Australian
Nursing & Midwifery
Accreditation Council

ANNUAL REPORT 2015–16

Australian
Nursing & Midwifery
Accreditation Council

Annual Report 2015–16

Published by the Australian Nursing & Midwifery
Accreditation Council, September 2016
The images featured in 'Highlights 2015–16'
are designed by Freepik.
This annual report can be downloaded
free-of-charge from www.anmac.org.au

CONTENTS

1

PART ONE

Overview

Our organisation

ANMAC helps to protect the health and safety of the Australian community by establishing high-quality standards of nursing and midwifery education, training and assessment.

We are the:

- independent accrediting authority for nursing and midwifery education under **Australia's National Registration and Accreditation Scheme**
- skills assessing authority for nurses and midwives wishing to migrate under the **Australian Government's General Skilled Migration program.**

What we do

- develop and review accreditation standards for nursing and midwifery programs of study in Australia
- determine whether programs of study for nurses and midwives seeking to practice in Australia meet the required education standards
- assess international qualified nurses and midwives seeking to work in Australia under the General Skilled Migration program
- develop, review and provide policy advice on accreditation and skilled migration of nurses and midwives for relevant organisations
- liaise with national and international professional bodies, regulators and educators on matters related to standards of education and practice

What we do not do

- register nurses and midwives, which is a function of the **Nursing and Midwifery Board of Australia (NMBA)**
- deliver nursing and midwifery education or training
- provide information or advice on visas or immigration issues
- find employment for nurses and midwives
- make decisions about Australia's health workforce

Annual reporting is an integral part of our corporate governance framework. It describes the achievements, performance, outlook and financial position of ANMAC for each financial year.

ANMAC Highlights 2015–16

ANMAC published:

- *Nurse Practitioner Accreditation Standards 2015*
- *Re-entry to the Register Midwife Accreditation Standards 2015*

New Board Chair elected at the Oct 2015 annual general meeting

Commenced first round of consultation Forums for enrolled nurse accreditation standards December 2015

Applications from internationally qualified nurses and midwives up 5% from 2014–15 (3742, 3943)

ACCREDITED

- 19 Programs of study
- 34 Major modifications
- 155 Minor modifications

206 annual declarations reviewed

ANMAC now accepts **4** English language proficiency tests:

- IELTS (academic module)
- OET
- PTE Academic
- TOEFL iBT

ANMAC Board annual strategic planning workshop held in April 2016 and updated **strategic plan**

December 2015 ANMAC signs MOU with ASQA

55% Reduction in application wait time for skilled migration applicants

Attended 6 national nursing & midwifery conferences

Stakeholder engagement surveys:

- **accreditation & ANMAC**
- **consultation processes**

53% of modified assessment applicants completed their inital education in Australia

69.06% full assessment applicants completed their education in the UK

Message from the Chair

It has been an extraordinary year for ANMAC with the Board focusing on strategic directions and governance. It is wise for governing bodies to reflect on strategy and review directions to remain relevant and contemporary. In April 2015, the Board reviewed the objectives of the strategic plan. Following the Independent Review of the National Registration and Accreditation Scheme for health professions and the announcement of the National Review of Accreditation, the Board ensured that the strategic objectives and work associated with implementing them, is all fit-for-purpose.

In preparing for the strategic planning day, the Board examined the regulatory system for nurses and midwives in the United Kingdom (UK). The Board will watch the UK exit from the European Union closely as it may result in regulatory changes for nurses and midwives there.

Directors were pleased that the strategic objectives and work being undertaken to achieve them remains highly relevant. In 2015–16, the Board concentrated on four key areas to ensure a strong future for ANMAC: quality evidence-based standards, accreditation and assessment; engaged stakeholders; sound governance framework; and a strong fiscal position. As accreditation is a key business area, the Board determined that the time was right to review all related business processes following the completion of the five-year accreditation cycle. This review was completed at the end of this reporting year. I look forward to updating you in 2016–17.

Still in line with remaining relevant and contemporary, the directors determined it was timely to review the ANMAC Constitution. This ensures that ANMAC's governance complies with relevant laws and that the Board operates at best practice level. This review is being led by the Governance Committee, chaired by Lee Thomas. The outcomes and recommendations will be presented at ANMAC's annual general meeting in October 2016.

We looked at our relationship with our stakeholders during the year, increasingly important as we change processes and continue to meet our obligations under the National Law. ANMAC enjoys a good relationship with the Nursing and Midwifery Board of Australia and our many education providers. This was confirmed through the survey we conducted to inform the development of our stakeholder engagement plan.

ANMAC recognises the role that our stakeholders play and thanks them for their work, especially participating in our expert advisory groups and accreditation committees. ANMAC is responsible for the accreditation of 232 programs of study, the largest in the National Regulation and Accreditation Scheme. We also thank the nurses and midwives who make up the assessment teams that accredit programs.

ANMAC's fiscal position is healthy, which can be credited to strong fiscal management from the Board, the Finance Audit and Risk Committee and the Chief Executive Officer, Clinical Professor Fiona Stoker. The Chief Executive Officer's role is critical for smooth and effective operations, and the Board is grateful for Fiona's leadership and vision. Of course, the CEO is well supported by the professionalism and hard work of ANMAC staff. This we all appreciate.

I write as the current Chair of the ANMAC Board, having been appointed on 20 October 2015. I replaced Adjunct Professor Debra Thoms who stepped down early due to her appointment as the Commonwealth Chief Nurse and Midwifery Officer. On behalf of the Board, I thank Debra for her stewardship and welcome her as the member nominated by the Australian Government.

During 2015–16, changes were made to the membership of the ANMAC Board. I am extremely grateful to the directors, past and present, for the enormous amount of work they do for ANMAC and thank them for their dedication and loyalty.

The Board is to be commended for its professionalism and cohesion in managing ANMAC's affairs. I thank the chairs and members of the Board's committees. This voluntary work is critical for the ongoing security and sustainability of ANMAC and cannot be underestimated.

At ANMAC, we are committed to providing high value, high-quality services. We look forward to another year of innovation and improvement.

Ms Ann Kinnear
ANMAC Board Chair

Chief Executive Officer's message

This has been another dynamic year for ANMAC, including changes to our location. ANMAC had been in Canberra city since 2010, but seized the opportunity to move to Majura Park near the airport, into a modern, energy efficient building with good security.

The move is enabling us to focus on workplace health and safety and provide an open plan environment with sit-to-stand desks for employees. Our new home is light and inviting with the added bonus that we can now hold all meetings on site. ANMAC Board and Board Committees meet on site, enabling employees to better engage with members. We no longer have to invest time and energy into sourcing meeting places.

The Board held a strategic planning meeting in April 2016 to review the three-year objectives set against the outcomes of the *Independent Review of the National Registration and Accreditation Scheme for Health Professions*. The Board reaffirmed its strategic direction with accreditation as ANMAC's prime business. This is reflected in our strategic objectives until 2018.

This annual report is structured around these four strategic objectives:

- quality evidence-based standards, accreditation and assessment
- engaged stakeholders
- sound governance framework
- strong fiscal position.

An external consultant has assisted ANMAC in reviewing the key elements of the organisation over the last two years, finishing with the analytical review of accreditation services in June 2016. The first full five-year accreditation cycle was completed in July 2015, providing ANMAC with the information needed to undertake the review.

The review of Accreditation Services has focused on how to make accreditation more agile and cost effective while retaining the quality and safety of the process that is so important to the outcome for education providers, students and the Nursing and Midwifery Board of Australia. We have also taken account of the concerns raised in the *Independent Review of National Registration and Accreditation Scheme December 2014*, which included transparency, cost and duplication and ensured that we continue to meet our obligations under the *Health Practitioner National Law Act 2009*.

We will start implementing the recommendations from the analytical review of Accreditation Services in 2016–17 by engaging with our key stakeholders, including the Nursing and Midwifery Board of Australia, as well as university and vocational education and training education providers for nursing and midwifery programs.

ANMAC looks forward to the National Review of Accreditation. This is an opportunity to highlight the positive aspects of accreditation of health professional courses, particularly nursing and midwifery programs in Australia. It is also an opportunity to highlight how we have been working to improve the system.

During the year, ANMAC provided the Secretariat function for the Australasian Osteopathic Accreditation Council. Both organisations benefited from sharing information about accreditation across the nursing, midwifery and osteopathy professions.

Other changes during the year included renaming International Services to Skilled Migration Services, to better reflect the work this section undertakes. We redeveloped our website to enhance access by users. The Skilled Migration Services Team worked hard to improve the information on the website and its customer focus. The website now indicates the amount of time assessments for skilled migration take, which enhances the transparency of our service.

Accreditation Services held two workshops to review the accreditation process. This provided a platform for the analytical review of accreditation. The workload of the associate directors of professional programs is important to ANMAC. We rely on their skills and abilities in assessing nursing and midwifery education programs that lead to registration. We also rely on their input into expert advisory groups for standards development, stakeholder representation for key nursing and midwifery policy development and reviewing changes education providers make to their accredited courses. The accreditation team enjoys a good relationship with education providers, as evidenced by the results of the stakeholder survey feedback undertaken this year.

This year saw the release of two sets of standards—*Re-entry to the Register Midwife Accreditation Standards 2016* and *Nurse Practitioner Accreditation Standards 2015*.

ANMAC is reviewing the Enrolled Nurse Accreditation Standards. This is, however, on hold while we seek more information.

Next year, ANMAC will concentrate on working with our stakeholders to implement the recommendations of the analytical review of accreditation. We will also participate in the National Review of Accreditation. It is important that we never lose sight of why nursing and midwifery programs leading to registration and endorsement are accredited in Australia and that the primary purpose of regulation is protecting the public.

Last year I was invited to be a panel member for the Hesta Australian Nursing Awards and enjoyed reviewing many outstanding applications and meeting applicants at the awards dinner. It is rewarding to see the quality work that nurses, midwives and new graduates undertake when they work in practice, and the impact they make in our communities.

Last, but not least, I thank all of the staff at ANMAC for another year of valuable support for the work that we undertake in nursing and midwifery and the input we provide into achieving the objectives of the Board's strategic plan for 2016–18.

Clinical Professor Fiona Stoker
Chief Executive Officer

Corporate services

In conjunction with our governance structures, corporate functions and team work across all business areas, ANMAC provided support services and expertise in:

- business continuity
- financial management
- human resources and workforce planning
- information and communications technology (ICT)
- risk management, audit and compliance
- workplace safety and accommodation support.

Employee numbers decreased during the year due to voluntary departures and business process re-engineering within Corporate Services and Skilled Migration Services. Numbers decreased from 34.2 to 28.3 full-time equivalent employees, as at 30 June 2016.

All employees in Skilled Migration Services and Corporate Services are based in Canberra. Employees in Accreditation Services are based both in Canberra and interstate. Most of the professional team members in Accreditation Services work interstate in Queensland, South Australia and Victoria. The organisational chart is at Figure 1.

Quality review of corporate services

A review of Corporate Services, including ICT systems, was completed in November 2015. The review identified ways to improve efficiency, reduce unnecessary administrative processes, and create a contemporary operating framework to assist us in achieving our strategic and long-term objectives. Main outcomes already implemented include:

- incorporating the Governance area into Corporate Services to better reflect the activities of the two areas to stakeholders
- outsourcing the information technology (IT) help desk and external system expertise (including SharePoint and NetSuite)
- creating an ICT strategic plan and employee training plan
- creating a new IT Officer position to help internal stakeholders maintain systems and guide the implementation of the ICT strategic plan
- introducing a variable cost model to engage outsourced specialised skills when required.

Health, safety and wellbeing

We continued with our commitment to providing a safe and healthy workplace for employees. The Work Health and Safety Working Group met regularly to ensure we continue to meet our obligations under relevant legislation.

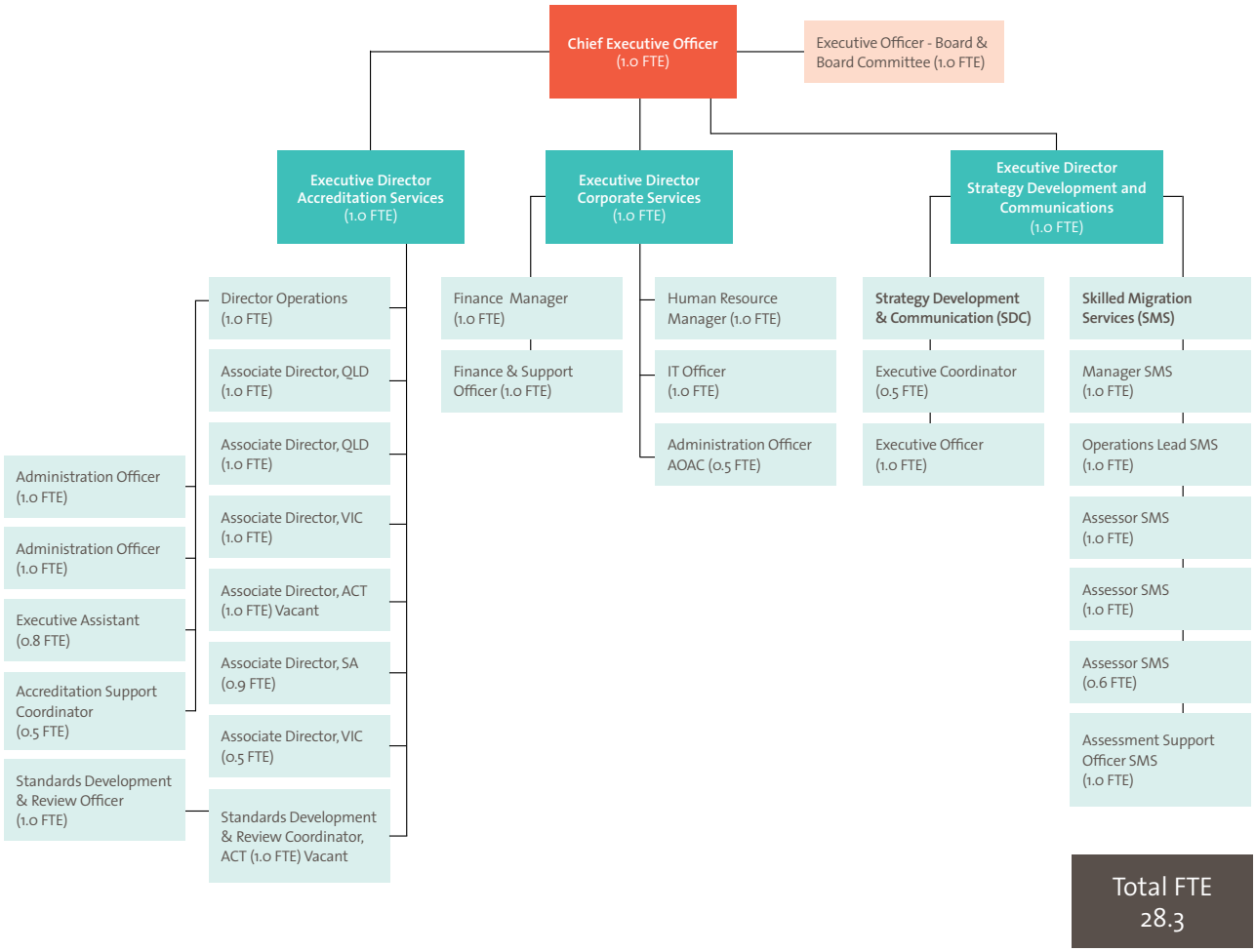
In June 2016, ANMAC was recognised as a healthy workplace under the Australian Capital Territory Government's Healthier Work Initiative. Initiatives to create a healthier workplace included:

- providing a weekly fresh fruit box
- covering the costs of annual flu vaccinations
- providing sit-to-stand desks for all employees
- ensuring access to the Employer Assistance Program
- supporting the 'Steptember' walking program.

Office relocation

In February 2016, ANMAC relocated to new premises at Majura Park, close to the Canberra airport. Our new office space is vibrant, contemporary, energy efficient and full of natural light. All employees have sit-to-stand desks and the workspace is a mixture of open plan spaces, quiet rooms and creative areas. Majura Park also offers employees a wide range of facilities and services including retail operations, childcare centre, conference rooms, a gymnasium and car parking.

Figure 1: ANMAC organisation chart for 2015–16



Learning and development

During 2015–16, ANMAC supported professional development by encouraging employees to participate in an external IT courses directly related to their work. Employees attended courses in SharePoint, InDesign, Photoshop, Illustrator, Project Management and Adaptive Planning. In 2015–16, the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives invited employees to attend cultural awareness and safety training course.

This year, we focused on improving efficiency and leadership in the workplace through learning and development opportunities. Six employees attended a personal efficiency program and four a training and leadership development program. To increase efficiency in our finance team, these employees attended training courses on taxation, payroll and fringe benefits tax.

Enterprise Bargaining Agreement 2016–2018

ANMAC's guiding principles and employment terms and conditions are detailed in our enterprise agreement. This year a new agreement was negotiated to replace the one that expired on 31 December 2015.

A working group was established in May 2015 to negotiate the new enterprise agreement. The *Fair Work Act 2009* establishes clear rules and obligations about how this must be done in relation to bargaining, content and the approval process. The ANMAC Enterprise Agreement 2016–2018 was ratified by the Fair Work Commission on 16 May 2016. It will expire on 31 December 2018.

2

PART TWO

Sound governance framework

Governance

ANMAC Board

Committees

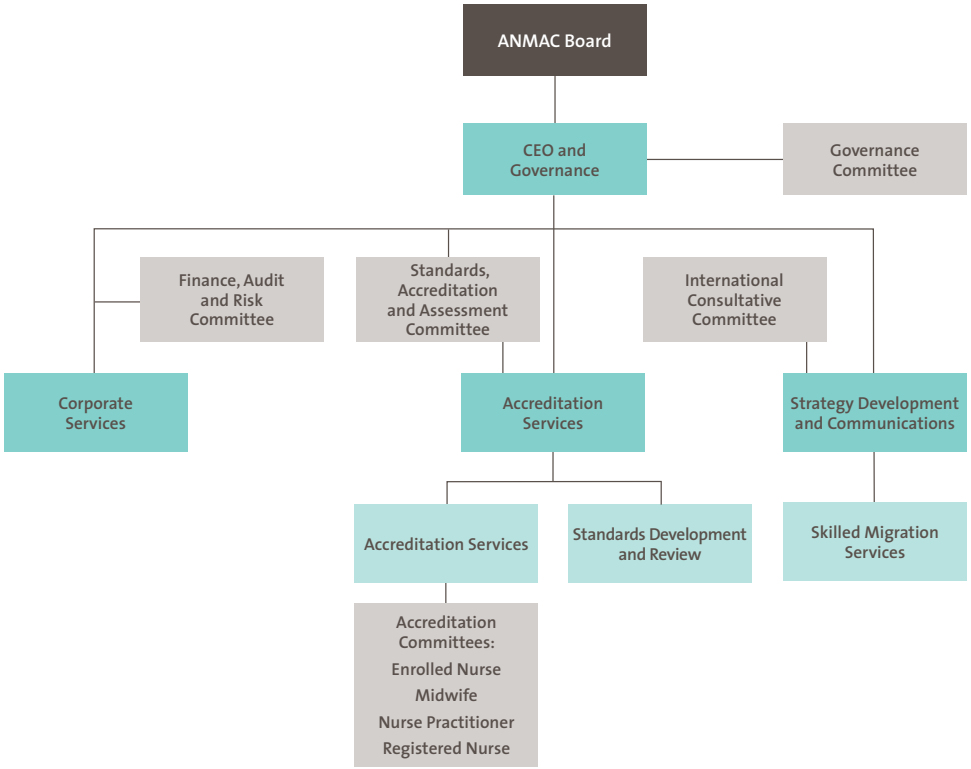
Governance

ANMAC was established by the NMBA as Australia's independent accreditation authority for nursing and midwifery professions. Since incorporation, ANMAC and its Board have continued to be diligent in establishing and maintaining the governance framework and systems required to underpin the accreditation function.

Board committees and expert advisory groups, each with terms of reference, manage key governance responsibilities. The International Consultative Committee and ANMAC's four accreditation committees (one each for registered nurses, midwives, nurse practitioners and enrolled nurses) continued their important work as ANMAC expert reference groups.

Figure 2 shows the organisational structure, which reflects ANMAC's governance arrangements through 2015–16.

Figure 2: ANMAC governance structure 2015–16



ANMAC Board

The ANMAC Board comprises representatives from a wide range of stakeholder organisations, enabling us to maximise robust expert and community input into our governance decisions. The Board met six times betweenJuly 2015 and June 2016.

Directors come from these member organisations:

- Australian College of Midwives
- Australian College of Nurses
- Australian Nursing & Midwifery Federation
- Congress of Aboriginal and Torres Strait Islander Nurses and Midwives
- Council of Deans of Nursing and Midwifery (Australia and New Zealand).

Other directors are:

- one nominee from the vocational education and training sector
- one nominee from the Australian Government
- one nominee from the Australian Health Workforce Ministerial Council
- one expert from the education sector
- one expert from the nursing and midwifery education sector
- three representatives from the community.

A summary of the board director attendance at the six board meetings held throughout the year is in Table 1.

Board Directors

Ann Kinnear

Certificate in Nursing, RM, BSc, MSc
Chief Executive Officer
Australian College of Midwives
Australian Capital Territory
Nominee—Australian College of Midwives

Professor Robert Meyenn
TCert, MEd, PhD
Emeritus Professor
Charles Sturt University
New South Wales

Adjunct Associate Professor Karen Bradley
RN, BSc(Nsg), ML, MACN, AFACHSM, GAICD
Chief Nurse and Midwifery Officer
Western Australia Department of Health
Western Australia
Nominee—Australian Health Workforce Ministerial Council

Professor Wendy Cross
RN, RPN, BAppSc(AdvNsg), MEd, PhD, FACN, FACMHN, MAICD
Associate Dean
Nursing and Allied Health, Faculty of Medicine
Monash University
Victoria
Nominee—Council of Deans of Nursing and Midwifery

Professor Helen Edwards OAM
PhD, BA (Hons), BA, DipApSc, RN, FACN, FAAN, MAICD, OAM
Assistant Dean (International and Engagement)
Faculty of Health
Queensland University of Technology
Queensland

Leone English
RN(Vic), BN, BTch (Adult), MEd(Adult), GradDip(Mgt)
Dean
Faculty of Health Science, Youth and Community Studies
Holmesglen Institute
Victoria

Janine Mohamed
RN BA Grad Dip (Aboriginal Affairs and Administration)
Chief Executive Officer
Congress of Aboriginal and Torres Strait Islander Nursers and Midwives
Australian Capital Territory
Nominee—Congress of Aboriginal and Torres Strait Islander Nurses and Midwives

Susan Pearce
B App Sci (Nursing)
Chief Nurse and Midwifery Officer
NSW Ministry of Health
New South Wales
Nominee—Australian Health Workforce Ministerial Council

Lee Thomas
RN, RM(Neo), BN, MRCNA
Federal Secretary
Australian Nursing and Midwifery Federation
Australian Capital Territory

Adjunct Professor Debra Thoms
RN, RM, BA, MNA, Grad Cert Bioethics, Adv Dip Arts, FACN(DLF), FACHSM(Hon), GIA(Cert)
Chief Nursing and Midwifery Officer
Department of Health
Australian Capital Territory

Adjunct Professor Kylie Ward
RN, MMgt, Dip App Sci (Nursing), Acute Care Cert., FACN, Wharton Fellow, MAICD
Chief Executive Officer
Australian College of Nursing
Australian Capital Territory

Community Board Directors

Peter Bayley
Grad Dip Mgt, Corporate Directors Diploma, Grad Cert Finance, Advanced Business Valuations Professional Certificate
Retired Health Executive
New South Wales

Eileen Jerga AM
BA, MBA, AICD
Company Director
Australian Capital Territory

Leena Sudano
Dip AppSci(Nsg), Cert Mid, BN, GradDip Labour Studies, BLaw(Hons), GradDip Legal Practice, GAICD
Company Director
South Australia

Table 1: Attendance at board meeting, by director, in 2015–16

Name	Board meeting					
	11-Aug 2015	20-Oct 2015	8-Dec 2015	16-Feb 2016	19-Apr 2016	21-Jun 2016
Debra Thoms	•	•	•	•	•	•
Ann Kinnear	•	•	•	•	•	•
Robert Meyenn	•	•	•	•	•	•
Peter Bayley	•	x	x	•	•	•
Karen Bradley	-	-	-	-	•	•
Wendy Cross	•	•	•	•	x	•
Helen Edwards	•	x	•	•	•	•
Leone English	•	•	•	•	•	•
Eileen Jerga	•	•	•	•	x	•
Janine Mohamed	x	•	•	•	x	•
Susan Pearce	•	x	-	-	-	-
Leena Sudano	•	•	•	•	•	•
Lee Thomas	•	•	•	•	x	•
Kylie Ward	-	-	x	•	•	•

• Present x Absent - Not a member at time of meeting

Board strategic objectives

The ANMAC Board revised the strategic plan in April 2016. The strategic plan articulates our identity, objectives and outcomes. These four key strategic objectives were identified for 2016–2018:

1. quality evidence-based standards, accreditation and assessment
2. engaged stakeholders
3. sound governance framework
4. strong financial position.

Strategic outcomes

Focusing on our strategic objectives, we will ensure that:

- the community, ANMAC members and government are assured that nurses and midwives are being educated by accredited providers
- nurses and midwives undertake education programs that meet national accreditation standards—only internationally qualified nurses and midwives assessed as meeting the NMBA requirements for registration in Australia are eligible for skilled migration
- education providers have quality standards that provide a framework for the education of nurses and midwives and hold ANMAC in high regard for sound advice and guidance.

ANMAC Board Constitution

The Board identified the need to review the Constitution to be more contemporary and in line with the type a not-for-profit organisation would operate under. The new version will succinctly capture the role of ANMAC's members and directors. Composition of the Board and Board Committees will also be addressed. The Constitution will be presented at our annual general meeting in October 2016.

Committees

As part of our governance arrangements and accreditation responsibilities, the ANMAC Board has established a series of committees. These help us fulfil our strategic goals and meet our legal obligations.

The Board appoints a Chair and develops terms of reference for each committee. Each committee makes recommendations to the Board.

The Board and committees are governed under our Board and Board Committees Policy.

Board committees

Governance Committee

Purpose

Ensure ANMAC's governance systems, including the governance policies and procedures underpinning the conduct of the organisation comply with regulatory requirements and reflect contemporary business, governance, policy and ethical requirements in Australia.

Objectives

Deal with matters relating to:

- strategic directions of the organisation and development of the framework for the conduct of the organisation's business
- CEO remuneration, key performance indicators and annual review
- workplace health and safety
- Company Secretary
- ANMAC Constitution—review and amendment, and notice to the Board
- ANMAC Board and Committee governance policy
- conduct of ANMAC Board meetings.

Finance, Audit and Risk Committee

Purpose

Ensure the Board is provided with high-level oversight of financial reporting, risk management and audit.

Objectives

Deal with matters relating to the:

- monitoring of monthly and annual financial statements
- review of annual capital and operating budgets, and recommending approval to the Board
- oversight and review of the external audit process—assessing the terms of engagement and remuneration of the auditor, recommending to the Board the appointment of the auditor, considering the scope and quality of external audits, and reviewing audit reports
- review of the effectiveness of internal audits and internal control systems
- oversight of ANMAC's risk management practices and periodic review of key risks to the organisation
- periodic review of ANMAC's risk management plan, insurances, delegations policy, procurement policy, business continuity plan and other high-level policies relevant to the Committee's purpose.

Standards, Accreditation and Assessment Committee

Purpose

Ensure the standards, policies and procedures underpinning assessment and accreditation are effective, fair and based on contemporary research and best practice in the interests of promoting and protecting the health of the community.

Objectives

- Ensure all accreditation standards are in place and reviewed from time to time, in accordance with the National Law.
- Advise on policy and procedures relative to accreditation, assessment and the monitoring of programs of study and ensure they operate effectively and efficiently and in a framework of risk management and quality improvement, including International Services.
- Monitor and evaluate feedback from clients and other stakeholders to improve systems and processes.
- Oversee the policy analysis, review and response of external policies relevant to the functions of ANMAC.
- Commission research or best practice reviews in areas that will improve the effectiveness of assessment, accreditation and the monitoring of programs of study where evidence is equivocal or lacking.

International Consultative Committee

Purpose

Ensure ANMAC's assessment system for assessing the qualifications of international nursing and midwifery applicants meets contemporary best practice and is primarily aimed at promoting and protecting the health of the community.

Objectives

- Discuss and advise on issues relating to the business of the International Unit—policies, procedures, information management, fees and other relevant matters.
- Liaise with relevant stakeholders, such as the Department of Foreign Affairs and Trade, World Health Organization, Skills Australia, International Confederation of Midwives and International Council of Nurses.

Technical advisory committees

Enrolled Nurse Accreditation Committee

Purpose

Promote and protect the health of the Australian community by:

- reviewing the assessment outcomes of enrolled nurse programs of study leading to registration undertaken by appointed ANMAC assessment teams
- making recommendations on accreditation of the programs of study to ANMAC.

Objectives

- Review reports from individual assessment teams and ensure there is sufficient evidence that a program being assessed meets the accreditation standards.
- Make recommendations to ANMAC on whether accreditation should be granted, granted conditionally or not granted.
- Recommend the establishment of a review panel if irreconcilable differences arise between the accreditation committee (and assessment team) and an education provider.
- Review, ratify and provide advice on monitoring reports and rating.

Midwife Accreditation Committee

Purpose

Promote and protect the health of the Australian community through assuring the quality of nursing education by:

- reviewing the outcomes of assessments undertaken by ANMAC assessment teams for midwifery programs of study
- making recommendations to ANMAC on accreditation.

Objectives

- Review reports from individual assessment teams and ensure there is sufficient evidence that a program being assessed meets the required education standards.
- Make recommendations to ANMAC on whether the program should be recommended to the NMBA for accreditation.
- Recommend the establishment of a review panel if irreconcilable differences arise between the accreditation committee (and assessment team) and an education provider.
- Review, ratify and provide advice on monitoring reports and rating.

Nurse Practitioner Accreditation Committee

Purpose

Promote and protect the health of the Australian community through assuring the quality of nursing education by:

- reviewing the outcomes of assessments undertaken by ANMAC assessment teams for nurse practitioner programs of study
- making recommendations to ANMAC on accreditation.

Objectives

- Review reports from individual assessment teams and ensure there is sufficient evidence that a program being assessed meets the accreditation standards.
- Make recommendations to ANMAC on whether the program should be recommended to the NMBA for accreditation.
- Recommend the establishment of a review panel if irreconcilable differences arise between the accreditation committee (and assessment team) and an education provider.
- Review, ratify and provide advice on monitoring reports and rating.

Registered Nurse Accreditation Committee

Purpose

Promote and protect the health of the Australian community through assuring the quality of nursing education by:

- reviewing the outcomes of assessments undertaken by ANMAC assessment teams for registered nurse programs of study
- making recommendations to ANMAC on accreditation.

Objectives

- Review reports from individual assessment teams and ensure there is sufficient evidence that a program being assessed meets the accreditation standards.
- Make recommendations to ANMAC on whether the program should be recommended to the NMBA for accreditation.
- Recommend the establishment of a review panel if irreconcilable differences arise between the accreditation committee (and assessment team) and an education provider.
- Review, ratify and provide advice on monitoring reports and rating

3

PART THREE

Quality evidence based standards, accreditation and assessment

Accreditation services

Skilled migration services

Accreditation services

Accreditation of nursing and midwifery programs of study against contemporary education accreditation standards is part of a broader process of promoting and protecting the health and safety of the Australian community. The community can be assured that beginning professional practitioners who have completed an accredited program of study have achieved agreed professional outcomes and are equipped with the foundation knowledge, professional attitudes and essential skills necessary to practise and care for people in a safe and competent manner.

As an efficient and effective proxy for assessing the competence of every graduate, ANMAC ensures that programs of study for nurses and midwives seeking to practice in Australia meet the required education standards for enrolled nurses, registered nurses, midwives, eligible midwives and nurse practitioners.

Major achievements in 2015–16 include:

- accredited 19 programs of study
- assessed 34 major modifications to accredited programs of study
- assessed 155 minor modifications to accredited programs of study
- published the *Re-entry to the Register Midwife Accreditation Standards 2015*
- published the *Nurse Practitioner Accreditation Standards 2016*
- commenced the review of accreditation standards for enrolled nurses.

Accreditation of programs of study

The accreditation process is robust, open and transparent and takes some months to complete, with many stakeholders involved. The process is designed to protect and promote the health and safety of the Australian community by ensuring high standards of nursing and midwifery education.

As illustrated in Figure 3, ANMAC accredited 19 programs of study and received 34 applications for major modifications to accredited programs of study in 2015–16. A total of 155 applications from education providers were received requesting minor changes to accredited programs. These were reviewed and assessed by the relevant accreditation committee.

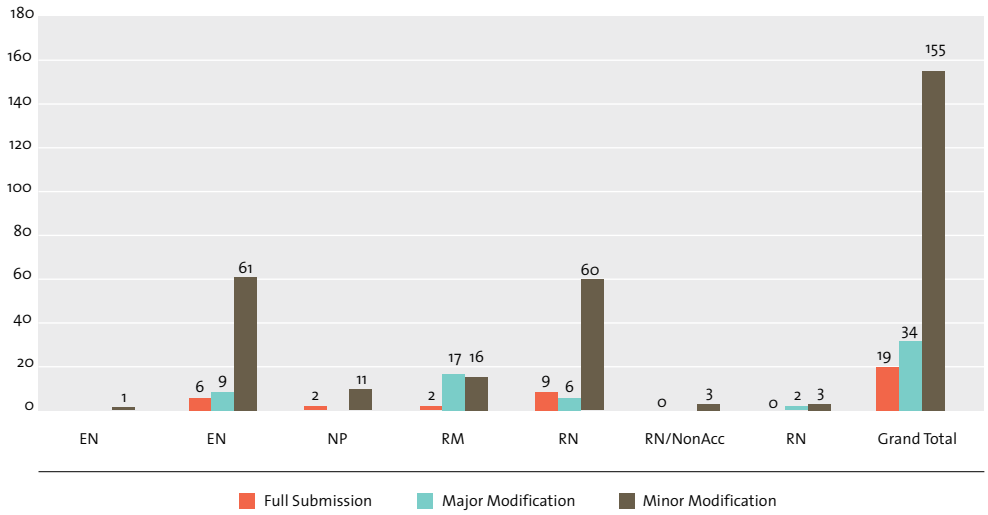
The NMBA approved all programs of study accredited by ANMAC in 2015–16.

Accreditation assessors

ANMAC establishes an assessment team for each program it assesses for accreditation under the National Law, including assessment of major modifications to currently accredited programs. During 2015–16, we were assisted by 44 assessors.

ANMAC assessors are nurses and midwives with the knowledge, skills, experience and reputation to contribute to the accreditation assessment process. Most assessors have full-time jobs and perform key leadership and other roles in the nursing and midwifery professions and/or education sector. Their commitment and responsiveness to ANMAC is highly valued.

Figure 3: Accreditation projects completed 2015–16

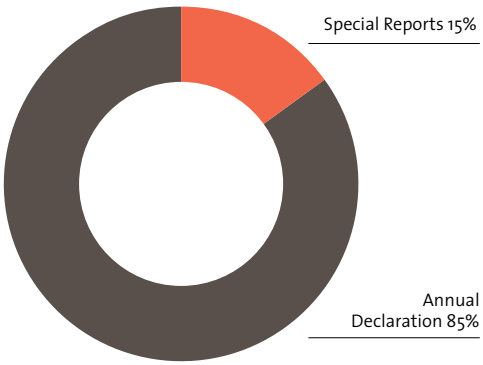


Monitoring and assurance

In accordance with Section 50 of the Health Practitioner Regulation National Law in force in each state and territory (the National Law), ANMAC monitors all accredited nursing and midwifery programs of study. As presented in Figure 4, from 1 July 2015 to 30 June 2016, we received:

- 206 annual declarations from education providers confirming that the program is being delivered as accredited. ANMAC sends the annual declaration to the education provider before the anniversary of the accreditation.
- 35 special reports from education providers. Special reports may be the result of conditional accreditation being granted or where opportunities for improvement or other matters are identified as requiring additional monitoring.

Figure 4: Monitoring reports submitted to ANMAC Accreditation Services in 2015–16



Complaints

ANMAC is responsible for ensuring accredited programs align with the correct accreditation standards.

We value complaints, recognising that effective complaints management fosters an environment of safety and continuous quality improvement. It also promotes accountability and transparency.

ANMAC can only investigate a complaint if it relates to a breach of accreditation standards. This is because it is necessary for all education providers and programs to adhere to the minimum requirements described in the ANMAC accreditation standards the program was accredited under.

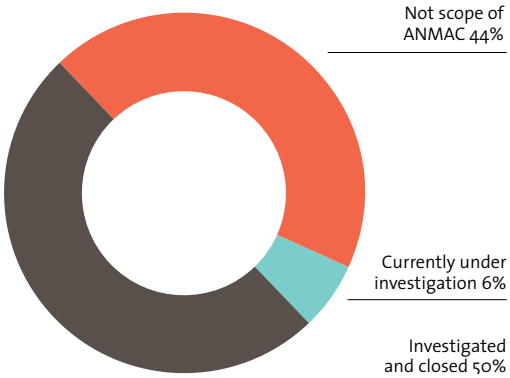
Breaches to accreditation standards can include alterations to governance structures, curricula and program content, assessments, staffing, student numbers, resources to support a program and professional experience placements.

ANMAC is concerned only with education programs that lead to entry to the register or endorsement of nurses or midwives in Australia. We do not deal with complaints with any other type of education programs.

ANMAC does not deal with complaints relating to student or academic conduct unless they relate to a breach of accreditation standards.

From 1 July 2015 to 30 June 2016, ANMAC received 18 complaints (Figure 5) through the complaints email address listed on our website, by telephone, mail or through the Australian Health Practitioner Regulation Agency (AHPRA) or the NMBA.

Figure 5: Complaints received by ANMAC Accreditation Services



Nine of the complaints received were investigated and satisfactorily resolved. One complaint is still under investigation. Eight of the 18 complaints were not within our scope to investigate as they did not relate to the ANMAC accreditation standards. Complainants were advised of this and directed to the appropriate organisation to contact regarding their complaint.

Standards development and review

A critical element in accreditation is the use of evaluative standards or guidelines. Under Section 49(1) of the National Law, graduates of entry to practice nursing and midwifery programs of study cannot register unless the program of study undertaken is accredited by an approved accreditation authority and approved by the NMBA as meeting the educational requirements for registration. ANMAC's Standards Development and Review Unit is responsible for meeting this brief.

The process of developing or reviewing ANMAC accreditation standards is achieved through extensive consultation with stakeholders. Consultation opportunities are provided to stakeholders at various stages of the review process. Stakeholder responses are collected by written submission, surveys and attendance at face-to-face consultation forums.

During 1 July 2015 to 30 June 2016, we completed consultation processes and released two new accreditation standards:

- *Nurse Practitioner Accreditation Standards 2015*, approved by the NMBA on 5 July 2015 and published by ANMAC on 31 July 2015.
- *Re-entry to the Register Midwife Accreditation Standards 2016*, approved by the NMBA on 16 February 2016 and published by ANMAC on 15 March 2016.

In July 2015, ANMAC began reviewing the Australian Nursing and Midwifery Council's *Standards and Criteria for the Accreditation of Nursing and Midwifery Courses: Enrolled Nurse, February 2009*.

Stage 1 of consultation for the review was conducted in December 2015, with three consultation forums held in Melbourne (2 December 2015), Adelaide (3 December 2015) and Sydney (9 December 2015).

Consultation outcomes have required ANMAC to undertake further research and consultancy before proceeding with Stage 2 of the review. This has extended the review period. The proposed release date for the revised enrolled nurse accreditation standards, which is now set for the end of 2016.

Our work in developing education standards for the nursing and midwifery professions is also acknowledged at an international level with the ANMAC nurse practitioner accreditation standards 2015 informing post registration programs in New Zealand and Ireland.

Quality review of standards development and review processes

Standards development is a component of ensuring the National Scheme operates in accordance with contemporary regulatory practice. Sections 42(a) and 46 (2) of the National Law directs accreditation authorities to:

- develop accreditation standards for approval by a national board
- undertake wide-ranging consultation about the content of the standard.

The consultative processes we use in developing accreditation standards are collaborative and inclusive. They engage key stakeholders, to promote greater acceptance of the standards.

In February 2016, we undertook a quality review of the standards development and review processes. The objectives were to:

1. determine whether our process for developing and reviewing accreditation standards is effective and efficient
2. establish whether our consultation processes meet stakeholder expectations
3. review whether our consultation processes meet guidelines set by 'like' agencies
4. identify necessary changes for implementation before the next round of accreditation standards review and development.

The review comprised two elements of field research—stakeholder survey and key stakeholder interviews. Desktop research was also incorporated into the quality review.

Key findings were to:

- increase the diversity of stakeholders to be invited to participate
- establish a better governance framework for the development and review of accreditation standards
- simplify consultation documentation
- provide feedback to participants.

The findings from the quality review are to be presented to our Standards, Accreditation and Assessment Committee in August 2016.

Skilled migration services

ANMAC's Skilled Migration Services assesses the skills of nurses and midwives who want to migrate to Australia under the General Skilled Migration program. We determine if an applicant has the nursing or midwifery qualifications and experience needed for permanent migration to Australia.

We are the independent assessing authority authorised by law to conduct these assessments by the Department of Immigration and Border Protection and Department of Education and Training.

ANMAC assesses the skills of:

- internationally qualified nurses
- internationally qualified midwives
- international graduates of Australian or New Zealand-based nursing and midwifery programs.

We continue to assess internationally qualified nurses and midwives under these two categories:

1. Modified assessment—for applicants holding current registration in Australia or New Zealand.
2. Full assessment—for applicants holding current registration outside Australia or New Zealand.

Quality review

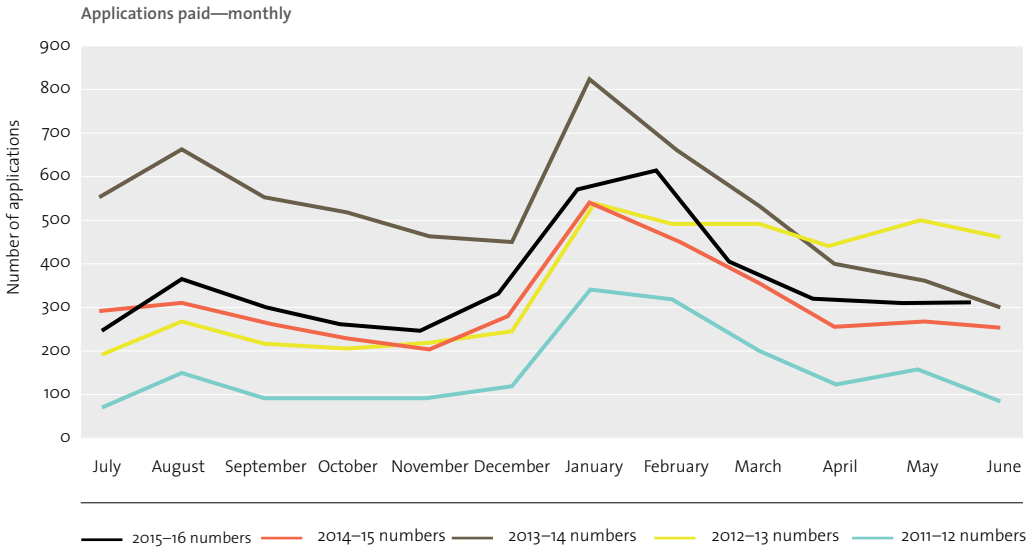
This year we implemented the outcomes from the quality review of International Services, leading to a name change. 'Skilled Migration Services' better reflects the business functions to external stakeholders. Overall, the review assessed the operations of the section to determine whether they:

- reflect a commitment to quality
- met the regulatory requirements associated with ANMAC being the assessing authority for internationally qualified nurses and midwives seeking to migrate to Australia
- align with actual and emerging priorities, challenges and national policies concerning internationally qualified nurses and midwives and the health workforce agenda.

Key changes include introducing a customer service or call centre approach to assessments. This has been designed to improve our interactions with stakeholders, identify opportunities to streamline the assessment process, and review the costs associated with the assessment process.

Through the implementation of review outcomes, Skilled Migration Services was able to maintain assessment processing times of 10 weeks and below while increasing communications with applicants. The review of the costs of the assessment process also enabled us to change assessment fees, providing greater value to applicants.

Figure 6: Trend in applications for skills assessment received by ANMAC's International Services 2011–15



Customer service

Skilled Migration Services focused on improving communication with stakeholders during 2015–16. This included adopting an improved customer service approach to assessments. Skilled Migration Services held a successful team day in January and developed a team charter and customer service charter. The team also discussed changing its name to Skilled Migration Services, to better reflect the work it undertakes and to become more customer focused.

As part of the improved customer service focus, ANMAC presented at several migration skills assessment development days held by the Migration Institute Australia. These are attended by migration agents as part of their continuing professional development and allows us to interact with agents face-to-face.

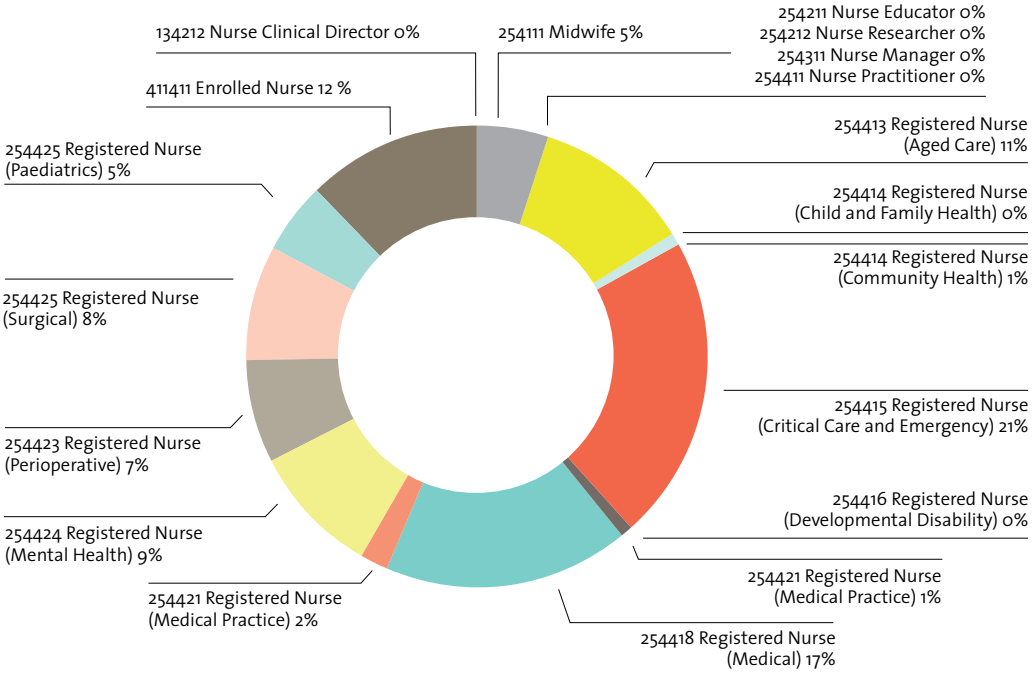
ANMAC also attended the Skilled Migration Assessing Authorities Forum held by the Department of Education and Training. Updates were provided by the Australian Government departments of Immigration and Border Protection, Foreign Affairs and Trade, Education and Training, and Employment. Attendance at this forum allows us to network with other assessing authorities and discus best practice in this area.

We continue to work closely with AHPRA and the NMBA to ensure that nurses and midwives found suitable for migration through the full assessment pathway are eligible for registration. All three organisations continue to work together to reduce duplication for internationally qualified nurses and midwives wishing to work in Australia.

In 2015–16, ANMAC received 3943 applications from internationally qualified nursing and midwives, an increase of 5% from the previous year (3742 were received in 2014–15). Of those, 3720 were modified assessments and 223 full assessments.

Figure 6 shows the comparative data of applications received for the past five financial years.

Figure 7: Applications assessed by ANZSCO code 2015–16



ANMAC uses Australian and New Zealand Standard Classification of Occupation (ANZSCO) codes to categorise applicants for migration purposes. These codes are used for statistical purposes and appear on the Skilled Occupations List (SOL) and the Consolidated Sponsored Occupations List (CSOL). The ANZSCO code must appear on the SOL for independent visa applications and the CSOL for sponsored applications for an applicant to be selected to apply for the visa.

As in previous years, the majority of applications in 2015–16 were classified as Not Elsewhere Classified (60.36%), with 15.4% of those submitting claims of work experience. After Not Elsewhere Classified, the most common ANZSCO codes were:

- Critical Care and Emergency 8.14%
- Medical 6.62%
- Enrolled Nurse 4.92%
- Aged Care 4.29%
- Mental Health 3.5%.

Midwives are represented by their own ANZSCO code and correspond to 1.85% of applications.

Figure 7 shows the breakdown of applications assessed by ANZSCO code in 2015–16, with the exception of Not Elsewhere Classified.

The major source countries for applicants without registration in Australia (full assessment) complete their education leading to initial registration in the United Kingdom (69.06%), followed by:

- Hong Kong 6.28%
- Canada 5.38%
- Singapore 5.38%
- United States 4.93%.

Figure 8 shows the breakdown of countries of education leading to initial registration for full assessments

The majority of applications for a modified assessment (applicants who hold registration in Australia) come from applicants who have completed their initial education in Australia (53%), followed by:

- Philippines 18.66%
- India 10.59%
- United Kingdom 6.94%
- Ireland 2.23%.

Figure 9 shows the breakdown of countries of education leading to initial registration for applicants who hold current registration in Australia or New Zealand (modified assessment).

Figure 8: Full assessments by country of education leading to initial registration

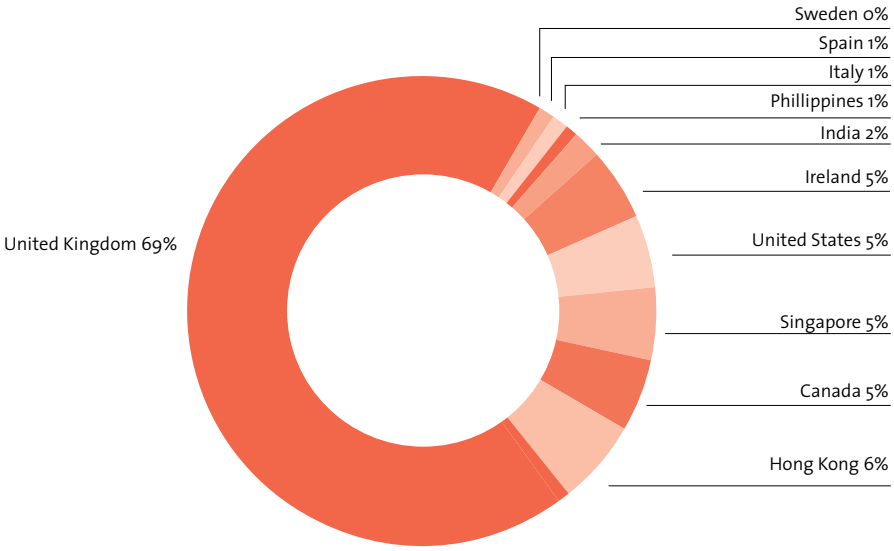
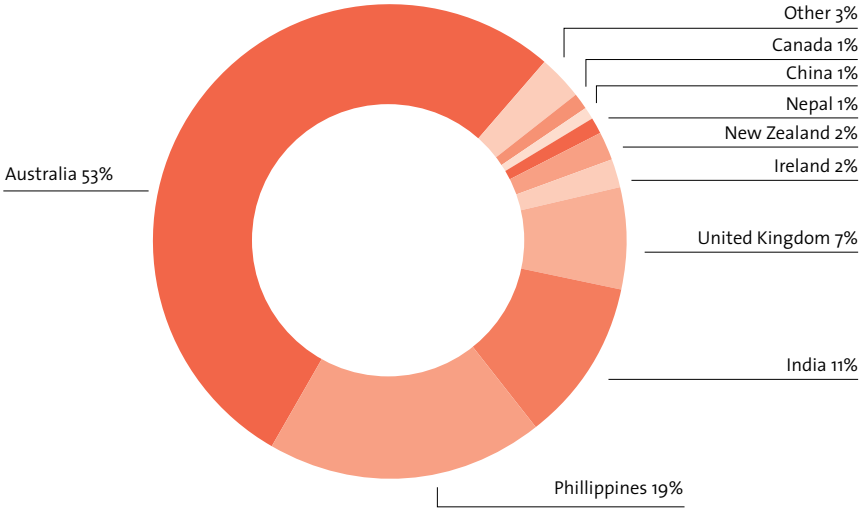


Figure 9: Modified assessments by country of education leading to initial registration



Inter-sectoral Working Group—requirements for skilled migration and registration in Australia

ANMAC participated in an Inter-sectoral Working Group in 2015–16 to identify solutions to address the difference in outcomes from assessment processes used by ANMAC, AHPRA and the NMBA for internationally qualified nurses and midwives.

We undertook significant work with the working group, including a benchmarking exercise with other assessing, regulatory and statutory authorities for pathways and processes applied to health professionals seeking migration and registration. This information and the outcomes of the Inter-sectoral Working Group informed these three key learnings:

1. Recognition of the role each organisation plays in assessing suitability to work in Australia. AHPRA on behalf of the NMBA assesses registration against qualification and suitability requirements for registration while ANMAC assesses suitability for workforce, an important employability point for internationally qualified nurses and midwives.
2. As ANMAC, the NMBA and AHPRA use the same framework for assessment, each organisation committed to work towards recognising and accepting verified information submitted by the internationally qualified nurses and midwives.
3. A collaborative model is required to reduce cost, time and duplication for applicants seeking migration and registration.

ANMAC review of English language requirements for skilled migration

All internationally qualified nurses and midwives without Australian or New Zealand registration (regardless of country of birth) must provide English language test results.

Australia's official language is English and it is important that healthcare professionals working here are proficient in English (reading, speaking, writing and listening). This enables nurses and midwives to communicate competently and safely with patients and their families, colleagues and other health professionals.

We reviewed our English language requirements for migration were reviewed in 2016 to ensure requirements were contemporary, robust and transparent. From 1 July 2016, ANMAC introduced changes to English language requirements, including

- changes to the terms that describe the processes for determining suitability for migration to Australia from standards to requirements for skilled migration
- ANMAC is now accepting Pearson Test of English and Test Of English as a Foreign Language internet Based Test, as well as the International English Language Testing System and Occupational English Test
- changes to the timeframes associated with the test results ANMAC accepts, with caveats around scores achieved by applicants.

4

PART FOUR

Engaged stakeholders

Website

Stakeholder engagement and collaboration

Website

A major piece of work in 2015–16 was the redesign and re-launch of our website. We first evaluated the website with employees and key stakeholders, focusing on relevance and useability.

The stakeholder survey indicated that stakeholders regularly use the site and believe it is generally adequate—44% visit it at least once a month and 60% have a favourable view of it.

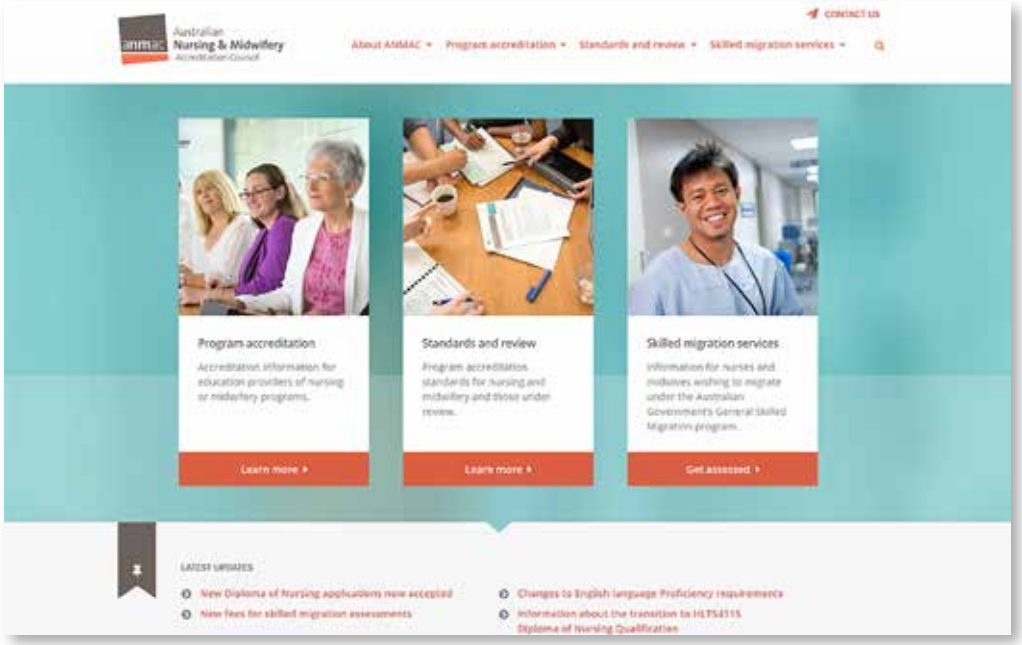
Stakeholders identified these four key areas for improvement:

- reduce the number of clicks
- enhance the look and feel
- improve the navigation and search functions
- improve the provision for information updates and access to contact information.

To provide stakeholders with a better experience, we made these improvements to the website, to improve the user experience:

- reconfigured information into four distinct business areas: About ANMAC; Accreditation; Standards Development and Review; Skilled Migration Services
- communicated our brand in a consistent and uniform way
- reshaped our values and products using a mood and tone that would elicit an appropriate emotional response from users
- enhanced design effectiveness by increasing navigation functions
- provided a well-designed, professional and well thought-through digital product.

The redesign enables us to better communicate and engage with our stakeholders online. The professional look and feel of the website promotes credibility of and our expertise in accreditation, development of standards, and assessment of international nurses and midwives for permanent migration to Australia.



Stakeholder engagement and collaboration

Survey 1—ANMAC and accreditation functions study

In February 2016, we engaged an independent third party to conduct a stakeholder survey related to our organisation and accreditation of education programs. The survey benchmarked issues including:

- overall view of our performance
- areas of strength
- opportunities for improvement
- impressions of policies and procedures
- relevance and useability of our website
- preferred method of engagement.

The first survey received 120 responses from stakeholders. Results indicated that we are held in very high regard by stakeholders who believe we are professional in our conduct and have strong collegial relationships with them. Survey results reflected consistently favourable impressions of ANMAC across the depth and breadth of stakeholders (based on location, position and education sector).

During the survey, stakeholders had the opportunity to identify areas for improvement. They wanted:

- clearer guidance and examples in the scale of submission expected
- clearer guidance and examples in the standard of submission expected
- better understanding and acceptance of the internal accreditation process to reduce duplication of resources, particularly in relation to the Governance standard.

Survey insights led us to develop a stakeholder engagement framework.

Stakeholder engagement framework

Our new stakeholder engagement framework provides a more coordinated and systematic approach to engaging with stakeholders. Its core objectives centre around being customer focused or performance focused. It:

- increases transparency in activities, processes and participation
- increases credibility and accountability
- facilitates our ability to understand stakeholder concerns
- improves communication, including clarity, accessibility, transparency and timeliness
- improves risk management
- promotes efficiency—return on investment
- improves quality of policy and services.

The stakeholder engagement framework will be implemented in 2016–17.

Survey 2— ANMAC process review study

In May 2016, ANMAC conducted a second stakeholder survey to obtain feedback about the consultation processes we use to review and develop accreditation standards. The survey was constructed around the:

1. consultation processes we use
2. structure of the accreditation standards—to make them more outcome-based rather than output-based.

This survey received responses from 133 stakeholders. Findings suggested that stakeholder expectations are generally being met by our current consultation process and that most stakeholders prefer output-based standards.

ANMAC CEO and Director of Operations meeting with a nursing delegation from the Philippines

Stakeholders identified areas of improvement, with the most common themes being:

- the need for greater diversity of views to be represented in the consultation process
- the need for broader awareness of the consultation process, particularly among clinicians
- a desire for genuine consultation, not just 'lip service' for pre-determined outcomes
- the need to simplify language and process for those unfamiliar with policy reviews, to encourage broader participation.

Survey insights informed ANMAC's quality review of standards development and review processes and consultation.

Australia–Philippine technical exchange

The Department of Education and Training prioritises multilateral engagement with the Association of Southeast Asian Nations (ASEAN) given Australia's close economic, education, political and social ties with the region. Under the ASEAN– Australia New Zealand Free Trade Agreement Economic Co-operation Work Programme, Australia is partnering with the Philippines on a technical exchange to build capacity for national qualifications frameworks. In September 2015, we were invited by the Department of Education and Training to share our expertise in nursing and midwifery accreditation with a nursing delegation from the Philippines.

Our CEO and Director of Operations met with the nursing delegation to share information about our role and responsibilities, processes and benefits of program accreditation. We also discussed our co-regulation arrangement with the Tertiary Education Quality Standards Agency and the Australian Skills Quality Authority. The delegation appreciated the opportunity to share information with, and learn from, ANMAC's expertise.

Nurse and Midwives Wreathlaying Ceremony at the Australian War Memorial

Memorandum of Understanding with Australian Skills Quality Authority

ANMAC and the Australian Skills Quality Authority signed a Memorandum of Understanding (MOU) in December 2015. The MOU provides a framework to foster mutually beneficial communication and co-operation between the two organisations, maximising synergies in roles and responsibilities. The overall objective is to improve the quality of outcomes of nursing education programs conducted in the vocational education and training sector.

The MOU enables both organisations to collaborate more through the timely sharing of information, as agreed to and provided for within relevant regulatory and legislative frameworks.

Diploma of Nursing information seminar

On 8 December 2015, the Health Training Package HLT51612, for the Diploma of Nursing qualification, was superseded by HTP HLT54115. This has an impact on all current providers of the Diploma of Nursing qualification. As a result, ANMAC is accepting applications from education providers wanting to transition to deliver HTP HLT54115.

Following these changes, we hosted an information seminar in Melbourne on 19 January 2016. The seminar addressed the transition assessment review process, including assessment timelines, costs and guidance on evidence required. It was a success, with more than 80 individuals from almost 50 organisations attended. As at 30 June 2016, we had received 11 applications from education providers to transition from HLT51612 to HLT54115.

Wreathlaying at Australian War Memorial

In May 2016, representatives from ANMAC attended the Nurse and Midwives Wreathlaying Ceremony at the Australian War Memorial (an initiative of the ACT Nursing & Midwifery Network). This ceremony is held annually in May to coincide with the International Day of the Midwife, and International Nurses Day. The themes for this year's celebrations were: 'Women and Newborns: The Heart of Midwifery' and 'Nurses: A Force for Change: Improving health system resilience. A wreath was laid for the Nurses and Midwives Board of Australia by the Chair of the ACT Branch, Emma Baldock, and for ANMAC by CEO Fiona Stoker.

5

PART FIVE

Financials

General information

The directors of Australian Nursing and Midwifery Accreditation Council Limited (ANMAC) present the annual financial statements of ANMAC for the financial year ended 30 June 2016.

Information on directors

Adjunct Professor Debra Thoms	Chairperson	(To October 2015)
Ann Kinnear	Chairperson	(From October 2015)
Professor Robert Meyenn	Deputy Chairperson	
Peter Bayley	(Community Director)	
Adjunct Associate Professor Karen Bradley		(appointed in April 2016)
Professor Wendy Cross		
Professor Helen Edwards OAM		
Leone English		
Eileen Jerga AM	(Community Director)	
Janine Mohamed		
Susan Pearce		(appointed in July 2015 resigned November 2015)
Leena Sudano	(Community Director)	
Lee Thomas		
Kylie Ward		(appointed in November 2015)

The names of each person who has been a director during the year and to the date of this report are:

Adjunct Professor Debra Thoms	
Qualifications	RN, RM, BA, MNA, Grad Cert Bioethics, Adv Dip Arts, FACN(DLF), FACHSM(Hon), GIA(Cert)
Experience	Professor Debra Thoms is the Chief Nursing and Midwifery Officer with the Australian Government and has held this position since September 2015. Prior to this she was the Chief Executive Officer of the Australian College of Nursing. From 2006 2012 she was the Chief Nursing and Midwifery Officer in NSW and has held a number of senior roles in the NSW Public Health System and interstate over a number of years. She is an Adjunct Professor with the University of Technology, Sydney and The University of Sydney.
Ann Kinnear	
Qualifications	Certificate in Nursing, RM, BSc, MSc
Experience	Ann Kinnear is the Company Secretary and Chief Executive Officer of the Australian College of Midwives (ACM) Pty Ltd and has been the CEO for five years. Ann is responsible for working with and supporting the ACM Board and managing the College to fulfil its objectives, in particular to maximize the quality of midwifery and maternity care for Australian women and their families. She is an inaugural Director on the Board of the Rhodanthe Lipsett Indigenous Midwifery Charitable Fund and is the Public Officer. Ann has extensive experience in governance, management, policy and leadership across a career spanning several decades.
Professor Robert Meyenn	
Qualifications	TCert, MEd, PhD
Experience	Emeritus Professor, Charles Sturt University. Former Dean, Faculty of Education. Former Chair of the Board Australian Volunteers International. Member of Board, Australian College of Law. Robert is the Deputy Chairperson of ANMAC.

Peter Bayley	
Qualifications	Grad Dip Mgt, Corporate Directors Diploma, Grad Cert Finance, Advanced Business Valuations Professional Certificate.
Experience	Peter has 38 years health administration experience in public and private health sectors including as CEO of private hospitals, Director/Chair of a rural medical service company, Project Manager for two GP Super Clinics and presently as a director of three companies in the residential aged care, primary healthcare and disability sectors.
Adjunct Associate Professor Karen Bradley	
Qualifications	RN, BSc(Nsg), ML, MACN, AFACHSM, GAICD
Experience	Adjunct Associate Professor Karen Bradley has extensive experience in nursing, clinical leadership and health service management in the public and private health care sectors in Western Australia. Karen was appointed to the role of Chief Nurse and Midwifery Officer at the Department of Health Western Australia in 2014, providing strategy, workforce planning/development and policy advice to the professions, key internal and external stakeholders and government. Karen's previous positions include Area Director of Nursing and Midwifery with the South Metropolitan Health Service and Executive Director of Nursing and Midwifery with WA Country Health Service. In both of these roles Karen's experience also included significant organisational leadership roles in organisational governance, patient safety and clinical governance, workforce planning and clinical service planning. From 2004 to 2008 Karen was a member of the WA Health Reform Implementation Taskforce leading a range of clinical service reforms across the public health system at a time of extensive change and reform. Previous to this, Karen was the Director of Inpatient Services at St John of God Health Care Subiaco. Karen has a Masters in Leadership and is a graduate member of the Australian Institute of Company Directors.
Professor Wendy Cross	
Qualifications	RN, RPN, BAppSc(AdvNsg), MEd, PhD, FACN, FACMHN, MAICD
Experience	Professor Wendy Cross has built a successful career in nursing, nursing research and nurse education. She has been awarded numerous research and teaching grants and has extensive experience in a range of nursing and management roles. From 2002 to 2007, she was employed as a senior executive at Monash Health, working in practice development, clinical governance, policy and procedure development, performance management and appraisal, workforce planning and other activities. In 2007, Wendy joined Monash University, School of Nursing and Midwifery with a focus on mental health nursing research, and was appointed Head of the School of Nursing and Midwifery 2009 2016. She currently has the position of Associate Dean, Nursing and Allied Health, in the Faculty of Medicine, Nursing and Health Sciences. She has a Bachelor of Applied Science in Advanced Nursing, a Master of Education by Research (Ed Psych) and a Doctor of Philosophy. Wendy's primary research interests include mental health and mental health nursing, clinical supervision, practice development, workplace learning, and broad based research methods including both quantitative and qualitative paradigms.
Professor Helen Edwards OAM	
Qualifications	PhD, BA (Hons), BA, DipApSc, RN, FACN, FAAN, MAICD, OAM
Experience	Helen is currently a Board Member of Metro North Hospital and Health Service in Queensland and has previously served on Boards of three Retirement Villages. She has over 30 years of experience in the higher education sector and has served as Head of the largest school of nursing in Queensland. Helen is an active researcher with a significant track record of research funding and high impact publications.
Leone English	
Qualifications	RN(Vic), BN, BTch (Adult), MEd(Adult), GradDip(Mgt)
Experience	Leone English is Dean, Faculty of Health Science, Youth and Community Studies, at Holmesglen Institute in Melbourne. She has over 30 years' experience within a range of clinical, academic and senior management positions within health care and health professional education.

Eileen Jerga AM	
Qualifications	BA, MBA, AICD
Experience	Eileen Jerga is a Board Director on the ANMAC Board, the ACT Veterinary Surgeons Board and the ACT Nursing and Midwifery Board. Eileen is currently also a member of the Department of Health Protocol Advisory Sub Committee, a subcommittee of the Medical Services Advisory Council, the Vascular Prostheses Clinical Advisory Group, the Medical Benefits Review Intensive Care and Emergency Medicine Clinical Committee and a PBAC Reference Group. Eileen was also recently appointed to the National Stroke Foundation Stroke Guidelines Advisory Committee. Prior to her Directorship and Committee roles, Eileen was the CEO of the Heart Foundation, ACT, from 1999 to 2006.
Janine Mohamed	
Qualifications	RN BA Grad Dip (Aboriginal Affairs and Administration)
Experience	Janine Mohamed is a proud Narrunga Kaurna woman from South Australia. Over the past 20 years she has worked in nursing, management, workforce and health policy, and project management in the Aboriginal and Torres Strait Islander health sector. Many of these years have been spent in the Aboriginal Community Controlled Health Sector at state and national levels. Currently she is the CEO of the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM). She has initiated and managed many Aboriginal and Torres Strait Islander health workforce projects including national board governance and standards, workforce development and cultural safety.
Susan Pearce	
Qualifications	B App Sci (Nursing)
Experience	Susan has held a number of senior management and operational positions within the NSW public health system and in November 2015 she was appointed to the role of Deputy Secretary, System Purchasing and Performance Division at the Ministry of Health. Susan is responsible for the front end of "system management" across the public health system in NSW and is dedicated to working collaboratively with health professionals and administrators. Susan is the interface between the Ministry, local health districts, specialty health networks, the pillars and other health organisations to support and monitor overall system performance in NSW. Susan commenced her career in nursing in various clinical settings across rural, remote and metropolitan areas in NSW. Susan has vast experience as a nurse manager and as clinical nurse specialist in intensive and coronary care. Her early career has provided her with a solid foundation for her ongoing commitment to improving patient outcomes, care and experiences. In August 2012, Susan was appointed to the position of Chief Nursing and Midwifery Officer at the Ministry of Health. During her time in this role, Susan focused on strengthening the engagement of healthcare teams to build a sustainable Essentials of Care Program that enhances the experiences of patients, families and carers. Further, Susan introduced the Productive Ward which focuses on increasing the amount of time frontline nursing staff spend providing direct care to patients through reviewing and improving ward systems and processes resulting in the improvement of safety and efficiency. Susan also had oversight of a short film that was developed – Small Acts of Kindness which demonstrates the importance of facilitating person centred, humanistic and compassionate healthcare through the implementation of local innovations and strategies. During, her time as the Chief Nursing and Midwifery Office there were more graduate nurses and midwives employed in NSW in comparison to any other state and there is also an increase in the number of Aboriginal nurses entering the profession of midwifery. Prior to this appointment, Susan was the Director Operations at Northern Sydney Local Health District where she managed large portfolios including: acute health services, mental health, public health and health promotion, workforce, clinical training and education and Aboriginal health. Making a positive difference to patients' health outcomes and care has been important to Susan, which is reflected in her commitment to drive change in the public health system.

Leena Sudano	
Qualifications	Dip AppSci(Nsg), Cert Mid, BN, GradDip Labour Studies, BLaw(Hons), GradDip Legal Practice, GAICD
Experience	Leena Sudano's broad experience includes direct service delivery, advocacy, management and leadership roles in the health and community services sectors. She has worked in NSW, South Australia, Victoria and England. Her experience also includes change agent roles in statutory authorities focused on improving racial equality, and consumer rights in the health and community services sectors. She served as South Australia's first Health and Community Services Commissioner 2005 2012. She is a member of the NPS Consumer Advisory Group and the SA Civil and Administrative Tribunal.
Lee Thomas	
Qualifications	RN, RM(Neo), BN, MRCNA
Experience	Prior to taking on her current role as the Federal Secretary of the Australian Nursing and Midwifery Federation, Lee Thomas served as Branch Secretary of the ANF (SA Branch) for eight years, and has had more than 20 years' experience in the nursing and midwifery professions.
Adjunct Professor Kylie Ward	
Qualifications	RN MMgt, Dip App Sci (Nursing), Acute Care Cert., FACN, Wharton Fellow, MAICD
Experience	Adjunct Professor Kylie Ward has had a successful and celebrated career as a Nursing Leader and Health and Aged Care Executive in Australia for over 20 years. She has held positions of Managing Director, Director of Clinical Operations, Director of Nursing and Midwifery, Director of the Division of Medicine, Associate Director of Women's and Children's Health and Executive Director of Nursing and Midwifery in three major health services in NSW and Victoria. She has been a NUM, After Hours Coordinator, Campus Manager, Bed Manager and Patient Flow Manager. Her clinical background is in intensive care and aged care. Kylie's expertise is in transformational leadership and management, organisational culture, change management, models of care, redesign and clinical informatics. She has been a lecturer for Masters Degree and undergraduate Masters Degree nursing students in leadership and management at Monash University.

Directors have been in office since the start of the financial year to the date of this report unless otherwise stated.

Objectives and strategies

ANMAC aims to provide high quality nursing and midwifery practice to meet the needs of the Australian Community. This is achieved through the strategy of implementing a nationally consistent approach to regulation, which meets and responds to the needs of the Australian community and is recognised internationally for high standards and professionalism.

Principal activities and achievements

The principal activities of ANMAC during the financial year were:

- the review of the ANMAC Constitution
- relocation of the ANMAC office to Majura Park
- implementation of changes from the quality review of Skilled Migration Services (previously International Services)
- review of accreditation standards
- the accreditation of nursing and midwifery programs leading to registration; and
- the assessment of the qualifications of overseas nurses and midwives.

During the financial year 2015–16, ANMAC processed 3,943 applications for assessment of qualifications.

During the financial year 2015–16, ANMAC accredited 19 nursing and midwifery programs.

No significant changes in the nature of ANMAC's activities occurred during the financial year.

Measurement of performance

ANMAC measures its performance during the year by critically assessing its outcomes against the following criteria:

- commitment to quality health care and safe nursing and midwifery practice;
- accountability to the community through nursing and midwifery regulatory authorities;
- leadership in health and professional regulatory environments;
- constructive collaboration with stakeholders in areas of mutual interest;
- integrity in all business practices;
- social and environmental responsibility;
- evidence based decision making;
- outcome focused business performance; and
- continuous enhancement of business capability.

Operating results and review of operations

The surplus of ANMAC for the year ended 30 June 2016 was $327,463 (2015: $176,429).

Members guarantee

Australian Nursing and Midwifery Accreditation Council Limited is a company limited by guarantee. In the event ANMAC is wound up, the Constitution states that each member is required to contribute a maximum of $100 each towards any outstanding obligations of ANMAC.

Meetings of directors

During the financial year, 6 meetings of directors were held. Attendances by each director during the year were as follows:

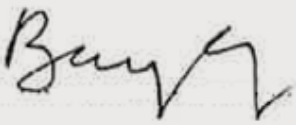
	Directors' Meetings	
	Number eligible to attend	**Number attended**
Adjunct Professor Debra Thoms	6	6
Ann Kinnear	6	6
Professor Robert Meyenn	6	6
Peter Bayley	6	4
Adjunct Associate Professor Karen Bradley	2	2
Professor Wendy Cross	6	6
Professor Helen Edwards OAM	6	5
Leone English	6	5
Eileen Jerga AM	6	5
Janine Mohamed	6	4
Susan Pearce	2	1
Leena Sudano	6	6
Lee Thomas	6	5
Adjunct Professor Kylie Ward	4	3

Auditor's independence declaration

The lead auditor's independence declaration in accordance with *s60 40(1)* in the *Australian Charities and Not-for-profits Commission Act 2012*, for the year ended 30 June 2016 has been received and can be found on page 10 of the financial report.

Signed in accordance with a resolution of the Board of Directors:

Ann Kinnear
Chair
18 October 2016
Canberra ACT



Mr Peter Bayley
Chair—Finance, Audit & Risk Committee
18 October 2016
Canberra ACT

6 Phipps Close Deakin ACT 2600
PO Box 322 Curtin ACT 2605

T 02 6282 5999
F 02 6282 5933
E info@hardwickes.com.au

www.hardwickes.com.au

Hardwickes
ABN 36 973 938 183

Hardwickes Partners Pty Ltd
ABN 21 008 401 536

Auditors Independence Declaration under Section 60- 40(1) of the Australian Charities and Not-for-profits Commission Act 2012 to the Directors of Australian Nursing and Midwifery Accreditation Council Limited

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2016, there have been:

(i) no contraventions of the auditor independence requirements as set out by *s60-40(1)* in the *Australian Charities and Not-for-profits Commission Act 2012* in relation to the audit; and

(ii) no contraventions of any applicable code of professional conduct in relation to the audit.

Hardwickes

Hardwickes Chartered Accountants
Chartered Accountants

R Johnson

Robert Johnson FCA
Partner

18 October 2016

Canberra

CHARTERED ACCOUNTANTS
AUSTRALIA · NEW ZEALAND

10

Statement of profit or loss and other comprehensive income
For the year ended 30 June 2016

	Note	2016 $	2015 $
Revenue	2	**6,066,970**	6,217,064
Communications and marketing		**(81,116)**	(64,810)
Compliance costs		**(14,246)**	(14,578)
Consultancy expenses		**(508,201)**	(242,466)
Corporate expenses		**(269,080)**	(202,228)
Depreciation expenses	8(a)	**(127,954)**	(94,238)
Employee benefits expense		**(3,710,360)**	(4,254,165)
IT expenses		**(215,694)**	(248,539)
Operating lease—rent of premises		**(388,396)**	(237,791)
Other expenses		**(46,197)**	(94,693)
Other property expenses		**(43,052)**	(56,645)
Recruitment expenses		**(28,663)**	(53,214)
Travel expenses		**(306,548)**	(477,268)
Current year surplus before income tax		**327,463**	176,429
Income tax expense	1(a)	**-**	-
Net current year surplus		**327,463**	176,429
Other comprehensive income			
Total comprehensive income for the year		**327,463**	176,429

Statement of financial position
As at 30 June 2016

	Note	2016 $	2015 $
Assets			
Current Assets			
Cash and cash equivalents	4	**3,268,423**	560,548
Trade and other receivables	5	**1,773**	259,947
Other financial assets	6	**164,213**	3,079,602
Other assets	7	**162,814**	54,502
Total current assets		**3,597,223**	3,954,599
Non current assets			
Plant and equipment	8	**839,627**	131,949
Other assets	7	**7,443**	-
Total non current assets		**847,070**	131,949
Total assets		**4,444,293**	4,086,548
Liabilities			
Current Liabilities			
Trade and other payables	9	**233,741**	157,394
Other financial liabilities	10	**84,859**	-
Employee benefits	11	**527,774**	405,028
Other liabilities	12	**731,357**	1,533,585
Total current liabilities		**1,577,731**	2,096,007
Non current liabilities			
Other financial liabilities	10	**678,875**	-
Employee benefits	11	**65,372**	195,689
Total non current liabilities		**744,247**	195,689
Total liabilities		**2,321,978**	2,291,696
Net assets		**2,122,315**	1,794,852
Equity			
Retained surplus		**2,122,315**	1,794,852
Total equity		**2,122,315**	1,794,852

Statement of changes in equity
For the year ended 30 June 2016

2016	Retained Surplus	Total
	$	$
Balance at 1 July 2015	**1,794,852**	**1,794,852**
Surplus attributable to members of the entity	**327,463**	**327,463**
Balance at 30 June 2016	**2,122,315**	**2,122,315**

2015	Retained Surplus	Total
	$	$
Balance at 1 July 2014	**1,618,423**	**1,618,423**
Surplus attributable to members of the entity	176,429	176,429
Balance at 30 June 2015	**1,794,852**	**1,794,852**

Statement of cash flows
For the year ended 30 June 2016

	Note	2016 $	2015 $
Cash flows from operating activities:			
Receipts from fees, sales, and grants		**5,530,100**	7,215,084
Payments to suppliers and employees		**(5,618,205)**	(5,966,119)
Interest received		**67,745**	48,599
Net cash provided by/(used in) operating activities	20	**(20,360)**	1,297,564
Cash flows from investing activities:			
Proceeds from sale of plant and equipment		**4,351**	-
Purchase of plant and equipment		**(191,505)**	(60,301)
Proceeds from/(purchase for) financial assets		**2,915,389**	(1,801,983)
Net cash (used in)/provided by investing activities		**2,728,235**	(1,862,284)
Cash flows from financing activities:			
Net increase/(decrease) in cash and cash equivalents held		**2,707,875**	(564,720)
Cash and cash equivalents at beginning of year		**560,548**	1,125,268
Cash and cash equivalents at end of financial year	4	**3,268,423**	560,548

Notes to the financial statements
For the year ended 30 June 2016

The financial report covers Australian Nursing and Midwifery Accreditation Council Limited as an individual entity. Australian Nursing and Midwifery Accreditation Council Limited is a not for for profit Company limited by guarantee, incorporated and domiciled in Australia.

The financial report was authorised for issue by the Directors on 18 October 2016.

Comparatives are consistent with prior years, unless otherwise stated.

Basis of Preparation

These general purpose financial statements have been prepared in accordance with the *Australian Charities and Not for profits Commission Act 2012* and Australian Accounting Standards – Reduced Disclosure Requirements as set out in AASB 1053: *Application of Tiers of Australian Accounting Standards* and AASB 2010 2: *Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements*. The company is a not for profit entity for financial reporting purposes under Australian Accounting Standards. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless stated otherwise.

The financial statements, except for the cash flow information, have been prepared on an accruals basis and are based on historical costs, modified, where applicable, by the measurement at fair value of selected non current assets, financial assets and financial liabilities. The amounts presented in the financial statements have been rounded to the nearest dollar.

1 Summary of Significant Accounting Policies

(a) Income Tax

The Company is exempt from income tax under Division 50 of the *Income Tax Assessment Act 1997*.

(b) Leases

Lease payments for operating leases, where substantially all of the risks and benefits remain with the lessor, are charged as expenses on a straight line basis over the life of the lease term.

Lease incentives under operating leases are recognised as a liability and amortised over the period that the individual benefits are utilised.

(c) Revenue and other income

Grant income

Non reciprocal grant revenue is recognised in profit or loss when the entity obtains control of the grant and it is probable that the economic benefits gained from the grant will flow to the entity and the amount of the grant can be measured reliably.

If conditions are attached to the grant which must be satisfied before the entity is eligible to receive satisfied.

When grant revenue is received whereby the entity incurs an obligation to deliver economic value directly back to the contributor, this is considered a reciprocal transaction and the grant revenue is recognised in the statement of financial position as a liability until the service has been delivered to the contributor; otherwise the grant is recognised as income on receipt.

Service income

Revenue from the rendering of a service is recognised upon the delivery of the service to the customer on a percentage of completion basis.

Accreditation revenue

Accreditation revenue is brought to account on the basis of the stage of completion of each accreditation. As such ANMAC estimates the stage of completion of each accreditation that is in progress at the end of the reporting period. The estimates are based on a series of milestones that have been determined by management.

Interest revenue

Interest revenue is recognised on a proportional basis taking into account the interest rates applicable to the financial assets.

Other income

Other income is recognised on an accruals basis when the Company is entitled to it.

(d) Goods and services tax (GST)

Revenue, expenses and assets are recognised net of the amount of goods and services tax (GST), except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO).

Receivables and payable are stated inclusive of GST.

The net amount of GST recoverable from, or payable to, the ATO is included as part of receivables or payables in the statement of financial position.

Cash flows in the statement of cash flows are included on a gross basis and the GST component of cash flows arising from investing and financing activities which is recoverable from, or payable to, the taxation authority is classified as operating cash flows.

(e) Plant and equipment

Plant and equipment are measured on the cost basis and are therefore carried at cost less accumulated depreciation and any accumulated impairment losses. In the event the carrying amount of plant and equipment is greater than the estimated recoverable amount, the carrying amount is written down immediately to the estimated recoverable amount and impairment losses are recognised either in profit or loss or as a revaluation decrease if the impairment losses relate to a revalued asset. A formal assessment of recoverable amount is made when impairment indicators are present (refer to Note 1(g) for details of impairment).

Subsequent costs are included in the asset's carrying amount or recognised as a separate asset, as appropriate, only when it is probable that future economic benefits associated with the item will flow to the company and the cost of the item can be measured reliably. All other repairs and maintenance are recognised as expenses in profit or loss in the financial period in which they are incurred.

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

Depreciation

The depreciable amount of all fixed assets, including capitalised lease assets, is depreciated on a straight line basis over the asset's useful life to the entity commencing from the time the asset is available 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 shown below:

Fixed asset class	Depreciation rate
Plant and Equipment	27%
Furniture, Fixtures and Fittings	20%–27%
Computer Software	27%

The assets' residual values and useful lives are reviewed and adjusted, if appropriate, at the end of each reporting period.

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains or losses are recognised in profit or loss in the period in which they arise. When revalued assets are sold, amounts included in the revaluation surplus relating to that asset are transferred to retained surplus.

(f) Financial instruments

Initial recognition and measurement

Financial assets and financial liabilities are recognised when the entity becomes a party to the contractual provisions to the instrument. For financial assets, this is equivalent to the date that the company commits itself to either purchase or sell the asset (ie trade date accounting is adopted). Financial instruments are initially measured at fair value plus transaction costs except where the instrument is classified "at fair value through profit or loss", in which case transaction costs are recognised as expenses in profit or loss immediately.

Classification and subsequent measurement

Financial instruments are subsequently measured at fair value, amortised cost using the effective interest method, or cost. Where available, quoted prices in an active market are used to determine fair value. In other circumstances, valuation techniques are adopted.

Amortised cost is calculated as the amount at which the financial asset or financial liability is measured at initial recognition less principal repayments and any reduction for impairment, and adjusted for any cumulative amortisation of the difference between that initial amount and the maturity amount calculated using the effective interest method.

(i) 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. Gains or losses are recognised in profit or loss through the amortisation process and when the financial asset is derecognised.

(ii) 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 company's intention to hold these investments to maturity. They are subsequently measured at amortised cost. Gains or losses are recognised in profit or loss through the amortisation process and when the financial asset is derecognised.

(iii) Financial liabilities

Non derivative financial liabilities other than financial guarantees are subsequently measured at amortised cost. Gains or losses are recognised in profit or loss through the amortisation process and when the financial liability is derecognised.

Impairment of Financial Assets

At the end of each reporting period, the company assesses whether there is objective evidence that a financial asset has been impaired. A financial asset or a group of financial assets is deemed to be impaired if, and only if, there is objective evidence of impairment as a result of the occurrence of one or more events (a "loss event"), which has an impact on the estimated future cash flows of the financial asset(s).

For financial assets carried at amortised cost (including loans and receivables), a separate allowance account is used to reduce the carrying amount of financial assets impaired by credit losses. After having taken all possible measures of recovery, if management establishes that the carrying amount cannot be recovered by any means, at that point the written off amounts are charged to the allowance account or the carrying amount of impaired financial assets is reduced directly if no impairment amount was previously recognised in the allowance account.

When the terms of financial assets that would otherwise have been past due or impaired have been renegotiated, the company recognises the impairment for such financial assets by taking into account the original terms as if the terms have not been renegotiated so that the loss events that have occurred are duly considered.

Derecognition

Financial assets are derecognised where the contractual rights to receipt of cash flows expire or the asset is transferred to another party whereby the entity no longer has any significant continuing involvement in the risks and benefits associated with the asset. Financial liabilities are derecognised where the related obligations are discharged, cancelled or have expired. The difference between the carrying amount of the financial liability, which is extinguished or transferred to another party, and the fair value of consideration paid, including the transfer of non cash assets or liabilities assumed, is recognised in profit or loss.

(g) Impairment of non financial assets

At the end of each reporting period, the entity reviews the carrying amounts 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 of disposal and value in use, is compared to the asset's carrying amount. Any excess of the asset's carrying amount over its recoverable amount is recognised in profit or loss.

Where the future economic benefits of the asset are not primarily dependent upon the asset's ability to generate net cash inflows and when the entity would, if deprived of the asset, replace its remaining future economic benefits, 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 individual asset, the entity estimates the recoverable amount of the cash generating unit to which the asset belongs.

Where an impairment loss on a revalued individual asset is identified, this is recognised against the revaluation surplus in respect of the same class of asset to the extent that the impairment loss does not exceed the amount in the revaluation surplus for that class of asset.

(h) Accounts Receivable and Other Debtors

Accounts receivable and other debtors include amounts due from members as well as amounts receivable from customers for services rendered in the ordinary course of business. Receivables expected to be collected within 12 months of the end of the reporting period are classified as current assets.

(i) Cash and cash equivalents

Cash on hand includes cash on hand, deposits held at call with banks, other short term highly liquid investments with original maturities of three months or less, and bank overdrafts.

(j) Employee Provisions

Short term employee provisions

Provision is made for the company's obligation for short term employee benefits. Short term employee benefits are benefits (other than termination benefits) that are expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related service, including wages, salaries and sick leave. Short term employee benefits are measured at the (undiscounted) amounts expected to be paid when the obligation is settled.

Other long term employee provisions Provision is made for employees' long service leave and annual leave entitlements not expected to be settled wholly within 12 months after the end of the annual reporting period in which the employees render the related service. Upon the remeasurement of obligations for other long term employee benefits, the net change in the obligation is recognised in profit or loss as part of employee benefits expense.

The company's obligations for long term employee benefits are presented as non current employee provisions in its statement of financial position, except where the company does not have an unconditional right to defer settlement for at least 12 months after the end of the reporting period, in which case the obligations are presented as current provisions.

(k) Accounts Payable and Other Payables

Accounts payable and other payables represent the liability outstanding at the end of the reporting period for goods and services received by the company during the reporting period which remain unpaid. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.

(l) Critical Accounting Estimates and Judgements

Transaction and balances

The directors evaluate estimates and judgements incorporated into the financial statements based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the company.

Key judgements

(i) Accreditation revenue

Accreditation revenue is brought to account on the basis of the stage of completion of each accreditation. As such ANMAC estimates the stage of completion of each accreditation that is in progress at the end of the reporting period. The estimates are based on a series of milestones that have been determined by management. While there is a level of estimation error in relation to the milestones, the Directors do not believe that there is a significant risk of material adjustment in the future

(ii) Employee benefits

For the purpose of measurement, AASB 119: Employee Benefits defines obligations for short term employee benefits as obligations expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related services. The company expects most employees will take their annual leave entitlements within 24 months of the reporting period in which they were earned, but this will not have a material impact on the amounts recognised in respect of obligations for employees' leave entitlements.

(m) Economic dependence

The ability of Australian Nursing and Midwifery Accreditation Council Limited to undertake the role as the independent accreditation authority for the nursing and midwifery profession in Australia, is dependent on the receipt of funding from the Australian Practitioner Regulation Agency, which has been secured until 30 June 2018. Without this funding Australian Nursing and Midwifery Accreditation Council Limited will be unable to undertake the accreditation role.

(n) New Accounting Standards and Interpretations

The AASB has issued a number of new and amended Accounting Standards that have mandatory application dates for future reporting periods, some of which are relevant to the company. The company has decided not to early adopt any of the new and amended pronouncements. The company's assessment of the new and amended pronouncements that are relevant to the company but applicable in future reporting periods is set out below:

- AASB 9: *Financial Instruments* and associated Amending Standards (applicable to annual reporting periods beginning on or after 1 January 2018).

  The Standard will be applicable retrospectively (subject to the provisions on hedge accounting outlined below) and includes revised requirements for the classification and measurement of financial instruments, revised recognition and derecognition requirements for financial instruments, and simplified requirements for hedge accounting.

  The key changes that may affect the company on initial application include certain simplifications to the classification of financial assets, simplifications to the accounting of embedded derivatives, upfront accounting for expected credit loss, and the irrevocable election to recognise gains and losses on investments in equity instruments that are not held for trading in other comprehensive income. AASB 9 also introduces a new model for hedge accounting that will allow greater flexibility in the ability to hedge risk, particularly with respect to the hedging of non financial items. Should the company elect to change its hedge policies in line with the new hedge accounting requirements of the Standard, the application of such accounting would be largely prospective.

  Although the directors anticipate that the adoption of AASB 9 may have an impact on the company's financial instruments, it is impracticable at this stage to provide a reasonable estimate of such impact.

- AASB 16: *Leases* (applicable to annual reporting periods beginning on or after 1 January 2019).

  When effective, this Standard will replace the current accounting requirements applicable to leases in AASB 117: Leases and related Interpretations. AASB 16 introduces a single lessee accounting model that eliminates the requirement for leases to be classified as operating or finance leases.

  The main changes introduced by the new Standard include:

  - recognition of a right to use asset and liability for all leases (excluding short term leases with less than 12 months of tenure and leases relating to low value assets);
  - variable lease payments that depend on an index or a rate are included in the initial measurement of the lease liability using the index or rate at the commencement date;
  - by applying a practical expedient, a lessee is permitted to elect not to separate non lease components and instead account for all components as a lease; and
  - additional disclosure requirements

The transitional provisions of AASB 16 allow a lessee to either retrospectively apply the Standard to comparatives in line with AASB 108: *Accounting Policies, Changes in Accounting Estimates and Errors* or recognise the cumulative effect of retrospective application as an adjustment to opening equity on the date of initial application.

Although the directors anticipate that the adoption of AASB 16 will impact the company's financial statements, it is impracticable at this stage to provide a reasonable estimate of such impact.

2 Revenue and Other Income

		2016	2015
		$	$
Operating Activities			
– Accreditation income		**794,035**	1,092,908
– Grant income		**3,378,903**	3,649,027
– Overseas assessment fees		**1,654,242**	1,389,235
– Sundry income		**87,186**	19,149
Non operating activities			
– Finance charges income		**11,739**	-
– Make good payment amortised	1(b)	**73,120**	-
– Interest received		**67,745**	66,745
		6,066,970	6,217,064

3 Operating Segments

	Accreditation		Skilled Migration Services and Other		Total	
	2016	2015	2016	2015	2016	2015
	$	$	$	$	$	$
Revenue						
Grant income received	**3,799,794**	4,715,754	**-**	-	**3,799,794**	4,715,754
Less: unspent funds carried forward						
	(420,891)	(1,066,727)	**-**	-	**(420,891)**	(1,066,727)
Accreditation income	**794,035**	1,092,908	**-**	-	**794,035**	1,092,908
Overseas assessments	**-**	-	**1,654,242**	1,389,235	**1,654,242**	1,389,235
Other revenue	**110,949**	56,874	**43,982**	29,020	**154,931**	85,894
Make good payment amortised	**52,362**	-	**20,758**	-	**73,120**	-
Finance charges	**2,792**	-	**8,947**	-	**11,739**	-
	4,339,041	4,798,809	**1,727,929**	1,418,255	**6,066,970**	6,217,064
Expenses						
Direct expenses	**2,301,928**	2,500,152	**575,536**	667,108	**2,877,464**	3,167,260
Overheads	**2,289,592**	2,298,657	**572,451**	574,718	**2,862,043**	2,873,375
	4,591,520	4,798,809	**1,147,987**	1,241,826	**5,739,507**	6,040,635
Net surplus/(deficit)	**(252,479)**	-	**579,942**	176,429	**327,463**	176,429

4 Cash and Cash Equivalents

	2016	2015
	$	$
Cash at bank and in hand	**1,652,553**	560,548
Deposits at call	**1,615,870**	-
	3,268,423	560,548

Deposit at call were shown as held to maturity financial assets under note 6 in 2015. The reclassification ocurred due to the fact that the deposits mature within 3 months from year end.

5 Trade and Other Receivables

		2016	2015
		$	$
Current			
Trade receivables	14	**1,773**	259,947

Aged analysis

The ageing analysis of receivables is as follows:

	2016	2015
	$	$
0–30 days	**1,773**	183,057
61–90 days (past due not impaired)	**-**	76,890
	1,773	259,947

The carrying value of trade receivables is considered a reasonable approximation of fair value due to the short term nature of the balances.

6 Other financial assets

		2016	2015
		$	$
Current			
Held to maturity financial assets	14	**164,213**	3,079,602

Deposit at call that were shown as held to maturity financial assets in 2015 were reclassified to cash and cash equivalents under note 4. This ocurred due to the fact that the deposits mature within 3 months from year end.

7 Other Assets

	2016	2015
	$	$
Current		
Prepayments	**78,196**	21,197
Net GST receivable	**19,544**	-
Accrued income	**3,072**	33,305
Lease incentive#	**62,002**	-
	162,814	54,502
Non current		
Lease incentive#	**7,443**	-

Lease incentives for 15 Lancaster Place, Majura Park are recognised to income as the individual benefits are utilised.

8 Plant and equipment

	2016	2015
	$	$
Plant and equipment		
At cost	**238,544**	298,325
Accumulated depreciation	**(137,065)**	(228,447)
Total plant and equipment	**101,479**	69,878
Furniture, fixtures and fittings		
At cost	**862,275**	106,275
Accumulated depreciation	**(133,094)**	(66,245)
Total furniture, fixtures and fittings	**729,181**	40,030
Computer software		
At cost	**57,532**	76,697
Accumulated depreciation	**(48,565)**	(54,656)
Total computer software	**8,967**	22,041
Total plant and equipment	**839,627**	131,949

(a) Movements in carrying amounts of plant and equipment

Movement in the carrying amounts for each class of plant and equipment between the beginning and the end of the current financial year:

	Plant and Equipment	Furniture, Fixtures and Fittings	Computer Software	Total
	$	$	$	$
Year ended 30 June 2016				
Balance at the beginning of year	**69,878**	**40,030**	**22,041**	**131,949**
Additions	**82,515**	**756,000**	**2,990**	**841,505**
Disposals written down value	**(5,254)**	**-**	**(619)**	**(5,873)**
Depreciation expense	**(45,660)**	**(66,849)**	**(15,445)**	**(127,954)**
Balance at the end of the year	**101,479**	**729,181**	**8,967**	**839,627**
Year ended 30 June 2015				
Balance at the beginning of year	90,029	47,435	28,422	165,886
Additions	32,545	15,718	12,038	60,301
Depreciation expense	(52,696)	(23,123)	(18,419)	(94,238)
Balance at the end of the year	69,878	40,030	22,041	131,949

9 Trade and Other Payables

	2016	2015
	$	$
Current		
Unsecured liabilities		
Trade payables	**162,788**	85,172
Net GST payable	**-**	2,522
Payroll liabilities	**70,953**	69,700
	233,741	157,394

Financial liabilities at amortised cost classified as trade and other payables

		2016	2015
		$	$
Trade and other payables:			
total current		**233,741**	157,394
Less:			
Net GST payable		**-**	(2,522)
Financial liabilities as trade and other payables	14	**233,741**	154,872

10 Other financial liabilities

		2016	2015
		$	$
Current			
Make good payment	14	**84,859**	-
Non current			
Make good payment	14	**678,875**	-

The Make good payment is related to the rental premises of 15 Lancaster Place, Majura Park, described in note 13. The liability is recognised over the period of the lease of 10 years at a discount factor of 1.5%. The interest portion is separately recognised as a finance charge income as reflected in note 2 .The liability is represented by a lease incentive asset of $69,445 per note 7 and fit out costs of $650,000. The office fit out costs are reflected under additions in note 8(a). The lease incentive asset comprises of various benefits which ANMAC can utilise up to 20 February 2018. The liability to refund Canberra Airport for the office fit out costs is reduced to $nil over a 10 year period as per the table below:

Lease year in which Repayment Event occurs	Percentage of the Lessor's Fitout Contribution to be repaid
1	100%
2	89%
3	78%
4	67%
5	56%
6	44%
7	33%
8	22%
9	11%
10	0%

11 Employee Benefits

	2016	2015
	$	$
Current liabilities		
Long service leave	**253,796**	96,126
Annual leave	**273,978**	308,902
	527,774	405,028
Non current liabilities		
Long service leave	**65,372**	195,689

12 Other Liabilities

	2016	2015
	$	$
Current		
Income received in advance accreditations	**310,466**	466,858
Unspent grants	**420,891**	1,066,727
	731,357	1,533,585

The Nursing and Midwifery Board of Australia (NMBA) grant acquittal was submitted on the 12 September 2016. The amount of the unspent grant as a result of the acquittal submitted by ANMAC is $420,891, which is treated as a liability in the balance sheet. The NMBA grant acquittal is unaudited and is yet to be approved by NMBA.

13 Capital and Leasing Commitments

(a) Operating Leases

	2016	2015
	$	$
Minimum lease payments under non cancellable operating leases:		
– not later than one year	**510,765**	244,435
– between one year and five years	**1,629,734**	146,355
– later than five years	**2,172,585**	-
	4,313,084	390,790

The operating leases are related to ANMAC's office premises:

- ANMAC entered into a rental agreement on the 20 February 2016 for $358,809 p.a. The premises are 15 Lancaster Place Majura Park.
- Majura Park, Canberra Airport lease expires on 19 February 2026. Lease payments increase by 3.5% per annum.
- Level 2 Empire Chambers, University Avenue lease expires on 31 July 2017.
- Level 3 Empire Chambers, University Avenue lease expires on 31 August 2016.

14 Financial Risk Management

The totals for each category of financial instruments, measured in accordance with AASB 139 as detailed in the accounting policies to these financial statements, are as follows:

		2016	2015
		$	$
Financial Assets			
Cash and bank	4	**1,652,553**	560,548
Short term deposits		**1,615,870**	-
Held to maturity investments	6	**164,213**	3,079,602
Loans and receivables	5	**1,773**	259,947
Total financial assets		**3,434,409**	3,900,097
Financial Liabilities			
Financial liabilities at amortised cost			
– Trade and other payables	9	**233,741**	154,872
– Borrowings	10	**763,734**	-
Total financial liabilities		**997,475**	154,872

15 Members' Guarantee

The Company is incorporated under the Corporations Act 2001 and is a Company limited by guarantee. If the Company is wound up, the constitution states that each member is required to contribute a maximum of $ 100 each towards meeting any outstandings and obligations of the Company.

16 Key Management Personnel Disclosures

The totals of remuneration paid to the key management personnel of Australian Nursing and Midwifery Accreditation Council Limited during the year are as follows:

	2016	2015
	$	$
Short-term employee benefits	**721,987**	903,788

17 Auditors' Remuneration

	2016	2015
	$	$
Remuneration of the auditor of the company, Hardwickes Chartered Accountants (2015: Duesburys Nexia), for:		
– auditing the financial statements	**20,000**	20,000
– other services (Duesburys Nexia)	**800**	104,128
– prior year under accrual	**3,585**	-
Total	**24,385**	124,128

18 Contingencies

In the opinion of the Directors, the Company did not have any contingencies at 30 June 2016 (30 June 2015:None).

19 Related Parties

Transactions between related parties are on normal commercial terms and conditions no more favourable than those available to other parties unless otherwise stated. No related party transactions occurred during the year except for the payments to executive management personnel as per the remuneration note 16.

20 Cash Flow Information

(a) Reconciliation of result for the year to cashflows from operating activities

Reconciliation of net income to net cash provided by operating activities:

	2016	2015
	$	$
Profit for the year	**327,463**	176,427
Cash flows excluded from profit attributable to operating activities		
Non cash flows in profit:		
– amortisation of make good payment	**(73,120)**	-
– depreciation	**127,954**	94,238
– loss on disposal of plant and equipment	**1,522**	-
– Finance charges on make good payment	**(11,738)**	-
– increase in expenses by lease incentive asset	**129,147**	-
Changes in assets and liabilities, net of the effects of purchase and disposal of subsidiaries:		
– (increase)/decrease in trade and other receivables	**288,407**	(33,343)
– (increase)/decrease in prepayments	**(56,999)**	(5,682)
– increase/(decrease) in income in advance	**(802,228)**	1,000,065
– increase/(decrease) in trade payables	**78,869**	(23,531)
– increase/(decrease) in net GST payable/(receivable)	**(22,066)**	24,510
– increase/(decrease) in employee benefits	**(7,571)**	64,880
Cashflow from operations	**(20,360)**	1,297,564

21 Events after the end of the Reporting Period

The financial report was authorised for issue on 18 October 2016 by the Board of Directors.

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the Company, the results of those operations or the state of affairs of the Company in future financial years.

22 Company Details

The registered office of and principal place of business of the company is:

Australian Nursing and Midwifery Accreditation Council Limited

15 Lancaster Place Majura Park

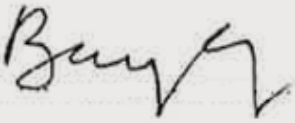
CANBERRA AIRPORT ACT

Statement of financial position
As at 30 June 2016

The directors of the entity declare that:

1. The financial statements and notes, as set out on pages 11 to 30, are in accordance with the *Australian Charities and Not for profits Commission Act 2012* and:
   (a) comply with Australian Accounting Standards – Reduced Disclosure Requirements; and
   (b) give a true and fair view of the financial position as at 30 June 2016 and of the performance for the year ended on that date of the entity.
2. In the directors' opinion, there are reasonable grounds to believe that the entity will be able to pay its debts as and when they become due and payable.

This declaration is signed in accordance with subs 60.15(2) of the *Australian Charities and Not for profits Commission Regulation 2013*.



Ann Kinnear
Chair
18 October 2016

Mr Peter Bayley
Chair—Finance, Audit & Risk Committee
18 October 2016

6 Phipps Close Deakin ACT 2600
PO Box 322 Curtin ACT 2605

T 02 6282 5999
F 02 6282 5933
E info@hardwickes.com.au

www.hardwickes.com.au

Hardwickes
ABN 35 973 838 183

Hardwickes Partners Pty Ltd
ABN 21 008 401 536

Liability limited by a scheme
approved under Professional
Standards Legislation

Independent Audit Report to the members of Australian Nursing and Midwifery Accreditation Council Limited

Report on the Financial Report
We have audited the accompanying financial report of Australian Nursing and Midwifery Accreditation Council Limited, which comprises the statement of financial position as at 30 June 2016, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the directors' declaration.

Directors' Responsibility for the Financial Report
The directors of the Company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and the *Australian Charities and Not-for-profits Commission Act 2012* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility
Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about whether the financial report is free from material misstatement.
An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Company's preparation of the financial report that gives a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

Independence
In conducting our audit, we have complied with the independence requirements of the *Corporations Act 2001*. We confirm that the independence declaration required by the *Australian Charities and Not-for-profits Commission Act 2012*, which has been given to the directors of Australian Nursing and Midwifery Accreditation Council Limited, would be in the same terms if given to the directors as at the time of this auditor's report.

CHARTERED ACCOUNTANTS
AUSTRALIA · NEW ZEALAND

32

6 Phipps Close Deakin ACT 2600
PO Box 322 Curtin ACT 2605

T 02 6282 5999
F 02 6282 5933
E info@hardwickes.com.au

www.hardwickes.com.au

Hardwickes
ABN 35 973 938 183

Hardwickes Partners Pty Ltd
ABN 21 008 401 536

Independent Audit Report to the members of Australian Nursing and Midwifery Accreditation Council Limited

Opinion
In our opinion the financial report of Australian Nursing and Midwifery Accreditation Council Limited has been prepared in accordance with Div 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

(a) giving a true and fair view of the registered entity's financial position as at 30 June 2016 and of its financial performance and cash flows for the year ended on that date; and

(b) complying with Australian Accounting Standards and the *Australian Charities and Not-for-profits Commission Regulation 2013*.

Hardwickes
Hardwickes Chartered Accountants
Chartered Accountants

R Johnson
Robert Johnson FCA
Partner
CANBERRA

18 October 2016

CHARTERED ACCOUNTANTS
AUSTRALIA · NEW ZEALAND

33

Annex A—
Membership of ANMAC Committees

Governance Committee Membership

Chair

Lee Thomas—ANMAC Board Director

Members

Ann Kinnear—ANMAC Board Director (Chair)

Leone English—ANMAC Board Director

Eileen Jerga AM—ANMAC Community Board Director

Finance, Audit and Risk Committee Membership

Chair

Peter Bayley—ANMAC Community Board Director

Deputy chair

Eileen Jerga AM—ANMAC Community Board Director

Members

Leena Sudano—ANMAC Community Board Director

Adjunct Professor Debra Thoms—ANMAC Board Director

Standards, Accreditation and Assessment Committee Membership

Chair

Professor Bob Meyenn—ANMAC Board Director, Educational Expert, New South Wales

Deputy Chair

Professor Wendy Cross—ANMAC Board Director, nominee of the Council of Deans Nursing & Midwifery (Australia and New Zealand), Victoria

Members

Dr Tom Buckley—Chair, Nurse Practitioner Accreditation Committee, New South Wales

Professor Phillip Della—Chair, Registered Nurse Accreditation Committee, Western Australia

Leone English—ANMAC Board Director, VET Higher Education nominee, Victoria

Colleen Gibbs—CATSINaM nominee, Australian Capital Territory

Gabrielle Koutoukidis—Chair, Enrolled Nurse Accreditation Committee, Victoria

Dr Jan Taylor—Chair, Midwife Accreditation Committee, Australian Capital Territory

International Consultative Committee

Chair

Professor Wendy Cross—ANMAC Board Director, Victoria

Deputy chair

Professor Bob Meyenn—ANMAC Board Director, New South Wales

Members

Nick Blake—Australian Nursing and Midwifery Federation nominee, Victoria

Sharon Cole—Midwifery Council of New Zealand representative, New Zealand

Liz Campbell-Dorning—Department of Education, Employment and Workplace Relations nominee, Australian Capital Territory

Chris Carman—Migration Institute of Australia nominee, New South Wales

Samantha Clausen—Representative from AHPRA, South Australia

Denise Fassett—Nursing and Midwifery Board of Australia nominee, Tasmania

Professor Lesleyanne Hawthorne—International Health Workforce representative, Victoria

Carolyn Reed—Nursing Council of New Zealand representative, New Zealand

Anne Samuelson—International Education Provider, The Australian College of Nursing, Australian Capital Territory

Tim Stapleton—Department of Foreign Affairs and Trade nominee, Australian Capital Territory

Sarah Stewart—Representative from Midwifery, Australian Capital Territory

Katherine Whitehead—Department of Immigration and Citizenship nominee, Australian Capital Territory

Enrolled Nurse Accreditation Committee

Chair

Gabrielle Koutoukidis—Associate Director, Health and Community Care, Chisholm Institute, Victoria

Deputy Chair

vacant

Members

Professor Melanie Birks –Professor of Nursing (Teaching and Learning), School of Nursing, Midwifery and Nutrition, James Cook University, Queensland

Debbie Blow – Director of Community Services, Health and Nursing, TAFE Gold Coast, Queensland

Julie Fereday—Learning Portfolio Manager, Health, Central Institute of Technology, Western Australia

Robin Girle—Nurse Manager, Nursing and Midwifery Practice and Workforce Unit, South Eastern Sydney Local Health District, New South Wales

Susan Hopkins—Educational Manager CS&H, TAFE SA, South Australia

Vacant

Academic Expert

Senior education expert

Clinician (or clinical manager accredited—EN nominated by National Enrolled Nurse Association (NENA)

Registered Nurse Accreditation Committee

Chair

Professor Phillip Della—Deputy Pro Vice-Chancellor Health Sciences, Curtin University, Western Australia

Deputy chair

Dr Rhonda Wilson—Lecturer Mental Health Nursing, School of Health, University of New England, New South Wales

Members

Professor Jane Conway—Deputy Head of School and Professor Teaching, Learning and Scholarship, School of Health, University of New England, New South Wales

Professor Iain Graham—Dean of Health and Head of School, School of Health and Human Sciences, Southern Cross University (Lismore), New South Wales

Leeanne Heaton—Head of Program (BN), School of Nursing & Midwifery, Higher Education Division, Central Queensland University, Mackay, Queensland

Erin McLeod—ADON Education, Nursing and Midwifery, THS, Southern Region, Royal Hobart Hospital, Tasmania

Mary Miller—Director Nursing & Midwifery Workforce & Reform, WA Country Health Service, Perth, Western Australia

Associate Professor Nikki Phillips—Senior Lecturer in Nursing, Director of Undergraduate Studies, School of Nursing and Midwifery, Deakin University, Victoria

Dr Nicholas Ralph—Senior Lecturer (BN Program Coordinator), School Coordinator (Learning & Teaching) School of Nursing & Midwifery, Faculty of Health, Engineering and Sciences, University of Southern Queensland, Queensland

Professor Ramon Shaban—Director, Clinical Chair, Infection Prevention and Control, Griffith University and Gold Coast Hospital and Health Service, Queensland

Midwife Accreditation Committee Membership

Chair

Dr Jan Taylor—Associate Professor of Midwifery, Disciplines of Nursing & Midwifery, Faculty of Health, University of Canberra, Australian Capital Territory

Deputy chair

Janice Butt— Coordinator, Midwifery Education, King Edward Memorial Hospital (KEMH) & Associate Director, Midwifery, Curtin University, Western Australia

Professor Deborah Davis—Professor of Midwifery, Clinical Chair. Convener, program in prescribing for registered midwives and Postgraduate midwifery programs, ACT Health and University of Canberra, Australian Capital Territory

Adjunct Professor Elaine Dietsch—School of Nursing and Midwifery, Griffith University, Queensland

Amelia Druhan—Parent Educator, Calvary Health Care, Bruce, Australian Capital Territory

Associate Professor Joanne Gray—Associate Dean, Teaching & Learning, Faculty of Health, University of Technology Sydney, New South Wales

Dr Michelle Newton—BN/BM Course Coordinator, La Trobe University, Victoria

Dr Lisa Nissen—Professor (Head), School of Clinical Sciences, Queensland University of Technology, Queensland

Dr Mary Sidebotham—Associate Professor/Program Director Master of Primary Maternity Care, School of Nursing and Midwifery, Griffith Health, Griffith University, Queensland

Associate Professor Moira Williamson—Head of Midwifery Program, Central Queensland University, Noosaville, Queensland

Nurse Practitioner Accreditation Committee

Chair

Dr Thomas Buckley—Course coordinator, Clinical Nursing and Nurse Practitioner, University of Sydney, New South Wales

Deputy chair

Professor Maxine Duke—Head of School of Nursing & Midwifery, Deakin University, Victoria

Dr Grainne Lowe—Vice President, Australian College of Nurse Practitioners, Victoria

Professor Catherine Hungerford—Head of School, School of Nursing, Midwifery and Indigenous Health, Charles Sturt University (Wagga Wagga), New South Wales

Dr Lisa Nissen—Professor (Head), School of Clinical Sciences, Queensland University of Technology, Queensland

Stuart Smith—Emergency Nurse Practitioner, Modbury Hospital, South Australia

John Smithson—Senior Lecturer/Course Coordinator of Nurse Practitioner Course, School of Nursing, Midwifery and Nutrition, James Cook University, Queensland

Dr Haakan Strand—Senior Lecturer, Program Convener-Master of Nurse Practitioner Studies, The University of Queensland, Queensland