OSCE REVISIONS · BY MEDREVISIONS

The Complete AMC Clinical Candidate Guide

How to use every feature of OSCE Revisions for the AMC Clinical Exam — Australian-localised stations, eTG/RACGP/PBS-aligned notes, AMC-style 7-point feedback, and the full timed circuit of 16 assessed stations plus 4 rest.

Tailored for AMC Clinical · 16 assessed stations + 4 rest · 2 min read + 8 min · no separate viva

A practical walkthrough of the platform — from your first login to exam day.
Built around the way the platform actually works, page by page.
From the team behind MedRevisions — trusted by 30,000+ doctors since 2019.

MORE THAN AMC CLINICAL

Sibling OSCE tracks for candidates who move between systems. AMC content on this platform is Australian-localised — never casually rebadged UK stations.

- PLAB 2 — LIVE
- Clinical OSCE — LIVE
- MRCS OSCE — COMING SOON
- OSCE Revisions blog — ARTICLES
- MLA OSCE (UKMLA CPSA) — LIVE
- NAC OSCE — COMING SOON
- MedRevisions — PARENT

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What's inside

This guide takes you through every page on the platform on the AMC Clinical track — what each one is for, who should use it, and how to squeeze the most value from it. It ends with a combined AMC study strategy and the shortest realistic route to a pass under the AMC ≥9-of-14 rule.

GETTING ORIENTED

SECTION 01

The big picture

Before you click anything, understand one thing: on the **AMC Clinical** track, the platform reshapes itself around the Australian Medical Council clinical exam. You are not looking at a generic multi-exam library — you are looking at **Australian-localised** stations with **Australian guidelines** (eTG, RACGP, PBS, Medicare, Australian Immunisation Handbook), **AMC-style 7-point feedback** on this track, and mocks built to the real AMC circuit of **16 assessed stations plus 4 rest**.

What "AMC Clinical mode" actually changes for you

- **Content is Australian-localised.** AMC stations live in their own isolated library with Australian management, drug names (PBS listings), and system context (Medicare, RACGP practice, RCH paediatrics, RANZCOG obstetrics, ANZCOR resus, Aus CVD Risk Calculator, Stroke Foundation, Heart Foundation, Australian STI Guidelines, Austroads driving standards). It is **not** UK content with the labels swapped.
- **Timing matches the real AMC clock.** Every station runs on **10 minutes total: 2 minutes changeover-and-reading + 8 minutes patient encounter**. The reading window, the change-station cue, the 8-minute cap — all rehearsed.
- **No separate viva.** AMC stations are task-based encounters: the examiner observes and marks, may give instructions or prompts, and in some stations is the person you present your findings to — but there is **no viva questioning bolted onto the end** of your 8 minutes.
- **Mocks are built to AMC shape.** The full AMC mock runs the real circuit: **16 assessed stations + 4 rest**. Of the 16 assessed, **14 are scored** and **2 are unscored pilots** — and, like the real exam, you are not told which two. You pass by clearing **at least 9 of the 14 scored**. Every station is timed 2+8.
- **Start Here gives you a finite roadmap.** A week-by-week anchors-and-variants path through the core presentation patterns, so you always know what to practise next — with every AMC note carrying Australian management.

THE REAL EXAM, QUICKLY

The AMC Clinical runs in person at the AMC National Test Centre in Melbourne, with limited online sittings (same blueprint, minus hands-on examination components). The **9-of-14 pass rule took effect on 21 March 2024** — it was 10-of-14 before, so older forum advice may quote the old bar. Attempts are unlimited.

AMC IS ISOLATED — THAT'S DELIBERATE

If you see a station that isn't on the AMC library, or a management line that reads UK-default, the platform is telling you it belongs to a different track. AMC stations, mocks and feedback all live in a separate lane so PLAB/UKMLA candidates never contaminate your Australian practice — and you never accidentally rehearse NICE/BNF as if it were AMC.

AMC-SPECIFIC — NOT PLAB / NOT UKMLA

If you are sitting **PLAB 2** or the **UKMLA CPSA**, use those dedicated guides instead — the circuit shape, timing, marking and guideline set are all different. AMC management, dosing, and pass rules are **Australian**; practising UK pathways as if they were AMC is one of the fastest ways candidates lose marks. Every track has its own candidate guide like this one — **PLAB 2**, **MLA OSCE (UKMLA CPSA)**, **Clinical OSCE** and **AMC Clinical** — all free to download from the website.

WHO'S BEHIND THIS

OSCE Revisions is the clinical-exams sister platform of MedRevisions, which has helped **30,000+ doctors** prepare for their licensing exams **since 2019**. Everything Australian here is written and reviewed by **practicing doctors who work under RACGP/eTG guidance** and cite Australian sources by name — so what you study is what the exam actually rewards. We are not affiliated with or endorsed by the Australian Medical Council; no preparation provider is.

How AMC marking works (so you study the right things)

The real AMC marks each station three ways: **key steps** (typically 2–5 per station, marked observed / not observed), **3–5 station-relevant domains** each rated on a **7-point scale** (these carry no pass mark), and a **global rating** on the same 7-point scale. **The global rating alone decides the station: 4 or above is a pass, 3 or below is a fail.** You pass the exam by passing 9 or more of the 14 scored stations.

The platform mirrors this on the AMC track. Session Review rates you on the AMC's 7-point scale with 4 as the pass line, across a fuller 13-domain feedback map drawn from the AMC's own domain list — approach to the patient · history · choice and technique of examination · accuracy of examination · familiarity with test equipment · performance of procedure · explanation of procedure · commentary to examiner · choice of investigations · interpretation of investigations · diagnosis and differentials · management plan · patient counselling and education — plus a global rating per station, exactly the way an AMC examiner rates you.

WHY THIS MATTERS

Every AMC feedback report you read on the platform is organised on the 7-point scale the real AMC uses, not the PLAB three-domain rubric. Read reviews in Section 09 as a domain-by-domain to-do list: anything rated 1–3 is below par and fixable; the global rating tells you whether the station would have passed.

GETTING ORIENTED

SECTION 02

The study loop

There are a lot of pages, but they fall into four jobs — the loop the platform is built around: Learn → Practise → Review → Simulate. Almost every candidate who struggles is doing only the first. The ones who pass cycle through all four, again and again.

1 LEARN — get the material into your head

Reading the structured content: Start Here, Frameworks, Notes, Mind Maps, Videos, Comparisons, Exam Tips, Specialty Guides. This is where you understand what a good consultation contains and what the examiner is looking for. Most candidates over-invest here and never speak out loud.

2 PRACTISE — rehearse it out loud, under the clock

Talking through stations with the AI patient: Station Scenarios → the live Station, plus Build a Station. This is where knowledge becomes a performance. Your exam is not a written paper — you pass by doing, fluently, inside the clock. If you're not practising out loud, you're not preparing for the actual test.

3 REVIEW — find your gaps and close them

Reading feedback and tracking trends: Session Review, Revision Notes, History, Analytics, AI Professor. Every practice station produces a detailed report. The candidates who improve fastest treat each review as a to-do list, not a grade.

4 SIMULATE — rehearse the whole exam day

Full timed Mock Exams that string stations into the real circuit. Stamina, transitions and pacing are skills of their own — you only build them by sitting the whole thing.

THE LOOP THAT WORKS

Learn a topic → Practise it as a live station → Review the feedback → note the 2–3 things you missed → Practise again → Simulate under full mock conditions. One full loop on a topic beats three passive read-throughs. Aim to spend at least half your total study time in

PRACTISE, REVIEW and SIMULATE — not just LEARN.

GETTING ORIENTED

SECTION 03

The platform map

Here's the entire sidebar, grouped the way the platform groups it, with a one-line "what it's for" so you always know where to go. The same sidebar shows on every track — only the content behind each panel is calibrated to your exam.

STUDY	WHAT IT'S FOR
Dashboard	Your home base — progress, scores, and "what to do next" suggestions.
Start Here	A guided, week-by-week roadmap through every must-know topic. Begin here.
Frameworks	Reusable consultation structures and mnemonics that fit your station clock.
Notes	The core revision library — one rich, multi-tab note per station/topic.
Videos	Curated video clips, pulled together from across all the guides.
Mind Maps	Visual, branch-out maps for seeing a topic's whole structure at once.
Exam Tips	Bite-size, high-yield pearls and traps — plus a flashcard trainer.
Comparisons	Side-by-side tables for telling similar conditions apart (differentials).

SPECIALTY GUIDES	WHAT IT'S FOR
Examinations	Step-by-step physical examination checklists.
Procedures	Step-by-step clinical procedure guides.
Prescribing	Drug details, dose calculations, prescription templates.
Data Interpretation	Systematic approaches to bloods, ECGs, ABGs, X-rays.

PRACTICE	WHAT IT'S FOR
Station Scenarios	Browse and launch practice stations with the AI patient.
Build a Station	Generate a full station for any topic or scenario you want to practise.

PRACTICE	WHAT IT'S FOR
AI Professor	An AI tutor you can ask anything, any time — text-based, no voice attempt used.
Mock Exam	A full timed circuit that mirrors the real exam day for your track.

MY PROGRESS	WHAT IT'S FOR
Revision Notes	AI-written notes auto-generated from your own performance.
My Notes	Your own private notebook — clips, reflections, anything you save.
History	Every past session and mock, searchable and sortable.
Analytics	Charts and weak-area detection across all your practice.

ONE THING ABOUT ACCESS

Every paid plan unlocks the whole platform — there is no higher tier that unlocks extra features. What plans differ by is your balance of **AI Attempts**: separate pools for **voice** and **text** practice with the AI patient. A free account starts with **3 voice + 3 text** attempts so you can try before subscribing, and the core frameworks are free too. See the Track-your-progress section for how to budget them.

STUDY — LEARN THE MATERIAL

SECTION 04

Dashboard · Start Here · Frameworks

Dashboard

Your personalised home on the AMC track. It greets you, shows where you left off, and — most usefully — tells you what to do next based on your AMC-track performance.

- **Stat cards:** total sessions on the AMC track, average score and pass-rate, mocks taken, total practice time.
- **Progress charts** once you have graded sessions: a score trend line, a pass-rate gauge, and a strength-by-specialty radar built from the specialties you have actually practised — as your AMC practice broadens (GP, paediatrics, women's health, mental health, acute), it shows where you are strong and where you are thin.
- **Smart recommendation chips:** "Practise [your weakest specialty]", "Review [N] AMC notes due", "Take a mock", and a nudge back to Frameworks if your scores suggest structure is the problem.

- **No PLAB-only "Recently tested" rail** — that rail exists on the PLAB 2 track only. On AMC, your "what next" signals are the recommendation chips and Analytics weak areas.

BEST FOR / HOW TO USE IT

Everyone, every session. Open the Dashboard at the start of each study session and do whatever the recommendation chips suggest. Let it point you at your weak spots rather than re-practising strengths.

Start Here — your guided Australian roadmap

A week-by-week path through the core presentation patterns every clinical exam tests — finite, ordered, and completable, so you always know where to begin and where you are. Each week contains clusters of related presentations. Every cluster has one anchor note (badge: "Anchor — read fully") and a few variants ("skim only for differences"). The patterns are universal; on the AMC track, the management you attach to each pattern must always come from the Australian sources in your AMC notes.

- **Read the anchor properly.** It teaches the whole pattern in an Australian frame — eTG management, PBS-listed drugs, RACGP red flags, referral routes into the Australian system.
- **Use "Continue."** The "Pick up where you left off" card drops you back exactly where you stopped.
- **Use the "Practice station" pill right from the roadmap** — read the anchor, then immediately rehearse it out loud with the AI patient. That is the LEARN → PRACTISE loop in one place.
- **Watch the progress %.** A cluster only counts as done when the anchor and all variants are ticked — an honest measure of your coverage.

PRO TIP

Don't try to finish Start Here before you start practising. Read a week's anchors, then go and practise those stations on the 2-min-read + 8-min clock. Reading the whole roadmap with zero out-loud practice is the classic AMC trap — the exam rewards speaking fluency, not passive reading.

Frameworks — your structure for the 8-minute encounter

The reusable skeletons that make every AMC station manageable inside the 2+8 clock. If Notes teach you what to say for each Australian condition, Frameworks teach you how to run any AMC consultation.

- **The 8-Minute Station Playbook:** a timed encounter structure — Opening (0:00–0:30), Presenting complaint, History, Background, Examination offer, Differential & explanation, Management, Safety-netting & close (7:30–8:00). The AMC encounter is exactly 8 minutes, so

this playbook maps one-to-one onto your station clock. Layer your own **2-minute reading routine** on top (Section 07) — the reading plan is where AMC candidates most often over- or under-prepare.

- **The Universal Five:** PMAFTOSA, ICE, SOCRATES, CARE, ABCDE. These carry you through the vast majority of stations. Non-negotiable.
- **Make them Australian in delivery:** run the same skeletons, but let the content come from your AMC notes — eTG management lines, ANZCOR for any deteriorating patient, and an Australian safety-net close (GP follow-up, when to present to ED, when to call 000).

Each framework opens into structured sections (Consultation Flow, Key Questions, Differentials & Red Flags, Examination, Management, Safety Netting, Interpersonal Skills, Examiner Checklist, Quick Review). The Universal Five and the playbook starters are free for every account; a subscription unlocks the full framework library across consultation, communication, ethics, prescribing, teaching and emergency stations.

BEST FOR / FAST-TRACK NOTE

Absolutely every AMC candidate, early and often. Know the 2+8 playbook cold before you do anything else — the AMC clock is unforgiving and the reading window is your only chance to plan.

STUDY — LEARN THE MATERIAL

SECTION 05

Notes · Videos · Mind Maps

Notes — the core AMC revision engine

This is the heart of the platform on the AMC track. Each note is a complete Australian-localised station guide written and reviewed by practicing doctors who work under RACGP and eTG guidance. Every note is built with multiple tabs so you can use the same note in different ways depending on how much time you have.

TAB	WHAT IT GIVES YOU	USE IT WHEN…
Full Guide	The complete teaching note: Overview, Candidate Brief, Consultation Flow, Key Questions, Differentials, Examination, Management, Written Prescription, Safety Netting and IPS points — with inline tips and a Key-Points summary card.	You're learning the topic for the first time.
Quick Review	The note distilled into cards: Key Differentials, Must-Ask Questions, Core Management, Safety Netting, IPS Tips, Examiner Pitfalls.	You already know it and want a fast refresh.

TAB	WHAT IT GIVES YOU	USE IT WHEN…
Examiner Checklist	An interactive, tickable mark sheet with a progress bar — literally the boxes an examiner ticks.	Self-testing from memory.
Exam Script	A worked, turn-by-turn model dialogue of the station.	You want to hear what a strong consultation sounds like.
Station Prep	Key points, branching tips, exam tips, and likely patient concerns in one panel.	The few minutes before you launch the live station.
Videos	Curated clips relevant to that specific station.	You learn better by watching.

Powerful note features candidates miss

- **"Practice Station" button** — jump straight from reading the AMC note to rehearsing it live in 2 + 8. Read → speak, in one click.
- **"Ask Professor" button** — open the AI tutor pre-loaded with that note's context (including its Australian guideline references).
- **Spaced repetition** — rate a note Again / Hard / Good / Easy. The platform resurfaces it at the right time in a "Due for review" card and on your Dashboard.
- **"Save to my notes"** — clip any section into your private notebook (Section 10).
- **Search & cluster view** — search by topic, system, or keyword, and switch to a "Clusters" view that groups related AMC notes together.

AUSTRALIAN GUIDELINE HYGIENE

Every AMC management note cites an **Australian** source by name — eTG, RACGP, PBS, Australian Immunisation Handbook, RANZCOG, RCH, Austroads, ANZCOR, Aus CVD Risk Calculator, Stroke Foundation, Heart Foundation, Australian STI Guidelines. If you land on a note that reads UK-default (NICE/BNF as management) on the AMC track, that is a bug — please flag it. It is not a shortcut you can memorise.

HOW TO ACTUALLY USE A NOTE

First pass: read the Full Guide. Second pass: close it and work through the Examiner Checklist from memory — whatever you can't recall is your revision list. Before practising: skim Station Prep. After practising: come back to Quick Review to lock it in, and rate it for spaced repetition.

Videos

Every curated clip from across the platform, in one searchable place, filtered by station type. The default filter opens on "Examinations" — tap "All" to see everything. Best for visual learners and for examination/procedure technique you need to see, not read.

Mind Maps

Interactive maps — expand branches, click nodes for detail. Great for seeing how a whole topic hangs together and for last-minute big-picture revision. An "Essentials" mode lets you filter by tier (T1 Must-Know → T3 Advanced) so you can focus on the highest-yield branches first, which is what you want in the final AMC fortnight.

BEST FOR

Notes are for everyone and are where you will spend most LEARN time. Videos suit visual learners and exam/procedure technique. Mind Maps suit big-picture thinkers and final-week consolidation.

STUDY — LEARN THE MATERIAL

SECTION 06

Exam Tips · Comparisons · Specialty Guides

Exam Tips

A searchable library of short, high-yield pearls and traps drawn from every note — each tagged High/Medium/Low yield and linked to its source, plus a daily "Tip of the day." Pearl collections group tips into rounds so you can grind through them in dead time — commutes, queues, the days before the exam.

Study mode is an Anki-style flashcard trainer: press Space to reveal, then rate Again / Got it. Filter by yield or system, shuffle, and drill. On the AMC track, prioritise tips tagged around Australian management (PBS-listed alternatives, eTG antibiotic first lines, RACGP screening intervals) — these are the marks that turn a borderline station into a pass.

Comparisons

Side-by-side tables showing how similar conditions differ across the features that matter — Site, Character, Red Flags, Key Investigation, Management. Built for the moment that wins or loses data-gathering marks: telling a dangerous differential apart from a benign one. Each cell can link straight to the full note, so a comparison doubles as a launchpad into deeper study.

BEST FOR

Tips suit everyone for spare-moment revision and for plugging the small gaps that separate a pass from a fail. Comparisons suit candidates who muddle similar presentations (chest pain, abdominal pain, headache, unwell child) — i.e. most candidates.

Specialty Guides — the technical skill stations

Four focused libraries for AMC stations that test a specific technical skill rather than a conversation. Don't neglect these — they are highly scoreable because they reward a learnable, repeatable routine.

GUIDE	WHAT IT COVERS ON THE AMC TRACK	BEST FOR
Examinations	Step-by-step physical examination checklists — general, cardio-resp, abdo, MSK, neuro, paediatric growth/development, and focused Australian exam favourites (thyroid, breast, ENT).	Nailing a slick, complete examination routine inside 8 minutes.
Procedures	Step-by-step guides for procedures tested in OSCE-style stations, run in an Australian primary-care / ED context.	Procedure stations and safe technique.
Prescribing	Drug details, dose calculations, and prescription templates. On the AMC track, practise writing them the Australian way — generic names and PBS-listed choices.	Australian prescribing stations — highly scoreable if you sound local.
Data Interpretation	Systematic approaches to bloods, ECGs, ABGs and X-rays.	Any AMC station that hands you a result to interpret.

PRO TIP

For AMC exam and procedure stations, learn the routine until it's automatic, then practise it as a live 2+8 station so you can narrate it smoothly under time pressure. The marks here are for completeness and safety — a memorised checklist, said in your own words, is gold.

PRACTISE — REHEARSE OUT LOUD

SECTION 07

Station Scenarios · The live station · Build a Station

This is where AMC preparation becomes performance. Reading notes is necessary but not sufficient — the AMC Clinical is passed out loud, on the 2+8 clock, with the AI patient behaving like a real Australian standardised patient. Spend serious time here.

Station Scenarios — the AMC practice browser

Browse your Australian-localised AMC stations by specialty (general practice, paediatrics, women's health, mental health, emergency, chronic disease, ethics, procedure, prescribing), station type, or difficulty. Each card lets you launch the station, jump to its Notes, or "Ask Prof."

- **Difficulty stars** — start at 1–2 stars to build fluency inside 8 minutes, then push to 4–5 as the exam nears.
- **No "Recently tested" PLAB rail on the AMC track.** That rail is a PLAB-specific feature. On AMC, your highest-signal filters are specialty (drill the specialties Analytics flags as weak) and difficulty (climb it as you get fluent).

The live AMC station — how a 2+8 run works

This is the AI patient encounter. Treat every run like the real thing — same door bell, same 2-minute reading window, same 8-minute cap.

- **Reading phase (2 min):** you get the candidate brief and a countdown reading timer. Plan your opening, top three differentials, one red-flag screen, and your Australian management line before you say a word. In the real exam, the reading screen also names the station's **predominant assessment area** — history taking, examination, diagnostic formulation, or management/counselling. Train the habit now: decide in your 2 minutes what the station is really testing, and weight your plan accordingly.
- **Encounter (8 min):** the AI patient is the whole station — no separate viva at the end. Every mark is produced by what you say during the encounter.
- **Voice or Text mode:** Voice mirrors the real AMC — you actually rehearse speaking aloud — and uses one **voice** AI Attempt. Text mode uses one **text** AI Attempt and is the cheaper way to drill content and structure (text attempts go further; see Section 10). Save voice attempts for full spoken run-throughs.
- **"Show perfect script"** reveals a model consultation while the clock waits. Use it as a template to learn from, not a script to memorise word-for-word.

During the station

- A live timer runs; a warning sounds as you approach the 8-minute cap — rehearse the same cue you will hear in the real AMC.
- Special stations surface the right tools automatically: an observations chart for acute stations, a prescription/drug chart you can actually fill in for prescribing stations (with PBS-appropriate Australian drug names), and dismissible clinical findings cards when results are handed to you.
- You can Mute or Pause if needed (pause freezes the clock and the patient can't hear you), then End the station when done.

DON'T DO THIS

Don't lean on "Show perfect script" every run. Read it once or twice to understand the shape of a great AMC consultation, then practise without it. The exam has no script — your fluency has to be yours.

"BUT THE REAL EXAM HAS A HUMAN ACTOR…"

True — and everything the examiner marks is still produced by **you speaking**. Structure, fluency, signposting, empathy phrasing, time management: these are speaker-side skills, and they only improve with spoken repetition. The AI patient adapts to what you ask, pushes back, and gets emotional — exactly the muscle you need for a live role-player. Candidates who arrive having done dozens of full spoken run-throughs consistently report the real actor felt **easier** than practice: the hard part — thinking, structuring and speaking fluently under a clock — was already automatic.

Build a Station

Create any station you want to practise. Pick a topic, presentation, or scenario and the platform generates a complete station for it — brief, notes, model script, and marking scheme — saved to your library. Give it a title, optionally a specialty/type and a short brief, and it builds in the standard 8-minute patient-encounter format — the same length as your AMC encounter. Frame your brief in Australian context (remote/rural presentations, telehealth consults, Medicare or driving dilemmas, cultural-safety considerations) and practise the management with Australian sources named. Once built, run it like any other station in voice or text.

PRACTISE — REHEARSE OUT LOUD

SECTION 08

AI Professor · Mock Exam

AI Professor — your on-demand AMC tutor

A chat tutor ("Professor OSCE") you can ask anything on the AMC track: clinical questions in Australian context, exam technique, "why did I lose marks here." It's text-based and does not use voice attempts — lean on it freely.

The trick most candidates miss is context. The Professor is far more useful when launched from something, because it loads that context automatically:

- From a note → "Revision Note" mode — ask follow-ups on Australian management, PBS alternatives, or referral routes.
- From a scenario → "Station Preparation" mode — e.g. "What red flags must I not miss in an AMC febrile-child station?"
- From a session review → "Post-Session Debrief" mode — e.g. "On which of the AMC domains did I lose marks and how do I fix it?"

BEST FOR

Everyone, especially after a station. Launch it straight from your review with "Discuss with Professor" and turn vague feedback into a concrete Australian-guideline-cited fix.

Mock Exam — the AMC 20-station circuit, rehearsed

A full timed circuit that mirrors the AMC Clinical exam day. The AMC format is fixed and authentic on this track: **20 stations** total — **16 assessed + 4 rest**. Of the 16 assessed stations, **14 are scored** and **2 are unscored pilots**. You pass by clearing **at least 9 of the 14 scored stations**. Every station is timed 2 min reading + 8 min encounter — the exact clock you will sit.

- **Stamina is a skill.** Running the AMC circuit is completely different from one station at a time. Two hours of back-to-back 2+8 encounters is a distinct capability — you can only build it by doing it.
- **It rehearses the transitions** — the reading bell, the change-station bell, resetting your head for a fresh patient, closing without dragging into the next station. These cost marks if they're unfamiliar.
- **No separate viva** — every second of your 8 minutes is the encounter itself. A habit of "saving things for a viva at the end" is a UKMLA habit you must not import.
- **Two of the assessed stations are unscored pilots — and you're not told which.** The real exam doesn't tell you either. Treat all 16 as scored; that's exactly the discipline the mock builds.
- **You get a full grading report** across the whole circuit afterwards, on the AMC-style 7-point model station by station — your global rating per station, and how many scored stations you cleared against the 9-of-14 bar.

WHEN TO START MOCKS

Don't wait until you "feel ready" — you never will. Do your first full 20-station mock once you have covered the core frameworks and a decent slice of Start Here, even if you clear far fewer than 9 of 14 scored. The report will redirect your study far better than guessing. Then do a full mock roughly weekly, ramping to 2–3 in the final fortnight.

PRACTISE — REHEARSE OUT LOUD

SECTION 09

Session Review — reading AMC feedback properly

Moments after every AMC station ends, you get a detailed review, graded against rubrics calibrated by doctors who know how the AMC Clinical is marked. This page is where the real improvement happens — if you read it actively. Here's what's on it and how to use each part.

SECTION	WHAT IT TELLS YOU & HOW TO USE IT
Overall score + Pass/Fail	Your headline percentage with a colour-coded ring. Note it, but don't dwell — the detail below is what changes your next run.
Domain Scorecard (1–7)	On the AMC track, each AMC-style domain is rated on the real exam's **7-point scale** with a comment, plus a global rating that decides the station. This is your to-do list. Any 1–3 is below par and a specific, fixable behaviour; a 4 is right on the pass line.
Communication style	A read on Empathy, Clarity, Interruption risk, and Structure risk. Low clarity usually means "signpost more"; high structure risk means "slow down and follow your framework."
Domain breakdown	Each domain expanded with per-item scores, an "Issue:" line and an "Ideal:" line — the gap between what you did and what was wanted.
Examiner Feedback	A written paragraph plus explicit Strengths and Areas for Improvement lists. Read the improvements as actions for next time.
Personalised Revision Note	An AI-written note generated from this performance — "what you missed," the correct content, and practice phrases. Save it.
Conversation Transcript	The full back-and-forth. Re-read your own words — you'll spot where you rambled, interrupted, or missed a cue.

The 5-minute review routine that compounds

1. Note your score and which domain was weakest.

2. Read the domain scorecard and write down every domain rated 4 or below.
3. Skim the transcript for the moment each one happened.
4. Tap "Discuss with Professor" and ask how to fix the biggest one.
5. Save the takeaways (or the Personalised Revision Note) to My Notes, then "Retry station" within a day or two.

THE MISTAKE TO AVOID

Glancing at the percentage and moving on. The score is the least useful thing on the page. The AMC domain scores, the "Issue / Ideal" lines and the Personalised Revision Note are where your next 10% comes from — and they map directly onto the real AMC feedback structure.

TRACK — MEASURE AND ADJUST

SECTION 10

Track your progress

Revision Notes

AI-written notes auto-generated after each AMC station, tailored to how you performed. They even scale in depth to your level — badged Foundation → Developing → Competent → Distinction. Filter by specialty or pass/fail. Your personal, performance-driven Australian revision pile.

My Notes

Your private notebook. Clip sections from any note, jot reflections, organise into notebooks (folders), tag, pin, and colour-code. You can create a note pre-linked to a session, so post-station reflections live next to the feedback that prompted them.

History

Every past AMC session and mock, with score, pass/fail (against the ≥9/14 rule for mocks), date, duration and specialty. Search and sort by date or score. Use it to find a station to retry, or to watch your scores climb over time.

Analytics

The bird's-eye view on your AMC prep: average score, pass-rate, trend, best score, a rolling pass-rate line, performance by station type, and — most importantly — automatic "Weak Areas — Focus Here" detection across the AMC specialties. Let it tell you what to practise next.

HOW THESE WORK TOGETHER

Analytics tells you what is weak → you practise it via Station Scenarios → the Review generates a Revision Note → you clip the key Australian fix into My Notes → History shows the score improving. That is the full AMC feedback loop.

Your plan & AI Attempts

Every plan unlocks the entire platform on the AMC track. All notes, frameworks, mind maps, tips, comparisons, specialty guides, Mock Exams, Build a Station, personalised Revision Notes and the complete Australian-localised station bank are included with any subscription — there is no higher tier that unlocks extra features. Plans are a **one-time payment** (not a recurring charge that auto-renews) and differ only in how many AI Attempts they include.

AI Attempts come in two pools: **voice** and **text**. A live voice station uses one voice attempt; a text-mode station uses one text attempt. A free account starts with **3 voice + 3 text**. On paid plans your text allowance is typically larger than voice; longer plans come with more of both; you can top up either pool at any time with add-on packs. Current plans and attempt counts are always shown on the Subscription page.

BUDGET YOUR ATTEMPTS

Use your more-plentiful **text** attempts to learn content, rehearse structure and warm up. Save your **voice** attempts for full spoken run-throughs and for retrying stations you failed — the practice that most needs real, out-loud fluency. Free = 3 + 3; paid plans give more of both and can be topped up any time.

PUTTING IT TOGETHER

SECTION 11

The combined master AMC strategy

Here's how all of it fits into one coherent AMC plan. Adapt the timeline to how long you have, but keep the sequence and the balance — most AMC failures come from too much passive reading of UK notes and too little Australian-framed spoken practice.

TIME TO EXAM	DAILY COMMITMENT	YOUR ROUTE
12+ weeks	~2–3 h/day	The full strategy below, at a comfortable pace. Full Start Here coverage with Australian management attached; weekly 20-station mocks from week 4.

TIME TO EXAM	DAILY COMMITMENT	YOUR ROUTE
8 weeks	~3–4 h/day	Full strategy compressed — lean harder on anchors, skim variants faster; two mocks a week from week 4.
4–6 weeks	~4–6 h/day	Skip to Section 12: playbook + Australian high-yield focus + mocks. Retry every station you fail.
Under 4 weeks	Maximum you can sustain	Section 12 only — Frameworks, Australian management drilled to fluency, and a mock every 2–3 days. Be honest about whether to postpone.

The Start Here roadmap is finite and completable — its anchor-and-variants pattern carries the core curriculum, and everything else is a variant of one of them. On the AMC track, attach Australian management to every pattern you learn.

1 Foundation (first week or so)

Master the Frameworks, especially the **8-Minute Playbook plus your own 2-minute reading routine**, and the Universal Five (PMAFTOSA, ICE, SOCRATES, CARE, ABCDE). Open Start Here and read the first week's anchor notes. Do one practice station right away — even a bad one — to feel the 2-min reading and 8-min encounter cadence. Don't wait until you're "ready."

2 Build Australian coverage (the main stretch)

Work through Start Here week by week. For each cluster: read the anchor (Full Guide) in an Australian frame, self-test on the Examiner Checklist, then practise it live in 2+8. After each run, do the 5-minute review routine (Section 09). Rate notes for spaced repetition so they come back at the right time. Use Comparisons and Specialty Guides to sharpen differentials and technical stations — with PBS-appropriate prescribing every time.

3 Pressure-test (from the midpoint onward)

Start doing full 20-station mocks — roughly weekly. Let Analytics point you to weak AMC specialties and drill them (use Build a Station to create any extra Australian scenario you want more reps on — remote, telehealth, Indigenous health considerations). Keep clipping Australian fixes into My Notes.

4 Final fortnight (taper to performance)

Shift the balance hard toward practice and mocks (2–3 full 20-station mocks), prioritising your weakest AMC domains. Revise from Quick Review tabs, Mind Maps (Essentials/T1), and Tips Study mode in spare moments. Re-run any station you've ever failed. Sleep, and trust the reps.

THE BALANCE RULE

If you're spending more than half your time reading, you're preparing for the wrong exam. The AMC Clinical rewards fluent Australian-framed performance in 8 minutes. Read enough to know what an Australian doctor would say and prescribe — then spend the rest of your time saying it out loud and fixing what the reviews flag.

PUTTING IT TOGETHER

SECTION 12

The shortest realistic path to a pass (≥9/14)

Short on time? There's a lean AMC route that, based on how candidates fare, gives you a strong chance of clearing **≥9 of 14 scored** — provided you genuinely master each piece rather than skim it. It rests on three pillars, and none of them is "drill a PLAB Recent Themes rail" (that rail is PLAB-only and does not apply to AMC).

Pillar 1 — Master your 2+8 routine completely

Know the 2-minute reading routine and the 8-minute encounter structure so well you could run either in your sleep, plus the Universal Five mnemonics and the interpersonal-skills behaviours. This alone makes every AMC station navigable — you'll always have a structure to fall back on, which protects your process-heavy AMC domains even on a topic you're shaky on.

Pillar 2 — Drill Australian high-yield presentations to fluency

Work systematically through Start Here, prioritising the specialties that appear repeatedly in AMC: general practice (chronic disease, CVD risk with the Aus CVD Calculator, mental health), women's and men's health, paediatrics (unwell/febrile child, developmental, immunisations per the Australian Immunisation Handbook), acute presentations under ANZCOR resus, and Australian-specific ethics/communication (Medicare, telehealth, driving and Austroads standards, mandatory notification, cultural safety and Aboriginal and Torres Strait Islander considerations). For each one: read the note, practise it live in 2+8, review, retry until fluent — always with an Australian source named in your management.

Pillar 3 — Practise the full 20-station AMC mock until the circuit is automatic

Run the AMC Mock Exam repeatedly. The goal isn't just content — it's navigating the format smoothly: the 2-minute reading discipline, the 8-minute cap, resetting between patients without panic, and staying speaking with the patient (no viva to lean on). If you can clear ≥9 of 14 scored on two consecutive mocks with room to spare, you're on track.

THE LEAN WEEKLY RHYTHM

(1) Playbook until automatic. (2) Each day: 3–5 AMC stations — read, speak, review, retry, always naming an Australian source in your management. (3) Twice a week: a full 20-station AMC mock, then act on the report. (4) Use the Professor and Quick-Review tabs to patch gaps. Repeat. This is deliberately narrow — its power comes from repetition and review, not coverage.

HONEST CAVEAT

"Shortest" means most efficient, not effortless. The path works because the three pillars are practised to mastery and every review is acted on. If you have time, the fuller strategy in Section 11 is safer — but if time is tight, these three pillars are where to put every hour.

RESITTING?

A failed AMC attempt is almost never a general failure — it's domain-specific across a handful of scored stations. Your AMC feedback letter tells you where. Its domain ratings (history, examination, differentials, management, counselling…) map onto the AMC-style 7-point domain feedback the platform surfaces on every station. So don't restart from zero: run one full mock as a diagnostic, open Analytics, and drill the exact domains and station types your AMC letter flagged. Resitters who do this are often the fastest candidates to a pass — the gap was always narrower than it felt.

Am I ready? The green lights

No checklist can guarantee a pass — but AMC candidates who can tick all five of these walk in genuinely exam-ready.

1. **Two to three consecutive full 20-station mocks clearing ≥9 of 14 scored** without pausing or retries.
2. **No lagging AMC domain.** Analytics shows AMC domains moving together; no domain sits at 1–3 across your last several sessions.
3. **Your 2+8 routine is automatic.** You can run the reading plan and the 8-minute structure from memory, out loud, without notes.
4. **Management sounds Australian.** Every management line names an Australian source (eTG / RACGP / PBS / Australian Immunisation Handbook / ANZCOR / RANZCOG / Austroads / Australian STI Guidelines) — not UK NICE/BNF by default.
5. **The format feels boring.** The 2-minute reading, the 8-minute cap, the reset between patients — none of it spikes your pulse any more. That is what "ready" feels like.

PUTTING IT TOGETHER

SECTION 13

One-page quick reference

"I want to..." → go here

IF YOU WANT TO...	GO TO
Know what to do next	Dashboard → recommendation chips
Start from scratch / follow a plan	Start Here
Learn how to run any AMC consultation in 2+8	Frameworks → the 8-Minute Playbook (+ your reading routine)
Learn a specific Australian condition or station	Notes → Full Guide
Quickly refresh something you know	Notes → Quick Review
Test yourself from memory	Notes → Examiner Checklist
Hear what a great AMC consultation sounds like	Notes → Exam Script (or "Show perfect script")
Tell similar conditions apart	Comparisons
Practise out loud, one station (2+8)	Station Scenarios → the live station
Rehearse the full AMC exam day	Mock Exam (20-station AMC circuit)
Practise any Australian scenario you want	Build a Station
Ask a question / debrief a station	AI Professor
Understand where you lost marks	Session Review → AMC domain scorecard
Find your weak areas	Analytics → "Weak Areas — Focus Here"
Save a fix for later	My Notes / rate a note for spaced repetition

The numbers that matter for AMC Clinical

- **Per station:** 10 minutes total — **2 minutes changeover-and-reading + 8 minutes encounter**. No separate viva.

- **Full exam: 16 assessed stations + 4 rest**. Of the 16 assessed, **14 scored + 2 unscored pilots** (you're not told which).
- **Pass rule: ≥9 of 14 scored stations** (since 21 March 2024; previously 10). Station pass/fail is decided by the examiner's **global 7-point rating — 4+ passes**.
- **Marking per station:** key steps (observed/not observed) + 3–5 domains rated 1–7 + the deciding global rating. Platform feedback maps 13 AMC-style domains on the same scale.
- **Guidelines:** Australian only — eTG, RACGP, PBS, Australian Immunisation Handbook, RANZCOG, RCH, Austroads, ANZCOR, Aus CVD Risk Calculator, Stroke Foundation, Heart Foundation, Australian STI Guidelines. Never NICE/BNF as AMC management.
- **Access:** every plan unlocks the whole platform; plans differ only by AI Attempts (voice + text). Free = 3 voice + 3 text.

The five habits of candidates who pass

1. They speak more than they read. Over half their time is live 2+8 practice and review.
2. They act on every review. Each low AMC domain score becomes a fix and a retry.
3. They cite Australian sources by name in every management line — eTG, RACGP, PBS, etc.
4. They do full 20-station mocks early and often to build stamina and the ≥9/14 habit.
5. They rehearse the transitions — reading bell, change-station bell, reset — so exam day feels routine.

> **IN ONE BREATH**
>
> Let Start Here sequence your learning, master your 2+8 routine, spend most of your time practising live in an Australian frame and acting on reviews, and in the final stretch drill full 20-station mocks until clearing 9 of 14 scored feels routine. Do that, and you walk in ready.

START HERE · LINKS WORTH KEEPING

Start free on OSCE Revisions (AMC) `oscerevisions.com/signup?exam=AMC`

3 voice + 3 text AI Attempts — no card required.

AMC Clinical hub `oscerevisions.com/amc-clinical`

Exam overview, coverage and timetables.

AMC Clinical study plans `oscerevisions.com/amc-clinical/study-plans`

Time-boxed plans for AMC candidates.

AMC Clinical exam explained `oscerevisions.com/blog/amc-clinical-exam-explained`

AMC vs PLAB 2 `oscerevisions.com/blog/amc-vs-plab-2`

AMC Australian context `oscerevisions.com/blog/amc-australian-context`

AMC Clinical study plan article `oscerevisions.com/blog/amc-clinical-study-plan`

PLAB 2 hub (different exam) `oscerevisions.com/plab-2`

Use if you are sitting PLAB 2 instead.

Complete PLAB 2 Candidate Guide (PDF)

`oscerevisions.com/guides/osce-revisions-plab2-candidate-guide.pdf`

Free walkthrough for the PLAB circuit.

MLA OSCE (UKMLA CPSA) hub `oscerevisions.com/mla-osce`

Use if you are sitting the UKMLA CPSA instead.

Complete MLA OSCE Candidate Guide (PDF)

`oscerevisions.com/guides/osce-revisions-ukmla-candidate-guide.pdf`

Finals-style 12×10 + viva walkthrough.

Clinical OSCE Candidate Guide (PDF)

`oscerevisions.com/guides/osce-revisions-clinical-osce-candidate-guide.pdf`

Flexible UK OSCE track.

MedRevisions (parent platform) `www.medrevisions.com`

Trusted by 30,000+ doctors since 2019.

All OSCE Revisions articles `oscerevisions.com/blog`