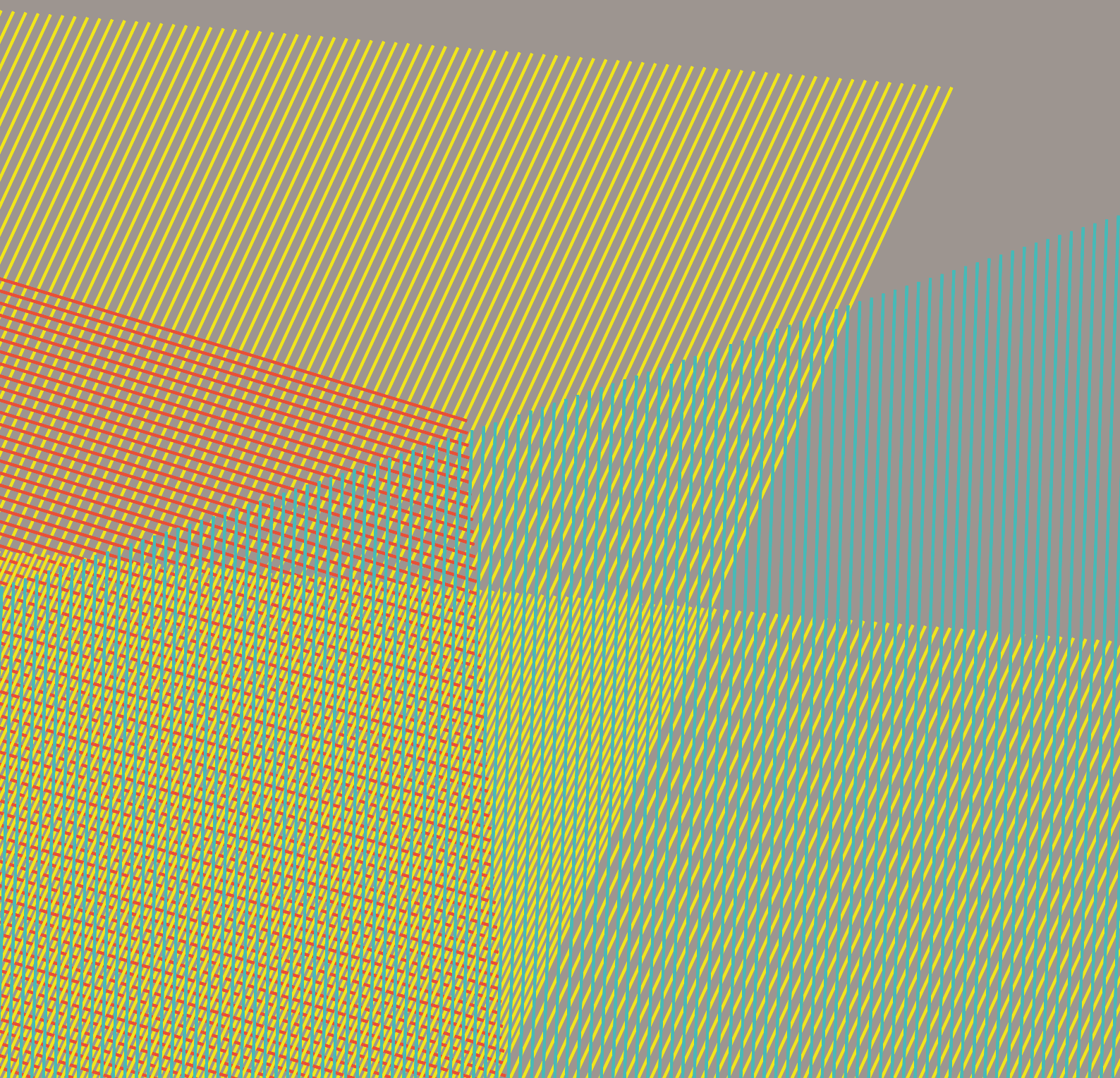




Australian  
**Nursing & Midwifery**  
Accreditation Council

Annual Report 2014–15



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This annual report can be downloaded free-of-charge  
from [www.anmac.org.au](http://www.anmac.org.au)  
Hard copies can be ordered by emailing  
[anmac@anmac.org.au](mailto:anmac@anmac.org.au)

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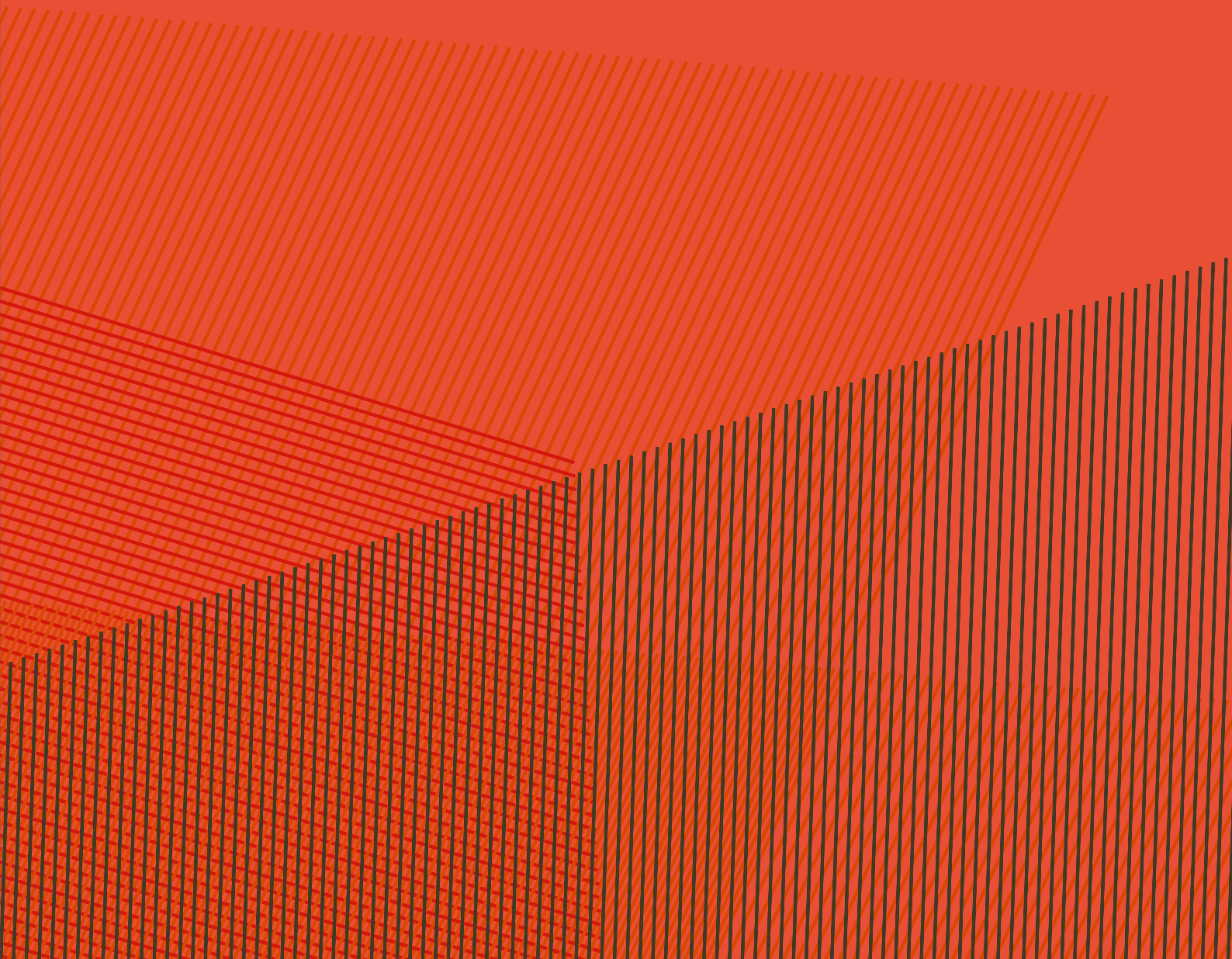
# 1 Overview

Our organisation

ANMAC's year at a glance—2014–15

Message from the Chair

Chief Executive Officer's message



# Our organisation

## Who we are

The Australian Nursing and Midwifery Accreditation Council (ANMAC) is established to ensure that the standards of education, training and assessment of the nursing and midwifery professions promote and protect the health and safety of the Australian community. Nurses and midwives who complete ANMAC accredited education programs meet the education requirement for registration with the Nursing and Midwifery Board of Australia (NMBA).

## What we do

- Influence, shape and develop standards for education providers who offer programs of study for nursing and midwifery in Australia.
- Accredite education providers and programs against the standards.
- Monitor education programs to ensure ongoing adherence to the standards.
- Assess the skills and qualifications of international nurses and midwives seeking to apply for skilled migration to Australia.

## Our key stakeholders

- education providers
- NMBA and Australian Health Practitioner Regulation Agency (AHPRA)
- international qualified nurses and midwives
- state, territory and national governments
- nursing and midwifery professions
- accreditation authorities
- Australian community

## What differentiates us

ANMAC is an independent organisation that has extensive knowledge and skills in accrediting and assessing nursing and midwifery programs of study. ANMAC also has extensive knowledge of, and networks within, these professions and the wider health and education sectors.



## Our core values

**Integrity**—We demonstrate leadership, are trustworthy, and act with honesty, openness and respect.

**Learning**—We value learning as a lifelong process and strive to adapt and be responsive to new challenges and opportunities.

**Accountability**—We are open and accountable to the Australian community and transparent with processes for developing accreditation standards and policies.

**Inclusiveness**—We value others and ourselves as unique individuals and celebrate our commonalities and differences. We promote open communication, ongoing collaboration and the free exchange of ideas and information.

**Excellence**—we strive for excellence and continuous quality improvement in everything ANMAC does. This underpins our way of working.

# ANMAC's year at a glance 2014–15

## July 2014

- ANMAC held public consultation forums to inform the review of the new nurse practitioner accreditation standards, in Brisbane, Melbourne and Perth. Nearly 100 stakeholders contributed feedback on the draft standards.

## August

- ANMAC provided a written submission to and participated in combined health professions forums in response to a consultation paper guiding the Independent Review of the National Registration and Accreditation Scheme for Health Professionals (NRAS Review).

## September

- ANMAC participated in a number of key stakeholder conferences, including the Technical and Further Education Directors' Australia National Conference (Sydney), Australian Nursing and Midwifery Conference (Melbourne) and Council of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) annual conference (Perth).
- ANMAC contributed further information on the efficiency, effectiveness and cost effectiveness of the NRAS Review through a public consultation forum held by NRAS in Canberra.

## October

- ANMAC attended the 40th International Mental Health Nursing Conference (Melbourne), presented on the role of ANMAC at the 3<sup>rd</sup> Biennial Australian Capital Region Nursing and Midwifery Research Centre Conference (Canberra) and delivered an oral paper on contemporary issues related to nursing and midwifery program accreditation at the 3<sup>rd</sup> Asia Pacific International Conference on Qualitative Research in Nursing, Midwifery and Health (Newcastle).
- ANMAC attended the 2014 annual joint meeting of the NMBA (Melbourne).
- ANMAC contributed to the International Nurse Regulator Collaborative Symposium (Chicago, United States).

## November

- ANMAC appointed Clinical Professor Fiona Stoker as the new Chief Executive Officer (CEO).
- ANMAC represented at the National Nursing Forum (Adelaide) and International Congress on Innovations in Nursing Conference (Perth).
- ANMAC participated in CATSINaM's National Cultural Safety Summit, exploring the strengths and weaknesses of current work on cultural safety in nursing and midwifery for students, graduates, health workforce and Aboriginal and Torres Strait Islander Australians.
- ANMAC's new CEO contributed to the South Pacific Chief Nursing and Midwifery Officers Alliance (SPCNMOA) meeting (Tonga).
- ANMAC held its annual Joint Accreditation Committee meeting (Melbourne), focusing on quality improvement and accreditation, and hosted senior executives from the Australian Commission on Safety and Quality in Health Care.



December	<ul style="list-style-type: none"> <li>ANMAC participated in the Australian Nursing and Midwifery Federation (ANMF) National Graduate Nurse and Midwife Roundtable, discussing ways of securing employment opportunities for more than 3000 highly-educated Australian nursing and midwifery graduates unable to find permanent jobs. We did so along with nursing and midwifery leaders and key industry stakeholders.</li> </ul>
February 2015	<ul style="list-style-type: none"> <li>ANMAC held its annual team planning day.</li> </ul>
March	<ul style="list-style-type: none"> <li>ANMAC employees completed cultural respect and cultural safety training. The workshop built employee understanding of how to recognise, understand and respond to racism, including institutional racism.</li> <li>ANMAC participated in the Universities Australia Higher Education Conference (Canberra).</li> </ul>
April	<ul style="list-style-type: none"> <li>ANMAC Board held its annual strategic planning workshop reviewing key areas of focus to ensure they match contemporary challenges in the health environment, workforce, education sector and professions in forward years.</li> </ul>
May	<ul style="list-style-type: none"> <li>ANMAC was represented at the National Rural Health Conference (Perth), an important forum for raising awareness of opportunities and challenges for the rural and remote health sector.</li> <li>ANMAC CEO presented at the Innovation in Clinical Placements Conference (Sydney) on how accreditation can support innovative models for clinical placements.</li> </ul>
June	<ul style="list-style-type: none"> <li>ANMAC was represented at the National Rural Health Conference (Perth), an important forum for raising awareness of opportunities and challenges for the rural and remote health sector.</li> <li>ANMAC CEO presented at the Innovation in Clinical Placements Conference (Sydney) on how accreditation can support innovative models for clinical placements.</li> </ul>

## Message from the Chair

July 2014 to June 2015 was a year of change for ANMAC with a new Chair of the Board and new CEO. I was elected as Chair at the last annual general meeting in October 2014 and the Board appointed Clinical Professor Fiona Stoker as the CEO. Fiona began in November 2014 following the resignation of Ms Amanda Adrian. Amanda had been ANMAC's CEO since its inception in 2010 and she undertook the enormous task of setting up new offices and starting the new company with a new Board of Directors. The Directors and employees of ANMAC thank Amanda for the work she completed as the inaugural CEO.

Adjunct Professor  
Debra Thoms  
ANMAC Board Chair



During 2014–15, ANMAC also had a number of changes to the membership of its Board. I thank these past directors for their contribution and support:

- Ms Therese Findlay, Community Director
- Ms Joanna Holt, Community Director
- Dr Rosemary Bryant AO, appointed by the Commonwealth
- Clinical Professor Fiona Stoker, appointed by the states and territories.

While recognising the important contributions that Ms Findlay and Ms Holt made, particularly Ms Holt in helping develop ANMAC's initial constitution, I pay tribute here to Dr Bryant.

Dr Bryant, Australia's first Commonwealth Chief Nurse and Midwifery Officer, retired in May 2015 after a long and distinguished career. The members of the Board acknowledge the extensive contribution she made to both nursing and midwifery professions, in Australia and globally, through her role as 26th President of the International Council of Nurses.

Dr Bryant was nominated to the Board of ANMAC by the Australian Government Department of Health to advise on the delivery of nursing and midwifery education and training. Board members and ANMAC employees expressed their upmost gratitude to Dr Bryant for her contribution. ANMAC participated with the Australian College of Nursing,

Australian College of Midwives, Australian Nursing and Midwifery Federation, and Australian College of Mental Health Nurses in organising Dr Bryant's testimonial dinner held at the National Arboretum Canberra in August 2015.

Clinical Professor Fiona Stoker was a Board member from 2010 until she notified the Board that she would express interest in the position of CEO. She requested immediate leave of absence from the Board in June 2014.

Associate Professor Susan Pearce was recently appointed by the Council of Australian Governments Health Council to the ANMAC Board to represent the views and interests of state and territory governments in the delivery of health practitioner education and training.

ANMAC noted the final report of the independent NRAS Review undertaken by Mr Kim Snowball and commissioned by the Australian Health Ministers' Advisory Council. The NRAS Review was published in August 2015. ANMAC made a submission to the review and contributed to the work of the Health Professions Accreditation Council. We will continue to contribute to the further review of accreditation that will take place in 2016.

Accreditation of Nursing and Midwifery Programs Leading to Registration, Enrolment and Endorsement is an important part of ensuring quality education for the nurses and midwives who undertake the care of community members at their most vulnerable time.

Accreditation is ANMAC's prime business. This is reflected in the Board's recently revised strategic plan which outlines the strategic objectives for the next three years. The key areas being focused on are:

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

ANMAC recognises the important role our stakeholders play in the work that ANMAC undertakes. ANMAC recognises and thanks all of the stakeholders who participate in expert advisory groups and accreditation committees. ANMAC also thanks the nurses and midwives who make up the assessment teams that undertake accreditation of programs.

ANMAC looks forward to the future. The Board will continue to work closely with ANMAC's CEO and employees to continue to improve the quality and efficiency of the services provided.



Adjunct Professor Debra Thoms  
ANMAC Board Chair

## Chief Executive Officer's Message

ANMAC celebrated five years of operation in July 2015 and is in the middle of numerous challenges and changes. I joined ANMAC as the CEO in November 2014, following Ms Amanda Adrian's resignation in May 2014. Amanda provided the inaugural leadership for ANMAC, in collaboration with Professor Jill White, inaugural Chair, and the original directors of the Board. A large volume of work had to be undertaken to set up a new company and now it is time to consolidate and refresh for the future.

Clinical Professor  
Fiona Stoker



The outcomes of the independent Review of National Registration and Accreditation Scheme for Health Professionals (NRAS Review), which have resulted in a further review of accreditation in 2016, is not unexpected as there has been some increasing discussion about accreditation, particularly around cost and duplication. ANMAC welcomes the further review of accreditation as this may help to demystify the process and assist with an overall view of regulation.

ANMAC is a member of the Health Professions Accreditation Council. We collaborated with the Council to provide a high-level submission to the NRAS Review and will continue to work together to inform the further review. The Council sponsored a one-day workshop on inter-professional education with participants invited to discuss ways in which to better organise and plan the delivery of interprofessional education in Australia.

This year ANMAC took the opportunity to work closely with the NMBA and AHPRA to review the process for internationally qualified nurses and midwives to migrate to Australia. A working party chaired by Dr Rosemary Bryant was formed with NMBA, AHPRA, Department of Education and Training, and Department of Immigration and Border Protection (DIBP). ANMAC and the NMBA are now piloting a complementary process for skilled migration and registration of internationally qualified nurses and midwives.

The team in International Services at ANMAC have worked together to review their service and the way they provide it to stakeholders. I commend the way they have critically evaluated the process of assessment and the improvements they have made to make the service more customer focused.

Accreditation Services has continued to assess programs for nursing and midwifery education that lead to registration, enrolment or endorsement. In my travels in Australia I have been really pleased to be advised of the high regard the accreditation employees are afforded when they undertake an accreditation, together with stakeholders of our organisation that make up the assessment teams. It is important to remember that it is nurses and midwives who work together to develop the standards that ensure Australia has a high standard of education for our practitioners.

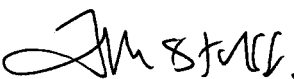
In developing standards for accreditation, ANMAC must take account of the national and international standards and codes of practice that are relevant to nursing and midwifery. When ANMAC develops an accreditation standard the process is supported by an expert advisory group comprising expert practitioners. The process also includes a wide consultative approach which targets all practitioners.

This year saw the release of these accreditation standards:

- *Midwife Accreditation Standards 2014*
- *Entry Programs for Internationally Qualified Registered Nurse 2014*
- *Re-entry to the Register—Registered Nurse Accreditation Standards 2014*
- *Accreditation Standards for Programs leading to Endorsement for Scheduled Medicines for Midwives 2015.*

In November 2014, I attended the South Pacific Chief Nurses Forum in Tonga. The forum is held every two years to bring together senior leaders in regulation, education, legislation and service delivery across a range of important areas to discuss effective programs for the Pacific region. This year's meeting focused on universal health coverage and strengthening nursing leadership. I participated in a session on the development of regulation, including accreditation, in each participating country. ANMAC is always seeking to improve the standard of nursing and midwifery education across the globe.

Over the next year ANMAC will continue to enhance communication with our key stakeholders, particularly the NMBA and AHPRA through the annual directors joint board meeting and bimonthly Executive Officers' working meetings. ANMAC continues to work with key stakeholders in the delivery of all aspects of the service we provide and looks forward to further engagement next year.



Clinical Professor Fiona Stoker  
Chief Executive Officer

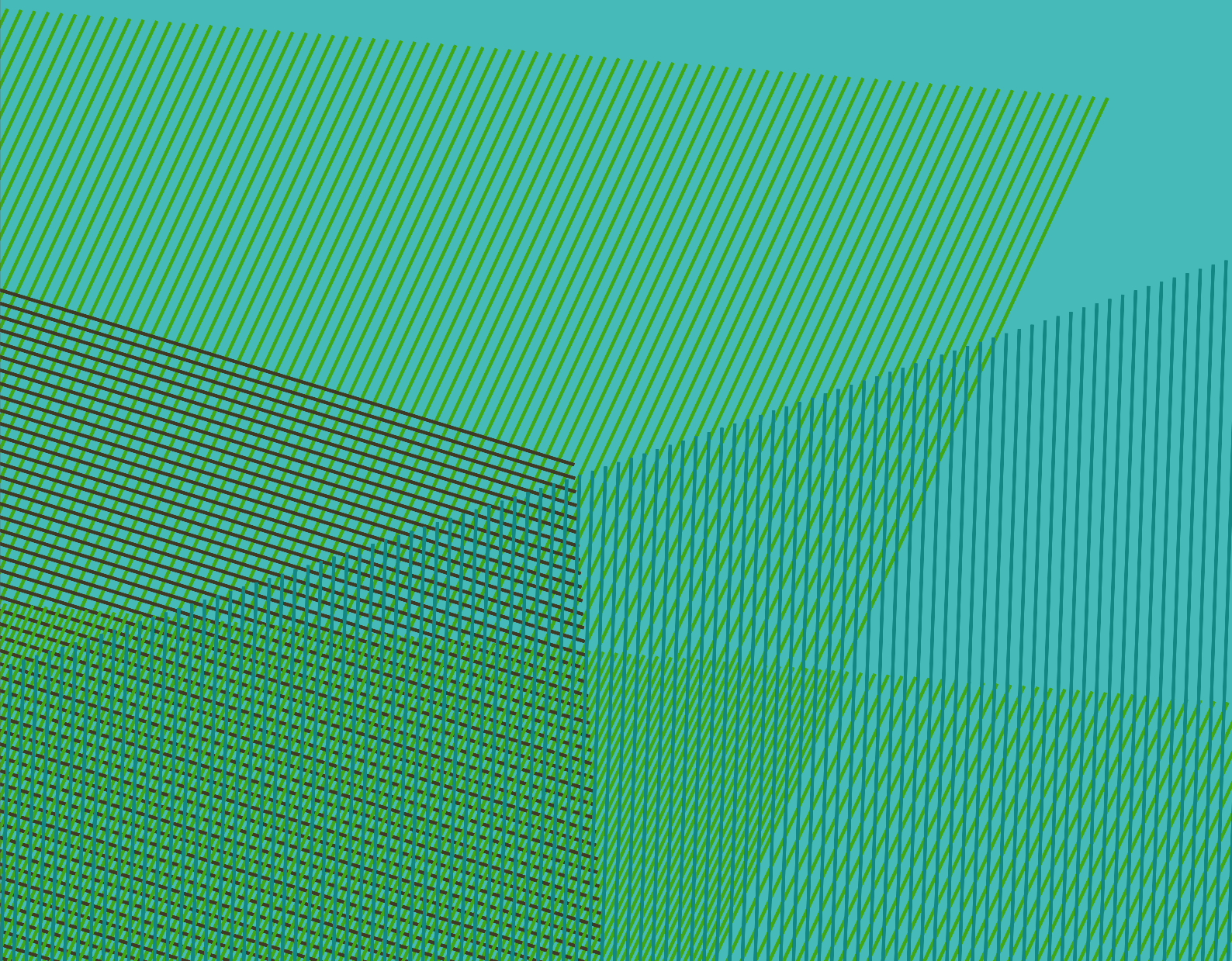


## 2. Corporate governance and accountability

Governance

ANMAC Board

Committees





# Governance

## CEO and Governance Employees

(L to R) Alison Sette,  
Colette Peris,  
Fiona Stoker

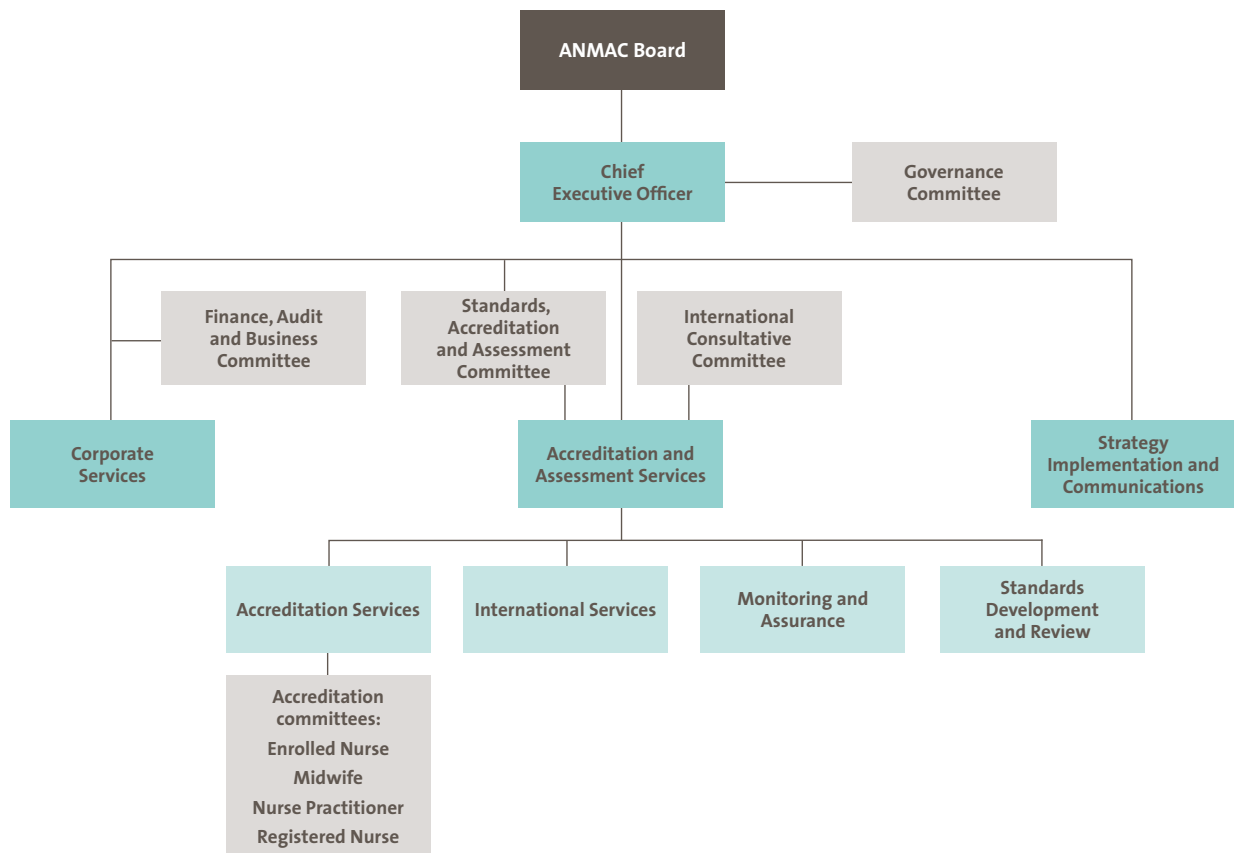


ANMAC was established as Australia's independent accreditation authority for the nursing and midwifery professions by the NMBA. Since incorporation, ANMAC and its Board have continued to be diligent in establishing and maintaining the governance framework and systems required to underpin the accreditation function. Board committees and expert advisory groups, each with terms of reference, manage key governance responsibilities. The International Consultative Committee and ANMAC's four accreditation committees (one each for registered nurses, midwives, nurse practitioners and enrolled nurses) continued their important work as ANMAC expert reference groups.

Figure 1 Reflects ANMAC's governance arrangements, 2014/15.



Figure 1 ANMAC governance structure 2014–15



# ANMAC Board

## ANMAC Board

**Back row:** Leone English, Debra Thoms, Lee Thomas, Ann Kinnear, Helen Edwards, Susan Pearce, Eileen Jerga

**Front row:** Peter Bayley, Leena Sudano, Bob Meyenn, Wendy Cross

**Underneath main photo:** Janine Mohamed



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 met six times during 2014–15.

Directors come from these member organisations:

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

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
- one expert from the education sector
- once expert from the nursing and midwifery education sector
- three representatives from the community.

A summary of the Board director attendance at Board meetings held in 2014–15 is in Table 1.

**Table 1 Attendance at Board meetings by directors in 2014–15**

Name	Board meeting					
	11 August 2014	14 October 2014	9 December 2014	10 February 2015	14 April 2015	2 June 2015
Peter Bayley	✓	x	x	✓	✓	✓
Rosemary Bryant	✓	✓	✓	✓	✓	-
Wendy Cross	x	✓	✓	✓	✓	✓
Faye Clarke	x	✓	✓	x	-	-
Helen Edwards	✓	x	x	✓	✓	x
Leone English	✓	x	✓	✓	✓	✓
Therese Findlay	✓	-	-	-	-	-
Joanna Holt	✓	✓	x	x	-	-
Eileen Jerga	✓	✓	✓	✓	✓	✓
Ann Kinnear	✓	✓	✓	✓	✓	x
Robert Meyenn	✓	✓	✓	✓	✓	✓
Janine Mohamed	-	-	-	-	x	✓
Fiona Stoker	x	-	-	-	-	-
Leena Sudano	-	✓	✓	✓	✓	✓
Lee Thomas	✓	✓	✓	✓	✓	x
Debra Thoms	✓	✓	✓	✓	✓	✓

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

## Board Directors

### Adjunct Professor Debra Thoms

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

### Clinical Professor Fiona Stoker

RN, DIPN (London), BBus, GradCert (PSM), MBA  
Chief Nurse and Midwifery Officer  
Department of Health and Human Services  
Tasmania  
Nominee—Australian Health Workforce Ministerial Council (AHWMC)

### Lee Thomas

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

### Professor Robert Meyenn

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

### Dr Rosemary Bryant AO

RN, BA, GradDip (Health Admin), DUNIV (QUT and Flinders University), FACN  
Commonwealth Chief Nurse and Midwifery Officer  
Department of Health  
Australian Capital Territory

**Faye Clarke**

RN, GCTE, GCDE  
Community Health Nurse  
Ballarat and District Aboriginal Co-op  
Victoria  
Nominee—Congress of Aboriginal and Torres Strait  
Islander Nurses and Midwives

**Professor Helen Edwards**

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

**Leone English**

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

**Ann Kinnear**

Cert Nsg, RM, MSc  
Executive Officer  
Australian College of Midwives  
Australian Capital Territory  
Nominee—Australian College of Midwives

**Professor Wendy Cross**

RN, RPN, BAppSc (AdvNsg), MEd, PhD, FACN, FACMHN,  
MAICD  
Head of School  
School of Nursing and Midwifery  
Monash University  
Victoria  
Nominee—Council of Deans of Nursing  
and Midwifery (Australia & New Zealand)

**Ms Janine Mohamed**

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

## Community directors

**Therese Findlay**

MAppSci, GradDip (SocEc)  
Coordinator  
NSW Elder Abuse Helpline and Resource Unit  
Catholic Health Community Services  
New South Wales

**Eileen Jerga AM**

BA, MBA, AICD  
Company Director  
Australian Capital Territory

**Peter Bayley**

GradDip Mgt, GradCert Finance, Adv Professional  
Cert (Business Valuations), Corporate Directors Dip  
Retired Health Executive  
New South Wales

**Joanna Holt**

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

**Ms Leena Sudano**

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

# Committees

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 fulfil 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 CEO.

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

## Board Committees

### 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 regulatory requirements and reflect contemporary business, governance, policy and ethical requirements in Australia.

#### Objectives

Deal with matters relating to the:

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

- ANMAC Board and committee governance policy
- conduct of ANMAC Board meetings.

### Finance, Audit and Business Committee

#### Purpose

Ensure the finance and audit functions of ANMAC, 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. Ensure the management of risks are monitored and reported on appropriately.

#### Objectives

Deal with all matters relating to:

- finance, budget and audit
- auspices of the Business Services Unit, 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.

### International Consultative Committee

#### Purpose

Ensure the Board of ANMAC is strategically engaged with key stakeholders who are responsible for all matters relevant to the migration of internationally qualified nurses and midwives.

## Objectives

- Liaise with key strategic stakeholders to discuss international issues that are relevant to the migration of international nurses and midwives.
- Liaise with government departments in relation to key policy decisions such as Visa applications and other matters pertaining to the migration of internationally qualified nurses and midwives.
- Provide advice to the Board regarding strategic issues arising through the International Consultative Committee that may impact on the business of ANMAC.

## Standards, Accreditation and Assessment Committee

### Purpose

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

### Objectives

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

## Accreditation committees

ANMAC's four accreditation committees continued with their respective areas of work:

- registered nurse
- enrolled nurse
- nurse practitioner
- midwife.

Members of accreditation committees include senior education and industry experts whose significant positions enable them to make valuable contributions to ANMAC's work.

Accreditation committees met regularly during the year to review and provide recommendations to ANMAC for accreditation of programs of study and modifications to accredited programs. Their recommendations were sent to the NMBA for approval.

## Enrolled Nurse Accreditation Committee

### Purpose

Promote and protect the health of the Australian community by:

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

### Objectives

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

## Midwifery Accreditation Committee

### Purpose

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

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

### Objectives

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

## Nurse Practitioner Accreditation Committee

### Purpose

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

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

### Objectives

- Review the reports from individual assessment teams and ensure that there is sufficient evidence that a program 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.
- Review, ratify and provide advice on monitoring reports and rating.

## Registered Nurse Accreditation Committee

### Purpose

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

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

### Objectives

- Review the reports from individual assessment teams and ensure there is sufficient evidence that a program 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 an accreditation committee (and assessment team) and an education provider.
- Review, ratify and provide advice on monitoring reports and rating.





## 3. Work

Accreditation and Assessment Services

International Services

Strategy Implementation and Communications



# Accreditation and Assessment Services

## Accreditation and Assessment Services employees

Back row (L to R) Alan Merritt, Kate Imeson, Melanie Schaefer, Kera Holmes

Front row (L to R) Maureen Hilton, Caro Roach

Underneath main photo: Julie Watts, Elizabeth Grant, Margaret Gatling, Melissa Cooper, Susan Bragg, Jane Douglas, Donna Mowbray

Employees with no photo: Jo Gibson, Jackie Doolan



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

As an efficient and effective proxy for assessing the competence of every graduate, ANMAC ensures that programs leading to registration or endorsement

of nurses and midwives in Australia meet or exceed NMBA-approved accreditation standards. These standards apply to entry-to-practice education programs leading to registration as an enrolled nurse, registered nurse and midwife. They also apply to endorsement as a nurse practitioner or eligible midwife.

ANMAC conducts a two-stage quality assurance process. First, standards are developed for assessing education curricula. Second, programs offered by education providers are monitored to ensure the standards are met. Each set of standards is subject to cyclic review involving broad consultation with nursing and midwifery professions, educators and other stakeholders.

The work of Accreditation and Assessment Services is reported on in three categories:

1. Accreditation services
2. Monitoring and assurance
3. Standards development and review.

### Major achievements in 2014–15 include:

- accredited 36 programs of study
- assessed 24 major modifications to accredited programs of study
- assessed 108 minor modifications to accredited programs of study
- released the *Midwife Accreditation Standards 2014*
- completed the review of the *Re-entry to the Register Registered Nurse Accreditation Standards 2014*
- completed the review of the *Entry Programs for Internationally Qualified Registered Nurses Accreditation Standards 2014*
- completed the review of the *Programs leading to Endorsement for Scheduled Medicines for Midwives Accreditation Standards 2015*
- continued the review and development of the *Nurse Practitioner Accreditation Standards 2015*

- started the review of accreditation standards for re-entry to register for midwives.

### Accreditation of programs of study

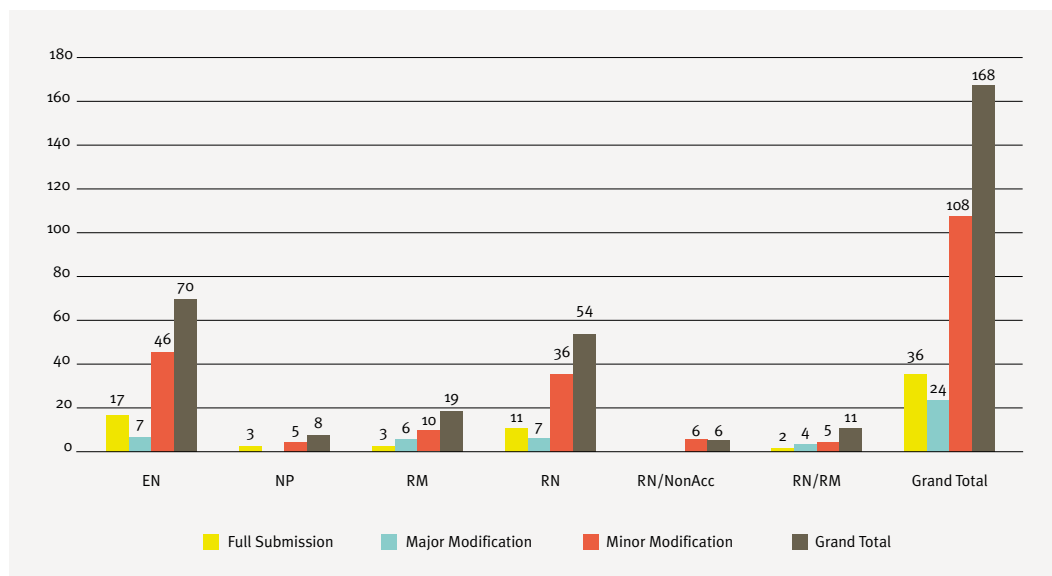
Accreditation Services is responsible for ensuring that programs leading to registration and endorsement of nurses and midwives in Australia meet NMBA-approved standards for accreditation.

The accreditation process is robust, open and transparent and takes some months to complete, with many stakeholders 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 Figure 2 illustrates, in 2014–15 ANMAC accredited 36 full submissions and received 24 applications for major modifications to accredited programs of study. A total of 108 submissions were received from education providers requesting minor changes to approved programs of study. All requests were reviewed and assessed by the relevant accreditation committee.

The NMBA approved all programs of study accredited by ANMAC during 2014–15.

Figure 2 Accreditation projects completed 2014–15



## Accreditation assessors

During 2014–15, ANMAC was assisted by 94 assessors to assess programs of study for accreditation and modifications. ANMAC establishes an assessment team for each program it assesses for accreditation under the National Law, including assessments of major modifications to currently accredited programs.

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.

Approximately 600 assessors are currently listed on the ANMAC assessor register.

## Quality and the accreditation process

Stakeholder management is central to ANMAC's effectiveness. Evaluating the accreditation process for education providers is a valuable component of quality assurance.

Feedback from stakeholders is sought at the end of the accreditation process by way of an online survey. An analysis of data during this period from the surveys completed by education providers identified:

- the resources from ANMAC's website that were used to complete the program submission
- the level of satisfaction in the review of the program submission
- opinions on whether the draft Outcome of Accreditation Report accurately reflected the discussions that took place during the assessment process
- views from education providers on whether they were satisfied with the opportunity to respond to the draft Outcome of Accreditation Report
- the overall level of satisfaction with ANMAC's accreditation process
- general feedback from education providers on the accreditation process.

More than 80% of education providers used ANMAC published resources to complete their submission and 77% of education providers stated they had direct contact with ANMAC employees as a resource to complete their submission. Most education providers were happy with the review of their submission, including the clarity of feedback provided in the preliminary review, the opportunity to discuss and/or clarify and negotiate on issues.

A total of 90.5% of education providers felt that the Outcome of Accreditation Report issued by ANMAC at the completion of the assessment process accurately reflected the discussions that took place as a result of the assessment process. Feedback from the 9.5% of education providers who did not feel the report accurately reflected their comments included disparity between what was said and what was written, such as expectations changing, inconsistencies and varied instructions.

Themes identified from the responses included process, ANMAC as an organisation, associate directors, assessment teams, resources and information, submissions, site visits and cost. Positive feedback dominated responses but there were also constructive comments, including streamlining processes, training for assessment teams and using the electronic environment.

ANMAC will use this information as a part of quality review processes to implement change with plans underway to develop a new survey aimed at capturing the experience of education providers who have successfully had an education program accredited.

## Monitoring and assurance

In accordance with Section 50 of the Health Practitioner Regulation National Law (ACT), ANMAC monitors all accredited nursing and midwifery programs of study.

### Monitoring reports

From 1 January 2015, ANMAC mandatory interim reports were replaced by an annual declaration. No annual declarations were received before 1 January 2015 and no mandatory interim reports were received from 1 January 2015.

From 1 July 2014 to June 30 2015, ANMAC received:

- 75 annual declarations
- 53 mandatory interim reports
- 42 special reports

This information is represented in Figure 3.

Figure 3 Monitoring reports submitted to ANMAC Accreditation and Assessment Services 2014–15

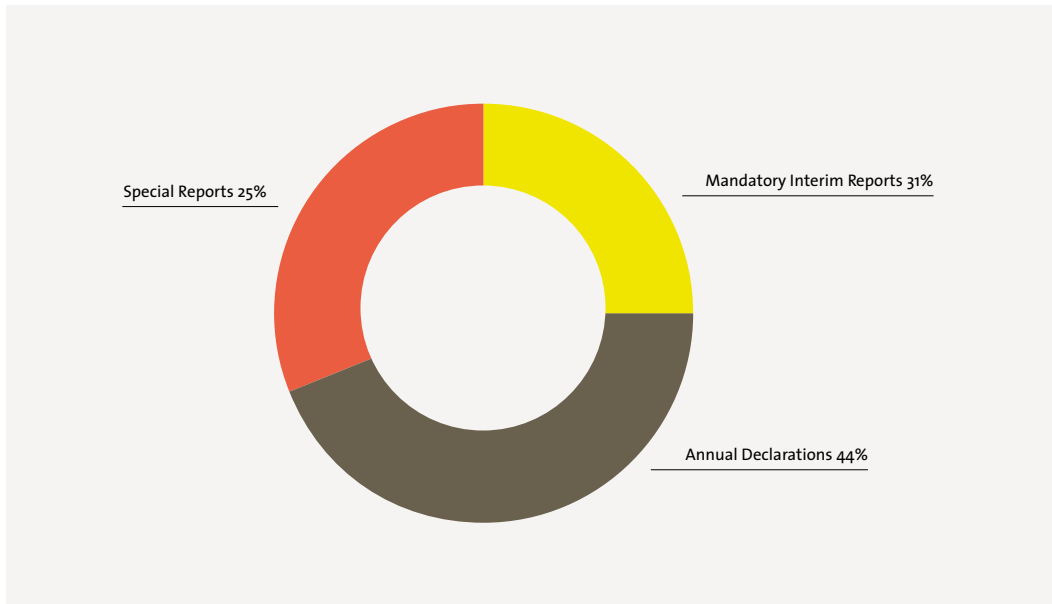
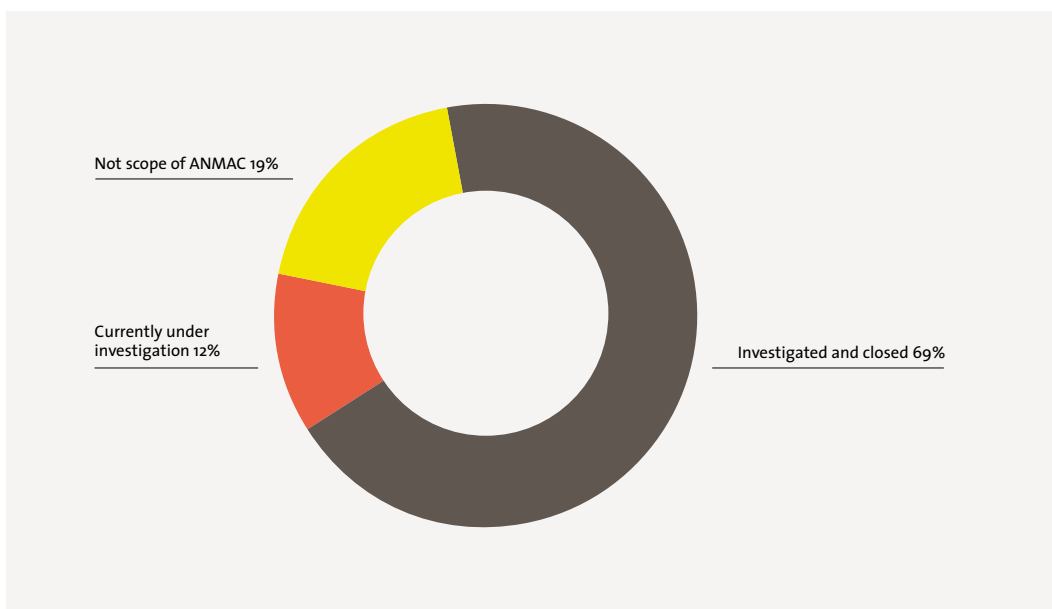


Figure 4 Complaints received by ANMAC Accreditation and Assessment Services 2014–15



## Complaints

From 1 July 2014 to 30 June 2015, ANMAC received 16 complaints (Figure 4) through the complaints email address listed on the ANMAC website, by telephone or through AHPRA or the NMBA.

Eleven complaints were investigated and satisfactorily resolved. Two are progressing through the assessment process.

Three of the 16 complaints were not within ANMAC's scope to investigate because they did not relate to the ANMAC Accreditation Standards. Complainants were advised of this and if possible directed to the organisation to contact for their complaint.

In 2014–15, ANMAC released the *Midwife Accreditation Standards 2014* and completed education accreditation standards for *Re-entry to the Register Registered Nurse Accreditation Standards 2014*, *Entry Programs for Internationally Qualified Registered Nurses Accreditation Standards 2014* and *Programs leading to Endorsement for Scheduled Medicines for Midwives Accreditation Standards 2015*. Work continued on the review and development of the nurse practitioner accreditation standards, which started in 2013–14.

In 2014–15, ANMAC began to develop education accreditation standards for re-entry to register for midwives.

## Standards development and review

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

Developing or reviewing accreditation standards requires consideration of the purpose of professional education accreditation. This is concerned with the quality of the profession and its work, from a public interest and community safety perspective. It is part of the broader process of assuring the Australian community that nurses and midwives who complete education programs accredited by ANMAC can practise and care for people in a safe and competent manner. They can do so because they are equipped with the necessary foundation knowledge, professional attitudes and essential skills.

## Quality review of Accreditation and Assessment Services

Recognising the role ANMAC has under the National Law with the accreditation of nursing and midwifery programs leading to registration and endorsement, a quality review of accreditation and assessment services was conducted in 2014–15. The primary objective of the review was to analyse existing processes and guidelines for the assessment of accreditation to ensure the approach of current assessment processes and appeal mechanisms are contemporary and compare to best practice models.

A secondary objective of the review was to further explore: ways to integrate risk management into the process of accreditation and benchmark ANMAC's assessment process with the principles of 'right-touch' regulation; strategies that could make the process more efficient and effective.

The outcomes of the review are being presented to the ANMAC Board and will shape the operational plan for 2015–16.

## Explanatory note—*Health Informatics and Health Technology*

A primary function of ANMAC is to ensure that education programs leading to registration and endorsement of nurses and midwives in Australia meet NMBA-approved standards for accreditation. These standards require that program content support the development and application of knowledge and skills in health informatics and technology.

To guide education providers in addressing health informatics and health technology in nursing and midwifery curricula, so beginning practitioners are appropriately equipped for contemporary practice, ANMAC's Accreditation and Assessment team prepared and published the Health Informatics and Health Technology explanatory note.

Rapid changes and increasing use of and reliance upon health informatics and health technology in today's health care environment has changed the way nurses operate. It has, for example, changed the way nurses and midwives intervene, access health information, and communicate with patients and other care providers operating in the areas of prevention, diagnosis and treatment of illness and health promotion. Such pervasive change has led to philosophical discussions around understanding technology within nursing and midwifery, with some asserting that an opportunity to explore the shared relationship between people and technology means nurses and midwives can come to know patients more fully.

The note is available from [www.anmac.org.au](http://www.anmac.org.au) and was presented by the team at the 7th International Congress on Innovations in Nursing 2014, in Perth.



# International Services

## International Services employees

(L to R) Sue Tully, Frances Rice, Toby Piper, Pan Warburton, Kirstin Caldwell

## Underneath main photo:

Demelza Rowley, Adriana Clarke, Mark Braybrook, Kathryn Baird

Employees with no photo: Louise Straughair



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

The goal of International Services is to work in partnership with stakeholders to maintain the appropriate assessment of internationally qualified nurses and midwives for migration to Australia.

ANMAC assesses nurses and midwives under two categories:

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

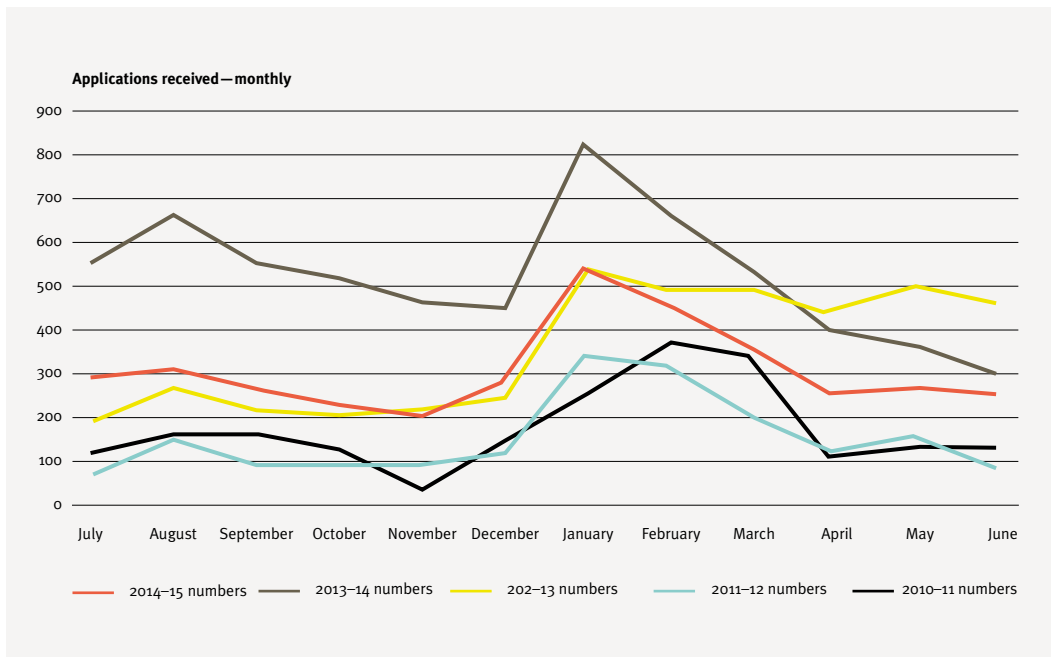
ANMAC has worked closely with AHPRA and the NMBA to ensure that nurses and midwives found suitable for migration will also be eligible for registration. The organisations continue to work together to reduce process duplication for internationally qualified nurses and midwives wishing to work and live in Australia.

In 2014–15, ANMAC received 3742 applications from internationally qualified nurses and midwives, a decrease of 35% from the previous year (5740 were received in 2013–14). Of those received, 3467 were modified assessments and 275 were full assessments.

Figure 5 shows the comparative data of applications received for the past five years.



Figure 5 Trend in applications for skills assessment received by ANMAC International Services 2010–15



ANMAC use Australian and New Zealand Standard Classification of Occupations (ANZSCO) codes to categorise applicants for migration purposes.

In 2014–15, 55% of applications were classified as Registered Nurse (Not Elsewhere Classified). This code is used for nurses who do not fit into an area of expertise and for new Australian graduates yet to gain work experience.

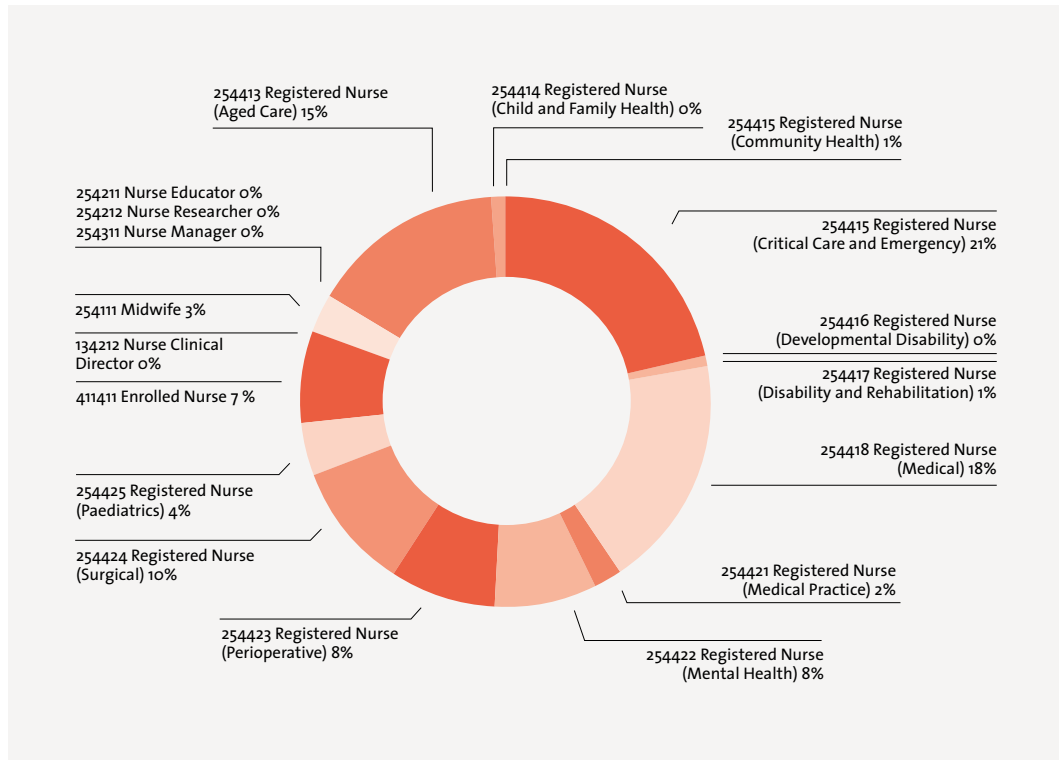
Of the other 45% of applications, the most common ANZSCO codes were Critical Care and Emergency (21%), Medical (18%) and Aged Care (15%). Enrolled nurses and midwives are each represented by a single code and represent 7% and 3% of applications respectively.

Figure 6 shows the breakdown of applications assessed by ANZSCO code in 2014–15, with the exception of Not Elsewhere Classified.

Applicants who do not hold registration as a nurse or midwife in Australia or New Zealand undertake full assessments. Figure 7 shows the major source countries of education leading to initial registration for full assessments. The highest proportion comes from the United Kingdom (71%), followed by Singapore (5%), United States (4%), Canada (3%) and Ireland (3%).

Applicants holding registration in Australia or New Zealand undertake modified assessments. Figure 8 shows the country of education which led to initial registration in Australia or New Zealand. Fifty per cent of modified assessments were completed for applicants who had completed an educational program leading to registration in Australia, followed by the Philippines (16%) and India (15%).

Figure 6 Applications assessed by ANZSCO code 2014–15



ANMAC continues to develop its relationships with various stakeholders related to the migration of nurses and midwives to Australia.

In 2014–15, International Services presented the ANMAC assessment process at the skills assessment forum held jointly by the DIBP and the Department of Education and Training. In attending this forum, ANMAC was able to network with other assessing authorities and compare other assessment processes to its own. Updates were provided on the national review of the skilled migration and temporary activity visa programs by DIBP and the planned update of the guidelines for skilled migration assessing authorities by the Department of Education and Training. ANMAC was involved in consultation and provided submissions for both processes.

The ANMAC International Consultative Committee met to discuss and advise on issues relating to the business of International Services. Committee members comprised several Australian Government departments—Foreign Affairs and Trade, DIBP, Health, and Education and Training—as well as the Nursing Council of New Zealand, Midwifery Council of New Zealand, NMBA, Migration Institute of Australia and ANMAC. The committee meets biannually and membership will be extended to include a representative from AHPRA.

ANMAC continues to attend both public and private sector migration conferences, expos and forums. These give current and potential applicants the opportunity to interact face-to-face with ANMAC employees. They are also an important vehicle for circulating accurate information on ANMAC’s assessment process, and an opportunity to network with other agencies working in migration.

The International Services team continues to share data relating to international assessments, trends and predictions with researchers and government departments as required. The data seeks to inform policy and identify areas with opportunities for further research and analysis.

Figure 7 Country of education leading to initial registration (full assessments) 2014–15

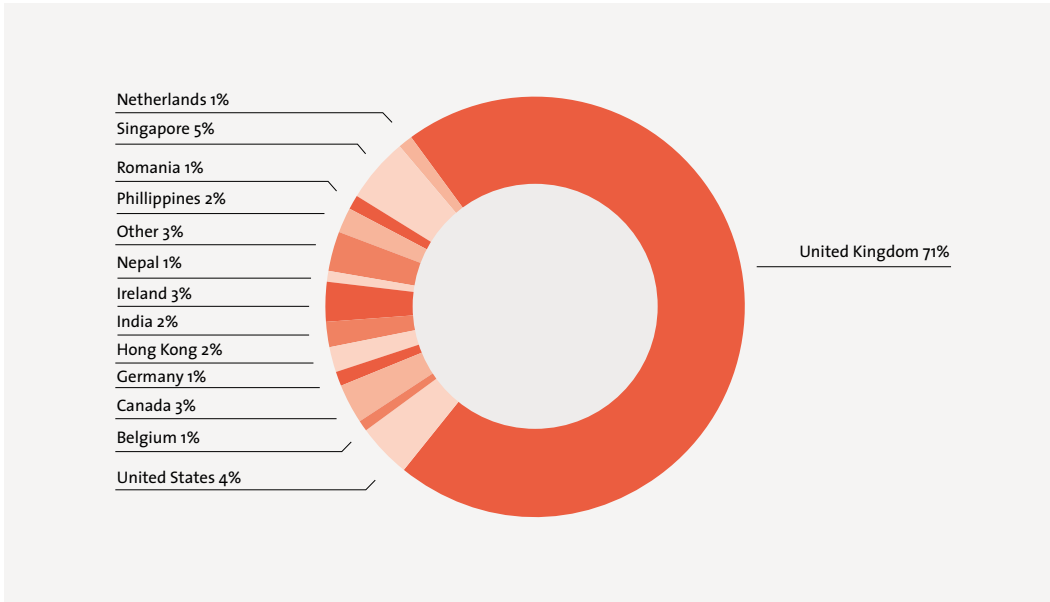
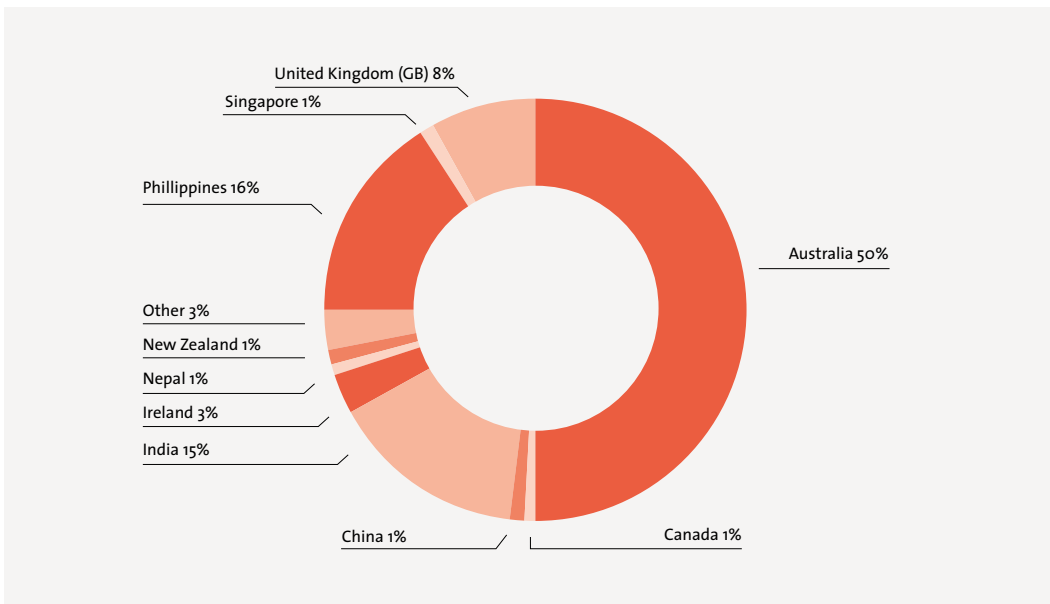


Figure 8 Country of education leading to initial registration (modified assessments) 2014–15



# Strategy Implementation and Communications

Strategy Implementation and Communications employees

(L to R) Sarah Ross, Louise Carter, Kera Holmes



Strategy Implementation and Communications is an organisation-wide support service responsible for managing key strategic initiatives such as stakeholder engagement and relationship management with organisations in the nursing and midwifery sectors. The team is responsible for ANMAC communications, including handling media relations, coordinating responses to government policies on nursing education and the regulation of health, and managing and coordinating ANMAC's publications service so information is available and accessible to external stakeholders.

## Key events 2014–15

### International Nurses Day 2015 and International Day of the Midwife 2015

International Nurses Day is celebrated globally every May 12, the anniversary of Florence Nightingale's birth. The 2015 celebration was held under the

theme, 'Nurses. A Force for Change—Care Effective, Cost Effective'. With the landscape of healthcare delivery so heavily dictated by financing, cost effectiveness, resource management, cost of healthcare, and access to care, the decisions every nurse makes multiple times a day in everyday practice can make a vital difference in the efficiency and effectiveness of the health system. The 2015 theme reflected the commitment of the International Council of Nurses to strengthen and improve health systems around the world.

Established by the International Confederation for Midwives, the International Day of the Midwife is celebrated globally every May 5. The 2015 celebration—held under the theme, 'Midwives for a Better Tomorrow'—supported the involvement of midwives to achieve new sustainable development goals and create a brighter future for mothers, babies and families.

ANMAC participated in a number of national events marking these celebrations, including a 'walk with midwives' fundraiser.



Participants of the South Pacific Chief Nursing and Midwifery Officers Alliance meeting, Tonga November 2014

### 2014 International Nurse Regulator Collaborative Symposium

Organised by the National Council of State Boards of Nursing, ANMAC participated in the 2014 International Nurse Regulator Collaborative Symposium. Under the theme 'Regulation of Nursing—Challenging our Thinking', the symposium was an opportunity for nurse regulators to explore and discuss the evolution of concepts that inform public protection models.

Donna Mowbray, Executive Director, Accreditation and Assessment Services and Louise Carter, Executive Director, Strategy Implementation and Communications, represented ANMAC and interacted with speakers from Canada, Ireland, New Zealand, Scotland and the United States on topics such as right-touch regulation, ageing healthcare practitioner, role of the nurse regulator with the ageing nurse, regulatory performance and structure driven by data, and the impact of social media in healthcare.

Information from the symposium has been integral in guiding elements of the quality review of accreditation services and ensuring that ANMAC activities meet international and professional benchmarks.

### South Pacific Chief Nursing and Midwifery Officers Alliance meeting 2014

Running in conjunction with the South Pacific Nurses Forum, SPCNMOA's biennial meeting was held in Tonga, 18 to 21 November 2014. Senior leaders in regulation and education attended along with chief nursing and midwifery officers to update, discuss and plan effective programs for the South Pacific in regulation, education, legislation and service delivery. Represented by CEO Fiona Stoker, ANMAC contributed to discussions on:

- transforming health workforce education in support of universal health coverage





- strengthening regional government networks to improve communication and strategic planning so as to improve health systems and primary health care
- contemporary education and regulation models
- challenges associated with maternal and child health and non-communicable diseases for nurses and midwives across the region.

The sharing of policies, tools and networks among this group has achieved a deeper understanding of emerging issues for the region.

#### ANZAC Centenary wreath laying ceremony—Australian War Memorial

The Australian and New Zealand nurses who served during World War 1 were commemorated at a wreath laying ceremony at the Australian War Memorial on ANZAC Day 2015. Wreaths were laid for the NMBA by the Chair of the ACT Branch, Emma Baldock, and for ANMAC by the CEO, Fiona Stoker.

More than 2000 Australian and 500 New Zealand nurses served overseas during World War 1. Many ANZAC nurses worked on hospital ships in the Aegean Sea and on a hospital on the island of Lemnos, treating soldiers who fought on the shores of Gallipoli.

# 4. Organisation

Corporate Services

Strategic planning and the year ahead



# Corporate Services

## Back Row (L to R)

Vanessa Cook, Liam  
McCallum, Tuhin  
Abhyankar, Kay Taylor

## Front Row (L to R)

Mandy Fogarty, Kristine  
L'Estrange

Underneath main  
photo: Jason Smart

Employees with  
no photo:  
Bianca Norton,  
Ingrid Yuan



ANMAC continues to work to meet stakeholder and community expectations of robust and best practice corporate governance. This has been achieved through an appropriate corporate governance framework that provides effective and well-defined processes and systems across all business areas and ensures all legislated operational compliance requirements are met.

In 2014–15 the Corporate Services team:

- established a Policy Development Working Group to develop, monitor and review policies and guidelines across all areas of ANMAC
- established an Information, Communication Technology Advisory Group to assist in analysing, assessing and making recommendations on

ANMAC information and communication technology requirements

- established an Enterprise Agreement Working Group with employee representatives to start negotiations for a new enterprise agreement
- started to provide secretariat support to the Australasian Osteopathic Council
- initiated and supported the transfer of ANMAC's SharePoint system to the Cloud, enabling significant infrastructure cost savings and much improved accessibility for file management and usability
- initiated a comprehensive information technology review
- initiated a comprehensive review of the Corporate Governance section.



## Finance and audit

During 2014–15, ANMAC continued to meet all financial compliance and reporting requirements to the Board, Board committees and regulatory authorities. An internal audit of systems and processes and an external audit of financial statements were conducted with no significant issues identified.

## Employee profile

As at 30 June 2015, ANMAC had 34.2 full-time equivalent (FTE) employees. Employee turnover for 2014–15 was 21%. As a national organisation, ANMAC has employees based in a number of locations across Australia, with most in Canberra. Four associate directors for professional programs work across Queensland, South Australia and Victoria. The organisational chart is shown at Figure 9.

## Cultural safety and diversity

More than 90% of ANMAC employees and a representative from the ANMAC Board completed a two-day workshop entitled 'Cultural respect and cultural safety—engaging respectfully with Aboriginal Australians' in 2014–15. Conducted by 'beyond', a cultural respect training and consultancy agency, the workshop enabled the team to examine racism in depth, learning in detail how to recognise, understand and respond to racism, including institutional racism. The workshop also built understanding of the ongoing effects of colonisation and dispossession, and the impacts of these experiences for Aboriginal and Torres Strait Islander people in their everyday life, including their work life.

Improving the representation of Aboriginal and Torres Strait Islander people at ANMAC is important and the organisation is thoughtfully responding to this commitment by developing a reconciliation action plan in 2015–16.

## Learning and development

ANMAC continued to provide employees with learning and development opportunities to ensure skills and knowledge is retained and enhanced. A large number of employees attended external training and learning opportunities, including:

- Australian Human Resources Institute National Convention
- Information Technology—SuiteConnect Tour, Essentials for Visio, Intermediate Word, Advanced Word
- Australian Institute of Management—Accounting for Non-Accountants, Diploma of Project Management
- Executive Assistant Conference
- Personal Efficiency Program
- Enterprise Agreements—Negotiators Masterclass
- CATSINaM—Cultural safety and awareness training
- DIBP—Document Examination.

Employees were also provided with opportunities to attend nursing, midwifery and migration conferences both locally and internationally.

In 2014–15, four employees accessed study assistance for tertiary courses including Doctor of Philosophy (PhD) (candidates), Master of Applied Management (Nursing) and Master of Business Administration.

Employees attended two development days where they were given the opportunity to reflect on accomplishments and challenges, engage in discussion on ANMAC's strategic direction and future, and participate in activities to enhance team building and relationships.

## Health, safety and wellbeing

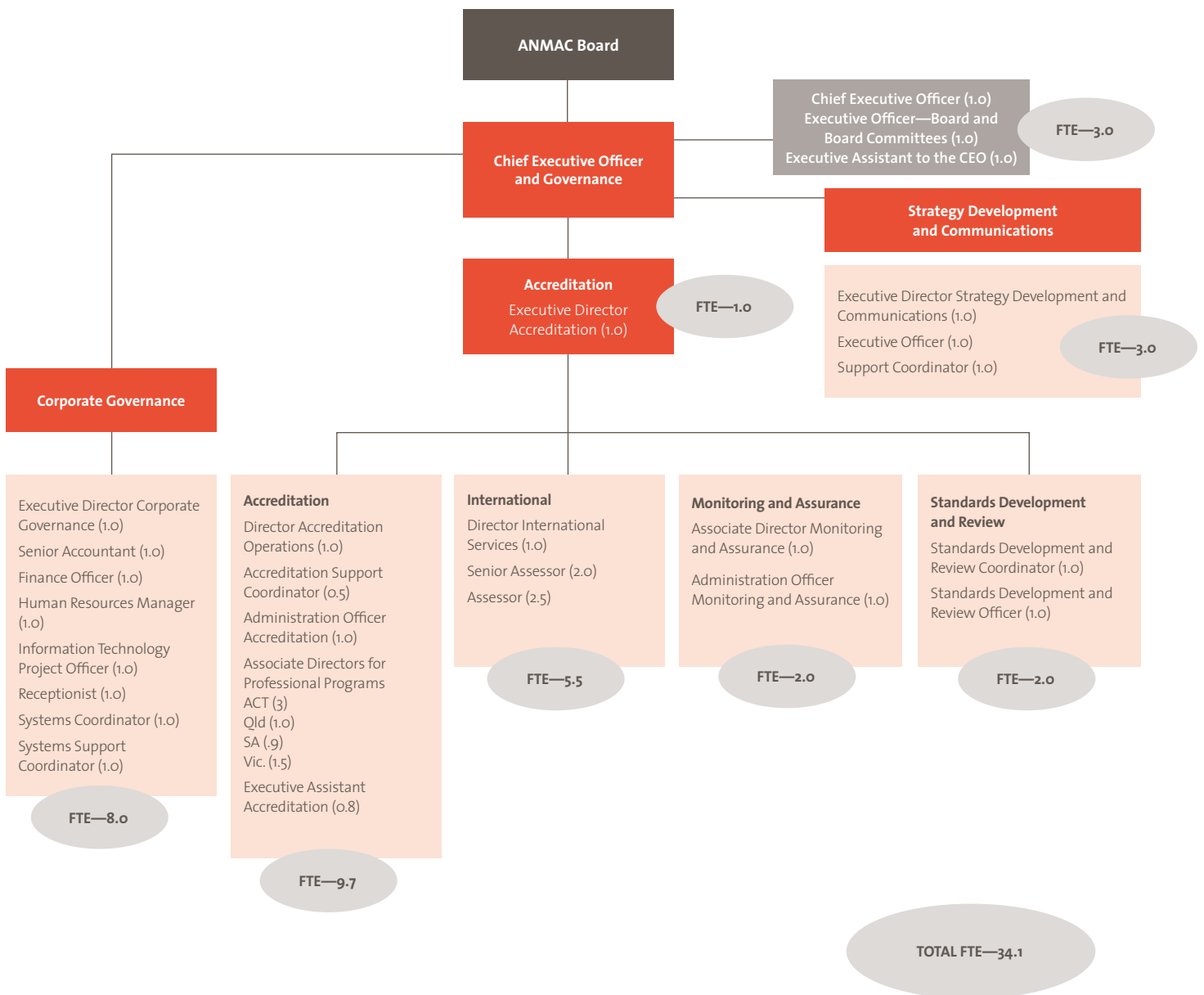
ANMAC continued its commitment to providing and maintaining a safe and healthy workplace for employees. The Work Health And Safety Working Group met regularly to ensure ANMAC met its obligations under the relevant legislation.

During 2014–15, six employees and family members sought assistance through the Employee Assistance Program.

No workers compensation claims were reported during 2014–15.

Five work health and safety incidents were reported during 2014–15.

**Figure 9 ANMAC organisational structure 2014–15**



# Strategic planning and the year ahead

ANMAC's annual reports are an opportunity to reflect and review on our year—celebrating achievements and setting objectives and ambitions for the year ahead.

We intend to continue to deliver our strategic statement with emphasis on the following external priorities:

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

Over the past 12 months, we have introduced efficiencies to shift the organisation from its resource-intensive start up and development phase into a more service demand-driven organisation.

ANMAC is implementing a revised job costing system that will provide greater transparency over the cost of an individual accreditation as well as the appropriate allocation of overheads. An intended follow-on from this project will be the implementation of a revised fee structure to more appropriately match the activities of accreditation and ongoing monitoring during the five-year accreditation cycle.

Our primary goals—will be to ensure that:

- nurses and midwives undertake education programs that meet national accreditation standards
- only internationally qualified nurses and midwives who are able to meet the NMBA requirements for registration in Australia are eligible for skilled migration
- education providers have quality standards that provide a framework for the education of nurses and midwives and hold ANMAC in high regard for sound advice and guidance.

The role of ANMAC in supporting the delivery of quality health care has never been more important. With the number of nurses and midwives contributing more to the size of the health workforce than any other profession, the quality of the Australian health system is inextricably linked with the ability of these professionals to meet standards and provide safe, competent and ethical care.

Looking ahead, ANMAC is committed to continuing to provide quality education standards and assessment services commensurate with the needs of a contemporary health system. We welcome an additional review of accreditation services to be undertaken in 2016 to determine if there are alternate mechanisms for improving the quality and cost effectiveness of accreditation.

As we progress these initiatives in the coming year we will retain our clear commitment to key stakeholders—the community, ANMAC members and governments—and provide assurance that nurses and midwives are being well educated by accredited providers.





## Director's Report

The directors of Australian Nursing and Midwifery Accreditation Council Limited (ANMAC) present the annual financial statements of ANMAC for the financial year ended 30 June 2015.

### Board of Directors

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

Clinical Professor Fiona Stoker	Chairperson	(Resigned September 2014)
Adjunct Professor Debra Thoms	Chairperson	(From October 2014)
Professor Robert Meyenn	Deputy Chairperson	(Acting Chairperson from August 2014)
Peter Bayley	(Community Director)	
Dr Rosemary Bryant AO		(Resigned May 2015)
Faye Clarke		(Resigned February 2015)
Professor Wendy Cross		
Professor Helen Edwards OAM		
Leone English		
Therese Findlay		(Resigned August 2014)
Joanna Holt		(Resigned March 2015)
Eileen Jerga AM	(Community Director)	
Ann Kinnear		
Janine Mohamed		(Appointed April 2015)
Leena Sudano	(Community Director)	(Appointed August 2014)
Lee Thomas		

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>Clinical Professor Fiona Stoker</b>	
<b>Qualifications</b>	RN, DIPN(London), BBus, GradCert(PSM), MBA
<b>Experience</b>	Clinical Professor Fiona Stoker was Chief Nurse and Midwifery Officer of the Department of Health and Human Services Tasmania from January 2001 to October 2014. Subsequent to her resignation from the Board, Fiona became the CEO of the Australian Nursing and Midwifery Accreditation Council and has held this position since November 2014. Fiona has held a range of senior positions in Nursing in Australia and the UK in a variety of acute care and community environments.
<b>Adjunct Professor Debra Thoms</b>	
<b>Qualifications</b>	RN, RM, BA, MNA, Grad Cert Bioethics, Adv Dip Arts, FACN(DLF), FACHSM(Hon), GIA(Cert)
<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 this she was the Chief Nursing and Midwifery Officer in NSW and has held a number of senior roles in the NSW Public Health System and interstate over a number of years. She is an Adjunct Professor with the University of Technology, Sydney and The University of Sydney. Debra is the Chairperson of ANMAC from October 2014.
<b>Professor Robert Meyenn</b>	
<b>Qualifications</b>	TCert, MEd, PhD
<b>Experience</b>	Emeritus Professor, Charles Sturt University. Former Dean, Faculty of Education. Former Chair of the Board Australian Volunteers International. Member of Board, Australian College of Law. Robert is the Deputy Chairperson of ANMAC.

<b>Peter Bayley</b>	
<b>Qualifications</b>	Grad Dip Mgt, Corporate Directors Diploma, Grad Cert Finance, Advanced Business Valuations Professional Certificate.
<b>Experience</b>	Peter has 38 years health administration experience in public and private health sectors including as CEO of private hospitals, Director/Chair of a rural medical service company, Project Manager for two GP Super Clinics and presently Director/Treasurer of a group of residential aged care facilities.
<b>Dr Rosemary Bryant AO</b>	
<b>Qualifications</b>	RN, BA, Grad Dip (Health Admin) DUNIV (QUT and Flinders University) FACN
<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
<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 (CATSINA).
<b>Professor Wendy Cross</b>	
<b>Qualifications</b>	RN, RPN, BAppSc(AdvNsg), MEd, PhD, FACN, FACMHN, MAICD
<b>Experience</b>	<p>Professor Wendy Cross has built a successful career in nursing, nursing research and nurse education. She has been awarded numerous research and teaching grants and has extensive experience in a range of nursing and management roles.</p> <p>From 2002 to 2007, she was employed as a senior executive at Southern Health, working in practice development, clinical governance, policy and procedure development, performance management and appraisal, workforce planning and other activities. In 2007, Wendy joined Monash University, School of Nursing and Midwifery with a focus on mental health nursing research, and has since been appointed Head of the School of Nursing and Midwifery.</p> <p>She has a Bachelor of Applied Science in Advanced Nursing, a Master of Education by Research (Ed Psych) and a Doctor of Philosophy. Wendy's primary research interests include mental health and mental health nursing, clinical supervision, practice development, workplace learning, and broad based research methods including both quantitative and qualitative paradigms.</p>
<b>Professor Helen Edwards OAM</b>	
<b>Qualifications</b>	PhD, BA (Hons), BA, DipApSc, RN, FACN, FAAN, MAICD, OAM
<b>Experience</b>	Helen is currently a Board Member of Metro North Hospital and Health Service in Queensland and has previously served on Boards of three Retirement Villages. She has over 30 years of experience in the higher education sector and has served as Head of the largest school of nursing in Queensland. Helen is an active researcher with a significant track record of research funding and high impact publications.
<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>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 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 is a Board Director of ANMAC, the ACT Veterinary Surgeons Board and the ACT Nursing and Midwifery Board. Eileen is currently also a member of the Department of Health Cardiac Prostheses Clinical Advisory Group, the Vascular Prostheses Clinical Advisory Group and the Protocol Advisory Sub Committee, a subcommittee of the Medical Services Advisory Council. Prior to these roles, Eileen was the CEO of the Heart Foundation, ACT, from 1999 to 2006.
<b>Ann Kinnear</b>	
<b>Qualifications</b>	Certificate in Nursing, RM, MSc
<b>Experience</b>	Ann Kinnear has an extensive career in midwifery spanning several decades of clinical practice and teaching, management and policy leadership. She is the current Chief Executive Officer of the Australian College of Midwives and is responsible for supporting the College to fulfill its objectives, in particular to maximize the quality of midwifery and maternity care for Australian women and their families.  Ann served as the Principal Advisor Maternity Services to the NSW Department of Health Maternity and Child Health Unit for several years, leading policy development for NSW and was chair of the Maternity Services Interjurisdictional Committee as well as an Honorary Associate of the University of Technology Sydney.
<b>Janine Mohamed</b>	
<b>Qualifications</b>	RN BA Grad Dip (Aboriginal Affairs and Administration)
<b>Experience</b>	Janine Mohamed is a Narrunga Kurna woman from South Australia. Over the past 20 years she has worked in nursing, management, workforce and health policy, and project management in the Aboriginal and Torres Strait Islander health sector. Many of these years have been spent in the Aboriginal Community Controlled Health Sector at state and national levels. Currently, she is the CEO of the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM). She has initiated and/or managed many Aboriginal and Torres Strait Islander health workforce projects, including national board governance and standards, workforce development and cultural safety, and has been a representative for both NACCHO and CATSINaM on The National Aboriginal and Torres Strait Islander Health Workforce Working Group and is the current chair of this committee.
<b>Leena Sudano</b>	
<b>Qualifications</b>	Dip AppSci(Nsg), Cert Mid, BN, GradDip Labour Studies, BLaw(Hons), GradDip Legal Practice, GAICD
<b>Experience</b>	Leena Sudano's broad experience includes direct service delivery, advocacy, management and leadership roles in the health and community services sectors. She has worked in NSW, South Australia, Victoria and England. Her experience also includes change agent roles in statutory authorities focused on improving racial equality, and consumer rights in the health and community services sectors. She served as South Australia's first Health and Community Services Commissioner 2005-2012. She is a member of the NPS Consumer Advisory Group and the SA Civil and Administrative Tribunal.



<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 and Midwifery Federation, Lee Thomas served as Branch Secretary of the ANF (SA Branch) for eight years, and has had more than 20 years' experience in the nursing profession.

## 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 4,070 (2014: 5,740) applications for assessment of qualifications.

During the year ANMAC accredited 42 (2014: 41) nursing and midwifery programs.

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

## Measurement of performance

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

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

## Operating results and review of operations

The surplus of ANMAC for the year ended 30 June 2015 was \$176,429 (2014: \$683,869).

## 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 were held. Attendances by each director during the year were as follows:

Directors' Meetings		
	Number eligible to attend	Number attended
Clinical Professor Fiona Stoker	1	-
Adjunct Professor Debra Thoms	6	6
Professor Robert Meyenn	6	6
Peter Bayley	6	4
Dr Rosemary Bryant AO	5	5
Faye Clarke	4	2
Professor Wendy Cross	6	5
Professor Helen Edwards OAM	6	3
Leone English	6	5
Therese Findlay	1	1
Joanna Holt	4	2
Eileen Jerga AM	6	6
Ann Kinnear	6	5
Janine Mohamed	2	1
Leena Sudano	5	5
Lee Thomas	6	6

## Auditor's independence declaration

The auditor's independence declaration in accordance with subdivision 60-40 of the Australian Charities and Not-for-Profits Commission Act 2012 for the year ended 30 June 2015, is attached to this Directors' Report.

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



Adjunct Professor Debra Thoms  
Chair  
9 September 2015  
Canberra ACT



Mr Peter Bayley  
Chair—Finance, Audit & Risk Committee  
9 September 2015  
Canberra ACT

**AUDITOR'S INDEPENDENCE DECLARATION  
UNDER SUBSECTION 60-40 OF THE AUSTRALIAN CHARITIES AND NOT-FOR-PROFITS  
COMMISSION ACT 2012 TO THE DIRECTORS OF  
AUSTRALIAN NURSING AND MIDWIFERY ACCREDITATION COUNCIL LIMITED**

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2015 there have been no contraventions of the auditor independence requirements as set out in any applicable code of professional conduct in relation to the audit.



**Duesburys Nexia**  
Canberra, 9 September 2015



**G J Murphy**  
Partner

**Duesburys Nexia**  
Level 7, St George Centre, 60 Marcus Clarke Street  
GPO Box 500, Canberra ACT 2601  
p +61 2 6279 5400, f +61 2 6279 5444  
mail@dnexia.com.au, www.nexia.com.au

Independent member of Nexia International



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**Statement of Comprehensive income  
For the year ended 30 June 2015**

	Note	2015 \$	2014 \$
<b>Revenue</b>	<b>2</b>	<b>6,217,064</b>	<b>6,275,311</b>
Expenses			
Communications and marketing		64,810	48,981
Compliance costs		14,578	18,694
Consultancy expenses		242,466	182,425
Corporate expenses		202,228	191,681
Depreciation expense		94,238	91,677
Employee benefits expense		4,254,165	3,928,732
IT expenses		248,539	166,640
Operating lease - rent of premises		237,791	240,360
Other property expenses		56,645	54,945
Recruitment expenses		53,214	81,404
Travel expenses		477,268	508,175
Other expenses		94,693	77,728
		<b>6,040,635</b>	<b>5,591,442</b>
<b>Surplus for the year before income tax</b>		<b>176,429</b>	<b>683,869</b>
Income tax expense	1(a)	-	-
<b>Total comprehensive income for the year</b>		<b>176,429</b>	<b>683,869</b>

**Statement of Financial Position**  
**For the year ended 30 June 2015**

		2015	2014
	Note	\$	\$
<b>Assets</b>			
<b>Current assets</b>			
Cash and cash equivalents	5	560,548	1,125,268
Trade and other receivables	6	259,947	244,750
Financial assets	7	3,079,602	1,277,619
Other assets	8	67,849	54,117
<b>Total current assets</b>		<b>3,967,946</b>	<b>2,701,754</b>
<b>Non-current assets</b>			
Plant and equipment	9	131,949	165,886
<b>Total non-current assets</b>		<b>131,949</b>	<b>165,886</b>
<b>Total assets</b>		<b>4,099,895</b>	<b>2,867,640</b>
<b>Liabilities</b>			
<b>Current Liabilities</b>			
Trade and other payables	10	170,741	179,860
Provisions	11	405,028	345,118
Other liabilities	12	1,533,585	533,520
<b>Total current liabilities</b>		<b>2,109,354</b>	<b>1,058,498</b>
<b>Non-current liabilities</b>			
Provisions	11	195,689	190,719
<b>Total non-current liabilities</b>		<b>195,689</b>	<b>190,719</b>
<b>Total liabilities</b>		<b>2,305,043</b>	<b>1,249,217</b>
<b>Net assets</b>		<b>1,794,852</b>	<b>1,618,423</b>
<b>Equity</b>			
Retained surplus		1,794,852	1,618,423
<b>Total equity</b>		<b>1,794,852</b>	<b>1,618,423</b>

**Statement of Changes in Equity  
For the year ended 30 June 2015**

2015	Retained surplus	Totals
	\$	\$
<b>Balance at 1 July 2014</b>	1,618,423	1,618,423
Total comprehensive income for the year	176,429	176,429
<b>Balance at 30 June 2015</b>	<b>1,794,852</b>	<b>1,794,852</b>

2014	Retained surplus	Totals
	\$	\$
<b>Balance at 1 July 2013</b>	934,554	934,554
Total comprehensive income for the year	683,869	683,869
<b>Balance at 30 June 2014</b>	<b>1,618,423</b>	<b>1,618,423</b>

**Statement of Cash Flows**  
**For the year ended 30 June 2015**

	Note	2015 \$	2014 \$
<b>Cash flows from operating activities</b>			
Receipts from fees, sales, grants and other		7,215,084	6,754,958
Payments to suppliers and employees		(5,966,119)	(5,756,379)
Interest received		48,599	52,051
<b>Net cash provided by (used in) operating activities</b>		<b>1,297,564</b>	<b>1,050,630</b>
<b>Cash flows from investing activities</b>			
Proceeds from sale of plant and equipment		-	1,250
Payments for plant and equipment		(60,301)	(95,259)
Payments for investments		(1,801,983)	(600,000)
Proceeds from investments		-	1,969
<b>Net cash provided by (used in) investing activities</b>		<b>(1,862,284)</b>	<b>(692,040)</b>
Net increase (decrease) in cash and cash equivalents held		(564,720)	358,590
Cash and cash equivalents at beginning of year		1,125,268	766,678
<b>Cash and cash equivalents at end of financial year</b>	<b>5</b>	<b>560,548</b>	<b>1,125,268</b>



## Notes to the financial statements For the year ended 30 June 2015

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 adopt the Australian Accounting Standards—Reduced Disclosure Requirements (established by AASB 1053 Application of Tiers of Australian Accounting Standards, and AASB 2010-2 Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements).

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards (Reduced Disclosure Requirements of the Australian Accounting Standards Board) and the Australian Charities and Not-for-Profits Commission Act 2012.

A number of new or revised Australian Accounting Standards are effective for the first time in the current financial year. These standards have had no material impact on the entity.

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

Comparative 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.

## **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.

## **(d) 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.

## **(e) Investments**

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

## **(f) 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.

### **(g) Impairment of non-financial assets**

At the end of each reporting period ANMAC determines whether there is any evidence of an impairment indicator for non-financial 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.

### **(h) 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.

### **(i) Employee benefits**

Provision is made for 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.

### **(j) 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.

**(k) 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 the 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).

**(l) 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

	2015	2014
	\$	\$
<b>Operating activities</b>		
- Accreditation income	1,092,908	1,448,102
- Overseas assessment fees	1,389,235	2,026,080
- Grant income	3,649,027	2,738,296
- Other income	19,149	668
<b>Non-operating activities</b>		
- Interest received	66,745	62,165
<b>Total revenue</b>	<b>6,217,064</b>	<b>6,275,311</b>

## 3 Surplus/(Deficit)

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

	2015	2014
	\$	\$
Superannuation contributions	390,128	349,726
<b>Remuneration of auditor</b>		
- Audit of financial statements including assistance in preparation of financial statements - current year accrual	20,000	18,500
- Prior year under/(over) accrual	-	-
- Review of salary packaging policy and related advice	-	3,500
- Preparation of FBT return	1,050	1,020
- Accounting assistance and advice	57,128	-
- Undertaking internal review	-	10,000
- Professional services relating to NRAS response	6,000	13,000
- Other consulting engagements	39,950	-
	<b>124,128</b>	<b>46,020</b>

#### 4 Segregated Profit and Loss

For the year ended 30 June 2015:

	Accreditation	International and Other	2015 Total
	\$	\$	\$
<b>Revenue</b>			
Grant income received	4,715,754	-	4,715,754
less: unspent funds carried forward	(1,066,727)	-	(1,066,727)
Accreditation income	1,092,908	-	1,092,908
Overseas assessments	-	1,389,235	1,389,235
Other revenue	56,874	29,020	85,894
	<b>4,798,809</b>	<b>1,418,255</b>	<b>6,217,064</b>
<b>Expenses</b>			
Direct expenses	2,500,152	667,108	3,167,260
Overheads	2,298,657	574,718	2,873,375
	4,798,809	1,241,826	6,040,635
<b>Net surplus/(deficit)</b>	<b>-</b>	<b>176,429</b>	<b>176,429</b>

#### 5 Cash and cash equivalents

	2015	2014
	\$	\$
Cash at bank and in hand	560,548	1,125,268

#### 6 Trade and other receivables

Trade debtors	259,947	244,750
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\$76,890 of the above receivables are overdue. None of these are considered to be impaired. \$183,057 of the receivables are neither overdue or impaired.

#### 6 Financial assets

Held-to-maturity financial assets	3,079,602	1,277,619
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The held-to-maturity investments are made up of term deposits with terms to maturity ranging from approximately 6 months to 12 months.

## 8 Other assets

	2015	2014
	\$	\$
Prepayments	21,197	15,515
GST receivable	13,347	23,443
Accrued interest	33,305	15,159
	<b>67,849</b>	<b>54,117</b>

## 9 Plant and equipment

### Plant and equipment

At cost	298,325	265,780
Accumulated depreciation	(228,447)	(175,751)
	69,878	90,029

### Furniture and fittings

At cost	106,275	90,557
Accumulated depreciation	(66,245)	(43,122)
	40,030	47,435

### Software

At cost	76,697	64,659
Accumulated depreciation	(54,656)	(36,237)
	22,041	28,422

<b>Total plant and equipment</b>	<b>131,949</b>	<b>165,886</b>
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### Depreciation rates and methods

<i>Class of assets</i>	<i>Depreciation rates</i>	<i>Depreciation method</i>
Plant and equipment	27%	Straight line
Furniture and fittings	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:

	Plant and Equipment	Furniture and Fittings	Software	Total
	\$	\$	\$	\$
Balance at the beginning of year	90,029	47,435	28,422	165,886
Additions	32,545	15,718	12,038	60,301
Disposals/ write-offs	-	-	-	-
Depreciation expense	(52,696)	(23,123)	(18,419)	(94,238)
Balance at the end of the year	69,878	40,030	22,041	131,949

#### 10 Trade and other payables

	2015	2014
	\$	\$
Trade creditors, accruals and other	85,172	87,294
GST payable	15,869	1,455
Payroll liabilities	69,700	91,111
	170,741	179,860

#### 11 Provisions

##### Current

Employee benefits—long service leave	96,126	98,065
Employee benefits—annual leave	308,902	247,053
	405,028	345,118

##### Non current

Employee benefits—long service leave	195,689	190,719
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#### 12 Other liabilities

Income in advance—accreditations	466,858	533,520
Unspent grants	1,066,727	-
	1,533,585	533,520

### 13 Leasing commitments

#### Operating leases

	2015	2014
	\$	\$
Minimum lease payments under non-cancellable operating leases:		
- not later than 384,060 in one year	244,435	237,697
- later than one year and not later than five years	146,355	146,363
	390,790	384,060

The operating leases are related to ANMAC'S office premises. The level 2 lease expires on 31 July 2017 and the level 3 lease expires on 31 August 2016.

### 14 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:

	Note	2015	2014
		\$	\$
<b>Financial Assets</b>			
Cash and cash equivalents	5	560,548	1,125,268
Loans and receivables	6	259,947	244,750
Held-to-maturity investments	7	3,079,602	1,277,619
<b>Total financial assets</b>		<b>3,900,097</b>	<b>2,647,637</b>
<b>Financial Liabilities</b>			
<i>Financial liabilities at amortised cost</i>			
Trade and other payables	10	154,872	178,405
<b>Total financial liabilities</b>		<b>154,872</b>	<b>178,405</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.

## 15 Key Management Personnel Disclosures

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

	2015	2014
	\$	\$
Total key management personnel compensation	903,788	799,709

In addition to the above compensation, ANMAC paid Association Liability Insurance of \$3,822 (2014: \$3,776), which includes directors' and officers' liability insurance.

## 16 Contingent liabilities

In the opinion of the Directors, the Company did not have any contingencies at 30 June 2015 (30 June 2014: Nil).

## 17 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.

## 18 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.

## 19 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.

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

## Statement of Financial Position For the year ended 30 June 2015

The directors of ANMAC declare that:

1. The financial statements and notes, as set out on pages 9 to 23, are in accordance with the Australian Charities and Not-for-Profits Commission Act 2012; and
  - a. comply with Australian Accounting Standards - Reduced Disclosure Requirements and other mandatory professional reporting requirements; and
  - b. give a true and fair view of ANMAC's financial position as at 30 June 2015 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.



Adjunct Professor Debra Thoms  
Chair  
9 September 2015  
Canberra ACT



Mr Peter Bayley  
Chair—Finance, Audit & Risk Committee  
9 September 2015  
Canberra ACT

**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 2015, 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 Australian Charities and Not-for-Profits Commission Act 2012, and for such internal control as the directors determine is necessary to enable the preparation of the financial 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**

Level 7, St George Centre, 60 Marcus Clarke Street  
GPO Box 500, Canberra ACT 2601  
p +61 2 6279 5400, f +61 2 6279 5444  
mail@dnexia.com.au, www.nexia.com.au

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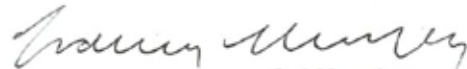
## Auditor's Opinion

In our opinion:

- a) the financial statements of Australian Nursing and Midwifery Accreditation Council Limited are in accordance with the Australian Charities and Not-for-Profits Commission Act 2012, including:
  - (i) giving a true and fair view of ANMAC's financial position as at 30 June 2015 and of its performance for the year ended on that date; and
  - (ii) complying with Australian Accounting Standards – Reduced Disclosure Requirements and the Australian Charities and Not-for-Profits Commission Regulation 2013;
- b) we have been given all information, explanation and assistance necessary for the conduct of the audit;
- c) the registered entity has kept financial records sufficient to enable a financial report to be prepared and audited; and
- d) the registered entity has kept other records as required by the Act.

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

**Duesburys Nexia**  
Canberra, 9 September 2015

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

**G J Murphy**  
Partner

# Annex A

## Membership of ANMAC committees

### Governance Committee

#### Chair

**Anne Kinnear**—ANMAC Board Director

#### Members

**Eileen Jerga AM**—ANMAC Community Board Director

**Leone English**—ANMAC Board Director

**Adjunct Professor Debra Thoms**—ANMAC Board Director

### Finance, Audit and Risk Committee

#### Chair

**Peter Bayley**—ANMAC Community Board Director

#### Deputy Chair

**Eileen Jerga AM**—ANMAC Community Board Director

#### Members

**Leena Sudano**—ANMAC Community Board Director

**Adjunct Professor Debra Thoms**—ANMAC Board Director

### International Consultative Committee

#### Chair

**Professor Wendy Cross**—ANMAC Board Director, Council of Deans of Nursing and Midwifery, Monash University, Victoria

#### Deputy Chair

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

### Members

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

**Elizabeth Campbell-Dorrning**—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

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

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

**Professor Lesleyanne Hawthorne**—International Health Workforce, Centre for Health Policy, Melbourne School of Population and Global Health, University of Melbourne, Victoria

**Anne Samuelson**—Education Division, Australian College of Nursing, Australian Capital Territory

**Sarah Stewart**—Australian College of Midwives, Australian Capital Territory

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

**Samantha Clausen**—Australian Health Practitioner Regulation Agency Representative, South Australia

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

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

**Katherine Whitehead**—Director, Business Innovation and Occupation Policy, Department of Immigration and Border Protection, Australian Capital Territory

## Standards, Accreditation and Assessment Committee

### Chair

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

### Deputy Chair

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

### Members

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

**Professor Helen Edwards, OAM**—ANMAC Board Director, Assistant Dean (International and Engagement, Faculty of Health, Queensland University of Technology, Queensland

**Colleen Gibbs**—Policy Officer, Congress of Aboriginal and Torres Strait Islander Nurses and Midwives, Australian Capital Territory

**Dr Tom Buckley**—Chair, ANMAC Nurse Practitioner Accreditation Committee, Coordinator Master of Nursing (Clinical Nursing and Nurse Practitioner), Senior Lecturer, Sydney Nursing School, University of Sydney, New South Wales

**Gabrielle Koutoukidis**—Chair, ANMAC Enrolled Nurse Accreditation Committee, Associate Director, Health and Community Care, Chisholm Institute, Victoria

**Associate Professor Jan Taylor**—Chair, ANMAC Midwife Accreditation Committee, Disciplines of Nursing and Midwifery, Faculty of Health, University of Canberra, Australian Capital Territory

**Professor Phillip Della**—Chair, ANMAC Registered Nurse Accreditation Committee, Head of School, School of Nursing and Midwifery, Curtin University, Western Australia

## Enrolled Nurse Accreditation Committee

### Chair

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

### Deputy Chair

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

### Members

**Karen Scott**—Deputy Dean, Faculty of Health Sciences, Australian Catholic University, Queensland

**Vacant**—Enrolled Nurse nominated by National Enrolled Nurse Association

**Professor Melanie Birks**—Head Nursing, Midwifery and Nutrition, James Cook University, Queensland

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

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

**Christine Manwarring**—Faculty Director, Community, Health, Hospitality and Service Skills Faculty, TAFE NSW South Western Sydney Institute, New South Wales

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

## Midwifery Accreditation Committee

### Chair

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

### Deputy Chair:

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



## Members

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

**Dr Elaine Dietsch**—School of Nursing and Midwifery, Griffith University, New South Wales

**Adjunct Associate Professor Pauline Glover**—Adelaide

**Dr Michelle Newton**—Bachelor of Nursing and Bachelor of Midwifery Course Coordinator, La Trobe University, Victoria

**Associate Professor Moira Williamson**—Head of Midwifery Program, CQUniversity, Queensland

**Dr Lisa Nissen**—Head of School of Clinical Sciences, Queensland University of Technology, Queensland

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

**Vacant**—Practicing Midwife

## Nurse Practitioner Accreditation Committee

### Chair

**Dr Tom Buckley**—Coordinator Master of Nursing (Clinical Nursing and Nurse Practitioner), Senior Lecturer, Sydney Nursing School, University of Sydney, New South Wales

### Deputy Chair

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

### Members

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

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

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

**Professor Lisa McKenna**—Head of Campus (Clayton), School of Nursing and Midwifery, Monash University, Victoria

**Dr Catherine Hungerford**—PhD, Associate Professor of Nursing (Clinical) University of Canberra, Australian Capital Territory

**Dr Lisa Nissen**—Head of School of Clinical Sciences, Queensland University of Technology, Queensland

**Christopher Helms**—RN, MSN, (NP) (University of Wisconsin-Madison), Vice President, Australian College of Nurse Practitioners, Australian Capital Territory

## Registered Nurse Accreditation Committee

### Chair

**Professor Phillip Della**—Chair, ANMAC Registered Nurse Accreditation Committee, Head of School, School of Nursing and Midwifery, Curtin University, Western Australia

### Deputy Chair

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

### Members

**Professor Patrick Crookes**—Faculty of Science, Medicine and Health, University of Wollongong, New South Wales

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

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

**Associate Professor Nicole (Nikki) Phillips**—Senior Lecturer in Nursing, Director of Undergraduate Studies, School of Nursing and Midwifery, Victoria

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

**Vacant**—Academic with expertise relevant to course being accredited

**Vacant**—Clinician with expertise relevant to course being accredited

