



Australian  
**Nursing & Midwifery**  
Accreditation Council

anmac

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**annual report** 2012–13





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# about ANMAC

The Australian Nursing and Midwifery Accreditation Council (ANMAC)<sup>1</sup> is the independent accrediting authority for nursing and midwifery education programs under the National Registration and Accreditation Scheme.<sup>2</sup>

ANMAC plays a key role in protecting and promoting the health and safety of the Australian community by ensuring high standards of nursing and midwifery education. This assures the community that nurses and midwives who complete programs accredited by ANMAC can practise and care for people in a safe and competent manner.

In performing its role, ANMAC:

- develops accreditation standards for nursing and midwifery programs leading to registration or endorsement in Australia
- accredits Australian nursing and midwifery programs leading to qualifications that enable registration or endorsement as a nurse or midwife
- accredits Australian education providers of nursing and midwifery programs leading to registration or endorsement
- assesses internationally qualified nurses and midwives for the purposes of permanent migration<sup>3</sup>
- develops, reviews and provides policy advice on matters relating to accreditation and skilled migration of nurses and midwives.

## Values

- integrity
- learning
- accountability
- inclusiveness
- excellence.

## Vision

ANMAC is respected for its leadership in nursing and midwifery accreditation.

## Leadership and influence

- Demonstrate ANMAC's role and leadership as the national accrediting body for nursing and midwifery in Australia.
- Provide advice to relevant agencies on nursing and midwifery accreditation issues.
- Develop and maintain relationships with nursing and midwifery professional organisations, the Nursing and Midwifery Board of Australia (NMBA), government agencies, the community and other key stakeholders.
- Contribute to and support international accreditation initiatives.

<sup>1</sup> ANMAC was established as the 'external accreditation entity' by the Nursing and Midwifery Board of Australia in April 2010 under section 43 of the Health Practitioner Regulation National Law 2009 Act (Qld)—National Law.

<sup>2</sup> The objectives of the National Registration and Accreditation Scheme are found in Section 3(2) of the National Law—[www.legislation.qld.gov.au/LEGISLTN/ACTS/2009/09ACo45.pdf](http://www.legislation.qld.gov.au/LEGISLTN/ACTS/2009/09ACo45.pdf)

<sup>3</sup> ANMAC is the assessing authority for the Australian Department of Immigration and Citizenship (DIAC). ANMAC conducts assessments of the qualifications of registered nurses and midwives who intend to migrate to Australia under the General Skilled Migration category. Through this process ANMAC determines whether registered nurses and midwives are suitable for migration or whether they may need to undertake further education to be eligible for migration in the stated skill category. ANMAC was appointed as the assessing authority for the skilled migration of enrolled nurses in June 2012.



**Top: Signing of Memorandum of Understanding with the Nursing Council of New Zealand**

(L to R) Amanda Adrian, Chief Executive Officer, Dr Margaret Southwick, Chairperson, Nursing Council of New Zealand, Carolyn Reed, Chief Executive/Registrar, Nursing Council of New Zealand

**Left: Visiting ANMAC**

(L to R) Amanda Adrian, Chief Executive Officer, Professor Jill White, Chair, Carolyn Reed, Chief Executive/Registrar, Nursing Council of New Zealand, Dr Margaret Southwick, Chairperson, Nursing Council of New Zealand



### Capability and performance

- Comply with legislated requirements.
- Maintain and continuously improve effective business systems and processes.
- Promote an organisational culture characterised by respect for diverse views, innovation and safety.
- Provide excellence in customer service.
- Comply with leading contemporary practices for governance and organisational management.

### Strategic directions 2013

- Position ANMAC to lead the agenda for standards in nursing and midwifery.
- Build capacity in staff and systems.
- Forge strong, clear relationships with key stakeholders
- Implement robust governance and controls.

# highlights and challenges

The year covered by this annual report presented some significant highlights however, with any organisational growth there have also been a few challenges.

## Highlights

### 1 July 2012–31 December 2012

Significant infrastructure development, including new website and database—November 2012

Approval and introduction of reviewed accreditation standards for registered nurses—October 2012

Began accepting applications with the new accreditation standards for registered nurses—December 2012

### 1 January 2013–30 June 2013

Appointment as the accreditation authority for nursing and midwifery in Australia for a further five years.

Standards, Development and Review Coordinator appointed—January 2013

Signing of Memorandum of Understanding with Nursing Council of New Zealand and Midwifery Council of New Zealand—February 2013

ANMAC Enterprise Agreement 2013–15 approved by the Fair Work Commission—February 2013

Participation in the 2nd Canada-Australia Roundtable on foreign qualification recognition in Vancouver—March 2013

Participation in and presentation at the International Congress of Nurses in Melbourne—May 2013

Developed and endorsed revised standards for assessing internationally qualified nurses and midwives for migration—June 2013

89 education programs accredited—1 July 2012 to 30 June 2013

4747 skills assessments received, representing an increase of 254 per cent on the previous year—1 July 2012 to 30 June 2013

New staff appointments confirmed, bringing ANMAC's staff complement to 27.7 full-time equivalent—30 June 2013

New member organisation, the Australian College of Nursing, joins ANMAC—September 2013

## Challenges

Ongoing challenges of 'starting up'—organisational development and building staff capability and systems capacity.

Review by the NMBA as the accreditation authority for nursing and midwifery for a further five years.

Development of draft accreditation standards for entry programs for internationally qualified registered nurses (EPIQ-RN).

Review of accreditation standards for re-entry programs for registered nurses.

Prepare standards and processes for assessment of internationally qualified enrolled nurses.



# from the chair notable achievements

2012–13 was a significant year for ANMAC.

One of the most notable achievements was the extensive review of ANMAC's performance by the NMBA and Australian Health Practitioner Regulation Agency (AHPRA) and the ultimate approval for ANMAC to serve as the national independent accreditation authority for nursing and midwifery for a further five years. This is the maximum period any health professional accreditation body across Australia is permitted to serve. This achievement is an extraordinary testament to the work of Amanda Adrian, Chief Executive Officer (CEO) and her strong team, led by Donna Mowbray, Accreditation Services, Mark Braybrook, International Services and Kay Taylor, Corporate Services.

Another notable achievement in 2012–13 was the extensive review of the accreditation standards for registered nurses. These revised standards have been exceptionally well received.

During the year, work was well underway on conducting in-depth and extensive reviews of accreditation standards, and developing new accreditation standards, specifically for midwives, internationally qualified nurses and for re-entry nurses who have not been registered for five years or more. In conducting this body of work, ANMAC is building on the knowledge gained through and lessons learned from reviewing the accreditation standards for registered nurses. This assures the Australian community that new standards will be of the best quality.

Board Director and Clinical Professor Fiona Stoker, from the Department of Health and Human Services in Tasmania, led the development of an internal and external communications strategy and ANMAC is recruiting for a Director of Strategy Implementation and Communications, acknowledging how critical communications is to our work and to people's confidence in our abilities.

ANMAC's staff complement grew exponentially to match its increasing workload, with 27.7 (full-time equivalent) people employed and no-one

with a moment to spare. The workload included the rise in the numbers of accreditations and international assessments that took place in the year. The enormous shift in ANMAC's 'business' and 'busyness', necessitated improvements in the design of our work processes, as well as in our information and communications technology systems.

And finally to governance. I thank the members of ANMAC's Board for their continued dedication, support and hard work. I believe the organisation is strong, robust and well governed, and pays significant attention to risk and development. I will be stepping down as Chair in October this year at the end of my term as nominee of the Council of Deans of Nursing and Midwifery. I am incredibly proud of what ANMAC and its Board have achieved in such a turbulent and short time and hand over the chairpersonship in confidence that the next chapter will be even more productive. This will end well over a decade of my continued engagement with nursing and midwifery regulation in this country. I am delighted to have played a small role in including midwifery in regulation as a separate and distinct discipline in Australia, and in seeing the move to national registration and accreditation. I am privileged to have been a part of this exciting time.

In last year's annual report, I suggested that ANMAC would focus on 'continued standards reviews, strengthening stakeholder engagement, building staff capacity, streamlining business processes and refining robust governance and controls' in 2012–13. This has been achieved and is cause for celebration. I know ANMAC will continue to perform at an excellent level.



**Professor Jill White AM**  
ANMAC Board Chair



**Professor Jill White**  
ANMAC Board Chair

## from the CEO

ANMAC celebrated its third birthday on 1 July 2013. In the organisation's third year of life, the Board, Board Committees, staff and stakeholders watched ANMAC evolve and show real signs of maturity, more evened-out growth and development.



**Amanda Adrian**  
Chief Executive Officer

That said, it is only with the continued commitment and hard work of everyone involved that we are what we are today. I thank all those involved and acknowledge the ongoing dedication and belief in the purpose and integrity of ANMAC. It is heartfelt.

To the members of the Board—you strategically took the challenging step of focusing less on operational matters and more on governance and oversight, in recognition of our organisation readiness. I appreciate the grace with which this was achieved, particularly on the part of the executive management team.

To the members of Board Committees, expert reference committees and assessors—your passion for quality education for the nursing and midwifery professions is awe inspiring. It is also vital for us to conduct our critical regulatory function of accrediting nursing and midwifery education programs leading to registration and endorsement in Australia and assessing internationally qualified nurses and midwives seeking to migrate to Australia as skilled migrants.

To the members of the Executive Team—your capable and committed leadership of your individual teams of diverse staff—it is very much appreciated. It has been a source of inspiration and one I have never taken for granted.

To the staff—you are the young, but strong bones of this growing organisation. Your versatility, acumen and good humour in taking up each new developmental step, no matter how challenging, are applauded.

The year covered by this annual report presented some significant milestones. The formal and extensive review of ANMAC as the accreditation authority for nursing and midwifery under the National Law, conducted by the NMBA so early in our existence, was resource intensive but a useful opportunity to reflect on how far we had come in so short a time. Conducted over most of 2012–13, we were pleased that the NMBA recognised the giant steps we had taken in our two-and-a-bit years of operation and are thrilled with the decision to renew our delegation under the National Law for a further five years. This is laudable when considering that most accreditation authorities for the other health professions in Australia examined by the NMBA had been established as national entities for a number of years.

The NMBA review was valuable in providing some lessons, each of which we are taking seriously. One was the need to improve our communication strategies and relationships with many of our key stakeholders. It was gratifying that the strategic planning processes undertaken by the Board in 2012 had already identified this and some other areas for improvement and had them built into the ANMAC Strategic Plan 2012–2015. The review also sent a clear message that we must continue to recognise the unique voices of each state and territory in which we conduct business and work has already begun on this. The 'fickleness of federation' brings with it sensitivities we cannot ignore.

During 2012–13, the National Law continued to demand that we work hard on our relationships with our co-regulators—the NMBA and Australian Health Professions Regulatory Agency (AHPRA). We also need to build our relationships with the accreditation councils of the other health professionals (brought together as the Health Professions Accreditation Councils' Forum), the other national boards for regulated health professions and Health Workforce Australia. While the new rules of engagement under the National Law have created some tensions, they are also innovative and offer remarkable benefits. We are building on these to achieve the objectives of this remarkable piece of legislation. After all, this is about Australian health care, provided by well educated, high-quality health professionals.

Accreditation standards are the foundation of ANMAC's work. In 2012–13, we reached a major milestone with the successful review of accreditation standards for registered nurses. The review comprised an extensive regime of consultation papers, surveys and forums which have provided us with a strong model to use in the even more pressing developmental and review projects ahead.

The imperative to develop accreditation standards for entry programs for internationally qualified registered nurses became apparent early in our assessment of the accreditation standards for registered nurses. The potential risks to the community resulting from variation in the quality of programs across Australia became evident to our Board, Accreditation and Assessment Committee, (now the Standards, Accreditation and Assessment Committee), Registered Nurse Accreditation Committee and assessment teams as the education programs

came forward to be reviewed. Assessing these entry programs is a long and arduous process, involving extensive negotiations and a sharp focus on improving quality. It also became evident that incorrect assumptions had been made about the capability of the full scope of other regulatory frameworks involved in education and migration in the education sector.

By the end of 2013, we will have developed accreditation standards for EPIQ-RN. We will also have reviewed the accreditation standards for registered nurse re-entry programs. The ultimate outcome will improve the quality and consistency of these programs across Australia.

An important component of ANMAC's work is assessing internationally qualified registered nurses and midwives seeking to migrate here under Australia's skilled migration provisions. ANMAC has revised the assessment standards associated with this to include the need to assess enrolled nurses from 1 July 2013. This body of work is being handled under delegation from DIAC and is one of two portals of entry for nurses and midwives seeking to work in their professions in Australia. We have been working with AHPRA, the agency responsible for enabling nurses and midwives to register and work here, to ensure robustness, consistency, timeliness and ease of access in assessment processes. The ideal is to establish a single, national portal and we are all working towards this ultimate goal.



**Amanda Adrian**  
Chief Executive Officer

# governance

ANMAC was established as the independent accreditation authority by the NMBA.

Since incorporation, ANMAC and its Board have been diligent in establishing the governance framework and systems needed to underpin the accreditation function. Board Committees and expert reference groups, each with terms of reference, were established at the outset to manage key governance responsibilities.

The strategic plan lists the ANMAC governance principles.<sup>4</sup>

ANMAC continued to develop and refine its governance arrangements throughout the year, enabling the organisation to demonstrate its role and leadership.

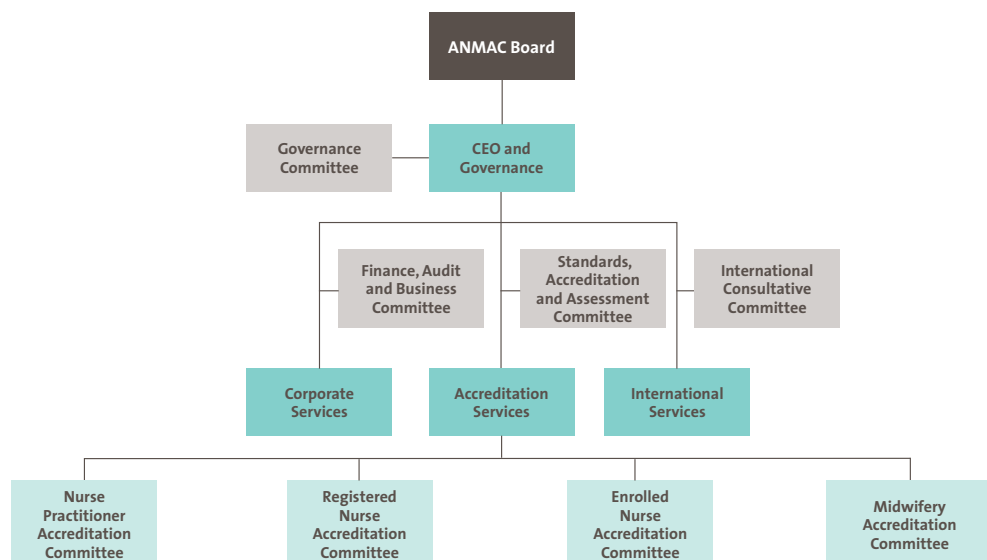
The ANMAC Board held a strategic planning session in August 2012. One outcome was the decision to review our committee structure to ensure it supports our functions and operations. As a result, the new Standards, Accreditation

and Assessment Committee (SAAC) was formed, replacing both the Research, Innovation and Policy Committee and Accreditation Advisory Committee. The purpose of SAAC is to 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 Australian community.

The existing International Consultative Committee (ICC) and the four accreditation committees (one each for registered nurses, midwives, nurse practitioners and enrolled nurses) continue their important work as ANMAC expert reference groups.

Figure 1 shows the organisational structure, which reflected ANMAC's governance arrangements through 2012–13.

**Figure 1 ANMAC organisation structure and governance**



4 [http://www.anmac.org.au/sites/default/files/documents/20130730\\_ANMAC%20Strategic%20Plan%202012-2015.pdf](http://www.anmac.org.au/sites/default/files/documents/20130730_ANMAC%20Strategic%20Plan%202012-2015.pdf)



## ANMAC Board

The ANMAC Board comprises representatives and directors from a wide range of stakeholder organisations, enabling ANMAC to maximise robust expert and community input into its governance decisions. The Board held six formal meetings throughout the year

Members come from the following organisations:

- Australian College of Midwives
- Australian Nursing Federation
- Congress of Aboriginal and Torres Strait Islander Nurses
- Council of Deans of Nursing and Midwifery
- Australian College of Nursing.

Other ANMAC directors are:

- one nominee from the vocational education and training sector
- one nominee from the Australian Government
- one nominee from the health ministry in each state and territory
- four representatives from the community
- one expert from the education sector.

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

## Board members

### **Professor Jill White AM** **Chair**

RN, RM, B Ed, MEd, PhD  
Nominee  
Council of Deans of Nursing and Midwifery

### **Ms Lee Thomas** **Deputy Chair**

RN, RM (Neo), BN, MRCNA  
Federal Secretary  
Australian Nursing Federation, Federal Office  
Australian Capital Territory

### **Adjunct Professor Debra Thoms**

RN, RM, BA, MNA, Grad Cert Bioethics, Adv Dip  
Arts, FACN, FACHSM (Hon)  
Chief Executive Officer  
Australian College of Nursing  
Australian Capital Territory

### **Ms Roslyn Donnellan-Fernandez**

RN, RM, MHN, IBCLC, MN, BN, DipN, JP (SA)  
Board Member  
Australian College of Midwives  
Australian Capital Territory

### **Ms Faye Clarke**

RN, GCDE, GCDE  
Director  
Congress of Aboriginal and  
Torres Strait Islander Nurses, Victoria

## Board and ANMAC Chief Executive Officer

(L to R) Leone English, Robert Meyenn, Rosemary Bryant, Therese Findlay, Debra Thoms, Amanda Adrian, Gregory Sam, Roslyn Donnellan-Fernandez, Jill White, Joanna Holt, Faye Clarke, Lee Thomas, Eileen Jerga

**Photo of Board member not in photo:** Fiona Stoker

## Community directors

### Mr Gregory Sam

MPH, BAppSc, BArts (Admin)  
Chief Executive Officer  
Rural Health Workforce Australia, Victoria

### Ms Eileen Jerga AM

BA, MBA, AICD  
Company Director  
Australian Capital Territory

### Ms Joanna Holt

BSc (Hons), MHP  
Chief Executive  
NSW Kids and Families  
New South Wales

### Ms Therese Findlay

MAppSci, GradDip (SocEc)  
Admissions, Respite Care  
Salvation Army  
Australian Capital Territory

## Other directors

### Dr Rosemary Bryant

RN, BA, GradDip (Health Admin), FRCNA  
Chief Nurse and Midwifery Officer  
Emeritus Director of Nursing  
Department of Health and Ageing (Australian  
Government), Australian Capital Territory

### Clinical Professor Fiona Stoker

RN, DCPN (London), B Bus, GradCert (PSM), MBA  
Chief Nurse and Midwifery Officer  
Department of Health and Human Services  
Tasmania

### Ms Leone English

RN (Vic), BN, BTch (Adult), MEd (Adult),  
Grad Dip (Mgt)  
Dean, Faculty of Health Science and  
Community Studies  
Holmesglen Institute, Victoria

### Professor Robert Meyenn

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

## Board committees and working groups

As part of its governance arrangements, the ANMAC Board has established a series of committees and working groups in accordance with its objectives. These help ANMAC fulfill its strategic goals and meet its legal obligations.

The Board appoints the Chair for each committee and expert working group. Each committee may recommend to the Board that other persons with appropriate experience and expertise as determined by ANMAC be co-opted to join that committee. Committees and expert working groups report to ANMAC through the Committee Chair or Chief Executive Officer.

The purpose and objectives of each committee are listed in this section. Chairs and members are listed in Annex A.

**Table 1 Board member attendance at meetings held during 2012–13**

Name	Eligible to attend	Number attended
Dr Rosemary Bryant	6	5
Faye Clarke	5	5
Leone English	6	5
Roslyn Donnellan-Fernandez	6	5
Therese Findlay	6	5
Joanna Holt	6	6
Eileen Jerga	6	6
Professor Robert Meyenn	6	5
Gregory Sam	6	4
Clinical Professor Fiona Stoker	6	5
Lee Thomas	6	3
Adjunct Professor Debra Thoms	6	6
Professor Jill White	6	6



## Governance Committee

### Purpose

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

### Objectives

Deal with matters relating to the:

- Constitution—review and amendment, and notice to the Board
- Board governance policy
- committee governance policy
- conduct of Board meetings
- strategic directions and development of the framework for the conduct of its business
- workplace health and safety
- CEO remuneration.

## Finance, Audit and Business Committee

### Purpose

Ensure ANMAC's finance, audit and business functions, including the policies and procedures underpinning the conduct of the business and human resource management functions, comply with current regulatory requirements and reflect contemporary business, governance and ethical requirements in Australia.

### Objectives

Deal with matters relating to:

- finance, budget and audit
- all other matters under the auspices of Corporate Services including:
  - human resources
  - occupational health and safety
  - environmental management
  - payroll.

Prepare, review and update annually and as required:

- business plan
- risk management plan
- business continuity plan.

### Staff of CEO and Governance

(L to R) Alison Sette, Amanda Adrian, Gillian Heard

## Registered Nurse Accreditation Committee

### Purpose

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

- reviewing the processes and outcomes of assessments undertaken by ANMAC assessment teams for registered nurse programs of study leading to registration and endorsement as a registered nurse
- making recommendations to the Board on accreditation.

### Objectives

- Review reports from individual assessment teams and ensure that the evidence for programs being assessed meets the accreditation standards.
- Make recommendations to the Board 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.

## Nurse Practitioner Accreditation Committee

### Purpose

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

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

### Objectives

- Review the reports from individual assessment teams and ensure that the evidence for programs being assessed meets the accreditation standards.
- Make recommendations to the Board 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.

## Midwifery Accreditation Committee

### Purpose

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

- reviewing the processes and outcomes of assessments undertaken by ANMAC assessment teams for midwifery programs of study leading to registration and endorsement as an eligible midwife
- making recommendations to the Board on accreditation.

### Objective

- Review the reports from individual assessment teams and ensure that the evidence for programs being assessed meets the accreditation standards.
- Make recommendations to the Board 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.

## Enrolled Nurse Accreditation Committee

### Purpose

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

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

### Objectives

- Review the reports from individual assessment teams and ensure that the evidence for programs being assessed meets the accreditation standards.
- Make recommendations to the Board 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.



## Standards, Accreditation and Assessment Committee

### Purpose

Promote and protect the health of the Australian community by ensuring that the standards, policies and procedures underpinning assessment and accreditation are effective, fair and based on contemporary research and best practice.

### Objectives

- Ensure that 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 to ensure they operate effectively and efficiently and within a framework of risk management and quality improvement.
- Monitor and evaluate feedback from clients and other stakeholders to improve systems and processes.
- Oversee policy analysis, review of and response to external policies relevant to ANMAC's functions.
- 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

Promote and protect the health of the Australian community by ensuring ANMAC's assessment system for assessing the qualifications of international nursing and midwifery applicants meets contemporary best practice.

### Objectives

- Discuss and advise on issues relating to the business of ANMAC's International Services—policies, procedures, information management, fees and other relevant matters.
- Liaise with relevant stakeholders.
- Liaise with ANMAC's Standards, Accreditation and Assessment Committee on projects to be undertaken.

## Engagement and communication with industry

To achieve its objectives, ANMAC continues to build strong relationships with a wide range of organisations and individuals. This enables us to extend our reach and build our knowledge. Some of the industry bodies we communicated with during the year are listed below:

- Nursing and Midwifery Board of Australia
- Australian Health Practitioner Regulation Agency
- Health Workforce Australia
- Health Professions Accreditation Councils' Forum (and councils individually)
- Council of Deans of Nursing and Midwifery
- Nursing and Midwifery Stakeholder Group (through the Australian Government's Department of Health and Ageing)
- other government and agency committees relating to ANMAC's business.

ANMAC, its Board directors and senior executive staff also belong to a number of professional and business organisations, including:

- Australian Institute of Company Directors
- Professions Australia
- Associations Forum
- many nursing and midwifery professional organisations.

ANMAC continued building relationships with the following organisations:

- Tertiary Education Quality and Standards Agency
- Australian Skills Quality Authority
- TAFE Directors Australia
- Australian Council for Private Education and Training
- Nursing Council of New Zealand
- Midwifery Council of New Zealand
- other international nursing and midwifery regulatory authorities with accreditation responsibilities.

## accreditation services

ANMAC has been the independent accrediting authority for the nursing and midwifery professions under the National Registration Accreditation Scheme since 1 July 2010.

ANMAC is also responsible for developing new accreditation standards and regularly reviewing and improving the existing accreditation standards approved under the scheme. These standards are the lynchpin of the accreditation system. All programs of study leading to registration or endorsement as a nurse or midwife are assessed against them.

The goals of Accreditation Services are to:

- ensure the principles guiding the national accreditation scheme are reflected in ANMAC's work
- work in partnership with the NMBA and other relevant stakeholders
- develop and implement a monitoring and quality assurance framework to support the national accreditation scheme
- continue to ensure that the National Accreditation Framework and standards remain contemporary
- communicate the framework and standards to the community.

### Major achievements 2012–13

- accredit 89 programs of study
- assess seven major modifications to accredited programs of study
- begin to develop accreditation standards for EPIQ-RN
- begin to review accreditation standards for registered nurse re-entry programs
- begin to review accreditation standards for midwifery

### Progress and challenges

Accreditation Services had another highly productive year, with many achievements and successes. A highlight was the implementation of the revised—and now approved—ANMAC Registered Nurse Accreditation Standards.

Another achievement was the number of programs of study accredited. The team accredited 52 programs in 2011–12 and 89 in 2012–13 despite being the accrediting authority for the National Registration Accreditation Scheme for a relatively short time.

The Accreditation Services team continued to build and implement robust operational policy and standard operating procedures while managing:

- large numbers of requests for information about the national scheme
- large numbers of applications for accreditation assessment
- assessment of programs of study to be accredited
- changes to currently accredited programs of study
- complaints about education providers and programs of study
- monitoring of accredited programs and managing risks where these have been identified.

An ongoing challenge for Accreditation Services and education providers across the country was managing the major differences between the expectations of education providers on how the national scheme is to be implemented. This situation resulted from the differences in the way accreditation was conducted when it was handled by nursing and midwifery regulatory authorities in each state and territory before 1 July 2010.



Accreditation Services also dealt with some staffing matters during the year. Judy Conroy, Manager Accreditation Services, retired in December 2012. Judy played a significant role in the transition from ANMC to ANMAC and is congratulated for her contribution, knowledge and professionalism.

The discrete portfolios of standards development, as well as review and monitoring and assurance, were introduced to the Accreditation Services section in 2012–13. This was in recognition of, and in response to, the significant responsibilities ANMAC has under the National Law. Accreditation Services continued to put substantial effort into building the knowledge and data needed to successfully discharge ANMAC's ongoing regulatory responsibilities. Work includes developing and implementing a purpose-built database and document management system to support assessing and monitoring:

- an estimated 160 education providers of nursing and midwifery education across all states and territories
- around 480 programs of study leading to qualifications for entry to practice and registration or endorsement as registered nurses, enrolled nurses, nurse practitioners, registered midwives and eligible midwives, as well as re-entry and international entry to practice programs.

## Policies, guidelines and resources development

Accreditation Services continued to develop, review, approve and implement policies, guidelines and resources, including:

- National Guidelines for the Accreditation of Nursing and Midwifery Programs Leading to Registration and Endorsement in Australia
- Explanatory Note: Credit Transfer and Recognition of Prior Learning in Accredited Nursing and Midwifery Programs of Study
- Explanatory Note: Offshore Components in Accredited Australian Programs of Study for Nurses and Midwives
- Explanatory Note: Qualifications of Academic Staff Teaching Nursing and Midwifery Programs of Study
- ANMAC Complaints Management Process: Nursing and Midwifery Education Providers and Programs of Study.

### Accreditation staff

(L to R) Sarah Ross, Jackie Doolan, Melanie Schaefer, Alan Merritt, Jane Douglas, Jo Gibson, Maureen Hilton

### Staff not in photo:

(L to R) Donna Mowbray, Melissa Cooper, Margaret Gatling, Ann Alder, Susan Bragg, Elizabeth Grant, Julie Watts.

## Accreditation process and structure

ANMAC's four accreditation committees, listed below, pushed forward with their respective areas of work:

- registered nurse
- enrolled nurse
- nurse practitioner
- midwifery.

All accreditation committees are made up of senior education and industry experts whose significant positions enable them to make extraordinary contributions to ANMAC's work.

Committee members met regularly during the year to review the assessments made by assessment teams against accreditation standards and programs of study. They made recommendations to the ANMAC Board on accreditation applications.

ANMAC is indebted to the many professionals who make up the accreditation committees and assessment teams for their expertise and commitment. These professionals are dedicated to ensuring that the education of nurses and midwives in Australia is of the highest quality.

The accreditation process is detailed and takes a number of months to complete, with many players involved. It is designed to protect and promote the health and safety of the Australian community by ensuring high standards of nursing and midwifery education. As a result, the structure is robust, open and transparent.

## Accreditation of programs of study

When ANMAC began its role as an accrediting authority, NMBA determined that programs requiring accreditation between 1 July 2010 and 30 June 2012 would be granted an extension of up to two years to give ANMAC sufficient time to establish the policies and procedures required to acquit its responsibilities.

Eighty-nine programs of study were assessed during the year, with 82 accredited without conditions and 7 accredited conditionally. The average processing time for each assessment was 46.5 weeks. Another 7 submissions for accreditation were placed on hold to give education providers the opportunity to provide additional evidence to satisfy one or more relevant standards by a specified date.

ANMAC also received 20 requests for major changes to already accredited programs of study during the year and assessed 7 of these, with an average processing time of 30.1 weeks. Forty-

six submissions were received from education providers requesting minor changes and all were reviewed and assessed by the relevant accreditation committee.

The NMBA approved all programs of study accredited by ANMAC during 2012–13.

As education providers come and go, and programs of study are added or withdrawn, it is not possible for ANMAC to determine the precise number of full accreditation assessments to be conducted going forward. Assuming the numbers remain similar, ANMAC expects to assess up to 90 submissions for accreditation each year until 2016 and up to 40 requests for major changes to an already accredited program of study.

## Monitoring accreditation performance

The ANMAC Board monitors the performance of ANMAC as an accrediting authority. It does so by reviewing the following performance indicators:

### 1. Accreditation workload

This involves reviewing the number of:

- programs requiring accreditation (by category)
- assessments underway
- accreditations completed
- accreditation determinations made.

### 2. Accredited program monitoring

This involves reviewing:

- reporting obligations placed on education providers for individual programs—standard and special reports
- modifications to accredited programs made during the accreditation period, as reported by education providers
- complaints about education providers and programs of study.

### 3. Accreditations against budget

This involves reviewing the:

- number of completed accreditations against budget.

To meet its obligations under Section 50 of the National Law, ANMAC began work on a comprehensive monitoring policy to assure ANMAC that education providers and their accredited programs of study are meeting approved accreditation standards.

## Accreditation assessors

From 1 July 2012 to 30 June 2013, ANMAC constituted 50 accreditation assessment teams and called upon 134 assessors to assess programs of study for accreditation and significant modifications to programs. A decision was made to reduce the number of assessors appointed to assessment teams. There are now two academics and one clinician working with an Accreditation Manager making up an assessment team.

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.

During the year, ANMAC appointed an Accreditation Support Coordinator to focus on improving ANMAC's assessor systems by increasing the numbers of assessors available and reducing the burden on those already on the ANMAC register. The register of ANMAC assessors includes the resumes of registered nurses, registered midwives and nurse practitioners who have been selected for their skills, knowledge and experience. The wide variety of programs to be assessed includes those from the higher education sector (for example, Bachelor of Nursing, Midwifery and Nurse Practitioner) and the vocational education and training sector (for example, the Diploma of Nursing and re-entry and international entry).

This year, 68 assessors were added to the register of assessors. Currently there are 508 assessors details recorded on the register. Only a small number of assessor applicants this year did not have the necessary qualifications and/or experience, had not recently worked in the relevant Australian education or clinical sector, or were living overseas (making it impractical for them to perform the work).

Every year ANMAC updates its register of assessors and confirms that the assessors on it remain willing to participate on assessment teams. ANMAC then fills the gaps created by those who cannot continue to participate. A small number of active assessors contacted this year could not continue because of work pressures and/or because their organisations were unwilling to release them for funding reasons and/or because they could not afford to take leave without pay to participate. Most of these assessors were clinicians or clinical managers.

A major success during the year was the decision to pay assessors for their work from 1 July 2012. The Board resolved at its June 2012 meeting that sitting fees will be paid to assessors in line with the ANMAC Sitting Fees Policy. ANMAC successfully applied for funding to cover this from NMBA through the formal funding agreement negotiated with AHPRA annually. Fifty-one assessors claimed assessor fees from ANMAC for remuneration for their time and involvement in assessment processes.

## Accreditation standards

The intellectual property for the National Accreditation Framework and all accreditation standards developed before ANMAC commenced operations have been retained and are being used by ANMAC as the independent national accrediting authority.

In 2012–13, the review of the registered nurse re-entry programs and development of the EPIQ-RN began. So did the review of midwifery accreditations standards. The review and development of these standards follows the ANMAC process developed during the review of the Registered Nurse Accreditation Standards. All other accreditation standards will be reviewed over time to ensure they are contemporary as well as consistent and aligned with Australian and international best practice.

## international services

ANMAC, as the gazetted assessing authority for DIAC, assesses internationally qualified registered nurses and midwives who apply for permanent migration under Australia's General Skilled Migration Program.

ANMAC uses the Standards for Assessment of Internationally Qualified Nurses and Midwives for Migration Purposes (2008) to assess the skills of nurses and midwives wanting to migrate to Australia.

The National Law recognises that accreditation authorities administer the assessment of overseas qualified health practitioners seeking registration. As the appointed accreditation authority in Australia for nursing and midwifery, ANMAC assesses the skills of nurses and midwives applying for skilled migration visas

to enter the country. All other visa applications continue to be assessed by AHPRA.

The goals of the ANMAC International Services section are to:

- Work in partnership with NMBA and other relevant stakeholders to ensure the appropriate assessment of internationally qualified nurses and midwives for migration to Australia.
- Work to ensure that the assessment of internationally qualified nurses and midwives complies with NMBA registration requirements.

### Major achievements 2012–13

- Develop, implement and maintain the International Services section of the new ANMAC website, to better facilitate the needs of applicants and migration agents. Enhancements included changes to the usability of the international skills assessment application process—as presented online—and promotion of other pertinent information. These enhancements have been well received by users.
- Develop, implement and build a new organisation-wide integrated database incorporating a section for International Services. An important part of this process was to build logic into the database to enable a seamless evolution to collecting data and reporting, to meet the needs of DIAC and ANMAC.
- Internal transition to new requirements to assess enrolled nurses as they appear on the Consolidated Sponsored Occupation List. This transition was required because of changes in DIAC policy (1 July 2012).
- The ANMAC Board ratified the Revised Standards for Assessment of Internationally Qualified Nurses and Midwives for Migration Purposes (2013) to enable ANMAC to assess enrolled nurses from 1 July 2013.
- Ensure consistency of assessment outcomes through membership of the Internationally Qualified Nurses and Midwives Reference Group established by AHPRA. To date the reference group has assessed and reached consensus on more than 600 applications.
- Begin to restructure the International Services team and resources to accommodate changes to skills assessment processes, requirements and demands.
- Celebrate Administrative Assistant Pan Warburton's 10 year-service with AMNC and ANMAC.
- Participation in the second Canada-Australia Roundtable on foreign qualification recognition in Vancouver in March 2013



## Assessing authority

### Assessment categories

ANMAC assesses nurses and midwives under two categories:

- modified assessment, for those holding current registration in Australia or New Zealand
- full assessment, for those holding current registration outside Australia or New Zealand.

In June 2012, DIAC informed ANMAC it would become the gazetted assessing authority for enrolled nurses, with this group being added to the Consolidated Sponsored Occupation List from 1 July 2012. ANMAC developed assessment standards for enrolled nurses that were ratified by the ANMAC Board. These are to be implemented on 1 July 2013.

### Assessment process and outcomes

During 2012–13, ANMAC received 4747 applications from nurses and midwives, an increase of 254% (1868 were received in 2011–12). Of those received, 4269 were modified assessments (compared with 1656 in 2011–12), and 478 full assessments (compared with 212). The most likely explanations for the increase are:

- changes introduced by DIAC to its permanent migration policy (1 July 2012)
- an increase in temporary migrants applying for permanent migration.

On 1 July 2012, DIAC changed Australia's general skilled migration policy and introduced SkillSelect, a new points-test system. SkillSelect helps to ensure the skilled migration program is based on the economic needs of Australia, and supports the Australian Government in managing who can apply for skilled migration, when they can apply and in what numbers.

SkillSelect also aims to address regional skills shortages across Australia.

The increase in temporary nursing and midwifery migrants applying for permanent migration is a result of the Australian Government formerly encouraging applications to fill immediate skills shortages in nursing and midwifery. Previously, the approval of temporary visas for nurses and midwives was quite high, driving a demand-driven migration environment. A product of an increase in temporary visas for nurses and midwives since 2010 is the increasing number of temporary migrants wanting to now apply for permanent visas as their temporary visas are due to expire. This correlates with ANMAC's skills assessment numbers experiencing a decline from 2010–12 as a result of the demand driven market and the temporary visa pathway, followed by a significant sustained increase in 2012–13 as these temporary migrants apply for permanent visa status.

Previous policy change by DIAC (2011) also introduced the requirement for ANMAC to assess nursing or midwifery work experience for the awarding of points under the points allocation visa system. ANMAC has become significantly more involved in assessing each application since work experience from as long as 10 years ago can now be submitted for assessment against nursing and midwifery competency standards.

Planning began for a staff restructure in International Services to handle the increased requirements and improve assessment turnaround times. ANMAC began recruitment for a Professional Officer position in June 2012. The successful applicant will join ANMAC in August 2013. Two temporary administration officers joined the team in May 2013 to assist with modified assessments. These three-month

### Staff of International Services

(L to R) Jason Smart, Mark Braybrook, Toby Piper, Pan Warburton, Emma Deaves, Demelza Wood, Adriana Clarke

Staff not in photo: Sue Tully

temporary appointments will be reviewed for permanency. Planning got underway to recruit casual administrative assistants to assist with document management and administrative support to International Services, and the ANMAC reception functions, with an anticipated start date of July 2013.

ANMAC uses Australian and New Zealand Standard Classification of Occupations (ANZSCO) codes to categorise each applicant for migration purposes. Of the 4747 applications received in 2012–13, a total of 1544 assessments were categorised ANZSCO Code 254499 (Registered Nurse—Not Elsewhere Classified). This code is for nurses who do not fit into a specific area of expertise and for new Australian graduates yet to gain work experience.

Of the other 3203 applications, the three most common ANZSCO Codes were Critical Care and Emergency (20%), Aged Care (18%) and Medical (17%). Midwives made up 4% of all applications.

Figure 2 breaks down all applications assessed by ANMAC into ANZSCO codes, with the exception of Code 254499.

ANMAC's skills assessment continues as an online application. Applicants and/or their nominated agent apply through the online application link on the ANMAC home page of the website and detailed information is provided to read before completing the application. Once the

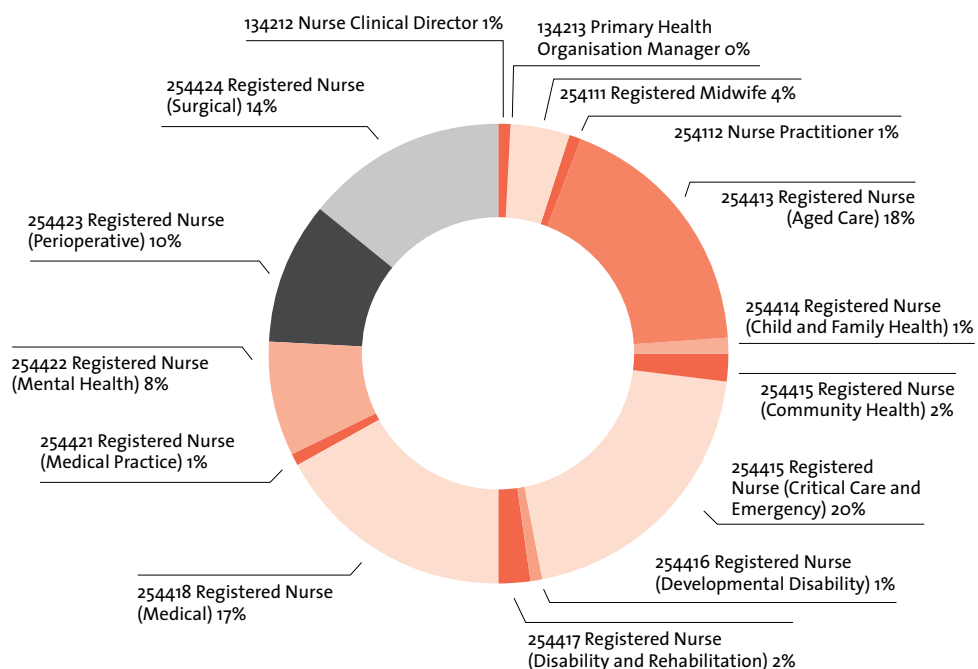
application is completed online, applicants must download a cover letter and send it to ANMAC with hard copies of required certified documents.

Online applications also allow for immediate payment by credit card to ANMAC. Assessment costs increased in 2012–13 to cover the annual consumer price index adjustment. Modified assessments cost \$310 and full assessments \$850.

During the year, the International Services team continued to provide advice about ANMAC's website redevelopment, restructuring the International Services section and reshaping content to make it more user-friendly for applicants, migration agents and others. The team also worked on a new and broader ANMAC database that went live for migration skills assessments on 15 November 2012.

ANMAC continued to present to agents on the skills assessment process, including at state and territory migration agent conferences, and communicate with representatives at the Migration Institute of Australia. International Services staff also presented workshops, forums and other national and international conferences in 2012–13 to engage with stakeholders and keep them informed of the latest ANMAC developments. The team also attended conferences during the year to keep abreast of the latest in nursing, midwifery and skilled migration.

**Figure 2 ANZSCO code breakdown (%)—not including 254499 Registered Nurse—Not Elsewhere Classified\***



\*51% of applications received by ANMAC during the year were under ANZSCO Code 254499 Registered Nurse.  
Note: No applications were received for 134213 Primary Health Organisation Manager.



Table 2 provides a breakdown of applications received during the year by gender, with considerably more females applying. This is consistent with the current gender breakdown of the Australian nursing and midwifery workforce as a whole.

**Table 2 ANMAC applications received (4747) by gender**

Female	3880	81.7%
Male	867	18.3%

Table 3 breaks down the total number of applications ANMAC received (lodged and paid for) during the year, by full and modified assessments. A much larger number of modified assessments were received.

**Table 3 Number of applications lodged and paid for, by full assessment and modified assessment**

Full assessments	478
Modified assessments	4269
Total	4747

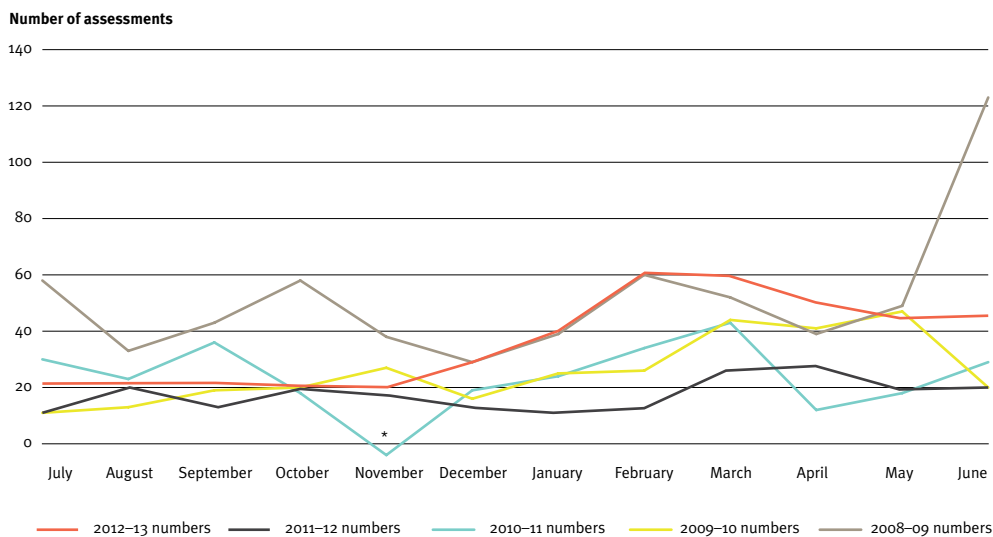
Of the 4747 applications received during the year, the vast majority were assessed as suitable to apply for migration and only a small percentage as unsuitable (Table 4). A total of 1705 applications are yet to be finalised because applications submitted from April to June 2013 are still being assessed and other applications submitted before this timeframe require more documentation from the applicant.

**Table 4 Outcomes of assessment for migration**

Application assessed as suitable to apply for migration	3030
Application assessed as unsuitable to apply for migration	12
Incomplete assessments	1705
Total	4747

ANMAC receives applications for both full and modified assessments from many parts of the world. The number of full assessments completed by ANMAC from 2008–09 to the end of the reporting year is illustrated in Figure 3. Despite an increase in the number of full assessments over 2011–12 figures, the monthly application numbers remained consistent with previous years.

**Figure 3 Full assessment comparison**



\*Adjustment to account for unpaid online applications

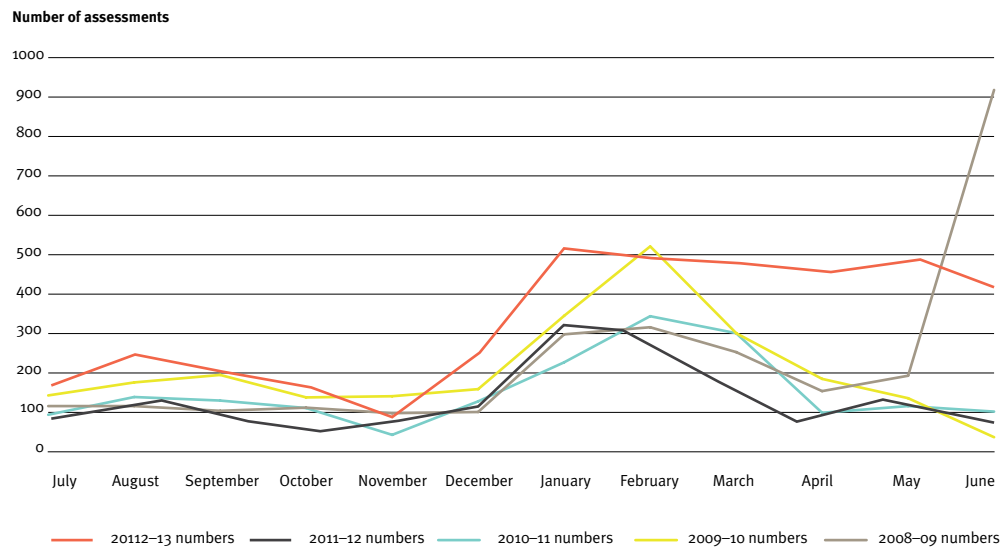
**Figure 4 Modified assessment comparison**

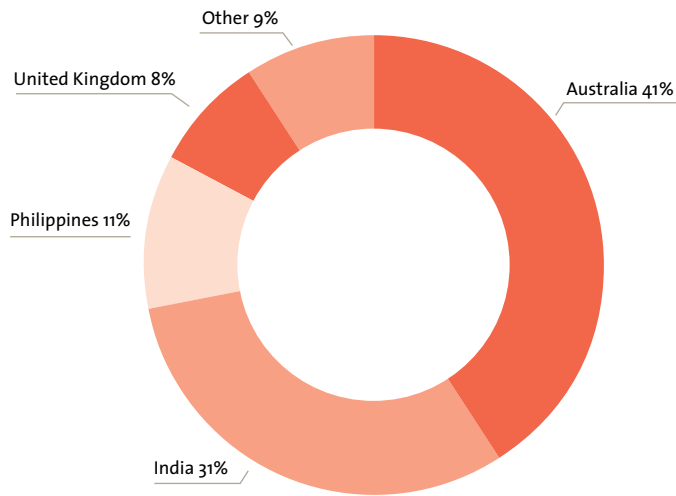
Figure 4 illustrates the number of modified assessments completed by ANMAC from 2008–09 to the end of the reporting year. As illustrated, the number of modified assessments has increased considerably over previous years and in almost every single month in 2012–13. Monthly trends (peaks and troughs) remained the same, with sharp increases in assessment numbers in the third quarter, consistent with international students graduating from university. As also illustrated, the number of applicants received is higher in each month, compared to previous years.

When applicants applying to ANMAC have not yet obtained Australian registration with AHPRA they must undertake a full assessment. During the year, as Figure 5 illustrates, the largest number of applications leading to initial registration for full assessments came from the

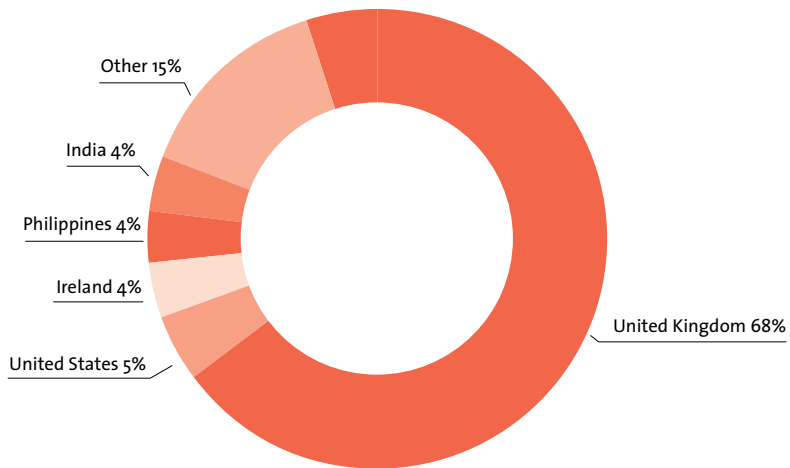
United Kingdom (68%) followed by the United States at 5%, and then Ireland, the Philippines and India, all with 4%.

Any applicant who has current Australian or New Zealand registration as a nurse or midwife qualifies for a modified assessment. As Figure 6 shows, 41% of modified assessments are international nursing and midwifery students who have completed study in Australia and gained registration with AHPRA. The remaining 59% of modified applications were from internationally qualified nurses and midwives who gained Australian registration (onshore or offshore), in recognition of their education (pre-registration and post-registration) and work experience. The percentage of applicants from India (31%) and the Philippines (11%) more than doubled over the 2011–12 numbers.

**Figure 5** Full assessments—country of education that led to initial registration as a nurse or midwife (%) for 2011–12



**Figure 6** Modified assessments—country of education that led to initial registration as a nurse or midwife (%) for 2011–12



## Stakeholders

In performing its work, ANMAC collaborates with a number of public and private sector stakeholders. During the year, the International Services team maintained relationships with the following stakeholders:

### Department of Immigration and Citizenship

The International Services team continues to attend DIAC-hosted forums and conferences to gain insight into changes to migration policy and gather up-to-date information about the dynamic nature of migration in Australia. ANMAC continues to be the gazetted assessing authority for a number of nursing and midwifery occupations. The full list is in the Commonwealth of Australia, Migration Regulations 1994, Legislative Instrument—June 2012.

### Department of Foreign Affairs and Trade

The Director of International Services continues to attend information sessions hosted by the Department of Foreign Affairs and Trade (DFAT) on Free Trade Agreements. These sessions update participants on existing, new and proposed agreements. To further strengthen stakeholder relations with DFAT, ANMAC invited the department to send a representative to the International Consultative Committee meetings. DFAT have accepted the invitation and will attend its first Committee in August 2013.

### Department of Education, Employment and Workplace Relations

The International Services team continues to report assessment numbers and trends to the Department of Education, Employment and Workplace Relations biannually. The team also attends the department's annual Assessing Authorities Conference. As well as an excellent networking opportunity, this conference enables the team to review ANMAC practices against the international assessment industry and share ANMAC experiences with industry colleagues.

## Migration Institute of Australia

The Director of International Services attended a number of interstate forums hosted by the Migration Institute of Australia and presented the ANMAC skills assessment process to key stakeholders. Developing close professional working associations with migration agents is important for ANMAC. Exhibiting at the Institute's annual conference enabled the International Services team to provide stakeholders with accurate information on the ANMAC assessment process and provide insight into the requirements for international qualification and skills assessments. ANMAC also uses the conference to seek feedback from, and alleviate concerns of, stakeholders and to stimulate change.

### Migration conferences, expos and forums

In addition to those described earlier, International Services staff represented ANMAC at other migration conferences, expos and forums focusing on migration—both public and private sector. This provides ANMAC with the opportunity to circulate accurate information on the assessment process and gain insight into plans for international qualification and skills assessments.

### Researchers

The ANMAC Chief Executive Officer and Director of International Services met with researchers to share data on international assessments, trends and predictions. ANMAC supports collaborating with researchers where it is in the interests of nursing and midwifery.

# corporate services

Corporate Services continues to be the glue that holds ANMAC together, to ensure all compliance and reporting requirements are met.

In the third year since ANMAC was reconstituted, Corporate Services focused on integrating the functions most critical to its operations. Corporate Services did so while continuing to deliver the services essential for ANMAC's overall financial and business operations. Significant progress was made in establishing and integrating all support functions.

Corporate Services also continued to ensure ANMAC met all compliance and reporting requirements during the year while undergoing significant change.

## Major achievements 2012–13

- business case submission supported by NMBA for next triennium for additional funding to enable ANMAC to continue and enhance its accreditation function
- Australian Nursing & Midwifery Accreditation Council Enterprise Agreement 1 January 2013–31 December 2015 certified by Fair Work Australia
- revised human resource policy and procedure manual
- review and implement staff performance appraisal system
- implement work health and safety policies and procedures in line with new legislation
- install and implement a new, fully integrated database (NetSuite), covering finance, payroll, human resources, employee portal and other sections such as International Services and Accreditation Services
- install Sharepoint, a new document management system
- increase in personnel to meet growing organisational needs
- apply for and receive Workplace Health and Wellbeing grant from the ACT Government

## Finance and audit functions

In 2012–13, key elements of ANMAC were integrated and strengthened to ensure efficient, consistent and transparent systems in support of meeting overall strategic goals.

Continued funding from NMBA assisted in supporting the operating and special project costs required for the accreditation function. ANMAC also succeeded in obtaining funding for the next triennium from NMBA. This will enable ANMAC to achieve its strategic priorities and invest in essential organisational development.

Reporting to the Board and at finance and audit meetings was redesigned. The redesign means comprehensive financial data is still provided, but in a more straightforward and easy-to-understand format. This improvement was positively received by all Board members.

## Risk management activities

A new work health and safety management system was implemented during the year. This included:

- developing and providing a new Work Health and Safety Manual to staff on the intranet
- providing work health and safety training for all staff (one-day course)
- hosting an information seminar for Board members on their roles and responsibilities with work health and safety
- forming a work health and safety working group that meets monthly and reports back at staff meetings and at bi-monthly finance and audit committee and Board meetings
- appointing first aid officers
- appointing fire wardens
- developing and rolling out a hazard and incident report register

- conducting a workplace health and safety inspection to ensure compliance
- conducting a risk assessment of workstations to ensure best practice
- reporting on risk management to the Board
- developing a risk management module for the NetSuite database to automate and enhance reporting.

## Information-based activities

### NetSuite database

During the financial year, ANMAC automated all business processes and functions into one integrated database (NetSuite) across all departments. This united platform covers:

- finances
- payroll
- human resources
- leave management and personal information on employees
- accreditation of nursing and midwifery education programs (management of)
- accreditation of international nurses and midwives migrating to Australia (management of), including e-commerce for making online payments.

The database was developed to make reporting and dashboards easy to create, update and maintain. Staff are no able to design and create reports specific to ANMAC business needs.

### Records management

The management of ANMAC records has been greatly enhanced with the introduction of SharePoint in July 2012. This more efficient approach to record management has led to better business operations, internal communications and tracking of business activities. The new system incorporated:

- intranet—calendar, announcements, tasks, , blog and social updates
- extranet—Directors and Board portal and document site collection
- document library—repository of ANMAC documents.

### Website

The review for a major redevelopment of the ANMAC website, which began in 2011–12, was completed, identifying how to improve the site to meet user needs and expectations and ensure best practice industry standards.

The new website was designed and built throughout the year and went live in December 2012. The website is now contemporary, interactive, with well-organised content and a higher degree of useability by visitors and ANMAC staff alike.

### Human resources

An audit of ANMAC's human resource processes was completed in 2012–13, resulting in the development and implementation of a wide range of appropriately designed and tailored human resources strategies and processes. Work included:

- reviewing job descriptions to include quantifiable performance standards and measures
- implementing a new performance appraisal system
- reviewing the remuneration system, including the use of benchmarking
- developing and conducting a staff survey, as well as reporting on results
- developing a new human resources manual
- negotiating the new ANMAC Enterprise Agreement 2013–15 with management through a representational working group of staff—this was certified by the Fair Work Commission in February 2013.

### Staffing

ANMAC's staffing numbers increased during the year in response to its expanded mandate and workload. Overall numbers increased by 4 during 2012–13 to a staff complement of 27.7 full-time equivalent (FTE) positions. The overall staff establishment, as at June 2013, is detailed in the organisation chart in Figure 7. Table 5 breaks down ANMAC's staffing situation by area.



Figure 7 Staff establishment as at June 2013

Staff of Corporate Services

(L to R) Mandy Fogarty, Liam McCallum, Kay Taylor, Vanessa Cook, Helen Johnston, Kera Holmes

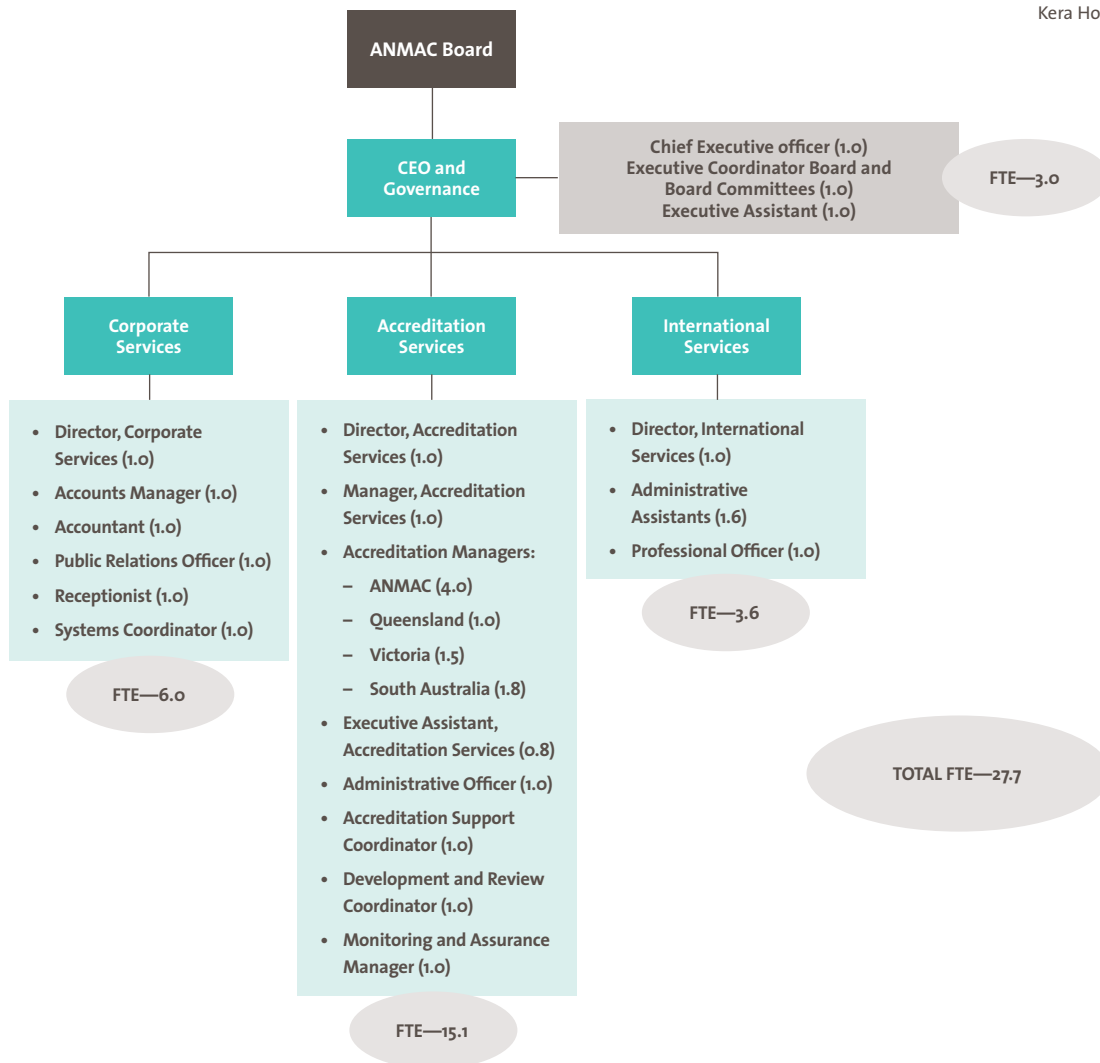


Table 5 ANMAC staffing positions

Position	FTE July 2012 to June 2013		Note
<b>Chief Executive Officer and Board positions</b>			
Chief Executive Officer	1.0		
Executive Assistant	1.0		
Executive Coordinator—Board and Board Committees	1.0		
<b>Accreditation Services positions</b>			
Director of Accreditation Services	1.0		
Accreditation Services Manager	1.0		
Accreditation managers	ACT	4.0	
	Qld.	1.0	
	Vic.	1.5	
	SA	1.8	
Executive Assistant	0.8		
Administrative Officer	1.0		
Accreditation Support Coordinator	1.0		
Monitoring and Assurance Manager	1.0		Newly created position
Standards Development and Research Coordinator	1.0		Newly created position
<b>International Services positions</b>			
Director of International Services	1.0		
Professional Officer	1.0		
Administrative assistants	1.6		
<b>Corporate Services positions</b>			
Director of Corporate Services	1.0		
Accountant	1.0		
Accounts Officer	1.0		
Public Relations Officer	1.0		
Systems Coordinator	1.0		Temporary position made permanent
Receptionist	1.0		

Table 5 includes the newly created positions within Accreditation Services of Monitoring and Assurance Manager and Standards Development and Research Coordinator. The Monitoring and Assurance Manager position was created to contribute to ANMAC's ongoing monitoring of accredited programs for compliance to ensure accreditation standards continue to be met. The Standards Development and Research Coordinator position was created to enable ANMAC to effectively and efficiently manage projects commissioned for consultation and research. These projects are designed to enable ANMAC to continually improve the standards underpinning the accreditation of nursing and midwifery programs of study leading to registration and endorsement.





## ANMAC staff

### Chief Executive Officer

Ms Amanda Adrian

### Executive Assistant to CEO

Ms Gillian Heard

### Executive Coordinator—Board and Board committees

Ms Alison Sette

### Director of Accreditation Services

Ms Donna Mowbray

### Project Officer

Ms Kate Jackson (appointed September 2012 until January 2013)

### Manager—Accreditation Services

Ms Kate Jackson (acting from February 2013)

### Accreditation Managers

Dr Ann Alder

Dr Susan Bragg

Ms Melissa Cooper

Ms Jane Douglas (appointed March 2013)

Ms Margaret Gatling

Ms Elizabeth Grant

Ms Jo Gibson

Mr Alan Merritt

Ms Julie Watts

### Standards Development and Review

#### Coordinator

Ms Jackie Doolan (appointed January 2013)

### Executive Assistant—Accreditation

Ms Maureen Hilton

### Administrative Officer—Accreditation

Ms Melanie Schaefer

### Accreditation Support Coordinator

Ms Sarah Ross (appointed October 2012)

### Director of International Services

Mr Mark Braybrook

### Professional Officer

Ms Sue Tully

### Administrative Officers—International

Ms Emma Deaves (temporary)

Mr Jason Smart

Ms Pan Warburton

Ms Demelza Wood (temporary)

### Director of Corporate Services

Ms Kay Taylor

### Accountant

Ms Helen Johnston

### Public Relations Officer

Ms Mandy Fogarty

### Accounts Officer

Ms Vanessa Cook

### Systems Coordinator

Mr Liam McCallum

### Receptionist

Ms Kera Holmes (appointed January 2013)

### ANMAC staff as at 30 June 2013

(L to R) Mandy Fogarty, Alison Sette, Sarah Ross, Liam McCallum, Vanessa Cook, Alan Merritt, Melanie Schaefer,

Mark Braybrook, Jackie Doolan, Jane Douglas, Maureen Hilton, Amanda Adrian, Jo Gibson, Jason Smart, Kay Taylor

Emma Deaves, Adriana Clarke, Gillian Heard, Pan Warburton, Toby Piper, Kera Holmes, Demelza Wood, Helen Johnston

**Staff not in the photo:**  
(L to R) Susan Bragg, Ann Alder, Margaret Gatling, Elizabeth Grant, Melissa Cooper, Julie Watts, Donna Mowbray, Sue Tully



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## Director's Report

The directors present their report on Australian Nursing and Midwifery Accreditation Council Limited (ANMAC) for the financial year ended 30 June 2013.

### Board of Directors

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

Professor Jill White, AM	(Chairperson)
Lee Thomas	(Deputy Chairperson)
Dr Rosemary Bryant	
Faye Clarke	(Appointed July 2012)
Roslyn Donnellan-Fernandez	
Paula Elliot	(Resigned July 2012)
Leone English	
Therese Findlay	(Community Director)
Dr Sally Goold, OAM	(Resigned July 2012)
Joanna Holt	(Community Director)
Eileen Jerga, AM	(Community Director)
Professor Robert Meyenn	
Greg Sam	(Community Director, Company Secretary)
Clinical Professor Fiona Stoker	
Adjunct Professor Debra Thoms	(Appointed August 2012)

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

### Directors' qualifications and experience

<b>Professor Jill White, AM</b>	
<b>Qualifications</b>	RN, RM, BEd, MEd, PhD
<b>Experience</b>	Professor Jill White, AM is currently the Dean of Sydney Nursing School at The University of Sydney, having taken up this position at the end of January 2008. Jill is currently Chairperson of the Australian Nursing and Midwifery Accreditation Council (ANMAC).
<b>Lee Thomas</b>	
<b>Qualifications</b>	RN, RM(Neo), BN, MRCNA
<b>Experience</b>	Prior to taking on her current role as the Federal Secretary of the Australian Nursing 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 profession. Lee is Deputy chair of the Australian Nursing and Midwifery Accreditation Council (ANMAC).
<b>Dr Rosemary Bryant</b>	
<b>Qualifications</b>	RN, BA, GradDip(Health Admin), FRCNA
<b>Experience</b>	Dr Rosemary Bryant has been the Commonwealth Chief Nurse and Midwifery Officer since July 2008. She has had a broad career in acute hospital and community nursing, as well as in government relations, and is experienced in policy development both in nursing and the broader health sector.
<b>Faye Clarke</b>	
<b>Qualifications</b>	RN, GCTE, GCDE, Director, Victoria, Congress of Aboriginal and Torres Strait Islander Nurses.
<b>Experience</b>	Faye Clarke is a Division 1 Registered Nurse working at the Ballarat & District Aboriginal Co-operative Baarlinjan Medical Clinic as a Community Health Nurse and Diabetes Educator. As an Aboriginal person, descendant from the Gunditjmarra, Wotjaboluk and Ngarrindjeri peoples, Faye is committed to working in health to improve life expectancy and quality of life for people in the Aboriginal community. She is the Victorian state representative for the Congress of Aboriginal & Torres Strait Islander Nurses (CATSIN).

<b>Roslyn Donnellan-Fernandez</b>	
<b>Qualifications</b>	RN, RM, MHN, IBCLC, MN, BN, DipN, JP(SA)
<b>Experience</b>	Roslyn Donnellan-Fernandez has served three terms on the Nursing & Midwifery Board of South Australia and is a past Director of the Australian College of Midwives. She has broad experience in midwifery education, regulation and practice. She is immediate past WCH Midwifery Fellow of Women's & Children's Services Network and holds an appointment as Associate Lecturer in Midwifery at Flinders University where she is completing a PhD.
<b>Paula Elliot</b>	
<b>Qualifications</b>	MN, RN, RM, FRCNA
<b>Experience</b>	Paula Elliot is a Registered Nurse, Midwife and Board Director of the Royal College of Nursing Australia (RCNA) and Fellow of RCNA. She is the Quality and Accreditation Co-ordinator, Quality and Safety Unit at ACT Health Directorate. Paula holds a Master of Nursing, and a Graduate Diploma in quality improvement in Health Care.
<b>Leone English</b>	
<b>Qualifications</b>	RN(Vic), BN, BTch (Adult), MEd(Adult), GradDip(Mgt)
<b>Experience</b>	Leone English is Dean, Faculty of Health Science and Community Studies, Holmesglen Institute in Melbourne. She has had more than 30 years' experience within a range of clinical, academic and senior management positions.
<b>Therese Findlay</b>	
<b>Qualifications</b>	MAppSci, GradDip(SocEc)
<b>Experience</b>	Therese Findlay brings her extensive experience in working with a variety of NSW Health Services over recent years to her position of Community Director with ANMAC. She has a strong commitment to the development of health services and programs that aim to support the work of nurses and midwives across all spectrums within Australia and has experience as a consumer representative on a number of Boards.
<b>Dr Sally Goold, OAM</b>	
<b>Qualifications</b>	RN, RM, DipNeo, BAppSc(Nursing), MN(Stud), DN(HC), FRCNA, FCN
<b>Experience</b>	Dr Sally Goold, OAM is a Wiradjuri woman and was instrumental in forming the Congress of Aboriginal and Torres Strait Island Nurses (CATSIN), of which she is Executive Director. She has an extensive background in the nursing profession and is a Board member of a number of organisations including the National Indigenous Health Equality Council.
<b>Joanna Holt</b>	
<b>Qualifications</b>	BSc(Hons), MHP
<b>Experience</b>	Joanna Holt holds the position of Community Director at ANMAC and brings a wealth of experience from her various roles in the public health and hospital sector, both in Australia and the United Kingdom. She has been on the leadership teams of a number of major teaching hospitals and CEO of three not-for-profit organisations. Recent positions and consultancies in national health policy reform, governance and performance improvement have stimulated her interests in public policy, system change and people development. She also holds credentials as an Executive Coach. Joanna currently works as the Chief Executive of NSW Kids & Families—a new public health organisation within NSW Health.
<b>Eileen Jerga, AM</b>	
<b>Qualifications</b>	BA, MBA, AICD
<b>Experience</b>	Eileen Jerga, AM is a Board Director of the Australian Nursing and Midwifery Accreditation Council, the ACT Veterinary Surgeons Board and the ACT Nursing and Midwifery Board. Eileen is currently also a member of the Department of Health and Aging Cardiac Prosthesis Clinical Advisory Group and the Vascular Prostheses Clinical Advisory Group. Prior to these roles, she was CEO of the Heart Foundation, ACT, from 1999 to 2006.
<b>Professor Robert Meyenn</b>	
<b>Qualifications</b>	TCert, MEd, PhD
<b>Experience</b>	Professor Robert Meyenn is an Emeritus Professor at Charles Sturt University and the former Dean of the Faculty of Education. He is also a former Chair of the Board of the Australian Volunteers International, member of the Board of the Australian College of Law and Member of the ANMAC Board.

<b>Gregory Sam</b>	
<b>Qualifications</b>	MPH, BAppSc, BArts(Admin)
<b>Experience</b>	Gregory Sam is the CEO of Rural Health Workforce Australia. He is a specialist in public health policy and administration having worked as a senior executive in the public, private and non-Government health and social policy sectors.
<b>Clinical Professor Fiona Stoker</b>	
<b>Qualifications</b>	RN, DIPN(London), BBus, GradCert(PSM), MBA
<b>Experience</b>	Clinical Professor Fiona Stoker is the Chief Nurse and Midwifery Officer of the Department of Health and Human Services Tasmania and has held this position since January 2001. Fiona has worked in Australia and the UK in a variety of acute care and community environments. Fiona is also the Director of Education and Training in Tasmania and chair of the Tasmanian Clinical Education Network.
<b>Adjunct Professor Debra Thoms</b>	
<b>Qualifications</b>	RN, RM, BA, MNA, Grad Cert Bioethics, Adv Dip Arts, FACN, FACHSM(Hon)
<b>Experience</b>	Professor Debra Thoms is the Chief Executive Officer of the Australian College of Nursing and has held this position since May 2012. Prior to her current role Debra held senior roles in the NSW Public Health System over a number of years.

### 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 development of the accreditation scheme for nursing and midwifery education programs leading to registration and endorsement in Australia;
- the accreditation of nursing and midwifery programs leading to registration; and
- the assessment of the qualifications of overseas nurses and midwives.

During the year, ANMAC processed 3,042 (2012: 1,882) applications for assessment of qualifications.

During the year ANMAC accredited 89 (2012: 52) nursing and midwifery programmes.

No significant changes in the nature of ANMAC 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 for ANMAC for the year ended 30 June 2013 was \$596,010 (2012: deficit of \$38,645).

### Company limited by guarantee

- The liability of the members is limited.
- 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.

## Directors' attendance at board meetings

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

Directors' Meetings		
	Number eligible to attend	Number attended
Professor Jill White AM	6	6
Lee Thomas	6	3
Dr Rosemary Bryant	6	5
Faye Clarke	5	5
Roslyn Donnellan-Fernandez	6	5
Paula Elliot	-	-
Leone English	6	5
Therese Findlay	6	5
Dr Sally Goold OAM	-	-
Joanna Holt	6	6
Eileen Jerga AM	6	6
Professor Robert Meyenn	6	5
Greg Sam	6	4
Clinical Professor Fiona Stoker	6	5
Adjunct Professor Debra Thoms	6	6

## Auditor's independence declaration

The auditor's independence declaration in accordance with section 307C of the Corporations Act 2001, for the year ended 30 June 2013, is attached to this Directors' Report.

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

A copy of the auditor's independence declaration as required under section 307C of the Corporations Act 2001 is attached to this directors' report.

Signed in accordance with a resolution of the directors.



Professor Jill White  
Chair  
18 September 2013  
Canberra ACT



Ms Lee Thomas  
Deputy Chair




**AUDITOR'S INDEPENDENCE DECLARATION  
UNDER SECTION 307C OF THE CORPORATIONS ACT 2001  
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 2013 there have been:

- i. no contraventions of the independence requirements of the Corporations Act 2001 in relation to the audit; and
- ii. no contraventions of any applicable code of professional conduct in relation to the audit.

  
**Duesburys Nexia**  
Canberra, 18 September 2013

  
**G J Murphy**  
Partner

**Duesburys Nexia**  
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## Statement of comprehensive income For the year ended 30 June 2013

	Note	2013 \$	2012 \$
<b>Revenue</b>	<b>2</b>	<b>5,277,205</b>	<b>3,601,475</b>
Expenses			
Communications and marketing		69,004	12,434
Compliance costs		10,295	8,091
Consultancy expenses		214,431	186,030
Corporate expenses		184,663	169,630
Depreciation expense		70,252	59,709
Employee benefits expense		3,008,095	2,419,690
IT expenses		268,309	107,319
Operating lease—rent of premises		222,159	118,636
Other property expenses		64,898	48,235
Recruitment expenses		22,110	34,004
Travel expenses		532,434	462,707
Other expenses		14,545	13,635
		<b>4,681,195</b>	<b>3,640,120</b>
<b>Surplus/(deficit) for the year before income tax</b>		<b>596,010</b>	<b>(38,645)</b>
Income tax expense		-	-
<b>Total comprehensive income for the year</b>		<b>596,010</b>	<b>(38,645)</b>

## Statement of financial position For the year ended 30 June 2013

	Note	2013 \$	2012 \$
<b>Assets</b>			
<b>Current assets</b>			
Cash and cash equivalents	4	766,678	287,153
Trade and other receivables	5	550,052	826,625
Financial assets	6	679,588	1,054,269
Other assets	7	30,134	63,802
<b>Total current assets</b>		<b>2,026,452</b>	<b>2,231,849</b>
<b>Non-current assets</b>			
Plant and equipment	8	164,116	143,362
<b>Total non-current assets</b>		<b>164,116</b>	<b>143,362</b>
<b>Total assets</b>		<b>2,190,568</b>	<b>2,375,211</b>
<b>Liabilities</b>			
<b>Current Liabilities</b>			
Trade and other payables	9	191,865	157,811
Provisions	10	263,262	261,703
Other liabilities	11	708,304	1,586,450
<b>Total current liabilities</b>		<b>1,163,431</b>	<b>2,005,964</b>
<b>Non-current liabilities</b>			
Provisions	10	92,583	30,703
<b>Total non-current liabilities</b>		<b>92,583</b>	<b>30,703</b>
<b>Total liabilities</b>		<b>1,256,014</b>	<b>2,036,667</b>
<b>Net assets</b>		<b>934,554</b>	<b>338,544</b>
<b>Equity</b>			
Retained surplus		934,554	338,544
<b>Total equity</b>		<b>934,554</b>	<b>338,544</b>

## Statement of changes in equity For the year ended 30 June 2013

2013	Retained surplus	Totals
	\$	\$
<b>Balance at 1 July 2012</b>	338,544	338,544
Total comprehensive income for the year	596,010	596,010
<b>Balance at 30 June 2013</b>	<b>934,554</b>	<b>934,554</b>

2012	Retained surplus	Totals
	\$	\$
<b>Balance at 1 July 2011</b>	377,189	377,189
Total comprehensive income for the year	(38,645)	(38,645)
<b>Balance at 30 June 2012</b>	<b>338,544</b>	<b>338,544</b>

## Statement of cash flows

### For the year ended 30 June 2013

	Note	2013 \$	2012 \$
<b>Cash flows from operating activities</b>			
Receipts from fees, sales, grants and other		4,957,905	4,477,957
Payments to suppliers and employees		(4,815,134)	(3,749,976)
Interest received		53,079	50,663
<b>Net cash provided by (used in) operating activities</b>		<b>195,850</b>	<b>778,644</b>
<b>Cash flows from investing activities:</b>			
Proceeds from sale of fixed assets		-	662
Fixed assets purchased		(91,006)	(128,221)
Payment for investments		-	(613,089)
Proceeds from investments		374,681	-
<b>Net cash provided by (used in) investing activities</b>		<b>283,675</b>	<b>(740,648)</b>
Net increase (decrease) in cash and cash equivalents held		479,525	37,996
Cash and cash equivalents at beginning of year		287,153	249,157
<b>Cash and cash equivalents at end of financial year</b>	<b>4</b>	<b>766,678</b>	<b>287,153</b>

## Notes to the financial statements

### For the year ended 30 June 2013

The Australian Nursing and Midwifery Accreditation Council Limited (ANMAC) is a public company limited by guarantee, incorporated in the Australian Capital Territory under the Corporations Act 2001. The financial statements cover ANMAC as an individual not-for-profit entity.

## 1 Summary of Significant Accounting Policies

### Basis of Preparation

ANMAC has elected to early adopt AASB 1053: 'Application of Tiers of Australian Accounting Standards' and AASB 2010–2: 'Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements' from the annual reporting period beginning 1 July 2010. As a consequence, the entity has also early adopted the following Amending Standards containing reduced disclosure requirements:

- AASB 2011–2: Amendments to Australian Accounting Standards arising from the Trans-Tasman Convergence Project—Reduced Disclosure Requirements; and
- AASB 2011–6: Amendments to Australian Accounting Standards – Extending Relief from Consolidation, the Equity Method and Proportionate Consolidation – Reduced Disclosure Requirements.

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards - Reduced Disclosure Requirements and the Corporations Act 2001.

Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless otherwise stated.

The financial statements 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.

#### (a) Income tax

No provision for income tax has been raised as ANMAC is exempt from income tax under Div 50 of the *Income Tax Assessment Act 1997*.

#### (b) Comparative amounts

Comparatives figures have been adjusted, where necessary to conform to changes in presentation for the current financial year.

#### (c) Plant and equipment

Each class of plant and equipment is carried at cost less, any accumulated depreciation and impairment losses.

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

An asset's carrying amount is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount.

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 ANMAC and the cost of the item can be measured reliably. All other costs (eg. repairs and maintenance) are charged to the statement of comprehensive income during the financial period in which they are incurred.

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains and losses are included in the statement of comprehensive income.

Assets measured using the revaluation model are carried at fair value at the revaluation date less any subsequent accumulated depreciation and impairment losses. Revaluations are performed whenever there is a material movement in the value of an asset under the revaluation model.

**(d) Depreciation**

The depreciable amount of all plant and equipment is depreciated on a straight-line basis from the date that management determine that the asset is available for use.

Assets held under a finance lease and leasehold improvements are depreciated over the shorter of the term of the lease and the assets useful life.

**(e) Leases**

Leases of fixed assets where substantially all the risks and benefits incidental to the ownership of the asset, but not the legal ownership, are transferred to ANMAC are classified as finance leases.

Finance leases are capitalised by recording an asset and a liability at the lower of the amounts equal to the fair value of the leased property or the present value of the minimum lease payments, including any guaranteed residual values. Lease payments are allocated between the reduction of the lease liability and the lease interest expense for that period.

Leased assets are depreciated on a straight-line basis over their estimated useful lives where it is likely that ANMAC will obtain ownership of the asset or over the term of the lease.

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 on a straight-line basis over the life of the lease term.

**(f) Investments**

Investments are measured on the cost basis and include cash on deposit with original maturities of greater than three months.

**(g) Financial instruments*****Recognition***

Financial instruments are initially measured at fair value plus transactions costs, except where the instrument is classified 'at fair value through profit or loss' in which case transaction costs are expensed to profit or loss immediately.

***Financial assets at fair value through profit or loss***

A financial asset is classified in this category if acquired principally for the purpose of selling in the short term or if so designated by management. Gains and losses arising from changes in the fair value of these assets are included in the profit or loss in the period in which they arise.

***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.

***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 ANMAC's intention to hold these investments to maturity. They are subsequently measured at amortised cost.

***Available-for-sale financial assets***

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

**Financial liabilities**

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

**Impairment**

At the end of the reporting period ANMAC assesses whether there is any objective evidence that a financial asset or group of financial assets is impaired. If there is objective evidence that an impairment loss on financial assets carried at amortised cost has been incurred, the amount of the loss is measured as the difference between the asset's carrying amount and the present value of the estimated future cash flows discounted at the financial assets original effective interest rate. Impairment losses are recognised in the profit or loss.

**(h) Impairment of assets**

At the end of each reporting period ANMAC determines whether there is an evidence of an impairment indicator for assets.

Where this indicator exists the recoverable amount of the assets is estimated.

Where assets do not operate independently of other assets, the recoverable amount of the relevant cash-generating unit (CGU) is estimated.

The recoverable amount of an asset or CGU is the higher of the fair value less costs of disposal and the value in use. Value in use is the present value of the future cash flows expected to be derived from an asset or cash-generating unit.

Where the recoverable amount is less than the carrying amount, an impairment loss is recognised in profit or loss.

**(i) Cash and cash equivalents**

Cash and cash equivalents comprises cash on hand, demand deposits and short-term investments which are readily convertible to known amounts of cash and which are subject to an insignificant risk of change in value.

**(j) Employee benefits**

Provision is made for the ANMAC's liability for employee benefits arising from services rendered by employees to the end of the reporting year. Employee benefits that are expected to be settled within one year have been measured at the amounts expected to be paid when the liability is settled.

Employee benefits payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those benefits. In determining the liability consideration is given to employee wage increases and the probability that the employee may not satisfy vesting requirements. Those cash outflows are discounted using market yields on national government bonds with terms to maturity that match the expected timing of cashflows.

**(k) Provisions**

Provisions are recognised when ANMAC has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured.

**(l) Revenue**

Revenue is recognised when the amount of the revenue can be measured reliably, it is probable that economic benefits associated with the transaction will flow to the entity and specific criteria relating to the type of revenue as noted below, has been satisfied.

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

Revenue from the sale of goods is recognised upon the delivery of goods to customers.

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

Grant revenue is recognised in the statement of comprehensive income when the entity obtains control of the grant, 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 the contribution, the recognition of the grant as revenue is deferred until those conditions are 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.

All revenue is stated net of the amount of goods and services tax (GST).

**(m) 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.

**Critical accounting estimates and judgements**

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 ANMAC.

***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.

The Directors do not believe that there were any other key estimates or key judgements used in the development of the financial statements that give rise to a significant risk of material adjustment in the future.



## 2 Revenue

	2013	2012
	\$	\$
<b>Operating activities</b>		
- Accreditation income	2,320,309	1,856,247
- Overseas assessment fees	1,538,566	689,095
- Copyright fees	-	179
- Grant income	1,370,357	1,000,000
- Other income	3,655	662
<b>Non-operating activities</b>		
- Interest received	44,318	55,292
<b>Total revenue</b>	<b>5,277,205</b>	<b>3,601,475</b>

## 3 Surplus/(Deficit)

The operating surplus/(deficit) for the year has been determined after the following expenses:

Superannuation contributions	271,351	203,848
<b>Remuneration of auditor</b>		
- Audit of financial statements including assistance in preparation of financial statements	17,750	19,014
- Prior year under/(over) accrual	119	(500)
- FBT	990	897
- Other assistance and advice	1,760	1,400
- Assistance with management framework implementation and financial modelling	13,000	15,000
	33,619	35,811

## 4 Cash and cash equivalents

Cash at bank and in hand	766,678	287,153
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## 5 Trade and other receivables

Trade debtors	550,052	826,625
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\$50,600 of the above receivables are overdue. None of these are considered to be impaired. \$499,452 of the receivables are neither overdue or impaired.

## 6 Financial assets

	2013	2012
	\$	\$
Held-to-maturity financial assets	679,588	1,054,269

The held-to-maturity investments are made up of term deposits with terms to maturity ranging from approximately 6 months to 12 months.

## 7 Other assets

Prepayments	7,181	31,798
GST receivable	17,908	18,198
Accrued interest	5,045	13,806
	30,134	63,802

## 8 Plant and equipment

### Plant and equipment

At cost	217,834	191,387
Accumulated depreciation	(121,832)	(75,703)
	96,002	115,684

### Furniture and fittings

At cost	50,210	26,940
Accumulated depreciation	(23,402)	(11,087)
	26,808	15,853

### Software

At cost	61,946	20,657
Accumulated depreciation	(20,640)	(8,832)
	41,306	11,825

Total plant and equipment	164,116	143,362
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**Depreciation rates and methods**

<i>Class of assets</i>	<i>Depreciation rates</i>	<i>Depreciation method</i>
Plant and equipment	7%-33%	Straight line
Furniture and fittings	8%-27%	Straight line
Software	27%	Straight line

**(a) Movements in Carrying Amounts**

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

	<b>Plant and Equipment</b>	<b>Furniture and Fittings</b>	<b>Software</b>	<b>Total</b>
	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
Balance at the beginning of year	115,684	15,853	11,825	143,362
Additions	26,447	23,270	41,289	91,006
Disposals/ write-offs	-	-	-	-
Depreciation expense	(46,129)	(12,315)	(11,808)	(70,252)
Balance at the end of the year	96,002	26,808	41,306	164,116

**9 Trade and other payables**

	<b>2013</b>	<b>2012</b>
	<b>\$</b>	<b>\$</b>
Trade creditors, accruals and other	93,168	63,891
GST payable	30,800	29,958
Payroll liabilities	67,897	63,962
	191,865	157,811

**10 Provisions****Current**

Employee benefits—long service leave	68,580	93,673
Employee benefits—annual leave	194,682	168,030
	263,262	261,703

**Non current**

Employee benefits—long service leave	92,583	30,703
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**11 Other liabilities**

Income in advance	708,304	1,586,450
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## 12 Leasing commitments

### Operating leases

	2013	2012
	\$	\$
Minimum lease payments under non-cancellable operating leases:		
- not later than one year	222,870	222,870
- later than one year and not later than five years	354,762	238,482
	577,632	461,352

The operating leases are related to ANMAC'S office premises. The level 2 lease expires on 30 June 2015 and the level 3 lease expires on 31 August 2016.

## 13 Financial risk management

ANMAC's financial instruments consist mainly of deposits with banks, accounts receivable and payable.

The accounting policies and terms and conditions of each class of financial asset, financial liability and equity instrument at the balance date are consistent with those regularly adopted by businesses in Australia.

ANMAC is not exposed to any significant liquidity, credit or interest rate risk in relation to its financial instruments. ANMAC is reliant on funding from the Australian Health Practitioner Regulation Agency to enable it to continue providing the accreditation of nursing and midwifery programs.

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:

	2013	2012
Note	\$	\$
<b>Financial Assets</b>		
Cash and cash equivalents	4 766,678	287,153
Loans and receivables	5 550,052	826,625
Held-to-maturity investments	6 679,588	1,054,269
<b>Total financial assets</b>	<b>1,996,318</b>	<b>2,168,047</b>
<b>Financial Liabilities</b>		
<i>Financial liabilities at amortised cost</i>		
Trade and other payables	9 161,065	127,853
<b>Total financial liabilities</b>	<b>161,065</b>	<b>127,853</b>

### Net fair values

Financial assets and financial liabilities are carried at their net fair value at the end of the reporting period. The carrying values of financial assets and financial liabilities approximate their net fair values due to their short term maturity or market interest rate. No financial assets or financial liabilities are traded on organised markets in standardised form.

## 14 Key Management Personnel Disclosures

The totals of remuneration paid to the key management personnel of ANMAC during the year are as follows:

	2013	2012
	\$	\$
Total key management personnel compensation	723,461	608,284

In addition to the above compensation, ANMAC paid Association Liability Insurance of \$6,316 (2012: \$6,316), which includes directors' and officers' liability insurance.

## 15 Contingent liabilities

In the opinion of the Directors, the Company did not have any contingencies at 30 June 2013 (30 June 2012: Nil).

## 16 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 above.

## 17 Economic dependency

The ability of ANMAC 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 Health Practitioner Regulation Agency, which has been secured until 30 June 2018. Without this funding, ANMAC will be unable to undertake the accreditation role.

## 18 Events occurring after the reporting date

These financial statements were authorised for issue by the Directors on the date of signing the attached Directors' Declaration. The Board of Directors has the power to amend and re-issue the financial statements.

On 26 June 2013, the Australian Health Practitioner Regulation Agency extended the term of the funding arrangement with ANMAC for a further period of five years from 1 July 2013.

There are no other subsequent events which require amendment of, or further disclosure in, the financial statements.

## Statement of Financial Position For the year ended 30 June 2013

The directors of ANMAC declare that:

1. The financial statements and notes, as set out on pages 8 to 21, are in accordance with the Corporations Act 2001 and:
  - a. comply with Australian Accounting Standards - Reduced Disclosure Requirements, the Corporations Regulations 2001 and other mandatory professional reporting requirements; and
  - b. give a true and fair view of ANMAC's financial position as at 30 June 2013 and of its performance for the year ended on that date.
2. In the directors' opinion, there are reasonable grounds to believe that ANMAC will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Board of Directors.



Professor Jill White  
Chair  
18 September 2013  
Canberra ACT



Ms Lee Thomas  
Deputy Chair



**INDEPENDENT AUDITOR'S REPORT  
TO THE MEMBERS OF  
AUSTRALIAN NURSING AND MIDWIFERY ACCREDITATION COUNCIL LIMITED**

We have audited the accompanying financial statements of Australian Nursing and Midwifery Accreditation Council Limited (ANMAC), which comprise the statement of financial position as at 30 June 2013, the statement of 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 Statements**

The directors of ANMAC are responsible for the preparation and fair presentation of the financial statements in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and the Corporations Act 2001, and for such internal control as the directors determine is necessary to enable the preparation of the financial statements that are free from material misstatement, whether due to fraud or error.

**Auditor's Responsibility**

Our responsibility is to express an opinion on the financial statements 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 statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements 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 entity'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 statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

**Duesburys Nexia**  
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**Independence**

In conducting our audit, we have complied with the independence requirements of the Corporations Act 2001.

**Auditor's Opinion**

In our opinion, the financial statements of Australian Nursing and Midwifery Accreditation Council Limited are in accordance with the Corporations Act 2001, including:

- (i) giving a true and fair view of ANMAC's financial position as at 30 June 2013 and of its performance for the year ended on that date; and
- (ii) complying with Australian Accounting Standards – Reduced Disclosure Requirements and the Corporations Regulations 2001.

A handwritten signature in black ink, appearing to read "Duesburys Nexia".

**Duesburys Nexia**  
Canberra, 18 September 2013

A handwritten signature in black ink, appearing to read "G J Murphy".

**G J Murphy**  
Partner



# Annex A

## Membership of ANMAC committees

This annex lists the chairs and members of ANMAC's committees.

The committees are listed in alphabetical order.

### Enrolled Nurse Accreditation Committee

#### Chair

**Ms Karen Scott**—Educator, Regis Aged Care, New South Wales and Queensland

#### Deputy Chair

**Ms Gabrielle Koutoukidis**—Head of Strategic and Business Development, Health Sciences, Holmesglen Institute, Victoria

#### Members

**Ms Michelle Ashworth**—Enrolled Nurse, Latrobe Community Health Service, Victoria

**Ms Melanie Birks**—Professor of Nursing, Teaching and Learning, School of Nursing, Midwifery and Nutrition, James Cook University, Townsville, Queensland

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

**Ms Robin Girle**—Nurse Manager, Professional Development and Workplace Capabilities, South Eastern Sydney Local Health District, New South Wales

**Ms Susan Hopkins**—Educational Manager, Community Services and Health, TAFE SA, South Australia

**Dr Christine Manwarring**—Faculty Director, Community, Health and Personal Services,

TAFE NSW, South Western Sydney Institute, New South Wales

**Ms Ruth Phillips**—Coordinator of Health and Nursing Programs, South West Institute of Technology, Coordinator of Enrolled Nursing, South West Institute of TAFE, Western Australia

### Finance, Audit and Business Committee

#### Chair

**Clinical Professor Fiona Stoker**—ANMAC Board Member, Chief Nurse and Midwifery Officer, Department of Health and Human Services, Tasmania

#### Deputy Chair

**Mr Gregory Sam**—Community Director ANMAC, Chief Executive Officer, Rural Health Workforce Australia, Victoria

#### Members

**Ms Eileen Jerga**—Community Director, ANMAC, Board Director, Australian Capital Territory

**Adjunct Professor Debra Thoms**—ANMAC Board Member, Chief Executive Officer, Australian College of Nursing, Australian Capital Territory

#### In attendance

**Ms Amanda Adrian**—Chief Executive Officer, ANMAC, Australian Capital Territory

**Ms Kay Taylor**—Director of Corporate Services, ANMAC, Australian Capital Territory

## Governance Committee

### Chair

**Mr Gregory Sam**—Community Director ANMAC, Chief Executive Officer, Rural Health Workforce Australia, Victoria

### Deputy Chair

**Ms Lee Thomas**—ANMAC Board Member, Federal Secretary, Australian Nursing Federation, Federal Office, Australian Capital Territory

### Members

**Dr Rosemary Bryant**—ANMAC Board Member, Chief Nurse and Midwifery Officer, Emeritus Director of Nursing, Department of Health and Ageing (Australian Government), Australian Capital Territory

**Ms Therese Findlay**—Community Director ANMAC, Admissions, Respite Care, Salvation Army, Australian Capital Territory

**Clinical Professor Fiona Stoker**—ANMAC Board Member, Chief Nurse and Midwifery Officer, Department of Health and Human Services, Tasmania

### In attendance

**Ms Amanda Adrian**—Chief Executive Officer, ANMAC, Australian Capital Territory

**Ms Kay Taylor**—Director of Corporate Services, ANMAC, Australian Capital Territory

## International Consultative Committee

### Chair

**Dr Rosemary Bryant**—ANMAC Board Member, Chief Nurse and Midwifery Officer, Emeritus Director of Nursing, Department of Health and Ageing (Australian Government), Australian Capital Territory

### Members

**Ms Elizabeth Campbell-Dorning**—Manager, Educational and Professional Recognition Unit (AEI-NOOSR) Mobility, South and South East Asia Branch, International Education and Science Division, Department of Industry, Innovation, Climate Change, Science, Research and Tertiary Education, Australian Capital Territory

**Mr Christopher Carman**—Representative, Migration Institute of Australia, New South Wales

**Ms Sharon Cole**—Chief Executive Officer and Registrar, Midwifery Council of New Zealand, Wellington, New Zealand

**Ms Deanna Easton**—Acting Director, Services Trade & Negotiations Section, Services and Intellectual Property Branch, Office of Trade Negotiations, Department of Foreign Affairs and Trade, (Australian Government), Australian Capital Territory

**Mr Nick Blake**—Senior Federal Industrial Officer, Australian Nursing and Midwifery Federation, Victoria

**Ms Anne Kinnear**—Executive Officer, Australian College of Midwives, Australian Capital Territory

**Mr John Kemsley-Brown**—Executive Manager, Education Division, Australian College of Nursing, Australian Capital Territory

**Ms Mary Kirk**—Board Member, Nursing and Midwifery Board of Australia, Victoria

**Professor Robert Meyenn**—Emeritus Professor, Charles Sturt University, New South Wales

**Ms Monica Novick**—Executive Director, International Health Professionals, Health Workforce Australia, South Australia

**Ms Carolyn Reed**—Chief Executive and Registrar, Nursing Council of New Zealand, Wellington, New Zealand

**Ms Katherine Whitehead**—Director, Business Innovation and Occupation Policy, Department of Immigration and Citizenship, (Australian Government), Australian Capital Territory

### In attendance

**Ms Amanda Adrian**—Chief Executive Officer, ANMAC, Australian Capital Territory

**Mr Mark Braybrook**—Director of International Services, ANMAC, Australian Capital Territory

## Midwifery Accreditation Committee

### Chair

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

### Deputy Chair

**Dr Joanne Gray**—Associate Dean, Teaching and Learning, Faculty of Health, University of Technology, Sydney, New South Wales

## Members

**Ms Janice Butt**—Course Coordinator, Midwifery Education, King Edward Memorial Hospital and Associate Director, Midwifery, Curtin University, Western Australia

**Associate Professor Elaine Dietsch**—Midwifery Program Leader, Charles Sturt University, New South Wales

**Ms Fleur Gilroy**—Manager, People and Organisation, Fiona Stanley Hospital Project, South Metropolitan Health Service, Western Australia

**Associate Professor Pauline Glover**—Course Coordinator Midwifery Programs, School of Nursing and Midwifery, Flinders University, South Australia

**Ms Patrice Hickey**—Women's & Children's Service, Western Health, Victoria

**Dr Greg Kyle**—Head of Discipline of Pharmacy, Faculty of Health, University of Canberra, Australian Capital Territory

**Adjunct Professor Jan Pincombe**—Adjunct Professor, Division of Health Sciences, School of Nursing and Midwifery, University of South Australia, South Australia

**Associate Professor Lee Stewart**—Head of School, School of Nursing, Midwifery and Nutrition, James Cook University, Townsville, Queensland

## Nurse Practitioner Accreditation Committee

### Chair

**Professor Glenn Gardner**—Professor, Faculty of Health, School of Nursing and Midwifery, Queensland University of Technology, Queensland

### Deputy Chair

**Dr Thomas Buckley**—Coordinator, Master of Nursing (Nurse Practitioner), Faculty of Nursing, The University of Sydney, New South Wales

### Members

**Professor Andrew Cashin**—Professor of Nursing, School of Health & Human Sciences, Southern Cross University, New South Wales

**Mr Luke Christofis**—Emergency Nurse Practitioner, Emergency Department, Lyell McEwin Hospital, South Australia

**Professor Maxine Duke**—Head of School and Deputy Dean, School of Nursing and Midwifery, Deakin University, Victoria

**Mr Christopher Helms**—Vice President, Australian College of Nurse Practitioners, New South Wales

**Dr Greg Kyle**—Head of Discipline of Pharmacy, Faculty of Health, University of Canberra, Australian Capital Territory

**Dr Lisa McKenna**—Associate Dean (Learning and Teaching), School of Nursing, Faculty of Medicine, Nursing and Health Sciences, Monash University, Victoria

## Registered Nurse Accreditation Committee

### Chair

**Professor Patrick Crookes**—Dean, Faculty of Health and Behavioural Sciences, University of Wollongong, New South Wales

### Deputy Chair

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

### Members

**Associate Professor Kate Andre**—Program Director, School of Nursing and Midwifery, Associate Dean Teaching and Learning, Faculty of Computing, Health and Science, Edith Cowan University, Western Australia (from May 2013)

**Professor Wendy Cross**—Head of School, School of Nursing and Midwifery, Monash University, Victoria

**Ms Anne Fallon**—Conjoint Senior Lecturer, University of New South Wales, Manager of Education Development & Training, St Vincent's Private Hospital, New South Wales

**Associate Professor Karen Flowers**—Associate Dean, Academic and International, Faculty of Health Sciences, Australian Catholic University, Queensland

**Professor Eimear Muir-Cochrane**—Chair of Nursing (Mental Health), School of Nursing and Midwifery, Flinders University, South Australia

**Ms Shelley Nowlan**—District Executive Director of Nursing Services, Central Queensland Health Service District, Queensland Health, President, Association Queensland Nurse Leaders, Queensland

**Dr Nicole Phillips**—Senior Lecturer in Nursing, Director of Undergraduate Studies, School of Nursing and Midwifery, Faculty of Health, Deakin University, Victoria (from May 2013)

## Standards, Accreditation and Assessment Committee

### Chair

**Professor Robert Meyenn**—ANMAC Board Member, Emeritus Professor, Charles Sturt University, New South Wales

### Deputy Chair

**Ms Joanna Holt**—Community Director ANMAC, Chief Executive, NSW Kids and Families, New South Wales

### Members

**Ms Robyn Coulthard**—Interim CEO, Congress of Aboriginal and Torres Strait Islander Nurses, Queensland

**Professor Patrick Crookes**—Chair, ANMAC Registered Nurse Accreditation Committee, Dean, Faculty of Health and Behavioural Sciences, University of Wollongong, New South Wales

**Ms Leone English**—ANMAC Board Member, Dean, Faculty of Health Science and Community Studies, Holmesglen Institute, Victoria

**Ms Therese Findlay**—Community Director ANMAC, Admissions, Respite Care, Salvation Army, Australian Capital Territory

**Professor Glenn Gardner**—Chair, ANMAC Nurse Practitioner Accreditation Committee, Professor, Faculty of Health, School of Nursing and Midwifery, Queensland University of Technology, Queensland

**Ms Karen Scott**—Chair, ANMAC Enrolled Nurse Accreditation Committee, Educator, Regis Aged Care, New South Wales and Queensland

**Clinical Professor Fiona Stoker**—ANMAC Board Member, Chief Nurse and Midwifery Officer, Department of Health and Human Services, Tasmania

**Ms Lee Thomas**—ANMAC Board Member, Federal Secretary, Australian Nursing Federation, Federal Office, Australian Capital Territory

**Professor Jill White**—Chair, ANMAC Board and nominee of Council of Deans of Nursing and Midwifery, New South Wales

### In Attendance

**Ms Amanda Adrian**—Chief Executive Officer, ANMAC, Australian Capital Territory

**Mr Mark Braybrook**—Director of International Services, ANMAC, Australian Capital Territory

**Ms Donna Mowbray**—Director of Accreditation Services, ANMAC, Australian Capital Territory



