



Australian
Nursing & Midwifery
Accreditation Council

ANNUAL REPORT | 2011–2012

anmac



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ABOUT ANMAC

The Australian Nursing and Midwifery Association (ANMAC)¹ is the single, independent accrediting authority for nursing and midwifery under the National Registration and Accreditation Scheme.²

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

In performing its role, ANMAC:

- develops accreditation standards for nursing and midwifery programs leading to registration or endorsement in Australia
- accredits Australian nursing and midwifery programs leading to qualifications that enable registration or endorsement as a nurse or midwife
- accredits Australian education providers of nursing and midwifery programs leading to registration or endorsement
- assesses internationally qualified nurses and midwives for the purposes of permanent migration³
- develops, reviews and provides policy advice on matters relating to accreditation and skilled migration of nurses and midwives.

Values

- integrity
- learning
- accountability
- inclusiveness
- excellence

Vision

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

Leadership and influence

- Demonstrate ANMAC's role and leadership as the national accrediting body for nursing and midwifery in Australia.
- Provide advice to relevant agencies on nursing and midwifery accreditation issues.
- Develop and maintain relationships with the Australian Peak Nursing and Midwifery Forum, Australian Health Professionals Councils Forum, other nursing and midwifery organisations, consumer organisations and other relevant stakeholders.
- Contribute to and support international accreditation initiatives.

Capability and performance

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

¹ ANMAC was established as the 'external accreditation entity' by the Nursing and Midwifery Board of Australia (NMBA) in April 2010 under section 43 of the *Health Practitioner Regulation National Law 2009 Act (Qld)*—National Law. It was formerly the Australian Nursing and Midwifery Council (ANMC) and was reconstituted as a company limited by guarantee, with a new governance structure, Constitution and Board.

² The objectives of the National Registration and Accreditation Scheme are found in Section 3(2) of the National Law—www.legislation.qld.gov.au/LEGISLTN/ACTS/2009/09AC045.pdf

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



Left: Professor Jill White, Chair, addresses guests at the one-year celebration of ANMAC, November 2011

Middle: (from left) Roslyn Donnellan-Fernandez, ANMAC Board Director, Dr Rosemary Bryant, Chief Nurse and Midwifery Officer, Ann Kinnear, Australian College of Midwives

Right: Amanda Adrian, Chief Executive Officer, addresses guests at the one-year celebration of ANMAC, November 2011

HIGHLIGHTS AND CHALLENGES

HIGHLIGHTS

1 July 2011—31 December 2011

New Director of Research, Innovation and Research started—July 2011

Director of International Services appointed to the Internationally Qualified Nurses and Midwives Reference Group—November 2011

One-year birthday celebrated—November 2011

1 January 2012—30 June 2012

New Director of Accreditation Services appointed—February 2012

Agreement to pay assessors for their services from 1 July 2012 reached—April 2012

ANMAC appointed as the assessing authority for the skilled migration of enrolled nurses—June 2012

Fifty-two education programs accredited—30 June 2012

New staff appointments confirmed, bringing ANMAC staff complement to 24—30 June 2012

Review of ANMAC Registered Nurse Accreditation Standards forwarded to NMBA for approval—30 June 2012

CHALLENGES

Managing the high load of applications for assessment resulting from the two-year moratorium for all education programs expiring between 1 July 2012 and 30 June 2012.⁴

Managing the expectations of education providers during the move to the new National Registration and Accreditation Scheme.

Recruiting enough assessors to handle the large volume of accreditation assessments received by ANMAC.

Recruiting enough qualified staff to support ANMAC's growth and expanded mandate.

Restructuring and streamlining ANMAC's website to better meet user needs.

Implementing information technology (IT) and other operational systems needed to support ANMAC's growth and expanded mandate.

⁴ When ANMAC started its role as an independent accrediting authority, NMBA determined that programs requiring accreditation between 1 July 2012 and 20 June 2012 would be granted an extension of up to two years (moratorium) to give ANMAC sufficient time to establish the policies and procedures required to acquit its responsibilities. During this transition period, ANMAC still received nearly 150 submissions for accreditation to process.

FROM THE CHAIR—A CLEAR DIRECTION FORWARD

It is with great pleasure that I present ANMAC's *Annual Report 2011–12*. It has been an amazing year of extraordinary accomplishment and I pay public tribute to ANMAC's Chief Executive Officer, Amanda Adrian, and her wonderful, committed and clever staff.



Professor Jill White
ANMAC Board Chair

While most of the year was occupied with the continuing development and refinement of policies and procedures for accreditation and assessment of education programs of study, it also included the ongoing assessment of overseas applicants for migration. Other vital work involved assessing and developing new IT systems and services, moving into expanded premises, conducting extensive stakeholder engagement and, importantly, refining the relationship with NMBA as we all find our way in the new co-regulatory environment. I thank the members of NMBA for their collaboration throughout the year.

A major and satisfying outcome for 2011–12 was the review of the Registered Nurse Accreditation Standards—now with NMBA for approval. This complex, extensive process benefited from the buy-in of all stakeholders and a professional and collaborative approach through tough negotiations. We look forward to reviewing the Midwifery Accreditation Standards and the Re-entry Accreditation Standards for Nurses and Midwives in the coming year and also to developing accreditation standards for internationally qualified registered nurses and midwives.

ANMAC is now moving forward with clear direction. Processes are well embedded and the organisation, while still new and growing, is no longer in 'set-up mode'. ANMAC's Board recently engaged in a process to set strategic directions so it can move from being engaged in operations to focusing on governance and other strategic matters of importance.

In 2012–13 the Board will be busy with a range of rewarding work, such as focusing on continued standards reviews, strengthening stakeholder engagement, building staff capacity, streamlining business processes, and refining robust governance and controls.

A handwritten signature in black ink, which reads "Jill White". The signature is fluid and cursive.

Professor Jill White
ANMAC Board Chair

FROM THE CEO—CHALLENGES AND TRIUMPHS

The building of a new organisation is a roller coaster ride. It is exciting, challenging, up with achievements and down with disappointments. It demands hard, hard work from everyone. This holds true for ANMAC's experience in 2011–12.

The year involved placing great demands on our Board, Board committees, Executive, assessors, staff and many others associated with our growth. So many rose to the challenges and we now—as we near our second birthday—have the makings of a highly professional, capable and responsive organisation.

ANMAC's primary goal is to promote and protect the health of the Australian community through high standards of nursing and midwifery. I thank everyone involved for their intelligent input and never-ending energy. It stands us in good stead for the future.

Education providers are to be applauded for their understanding as ANMAC built the critical infrastructure needed to handle the day-to-day business of accrediting education and other programs.

Building a skilled team in Accreditation Services has not been easy. The talent mix required of accreditation managers is unique and new staff require considerable support. This is especially true given the thousands of applications ANMAC receives, which continues to outstrip our capacity. Significant planning and resourcing continues so we can position this team to handle its heavy workload on behalf of the community.

Before the National Registration and Accreditation Scheme, all states and territories and more than 85 health profession boards governed by 66 Acts of Parliaments were involved with accreditation. For nursing and midwifery, education programs were accredited by each state and territory regulatory authority, with wide variation in policies and processes for doing this. The new single scheme involves managing the expectations of many as we transition to understanding nationally. With more than 400 programs to accredit and more than 160 education providers across Australia this was no mean feat for ANMAC as a new organisation.

Assessing the nurses and midwives seeking to come to Australia through the Government's skilled migration program remained key. With arrangements changing we expect this area of our work to reduce next year. However, ANMAC's appointment as the assessing authority for the skilled migration of enrolled nurses in June 2012 is a



Amanda Adrian
Chief Executive Officer

shift we will have to handle, to help with the shortage of enrolled nurses identified in the Australian workforce in coming years.

In 2011–12, ANMAC was represented on government and stakeholder standing committees, industry reference groups, working parties, consultation forums and ad hoc meetings.

Relationships with stakeholders remained important and the Director of Accreditation Services and I met across all states and territories to communicate and seek feedback. We continued to invite nurses and midwives to become assessors and stayed on top of relevant policies and initiatives.

Communication was ongoing with NMBA and the Australian Health Practitioner Regulation Agency (AHPRA)—our key collaborators in the new scheme. Our participation in the 'Health Workforce 2025—Doctors, Nurses and Midwives Project' enhanced the relationship with Health Workforce Australia.

We had cause to celebrate many triumphs during the year, including our extensive review of the Registered Nurse Accreditation Standards, our accreditation of 52 programs of study and our assessment of no fewer than 1868 applicants for nursing and midwifery skilled migration to Australia.

Our team of highly professional, capable staff look forward to 2012–13.

A handwritten signature in black ink that reads "Amanda Adrian".

Amanda Adrian
Chief Executive Officer

GOVERNANCE

ANMAC was established as the independent accreditation authority by the Nursing and Midwifery Board of Australia.

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

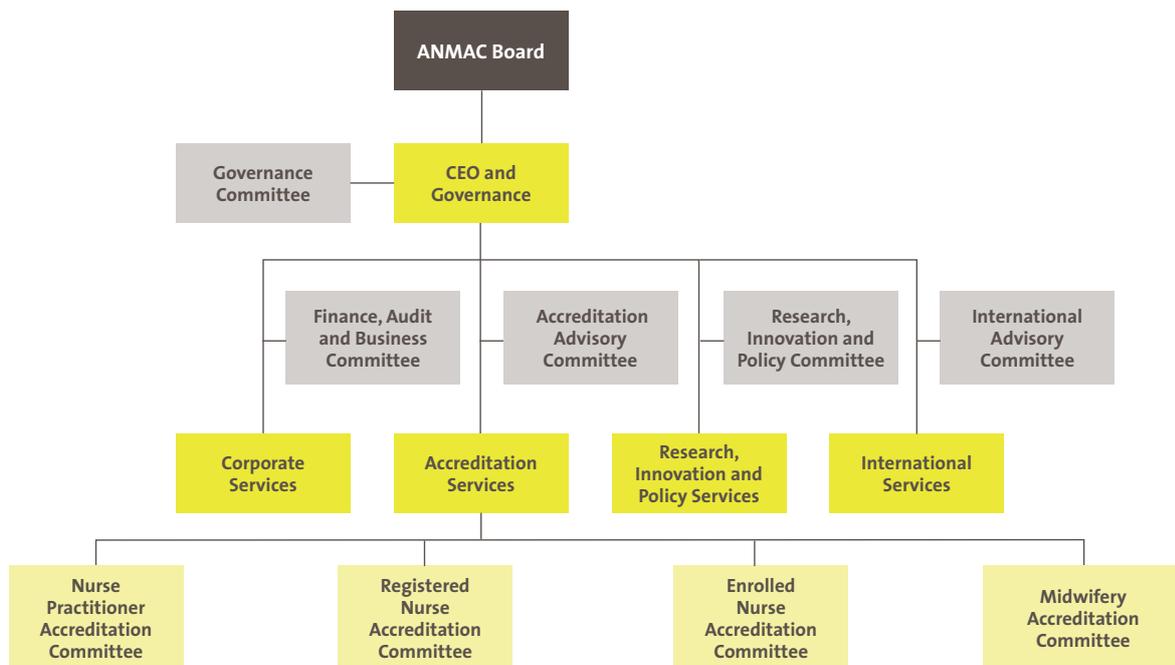
ANMAC continued to develop and refine its governance arrangements throughout the year, enabling the organisation to demonstrate its role and leadership.

The strategic plan lists ANMAC’s governance principles.⁵

Figure 1 shows the organisational structure, which reflects ANMAC’s governance arrangements. The name of the committee dealing with midwifery changed during the year to the Midwifery Accreditation Committee. It deals with accreditation of all midwifery programs, including:

- entry to practice
- re-entry to practice
- international entry to practice
- eligible midwives.

Figure 1 ANMAC organisation structure and governance



⁵ www.anmac.org.au/userfiles/file/anmc_docs/ANMAC%20Strategic%20Plan%20-%20Purpose,%20Vision,%20Values%20etc%20Jan%202011%20v%232.pdf



Guests at the one-year celebration of ANMAC, November 2011.

Right: (from left) Eileen Jerga, ANMAC Board Director, Karen Cook, previous ANMAC Chief Executive Officer, Professor Jill White, Chair, ANMAC Board

Left: (from left) Tracey Osmond, The College of Nursing, Dr Sally Goold, Congress of Aboriginal and Torres Strait Islander Nurses, Amanda Adrian, Chief Executive Officer, ANMAC

ANMAC's Board

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

Members come from the following organisations:

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

Other ANMAC directors are:

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

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

BOARD MEMBERS

Professor Jill White AM
Chair

RN, RM, B Ed, MEd, PhD

Deputy Chair

Council of Deans of Nursing and Midwifery

Ms Lee Thomas

Deputy Chair

RN, RM (Neo), BN, MRCNA

Federal Secretary

Australian Nursing Federation, Federal Office,
Australian Capital Territory

Ms Debra Cerasa—resigned October 2011

MEd (Ld&Mng), GradCert (BusAdmin), BAppSc (NSG),
GradDip (AdEd & Trg),

GradCert (ChEd), RN, RM, RCCN (ICU), PhD candidate

Chief Executive Officer

Royal College of Nursing, *Australia*,

Australian Capital Territory

Ms Paula Elliot—appointed November 2011,

MN, RN, RM, FRCNA

Board Director

Royal College of Nursing, *Australia*,

Australian Capital Territory

Ms Roslyn Donnellan-Fernandez

RN, RM, MHN, IBCLC, MN, BN, DipN, JP (SA)

Board Member

Australian College of Midwives, Australian Capital Territory

Dr Sally Goold OAM—resigned June 2012

RN, RM, DipNeo, BAppSc (Nursing), MN (Stud), DN (HC),

FRCNA, FCN

Executive Officer

Congress of Aboriginal and Torres Strait Islander
Nurses, Queensland

COMMUNITY DIRECTORS

Mr Gregory Sam

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

Ms Anita Phillips—resigned November 2011

BA, DipSocStuds, MPA
Public Advocate of the ACT
ACT Government, Australian Capital Territory

Ms Eileen Jerga AM—appointed November 2011

BA, MBA, AICD
Company Director, Australian Capital Territory

Ms Joanna Holt

BSc (Hons), MHP
Consultant, Australian Capital Territory

Ms Therese Findlay

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

OTHER DIRECTORS

Dr Rosemary Bryant

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

Adjunct Associate Professor Fiona Stoker

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

Ms Leone English

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

Professor Robert Meyenn

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

TABLE 1 Board member attendance at meetings held during 2011–12

Name	Eligible to attend	Number attended
Dr Rosemary Bryant	6	6
Debra Cerasa	2	0
Paula Elliot	5	5
Leone English	6	6
Roslyn Donnellan Fernandez	6	5
Therese Findlay	6	2
Dr Sally Goold	6	5
Joanna Holt	6	6
Eileen Jerga	5	5
Professor Robert Meyenn	6	4
Anita Phillips	1	1
Greg Sam	6	6
Adjunct Associate Professor Fiona Stoker	5	5
Lee Thomas	6	6
Professor Jill White	6	6

Board committees

As part of its governance arrangements, ANMAC's 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.

Each committee's Chair is appointed by the Board. 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 working groups report to ANMAC through the Committee Chair or Chief Executive Officer.

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



Board and ANMAC Chief Executive Officer

Right: (from left) Leone English, Jill White Fiona Stoker, Amanda Adrian, Robert Meyenn, Therese Findlay, Lee Thomas, Roslyn Donnellan-Fernandez, Eileen Jerga, Rosemary Bryant

Photos of Board members not in photo: Joanna Holt (top), Greg Sam (middle) Sally Goold (bottom)

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:
 - Constitution—review and amendment, and notice to the Board
 - Board’s governance policy
 - conduct of Board meetings
 - organisational structure
 - strategic directions and development of the framework for conduct of the organisation’s business.

ACCREDITATION ADVISORY COMMITTEE

Purpose

Promote and protect the health of the Australian community by ensuring that ANMAC’s National Accreditation Framework, which includes the standards, policies and procedures underpinning the accreditation of nursing and midwifery programs of study, effectively assures the quality of nursing and midwifery education.

Objectives

- Advise on issues relating to policies, processes, costings, fees, quality improvements and other relevant matters pertaining to ANMAC’s accreditation functions to promote the quality of nursing and midwifery education for the protection of the community.
- Ensure evidence is used in policies and practices in accreditation; where there is no evidence, give consideration to commissioning research.
- Provide advice on practices and models used by other accreditation authorities, in health and other sectors.
- Liaise with ANMAC’s Research, Innovation and Policy Committee on projects required to be undertaken.

FINANCE, AUDIT AND BUSINESS COMMITTEE

Purpose

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

Objectives

- Deal with matters relating to:
 - finance, budget and audit
 - auspices of the business services unit, including:
 - human resources
 - occupational health and safety
 - environmental management and payroll.
- Prepare, review and update annually and as required:
 - business plan
 - risk management plan
 - business continuity plan.

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 the Board on accreditation.

Objectives

- Review reports from assessment teams and ensure that the evidence for programs being assessed meets accreditation standards.
- Make recommendations to the Board on whether accreditation should be granted, granted conditionally or not granted.
- Recommend the establishment of a review panel if irreconcilable differences arise between the accreditation committee (and assessment team) and an education provider.

MIDWIFERY ACCREDITATION COMMITTEE

Purpose

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

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

Objectives

- Review reports from individual assessment teams and ensure the evidence for programs being assessed meets accreditation standards.
- Make recommendations to the Board on whether accreditation should be granted, granted conditionally, or not granted.
- Recommend the establishment of a review panel if irreconcilable differences arise between the accreditation committee (and assessment team) and an education provider.

NURSE PRACTITIONER ACCREDITATION COMMITTEE

Purpose

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

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

Objectives

- Review reports from individual assessment teams and ensure the evidence relating to programs being assessed meets accreditation standards.
- Make recommendations to the Board on whether accreditation should be granted, granted conditionally, or not granted.
- Recommend the establishment of a review panel if irreconcilable differences arise between the accreditation committee (and assessment team) and an education provider.

ENROLLED NURSE ACCREDITATION COMMITTEE

Purpose

Promote and protect the health of the Australian community 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 the Board.

Objectives

- Review reports from individual assessment teams and ensure the evidence relating to programs being assessed meets 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.

RESEARCH, INNOVATION AND POLICY COMMITTEE

Purpose

Promote and protect the health of the Australian community by ensuring all ANMAC functions and services are supported by policies underpinned by sound and contemporary research and innovation.

Objectives

- Oversee policy, research and development projects relating to:
 - accreditation services
 - international services
 - other work as delegated for these areas, including developing and reviewing standards, guidelines, policies and procedures.
- Commission appropriate steering committees and working papers.
- Oversee policy analysis, review and response of external policies relevant to ANMAC's functions.

VALE—ROBYN PARKES

Robyn Janette Parkes was an avid supporter and developer of the nursing profession since her training at Royal Melbourne Hospital in 1972. She was the inaugural Chair of ANMAC's Enrolled Nurse Accreditation Committee.

After practising nursing for years, Robyn became involved with the Australian Nursing Federation in various roles, working on the development of a number of national nursing standards, before moving into the role of staff development director at Royal Adelaide Hospital and, finally, working with the South Australian Department of Health on improving learning systems for nurses.

With a mind for strategy and a keen creative streak, Robyn was central to improving the standards—and impressions—of nursing around Australia. Robyn was one of those rare and inspiring people who made a great contribution to nursing but also enhanced the lives of those she worked with.

Robyn was a valued Board member of The College of Nursing and more recently a key member of the College's Academic Council. Her extraordinary capabilities in acting as 'devil's advocate' were integral to honest and open debate around the College's Board table. Robyn also served on the Nurses Board of South Australia.

Robyn died in Adelaide on 30 December 2011, leaving a strong legacy of professionalism, education and social justice. She will be sorely missed by friends, colleagues and the profession.

Written by Debra Toms, Chief Executive Officer, Australian College of Nursing

Staff of CEO and Governance

Right: (from left)
Casey Campbell, Amanda
Adrian, Alison Sette



INTERNATIONAL CONSULTATIVE COMMITTEE

Purpose

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

Objectives

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

Communication with industry

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

- Nursing and Midwifery Board of Australia (particularly the Accreditation Committee of the Nursing and Midwifery Board of Australia)
- Australian Health Practitioner Regulation Agency
- Health Workforce Australia
- Forum of Australian Health Professions Councils (and councils individually)
- Council of Deans of Nursing and Midwifery

- Nursing and Midwifery Stakeholder Group (through the Australian Government's Department of Health and Ageing)
- other government and agency committees relating to ANMAC's business.

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

- Australian Institute of Company Directors
- Professions Australia
- Associations Forum.

ANMAC spent considerable time during the year building relationships with the following organisations:

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

ACCREDITATION SERVICES

Quality standards are the lynchpin of the accreditation system developed by ANMAC.

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

ANMAC is also responsible for developing new accreditation standards and regularly reviewing and improving existing accreditation standards approved under the scheme. These standards are the lynchpin of the accreditation system—all education and other programs requiring accreditation are assessed against them.

The goals of ANMAC's Accreditation Services section are to:

- work in partnership with NMBA and other relevant stakeholders to successfully transition to national accreditation of nursing and midwifery courses
- develop a monitoring and quality assurance framework to support the national accreditation scheme
- work to ensure that the National Accreditation Framework and standards remain contemporary
- communicate the framework and standards to the community.

MAJOR ACHIEVEMENTS 2011–12

- major review of Registered Nurse Accreditation Standards
- document and classify an estimated 160 education providers of nursing and midwifery education across all states and territories and around 480 programs of study
- accredit 52 programs of study
- assess 14 submissions for major changes to already accredited programs of study, with an average processing time of 24 weeks
- assess 86 submissions for minor changes to already accredited programs of study
- began developing a major and comprehensive monitoring policy

Progress and challenges

Accreditation Services had a highly productive 2011–12, with many achievements and successes. The review of ANMAC's Registered Nurse Accreditation Standards was a stand-out achievement, made possible after extensive consultation with key stakeholders. The revised standards were presented to NMBA for approval on 30 June 2012, as scheduled.

Another achievement was the number of programs of study accredited. Even though ANMAC became the authority for National Registration Accreditation Scheme only on 1 July 2010, the team accredited 52 programs of study, as opposed to two in 2010–11, the first reporting year.

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

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

2011–12 was also a time of many challenges. NMBA's two-year moratorium for all education programs due to expire in 30 June 2012 meant ANMAC received a large number of applications from education providers in a short period and while Accreditation Services was still building its team of experts.

Another challenge was the major differences in the expectations of education providers on how the national scheme would be implemented and the differences from the way accreditation was conducted previously when it was handled by the nursing and midwifery regulatory authorities in each state and territory.

Accreditation Staff

Right: (from left) Melissa Cooper, Dr Susan Bragg, Alan Merritt (appointed July 2012), Donna Mowbray, Jo Gibson, Margaret Gatling, Elizabeth Grant, Dr Ann Alder

Staff not in photo:

Julie Watts (top right), Judy Conroy (top left), Melanie Schaefer (bottom right), Maureen Hilton (bottom left)



Accreditation Services also dealt with staffing issues during the year. Gordon Poulton resigned as Director in January 2012. Gordon played an integral role in establishing ANMAC and its Board and is thanked for his contribution and professionalism.

Donna Mowbray was appointed Director of Accreditation Services in February 2012. Donna was previously ANMAC's Director of Research, Policy and Innovation. Under her guidance, more accreditation managers and other accreditation staff were recruited, strengthening capacity to handle this body of important work.

At the same time, substantial effort was made in building the knowledge and data needed to successfully discharge ANMAC's ongoing responsibilities. Work included documenting and classifying the large number of education providers providing programs of study in nursing or midwifery and determining their accreditation status. This involved an estimated 160 education providers of nursing and midwifery education across all states and territories and around 480 programs of study leading to qualifications for entry to practice and registration or endorsement as registered nurses, enrolled nurses, nurse practitioners, registered midwives and eligible midwives. Re-entry and international entry to practice programs were also included.

Policies, guidelines and resources development

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

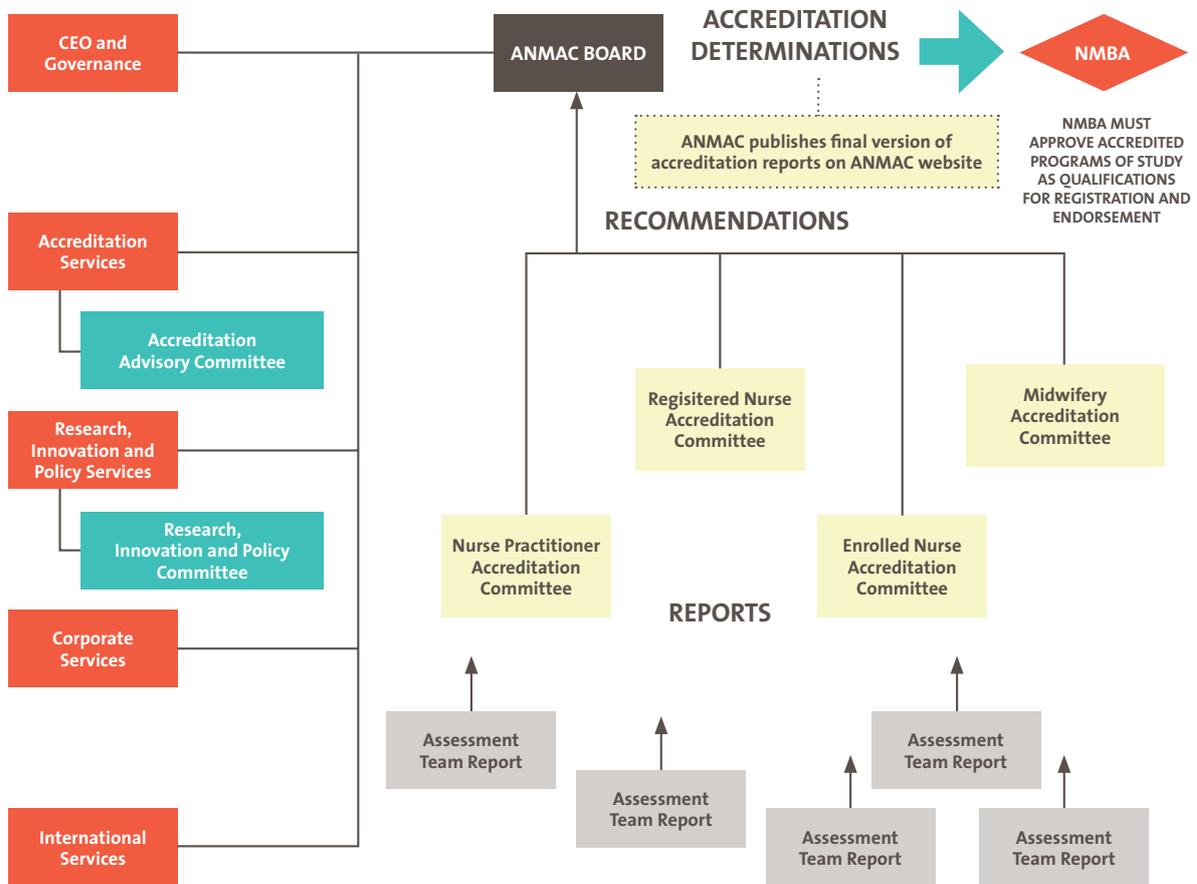
- National Guidelines for the Accreditation of Nursing and Midwifery Programs Leading to Registration and Endorsement in Australia
- Transition and Teach-out Arrangements on Expiry of Accreditation Period policy
- Monitoring Policy
- Assessors' Handbook
- Qualifications of Teaching Staff in Diploma of Nursing Programs policy
- Registered Nurse Accreditation Standards.

Accreditation process and structure

ANMAC four Accreditation Committees, listed below, pushed forward with their respective areas of work:

- Registered Nurse
- Enrolled Nurse
- Nurse Practitioner
- Midwifery.

Figure 2 Accreditation structure



Outcomes of accreditation assessment reports from assessment teams providing evidence of whether standards have been met are reviewed by the relevant Accreditation Committee.

All Accreditation Committees are made up of senior education and industry experts whose significant positions enable them to make extraordinary contributions to ANMAC’s work.

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

ANMAC is indebted to the many professionals who make up the Accreditation committees and assessment teams for their expertise and commitment. These professionals are dedicated to ensuring that the education of nurses and midwives in Australia is of high quality and contributes to the protection of the health of the community.

The accreditation process is depicted in Figure 2. The process of accreditation is detailed and takes a number of months to complete, with many players involved. It is designed to protect and promote the health and safety of the Australian community by ensuring high standards of nursing and midwifery education. The structure is, as a result, robust, open and transparent.

Accreditation of programs of study

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

During this transition period, ANMAC still received nearly 150 submissions for accreditation. Fifty-two programs of study were assessed during the year, with 47 accredited and 5 accredited conditionally. The average processing time for each assessment was 45 weeks. Another 4 submissions for accreditation were placed on hold to give education providers the opportunity to provide additional evidence to satisfy one or more relevant standards by a specified date.

ANMAC also received 32 requests for major changes to already accredited programs of study during the year and assessed 14 of these, with an average processing time of 24 weeks. Eight-six submissions were received from education providers requesting minor changes and all of these were reviewed and assessed by the relevant Accreditation Committee.

NMBA approved all programs of study accredited by ANMAC, following the process outlined in Figure 3. As education providers come and go and programs of study are added or withdrawn, it is not possible for ANMAC to determine the precise number of full accreditation assessments to be conducted going forward. Assuming the numbers remain similar, ANMAC expects to assess up to 90 submissions for accreditation each year until 2016 and up to 40 requests for major changes to an already accredited program of study.

ANMAC received 11 complaints from various sources during 2011–12 about the conduct of education providers and programs of study, with six resolved and five being resolved.

Monitoring accreditation performance

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

1. Accreditation workload

This involves reviewing the number of:

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

2. Accredited program monitoring

This involves reviewing:

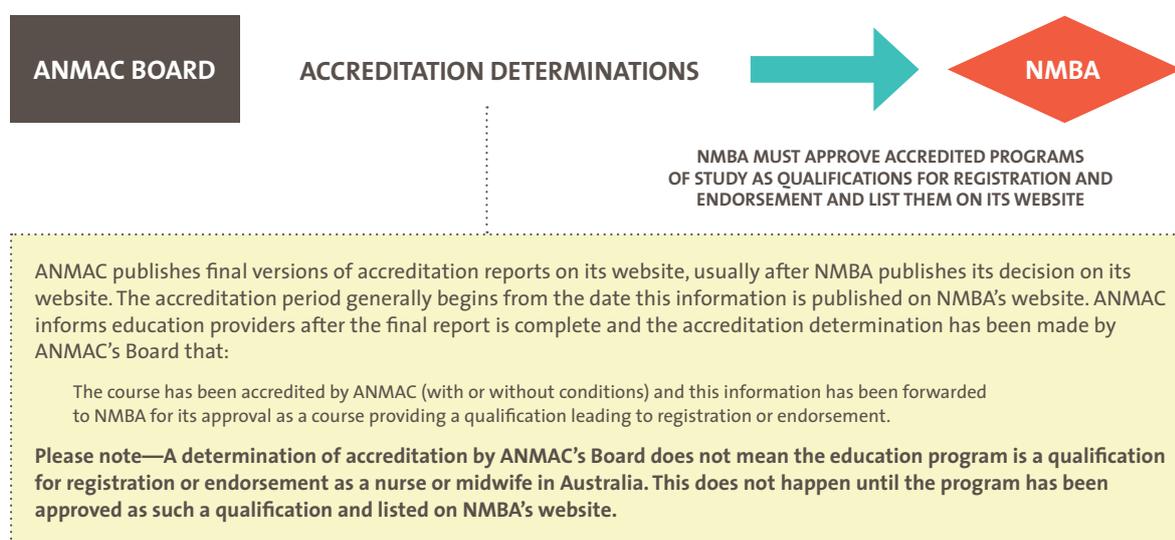
- reporting obligations placed on education providers for individual programs—standard and special reports
- modifications to accredited programs made during the accreditation period, as reported by education providers
- complaints about education providers and programs of study.

3. Accreditations compared to budget

This involves reviewing the:

- number of completed accreditations compared to budget.

Figure 3 NMBA approval



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

Accreditation assessors

From 1 July 2011 to 30 June 2012, ANMAC constituted 73 accreditation assessment teams and called upon 205 volunteer assessors to assess programs of study for accreditation and significant modifications to 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.

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

Only a small number who applied to be on the register during the year did not have the necessary qualifications and/or experience, had not recently worked in the relevant Australian education or clinical sector or were living overseas (making it impractical for them to perform the work).

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

A major success during the year was with the decision to pay assessors for their work as of 1 July 2012. The Board resolved at its June 2012 meeting that sitting fees will be paid to assessors in line with ANMAC's Sitting Fees Policy. ANMAC successfully applied for funding to cover this from NMBA through the formal funding agreement negotiated with AHPRA annually.

Accreditation standards

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

In 2011–12, the Registered Nurse Accreditation Standards were comprehensively reviewed, revised and submitted to NMBA for approval, as scheduled, following extensive consultation with stakeholders. All other accreditation standards will be reviewed over time to ensure they are contemporary as well as consistent and aligned with Australian and international best practice.

INTERNATIONAL SERVICES

One of ANMAC's important roles is to assess internationally qualified registered nurses and midwives applying for permanent migration to Australia.

ANMAC, as the gazetted assessing authority for DIAC, assesses internationally qualified registered nurses and midwives who apply for permanent migration under Australia's General Skilled Migration Program. ANMAC uses the Standards for assessment of internationally qualified nurses and midwives for migration purposes (2008) to determine suitability for migration.

The National Law also recognises that accreditation authorities oversee the assessment of overseas qualified health practitioners seeking registration. As Australia's appointed accreditation authority for nursing and midwifery, ANMAC continues, as a primary function, to only assess the skills of nurses and midwives applying for skilled migration visas to enter the country. All other applicants for international entry continue to be assessed by AHPRA.

The goals of ANMAC's International Services section are to:

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

MAJOR ACHIEVEMENTS 2011–12

- Successful transition to new requirements to assess relevant work experience of occupations appearing on the Skilled Occupations List— due to changes by DIAC to its skilled migration policy (1 July 2011).
- ANMAC informed by DIAC in June that it would become the gazetted assessing authority for enrolled nurses, with this category being added to the Consolidated Sponsored Occupations List from 1 July 2012.
- Director of International Services accepted a position on the Internationally Qualified Nurses and Midwives Reference Group, set up by AHPRA to achieve consistency of assessment outcomes within AHPRA state and territory offices. To date the reference group has reached consensus on the outcomes of more than 200 applications.
- Completed consultations with a website specialist to enhance the useability of the international skills assessment application process—as presented online—and promote other pertinent information on the website.
- Restructure of staff and resources underway to accommodate changes to skills assessment processes and requirements—scheduled to be finalised late 2012.
- One officer working in the International Services unit will complete a Certificate IV in Business Administration through Canberra Institute of Technology (late 2012).



Assessing authority

ASSESSMENT CATEGORIES

ANMAC assesses nurses and midwives under two categories:

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

In June 2012, DIAC informed ANMAC it would become the gazetted assessing authority for enrolled nurses, with this group being added to the Consolidated Sponsored Occupations List from 1 July. ANMAC will begin to develop assessment standards for enrolled nurses later in 2012.

ASSESSMENT PROCESS AND OUTCOMES

During 2011–12, ANMAC received 1868 applications from nurses and midwives, a decrease of 13% (2116 were received in 2010–11). Of those received, 1656 were modified assessments (compared with 1834 in 2010–11), and 212 full assessments (compared with 282). The most likely explanation for the decrease was changes introduced by DIAC to its migration policy. On 1 July 2011, DIAC changed Australia's general skilled migration policy and introduced a new points-test system. The aim was to create a demand-driven migration environment and, as a result, shift from permanent to temporary migration to fill short-term employment demand.

The policy change requires the relevant work experience of occupations on DIAC's Skilled Occupations List to be assessed. As a result, ANMAC became significantly more involved in assessing each application for nurses and midwives. One reason was that professional references for work experience as long as 10 years ago now have to be assessed against Australian nursing and midwifery competency standards.

To accommodate this major assessment requirement, ANMAC increased its assessment fees to maintain full cost recovery. It also increased assessment times beyond the average six to eight weeks to approximately 12 weeks.

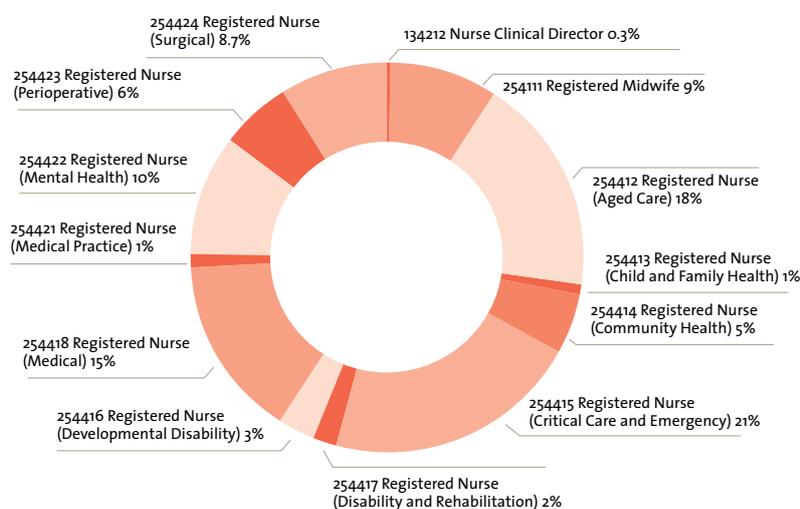
Planning began for a staff restructure, to be introduced early 2012–13, to handle these increased requirements and improve assessment turnaround times.

ANMAC uses Australian and New Zealand Standard Classification of Occupations (ANZSCO) codes to categorise each applicant for migration purposes. Of the 1868 applications received in 2011–12, a total of 1293 assessments were categorised ANZSCO Code 254499 (Registered Nurse—Not Elsewhere Classified). This code is for nurses who do not fit into a specific area of expertise and for new Australian graduates yet to gain work experience.

Of the other 575 applications, the three most common ANZSCO Codes were Critical Care and Emergency (21%), Aged Care (18%) and Medical (15%). Midwives made up 2% of all applications.

Figure 4 breaks down all applications assessed by ANMAC by ANZSCO codes, with the exception of Code 254499.

Figure 4 ANZSCO code breakdown—not including 254499 Registered Nurse— Not Elsewhere Classified*



*87% of applications received by ANMAC during the year were under ANZSCO Code 254499

ANMAC’s skills assessment continues as an online application. Applicants and/or their nominated agent apply through the online application link on the home page of ANMAC’s website and detailed information is provided to read before completing the application. Once the application is completed online, applicants must download it and send it to ANMAC with hard copies of required certified documents.

Online applications also allow for immediate payment by credit card into ANMAC’s account. Assessment costs increased in 2010–11 to cover the annual consumer price index adjustment and the new professional reference assessment capability. Modified assessments were \$300 and full assessments \$825 (an increase of \$85 and \$100 respectively).

During the year, the International Services team contributed to ANMAC’s website redevelopment, restructuring the international section and reshaping content so it is more user friendly for applicants, migration agents and other stakeholders. The team also worked on a new broader ANMAC database scheduled for implementation in late 2012.

ANMAC continued to present to agents on the skills assessment process, including at state and territory migration agent conferences, and communicate with representatives at the Migration Institute of Australia. International Services staff also presented workshops, forums and other conferences in 2011–12 to engage with stakeholders and keep them informed of the latest ANMAC developments. The team also attended conferences during the year to keep abreast of the latest in nursing, midwifery and skilled migration.

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

Table 2 ANMAC applications received (1868) by gender

Female	(1560)	83.5%
Male	(308)	16.5%

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

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

Full assessments	212
Modified assessments	1656
Total	1868

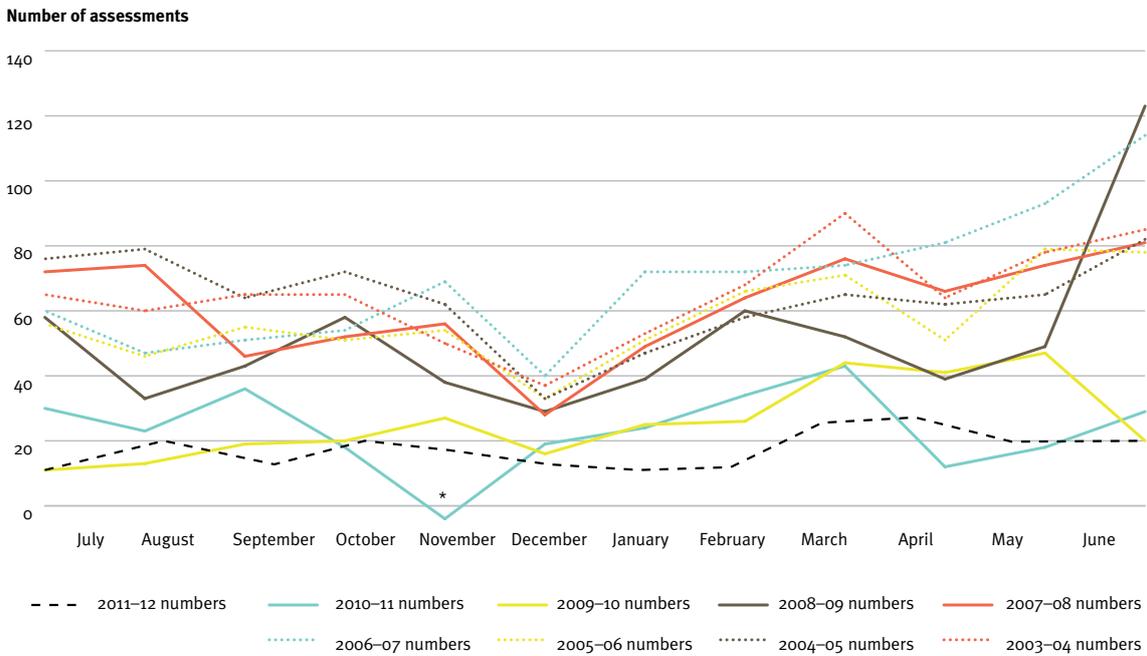
Of the 1868 applications received during the year, the vast majority were assessed as suitable to apply for migration and only a small percentage as unsuitable (Table 4). A total of 391 applications could not be assessed since they did not provide all of the information required by ANMAC.

Table 4 Outcomes of assessment for migration

Application assessed as suitable to apply for migration	1454
Application assessed as unsuitable to apply for migration	23
Incomplete assessments	391

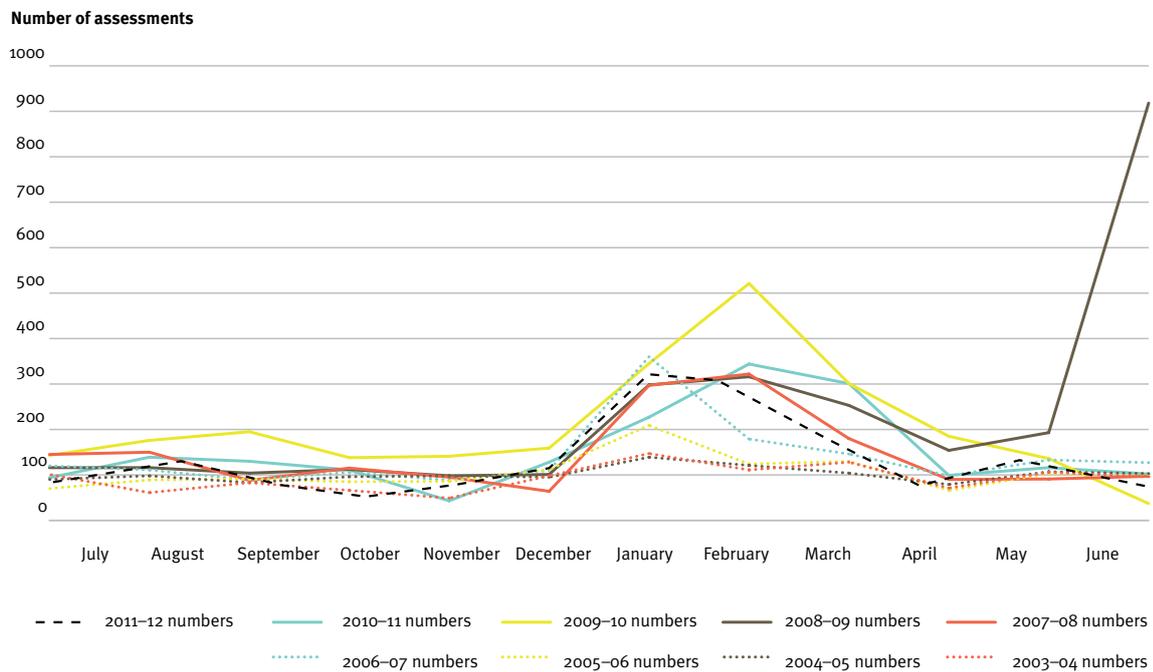
ANMAC receives applications for both full and modified assessments from many parts of the world. The number of full assessments completed by ANMAC from 2003–04 to the end of the reporting year is illustrated in Figure 5, which shows that the number of total assessments continued to decline.

Figure 5 Full assessment comparison



*Adjustment to account for unpaid online applications

Figure 6 Modified assessment comparison



The number of modified assessments completed by ANMAC from 2003-04 to the end of the reporting year are illustrated in Figure 6.

Annual trends for modified assessments remained unchanged, with a sharp increase in assessment numbers in the first quarter, consistent with international students graduating from university. A second smaller increase due to mid-year graduations is also observed.

When applicants applying to ANMAC have not yet obtained Australian registration with AHPRA they must undertake a full assessment. During the year, as Figure 7 illustrates, the largest number of applications leading to initial registration for full assessments came from the United Kingdom (57%) followed by the United States and Ireland, both at 7%, and then the Philippines and India, both at 5%.

Figure 7 Full assessments—country of education that led to initial registration as a nurse or midwife for 2011-12

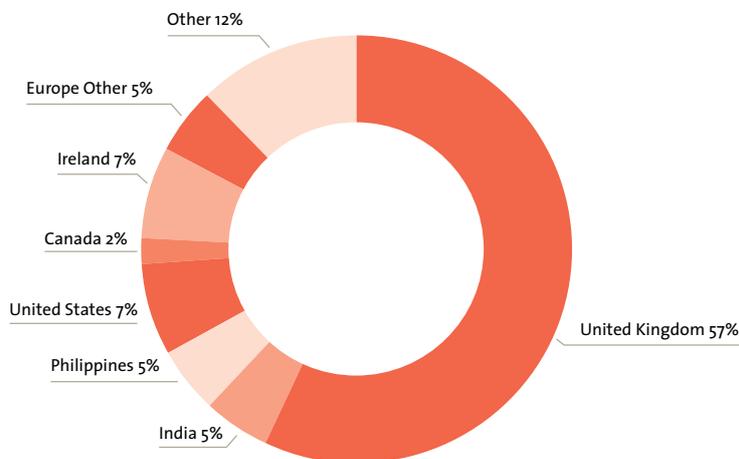
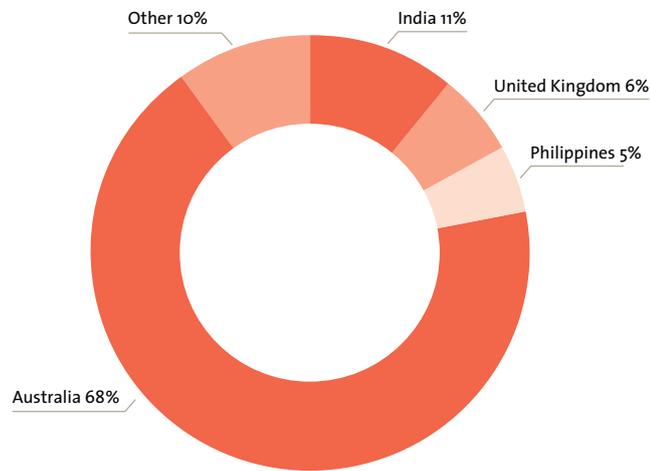


Figure 8 Modified assessments—country of education that led to initial registration as a nurse or midwife for 2011–12



Any applicant who has current Australian or New Zealand registration as a nurse or midwife qualifies for a modified assessment. As Figure 8 shows, 68% of modified assessments are international nursing and midwifery students who have completed study in Australia and gained registration with AHPRA. The remaining 32% of modified applications were from internationally qualified nurses and midwives who gained Australian registration (onshore or offshore), in recognition of their education (pre-registration and post-registration) and work experience.

Stakeholders

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

DEPARTMENT OF IMMIGRATION AND CITIZENSHIP

The International Services team continue to attend DIAC-hosted forums and conferences to gain insight into changes to migration policy and gather up-to-date information about the dynamic nature of migration in Australia. ANMAC continues to be the gazetted assessing authority for a number of nursing and midwifery occupations. The full list is in the Commonwealth of Australia, Migration Regulations 1994, Legislative Instrument—June 2010.

DEPARTMENT OF FOREIGN AFFAIRS AND TRADE

The Director of International Services continues to attend information sessions hosted by the Department of Foreign Affairs and Trade (DFAT) on Free Trade Agreements. These sessions update participants on existing, new and proposed agreements. To further strengthen stakeholder relations with DFAT, ANMAC invited the department to be a representative at International Consultative Committee meetings. To date DFAT has not joined this ANMAC Board committee.

DEPARTMENT OF EDUCATION, EMPLOYMENT AND WORKPLACE RELATIONS

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

MIGRATION INSTITUTE OF AUSTRALIA

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

MIGRATION CONFERENCES, EXPOS AND FORUMS

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

RESEARCHERS

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

CORPORATE SERVICES

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

Corporate Services continued to ensure ANMAC met all compliance and reporting requirements during the year while the organisation was undergoing substantial growth. This was achieved by providing efficient and appropriate management of all business activities, including financial, administration, human resources and IT.

MAJOR ACHIEVEMENTS 2011–12

- appointed staff and ensured adequate funding to enable ANMAC to continue in its new accreditation role
- completed triennial IT rollout by November 2011
- implemented cost centre accounting
- installed records management system (SharePoint) by June 2012
- prepared for new fully integrated database, including financial payroll and human resources
- reviewed all human resource policies and procedures, including job descriptions and human resource manual
- reviewed work health and safety requirements, including risk assessment
- expanded ANMAC premises

Executive meetings

During the year ANMAC's Executive—Chief Executive Officer, directors of accreditation, corporate services, international, and the Accreditation Services Manager met weekly to discuss strategic, governance and operational matters, including finance and audit, risk management, human resources and staffing, and information-based activities (including IT). Staff were updated on progress at weekly staff meetings.

Finance and audit functions

In 2011–12, ANMAC continued to meet all of its regulatory financial compliance and reporting requirements—to the Board, management, Finance and Audit Committee, and regulatory authorities. The budget process was reviewed and cost-centre and departmental budgeting introduced. This put in place a consistent organisation-wide approach to collecting and analysing performance information and determining actual costs of key tasks. It also enables effective assessment against set outcomes and efficiently assists with managing ANMAC's outputs, key tasks and services.

AHPRA continued to provide grant funding to help ANMAC cover the ongoing costs associated with its new role.

Risk management activities

ANMAC started developing a work health and safety management system which will be supported through a policy, implementation framework and a manual. This suite of health and safety documents will be designed to ensure ANMAC complies with relevant legislation and can implement the best-practice risk management processes needed to create an injury-free work environment for workers and visitors.

Under ANMAC's Risk Management Policy, risk management is to be integrated into daily staff activities. Senior executives are accountable for the effective implementation of the policy's supporting framework and managers are responsible for integrating the framework into activities for which they are accountable. Staff are responsible for maintaining awareness of risks relating to their work and actively supporting and contributing to their management.

ANMAC began work on developing a risk register as part of its overall risk management approach and its Risk Management Policy. This will be part of a reporting mechanism to the Board. The register will be completed and implemented in 2012–13.

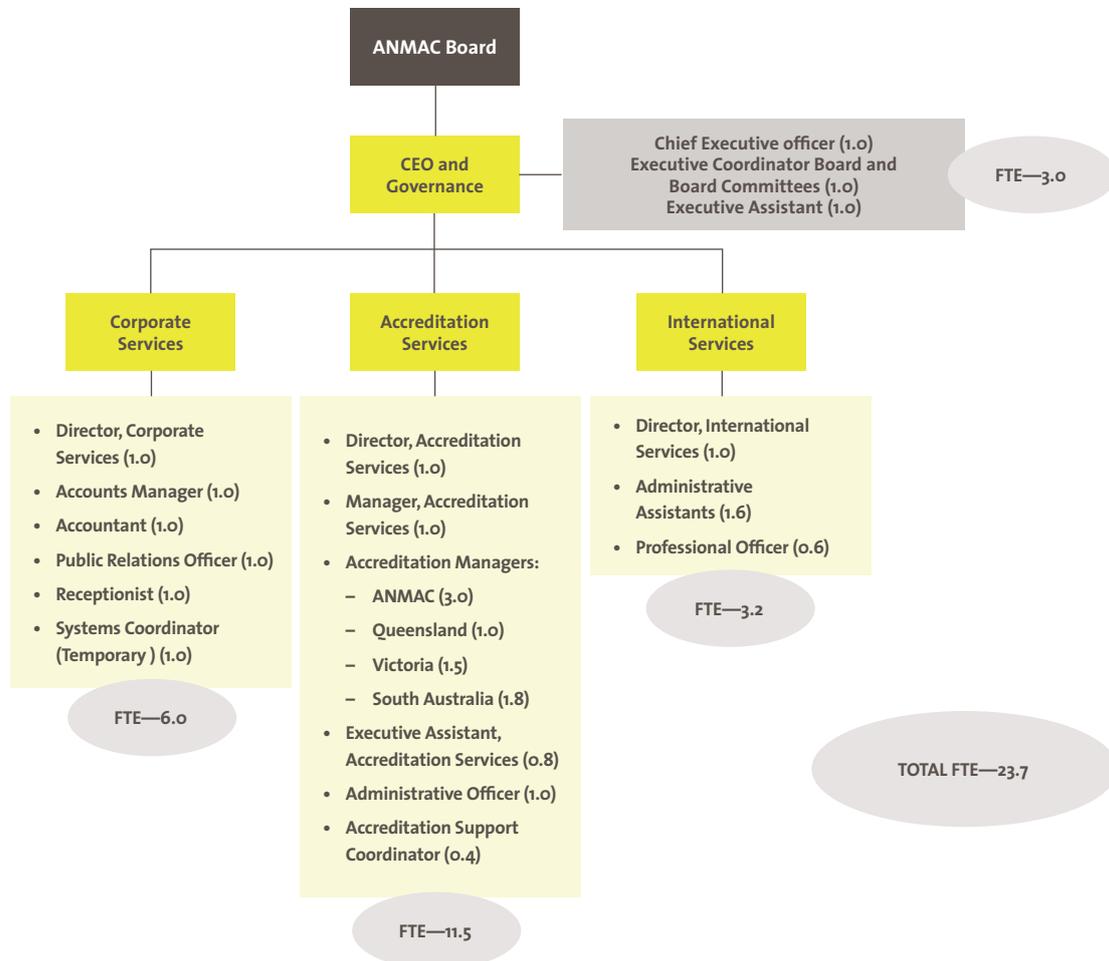
Currently, a Risk Management Dashboard is produced from the two-monthly review of the Risk Management Report. It identifies risks to the successful conduct of accreditation and other functions, determines the level of each risk (low, medium or high) and reports on the status of each. The Board reviews the dashboard report at every meeting and revises ratings and/or develops new mitigation strategies.

ANMAC Board and committees maintained active responsibility for risk management and regularly reviewed, monitored and advised management on risk issues throughout the year.

Staffing

ANMAC's staffing numbers grew during the year, in response to its expanded mandate and workload. Overall numbers increased by 4.8 during 2010–11, to a staff complement of 23.7 full-time equivalent (FTE) positions. The overall staff establishment as at June 2012 is detailed in the organisation chart provided in Figure 9. The tables that follow the figure break down ANMAC's staffing situation by area.

Figure 9 Staff establishment as at June 2012





Staff of Corporate Services

Right: (from left) Mandy Fogarty, Helen Johnston, Kay Taylor, Vanessa Johnston

Far left: Liam McCallum (top), Jenna Watts (bottom)

Table 5 Chief Executive Officer and Board positions

Position	FTE January to June 2012	FTE July to December 2011	Note
Chief Executive Officer	1.0	1.0	
Executive Assistant	1.0	1.0	
Executive Coordinator (Board and Board Committees)	1.0	0	Newly created position to coordinate the secretariat for ANMAC's Board and Board committees

Table 5 shows the Chief Executive Officer and Board staff positions, which includes a newly created position to coordinate the secretariat for ANMAC's Board and Board committees.

Table 6 shows the staff positions for Accreditation Services, established 1 July 2010. As at June 2012, this section had 11.5 FTEs (up from 9.3 in June 2011). Accreditation Services grew rapidly to be able to handle the large volume of accreditations ANMAC received.

Table 7 shows the staff positions for International Services. The changes to DIAC's skilled migration visa policy on 1 July 2011 regarding professional reference assessment resulted in additional assessment reporting requirements for ANMAC. A professional officer was appointed part-time to International Services to help with the additional workload these new requirements created.

Table 8 shows the staff positions for Corporate Services. To cater to the increase in ANMAC's size due to its expanded role and responsibilities, an accountant was permanently appointed in April 2012 to assist with financial operations. A Systems Coordinator was temporarily appointed from January to June 2012 to oversee the installation of SharePoint, a web-based business collaboration platform that makes it easier for staff to work together.

The key functions of the former Research, Innovation and Policy Services have been absorbed into other sections of ANMAC and the section disbanded.

Table 6 Accreditation Services positions

Position	FTE January to June 2012		FTE July to December 2011		Note
Director of Accreditation Services	1.0		1.0		
Accreditation Services Manager	1.0		1.0		
Accreditation managers	ACT	3.0	ACT	1.0	2 newly created positions
	Vic.	1.5	Vic.	1.5	
	Qld	1.0	Qld	1.0	
	SA	1.8	SA	1.8	
	Tas.	0	Tas.	0.4	
Accreditation Support Coordinator	0.4		0		Newly created position
Executive Assistant	0.8		0.8		
Administrative Officer	1.0		1.0		

Table 7 International Services positions

Position	FTE January to June 2012		FTE July to December 2011		Note
Director of International Services	1.0		1.0		
Professional Officer	0.6		0		Newly created position
Administrative Assistants	1.6		1.6		

Table 8 Positions for corporate services

Position	FTE January to June 2012		FTE July to December 2011		Note
Director of Corporate Services	1.0		1.0		
Accountant	1.0		0		Newly created position
Accounts Officer	1.0		1.0		
Public Relations Officer	1.0		1.0		
Receptionist	1.0		1.0		
Systems Coordinator	1.0		0		Temporary position

Information-based activities

RECORDS MANAGEMENT

Planning was finalised and the installation began for SharePoint, a suite of web-based tools for content and records management system. The platform will enable ANMAC to more easily and quickly store and retrieve documents. It will also enhance internal communication. SharePoint will include an intranet for staff and an extranet for ANMAC's Board and Board committee members. The rollout will be finalised in July 2012 after ongoing staff training sessions.

WEBSITE REDEVELOPMENT

Work began on a major redevelopment of ANMAC's website, starting with a review of its structure, content and design. The redevelopment reflects ANMAC's expanded roles and responsibilities and aims to provide optimum search engine capabilities and ensure adherence to best practice. A new structure was developed to make navigation more intuitive for website users. This project is due to be completed in late 2012.

DATABASE ROLLOUT

A contract was finalised for the provision of a fully integrated database (Netsuite) to make ANMAC operations more efficient through systematic processes and transaction flows, a wide range of reporting mechanisms, and integrated payroll, financial management and human resources. Current systems will start to be converted to Netsuite in early August 2012.

IT ROLLOUT

During the year ANMAC conducted its triennial update of all IT equipment, including desktops, servers and associated software. This was particularly important for interstate staff working remotely and the update has enabled these staff to have faster and easier access to the ANMAC data needed to perform their duties.

ANMAC Staff

Right: (from left) Helen Johnston, Melissa Cooper, Judy Conroy, Donna Mowbray, Melanie Schaefer, Margaret Gatling, Susan Bragg, Alan Merritt, Kay Taylor, Jenna Watts, Alison Sette, Jo Gibson, Jason Smart, Vanessa Johnston, Amanda Adrian, Liam McCallum, Ann Alder, Maureen Hilton, Mark Braybrook, Elizabeth Grant, Sue Tully, Mandy Fogarty, Casey Campbell

Staff not in the photo:
Pan Warbuton (top),
Julie Watts (bottom)



ANMAC staff as at 30 June 2012

Chief Executive Officer

Ms Amanda Adrian

Executive Assistant

Ms Casey Campbell

Executive Coordinator—Board and Board committees

Ms Alison Sette

Director of Accreditation Services

Ms Donna Mowbray

Manager—Accreditation Services

Ms Judy Conroy

Accreditation Managers

Dr Ann Alder

Dr Susan Bragg

Ms Melissa Cooper

Ms Margaret Gatling

Ms Elizabeth Grant

Ms Jo Gibson

Mr Alan Merritt (appointed July 2012)

Ms Julie Watts

Executive Assistant—Accreditation

Ms Maureen Hilton

Administrative Officer—Accreditation

Ms Melanie Schaefer

Director of International Services

Mr Mark Braybrook

Professional Officer

Ms Sue Tully

Administrative Officers—International Section

Mr Jason Smart

Ms Pan Warbuton

Director of Corporate Services

Ms Kay Taylor

Accountant

Ms Helen Johnston

Public Relations Officer

Ms Mandy Fogarty

Accounts Officer

Ms Vanessa Johnston

Receptionist

Ms Jenna Watts

Systems Coordinator

Liam McCallum



Australian
Nursing & Midwifery
Accreditation Council

FINANCIALS | 2011–2012

anmac

DIRECTOR'S REPORT

The directors of Australian Nursing and Midwifery Accreditation Council Limited (ANMAC) present the annual financial statements of ANMAC for the year ended 30 June 2012.

BOARD OF DIRECTORS

Professor Jill White AM (Chairperson)
Lee Thomas (Deputy Chairperson)
Dr Rosemary Bryant
Debra Cerasa (resigned October 2011)
Roslyn Donnellan-Fernandez
Paula Elliot (appointed November 2011)
Leone English
Therese Findlay
Dr Sally Goold OAM (resigned July 2012)
Joanna Holt (Community Director)
Eileen Jerga AM (appointed November 2011)
Professor Robert Meyenn (appointed November 2011)
Anita Phillips (resigned November 2011)
Greg Sam (Community Director, Company Secretary)
Adjunct Associate Professor Fiona Stoker

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

OBJECTIVES AND STRATEGIES

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

PRINCIPAL ACTIVITIES AND ACHIEVEMENTS

The principal activities of ANMAC during the financial year were:

- the 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 1,882 (2011: 2,116) applications for assessment of qualifications.

During the year ANMAC accredited 52 nursing and midwifery programmes.

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 deficit for ANMAC for the year ended 30 June 2012 was \$38,645 (2011: deficit of \$97,926).

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

Attendances by each director appointed for ANMAC Limited were as follows:

Directors' Meetings		
Name	Number Eligible to Attend	Number Attended
Professor Jill White AM	6	6
Lee Thomas	6	6
Dr Rosemary Bryant	6	6
Debra Cerasa	2	0
Roslyn Donnellan-Fernandez	6	5
Paula Elliot	5	5
Leone English	6	6
Therese Findlay	6	2
Dr Sally Goold OAM	6	5
Joanna Holt	6	6
Eileen Jerga AM	5	5
Professor Robert Meyenn	6	4
Anita Phillips	1	1
Greg Sam	6	6
Associate Professor Fiona Stoker	5	5

DIRECTORS' INFORMATION

Name	Professor Jill White AM
Qualifications and experience	RN, RM, BEd, MEd, PhD Professor Jill White AM is currently the Dean of Sydney Nursing School at The University of Sydney, having taken up this position at the end of January 2008. Jill is currently Chairperson of the Australian Nursing and Midwifery Accreditation Council (ANMAC) and Deputy Chair of the Council of Deans of Nursing and Midwifery.
Name	Lee Thomas
Qualifications and experience	RN, RM(Neo), BN, MRCNA Prior to taking on her current role as the Federal Secretary of the Australian Nursing Federation, Lee Thomas served as Branch Secretary of the ANF (SA Branch) for eight years, and has had more than 20 years' experience in the nursing profession. Lee is Deputy chair of the Australian Nursing and Midwifery Accreditation Council (ANMAC).
Name	Dr Rosemary Bryant
Qualifications and experience	RN, BA, GradDip(Health Admin), FRCNA 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.
Name	Debra Cerasa
Qualifications and experience	MEd(Ld&Mng), GradCert(BusAdmin), BAppSc(NSG), GradDip(AdEd & Trg), GradCert(ChEd), RN, RM, RCCN(ICU), PhD candidate Debra Cerasa is a Senior Executive with over 35 years experience in the health profession. Debra was the CEO of the Royal College of Nursing, <i>Australia</i> (RCNA) until 30 June 2012. Debra has been a member of a number of Boards and Committees and has held several Executive roles both in Australia and Indonesia. Her clinical background includes Intensive Care, Operating suites and Aged Care, together with a number of years as a midwife in private practice. Her education/teaching experience has been in Midwifery, Acute, Aged Care and Emergency Services sectors.
Name	Roslyn Donnellan-Fernandez
Qualifications and experience	RN, RM, MHN, IBCLC, MN, BN, DipN, JP(SA) Roslyn Donnellan-Fernandez has served three terms on the Nursing & Midwifery Board of South Australia and is a past Director of the Australian College of Midwives. She has broad experience in midwifery education, regulation and practice. She is currently WCH Midwifery Fellow at Women's & Children's Services Network and holds Academic Status at Flinders University where she is completing a PhD.
Name	Paula Elliot
Qualifications and experience	MN, RN, RM, FRCNA Paula is a Registered Nurse, Midwife and Board Director of the Royal College of Nursing, <i>Australia</i> (RCNA) and Fellow of RCNA. She is the Quality and Accreditation Co-ordinator, Quality and Safety Unit at ACT Health Directorate. Paula holds a Master of Nursing, and a Graduate Diploma in quality improvement in Health Care.
Name	Leone English
Qualifications and experience	RN(Vic), BN, BTch (Adult), MEd(Adult), GradDip(Mgt) Leone English is Dean, Faculty of Health Science and Community Studies and Education, Holmsglen Institute in Melbourne. She has had more than 30 years experience within a range of clinical, academic and senior management positions.
Name	Therese Findlay
Qualifications and experience	MAppSci, GradDip(SocEc) 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.

AUSTRALIAN NURSING AND MIDWIFERY ACCREDITATION COUNCIL

Name	Dr Sally Goold OAM
Qualifications and experience	RN, RM, DipNeo, BAppSc(Nursing), MN(Stud), DN(HC), FRCNA, FCN Dr Sally Goold is a Wiradjuri woman and was instrumental in forming the Congress of Aboriginal and Torres Strait Island Nurses (CATSIN), of which she is Executive Director. She has an extensive background in the nursing profession and is a Board member of a number of organisations including the National Indigenous Health Equality Council.
Name	Joanna Holt
Qualifications and experience	BSc(Hons), MHP 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 worked as the Executive Director and CEO in both clinical and corporate leadership roles. Recent positions in national health policy reform and corporate governance have stimulated her interests in change management and people development. She holds credentials as an Executive Coach. Joanna currently works as a consultant in accreditation, change management and performance improvement.
Name	Eileen Jerga AM
Qualifications and experience	BA, MBA, AICD Eileen Jerga is a Board Director of the Australian Nursing and Midwifery Accreditation Council, the ACT Veterinary Surgeons Board and the ACT Nursing and Midwifery Board. Eileen is currently also a member of the Department of Health and Aging Cardiac Protheses Clinical Advisory Board (VPCAG). Prior to these roles, she was CEO of the Heart Foundation, ACT, from 1999 to 2006.
Name	Professor Robert Meyenn
Qualifications and experience	TCert, MEd, PhD 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. Member of Board, ANMAC.
Name	Anita Phillips
Qualifications and experience	BA, DipSocStuds, MPA Anita Phillips brings her extensive experience as a Social Worker in many fields to the position of Community Director with ANMAC. Currently Ms Phillips is the ACT Public Advocate. She has worked in neighbourhood centres, hospitals, psychiatric services, not for profit agencies and rural health policy in the ACT, and is a sessional lecturer in the School of Social Work at the Australian Catholic University.
Name	Greg Sam
Qualifications and experience	MPH, BAppSc, BArts(Admin) Greg Sam is the CEO of Rural Health Workforce Australia. He is a specialist in public health policy and administration having worked as a senior executive in the public, private and non-Government health and social policy sectors.
Name	Adjunct Associate Professor Fiona Stoker
Qualifications and experience	RN, DCPN(London), BBus, GradCert(PSM), MBA Associate Professor Fiona Stoker is the Chief Nursing Officer of the Department of Health and Human Services Tasmania and has held this position since January 2001. Fiona has worked in Australia and the UK in a variety of acute care and community environments. She is currently chair of the Australian and New Zealand Council of Chief Nurses (NZ CCN).

Auditor's Independence Declaration

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

Signed in accordance with a resolution of the directors.

Professor Jill White
Chair
14 August 2012
Canberra AC



Ms Lee Thomas
Deputy Chair





**AUDITOR'S INDEPENDENCE DECLARATION
UNDER SECTION 307C OF THE CORPORATIONS ACT 2001
TO THE DIRECTORS OF
AUSTRALIAN NURSING AND MIDWIFERY ACCREDITATION COUNCIL LIMITED**

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2012, there have been:

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

Duesburys Nexia
Canberra, 14 August 2012

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 2012

	Note	2012 \$	2011 \$
Revenues	2	3,601,475	2,195,038
Expenses			
Communications and marketing		32,814	42,664
Compliance costs (including accounting and legal fees)		53,253	100,664
Conferences		33,528	33,801
Council and committee		147,333	35,016
Direct Costs			
• Assessment		5,699	19,530
• Accreditation		299,527	108,686
• WP/SEAR		-	9,233
• Others		16,032	12,407
Depreciation		59,708	39,756
Operating lease – rent of premises		131,105	116,098
Other property expenses		48,235	24,524
Projects		140,868	8,064
Recruitment expenses		34,004	58,758
Relocation and restructure expenses		-	59,859
Salaries and other employee entitlements		2,393,163	1,496,198
Other expenses		244,851	127,706
Total expenses		3,640,120	2,292,964
Deficit for the year	3	(38,645)	(97,926)
Total comprehensive income for the year		(38,645)	(97,926)

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2012

	Note	2012 \$	2011 \$
Current Assets			
Cash and cash equivalents	4	287,153	249,157
Trade and other receivables	5	826,625	342,644
Inventories	6	-	198
Other assets	7	97,919	162,376
Financial assets	8	1,020,152	407,063
Total Current Assets		2,231,849	1,161,438
Non-Current Assets			
Plant and equipment	9	143,362	74,849
Total Non-Current Assets		143,362	74,849
Total Assets		2,375,211	1,236,287
Current Liabilities			
Trade and other payables	10	157,811	248,135
Provisions	11	261,703	45,590
Other liabilities	12	1,586,450	520,044
Total Current Liabilities		2,005,964	813,769
Non-Current Liabilities			
Provisions	11	30,703	45,329
Total Non-Current Liabilities		30,703	45,329
Total Liabilities		2,036,667	859,098
Net Assets		338,544	377,189
Equity			
Retained surplus		338,544	377,189
Total Equity		338,544	377,189

STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2012

	2012	2011
	\$	\$
Retained Surplus		
Balance at the beginning of the year	377,189	475,115
Total comprehensive income for the year	(38,645)	(97,926)
Balance at the end of the year	338,544	377,189

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2012

	Note	2012	2011
		\$	\$
Cash flows from operating activities			
Receipts from fees, sales, grants and other		4,477,957	2,560,453
Payments to suppliers and employees		(3,749,976)	(2,467,253)
Interest received		50,663	62,051
<i>Net cash provided by/(used in) operating activities</i>		778,644	155,251
Cash flows from investing activities			
Proceeds from sale of fixed assets		662	2,200
Fixed assets purchased		(128,221)	(57,485)
Payments for investments		(613,089)	-
Proceeds from investments		-	74,458
<i>Net cash provided by/(used in) investing activities</i>		(740,648)	19,173
Net increase/(decrease) in cash held		37,996	174,424
Cash at the beginning of the financial year		249,157	74,733
Cash at the end of the financial year	4	287,153	249,157

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2012

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Preparation

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

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

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

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 entity.

The financial statements have been prepared on an accruals basis and are based on historical costs modified by the revaluation of selected non-current assets, financial assets and financial liabilities for which the fair value basis of accounting has been applied.

The following is a summary of the material accounting policies adopted by ANMAC in the preparation of the financial statements. Unless otherwise stated, the accounting policies adopted are consistent with those of the previous year.

Accounting Policies

(a) Income Tax

ANMAC is a tax exempt body under relevant provisions of the Income Tax Assessment Act, 1997.

(b) Inventory

Inventories are measured at the lower of cost and net realisable value. Costs are assigned on a specific identification basis and include direct costs and appropriate overheads, if any. Costs are assigned on the basis of weighted average costs.

(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.

(d) Depreciation

The depreciable amount of all fixed assets is depreciated on a straight-line basis over their useful lives commencing from the time the asset is held ready for use. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

(e) Leases

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

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

Leased assets are depreciated over their estimated useful lives where it is likely that ANMAC will obtain ownership of the asset or otherwise over the term of the lease.

Lease payments for operating leases, where substantially all the risks and benefits remain with the lessor, are charged as expenses in the periods in which they are incurred.

Lease incentives under operating leases are recognised as a liability and amortised on a straight-line basis over the life of the lease term.

(f) Investments

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

(g) Financial Instruments

Recognition

Financial instruments are initially measured at cost on trade date, which includes transaction costs, when the related contractual rights or obligations exist. Subsequent to initial recognition these instruments are measured as set out below.

Financial assets at fair value through profit and 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 financial assets with fixed or determinable payments and are stated at amortised cost using the effective interest rate method.

Held-to-maturity investments

These investments have fixed maturities, and it is the intention to hold these investments to maturity. Any held-to-maturity investments held are stated at amortised cost using the effective interest rate method.

Available-for-sale financial assets

Available-for-sale financial assets include any financial assets not included in the above categories. Available-for-sale financial assets are reflected at fair value. Unrealised gains and losses arising from changes in fair value are recognised in other comprehensive income and accumulated in an investment revaluation reserve.

Financial liabilities

Financial liabilities are recognised at amortised cost, comprising original debt less principal payments and amortisation.

Impairment

At the end of the reporting period, an assessment is made whether there is objective evidence that a financial instrument has been impaired. In the case of available-for-sale financial instruments, a prolonged decline in the value of the instrument is considered to determine whether an impairment has arisen. Impairment losses are recognised in the profit or loss.

(h) Impairment of Assets

At end of the reporting period, the carrying values of tangible and intangible assets are reviewed to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, is compared to the asset's carrying value. Any excess of the asset's carrying value over its recoverable amount is expensed to the profit or loss.

Where it is not possible to estimate the recoverable amount of an individual asset, the Recoverable amount of the cash generating unit to which the asset belongs is estimated.

(i) Employee Benefits

Provision is made for the liability for employee benefits arising from services rendered by employees to balance date. The benefits expected to be settled within one year to employees for their entitlements have been measured at the amounts expected to be paid including on-costs and are disclosed as current liabilities. Employee benefits payable later than one year are measured at the present value of the estimated future cash outflows to be made in respect of those benefits. In calculating the present value of future cash flows in respect of long service leave, the probability of long service leave being taken is based upon historical data.

(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 the outflow can be reliably measured.

Contributions are made by ANMAC to employee superannuation funds and are charged as expenses when incurred.

(k) Cash and Cash Equivalents

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

(l) Revenue

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 and it is probable that the economic benefits gained from the grant will flow to the entity and the amount of the grant can be measured reliably.

If conditions are attached to the grant which must be satisfied before the entity is eligible to receive 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 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, otherwise the grant is recognised as income on receipt.

(m) Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office. In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expense. Receivables and payables in the statement of financial position are shown inclusive of the GST.

Cash flows are presented in the statement of cash flows on a gross basis, except for the GST component of investing and financing activities, which are disclosed as operating cash flows.

(n) Comparative Figures

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

Critical Accounting Estimates and Judgments

The Directors evaluate estimates and judgments 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.

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

NOTE 2 REVENUE

	2012	2011
	\$	\$
Operating activities:		
• Overseas assessments fees received	689,095	596,637
• Accreditation income	1,856,247	534,417
• Copyright fees	179	4,322
• Grant income—AHPRA	1,000,000	1,005,000
• Other Income	662	9,322
		2,149,698
Non-operating activities:		
• Interest received	55,292	45,340
Total revenue	3,601,475	2,195,038

AUSTRALIAN NURSING AND MIDWIFERY ACCREDITATION COUNCIL

NOTE 3 SURPLUS/(DEFICIT)

	2012	2011
	\$	\$
The operating deficit for the year has been determined after the following expense:		
Superannuation contributions	203,848	104,781
Remuneration of auditor:		
• Audit of financial statements including assistance in preparation of financial statements	19,014	20,000
• Prior year under/(over) accrual	(500)	3,645
• Assistance in preparing 3-year budget models and business plan	-	8,071
• FBT and workers' compensation	897	-
• Other assistance and advice	1,400	3,810
• Assistance with management framework implementation	15,000	-
• Review of operational costing and chart of accounts	-	30,000
	35,811	65,526

NOTE 4 CASH AND CASH EQUIVALENTS

Cash at bank and on hand	287,153	249,157
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NOTE 5 TRADE AND OTHER RECEIVABLES

Sundry debtors and accrued income	826,625	342,644
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\$130,625 of the above receivables are overdue. None of these are considered to be impaired. \$696,000 of the receivables are neither overdue or impaired.

NOTE 6 INVENTORIES

Stock— at cost	-	198
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NOTE 7 OTHER ASSETS

Rental bond	34,117	31,998
Accrued interest	13,806	9,177
GST	18,198	15,849
Prepayments	31,798	105,352
	97,919	162,376

NOTE 8 FINANCIAL ASSETS

	2012	2011
	\$	\$
Held-to-maturity investments	1,020,152	407,063

The held-to-maturity investments are made up of term deposits with terms to maturity ranging from approximately 6 months to 9 months.

NOTE 9 PLANT AND EQUIPMENT

Furniture and fittings—at cost	26,940	55,413
Less: Accumulated depreciation	(11,087)	(33,121)
	15,853	22,292
Plant and equipment—at cost	191,387	268,029
Less: Accumulated depreciation	(75,703)	(217,538)
	115,684	50,491
Software—at cost	20,657	78,851
Less: Accumulated depreciation	(8,832)	(76,785)
	11,825	2,066
	143,362	74,849

Depreciation rates and methods

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

AUSTRALIAN NURSING AND MIDWIFERY ACCREDITATION COUNCIL

b) Movements in carrying amounts

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

	Furniture and fittings at cost	Plant and equipment at cost	Software at cost	Total
Balance at 30 June 2011	22,292	50,491	2,066	74,849
Additions	1,441	114,053	12,727	128,221
Disposals/write offs	-	-	-	-
Depreciation expense	(7,880)	(48,860)	(2,968)	(59,708)
Carrying amount at 30 June 2012	15,853	115,684	11,825	143,362

NOTE 10 TRADE AND OTHER PAYABLES

	2012	2011
	\$	\$
Trade creditors, accruals and other	63,891	163,789
Payroll liabilities	63,962	74,321
GST payable	29,958	10,025
	157,811	248,135

NOTE 11 PROVISIONS

Current

Employee benefits—annual leave	168,030	38,442
Employee benefits—long service leave	93,673	7,148
	261,703	45,590

Non-current

Employee benefit—long service leave	30,703	45,329
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NOTE 12 OTHER LIABILITIES

Income in advance	1,586,450	520,044
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NOTE 13 KEY MANAGEMENT PERSONNEL COMPENSATION

The aggregate remuneration paid to key management personnel (including Directors) during the financial year is as follows:

Total key management personnel compensation	608,284	480,906
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In addition to the above compensation, ANMAC paid Association Liability Insurance of \$6,316 (2011: \$6,316), which includes directors' and officers' liability insurance.

NOTE 14 RELATED PARTY DISCLOSURES

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.

NOTE 15 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:

		2012	2011
		\$	\$
	Notes		
Financial Assets			
Cash and cash equivalents	4	287,153	249,157
Loans and other receivables	5	826,625	342,644
Held-to-maturity investments	8	1,020,152	407,063
Total Financial Assets		2,133,930	998,864
Financial Liabilities			
Trade and other payables	10	127,853	238,110
Total Financial Liabilities		127,853	238,110

AUSTRALIAN NURSING AND MIDWIFERY ACCREDITATION COUNCIL

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.

NOTE 16 LEASING COMMITMENTS

Operating Lease Commitments

	2012	2011
	\$	\$
Payable:		
Less than 1 year	222,870	113,050
More than 1 year but less than 5 years	238,482	131,892
	461,352	244,942

The operating lease is related to the office premises.

NOTE 17 CONTINGENT LIABILITIES

ANMAC has no contingent assets or contingent liabilities at year end.

NOTE 18 EVENTS AFTER THE REPORTING PERIOD

These financial statements were authorised for issue by the Directors on the date of signing the attached Report by the Directors. The board of directors have 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.

NOTE 19 SEGMENT REPORTING

ANMAC is the independent accreditation authority for the nursing and midwifery profession under the National Registration and Accreditation Scheme.

NOTE 20 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 for a period of at least three years from 1 July 2011. Without this funding, ANMAC will be unable to undertake the accreditation role.

DIRECTORS' DECLARATION

The Directors declare that the financial statements comprising the attached Statement of Financial Position, Statement of Comprehensive Income, Statement of Changes in Equity, Statement of Cash Flows and Notes to the Financial Statements:

- (a) comply with Accounting Standards - Reduced Disclosure Requirements, the Corporations Regulations 2001 and other mandatory professional reporting requirements; and
- (b) give a true and fair view of ANMAC's financial position as at 30 June 2012 and of its performance, as represented by the results of its operations and its cash flow, for the financial year ended on that date.

In the Directors' opinion:

- (a) the financial statements and notes are in accordance with the Corporations Act 2001; and
- (b) 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 Directors dated 14 August 2012.



Professor Jill White
Chair
14 August 2012
Canberra ACT



Ms Lee Thomas
Deputy Chair



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

We have audited the accompanying financial statements of Australian Nursing and Midwifery Accreditation Council Limited (ANMAC), which comprise the statement of financial position as at 30 June 2012, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the directors' declaration.

Directors' Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on the financial statements based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial statements.

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

Duesburys Nexia
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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Independence

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

Auditor's Opinion

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

- (i) giving a true and fair view of ANMAC's financial position as at 30 June 2012 and of its performance for the year ended on that date; and
- (ii) complying with Australian Accounting Standards – Reduced Disclosure Requirements and the Corporations Regulations 2001.

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

Duesburys Nexia
Canberra, 14 August 2012

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

Garry Murphy
Partner

ANNEX A—MEMBERSHIP OF ANMAC COMMITTEES

This annex lists the chairs and members of ANMAC's committees. The committees are listed in alphabetical order.

Accreditation Advisory Committee

CHAIR

Professor Jill White—Chair, ANMAC; Deputy Chair, Council of Deans of Nursing and Midwifery, New South Wales

MEMBERS

Ms Robyn Coulthard—Policy Officer, Congress of Aboriginal and Torres Strait Islander Nurses, Queensland

Professor Patrick Crookes—Dean, Faculty of Health & Behavioural Sciences; Head, School of Nursing, Midwifery & Indigenous Health, University of Wollongong, New South Wales

Ms Leone English—ANMAC Director; Dean, Faculty of Health Science & Community Studies, Holmesglen Institute, Melbourne, Victoria

Professor Glenn Gardner—Professor of Clinical Nursing, Queensland University of Technology; Director of The Centre for Clinical Nursing, Royal Brisbane & Women's Hospital, Queensland

Ms Joanna Holt—Community Director, ANMAC, Australian Capital Territory

Ms Louise Horgan—Member, Nursing and Midwifery Board of Australia, Victoria

Professor Robert Meyenn—ANMAC Director (appointed August 2011); Professor of Education, Charles Sturt University, New South Wales

Ms Robyn Parkes—Chair, Enrolled Nurse Committee, ANMAC (on extended leave until her death in December 2011); Principal Project Nursing Midwifery, Clinical Learning, Education and Research, Nursing and Midwifery Office of South Australia Health, South Australia

Mr Gordon Poulton—Director of Accreditation, ANMAC, Australian Capital Territory (until December 2011)

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

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

Adjunct Professor Debra Thoms—Chief Nursing and Midwifery Officer (until April 2012), New South Wales Department of Health, New South Wales; Chief Executive Officer, Australian College of Nursing (from May 2012), Australian Capital Territory

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

Enrolled Nurse Accreditation Committee

CHAIR

Ms Robyn Parkes—Chair, Enrolled Nurse Committee, ANMAC (on extended leave until her death in December 2011); Principal Project Nursing Midwifery, Clinical Learning, Education and Research, Nursing and Midwifery Office of South Australia Health, South Australia

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

MEMBERS

Dr Christine Manwarring—Faculty Director, Community, Health and Personal Services, TAFE NSW, South Western Sydney Institute, New South Wales

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

Ms Janet Blandford—Vice President, National Enrolled Nurse Association of Australia, Australian Capital Territory

Ms Robin Girdle—Clinical Facilitator, Clinical Leadership Program, Clinical Excellence Commission, South Eastern Sydney and Illawarra Shoalhaven local health districts, New South Wales

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

Finance, Audit and Business Committee

CHAIR

Ms Debra Cerasa—ANMAC Board Member; Chief Executive Officer (until October 2011), Royal College of Nursing, Australia, Australian Capital Territory

Adjunct Associate Professor Fiona Stoker—ANMAC Board Member (from November 2011); Chief Nurse, Chief Nurse and Allied Health Office Department of Health and Human Services, Tasmania

MEMBERS

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

Mr Greg Sam—Community Director, ANMAC, Australian Capital Territory

Adjunct Associate Professor Fiona Stoker—ANMAC Board Member; Chief Nurse, Chief Nurse and Allied Health Office, Department of Health and Human Services, Tasmania

Ms Paula Elliott—ANMAC Board Member (from November 2011); Vice President, Royal College of Nursing, Australia, Australian Capital Territory

Ms Eileen Jerga—Community Director, ANMAC (from November 2011), Australian Capital Territory

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

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

Governance Committee

CHAIR

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

MEMBERS

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

Ms Debra Cerasa—ANMAC Board Member (until October 2011); Chief Executive Officer, Royal College of Nursing, Australia, Australian Capital Territory

Ms Paula Elliott—ANMAC Board Member (from November 2011); Vice President, Royal College of Nursing, Australia, Australian Capital Territory

Associate Professor Fiona Stoker—ANMAC Board Member; Chief Nurse, Chief Nurse and Allied Health Office, Department of Health and Human Services, Tasmania

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

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

International Consultative Committee

CHAIR

Dr Rosemary Bryant—ANMAC Director; Chief Nurse and Midwifery Officer, Emeritus Director of Nursing, Australian Government Department of Health and Ageing, Australian Capital Territory

MEMBERS

Mr Michael Willard—Director, Points Based Skilled Migration Policy, Migration and Visa Policy Division, Australian Government Department of Immigration and Citizenship, Australian Capital Territory

Ms Margaret Proctor—Director, Educational & Professional Recognition Unit, International Cooperation Branch, International Group, Australian Government Department of Education, Employment and Workplace Relations, Australian Capital Territory

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

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

Mr Nick Blake—Senior Industrial Officer, Australian Nursing Federation Federal Office, Australian Capital Territory

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

Dr Sally Pairman—Chair, Midwifery Council of New Zealand, Wellington, New Zealand

Ms Tracey Osmond—Chief Executive Officer, The College of Nursing, New South Wales

Ms Anita Phillips—ANMAC Community Director (until November 2011), Australian Capital Territory

Professor Robert Meyenn—ANMAC Director (appointed November 2011); Professor of Education, Charles Sturt University, New South Wales

Ms Anne Eaton—Midwife Link Academic and Lecturer, Central Queensland University, Queensland

Ms Claire Austin—(appointed December 2011), Executive Director, International Health Professionals, Health Workforce Australia, South Australia

Nurse Practitioner Accreditation Committee

CHAIR

Professor Glenn Gardner—Professor of Clinical Nursing, Queensland University of Technology; Director of The Centre for Clinical Nursing, Royal Brisbane & Women's Hospital, Queensland

MEMBERS

Dr Tom Buckley—Co-ordinator Master of Nursing (Nurse Practitioner), Faculty of Nursing, The University of Sydney, New South Wales

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

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

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

Ms Sally Hampel—Nurse Practitioner, Eastern Mental Health Service, Adelaide Metropolitan Mental Health Directorate, South Australia

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

Associate Professor Greg Kyle—Head of Discipline of Pharmacy, Faculty of Health, University of Canberra, Australian Capital Territory

Midwifery Accreditation Committee

CHAIR

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

MEMBERS

Professor Caroline Homer—Professor of Midwifery, Director of Centre for Midwifery, Child and Family Health, Faculty of Health, University of Technology, New South Wales

Ms Sue Kruske—Associate Professor, Maternal and Child Health, Charles Darwin University, Northern Territory

Ms Janice Butt—Coordinator Midwifery Education, King Edward Memorial Hospital & Associate Director, Midwifery, School of Nursing and Midwifery, Curtin University, Western Australia

Dr Joanne Gray—Associate Dean (Teaching and Learning), Faculty of Nursing, Midwifery and Health, University of Technology, New South Wales

Ms Patrice Hickey—Midwifery Group Practice Mentor, Sunshine Hospital, Victoria

Ms Cathy Styles—Nursing & Midwifery Service Director, Women's and Family Service Group, Sunshine Coast Hospital and Health Service, Queensland

Associate Professor Greg Kyle—Head of Discipline of Pharmacy, Faculty of Health, University of Canberra, Australian Capital Territory

Registered Nurse Accreditation Committee

CHAIR

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

MEMBERS

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

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

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

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

Ms Shelley Nowlan—District Executive Director of Nursing Services, Central Queensland Health Service District, Queensland Health, Queensland

Research, Innovation and Policy Committee

CHAIR

Ms Lee Thomas—Federal Secretary, Australian Nursing Federation, Federal Office, Australian Capital Territory

MEMBERS

Ms Therese Findlay—ANMAC Community Director, Australian Capital Territory

Ms Leone English—ANMAC Director; Dean, Faculty of Health Science, Community Studies and Education, Holmesglen Institute, Victoria

Ms Leonie Burdack—Committee Member, Australian College of Nurse Practitioners, New South Wales

Ms Kathleen McLaughlin—Deputy Chief Executive Officer, Operations and Professional Services Director, Royal College of Nursing, Australia, Australian Capital Territory

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

Professor Jill White—ANMAC Chair; Deputy Chair, Council of Deans of Nursing and Midwifery

Adjunct Associate Professor Catherine Stoddart—Chief Nursing and Midwifery Officer of Western Australia, Department of Health, Western Australia

Ms Janet Blandford—Vice President, National Enrolled Nurse Association of Australia, Australian Capital Territory

Ms Melissa Brown—Representative, Australian College of Midwives, Head Office, Australian Capital Territory

