances indicating that the debt may not be fully repaid to the company.

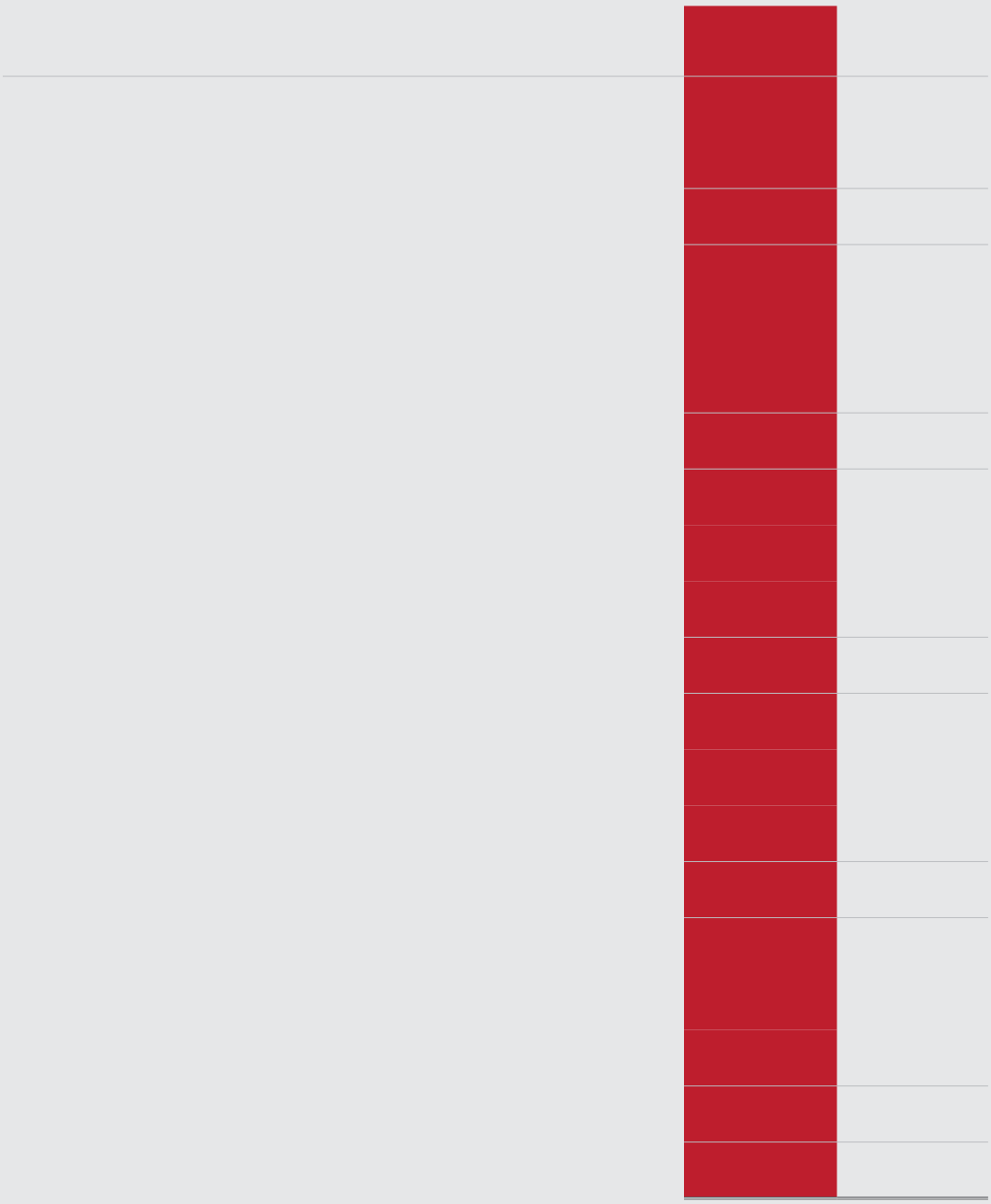
The balances of receivables that remain within initial trade terms (as detailed in the table) are considered to be of high credit quality.

Note 8: Trade and Other Receivables (continued)

			Past due but not impaired (days overdue)				
	Gross amount $	Past due and impaired $	< 30 $	31-60 $	61-90 $	> 90 $	Within initial trade terms $
2009							
Trade and term receivables	509,682	-	487,470	3,509	2,709	15,994	487,470
Other receivables	-	-	-	-	-	-	-
Total	509,682	-	588,942	3,509	2,709	15,994	588,942
2008							
Trade and term receivables	1,063,149	-	537,873	514,218	-	11,058	537,873
Other receivables	-	-	-	---		-	
							1,037,149

-

Note 10: Plant and Equipment



Note 10: Plant and Equipment (continued)

(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 current financial year:

Notes to the financial statements for the year ended 30 June 2009

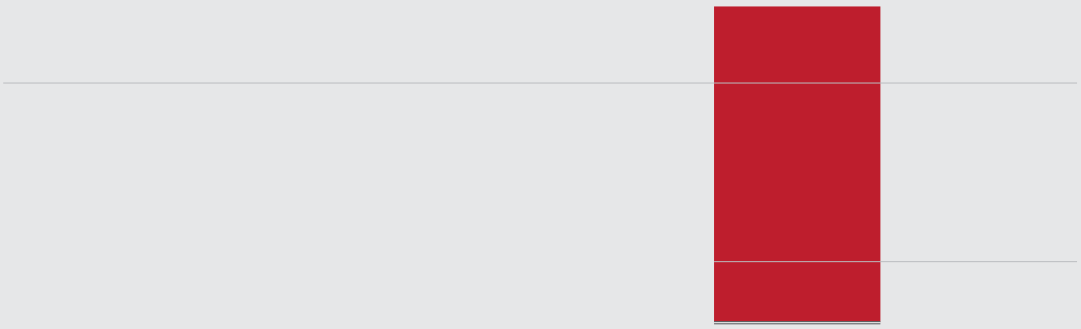
Note 11: Trade and Other Payables

	2009 $	2008 $
CURRENT		
Trade payables	65,571	108,593
GST Payable	102,184	22,371
PAYG Payable	1,212	54,896
Withholding Tax Payable	15,695	19,533
Short-term employee benefts	528,266	377,877
Accrued expenses	444,005	371,679
	1,156,933	954,949

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

	2009 $	2008 $
Trade and other payables		
– Total current	1,156,933	954,949
– Total non-current	–	–
	1,156,933	954,949
Less accrued expenses	(444,005)	(371,679)
Less annual leave entitlements	(528,266)	(377,877)
Financial assets as trade and other payables	184,662	205,393

Note 12: Other Liabilities



Notes to the financial statements for the year ended 30 June 2009

Note 14: Borrowings

	2009 $	2008 $
CURRENT		
Lease liabilities	44,852	52,258
NON CURRENT		
Lease liabilites	68,984	75,565

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.

Note 16: Leasing Commitments

		2009 $	2008 $
(a)	Finance Lease Commitments		
	Payable – minimum lease payments		
	– not later than 1 year	52,600	67,019
	– later than 1 year but not later than 5 years	96,476	74,047
	Minimum lease payments	149,076	141,066
	Less: future finance charges	(35,240)	(13,243)
	Present value of minimum lease payments	113,836	127,823

Note 16: Leasing Commitments (continued)

Finance lease commitments contain multiple equipment leases with between three and fve year terms. No debt covenants or other such arrangements are in place.

(b)	Operating Lease Commitments	2009 $	2008 $
	Non-cancellable operating leases contracted for but not capitalised in the fnancial statements		
	Being for rent of offce		
	Payable – minimum lease payments		
	- not later than 1 year	868,663	266,123
	- later than 1 year but not later than 5 years	3,42rl,73	

Note 21: Cash Flow Information

		2009 $	2008 $
(a)	Reconciliation of Cash		
	Cash at bank	1,066,448	683,139
	Investments – short-term term deposits	3,627,156	4,501,720
		4,693,604	5,184,859
(b)	Reconciliation Cash Flow from Operations with Proft		
	Proft	814,407	1,960,538
	Non-cash fows:		
	Depr5VUJHg‰BP‰8ÈP4,693,6043,627,156		

Note 21: Cash Flow Information (continued)

(c) Credit Stand-by Arrangement and Loan Facilities

The Council has no credit stand-by or financing facilities in place.

(d) Non-cash Financing and Investing Activities

During the financial year, the Council acquired plant and equipment with an aggregate fair value

Financial liability and financial asset maturity

	Within 1 Year		1 to 5 Years		Over 5 Years		Total contractual cash fow	
	2009 $	2008 $	2009 $	2008 $	2009 $	2008 $	2009 $	2008 $
Financial liabilities due for payment					-	-		
Lease liabilities	(913,515)	(318,381)	(3,564,717)	(341,697)	-		(4,478,232)	(660,078)
Trade and other payables (excluding estimated annual leave and accrued expenses)	(184,662)	(205,393)	-	-	-	-	(184,662)	(205,393)
Total expected outfows	(1,098,177)	(523,774)	-	-	-	-	(4,662,894)	(865,471)
Financial assets – cash fows realisable					-	-		
Cash and cash equivalents	1,066,448	683,139	-	-	-	-	1,066,448	683,139
Trade, term and loans receivable	4,136,838	5,564,869	-	-	-	-	4,136,838	5,564,869
Other investments	-	-	-	-	-	-	-	-
Total anticipated infows	5,203,286	6,248,008			-	-	5,203,286	6,248,008
Net (outfow)/infow on fnancial instruments	4,105,109	5,724,234	(3,563,717)	(341,697)	-	-	540,392	5,382,537

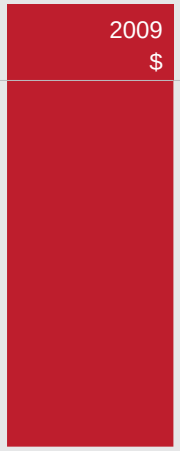
(c)

Note 22: Financial Risk Management (continued)

Risk is also minimised through investing surplus funds in financial institutions that maintain a high credit rating, or in entities that the finance committee has otherwise

Note 22: Financial Risk Management (continued)

	2009 $	2008 $
Change in profit		
– Increase in interest rate by 1%		



Note 24: Company Details

The principal place of business of the Council is:

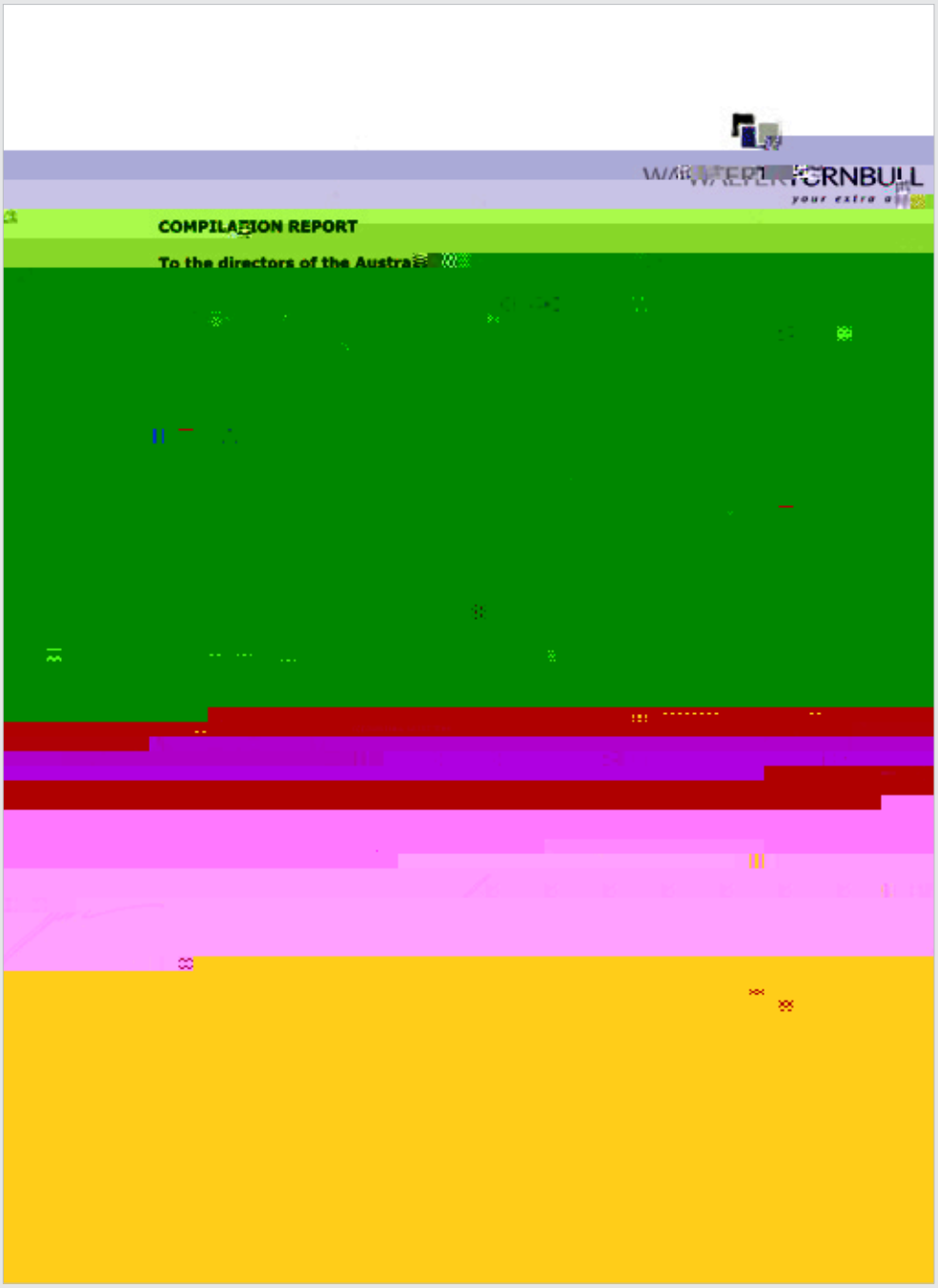
Australian Medical Council Limited
Level 3/11 Lancaster Place
MAJURA ACT 2609

Note 25: Members Guarantee

The entity is incorporated under the and is an entity limited by guarantee.

Directors' declaration

Compilation report

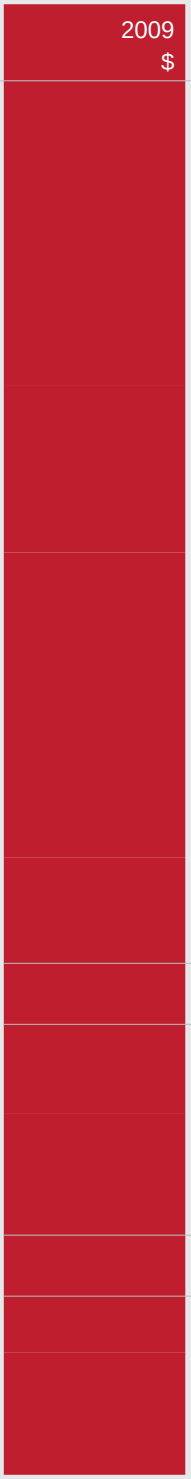

COMPILATION REPORT

To the directors of the Austra

Supplementary information: income and expenditure statement for core activities

	2009 $	2008 $
INCOME		
Commonwealth Grant	1,320,788	1,061,778
Medical Board Grants	577,024	544,270
Commonwealth Grant to Medical Board	-	432,727
Accreditation of Medical Schools Fees	278,450	362,241
Examination Fees and Charges	12,597,760	9,528,827
IMG Assessment	1,272,300	891,384
Interest Income	353,885	316,928
Book Sales	483,336	641,505
Miscellaneous Income	17,268	77,143
Management/Administration Fees	370,444	343,081
TOTAL OPERATIONAL INCOME	17,271,255	14,199,884
LESS: EXPENDITURE		
ACCREDITATION OF MEDICAL SCHOOLS		
Accommodation & Fares	331,615	281,094
Fees to Members	138,958	133,618
Taxis/Incidentals/Other	47,512	52,453
Teleconferences	2,472	2,596
	520,557	469,761

	2009 $	2008 $
CLINICAL EXAMINATIONS		
Accommodation and Fares		



	2009 $	2008 $
Meeting Expenses	9,187	8,314




Supplementary information: income and expenditure statement for core activities

	2009 $	2008 $
Subscriptions	17,146	12,426
Superannuation Other	43,364	66,167
Development Fund Expenditure	-	27,773
Telephone	92,745	57,972
Other Adjustments	34,110	(290)
Disposal of Equipment	37,907	-
TOTAL MANAGEMENT EXPENDITURE	8,125,063	5,315,722
TOTAL EXPENDITURE	16,456,848	12,239,346
NET OPERATING SURPLUS	814,407	1,960,538



Supplementary information: income and expenditure statement for accreditation of medical specialties

	2009	2008
	$	$
SPECIALIST EDUCATION ACCREDITATION		
Accommodation and Fares	168,572	226,316
Fees to Members	87,828	90,205
Meeting Expenses	18,966	16,439
Taxis and Incidentals	17,486	24,517
Teleconference	3,024	2,409
Development Processes – Consultancy	-	-
Management/Administration Costs	232,063	206,973
Salaries and Oncosts	234,327	202,850
	762,266	769,709
TOTAL EXPENDITURE	1,117,612	1,056,597
NET OPERATING SURPLUS (DEFICIT)	-	-

For the year ending 31 December 2009

Council members

Professor Richard Smallwood AO (President)

Professor Robin Mortimer AO (Deputy President)

Dr Robert Adler

Dr Stephen Bradshaw

Dr E Mary Cohn

Professor Brendan Crotty

Professor Richard Doherty

Professor Michael Field

Dr Charles Kilburn

Professor Constantine Michael AO

Dr Trevor Mudge

Associate Professor Peter Procopis AM

Mr David Roberts

Professor Judith Searle

Associate Professor Jillian Sewell AM

Dr Peter Sexton

Professor Russell Stitz AM RFD

Dr Kendra Sundquist

Professor Anne Tonkin

Dr Dana Wainwright

Ms Diane Walsh

Dr Glenda Wood

Emeritus Professor Neville Yeomans

Directors

Professor Richard Smallwood AO (President)

Professor Robin Mortimer AO (Deputy President)

Dr Robert Adler

Professor Richard Doherty

Professor Michael Field

Mr Ian Frank

Professor Constantine Michael AO

Associate Professor Peter Procopis AM

Associate Professor Jillian Sewell AM

Professor Russell Stitz AM RFD

B

For the year ending 31 December 2009

Medical School Accreditation Committee

Professor Michael Field (Chair)
Professor James Angus
Professor Justin Beilby
Ms Barbara Daniels
Professor Peter Ellis
Miss Tiffany Fulde
Professor Brian Jolly
Dr Fiona Joske
Professor Lou Landau AO
Associate Professor Jenepher Martin
Associate Professor Richard Murray
Professor Don Roberton
Professor Napier Thomson AM
Emeritus Professor Neville Yeomans

Specialist Education Accreditation Committee

Associate Professor Jillian Sewell AM (Chair)
Dr John Adams
Dr Robert Broadbent
Professor Michael Field
Dr Gavin Frost
Dr Linda MacPherson
Dr Alex Markwell
Professor Iain Martin
Associate Professor Jenepher Martin
Mr Russell McGowan
Professor Robin Mortimer AO
Associate Professor Peter Procopis AM
Ms Sheila Rimmer AM
Professor Judith Searle
Dr Dana Wainwright
Dr Peter White

Recognition of Medical Specialties Advisory Committee

Professor Robin Mortimer AO (Chair)
Dr Richard Ashby AM
Professor Mark Bassett
Professor A John Campbell
Professor Ian Gough
Ms Tricia Greenway
Ms Janne Graham AM
Dr David Jeacocke

Dr Omar Khorshid
Dr Linda McPherson
Mr Ian McRae

For the year ending 31 December 2009

Heather Alexander
Sarah Anderson
Keeley Anderson
Haider Azam
Samantha Barnard
Anna Boots
Toija Brady
Susan Buick
Kapila Chaplot
Andrew Cole
Felicity Corbin
Brendan Cumpston
Josie Cunningham
Karoline Dawe
Robin Dearlove
Gillian Drew
Kylie Edwards
Jill Elderton
Hugh Evans
Carol Ford
Ian Frank
Jared Fraser
Deborah Govier
Alexander Gundry
Matthew Haggan
Casey Hamilton
Helen Harper
Karan Hazell
Andrew Hing
Jessica Hofsteede
Jeremy Holley
Ariful Hoque
Simone Horvat
Alison Howard
John Hunter
Martin Jagodzki
John Jamieson
Hsi Lim
Trevor Lockyer
Megan Lovett
Michael MacDonald
Ana Maljevac
Leesa Marshall
Sophie McAllister
Jane McGovern
Drew Menzies-McVey
Amanda Murphy
Steven Murphy
Kevin Ng
Sean O'Dowd
Karin Oldfeld
Phillip O'Sullivan
Liesl Perryman
Slavica Petreska
Helen Rakowski
Amanda Room
Viviana Rozas
Peggy Sanders
Debra Scanes
Wendy Schubert
Robert Shaw
Emma Lea Sheather
Sarah Simeoni
Josephine Srivastava
Michelle Sykes
Christine Thompson
Nancy Van Bael
Zuzette Van Vuuren
Sarah Vaughan
Judy Vilimaina
Theanne Walters
Caroline Watkin
Merryn Watts
Ravindra Wickramaratna
Nejla Williamson
Nicole Wilson
Stacey Yeats
Brioni Young
Bernard Zachulski

Country of training	Applications	Advanced standing	Certifcates
India	142	83	169
Indonesia	0	0	1
Iran	3	2	3
Iraq	15	13	7
Ireland	266	234	83
Jamaica	1	0	1
Jordan	0	0	2
Latvia	0	0	2
Libya	1	1	1
Malaysia	1	1	1
Myanmar	9	6	9
Nepal	3	5	3
Netherlands	1	1	0
Netherlands Antilles	1	0	0
Nigeria	16	12	5
Pakistan	41	26	23
Philippines	2	2	2
Poland	1	0	3
Romania	4	3	4
Russia	4	5	6
Saint Lucia	1	0	0
Saudi Arabia	2	0	0
Serbia	1	1	4
Singapore	1	0	0

Table continues

Country of training	Applications	Advanced standing	Certifcates
Slovak Republic	0	0	1
Somalia	1	1	0
South Africa	7	5	4
Sri Lanka	14	8	16
Sudan	5	4	6
Sweden	0	0	1
Syria	1	1	1
Trinidad and Tobago	0	0	1
Turkey	1	0	1
Uganda	1	1	2
Ukraine	4	2	3
United Kingdom	964	829	454
USA	37	25	2
Zambia	2	2	1
Zimbabwe	6	4	5
Total	1,626	1,325	853

Table D2 AMC MCQ Examination, pass rates by country of training and number of attempts, 2009

Country of training	Sat 1	Sat 2	Sat 3	Sat 4 +	Total	Pass 1	Pass 2	Pass 3	Pass 4 +	Total
Afghanistan	3	6	1	3	13	0	5	0	1	6
Albania	1	0	0	0	1	0	0	0	0	0
Argentina	6	6	2	0	14	1	2	0	0	3
Armenia	1	0	0	0	1	0	0	0	0	0
Austria	10	4	1	0	15	5	1	1	0	7
Azerbaijan	0	1	0	3	4	0	1	0	0	1
Bahrain	2	0	0	0	2	1	0	0	0	1
Balearic Islands	1	1	0	0	2	0	0	0	0	0
Bangladesh	115	56	28	27	226	44	22	7	12	85
Belarus	4	3	1	0	8	1	1	1	0	3

Country of training	Sat 1	Sat 2	Sat 3	Sat 4 +	Total	Pass 1	Pass 2	Pass 3	Pass 4 +	Total
Colombia	19	9	4	4	36	7	7	3	1	18
Cuba										

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

Country of training	Sat 1	Sat 2	Sat 3	Sat 4 +	Total	Pass 1	Pass 2	Pass 3	Pass 4 +	Total
South Africa	139	15	6	1	161	118	8	4	0	130
South Korea	16	4	2	1	23	7	0	0	0	7
Sri Lanka	292	45	18	13	368	220	30	10	9	269
Sudan	30	10	2	5	47	17	4	2	1	24
Sweden	1	0	0	0	1	1	0	0	0	1
Switzerland	4	0	0	0	4	1	4	1	0	

Switzerland 4 0 474

Country of training	Sat 1	Sat 2	Sat 3	Sat 4 +	Total	Pass 1	Pass 2	Pass 3	Pass 4 +	Total
Yemen	3	0	0	0	3	2	0	0	0	2
Zambia	1	0	0	0	1	1	0	0	0	1
Zimbabwe	22	5	0	1	28	16	3	0	0	19
Total	3,037									

Country of training	Sat 1	Sat 2	Sat 3	Sat 4 +	Total	Pass 1	Pass 2	Pass 3	Pass 4 +	Total
Ecuador	1	0	0	0	1	1	0	0	0	1
Egypt	23	15	0	0	38	15	6	0	0	21
El Salvador	1	0	0	0	1	0	0	0	0	0
Ethiopia	2	1	0	0	3	1	1	0	0	2
Fiji	8	1	0	0	9	4	0	0	0	4
France	1	1	0	0	2	1	1	0	0	2
Germany	22	5	0	0	27	12	4	0	0	16
Ghana	1	0	0	0	1	1	0	0	0	1
Greece	1	0	0	0	1	1	0	0	0	1
Hungary	3	0	0	0	3	1	0	0	0	1
India	204	75	5	0	284	118	46	2	0	166
Indonesia	1	2	0	0	3	0	0	0	0	0
Iran	77	25	1	0	103	43	16	1	0	60
Iraq	16	7	0	0	23	13	4	0	0	17
Ireland	2	1	0	0	3	2	1	0	0	3
Japan	1	0	0	0	1	1	0	0	0	1
Jordan	3	1	0	0	4	0	1	0	0	1
Kazakhstan	2	0	0	0	2	1	0	0	0	1
Kenya	3	0	0	0	3	3	0	0	0	3
Latvia	2	0	0	0	2	2	0	0	0	2
Macedonia	2	0	0	0	2	1	0	0	0	1
Malaysia	2	1	0	0	3	1	0	0	0	1
Malta	2	0	0	0	2	2	0	0	0	2
Mexico	1	1	0	0	2	0	1	0	0	1

Table continues

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