

The Complete AMC Clinical Candidate Guide

How to use OSCE Revisions for the AMC Clinical Exam — Australian-localised stations, eTG/RACGP/PBS-aligned notes, 13-domain marking, and 20-station timed mocks.

Tailored for AMC Clinical · 20 stations (16 assessed + 4 rest) · pass ≥ 9 of 14

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 and the MedRevisions family. AMC content stays 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 is written for the AMC Clinical Exam: Australian guidelines, AMC marking, and the 20-station circuit. It walks you through the platform the way AMC candidates should use it.

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SECTION 01

The big picture

On the **AMC Clinical** track you prepare for the Australian Medical Council clinical OSCE: **20 stations (16 assessed + 4 rest)**, **10 minutes** each (**2 minutes reading + 8 minutes assessment**). Of the 16 assessed stations, **14 are scored** and **2 are unscored pilots** — you must pass **at least 9 of 14 scored stations**.

- **Australian-localised library.** AMC assets are isolated (`examTypes: ["AMC"]`) with eTG, RACGP, PBS and Australian system context — not NICE/BNF pasted onto UK stations.
- **AMC marking.** Feedback uses the AMC **13-domain, 7-point** model on this track.
- **Mocks match the circuit.** Full timed AMC mocks with the real station shape and pass rule.
- **Start Here Core.** An Australian-mapped Core so you always know what to practise next.

NOT PLAB / NOT UKMLA

If you are sitting **PLAB 2** or a **UKMLA CPSA**, use those dedicated guides instead. AMC management, drugs and pass rules are Australian — practising UK pathways as if they were AMC is how candidates lose marks.

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**. Every note, framework, checklist and marking rubric is built and reviewed by **practicing doctors who know Australian clinical practice and the AMC Clinical Exam** — so what you study here is what the exam actually rewards. Learn more at medrevisions.com and oscerevisions.com.

SECTION 02

The study loop

The platform is built around four jobs: Learn → Practise → Review → Simulate. Candidates who pass cycle through all four.

1 LEARN

Start Here, Frameworks, Notes, Mind Maps, Videos, Comparisons, Exam Tips, Specialty Guides.

2 PRACTISE

Station Scenarios and Build a Station with the AI patient — out loud, under the clock.

3 REVIEW

Session Review, Revision Notes, History, Analytics, AI Professor. Treat every "not met" as a to-do.

4 SIMULATE

Full timed Mock Exams so stamina, transitions and pacing become automatic.

THE LOOP THAT WORKS

Learn → Practise → Review → Practise again → Simulate. Aim to spend at least half your time in PRACTISE, REVIEW and SIMULATE — not only LEARN.

GETTING ORIENTED

SECTION 03

The platform map

Here's the entire sidebar, grouped the way the platform groups it.

STUDY	WHAT IT'S FOR
Dashboard	Progress, scores, and "what to do next" suggestions.
Start Here	Guided week-by-week roadmap through must-know topics.
Frameworks	Reusable consultation structures and mnemonics.
Notes	Core revision library — multi-tab notes per station/topic.
Videos	Curated clips across the guides.
Mind Maps	Visual maps of a topic's structure.
Exam Tips	High-yield pearls and a flashcard trainer.
Comparisons	Side-by-side differentials.
SPECIALTY GUIDES	WHAT IT'S FOR
Examinations	Physical examination checklists.
Procedures	Clinical procedure guides.
Prescribing	Doses, calculations, prescription templates.
Data Interpretation	Bloods, ECGs, ABGs, X-rays.
PRACTICE	WHAT IT'S FOR
Station Scenarios	Browse and launch AI patient stations.
Build a Station	Generate a station on any topic.
AI Professor	On-demand tutor.
Mock Exam	Full timed circuit mirroring your exam day.

MY PROGRESS	WHAT IT'S FOR
Revision Notes	AI notes from your own performance.
My Notes	Private notebook.
History	Past sessions, searchable.
Analytics	Weak-area detection across practice.

ONE THING ABOUT ACCESS

Every paid plan unlocks the whole platform. Plans differ by **AI Attempts**: separate **voice** and **text** pools. Free accounts start with 3 voice + 3 text. Text is not unlimited — see the Subscription page for current counts.

STUDY & PRACTISE

SECTION 04

Start Here • Frameworks • Notes

Start Here sequences the AMC Core: read each anchor fully, skim variants for Australian differentiators, then practise out loud. **Frameworks** still teach structure — adapt the timed playbook to **10-minute** AMC stations (2 min reading + 8 min). **Notes** are written and reviewed by practicing doctors and localised for Australian practice.

STUDY & PRACTISE

SECTION 05

Stations • AMC mocks • marking

Station Scenarios launch Australian-localised AI patients. Voice and text AI Attempts are both metered (free = 3 + 3). Warm up structure in text; save voice for full spoken runs.

"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. Candidates who arrive having done dozens of full spoken run-throughs consistently report the real encounter felt **easier** than practice — the hard part was already automatic.

Mock Exam on the AMC track runs the **20-station** circuit with correct timing and scores against **≥9 of 14**. After each station, read the AMC domain feedback, fix the misses, and retry.

TRACK

SECTION 06

Track progress & AI Attempts

Revision Notes, My Notes, History and Analytics close the loop: Analytics shows weak areas → Station Scenarios to drill them → Review generates a Revision Note → History shows the score climbing.

Every plan unlocks the entire platform. Plans are a one-time payment (not auto-renewing) and differ only by AI Attempts. And you're not betting on an unknown: OSCE Revisions comes from MedRevisions, which has supported 30,000+ doctors since 2019.

AI Attempts come in two pools: **voice** and **text**. A live voice station uses one voice attempt; text mode uses one text attempt. Free = 3 + 3. On standard plans text is typically twice the voice count. Budget text for structure warm-ups; save voice for full spoken runs.

PUTTING IT TOGETHER

SECTION 07

Strategy • readiness • links

TIME TO EXAM	DAILY COMMITMENT	YOUR ROUTE
12+ weeks	~2–3 h/day	Full Start Here Core + weekly AMC mocks.
8 weeks	~3–4 h/day	Anchors first; Australian management on every station.
4–6 weeks	~4–6 h/day	Frameworks + high-yield Core + frequent 20-station mocks.
Under 4 weeks	Maximum sustainable	Playbook + mocks + Analytics only. Be honest about postponing.

Am I ready?

1. Consecutive full AMC mocks clearing **≥9 of 14 scored** without retries.
2. No lagging AMC domains across recent sessions.
3. 10-minute (2+8) structure automatic from memory, out loud.
4. Management sounds Australian (eTG / RACGP / PBS), not UK-default.
5. Reading time, transitions and the circuit no longer spike your pulse.

START HERE · LINKS WORTH KEEPING

Start free — AMC Clinical oscerevisions.com/signup?exam=AMC

3 voice + 3 text AI Attempts.

AMC Clinical landing oscerevisions.com/amc-clinical

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

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

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

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

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

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