Understanding the Australian Medical Council Examination for International Medical Graduates

The Australian Medical Council (AMC) serves as the independent national standards body responsible for medical education and training within Australia. Its core mission is to uphold the health of the Australian community by ensuring rigorous standards in the education, training, and assessment of medical professionals. A critical function of the AMC is the administration of examinations designed to evaluate the competency of international medical graduates (IMGs) seeking to practice medicine in Australia. The Australian Medical Association (AMA) is a separate entity, representing the professional interests of doctors.

For IMGs, the AMC examination represents a significant step towards achieving medical registration in Australia. Successfully navigating these assessments allows graduates of international medical schools to register with the Medical Board of Australia (MBA) and practice as medical doctors within the country. As a cornerstone of the Standard Pathway for IMGs, the AMC skill assessment meticulously evaluates both the clinical skills and the depth of medical knowledge possessed by candidates. This comprehensive evaluation aims to guarantee that IMGs are equipped to deliver effective and safe patient care within the Australian healthcare system. The Medical Board of Australia plays a regulatory role in ensuring that medical practitioners are suitably trained and qualified. The AMC examination, therefore, acts as a crucial mechanism to uphold these standards and protect the health of the Australian public.

The AMC examination process for IMGs primarily comprises two distinct components: the AMC CAT MCQ Examination (Part 1) and the AMC Clinical Examination (Part 2).⁶

The AMC CAT MCQ Examination is a computer-administered test consisting entirely of multiple-choice questions. This examination is delivered in a single 3.5-hour session at designated examination centers located worldwide. A key feature of this test is its Computer Adaptive Test (CAT) format, where the difficulty level of subsequent questions is dynamically adjusted based on the candidate's performance on preceding questions. This adaptive approach allows for a more personalized and efficient assessment of a candidate's knowledge base. The exam includes a total of 150 multiple-choice questions, each presenting five possible answers from which the candidate must select the single best response. It is important to note that this examination is exclusively computer-based and not available in a paper format. The design of the CAT format ensures that the test effectively gauges a candidate's medical understanding by tailoring the questions to their demonstrated ability. The 3.5-hour duration for answering 150 questions necessitates effective time

management skills to ensure all questions are adequately addressed.

The content assessed in the AMC CAT MCQ Examination spans a broad spectrum of essential medical knowledge.9 This includes a thorough understanding of disease processes, the principles of clinical examination and diagnosis, appropriate investigations, therapeutic interventions, and overall patient management. ⁹ The examination delves into both fundamental and applied medical knowledge across various disciplines. 5 Specifically, it draws content from key areas such as Adult Health (covering both Medicine and Surgery), Women's Health (Obstetrics and Gynaecology), Child Health, Mental Health, and Population Health and Ethics.³ Beyond basic recall, the exam emphasizes the application of medical knowledge, diagnostic reasoning, and the ability to make sound clinical judgments in patient management.6 Candidates may also be required to interpret visual materials such as X-rays, electrocardiograms (ECGs), scans, and clinical photographs as part of the examination. The extensive range of topics covered underscores the necessity for IMGs to possess a comprehensive medical education. The inclusion of population health and ethics highlights the importance of understanding the broader societal and ethical implications of medical practice within Australia.

The AMC CAT MCQ Examination employs a pass/fail scoring system. The passing standard is benchmarked against the expected performance of final-year medical students graduating from Australian medical schools.⁶ While some sources mention a score range of 0 to 500 with a passing score of 250 11, the fundamental outcome is whether the candidate has met the required standard. Of the 150 questions presented, 120 contribute directly to the final score, while the remaining 30 are pilot questions that are not scored and are used for evaluating their suitability for future exams. These pilot questions are strategically integrated throughout the examination, with the exception of the final 20 questions, which are all scored items. 6 Importantly, there is no negative marking for incorrect answers, which encourages candidates to attempt all questions. To receive a conclusive result, candidates must complete all 120 scored questions within the allotted time; failure to do so may lead to a "Fail insufficient data to obtain result" outcome. 6 Candidates can typically access their results through their online AMC candidate account at 4:00 PM (Australian Eastern Standard Time) on the Friday, three weeks following their examination event. The inclusion of unscored pilot questions is a standard practice in high-stakes medical licensing exams to ensure the ongoing quality and validity of the question bank. The three-week period for result release allows for thorough processing and analysis of the examination data.

The second component of the AMC examination is the Clinical Examination, which

utilizes an Objective Structured Clinical Examination (OSCE) format.³ This practical assessment is designed to evaluate a candidate's clinical skills in a standardized and objective manner. The Clinical Examination comprises a total of 20 stations.¹ Of these, 16 are assessed stations that are scored and contribute to the final outcome, while the remaining 4 are designated as rest stations, providing candidates with brief breaks during the examination.¹ Each station is allocated a total of 10 minutes, which is divided into 2 minutes for reading the scenario and instructions, and 8 minutes for the assessment itself.¹ The Clinical Examination can be conducted either in-person or online. However, in-person examinations are resuming at the AMC test center in Melbourne starting from March 2025, and online options are expected to be very limited in 2025.¹ The OSCE format, with its standardized scenarios and assessment criteria, ensures a fair and consistent evaluation of each candidate's clinical abilities. The time constraints at each station require candidates to perform efficiently and effectively within a limited timeframe. The shift back towards in-person examinations emphasizes the importance of direct observation in assessing clinical competence.

The content covered in the AMC Clinical Examination is designed to assess a broad range of clinical skills essential for medical practice across various specialties. These include skills in Medicine, Surgery, Women's Health, Paediatrics, and Mental Health.¹ The scenarios encountered during the examination reflect real-world clinical situations from both community-based and hospital settings. Candidates may interact with simulated patients (actors trained to portray specific medical conditions), view videotaped patient presentations, or utilize other relevant materials such as medical charts, digital images, and photographs to gather necessary information and demonstrate their clinical skills. 1 Each station in the Clinical Examination primarily focuses on evaluating one of four key assessment areas: the ability to take a thorough and relevant medical history, the skill in performing appropriate physical examinations, the capacity for accurate diagnostic formulation, and competence in management, counselling, and patient education. The diverse range of medical disciplines and the variety of assessment formats ensure a comprehensive evaluation of a candidate's readiness for general medical practice in the Australian healthcare system. By assessing these core clinical skills in realistic scenarios, the AMC aims to ensure that IMGs can effectively apply their medical knowledge in practical settings.

The overall result of the AMC Clinical Examination is determined based on a candidate's performance across 14 of the 16 assessed stations; two of the assessed stations are pilot stations and do not contribute to the final score. To achieve a passing result, candidates must attain a pass score in 9 or more of these 14 scored

stations.¹ This pass requirement was recently updated, effective from 21 March 2024, having previously required a pass in 10 stations.¹ Candidates who achieve a pass score in 8 or fewer of the 14 assessed stations will receive a failing result.¹ Similar to the MCQ examination, results for the Clinical Examination are typically made available for download through the candidate's AMC account at 4:00 PM (Australian Eastern Standard Time) on the Friday, three weeks following the examination.¹ The assessment at each station involves a global rating by the examiner, considering key steps, relevant assessment domains, and the candidate's overall performance at that station.¹ The specific pass/fail criteria provide a clear benchmark for candidates to understand the required level of performance. The recent adjustment in the pass mark may reflect an ongoing review of the examination standards.

The application process for the AMC examination involves several key steps. Initially, IMGs need to complete an application for either the AMC CAT MCQ Examination or the AMC Clinical Examination. This process necessitates the creation of an AMC portfolio.⁷ A crucial prerequisite for registering for the AMC exam is the completion of Primary Source Verification of the candidate's medical degree through the ECFMG's Electronic Portfolio of International Credentials (EPIC) service.¹⁴ Before initiating the EPIC verification, candidates must first register and obtain their unique AMC number. 14 The application also requires the submission of various supporting documents, including the medical degree certificate, academic transcripts, evidence of clinical practice and internship experience (such as employment letters), and a valid passport. While some sources suggest that English language proficiency is not a direct requirement for the AMC exam itself 14, it is generally a requirement for medical registration in Australia.3 To schedule the AMC MCQ examination through Pearson VUE, candidates must first receive authorization from the AMC.¹³ Once authorized, the MCQ exam can be booked online or via phone through the Pearson VUE platform.¹ Scheduling for in-person clinical examinations in 2025 commenced on November 18, 2024, with additional scheduling information for July-September 2025 now available.¹ The multifaceted application process, involving both the AMC and external organizations, underscores the importance of meticulous attention to detail and adherence to all specified requirements. Candidates should verify the most up-to-date information regarding English language proficiency requirements directly with the AMC and the Medical Board of Australia.

The financial investment for undertaking the AMC examination is significant, involving fees at various stages. To establish an AMC portfolio, the fee is AUD \$642, and adding any additional qualifications to the portfolio incurs a fee of AUD \$107 per qualification. For the AMC CAT MCQ Examination, the authorization fee is AUD

\$2,920, which was reduced from AUD \$3,124 effective July 2, 2024.¹ Verification of MCQ results and the reissue of results each cost AUD \$107, while cancellation of MCQ authorization incurs a fee of AUD \$1,460.¹ The Clinical Examination fees differ based on the mode of delivery. The online clinical examination costs AUD \$4,391 (inclusive of a AUD \$400 levy), and the in-person examination fee is AUD \$3,991.¹ Appealing the results of the Clinical Examination involves an application fee of AUD \$910 for the first station, with an additional fee of AUD \$235 for each subsequent station.¹ Reissuing Clinical Examination results also costs AUD \$107.¹ For candidates pursuing the Workplace Based Assessment pathway, the fee is AUD \$1,070.¹ Additionally, a bank surcharge of 0.96% is applied to all credit card transactions made to the AMC.¹ These fees, when converted to Indian Rupees using an exchange rate of 1 AUD = ₹51.6660 INR (as of April 4, 2025) ²⁶, represent a substantial financial commitment for IMGs from India.

The approximate fees in Indian Rupees are as follows: Establishing an AMC Portfolio costs ₹33,178, and adding an additional qualification is ₹5,528. The MCQ Authorization fee is approximately ₹150,865, with a fee of ₹5,528 for result verification or reissue, and ₹75,432 for authorization cancellation. The Online Clinical Exam fee is around ₹226,833, while the In-Person Clinical Exam costs approximately ₹206,196. Appealing a Clinical Exam (including one station) costs roughly ₹47,016, with an additional ₹12,141 per extra station. Reissuing Clinical Exam results is about ₹5,528. The Workplace Based Assessment fee is approximately ₹55,302. These figures provide a clearer understanding of the financial implications for candidates from India. The total cost for undertaking both the MCQ and the in-person Clinical exam amounts to approximately ₹357,061, excluding the portfolio fee and the bank surcharge.

The timeline for completing the entire AMC examination process can vary depending on individual circumstances and preparation time.²⁷ Candidates are granted a 12-month authorization period to schedule their AMC MCQ examination from the date of confirmation by Pearson VUE.¹ The results for the MCQ exam are typically released within three weeks following the examination.⁹ Notably, there is no specified time limit between successfully passing the MCQ exam and attempting the Clinical Examination.¹⁰ Similarly, the results for the Clinical Examination are usually available approximately three weeks after the exam.¹ It is generally recommended that candidates dedicate at least 6 months to 1 year for adequate preparation for the AMC exams.²⁸ While the AMC provides a 12-month window for the MCQ, proactive planning and scheduling are advisable to maintain momentum. The flexibility in the timing of the clinical exam allows candidates to focus their preparation effectively after the MCQ.

Candidates have the flexibility to modify their MCQ examination date or venue without incurring a penalty, provided the changes are made before the closing date for the chosen examination event. However, no changes are permitted after this closing date. Given that some examination venues have limited capacity, and seats are allocated on a first-come, first-served basis, it is advisable to schedule the MCQ exam as early as possible within the authorization period. The AMC does not grant extensions to the MCQ authorization period, underscoring the importance of timely action. AMC MCQ examination dates are offered throughout the year 3, providing multiple opportunities for candidates. Similarly, the AMC Clinical Examination dates for 2025 are scheduled at various times throughout the year, with registration opening several months in advance.³ Scheduling information for in-person clinical exams in July-September 2025 is currently available. Candidates also have the option to withdraw from or reschedule their MCQ exam up to 21 days prior to the scheduled date, subject to the availability of seats at their preferred venue. 13 While these provisions offer some flexibility, candidates must be diligent in adhering to deadlines and being aware of the potential for limited availability, particularly for the Clinical Examination. Regular checks of the AMC and Pearson VUE websites for the most current exam schedules and booking information are essential.

For international medical graduates aspiring to practice in Australia, several pathways exist to achieve medical registration. The Standard Pathway is designed for IMGs whose qualifications do not meet the criteria for the Competent Authority or Specialist pathways. This pathway necessitates the successful completion of both the AMC CAT MCQ examination and the AMC Clinical examination, or alternatively, the AMC workplace-based assessment program. Upon successful completion of the required assessments under the Standard Pathway, the AMC issues AMC Certificates. Following the successful completion of the AMC examinations, IMGs on the Standard Pathway are required to undertake 12 months of supervised practice in Australia to become eligible for general registration. The Standard Pathway serves as the primary route for many IMGs seeking registration, and the AMC exams are integral to this process. The subsequent requirement for supervised practice ensures that IMGs gain practical experience within the Australian healthcare context before achieving full registration.

In addition to the Standard Pathway, the AMC recognizes other routes for IMGs, including the Competent Authority Pathway and the Specialist Pathway.⁷ The Competent Authority Pathway is specifically for IMGs who have obtained their qualifications and completed their training in certain countries recognized by the AMC, such as the United Kingdom, Ireland, Canada, the United States, and New

Zealand.⁷ Graduates from these countries may be eligible for a more streamlined registration process. The Specialist Pathway is intended for IMGs who hold specialist medical qualifications that are recognized within Australia.⁷ This pathway allows specialists to potentially gain registration in their field of expertise without necessarily having to complete the standard AMC examinations. It is important to note that the AMC directly manages the assessment process only for the Standard Pathway.²⁷ The assessment processes for the Competent Authority and Specialist pathways are typically managed by other relevant bodies, such as specialist medical colleges in Australia.²¹ IMGs should thoroughly investigate their eligibility for all potential pathways, as the Competent Authority or Specialist pathways might offer a more direct and efficient route to registration based on their specific qualifications and training.

Successfully passing the AMC examination is a pivotal step for IMGs seeking employment as medical practitioners in Australia. ¹⁵ Upon passing AMC Part 1 (the MCQ exam), candidates become eligible to apply for entry-level medical positions such as Junior Medical Officer (JMO) or Resident Medical Officer (RMO) roles in both public and private hospitals across Australia. ¹⁴ Furthermore, after passing AMC Part 1 and fulfilling the necessary English language requirements, IMGs may be granted Limited Registration, which allows them to work under supervision while they prepare for further assessments or meet other registration prerequisites. ¹⁴ The AMC examination, therefore, serves as a significant enabler for IMGs to enter the Australian medical workforce at various levels, providing opportunities for both initial employment and progression towards full medical registration. IMGs should actively pursue job opportunities after successfully completing the first part of the AMC examination to gain valuable clinical experience within the Australian healthcare system.

While specific data on the distribution of job opportunities between urban and rural areas is not detailed in the provided snippets, it is noteworthy that the AMC has implemented a priority scheduling system for online clinical exams specifically to support International Medical Graduates who are already working in rural and remote areas of Australia. This initiative suggests an existing demand for medical professionals in these less densely populated regions. IMGs who are open to working in rural or remote locations might find enhanced opportunities for securing employment and potentially benefit from specific programs designed to attract and retain doctors in these areas.

The research snippets do not contain specific data regarding the current demand for different medical specialties within Australia.³⁰ Determining which specialties are

currently in high demand would necessitate consulting additional resources such as official government health workforce reports, medical recruitment agencies, or professional medical colleges in Australia. IMGs who possess qualifications or have an interest in pursuing specialties that are facing shortages in Australia may find more favorable job prospects and potentially more streamlined pathways to securing permanent positions.

Information regarding the average salary ranges for medical practitioners in Australia based on experience and specialty is not explicitly provided within the research snippets. While snippet mentions that doctors in Australia generally enjoy a good salary and better living standards, specific figures are not included. Snippets and suggest that salary survey data for General Practitioners and Specialists might be available on healthtimes.com.au, but these resources were inaccessible. To gain a comprehensive understanding of the expected salary ranges, it would be advisable to consult external resources such as the Australian Medical Association (AMA) salary surveys or relevant government publications on healthcare workforce remuneration.

Snippet ⁵ indicates that Australia offers doctors a good salary and better living standards, suggesting a potentially positive lifestyle. However, detailed information concerning the work-life balance for medical professionals in Australia is not readily available in the provided snippets.³³ Factors such as working hours, on-call responsibilities, and the support systems in place within the Australian healthcare system would contribute to a doctor's overall work-life balance. Further research into these aspects would be beneficial for IMGs considering a move to Australia.

Regarding the cost of living in Australia, snippet ³⁴ provides a comparative price index for major Australian cities in 2025. Sydney and Melbourne are identified as the most expensive among the listed cities, while Townsville is noted as the least expensive. The snippet also offers a general estimated monthly cost for a single person in Australia, which is AU\$4,707. This figure serves as a broad indicator, but the actual cost of living can vary significantly depending on the specific city and individual lifestyle. IMGs should research the cost of living in the particular cities where they are considering working to make informed financial plans.

When comparing the AMC exam with the UK's PLAB (Professional and Linguistic Assessments Board) exam and the US's USMLE (United States Medical Licensing Examination), some initial observations can be made based on the snippets. Snippet ²¹ indicates that PLAB 1 and PLAB 2 together cost approximately £1,153, while the USMLE is noted as being considerably more expensive for junior doctors, with the total cost for Steps 1, 2CK, 2CS, and 3 amounting to \$15,127.90 USD according to the

snippet. The AMC exam costs for both parts, as calculated earlier, fall within a higher range than PLAB but appear to be less than the total cost mentioned for all steps of the USMLE.

In terms of structure, the AMC exam comprises two parts: a computer-adaptive MCQ (CAT) and an OSCE-style Clinical Examination. The PLAB exam also consists of two parts: PLAB 1, which is a multiple-choice question paper, and PLAB 2, which is an OSCE. The USMLE, however, has multiple steps, including Step 1 (focused on basic sciences), Step 2 CK (clinical knowledge), Step 2 CS (clinical skills, currently suspended), and Step 3 (comprehensive assessment for independent practice). The number of questions and the duration of each exam also vary.

Feature	AMC (Australia)	PLAB (UK)	USMLE (USA)
Exam Steps	Part 1 (MCQ - CAT), Part 2 (Clinical - OSCE)	PLAB 1 (MCQ), PLAB 2 (OSCE)	Step 1 (Basic Sciences MCQ), Step 2 CK (Clinical Knowledge MCQ), Step 3 (Comprehensive MCQ)
Number of Questions/Stations	MCQ: 150, Clinical: 20	PLAB 1: 180, PLAB 2: 16 stations	Step 1: ~280, Step 2 CK: ~318, Step 3: ~480
Duration	MCQ: 3.5 hours, Clinical: ~3-4 hours	PLAB 1: 3 hours, PLAB 2: ~3 hours	Step 1: 8 hours, Step 2 CK: 9 hours, Step 3: 2 days
Estimated Cost (Approx.)	\$6911 - \$7311 AUD	£1153	\$15127.90 USD (for Steps 1, 2CK, 2CS, 3)

The perceived difficulty of each exam can vary among individuals. Generally, all three are considered challenging and require thorough preparation. The international recognition of these exams also differs. The USMLE is primarily recognized in the United States and Canada, while PLAB is the standard for medical registration in the UK. The AMC exam is the pathway to registration in Australia and is also recognized in some other countries.

In conclusion, the AMC examination is a crucial two-part assessment for international

medical graduates seeking to practice medicine in Australia. It comprises a computer-adaptive multiple-choice question exam and an OSCE-style clinical exam, both designed to evaluate the candidate's medical knowledge and clinical skills against Australian standards. The application process involves creating an AMC portfolio, primary source verification of credentials, and significant associated fees, totaling approximately ₹357,061 for both exams for candidates from India, excluding portfolio and surcharge costs. The timeline for completion can vary, typically taking several months to over a year, including preparation time and the three-week wait for results after each exam. The AMC exam is central to the Standard Pathway for medical registration in Australia, which also requires 12 months of supervised practice after passing the exams. While job opportunities exist at various levels after passing the AMC exams, the lifestyle and cost of living in Australia can vary by location. Compared to PLAB and USMLE, the AMC exam falls in a mid-range for cost, with structural similarities to PLAB but differing significantly from the multi-step USMLE. For international medical graduates aiming to practice in Australia, a substantial commitment of time, effort, and financial resources is necessary. Thorough preparation using official AMC resources is essential. It is strongly recommended to consult the official Australian Medical Council website (www.amc.org.au) and the Medical Board of Australia website (www.medicalboard.gov.au) for the most current and detailed information regarding all aspects of the examination and registration process.

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