



Australian  
**Nursing & Midwifery**  
Accreditation Council

**Annual Report 2019-20**

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ISBN: 978-0-1234567-8-9

Published by the Australian Nursing and Midwifery Accreditation Council (ANMAC), Canberra, September 2016.

This document is online at [www.anmac.org.au/publications](http://www.anmac.org.au/publications)

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# About us

## Who we are

The Australian Nursing and Midwifery Accreditation Council (ANMAC) is a not-for-profit public company limited by guarantee.

ANMAC assists in protecting the health and safety of the Australian community as the external accreditation entity appointed by the Nursing and Midwifery Board of Australia (NMBA) to undertake nominated accreditation functions for nursing and midwifery under the *National Health Practitioner Regulation National Law ACT 2009 (QLD)* (the National Law).

ANMAC is also the skills assessing authority for nurses and midwives seeking to migrate under the Australian Government's General Skilled Migration program.

## Our vision

We aspire for a world where all communities receive best practice care from the nursing and midwifery professions.

## Our mission

We take the lead to:

- develop and implement evidence-based standards for the accreditation of education programs for nurses and midwives.
- determine the capability of internationally qualified nurses and midwives to practice in the Australian context.

## Our values

ACCOUNTABILITY	EXCELLENCE	INCLUSION	INTEGRITY	LIFELONG LEARNING
 <p>We do what we say we will do. • We are responsible for our actions.</p>	 <p>We expect the best from ourselves and each other.</p>	 <p>We respect and value the diversity of others and benefit from many points of view</p>	 <p>We do the right thing. • We are committed to the highest ethical standards.</p>	 <p>We share knowledge and expertise and are responsive to new challenges and opportunities</p>

## Our strategic objectives

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

Our five strategic objectives for 2018–21 are:

1. Provide quality evidence-based standards, accreditation and assessment
2. Improve Aboriginal and Torres Strait Islander health
3. Strong governance and compliance framework
4. Effective stakeholder engagement
5. Securing our future.

Our core business functions are split into two main areas—Accreditation Services and Skilled Migration Services. Each area has its own role. By fulfilling their roles these areas support us to provide quality evidence-based standards, accreditation and assessments.

### ACCREDITATION SERVICES

As the external accreditation entity accreditation appointed by the NMBA, under the National Registration and Accreditation Scheme (the Scheme), ANMAC is required to exercise accreditation functions with regard to the objectives and guiding principles of the National Law.

ANMAC's role within the Scheme is to:

- exercise assigned accreditation functions
- publish how we exercise accreditation functions
- develop accreditation standards
- assess and accredit programs of study and education providers
- monitor approved programs of study.

#### Accreditation functions

- develop and review accreditation standards for nursing and midwifery programs of study in Australia
- determine whether programs of study for nurses and midwives seeking to practice in Australia meet required education standards
- develop, review and provide policy advice on accreditation and nursing and midwifery education
- liaise with national and international professional bodies, regulators and educators on matters relating to standards of education and practice
- establish standards for nursing and midwifery education, training and assessment

- consult with stakeholders to develop accreditation standards.

### SKILLED MIGRATION SERVICES

ANMAC's Skilled Migration Services assesses the skills of nurses and midwives who want to migrate to Australia under the Australia Government's General Skilled Migration program. In doing so, ANMAC:

- assesses the skills of nurses and midwives for general migration purposes
- determines whether nurses and midwives seeking to practice in Australia have completed programs of study that meet required accreditation standards
- assesses international qualified nurses and midwives seeking to work in Australia under the General Skilled Migration program
- develops, reviews and provides policy advice on skilled migration of nurses and midwives to relevant organisations.

# Major achievements 2019–2020

## ACCREDITATION SERVICES



NUMBER OF PROGRAMS  
OF STUDY ACCREDITED



179

Number of assessed  
changes to accredited  
programs of study



PUBLISHED  
ONLINE  
GLOSSARY  
OF TERMS



Registered Nurse  
Accreditation  
Standards and  
essential evidence

PUBLISHED NOVEMBER 2019



Re-entry to the  
Register Enrolled  
Nurse Accreditation  
Standards

PUBLISHED APRIL 2020

Continue  
the review of  
the Midwife  
Accreditation  
Standards



## SKILLED MIGRATION SERVICES

**7790**  
Applications received

**COMPLETED 6984 APPLICATIONS**



Processed an average of 30 applications daily

**DECREASING WAIT TIMES TO 3-4 WEEKS**



**PROVIDED PROCESS UPDATES AND FEEDBACK AT MIGRATION LAW EVENTS**



Facilitated first face-to-face meeting of the Assessing Authorities Network

**SEPTEMBER 2019**

## OTHER



Provided online Cultural Competency and Aboriginal and Torres Strait Islander cultural training to all staff

**CONTINUE DEVELOPMENT OF INNOVATE RAP**



Presented at the Council on Licensure, Enforcement and Regulation Conference

**MINNEAPOLIS USA**



Endorsed the National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020–2025



Facilitated a session regarding micro credentialing at the Global Workforce Symposium in Istanbul

# Message from the Chair

2020 has been challenging for the whole of Australia living and working through the coronavirus pandemic.



**Professor Wendy Cross**  
ANMAC Board Chair

The presence of the virus in the community has affected the care provided to everyone and I would like to send a special thank you to all health workers on the front line. The nurses and midwives who have continued to provide health care in challenging environments are a testament to their education and preparation. ANMAC has worked closely with the Nursing and Midwifery Board of Australia (NMBA) and our stakeholders to support students through their courses while maintaining the integrity and quality of education that Australia is proud to deliver.

The World Health Organization (WHO) declared that 2020 would be the International Year of the Nurse and the Midwife and what a year this has been to celebrate nursing and midwifery! It is timely that the WHO is bringing the world's attention to Nurses and Midwives and our professions' contribution to the care of the community and especially during the pandemic. There are a number of nurses who have travelled across the country to assist where their expertise is required. We should be very proud of who we are and what nurses and midwives contribute to the Australian and the global community. ANMAC's nursing and midwifery staff are equally proud to be recognised through the *international year* and have shared their reflections on what it means to be a nurse and midwife. I invite you to read that section in this report.

I am privileged to be addressing you in this message from the Chair, a role I have taken on in the interim since the Chair, Ann Kinnear, stepped down from the role in February 2020. Ann first took the helm as Chair of the ANMAC Board in October 2015 and was reappointed in 2018. On behalf of the Board, I would like to thank Ann for her active contribution, guidance and strategic leadership over the last six years. Ann resigned from the Board at the end of July to take up a role with the International Council of Midwives.

ANMAC continues to progress work on the five strategic objectives in the Strategic Plan 2018–2021. We continued the development of nursing and midwifery accreditation standards and published the Registered Nurse Accreditation Standards (2019) and Re-entry to the Registered Enrolled Nurse Accreditation Standards (2020). ANMAC consulted widely with stakeholders during the review of the Registered Nurse Accreditation Standards to move to a five-standard framework, reducing duplication and aligning more closely with accreditation standards of other accreditation authorities. The Midwife Accreditation Standards review continues, and we look forward to the publication of these standards in the coming year.

We acknowledge the important part our stakeholders play in the development and review of nursing and midwifery accreditation standards. The feedback captured from stakeholders in the numerous consultation rounds ensures that nursing and midwifery accreditation standards remain contemporary and in line with best practice. I thank everyone for participating in the consultation and providing valuable feedback.

We also increased communication to Education Providers regarding the COVID-19 pandemic and worked with the NMBA to deliver this message. ANMAC has released communiques for the information of education providers and accreditation assessors. ANMAC continues to work with the NMBA to disseminate information about COVID-19. Our stakeholder engagement this year has had a strong focus on helping our education providers navigate the effects of the COVID-19 pandemic. We collaborated with the NMBA to resolve issues for the education of nurses and midwives related to the pandemic to ensure ongoing graduate outcomes and public safety. We have communicated closely with our team of assessors and education providers through our website, emails and joint communiques with the NMBA.

In February 2020, we were proud to endorse support for the National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025. Board Chair, Ann Kinnear, and the CEO attended the launch of the Strategy at the combined meeting of AHPRA, National Boards and accreditation authorities. The Strategy initiatives aim to produce consistency and quality improvement in matters of Aboriginal and Torres Strait Islander health and cultural safety across the National Scheme. This is something we are very keen to promote within ANMAC to further our strategic objective.

The continued achievement of our strategic objectives is due to the leadership and commitment of our Chief Executive Officer, Fiona Stoker. I sincerely thank Fiona and her staff for all that they do to protect the health and safety of the Australian Community through the work of ANMAC in education, accreditation and Skilled Migration Services.

I thank the members of our accreditation committees who undertake the valuable work of ANMAC, contributing to the quality and safety the Australian community receives through the services of nurses and midwives. I also thank the Chair of our accreditation committees: Julie Fereday and Virginia Stanley, Enrolled Nurse Accreditation Committee; Professor Philip Della, and Professor Jane Conway, Registered Nurse Accreditation Committee; Associate Professor Michelle Newton, Midwife Accreditation Committee; Associate Professor Haakan Strand, Nurse Practitioner Accreditation Committee.

And last, but not least, I would like to acknowledge and thank the support and leadership of my fellow Board Directors, in particular the Chair of the Governance Committee, Karen Taylor, who stepped down from the Board in April this year and Ros Jackson, the Chair of the Finance, Audit and Risk Committee.

ANMAC remains committed to providing high value and high-quality services for education providers and overseas applicants. We look forward to another year of innovation and to continue to deliver quality improvements for the benefit of our stakeholders.



**Professor Wendy Cross**  
**ANMAC Board Chair**

# Chief Executive Officer's message

This year has been extraordinary. In summer we watched, in total disbelief, the bushfires affecting so many communities across Australia. Just as we thought we were through the worst of that tragedy, we found ourselves on the precipice of the COVID-19 pandemic.



**Clinical Professor Fiona Stoker**  
Chief Executive Officer

When the Australian Government enacted the first measures to Australia's response to the pandemic, declared by the World Health Organization on 12 March, ANMAC was ready to act. I am extremely proud of our team's agility and preparedness to ensure our business has continued uninterrupted.

Importantly, this enabled us to focus on assisting our stakeholders as they too faced the many implications presented by COVID-19.

Our task was to respond in our role as regulator, while being empathic to the pressures education providers face. We have worked closely with the NMBA and Council of Deans of Nursing and Midwifery, to find flexible and workable solutions to balance the impact of COVID-19, while continuing to operate within the National Law. We have shared our learnings with other accreditation councils through the Accreditation Liaison Group.

Such matters have worked their way through our daily operations. Despite the inevitable interruptions, we continued to progress business as usual.

Our Skilled Migration Services saw a 35 per cent increase in applications from 2018–19 (5496) to 2019–20 (7790). This required the team to increase productivity while maintaining quality. The team processed approximately 30 applications a day, and 6984 were assessed and completed during the reporting year. This productivity increase did not have a negative impact on the wait time for applicants. I am pleased to report that this was consistently maintained at three to four weeks, making ANMAC's skilled migration assessment record outstanding.

Accreditation Services had a busy year completing 29 accreditations, another example of outstanding performance. Since the start of COVID-19, the Accreditation Services team had to implement new ways to ensure programs continued to be assessed. The team has adapted well and is using technology to carry out virtual site visits with education providers. We also continued to monitor 187 accredited programs to ensure they continue to meet relevant accreditation standards.

The Accreditation Services team has also been busy reviewing and developing accreditation standards. We published the Registered Nurse Accreditation Standards and essential evidence in November 2019. These accreditation standards are the first to move from ANMAC's nine-standard framework to our five-standard framework. Moving to the five-standard framework has reduced duplication within the standards and between other regulatory authorities. They also align with the accreditation standards used by other health professions.

The new framework is based on the following five standards:

1. safety of the public
2. governance
3. program of study
4. student experience
5. student assessment.

In April 2020, the Accreditation Services team published the Re-entry to the Register Enrolled Nurse Accreditation Standards. The team also progressed the review of the Midwife Accreditation Standards. Thank you to Professor Joanne Gray for chairing the Midwife Accreditation Standards Professional Reference Group and to Adjunct Associate Professor Jan Taylor for her work on developing the Registered Nurse and Registered Midwife Accreditation Standards. During the reporting year we closed the first round of consultation for the Midwife Accreditation Standards in July 2019 and began the second round in November 2019.

We continued progressing work on delivering our strategic objective to

improve Aboriginal and Torres Strait Islander health. In February 2020, I attended the combined meeting of AHPRA, National Boards and accreditation authorities, where the National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020–2025 was launched with the support of AHPRA, the Health Profession National Boards and accreditation authorities. We look forward to progressing the strategy's initiatives during the next five years. ANMAC's RAP Working Group continued to develop our Innovate RAP, to be launched at the end of 2020.

To share our knowledge and expertise on accrediting nursing and midwifery education programs in Australia, we attended two international conferences. In September 2019, I attended the Council on Licensure, Enforcement and Regulation Conference held in Minneapolis, United States, with Dr Margaret Gatling, Director of Accreditation Services. We presented on dual regulation in the vocational education and training sector.

In December 2019, I participated on the conference program committee for the Global Workforce Symposium, instigated by the World Health Organization and Foundation for Advancement of International Medical Education. I facilitated a session on micro credentialing at the symposium in Istanbul, Turkey.

Work began on the second interprofessional colloquium scheduled for May 2020, to be jointly hosted by the Australian Pharmacy Council. The colloquium is designed to respond to the NMBA's strategic pillar of promoting shared understanding and opportunities for engagement between professions. Sadly, the arrival of COVID-19 stopped our preparations. We look forward to hosting the colloquium in May 2021, especially since the challenges we are all facing with COVID-19 have made our topics—burn out, mental health and shifting mindsets—even more relevant.

I thank ANMAC staff for continuing to deliver our strategic and operational objectives during this time of incredible uncertainty. We have demonstrated our capacity to plan, prepare and act in unprecedented circumstances.

Looking towards a brighter future, we will continue to work with our stakeholders next financial year, to ensure Australia continues to offer quality education for nurses and midwives.



Clinical Professor Fiona Stoker  
Chief Executive Officer

# 2020 International Year of the Nurse and the Midwife

The World Health Organization declared 2020 as the International Year of the Nurse and the Midwife. This year provides an opportunity for the world to celebrate the work of our nurses and midwives who make up half the global health workforces. Nurses and midwives devote their lives to caring for mothers and children, giving lifesaving immunizations and health advice, looking after older people and meeting the everyday essential health needs.

At ANMAC we pride ourselves on the work our nursing and midwifery staff do to protect the health and safety of the Australian Community through the accreditation of nursing and midwifery education programs and the assessment of international nurses and midwives seeking to migrate to Australia and enter the nursing and midwifery workforce.

To recognise the International Year of the Nurse and the Midwife we would like to highlight the wealth of knowledge and experience of our professional team.



**Mary-Grace Bingham**

**I am the newest appointment to ANMAC as the nursing and midwifery professional officer working to the Office of the CEO.**

I graduated from the second cohort of college trained registered nurses in South Australia and quickly settled into country nursing. As rural nurse, I quickly realised a qualification in midwifery was fundamental for country practice. I then complemented this with a certificate in neonatal intensive care received from the King Edward Memorial Hospital for Women (Perth). My passion for working in the rural and remote areas continued and I progressed on to work in the Alice Springs Community Health. More recently, I have managed a small rural procedural health service in country South Australia before taking on a project for the national health regulator, Ahpra and the NMBA, auditing all privately practising midwives who supported home birthing in Australia. This was a definite career high light and I supported this by undertaking my Masters of Primary Maternity Care at the Griffith University. I am excited with the recent maternity care reform in Australia, including caseload midwifery care which ensures continuity of care that is safe and is women centred enabling women to make their own choices in where they choose to birth.

2020  
INTERNATIONAL  
YEAR OF THE  
NURSE AND  
THE MIDWIFE



### Melissa Cooper

**Following the completion of a bachelor of nursing and initial registration in 1998, I achieved my dream of travelling and working in diverse health care settings overseas.**

Upon my return to Australia and over those many years after early transition to practice, I was blessed with two beautiful boys and worked as an acute health service clinician, educator and executive. From 2007, I commenced as a senior regulatory advisor and associate director/project lead contributing to the development, review and implementation of standards, policy and principles which inform Australian accreditation and regulatory frameworks governing health practitioners, particularly those who gained their qualifications and experience offshore. Each role was supported through the completion of a post graduate certificate, diploma and master's degree in education.

At the beginning of 2017, I was awarded an Australian Government Research Training Program, Faculty of Health and Medical Sciences Divisional Scholarship and commenced a Doctor of Philosophy at the Adelaide Nursing School within the University of Adelaide. My interest and research area relates to national and international program accreditation and regulatory requirements for health professionals, including nurses and midwives. In mid-2017, I also made the difficult, yet personally and professionally important, decision to return to clinical practice within Central Adelaide Local Health Network. Whilst incredibly challenging, this return provided a humbling reminder of what faces our graduate nurses and midwives, both domestic and international, when entering and navigating health care settings across Australia

### Wayne Johnston



**I trained as a nurse at the Royal Brisbane Hospital and after graduating I worked at the Royal Brisbane and Mater Public Hospitals mainly in Oncology and Accident and Emergency before moving into nursing education.**

I moved to Bendigo in Victoria in the late 1980s to further my career, and one of the highlights was working as the Victorian Blood Borne Educator where I travelled all over the state providing education to all who requested it. This was at the height of the AIDS crisis. I met an amazing group of people and it flamed an intense long standing passion for infection control and infectious diseases. I was fortunate to also work at the Nurses Board of Victoria as a Nurse Adviser where I developed an ongoing commitment to regulation. I feel my role at ANMAC complements my aim to assist nurses in providing safe, competent, high quality care to their clients.

# NURSE AND THE MIDWIFE

## Julie Watts

**My career began at St Vincent's Hospital Melbourne where my love of neuroscience was nurtured, and support was provided to further my studies in neuroscience at New Addenbrookes Hospital, Cambridge England.**

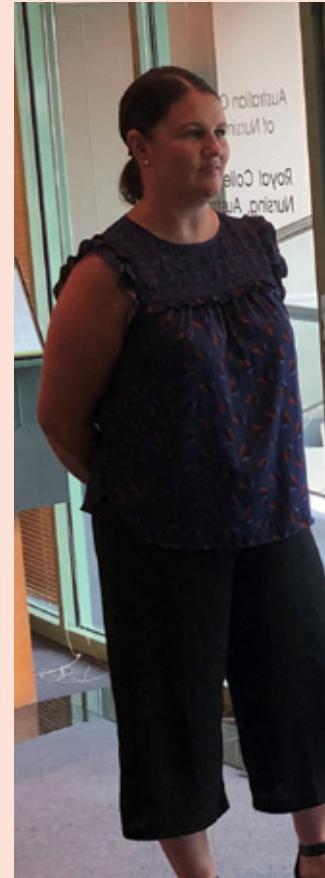


I spent a number of years consolidating my clinical experience and working as a Nurse Unit Manager of a neurosurgical unit. Building on this strong clinical foundation, I have held a variety of roles across the areas of hospital-based nursing education, management, regulation, clinical educator, University lecturer, Nurse Policy Officer (NBV) and Associate Director Accreditation Services (ANMAC). I feel fortunate that my nursing life has afforded me the opportunity to experience, and deeply value the profession of nursing, as well as meet some remarkable people that continue to reinforce my belief that the individual nurturing and support I was given in my formative years should always remain at the heart of nursing education.

## Kath Baird

**I graduated from the University of Canberra in 2000 and began my nursing career at St. Vincent's Public Hospital in Sydney.**

My experience spans across critical care, oncology and surgical nursing environments as well as management and education, and have spent time working in ICU's, emergency departments, mixed-speciality wards and university classrooms both in Australia and overseas. Today in my role as manager of Skilled Migration Services I am privileged to play a part in the Australian nursing and midwifery workforce of the future. I am also close to completing a Masters of Business Administration (MBA) which I plan to use at a strategic level leading healthcare in Australia.





### Bridget Roache

**Like many people my generation,  
I am a hospital qualified  
Registered Nurse and Midwife  
with extensive experience in  
post-operative cardiothoracic,  
coronary care, maternity care  
and child birth education**

I chose to specialise in global initiatives for infant and maternal health and while living in the Middle East I worked in private practice as a midwife, child birth educator and lactation consultant. I have worked for the World Health Organization consulting on infant and young child feeding in the United Arab Emirates, Bahrain, Kuwait and Oman. Upon returning to Australia I worked for Queensland Health as a project manager implementing changes to maternity and primary health care services such as the global Baby Friendly Hospital Initiative and midwifery models of care. Two highlights of Bridget's career, among many, include being awarded the International Board of Lactation Consultant Examiners volunteer of the year (2001) and as first in family when, in 2015 completing my master thesis investigating maternity reforms.



### Jackie Doolan

**I started my career as a nurse in the seventies,  
which allowed me to travel Australia by way of  
exciting work adventures.**

Being a nurse and working with diverse groups of people showed me that the attributes of kindness and empathy are as important as high level nursing knowledge and skills. Thirty four years ago I became a midwife and undertook my training in Scotland, renown for Maggie Myles, whose books I now collect. The best thing about nursing and midwifery is that it requires you to commit to lifelong learning. My learning curve has included developing practice in clinical, education, management and regulation. I draw on this experience when working at ANMAC to promote quality education for our future nurses and midwives. As the end of my career fast approaches, I reflect on how nursing and midwifery practice has added meaning to my life.

## Wendy Penney

**I developed a passion for orthopaedic nursing and rehabilitation before the inception of mandatory seatbelts.**

So, I have been a nurse for a long time. Moving from hospital to community health enabled me to foster a love of palliative care and I had the privilege of caring for many people who were able to die at home. What was meant to be a temporary move to teaching became a long and fulfilling academic career including three years as a student and a PhD. Without the tumultuous journey of working in the higher education sector, punctuated by stints back in practice managing quality and risk I would not be in the position I am today. I have to admit working as an Associate Director at ANMAC is a highlight of my career as I am able to put into practice all I have learnt over the last 45 years and still learn so much more.



## Margaret Gatling

**I trained as a nurse in Guys Hospital, London and immediately after as a midwife in Southampton.**

My absolutely favourite position was as a community midwife in rural Hampshire. What a great job that was: being with women and their families on the exciting journey towards welcoming their new baby in the world....and getting to drive around in my Morris Minor with my state of the art walkie talkie radio that was as big as a laptop. I'm still not sure why boiling copious amounts of water seemed to be main feature of every home birth I attended. It was always handy for a celebratory cup of tea though.



## **Sarah Couch**

**I began nursing as one of the first cohort of university educated nurses and spent my early years in oncology and neurosurgery before returning to study and completing qualifications in midwifery.**

Working in a large metropolitan hospital as a midwife, taught me about providing kind and compassionate care for women and their babies, this influenced my approach to safety and quality in health care. Several years later, I began teaching in higher education and developed new skills to support students to find their way of providing kind and compassionate care that is safe and high quality. Now at ANMAC as an Associate Director, safety and quality continues to be an important aspect of my role, focusing on quality education to prepare safe, capable, compassionate and kind new graduates. Nursing and midwifery has provided me with opportunities for personal and professional growth and to make a worthwhile contribution to the world in which we live.



# 2020 INTERNATIONAL YEAR OF THE NURSE AND THE MIDWIFE

# Our organisation

## Office of the Chief Executive Officer

Our Office of the Chief Executive Officer team drives high-performance across ANMAC. It is responsible for operationalising our strategic objectives and initiatives, set by the ANMAC Board to achieve our agreed mission.



**From left:** Jane Yang, Sarah Ross, Fiona Stoker, Georgina Fargher, Taryn Duggan

**Below:** Mary-Grace Bingham

We take the lead to:

- develop and implement evidence-based standards for the accreditation of education programs for nurses and midwives
- determine the capability of internationally qualified nurses and midwives to practice in the Australian context.

To achieve our mission, we deliver strategic initiatives by working cooperatively with the ANMAC Board, staff, committee members and stakeholders.

A key component of our work is to ensure we provide the ANMAC Board and Board Committees with comprehensive and timely information to inform effective decision making. To support the Board with its functions, we provide it and its committees with high-level Secretariat support.

The Office of the CEO is responsible for communicating with stakeholders on behalf of ANMAC and the ANMAC Board. In response to COVID-19, we increased communication with our education providers during the year—face-to-face and through communiques—to help them navigate changes to their nursing and midwifery programs in response to the impacts of the pandemic.

We are also responsible for fulfilling our reporting obligations to the NMBA and Ahpra to provide some of our funding. During the year our reporting model changed to focus on key performance indicators set by Ahpra, comprising these 10 strategic or operational KPIs:

1. cultural safety
2. safety and quality
3. reducing regulatory burden and increasing consistency
4. funding and fee setting principles
5. governance
6. independence
7. operational management processes and risk assessment framework
8. accreditation standard review
9. process for accreditation of programs of study and providers
10. stakeholder collaboration.

The Office of the CEO team is also responsible for using tactical promotional strategies to optimise digital marketing platforms to grow our brand awareness and create a better understanding of our role within the nursing and midwifery professions. We achieve this through these four strategies:

1. use social media sites to extend our digital reach
2. enhance our newsletter for more engagement
3. revise and revitalise our website to strategically align with other tactical promotional channels
4. increase our presence across the nursing and midwifery professions.

## OFFICE OF THE CHIEF EXECUTIVE OFFICER TEAM

In December 2019, we farewelled Jane Yang, Marketing and Communications Officer. Georgina Fargher, Board and Committees Secretariat joined the team at the start of 2019–20 to support the ANMAC Board and Board Committees and provide administrative and secretariat support to the Executive Officer for the Australian Osteopathic Accreditation Council. Mary-Grace Bingham, Professional Officer joined the Office of the CEO team in February 2020.

## QUALITY IMPROVEMENT

We recognise the importance of having distinct teams operating within ANMAC, to improve our communication, collaboration and ability to build stronger relationships.

Each reporting year we hold an annual team day so staff can reflect on achievements from the previous reporting year and review them against our strategic plan. Team days invigorate everyone and inspire them to work in their individual teams to develop corporate plans for the next year. This year's annual team day, held in July 2019, was a success.

## Corporate Services

Our Corporate Services team provides quality support services across the organisation. The team ensures ANMAC meets its operational requirements, compliance and organisational key goals.



**From left:** Vanessa Cook, Erin Moss, Luke Cochrane, Cathy Mayer

**Below from left:** Mandy Fogarty, Mili Batar, Katie Whitehead



### QUALITY IMPROVEMENT

Our quality work and achievements are underpinned by our systems and frameworks. We periodically review the services we provide across the organisation to ensure ANMAC is supported in all areas of operation.

This year we embarked on a program of continuous improvement to ensure our operations continue to be fit for purpose. To begin with, we have focussed on our IT systems. Several projects have been identified and are in various stages of planning and development.

## BUSINESS CONTINUITY

ANMAC was directly impacted by the regional bushfires in December 2019. As a result, we bolstered our Business Continuity Plan to include disaster responses at our premises and the surrounding precinct. While making these changes, COVID-19 was looming. We discussed what we needed to action over and above our Business Continuity Plan to cover a disruption of pandemic proportions.

Once the World Health Organization officially declared the pandemic, ANMAC held daily meetings to prepare and act. Part of this planning was to provide staff with information at each escalation point on the risks associated with the virus and how best to mitigate them, and to advise what changes to our routine and practices were required. Our business continuity response to COVID-19 was exceptional, we relocated all staff to remote working on 24 March 2020.

## ANMAC VALUES

To uphold our value of lifelong learning, we encourage staff to learn and develop through training, external studies and attending conferences. Before COVID-19, staff attended key conferences including the:

- Australian College of Nursing National Nursing Conference
- Australian College of Midwives Annual Conference
- Australian National Reconciliation Action Plan Conference
- Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) Conference.

We also supported staff to take online learning modules, including the Special Broadcasting Service (SBS):

- Cultural Competence program
- Aboriginal and Torres Strait Islander Inclusion program.

Mindful of the impact of the pandemic and remote working on our staff's health and wellbeing, we have offered online learning modules to support and help them to adapt. Topics included:

- working from home
- resilience
- health and wellbeing
- stress management and anxiety.

## CORPORATE SERVICES TEAM

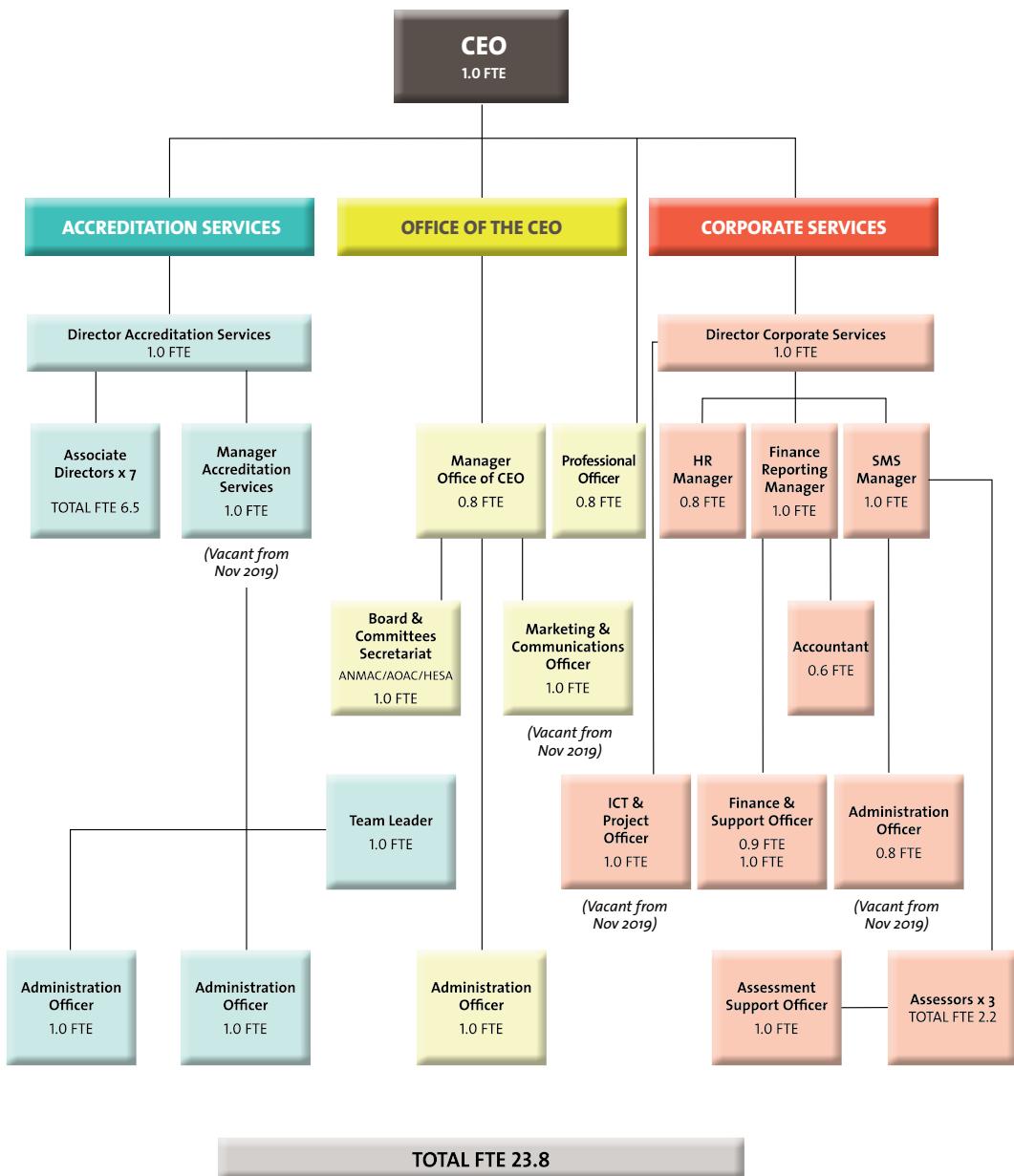
In November 2019, Katie Whitehead joined our Corporate Services team, as Director of Corporate Services. We farewelled Luke Cochrane, Information Technology Administration Officer, in November 2019. In June 2020, we welcomed back Milica Batar, Accountant, who returned from maternity leave. We bid a fond farewell to Cathy Mayer, who stepped into the role of accountant.

## ORGANISATIONAL CHART

Full-time staff numbers decreased by 11 per cent—26.7 FTE as at 1 July 2019 to 23.8 FTE as at 30 June 2020 (Figure 1). Positions vacated included:

- Administration Officer, Skilled Migration Services
- Information, Communication and Technology (ICT) Project Officer
- Marketing and Communications Officer
- Accreditation Services Manager.

**Figure 1: ANMAC organisation chart as at 30 June 2020**



2

## **2. Governance**

- ANMAC Board 27
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# Governance

We are the external accreditation entity for nursing and midwifery in Australia appointed in accordance with the National Law under the National Registration and Accreditation Scheme. Our governing body is our Board of Directors. The Board is established in accordance with, and governed by, our Constitution.



**From left:** Roslyn Jackson, Professor Lorraine Sheppard, Karen Taylor, Professor Wendy Cross, Ann Kinnear, Clinical Professor Fiona Stoker (CEO)

**Below from left:** Adjunct Professor Kylie Ward, Melanie Robinson, Annie Butler, Sue McKerracher



## ANMAC Board

We select our Board Directors for their skills, knowledge and experience and from a wide range of stakeholder organisations. The ANMAC Board comprises nine Directors, five Member Directors and four Appointed Directors (Figure 2—ANMAC Governance structure).

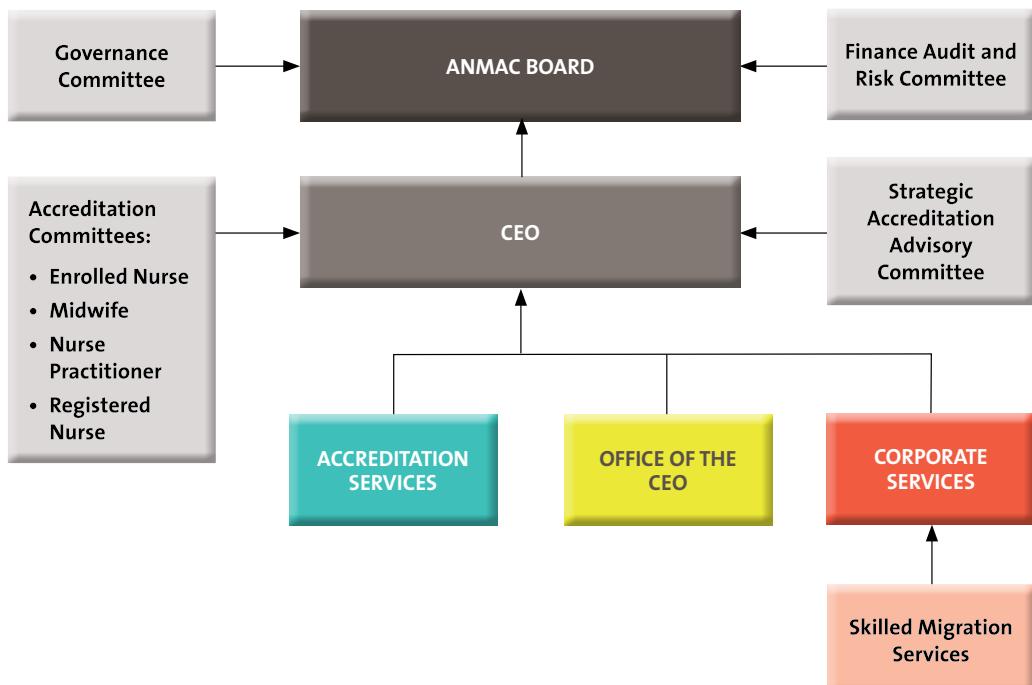
Our Board is responsible for setting ANMAC's strategic direction, to achieve our mission:

We take the lead to:

- develop and implement evidence-based standards for the accreditation of education programs for nurses and midwives
- determine the capability of internationally qualified nurses and midwives to practice in the Australian context.

To achieve our strategic objectives and, meet our fiduciary requirements and governance arrangements, the Board established two Board Committees, appointing a Chairperson and developing terms of reference for each. The Board Committees make recommendations to the Board.

Figure 2: ANMAC governance structure 2019–20



**Table 1: Finance, Audit and Risk Committee member attendance for 2019-20.**

Name	27 AUG 2019 F2F	29 OCT 2019 ZOOM	4 FEB 2020 ZOOM	14 APR 2020 ZOOM
Roslyn Jackson (chairperson)	✓	✓	✓	✓
Melanie Robinson	N/A	N/A	N/A	✓
Professor Lorraine Sheppard	✓	✓	✓	✓
Adjunct Professor Kylie Ward	✓	✓	✓	✓

✓ = Present N/A = Not a member at the time

## FINANCE AUDIT AND RISK COMMITTEE

The role of the Finance, Audit and Risk Committee is to assist the Board to fulfil its oversight responsibilities in:

- financial reporting
- internal control systems:
- compliance management
- risk management systems
- internal and external audit functions.

The Committee met four times during the reporting period, attendance for each meeting is provided at Table 1.

## GOVERNANCE COMMITTEE

The role of the Governance Committee is to ensure our governance systems (policies and procedures):

- comply with current regulatory requirements
- reflect contemporary business, governance, policy and ethical requirements.

The Committee met three times during the reporting period, attendance for each meeting is provided Table 2.

**Table 2: Governance Committee member attendance in 2019-20**

Name	10 SEPT 2019 ZOOM	13 NOV 2019 ZOOM	18 FEB 2020 ZOOM
Karen Taylor (Chairperson)	✓	✓	✓
Professor Wendy Cross	✓	✓	✓
Ann Kinnear	✓	✓	✓
Sue McKerracher	✓	✓	✓

✓ = Present

## Board Directors

### **Professor Wendy Cross (Chairperson)**

RN, RPN, BAppsSc (AdvNsg), Med, PHD, FACN, FACHMN, MAICD  
Member Director—Council of Deans Nursing and Midwifery  
Board Committee Member—Governance Victoria

### **Annie Butler**

RN, BSc, MSc  
Member Director—Australian Nursing and Midwifery Federation Victoria

### **Ann Kinnear**

RM, BSc, MSc, Fellow ACM, Paul Harris Fellow  
Member Director—Australian College of Midwives  
Board Committee Member—Governance Australian Capital Territory

### **Melanie Robinson**

BSci(Nursing), Grad Dip Nsg(Paediatric), MRsch(Nursing)  
Member Director—Congress of Aboriginal and Torres Strait Islander Nurses and Midwives  
Board Committee Member—Finance, Audit and Risk Australian Capital Territory

### **Adjunct Professor Kylie Ward**

RN, MMgt, Dip App Sci (Nursing), Acute Care Cert., FACN, FACHSM(Hon), Wharton Fellow, MAICD  
Member Director—Australian College of Nursing  
Board Committee member—Finance, Audit and Risk Australian Capital Territory

### **Sue McKerracher**

Appointed Director—Community Director (marketing and promotion expert)  
Board Committee member—Governance Australian Capital Territory

### **Professor Lorraine Sheppard**

BA App. Sci (physiotherapy), MBA, PhD  
Appointed Director—Accreditation Expert  
Board Committee Member—Finance, Audit and Risk South Australia

### **Karen Taylor**

GAICD, BA Psych and Politics, Grad Dip Health Science, Grad Cert Couple Therapy, Dip TAA  
Appointed Director (vocational education and training sector expert)  
Board Committee Chairperson—Governance South Australia

## Community Directors

### **Roslyn Jackson**

FCA, FCG, GAICD  
Appointed Director—Community Director (finance expert)  
Board Committee Chairperson—Finance, Audit and Risk Australian Capital Territory

## Meeting attendance record

During 2019–20, seven meetings of Directors were held. Attendances by each Director are in Table 3.

**Table 3: Attendance at board meeting, by director, in 2019–20**

Name	16 JULY 2019	24 SEPT 2019	18 NOV 2019	24 FEB 2020	22 APRIL 2020	23 APRIL 2020	2 JUNE 2020	# MEETINGS ATTENDED
Wendy Cross, Chairperson	A	✓	✓	✓	✓	✓	✓	6/7
Annie Butler	✓	✓	✓	✓	✓	✓	✓	7/7
Roslyn Jackson	✓	✓	✓	✓	✓	✓	✓	7/7
Ann Kinnear	✓	A	✓	✓	A	✓	✓	5/7
Sue McKerracher	✓	✓	✓	✓	✓	✓	✓	7/7
Melanie Robinson	✓	A	A	O	A	✓	A	2/7
Lorraine Sheppard	✓	✓	✓	✓	✓	✓	✓	7/7
Karen Taylor	✓	✓	✓	✓	N/A	N/A	N/A	4/7
Kylie Ward	✓	✓	✓	✓	✓	✓	✓	7/7

✓ = Present A = Apology N/A = Not a member at the time O = Attended in camera only

## Technical Advisory

ANMAC has established five Technical Advisory Committees (Figure 2—ANMAC Governance structure) that report to the CEO.

ANMAC has four Accreditation Committees representing nursing and midwifery professions:

- Enrolled Nurse Accreditation Committee
- Midwife Accreditation Committee
- Nurse Practitioner Accreditation Committee
- Registered Nurse Accreditation Committee.

ANMAC also has a Strategic Accreditation Advisory Committee (SAAC).

### ACCREDITATION COMMITTEES

#### Purpose

To promote and protect the health of the community by reviewing the assessment outcomes of nursing and midwifery programs of study leading to registration and endorsement undertaken by appointed ANMAC assessment teams and make recommendations on accreditation to the CEO.

#### Deliverables

- review reports and recommendations from accreditation assessment teams to ensure sufficient evidence that a program being assessed meets relevant accreditation standards
- make recommendations to the CEO on whether accreditation should be granted, granted conditionally or not granted

- review, ratify and provide advice on substantial complaints and monitoring reports
- review standards and explanatory notes on an ad hoc basis
- review outcomes of assessments undertaken by ANMAC assessment teams for enrolled nurse programs of study.
- Provide a forum for debate and discussion relating to professional issues relevant to nursing and midwifery education, including:
  - research and best practice in accreditation and education
  - international issues in accreditation and education.

The membership and meeting attendance for each committee is at Annex A.

### STRATEGIC ACCREDITATION ADVISORY COMMITTEE

#### Purpose

To provide high-level strategic advice to the CEO in all areas relative to ANMAC's accreditation function.

#### Deliverables

- Provide high-level advice to the CEO of ANMAC on the Accreditation functions of the organisation, which may include:
  - developing Nursing and Midwifery Accreditation Standards
  - managing high-level issues in accreditation
  - managing high-level issues relating to regulation, accreditation and education.
- Assist ANMAC in understanding and responding to external policies that impact on ANMAC's functions including:
  - changes in whole-of-government policy that impact on health professional regulation, accreditation and education
  - changes in the university sector that impact on nursing and midwifery education
  - changes in the vocational education and training sector that impact on nursing and midwifery education.



3

**3. Improve Aboriginal and  
Torres Strait Islander health**

# Improve Aboriginal and Torres Strait Islander health

To meet our strategic objective—Improve Aboriginal and Torres Strait Islander health—we continued to implement actions from our Reflect RAP and develop our Innovate RAP.

MONTH	ACTIONS
JULY 2019	<p>We celebrated NAIDOC Week (7 to 14 July 2019), and its ‘Voice. Treaty. Truth. Let’s work together’ theme. These are the key elements to the reforms set out in the <i>Uluru Statement from the Heart</i>.</p> <p>To celebrate and acknowledge the Indigenous voice of Australia and the truth of colonisation we:</p> <ul style="list-style-type: none"><li>screened the National Press Club Address ‘Walking in Partnership to Effect Change’ given by Minister Ken Wyatt AM</li><li>invited Congress of Aboriginal and Torres Strait Islander staff to join us for a lunchtime screening of ‘Bran Nue Dae’ to celebrate Aboriginal culture, family, forgiveness and Aboriginal reconciliation and explore issues important to Aboriginal Australians, including dispossession, land rights, injustice and inequality.</li></ul>
AUGUST 2019	<p>We held a two-day workshop—‘Cultural respect and safety training—engaging respectfully with Aboriginal Australians’—for three new staff and five Directors on the ANMAC Board. The workshop extended and enhanced the ability to:</p> <ul style="list-style-type: none"><li>identify, understand and respond to racism, including institutional racism</li><li>recognise and understand how dominant culture and whiteness impact on experiences, opportunities and outcomes for Aboriginal and Torres Strait Islander Peoples</li><li>appreciate the impact of colonisation and dispossession for Aboriginal and Torres Strait Islander Peoples, including the historical and ongoing effects in their everyday lives</li><li>support and implement initiatives for Aboriginal and Torres Strait Islander Peoples as part of their work roles.</li></ul>

MONTH	ACTIONS
<b>SEPTEMBER 2019</b>	<p>We sponsored three Aboriginal and Torres Strait Islander students to attend the CATSINaM professional development conference.</p> <p>Three ANMAC staff members also attended the conference, which included a meeting of Leaders in Indigenous Nursing and Midwifery Education Network (LINMEN). The network supports university schools of nursing and/or midwifery and educators to:</p> <ul style="list-style-type: none"> <li>• develop and share good practice curriculum resources on Indigenous history, health, culture and cultural safety</li> <li>• provide professional development opportunities for nursing and midwifery educators</li> <li>• identify and share effective strategies for creating culturally safe teaching and learning environments for Aboriginal and Torres Strait Islander students and staff.</li> </ul> <p>We submitted our first Impact Measurement Questionnaire to Reconciliation Australia in September. This is an annual requirement for RAP program members, designed to measure progress against the minimum requirements of the RAP program. The information we provided contributes to Reconciliation Australia's annual RAP Impact Measurement Report.</p>
<b>OCTOBER 2019</b>	<p>We provided an expression of interest to staff to join the RAP Working Group responsible for developing and implementing our Innovate RAP. The working group was formed in October and seven staff were nominated to join, representing each section of ANMAC.</p> <p>Two members of the RAP Working Group attended Reconciliation Australia's 2019 National Reconciliation Action Plan Conference.</p>
<b>NOVEMBER 2019</b>	<p>We investigated our Aboriginal and Torres Strait Islander supplier diversity by reviewing and updating our procurement policy to support the use of Aboriginal and Torres Strait Islander suppliers for procurement of goods and services. We also joined Supply Nation.</p>
<b>DECEMBER 2019</b>	<p>Our working group sought representation by CATSINaM on the Innovate RAP Working Group and agreed on its terms of reference.</p>
<b>FEBRUARY 2020</b>	<p>As part of our commitment to partner with like-minded organisations on our Reconciliation Journey we signed a statement of support of The National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020–2025. To demonstrate our commitment, our CEO and the Chair of the Governance Committee attended the strategy launch in Melbourne.</p>
<b>MAY 2020</b>	<p>We celebrated National Reconciliation Week (27 May to 3 June 2020), under the 'In this together' theme. To celebrate, we joined with staff from the Australian Pharmacy Council to watch 'Putuparri and the Rainmakers' online. This gave staff a chance to learn more about Australia's shared histories, cultures, and achievements, and explore how we can contribute to achieving reconciliation.</p> <p>Staff were encouraged to use the week to participate in the online activities shared with them by email.</p>
<b>JUNE 2020</b>	<p>Our RAP Working Group continued to develop our Innovate RAP, by refining our vision for reconciliation and identifying activities that support our vision and reconciliation journey.</p>



# 4

## **4. Quality evidence-based standards, accreditation and assessment**

Accreditation Services 38

Skilled Migration Services 44

# Accreditation Services

Our Accreditation Services team manages our accreditation functions.



**Top from left:** Kim Porozny, Kate Imeson, Rosalind Bull, Dr Margaret Gatling, Julie Watts, Jackie Doolan, Wayne Johnston, Sarah Couch, Bridget Roache, Wendy Penney, Melanie Schaefer

**Below from left:** Melissa Cooper and Frances Rice



As a core part of our business, Accreditation Services:

- reviews accreditation submissions
- coordinates the development and review of accreditation standards
- monitors accredited programs of study on an ongoing basis.

The team also participates in accreditation-related activities including improving processes, representing ANMAC on relevant professional reference groups and committees, and engaging with stakeholders while attending and presenting at conferences.

## Accreditation Services team

The Accreditation Services team comprises a three-person administration team and seven Associate Directors who undertake accreditation reviews and other accreditation-related activities. The team is led by the Director Accreditation Services. In April 2020, the team farewelled Accreditation Manager Frances Rice. Melanie Schaefer was appointed as Acting Team Leader in April 2020.

## How we performed

In 2019–20, the Accreditation Services team accredited 29 programs of study for nursing and midwifery. The team also assessed 179 changes to accredited programs of study, including for 15 new program delivery sites.

After the Registered Nurse Accreditation Standards and Evidence Guide were released in November 2019, the team assessed 23 projects to transition registered nurse programs to the new standards ensuring they meet Criteria 1.3b (English language skills on enrolment) and Criteria 2.4 (enrolled nurse pathway requirements).

In the second half of 2019–20, the team's work extended to provide advice and direction to education providers during COVID-19. Physical distancing requirements to limit the spread of the pandemic led to campus closures and a move to online program delivery. Physical distancing restrictions in several jurisdictions also saw health services withdraw student professional experience placement opportunities, particularly in aged care.

The impact of COVID-19 pandemic meant the Accreditation Services team dealt with an additional 37 projects to:

- assess changes to accredited program delivery
- collate details of student numbers in all nursing and midwifery programs
- collate details of offshore delivery of accredited programs.

During the pandemic, ANMAC and the NMBA collaborated extensively to provide communiques and explanatory notes to education providers about the changes they could make to program delivery while still complying with accreditation standards. The Accreditation Services team directed education providers to these communiques and answered queries promptly. The team facilitated the provision of flexible, safe and compliant options for programs to continue to meet the accreditation standards while supporting students, staff and stakeholders during this challenging time.

Accreditation Services managed this additional workload while continuing to support the essential functions of accreditation delegated to ANMAC by the NMBA under the National Law.

In addition to publishing the Registered Nurse Accreditation Standards (2019), ANMAC also published the Re-entry to the Register Nurse Enrolled Nurse Accreditation Standards in April 2020. The review of the Midwife Accreditation Standards continued in 2019–20.

The team also focused on quality improvement and customer service by:

- progressing work on introducing electronic submission of documents for education providers
- revising and launching new surveys for education providers to provide timely documentation and feedback on the accreditation process
- moving to produce electronic certificates of accreditation as well as assessment team appreciation
- publishing an online glossary of terms.

## A profile of accreditations

The 29 newly accredited programs (Figure 3) included:

- 15 enrolled nurse programs
- 2 registered nurse programs
- 4 registered nurse programs re-entry and entry program for internationally qualified registered nurses
- 3 midwifery programs
- 5 nurse practitioner programs.

At the end of 2019–20, we recorded 187 accredited programs of study being delivered by 102 education providers, an increase over 2018–19 of 183 accredited programs. This increase is attributed to several new providers conducting the Diploma of Nursing and new Entry Programs for Internationally Qualified Registered Nurse programs.

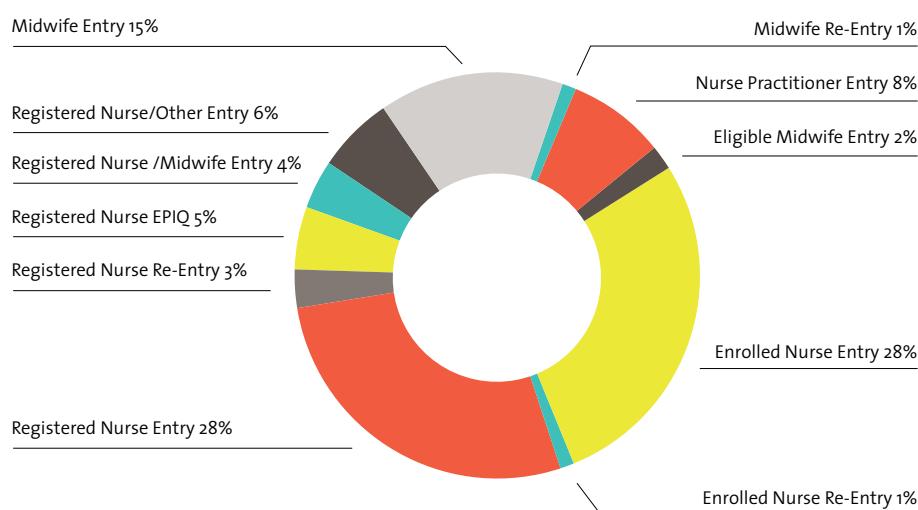
The distribution of accredited programs by program type at 30 June 2020 is shown in Figure 4.

**Figure 3: Distribution of programs accredited in 2019–20 by registration type**



NB: Does not include the 10 programs withdrawn during the assessment process.

**Figure 4: Distribution of accredited programs by program type (30 June 2020)**



## A profile of monitoring activities

Section 50 of the National Law requires ANMAC to monitor approved programs of study by conducting routine, targeted or random monitoring of accredited programs of study as well as complaints management.

Monitoring ANMAC accredited and NMBA approved programs of study can include:

- reviewing annual program monitoring reports provided by education providers on the anniversary of accreditation
- reviewing targeted reporting requirements stipulated at the time the program is accredited, when a program change is approved or made because of a complaint
- conducting monitoring site visits
- investigating complaints.

This reporting year, we:

- reviewed 171 program monitoring reports
- reviewed 84 specific monitoring reports
- assessed 3 complaints.

We use monitoring functions to ensure approved programs continue to be delivered as accredited. As a response to developing risk-based accreditation processes, specific monitoring reports significantly increased by 54 per cent in 2019–20.

## **Quality improvement**

### **REVIEW OF REGISTERED NURSE ACCREDITATION STANDARDS**

The Registered Nurse Accreditation Standards were published in November 2019.

Key points:

- An accompanying essential evidence document was developed by ANMAC with education providers to detail the minimum evidence required to meet the standards.
- Supporting documentation and templates were developed to support education providers to provide the information required during the accreditation process. This included a curriculum and program content checklist, staff matrix, program content mapping template and assessment mapping template.

### **REVIEW OF RE-ENTRY ENROLLED NURSE ACCREDITATION STANDARDS**

The Re-entry to Practice Enrolled Nurse Accreditation Standards were published in April 2020.

Key point:

- The revised standards brought the re-entry accreditation standards for enrolled nurses in line with the Enrolled Nurse Accreditation Standards 2017.

### **REVIEW OF MIDWIFE ACCREDITATION STANDARDS**

The Accreditation Services team continued the review of the Midwife Accreditation Standards originally published in 2014.

Key points:

- The Midwife Accreditation Standards Professional Reference Group continued to advise the CEO on the review and development of the new standards.
- The Professional Reference Group met four times to discuss issues, review stakeholder feedback and progress the review.
- The revised standards progressed to the third round of consultation, scheduled for July 2020.

### **DEVELOPMENT OF REGISTERED NURSE PRESCRIBING ACCREDITATION STANDARDS**

The development of Registered Nurse Prescribing Accreditation Standards to assess and accredit programs for registered nurse prescribing was placed on hold until consultation on corresponding standards for practice have been completed.

### **ELECTRONIC SUBMISSION OF DOCUMENTS**

Work continued on our website infrastructure, including to support the electronic submission of documents for education providers.

Key points:

- Work was undertaken to ensure the website can act as a nexus between our document storage and customer relationship management software.
- While leveraging off the Electronic Document Submission system built for Skilled Migration Services, the enhancements will allow larger files to be uploaded directly into our document storage software with tracking and access available to our staff in the customer relationship management software.
- Once finalised, education providers will be able to interact with us through the website and obtain real-time information about the status of their programs and ongoing assessment projects.

STAKEHOLDER FEEDBACK	OTHER ACTIVITIES	FUTURE
<p>The Accreditation Services team reviewed ANMAC's education provider feedback process and made it more nimble, including by embedding ongoing quality improvement principles.</p> <p>This included:</p> <ul style="list-style-type: none"> <li>• developing new survey questions for education providers to capture changes to the ways in which we work</li> <li>• embedding a review process to identify quality improvements we can action</li> <li>• developing a new survey for assessors to capture weakness in training, as well as documentation and other assessment team processes</li> <li>• distributing the feedback survey every three months and reviewing results in a timely manner, which involved a quality improvement working group being formed to review surveys, collate results and recommend improvements based on findings.</li> </ul>	<p>In 2019–20, the Accreditation Services team:</p> <ul style="list-style-type: none"> <li>• presented at several professional conferences nationally and internationally</li> <li>• represented ANMAC on professional reference groups for other health professions</li> <li>• represented ANMAC on the National Nursing and Midwifery Digital Health Capabilities Framework Advisory Committee for the development of the National Nursing and Midwifery Digital Health Capability Framework</li> <li>• represented ANMAC on the Industry Consultation Group developing the Graduate Certificate in Blood Management</li> <li>• represented ANMAC on the Expert Reference Group responsible for the review of the Prescribing Competencies Framework</li> <li>• represented ANMAC on the Enrolled Nurse Industry Reference Committee</li> <li>• represented ANMAC as an observer at Moderation Delivery Committee meetings.</li> </ul>	<p>We will continue to deliver quality by:</p> <ol style="list-style-type: none"> <li>1. ensuring accredited programs meet regulatory requirements by continuing to work with the NMBA, Australian Skills Quality Authority and Tertiary Education Quality and Standards Agency</li> <li>2. finalising a training program for ANMAC accreditation assessors</li> <li>3. finalising and issuing a revised ANMAC accreditation assessor survey to collect and act on quality improvements identified</li> <li>4. finalising an ANMAC accreditation assessor self-assessment survey to assist assessors in identifying their strengths and weaknesses and determining key areas to include in assessor training modules</li> <li>5. working to complete and launch the new electronic document submission process for education providers.</li> </ol>

# Skilled Migration Services

As the independent assessing authority nominated by the Department of Home Affairs, ANMAC's Skilled Migration Services team assesses the qualifications and skills of nurses and midwives for the purposes of skilled migration. This work involves determining if an applicant has the qualifications and experience required for migration to Australia under the General Skilled Migration program.



**Back row:** Kathryn Baird, Taryn Duggan  
**front row:** Dhanushka Drummond,  
Pan Warburton, Aeyasha Mohammed

The team assess nurses and midwives with overseas nursing and/or midwifery qualifications, as well as nurses and midwives from overseas who have obtained nursing and/or midwifery qualifications in Australia.

## How we performed

A total of 7790 applications were received in 2019–20. The assessment team completed 6984 of these in the reporting period, averaging 30 applications a day.

The impact of COVID-19 did not slow the assessment team down. In March 2020, the team seamlessly transitioned to working remotely and has continued to deliver quality services. We maintained a call-centre and made temporary arrangements to receive verification information by postal mail.

The waiting time for assessing applications has been steadily maintained at three to four weeks throughout the reporting year. Given the increase in number of applications, this is an impressive result.

## A profile of applicants

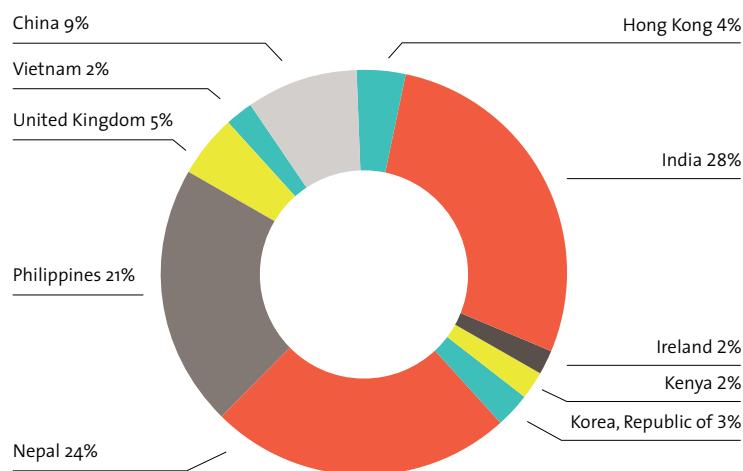
A total of 95 per cent of all applications made online were from modified skills assessment applicants. These applicants hold current nursing registration in Australia and mostly live here.

Full skills assessment applications remained steady, with around 300 nurses and midwives applying in 2019–20. These nurses applied while living in Canada, Hong Kong, Ireland, the United Kingdom, and the United States. They have typically completed bachelor-level tertiary qualifications in nursing and/or midwifery.

Overall, applicants were typically female and aged in their 20s.

They come to Australia from many countries, with 7 in 10 from India, Nepal or the Philippines (Figure 5). Of 2019–20 applicants, 6 in 10 were qualified as a nurse or midwife in their home countries and included work experience professional references in their applications. Only 3 in 10 nominated a migration agent as their representative.

**Figure 5: Country of birth of applicants in 2019–20**



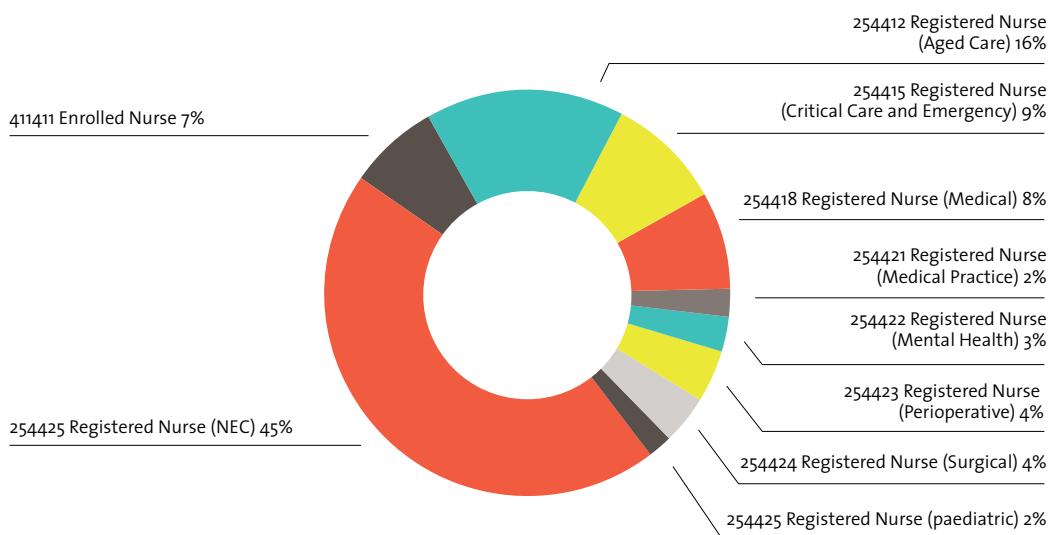
## Australian and New Zealand Standard Classification of Occupations code selection

The Australian and New Zealand Standard Classification of Occupations (ANZSCO) code selection is a mandatory requirement of skills assessments. It provides information about an applicant's work experience in a clinical or non-clinical specialty area. It is part of the broader national classification system that defines skill level and specialisation.

Of the applications received in the reporting period (Figure 6):

- 4 in 10 nurses nominated the generic nursing code, 254499 Not Elsewhere Classified where work is undertaken across all areas of health
- 4 in 10 applicants nominated either, nursing in aged care facilities (ANZSCO 254412) and in hospitals, particularly medical wards (ANZSCO 254418), intensive care units and emergency departments (ANZSCO 254415).

**Figure 6: Final ANZSCO codes used for applications completed in 2019–20.**



## **Quality improvement**

ANMAC continued to be involved in the management of the Assessing Authorities Network and facilitated the network's first face-to-face meeting in September. The network met in Canberra to discuss best practice and assessment challenges including fraud, English language requirements and professional practice. Representatives from the Department of Education, Skills and Employment and Department of Home Affairs attended.

During the reporting year, we continued to look for ways to improve:

1. The reviewed Guidelines for skilled migration assessing authorities, this provided ANMAC an opportunity to further refine process and increase efficiencies.
2. Feedback from applicants and migration agents helped guide changes to support the development of a more intuitive, user-friendly, application process.
3. The content review of our website helped ensure that assessment requirements are clear and understood by applicants.

## **Skilled Migration team**

This year we farewelled Demelza Rowley, who was on secondment to Congress and Aboriginal Torres Strait Islander Nurses and Midwives and invited to take the position in a permanent capacity. Taryn Duggan commenced a shared role working for the Office of the CEO and the Skilled Migration Services team.



5

## 5. Effective stakeholder engagement

Stakeholder engagement and collaboration 50

# Stakeholder engagement and collaboration

ANMAC is the external accreditation entity for nursing and midwifery education and skills assessing authority for nurses and midwives seeking to migrate under the General Skilled Migration program. In these roles, we engage with stakeholders including regulators, peak bodies and education providers in the higher education and vocation education sectors.

To be effective, we engage in various activities and use various communication channels. Engagement activities include holding ANMAC committee meetings, conducting face-to-face meetings with stakeholders, participating in consultation forums, and maintaining partnerships supported by memoranda of understanding. Our communication channels include social media, email correspondence, corporate documents and surveys.

In 2020, the COVID-19 pandemic meant some face-to-face engagement activities were put on hold or held by way of videoconference. The pandemic also led us to increase our communication with education providers to help them navigate the effects of COVID-19 on their nursing and midwifery programs. We engaged with them through email, communiques and by attending Council of Deans Nursing and Midwifery meetings. We also worked closely with the NMBA to find solutions and provide guidance to education providers during this challenging time.

A key aspect of our face-to-face engagement is attending and presenting at conferences with national and international audiences. This gives us an opportunity to share our expertise in accreditation of nursing and midwifery education programs and assessment of internationally qualified nurses and midwives. Many conferences we regularly attend were cancelled in 2020 because of COVID-19, including our annual colloquium held in conjunction with the Australian Pharmacy Council. We intend to hold the colloquium, under the theme ‘From Virtual to Reality: the journey to work readiness’ in May 2021.

- supporting three staff to attend the conference
- supporting an Associate Director to participate in the annual Professional Development Forum for Leaders in Indigenous Nursing and Midwifery Education Network (LINMEN), held at the conference.

The LINMEN workshop was powerful and informative. It focused on curriculum development, specifically exploring ‘rejecting the black corner of the curriculum’. This topic particularly aligns with our work, our accreditation standards require education providers to include a discreet Aboriginal and Torres Strait Islander Health Unit of study in nursing and midwifery programs.

## National conference attendance

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SEPTEMBER 2019

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### CATSINaM Annual Professional Development Conference—‘Connecting Care through Culture’

In line with our strategic objective to improve Aboriginal and Torres Strait Islander health we supported the annual CATSINaM conference by:

- sponsoring three Aboriginal or Torres Strait Islander student members of CATSINaM to attend the conference

### 22nd Australian College of Midwives National Conference—‘Power, Passion and Politics’

Three of our Associate Directors (midwives) attended this conference and promoted our work to stakeholders, including midwifery students, education providers and maternity service providers. This included communicating opportunities to contribute to the review of our Midwife Accreditation Standards.

A key conference focus was the launch of the Australian College of Midwives' national RAP. To complement the launch, the keynote address was 'Birthing on Country—empowering Aboriginal women in childbirth and beyond'.

#### OCTOBER 2019

##### **Reconciliation Australia RAP Conference—'Walking Together, Working Together'**

To support the development of our Innovate RAP and achieve our strategic objective to improve Aboriginal and Torres Strait Islander health, two members of our RAP Working Group attended the Reconciliation Australia annual RAP conference. The conference was an opportunity for us to connect with other organisations on their reconciliation journey and share and learn from each other. A strong conference focus was Constitutional recognition and the Uluru Statement From the Heart. The conference also explored the role of media in portraying Indigenous Australians.

At the conference, RAP organisations were advised to:

- not rest on their laurels—strive for more, have conversations and listen
- not be an island—address things holistically and recognise connections to country
- keep going and be prepared for roadblocks—change is happening.

#### NOVEMBER 2019

##### **Nursing and Midwifery Leadership Conference—'Enabling professionalism and celebrating the future'**

Five of our Associate Directors attended the fourth Biannual Nursing and Midwifery Leadership Conference, which explored these questions:

**Future**—What do we mean by celebrating the future in our two professions?

**Impact**—What more can we do to impact the patient experience and outcomes?

**Wellness**—How can we promote the health and well-being of nurses and midwives?

**Profile raising**—How can we engage in raising the profile of the professions?

At the conference, Associate Directors engaged with other leaders in nursing and midwifery professions.

#### International conference attendance

#### SEPTEMBER 2019

##### **Council on Licensure, Enforcement and Regulation (CLEAR) — 'Annual Education Conference'**

As members of the Council on Licensure, Enforcement and Regulation, ANMAC was invited to attend and present at the annual education conference, held in Minneapolis, United States. The CEO and Director of Accreditation

attended, showcasing our work with a presentation on dual regulation in the vocational education and training sector in Australia. The conference was an opportunity for ANMAC to network and share learnings with international education regulators.

#### DECEMBER 2019

##### **Global Workforce Symposium on Health Workforce, Accreditation and Regulation**

The CEO was invited to be part of the conference program committee for the Global Workforce Symposium on Health Workforce Accreditation and Regulation instigated by the World Health Organization and Foundation for Advancement of International Medical Education. The symposium was held in Istanbul, Turkey. The CEO attended the 3-day conference along with participants from all continents and multiple health professions. The conference attracted abstracts and attendance from senior members of the regulatory community including the CEO of Ahpra, Mr Martin Fletcher. The CEO of ANMAC facilitated a session by the World Health Organization on Micro-Credentialing. There was universal agreement that accreditation and regulation systems should support universal health coverage, focus on quality improvement, interprofessional services and be future focused. It was a great experience to mix with and hear from such a broad wealth of knowledge.



# 6

## 6. Financials

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## Directors' Report

The directors of the Australian Nursing and Midwifery Accreditation Council Limited (ANMAC) present the annual financial statements of ANMAC for the financial year ended June 2020.

Directors		
The names of each person who has been a director during the year and to the date of the report are:		
Professor Wendy Cross—Chairperson	Member Director (CDNM)	
Ann Kinnear—Chairperson	Member Director (ACM)	
Annie Butler	Member Director (ANMF)	
Roslyn Jackson—FAR Chairperson	Appointed Director (Finance)	
Sue McKerracher	Appointed Director (Marketing)	
Melanie Robinson	Member Director (CATSINaM)	
Professor Lorraine Sheppard	Appointed Director (Accreditation)	
Karen Taylor—Gov Chairperson	Appointed Director (VET Sector)	Resigned 10 April 2020
Adjunct Professor Kylie Ward	Member Director (ACN)	

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

Information on Directors	
<b>Professor Wendy Cross—Chairperson (from 24 Feb 2020)</b>	
Qualifications	RN, RPN, BAppsSc (AdvNsg), Med, PHD, FACN, FACHMN, MAICD
Experience	Professor Wendy Cross is the Dean, School of Health at Federation University, Australia. She has built a successful career in nursing, nursing research and nurse education and has been awarded numerous research and teaching grants. Wendy has extensive experience in a range of nursing and management roles and in particular, in strategic and operational management and governance, practice development, clinical governance, policy and procedure development, performance management and appraisal, workforce planning and other activities.  She recently completed her term as a National Mental Health Commissioner and is the immediate past Chair of the Council of Deans of Nursing and Midwifery, (Australia and New Zealand) and immediate past President of the Australian College of Mental Health Nurses. Wendy has a Bachelor of Applied Science in Advanced Nursing from LaTrobe University a Master of Education by research (Ed Psych) from Monash University and a Doctor of Philosophy from the University of NSW, focusing on Transcultural Psychiatry. Her primary research interests include mental health and mental health nursing, clinical supervision, service evaluation and development, workplace learning and broad-based research methods including both quantitative and qualitative paradigms. She is widely sought for her extensive expertise in mental health, education and governance and contributes to a number of organizations as a board director, external panel member and expert assessor.

Information on Directors	
<b>Ann Kinnear—Chairperson (until 24 Feb 2020)</b>	
<b>Qualifications</b>	RM, BSc, MSc, Fellow ACM, Paul Harris Fellow
<b>Experience</b>	<p>Ann Kinnear is the Business Manager of CARE Midwifery, a midwifery private practice for Canberra and region and was the CEO of the Australian College of Midwives Ltd (ACM) for eight years. She is an inaugural director on the board of the Rhodanthe Lipsett Indigenous Midwifery Charitable Fund and is the Public Officer. Ann has extensive experience in governance, management, policy and leadership across a career spanning several decades notably Director of Midwifery, Greenwich NHS Trust London, Principle Advisor Maternity Services NSW Health, CEO of ACM and Midwife of over 34 years.</p>
<b>Annie Butler</b>	
<b>Qualifications</b>	RM, BSc, MSc
<b>Experience</b>	<p>Annie Butler is the Federal Secretary for the Australian Nursing and Midwifery Federation. Annie was formally appointed to the role in June 2018, having served as the Assistant Federal Secretary since March 2014, and following years of experience in the clinical, professional and industrial areas of nursing.</p> <p>Annie is a registered nurse with more than a decade's experience working in public hospitals, the community and on health education projects, and a further decade working in research and education.</p> <p>She worked for the New South Wales Nurses and Midwives' Association, for a further decade, as a professional officer, organiser and lead organiser, prior to moving to the national position of Assistant Federal Secretary and now holding the position of Federal Secretary.</p> <p>Annie believes that we must fight to maintain the professions of nursing and midwifery in Australia and ensure their advancement. She is passionate about improving Australia's system of health and aged care and the critical role nurses and midwives have to play in the future of our health system. Annie is particularly keen to see nurses drive change for improvements in Australia's aged care sector.</p> <p>Annie has a degree in Health Science, an Honour's degree in Nursing.</p>

Information on Directors	
<b>Roslyn Jackson</b>	
<b>Experience</b>	<p>Roslyn Jackson is a Chartered Accountant with over 30 years' experience and has enjoyed a very diverse and exciting career. She has worked in public practice providing taxation advice, as a corporate accountant in the Australian Government, CFO for a large NFP and COO for an Australian Government Company.</p> <p>Roslyn has also owned and operated a training and consulting company, based in Canberra, for over 20 years. She has developed and facilitated training packages for many businesses; both for profit and not-for-profit, and for the government sector; Australian, State and Local government.</p> <p>Roslyn has facilitated courses on behalf of the Australian Institute of Company Directors for over 20 years, helping directors to read and interpret their Board financial statements as well as governance and risk issues. She has taught the professional year of study for Chartered Accountants Australia and New Zealand (CA ANZ) and has been an assessor for their examinations. Roslyn has also been an assessor for the Institute of Public Administration Australia annual reports awards presented to Australian Government Departments.</p> <p>Roslyn is an experienced non-executive director, having held numerous positions predominantly in the NFP health sector. She has held the Chair of several Boards and also chaired Audit, Finance and Risk sub-committees. Roslyn is currently a director of Capital Health Network Ltd and Australian Nursing and Midwifery Accreditation Council, Chairs both their audit and risk committees and is an independent audit committee member for the Australian Pharmacy Council Ltd.</p>
<b>Sue McKerracher</b>	
<b>Qualifications</b>	RN, BA Grad Dip (Aboriginal Affairs and Administration)
<b>Experience</b>	<p>Sue has been a media, marketing and advocacy professional for more than 30 years, working in the UK and Australia. In the 1980s she set up an award-winning full service communications agency in London. After a management buy-out in 2000, Sue continued as an adviser. Her client list included Ernst &amp; Young, Unilever, Sovereign Capital, the Museums Libraries and Archives Council and British Library. Moving to Australia in 2007, Sue had her own company in Melbourne providing strategic advice, marketing, communications and project management to federal, state and local governments, cultural institutions, and universities.</p> <p>In 2012, Sue joined the Australian Library and Information Association (ALIA), the peak body for libraries and information professionals, as CEO, heading up the team based at ALIA House, Canberra, and staff working in every state and territory. In her current role, Sue works with other stakeholders to pursue a broad range of interests, including lobbying for copyright law reform, supporting humanities research, improving digital access to cultural collections, championing Australian writing, developing an early language and literacy strategy, and ensuring quality education through higher education and VET course accreditation.</p>

Information on Directors	
Melanie Robinson	
Qualification	BSci(Nursing), Grad Dip Nsg(Paediatric), MRsch(Nursing)
<b>Experience</b>	<p>Mel Robinson, appointed as CEO of CATSINaM in February 2019, has worked in diverse roles in nursing over the past 30 years, including clinical practice, education, and policy. Her priorities at CATSINaM include growing the number of Aboriginal and Torres Strait Islander nurses and midwives, ensuring the workforce is strongly supported, advocating for members, engaging with national policy development, and building strong partnerships across government and non-government sectors.</p> <p>Mel who has cultural connections to the Gidja and Ngarinyin people of the Kimberley in Western Australia, is also passionate about supporting young Aboriginal and Torres Strait Islander people. Having grown up on Gibb River Station on Ngallagunda community before moving to Derby as a young girl, she has a connection with the particular health challenges faced by rural and remote communities. Mel has a deep personal understanding of the impacts of colonisation, including having family members affected by Stolen Generations policies.</p> <p>Through her professional and own family's experiences, Mel has seen many examples of institutional and interpersonal racism contributing to poor health outcomes and inequitable access to healthcare. During her career, Mel has worked at hospitals in Derby, Fitzroy Crossing and Perth, as well as aged care services in Derby and Dublin, Ireland. Mel has also worked as a nurse educator at Marr Mooditj Training, and in policy in the Western Australian Department of Health. She completed a Masters in Nursing Research at the University of Notre Dame Australia in 2018.</p>
Professor Lorraine Sheppard	
Qualification	BA App. Sci (physiotherapy), MBA, PhD
<b>Experience</b>	<p>Lorraine Sheppard is a professor of physiotherapy and healthcare management whose business, management, governance and leadership expertise has benefited universities, government boards, accreditation panels and not-for-profits.</p> <p>A former Head of the School of Physiotherapy at the University of South Australia, Foundation Professor, James Cook University, Lorraine completed her terms as chair of the Australian Physiotherapy Council in 2017. She has been continuously involved with regulation, registration and accreditation of physiotherapists through the Australian Physiotherapy Association, Physiotherapy Board of South Australia and the Australian Physiotherapy Council for more than 20 years.</p> <p>Lorraine has been actively involved with the Health Professions Councils Collaborative Forum and the Accreditation Liaison Group, the latter a collaboration of the Forum and AHPRA on healthcare accreditation matters. She has served on advisory groups including Extended Scope and Simulation Accreditation Standards, and grants panels for Health Workforce Australia.</p>

Information on Directors	
<b>Karen Taylor</b>	
<b>Experience</b>	<p>Karen Taylor is a highly skilled executive with extensive experience in strategic planning, change management and business development. Much of her career has been spent working in not for profit organisations. She has also managed at a senior level in a commercial environment running one of the most successful private RTOs in Australia along with having operated within a government/policy driven environment at the national level. Karen has a track record of developing relationships of trust within a wide range of networks, peak bodies, professional organisations and government both within the state and nationally.</p> <p>A significant component of Karen's previous roles has been to interpret the political, industrial and economic landscape and its subsequent impact on community and business need in contemporary Australia. She has played a key role in influencing the development and implementation of national VET policies along with cultural and practice change in workforce development across the national VET system.</p> <p>The ability to negotiate and manage significant projects and ultimately service delivery to successful outcomes has been critical in all roles Karen has undertaken along with providing strong and positive leadership to staff of complex and broadly-based businesses. She has provided excellent leadership in, management of and accountability for strategic and business plans and financial strategy and sustainability.</p> <p>Karen has successfully graduated from the AICD company directors' course.</p>
<b>Adjunct Professor Kylie Ward</b>	
<b>Qualification</b>	RN, MMgt, Dip App Sci (Nursing), Acute Care Cert., FACN, FACHSM(Hon), Wharton Fellow, MAICD
<b>Experience</b>	<p>Adjunct Professor Kylie Ward grew up on the lands of the people of the Dharruk Nation in Sydney's West. She has had a successful and celebrated career as a Nursing Leader and Health and Aged Care Executive in Australia for over 25 years. She has held positions of Managing Director, Director of Clinical Operations, Director of Nursing and Midwifery, Director of the Division of Medicine, Associate Director of Women's and Children's Health and Executive Director of Nursing and Midwifery in three major health services in New South Wales and Victoria. She has been a NUM, After Hours Coordinator, Campus Manager, Bed Manager and Patient Flow Manager. Her clinical background is in intensive care and aged care. Kylie's expertise is in transformational leadership and management, organisational culture, change management, models of care, redesign and clinical informatics. She has been a lecturer for Masters Degree and Undergraduate Masters Degree nursing students in leadership and management at Monash University. Kylie Ward is now Chief Executive Officer of the Australian College of Nursing (ACN).</p>

## **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:

- review of accreditation standards
- accreditation of nursing and midwifery programs
- assessment of the skills and qualifications of overseas nurses and midwives for migration purposes
- Quality reporting to the Nursing and Midwifery Board of Australia

During the financial year 2019-20, ANMAC processed 6,984 applications for assessment of qualifications. and accredited 29 nursing and midwifery programs. No significant changes in the nature of ANMAC's activities occurred during the financial year.

## **Measurement of performance**

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

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

## **Operating results and review of operations**

The surplus of ANMAC and its consolidated entity for the year ended 30 June 2020 was \$908,445 (2019: \$1,114,897).

## Members guarantee

Australian Nursing and Midwifery Accreditation Council Limited is a company limited by guarantee. In the event ANMAC is wound up, the Constitution states that each member is required to contribute a maximum of \$20 each towards any outstanding obligations of ANMAC.

## Meetings of Directors

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

Directors' Meetings		
Name	Number eligible to attend	Number attended
Wendy Cross—Chair	7	6
Ann Kinnear	7	5
Annie Butler	7	7
Roslyn Jackson	7	7
Sue McKerracher	7	7
Melanie Robinson	7	2
Lorraine Sheppard	7	7
Karen Taylor	4	4
Kylie Ward	7	7

The December board meeting was rescheduled and some directors were unable to attend

A = Apology NM = Not a member at the time of the meeting

## Auditor's independence declaration

The auditor's independence declaration in accordance with section 60-40 of the *Australian Charities and Not-for-profits Commission Act 2012* (Cth), for the year ended 30 June 2020 has been received and can be found on page 10 of the financial report.

Signed in accordance with a resolution of the board of directors:

Wendy Cross  
Chairperson

Roslyn Jackson  
Chair—Finance Audit Risk Committee

## Auditor's Independence Declaration



### **Auditor's Independence Declaration Under Subdivision 60 – 40 of the Australian Charities and Not-for-Profits Commission Act 2012**

#### **To the Members 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 2020 there have been no contraventions of the auditor independence requirements as set out in any applicable code of professional conduct in relation to the audit.

A handwritten signature in black ink that appears to read "G J Murphy".

A handwritten signature in black ink that appears to read "G J Murphy".

**Nexia Duesburys (Audit)**  
Canberra, 8 September 2020

**G J Murphy**  
**Partner**

#### **Canberra Office**

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**Consolidated Statement of Comprehensive income**  
**For the year ended 30 June 2020**

	2020	2019
	Note	\$
<b>Revenue</b>		
Accreditation revenue	1,081,151	1,400,596
Grant income	2,811,400	2,768,684
Overseas assessment fees	2,071,570	1,984,380
Sundry income	182,537	172,531
Government assistance	100,000	-
Gain/(loss) on sale of assets	136	(752)
Interest income	98,878	104,658
	<b>6,345,672</b>	6,430,097
<b>Expenses</b>		
Communications and marketing	33,036	60,463
Compliance costs	6,910	7,871
Consultancy expenses	86,222	81,380
Corporate expenses	232,861	199,445
Depreciation and amortisation	552,938	616,897
Amortisation of lease assets	9	279,120
Employee benefits expense	3,543,173	3,302,812
Lease interest	9	95,810
IT expenses	270,754	236,541
Lease expenses	8,761	343,547
Other property expenses	48,446	52,913
Recruitment expenses	20,969	24,334
Travel expenses	258,227	388,997
	<b>5,437,227</b>	5,315,200
<b>Surplus/(Deficit) before income tax</b>	<b>908,445</b>	1,114,897
Income tax expense	1(c)	-
<b>Surplus/(Deficit) for the year</b>	<b>908,445</b>	1,114,897
<b>Total comprehensive income for the year</b>	<b>908,445</b>	1,114,897

**Consolidated Statement of Financial Position**  
**For the year ended 30 June 2020**

		<b>2020</b>	<b>2019</b>
	<b>Note</b>	\$	\$
<b>Assets</b>			
<b>Current assets</b>			
Cash and cash equivalents	3	<b>8,654,290</b>	6,779,130
Trade and other receivables	4	<b>362,174</b>	291,351
Financial assets	5	<b>98,672</b>	98,672
Other assets	6	<b>165,270</b>	138,922
<b>Total current assets</b>		<b>9,280,406</b>	7,308,075
<b>Non-current assets</b>			
Property, plant and equipment	7	<b>985,876</b>	1,242,971
Intangible assets	8	<b>370,705</b>	505,765
Right of use assets	9	<b>1,558,418</b>	-
<b>Total non-current assets</b>		<b>2,914,999</b>	1,748,736
<b>Total assets</b>		<b>12,195,405</b>	9,056,811
<b>Liabilities</b>			
<b>Current liabilities</b>			
Trade and other payables	10	<b>309,154</b>	237,405
Lease liability	9	<b>334,784</b>	-
Other financial liabilities	11	-	67,069
Employee provisions	12	<b>574,258</b>	435,560
Other liabilities—income received in advance		<b>964,818</b>	423,518
<b>Total current liabilities</b>		<b>2,183,014</b>	1,163,552
<b>Non-current liabilities</b>			
Provision for makegood		<b>250,000</b>	250,000
Lease liability	9	<b>1,924,671</b>	-
Other financial liabilities	11	-	662,657
Employee provisions	12	<b>84,392</b>	135,719
<b>Total non-current liabilities</b>		<b>2,259,063</b>	1,048,376
<b>Total liabilities</b>		<b>4,442,077</b>	2,211,928
<b>Net assets</b>		<b>7,753,328</b>	6,844,883
<b>Equity</b>			
Retained surplus		<b>7,753,328</b>	6,844,883
<b>Total equity</b>		<b>7,753,328</b>	6,844,883

**Consolidated Statement of changes in Equity**  
**For the year ended 30 June 2020**

<b>2020</b>	<b>Retained surplus</b>	<b>Total</b>
	\$	\$
<b>Balance at 1 July 2019</b>	<b>6,844,883</b>	<b>6,844,883</b>
Total comprehensive income for the year	908,445	908,445
<b>Balance at 30 June 2020</b>	<b>7,753,328</b>	<b>7,753,328</b>

<b>2019</b>	<b>Retained surplus</b>	<b>Total</b>
	\$	\$
<b>Balance at 1 July 2018</b>	<b>5,729,986</b>	<b>5,729,986</b>
Total comprehensive income for the year	1,114,897	1,114,897
<b>Balance at 30 June 2019</b>	<b>6,844,883</b>	<b>6,844,883</b>

**Consolidated Statement of Cash Flows**  
**For the year ended 30 June 2020**

	<b>2020</b>	<b>2019</b>
	<b>Note</b>	<b>\$</b>
<b>Cash flows from operating activities:</b>		
Receipts from fees, sales and grants	7,084,038	7,178,988
Payments to suppliers and employees	(4,767,390)	(5,387,664)
Interest received	122,778	83,916
Interest payments on lease liabilities	(95,810)	-
<b>Net cash provided by/(used in) operating activities</b>	<b>2,343,616</b>	1,875,240
 <b>Cash flows from investing activities:</b>		
Proceeds from sale of plant and equipment	136	5,155
Payment for intangible assets	(74,955)	(134,489)
Purchase of plant and equipment	(85,828)	(372,548)
<b>Net cash provided by/(used in) investing activities</b>	<b>(160,647)</b>	(501,882)
 <b>Cash flows from financing activities:</b>		
Principal payment of lease liabilities	(307,809)	-
<b>Net cash provided by/(used in) financing activities</b>	<b>(307,809)</b>	-
Net increase/(decrease) in cash held	1,875,160	1,373,358
Cash and cash equivalents at beginning of year	6,779,130	5,405,772
<b>Cash and cash equivalents at end of financial year</b>	<b>3</b>	<b>8,654,290</b>
		6,779,130

**Notes to the Consolidated Financial Statements**  
**For the year ended 30 June 2020**

**1 Summary of significant accounting policies**

**Basis of Preparation**

These consolidated financial statements and notes represent those of Australian Nursing and Midwifery Accreditation Council Limited (the Company or ANMAC) and its controlled entity Health Education Services Australia Pty Ltd (HESA) (jointly referred to as the Group).

The financial statements are general purpose financial statements that have been prepared in accordance with the Australian Accounting Standards Reduced Disclosure Requirements and the Australian Charities and Not for profits Commission Act 2012. The Company is a not for profit entity for financial reporting purposes under Australian Accounting Standards.

The financial statements are presented in Australian dollars which is the Group's functional and presentation currency. The amounts presented in the financial statements have been rounded to the nearest dollar.

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

**(a) New, revised or amended accounting standards adopted**

The Group has adopted all of the new, revised or amended accounting standards and interpretations issued by the Australian Accounting Standards Board that are mandatory for the current reporting period.

For the year ended 30 June 2020, the Group has adopted the following new Accounting Standards (and their relevant amending standards issued by the AASB):

- AASB 15 *Revenue from Contracts with Customers*
- AASB 1058 *Income of Not for Profit Entities*
- AASB 16 *Leases*

The impact of adopting these Accounting Standards and Interpretations is described below.

**AASB 15 Revenue from Contracts with Customers and AASB 1058 Income of Not for Profit**

The mandatory date of adoption for AASB 15 and AASB 1058 was 1 July 2019.

AASB 15 involves the use of a five step recognition model for recognising revenue, the steps are:

Step 1 – Identify the contract with the customer

Step 2 – Identify the sufficiently specific performance obligations to be satisfied

Step 3 – Measure the expected consideration

Step 4 – Allocate that consideration to each of the performance obligations in the contract

Step 5 – Recognise revenue

The Group has described its new accounting policy below in Note 1(g). The Group has elected to adopt the practical expedient whereby contracts that are considered to be 'complete' (where revenue has been fully recognised in accordance with previous standards) are not adjusted upon the adoption of the new standards.

AASB 1058 measures income by reference to the fair value of the asset received. The asset received, which could be a financial or non financial asset, is initially measured at fair value when the consideration paid for the asset is significantly less than fair value, and that difference is principally to enable the Group to further its objectives. Otherwise, assets acquired are recognised at cost.

## **Notes to the Consolidated Financial Statements For the year ended 30 June 2020**

Where the asset has been measured at fair value, AASB 1058 requires that elements of other Accounting Standards are identified before accounting for the residual component. These standards are:

AASB 15 *Revenue from Contracts with Customers*

AASB 16 *Leases*

AASB 1004 *Contributions*

AASB 137 *Provisions, Contingent Liabilities & Contingent Assets*

AASB 9 *Financial Instruments*

Any transfers not recognised as described above are recognised as income when the entity obtains control of those funds.

The adoption of AASB 15 and AASB 1058 has not had a material impact on the financial performance or position of the Group in either the current or prior reporting periods.

### **AASB 16 Leases**

AASB 16 replaces AASB 117 Leases and has been applied for the first time from 1 July 2019. The accounting policy adopted by the Group from that date is described in Note 1(d). In the previous financial year, lease rentals payable on operating leases were recognised as an expense on a straight line basis over the lease term.

On initial application of AASB 16, the Group has elected to adopt the modified retrospective approach, whereby the lease liability is measured at the present value of the remaining lease payments, discounted using the Group's incremental borrowing rate at 1 July 2019. The Group's incremental borrowing rate was 4%. The right of use asset has been recognised at an amount equal to the lease liability, adjusted by the amount of any prepaid or accrued lease payments at the transition date. As a result, comparative financial information has not been restated.

Upon initial application of the Standard, the following amounts were recognised as at 1 July 2019:

Right of use Asset                    \$1,837,538

Lease Liability                        \$2,567,264

The previously recognised lease incentive liabilities of \$729,726 (Note 11) were adjusted against the right of use asset at the date of transition.

### **(b) Principles of consolidation**

The consolidated financial statements incorporate the assets, liabilities and results of entities controlled by the Company at reporting date. A controlled entity is any entity over which the Company has the power to govern the financial and operating policies so as to obtain benefits from its activities. Control will generally exist when the parent owns, directly or indirectly through subsidiaries, more than half of the voting power of an entity. In assessing the power to govern, the existence and effect of holdings of actual and potential voting rights are also considered.

In preparing the consolidated financial statements, all inter group balances and transactions between entities in the Group have been eliminated on consolidation. Accounting policies of subsidiaries have been changed where necessary to ensure consistency with those adopted by the parent entity.

### **(c) Income tax**

The Company is exempt from Income Tax under Division 50 of the Income Tax Assessment Act 1997. HESA is a taxable entity but has not derived any taxable income during the year. No deferred tax assets are recognised in respect of HESA's tax losses.

### **(d) Leases**

At inception of a contract, the Company assesses whether a contract is, or contains, a lease. A contract is considered to contain a lease if it allows the Company the right to control the use of an identified asset over a period of time in return for consideration.

Where a contract or arrangement contains a lease, the Company recognises a right of use asset and a lease liability at the commencement date of the lease.

## **Notes to the Consolidated Financial Statements**

### **For the year ended 30 June 2020**

A right of use asset is initially measured at cost, which is the present value of future lease payments adjusted for any lease payments made at or before the commencement date, plus any make good obligations and initial direct costs incurred. Lease assets are depreciated using the straight line method over the shorter of their useful life and the lease term. Periodic adjustments are made for any re measurements of the lease liabilities and for impairment losses.

Lease liabilities are initially measured at the present value of future minimum lease payments, discounted using the Company's incremental borrowing rate if the rate implicit in the lease cannot be readily determined, and are subsequently measured at amortised cost using the effective interest rate. Minimum lease payments include fixed payments, amounts expected to be paid under a residual value guarantee, the exercise price of purchase options for which the Company is reasonably certain to exercise and incorporate the Company's expectations of lease extension options.

The lease liability is remeasured when there are changes in future lease payments arising from a change in rates, index or lease terms from exercising an extension or termination option. A corresponding adjustment is made to the carrying amount of the lease assets.

Short term leases (lease term of 12 months or less) and leases of low value assets (\$10,000 or less) are recognised as incurred as an expense in the statement comprehensive income.

#### **(e) Cash and cash equivalents**

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

#### **(f) Accounts receivable and other debtors**

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

#### **(g) Revenue and other income**

In the previous financial year, revenue recognised in accordance with AASB 118 Revenue was measured at the fair value of the consideration received or receivable. The Group recognised revenue when the amount of revenue could be reliably measured, it was probable that future economic benefits would flow to the Group and specific criteria had been met for each of the Group's activities.

Revenue recognised under AASB 15 is measured at the amount which the Group expects to receive in consideration for satisfying performance obligations to a customer. A performance obligation is the distinct good or service defined within the contract with a customer. The transaction price is allocated to one or more performance obligations contained within the contract, with revenue being recognised as or when the performance obligation is satisfied.

Where consideration comprises variable components, the amount recognised as revenue is constrained to that amount that would not result in a significant reversal of the cumulative revenue recognised when that uncertainty is resolved.

#### ***Timing of Revenue Recognition***

Revenue is recognised either at a point in time or over time, when (or as) the Group satisfies performance obligations by transferring the promised goods or services to its customers.

If the Group satisfies a performance obligation before it receives the consideration, the entity recognises either a contract asset or a receivable in its statement of financial position, depending on whether something other than the passage of time is required before the consideration is due.

#### **Grant income**

Grant revenue is recognised in profit or loss when the Group satisfies the performance obligations stated within the funding agreements. If conditions are attached to the grant which must be satisfied before the Group is eligible to retain the contribution, the grant will be recognised in the consolidated statement of financial position as a liability until those conditions are satisfied.

## **Notes to the Consolidated Financial Statements For the year ended 30 June 2020**

### **Service income**

Revenue is recognised on the delivery of services to the customer over the relevant financial year.

### **Accreditation revenue**

Accreditation revenue is brought to account on the basis of the stage of completion of each accreditation. As such the Group estimates the stage of completion of each accreditation that is in progress at the end of the reporting period. The estimates are based on a series of milestones that have been determined by management. Accreditation fees are billed in advance and recorded as 'income received in advance' in the consolidated statement of financial position until it is recognised as revenue.

### **Overseas assessment fees**

Revenue from assessment fees is recognised over the period that the assessment process is performed. Assessment fees are paid on application and are non refundable. Amounts received are recorded as 'income received in advance' in the consolidated statement of financial position until it is recognised as revenue.

### **Government assistance**

Government assistance has been received during the year under the Cash Flow Boost program. Payments under this program are recognised as revenue once the Group is entitled to receive the payments. A receivable is recognised at year end for any payments that the Group is entitled to that have not been received. Payments received are included as part of 'Government assistance' in the consolidated statement of comprehensive income.

### **Interest revenue**

Interest revenue is recognised using the effective interest method.

### **Other income**

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

### **(h) Goods and services tax (GST)**

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

Receivables and payables are stated inclusive of GST receivable or payable. The net amount of GST recoverable from, or payable to, the ATO is included as part of receivables or payables in the consolidated statement of financial position.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing and financing activities, which are recoverable from or payable to the ATO, are presented as operating cash flows included in receipts from customers or payments to suppliers.

### **(i) Property, plant and equipment**

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

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

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

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

## Notes to the Consolidated Financial Statements

For the year ended 30 June 2020

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

### Depreciation

The depreciable amount of all fixed assets, including capitalised lease assets, is depreciated on a straight line basis over the asset's useful life to the Group commencing from the time the asset is available for use. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

The depreciation rates used for each class of depreciable asset are shown below:

Fixed asset class	Depreciation rate
Plant and equipment	20%–33%
Furniture, fixtures and fittings	8%–27%
Computer software	27%–33%

### (j) Accounts payable and other payables

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

### (k) Financial instruments

#### Initial recognition and measurement

Financial assets and financial liabilities are recognised when the Group becomes a party to the contractual provisions to the instrument. For financial assets, this is the date that the Group commits itself to either the purchase or sale of the asset (ie trade date accounting is adopted).

Financial instruments (except for trade receivables) are initially measured at fair value plus transaction costs, except where the instrument is classified 'at fair value through profit or loss', in which case transaction costs are expensed to profit or loss immediately. In most circumstances trade receivables are initially measured at the transaction price.

#### Classification and subsequent measurement

Financial instruments are subsequently measured at either fair value or amortised cost using the effective interest rate method. The subsequent measurement depends on the classification of the financial instrument as described below.

Fair value represents the amount for which an asset could be exchanged or a liability settled, between knowledgeable, willing parties in an arm's length transaction. Where available, quoted prices in an active market are used to determine fair value. In other circumstances, valuation techniques are adopted.

The effective interest method is used to allocate interest income or interest expense over the relevant period.

#### Financial assets

All recognised financial assets are subsequently measured in their entirety at either amortised cost or fair value, depending on the classification of the financial assets.

Financial assets that meet the following conditions are subsequently measured at amortised cost:

- the financial asset is held within a business model whose objective is to hold financial assets in order to collect contractual cash flows; and
- the contractual terms of the financial asset give rise on specified dates to cash flows that are solely payments of principal and interest on the principal amount outstanding.

## **Notes to the Consolidated Financial Statements**

### **For the year ended 30 June 2020**

Financial assets that meet the following conditions are subsequently measured at fair value through other comprehensive income (FVTOCI):

- the financial asset is held within a business model whose objective is achieved by both collecting contractual cash flows and selling the financial assets; and
- the contractual terms of the financial asset give rise on specified dates to cash flows that are solely payments of principal and interest on the principal amount outstanding.

By default, all other financial assets are subsequently measured at fair value through profit or loss (FVTPL).

Despite the above, the Group may make the following irrevocable election/designation at initial recognition of a financial asset:

- the Group may irrevocably elect to present subsequent changes in fair value of an equity instrument in other comprehensive income if certain criteria are met; and
- the Group may irrevocably designate a financial asset that meets the amortised cost or FVTOCI criteria as measured at FVTPL if doing so eliminates or significantly reduces an accounting mismatch.

#### ***Financial liabilities***

All financial liabilities are subsequently measured at amortised cost using the effective interest method or at FVTPL.

#### ***Impairment of financial assets***

The Group recognises a loss allowance for expected credit losses on financial assets that are measured at amortised cost or at FVTOCI. No impairment loss is recognised for investments in equity instruments. The amount of expected credit losses is updated at each reporting date to reflect changes in credit risk since initial recognition of the respective financial asset.

The Group recognises lifetime expected credit losses for trade receivables. The expected credit losses on these financial assets are estimated based on the Group's historical credit loss experience adjusted for factors that are specific to the debtors, general economic conditions and an assessment of both the current as well as the future direction of conditions at the reporting date, including time value of money where appropriate.

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

At the 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.

#### **(m) Intangibles**

##### **Intellectual property**

Intellectual property costs are capitalised only when the development of Nursing and Midwifery Accreditation Standards will deliver future economic benefits and those benefits can be measured reliably.

The expenditure capitalised includes direct costs and labour that are directly attributable to preparing the asset for its intended use.

Capitalised intellectual property costs are measured at cost less accumulated amortisation and accumulated impairment losses. Intellectual property costs have a finite life and are amortised on a systematic basis matched to the future economic benefits over the useful life of the Accreditation Standard which is 5 years.

## **Notes to the Consolidated Financial Statements For the year ended 30 June 2020**

### **Amortisation**

Amortisation is recognised in profit or loss on a straight line basis over the estimated useful life of intangible assets from the date that they are available for use.

Amortisation methods, useful life and residual values are reviewed at each reporting date and adjusted if appropriate.

### **(n) Employee provisions**

#### **Short-term employee provisions**

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

#### **Other long-term employee provisions**

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

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

### **(o) Economic dependence**

The Australian Nursing and Midwifery Accreditation Council Limited (ANMAC) has been appointed as the independent accreditation authority for the nursing and midwifery profession in Australia until 30 June 2024 subject to satisfactory performance. The ability of ANMAC to undertake this role is dependent on the receipt of funding from the Australian Health Practitioner Regulation Agency, which has been secured until 30 June 2021. Without this funding Australian Nursing and Midwifery Accreditation Council Limited would be unable to undertake the accreditation role.

### **(p) Comparatives**

Where required by Accounting Standards, comparative figures have been adjusted to conform with 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 the Group.

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.

### **Key estimates**

#### **Accreditation revenue**

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

**Notes to the Consolidated Financial Statements**  
**For the year ended 30 June 2020**

## 2 Operating segments

	Accreditation		Skilled Migration Services and Other		Total	
	2020 \$	2019 \$	2020 \$	2019 \$	2020 \$	2019 \$
<b>Revenue</b>						
Grant income received	<b>2,811,400</b>	2,768,684	-	-	<b>2,811,400</b>	2,768,684
Accreditation income	<b>1,081,151</b>	1,400,596	-	-	<b>1,081,151</b>	1,400,596
Overseas assessments	-	-	<b>2,071,570</b>	1,984,380	<b>2,071,570</b>	1,984,380
Other revenue	-	96,618	<b>381,551</b>	179,819	<b>381,551</b>	276,437
	<b>3,892,551</b>	4,265,898	<b>2,453,121</b>	2,164,199	<b>6,345,672</b>	6,430,097
<b>Expenses</b>						
Direct expenses	<b>2,108,479</b>	2,185,976	<b>875,248</b>	655,780	<b>2,983,727</b>	2,841,756
Overheads	<b>1,778,626</b>	1,978,755	<b>674,874</b>	494,689	<b>2,453,500</b>	2,473,444
	<b>3,887,105</b>	4,164,731	<b>1,550,122</b>	1,150,469	<b>5,437,227</b>	5,315,200
<b>Net surplus/(deficit)</b>	<b>5,446</b>	101,167	<b>902,999</b>	1,013,730	<b>908,445</b>	1,114,897

## 3 Cash and cash equivalents

	2020 \$	2019 \$
Cash on hand	<b>288</b>	434
Cash at bank	<b>1,636,487</b>	1,761,597
Deposits at call	<b>7,017,515</b>	5,017,099
	<b>8,654,290</b>	6,779,130

## 4 Trade and other receivables

	2020 \$	2019 \$
<b>Trade and other receivables</b>	<b>351,614</b>	277,471
Provision for impairment	(16,764)	-
Other debtors	<b>27,324</b>	5,649
GST receivable	-	8,231
	<b>362,174</b>	291,351

## 5 Financial assets

	2020 \$	2019 \$
<b>Term deposit—rental bond</b>	<b>98,672</b>	98,672

**Notes to the Consolidated Financial Statements**  
**For the year ended 30 June 2020**

**6 Other assets**

	2020	2019
	\$	\$
<b>Current</b>		
Prepayments	<b>110,529</b>	110,281
Accrued income	<b>54,741</b>	28,641
	<b>165,270</b>	138,922

**7 Property, plant and equipment**

	2020	2019
	\$	\$
<b>Plant and equipment</b>		
At cost	<b>208,792</b>	203,614
Accumulated depreciation	<b>(157,179)</b>	(119,523)
	<b>51,613</b>	84,091
<b>Furniture, fixtures and fittings</b>		
At cost	<b>1,107,829</b>	1,101,863
Accumulated depreciation	<b>(497,469)</b>	(371,872)
	<b>610,360</b>	729,991
<b>Computer software</b>		
At cost	<b>634,473</b>	559,789
Accumulated Depreciation	<b>(310,570)</b>	(130,900)
	<b>323,903</b>	428,889
	<b>985,876</b>	1,242,971

**Movements in carrying amounts**

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

	Plant and Equipment	Furniture, Fixtures and Fittings	Computer Software	Total
	\$	\$	\$	\$
<b>Year ended 30 June 2020</b>				
Opening balance	<b>84,091</b>	<b>729,991</b>	<b>428,889</b>	<b>1,242,971</b>
Additions	<b>5,178</b>	<b>5,966</b>	<b>74,684</b>	<b>85,828</b>
Disposals	-	-	-	-
Depreciation expense	<b>(37,656)</b>	<b>(125,597)</b>	<b>(179,670)</b>	<b>(342,923)</b>
<b>Balance at the end of the year</b>	<b>51,613</b>	<b>610,360</b>	<b>323,903</b>	<b>985,876</b>

**Notes to the Consolidated Financial Statements**  
**For the year ended 30 June 2020**

**8 Intangible assets**

	<b>2020</b>	<b>2019</b>
	\$	\$
<b>Intellectual Property</b>		
At cost	<b>1,733,809</b>	1,798,633
Accumulated amortisation	<b>(1,363,104)</b>	(1,292,868)
	<b>370,705</b>	505,765

**Movements in Carrying Amounts**

Movement in the carrying amount of intangible assets between the beginning and the end of the current financial year:

	<b>Intellectual Property</b>
	\$
<b>Year ended 30 June 2020</b>	
Opening balance	<b>505,765</b>
Additions	<b>74,955</b>
Amortisation	<b>(210,015)</b>
<b>Balance at the end of the year</b>	<b>370,705</b>

**Notes to the Consolidated Financial Statements**  
**For the year ended 30 June 2020**

**9 Lease Assets and Liabilities**

	<b>2020</b>	<b>2019</b>
	\$	\$
<b>Right of use assets</b>		
Balance at beginning of the year	-	-
Amount recognised on adoption of AASB 16 Leases	<b>1,837,538</b>	-
Balance at year end	<b>1,837,538</b>	-
Balance at the beginning of the year	-	-
Amortisation for the year	<b>(279,120)</b>	-
Balance at year end	<b>(279,120)</b>	-
	<b>1,558,418</b>	-
<b>Lease liabilities</b>		
Current	<b>334,784</b>	-
Non-current	<b>1,924,671</b>	-
	<b>2,259,455</b>	-
<b>Movement of lease liabilities during the year</b>		
Balance at beginning of the year	-	-
Amount recognised on adoption of AASB 16 Leases	<b>2,567,264</b>	-
Lease payments	<b>(403,619)</b>	-
Interest expense	<b>95,810</b>	-
<b>Balance at year end</b>	<b>2,259,455</b>	-

The leases are related to ANMAC's office premises:

- ANMAC entered into a rental agreement on 20 February 2016 for an initial annual rental of \$358,809. The premises are 15 Lancaster Place, Majura Park.
- Majura Park lease expires on 19 February 2026. Lease payments increase by 3.5% per annum.

**Notes to the Consolidated Financial Statements**  
**For the year ended 30 June 2020**

**10 Trade and other payables**

	<b>2020</b>	<b>2019</b>
	\$	\$
Trade and other payables	<b>253,045</b>	116,933
Accrued expenses	<b>23,283</b>	120,472
GST payable	<b>24,907</b>	-
Other payables	<b>7,919</b>	-
	<b>309,154</b>	237,405

**11 Other financial liabilities**

	<b>2020</b>	<b>2019</b>
	\$	\$
<b>Current</b>		
Lease incentive liabilities	-	67,069
<b>Non current</b>		
Lease incentive liabilities	-	662,657
	<b>-</b>	<b>729,726</b>

The lease incentive liabilities are related to the rental of 15 Lancaster Place, Majura Park, described in Note 9. The lease incentive comprised of a rent free period plus a contribution towards fit out costs. The Group has applied AASB 16 using the modified retrospective approach and therefore comparative information has not been restated and continues to be reported under AASB 117.

**12 Employee provisions**

	<b>2020</b>	<b>2019</b>
	\$	\$
<b>Current liabilities</b>		
Annual leave	<b>286,696</b>	249,032
Long service leave	<b>287,562</b>	186,528
	<b>574,258</b>	435,560
<b>Non current liabilities</b>		
Long service leave	<b>84,392</b>	135,719
	<b>84,392</b>	135,719
	<b>658,650</b>	571,279

**Notes to the Consolidated Financial Statements**  
**For the year ended 30 June 2020**

### **13 Contingencies**

Australian Nursing and Midwifery Accreditation Council Limited had the following contingent liability at the end of the reporting period:

Under the rental lease agreement for Majura Park there are contingent liabilities for repayment of the lessor's fitout contribution plus any outstanding lease commitments if a repayment event occurs. Where certain exception clauses apply a lower amount may be payable in relation to outstanding lease commitments. The calculation of the contingent liabilities is determined by the rental lease agreement and the values are reducing over a set time period. The value of the contingent liabilities at year end are: Repayment of lessor's fitout contribution \$364,000 (2019: \$435,500), and if applicable, early surrender payment of \$149,053. (2019: \$149,053)

### **14 Events after the end of the reporting period**

The financial report was authorised for issue on the date of signing of the attached directors' declaration.

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

### **15 Related parties**

Transactions between related parties are on normal commercial terms and conditions no more favorable 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 disclosed in Note 17.

### **16 Financial assets and liabilities**

The Group's financial instruments consist mainly of deposits with banks, short term deposits and accounts receivable and payable.

The totals for each category of financial instrument, measured in accordance with AASB 9 as detailed in the accounting policies to these financial statements, are as follows:

		<b>2020</b>	<b>2019</b>
	<b>Note</b>	<b>\$</b>	<b>\$</b>
<b>Financial assets</b>			
<b>Financial assets at amortised cost:</b>			
Cash and cash equivalents	3	<b>8,654,290</b>	6,779,130
Term deposits	5	<b>98,672</b>	98,672
Trade and other receivables	4	<b>362,174</b>	283,120
<b>Total financial assets</b>		<b>9,115,136</b>	7,160,922
<b>Financial liabilities</b>			
<b>Financial liabilities at amortised cost:</b>			
Trade and other payables	10	<b>309,154</b>	237,405
Lease Liabilities		<b>2,259,455</b>	-
<b>Total financial liabilities</b>		<b>2,568,609</b>	237,405
		<b>6,546,527</b>	6,923,517

**Notes to the Consolidated Financial Statements**  
**For the year ended 30 June 2020**

**17 Key management personnel remuneration**

Key management personnel remuneration included within employee expenses for the year is shown below:

	<b>2020</b>	<b>2019</b>
	\$	\$
KMP compensation	<b>731,696</b>	688,377

**18 Members' guarantee**

The Company is incorporated under the Corporations Act 2001 and is a company limited by guarantee. If the Company is wound up, the constitution states that each member is required to contribute a maximum of \$20 each towards meeting any outstandings and obligations of the Company.

**19 Statutory information**

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

Australian Nursing and Midwifery Accreditation Council Limited  
Level 1, 15 Lancaster Place  
Majura Park  
Canberra Airport ACT 2609

## Directors' Declaration

The directors of the Company declare that, in the directors' opinion:

The financial statements and notes, as set out on pages 11 to 29, are in accordance with the Australian Charities and Not-for-profits Commission Act 2012 and:

- comply with Australian Accounting Standards—Reduced Disclosure Requirements and the Australian Charities and Not-for-profits Commission Regulation 2013; and
- give a true and fair view of the financial position of the Company as at 30 June 2019 and of the performance for the year ended on that date.

There are reasonable grounds to believe that the Company will be able to pay its debts as and when they become due and payable.

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



Wendy Cross  
Chair



Roslyn Jackson  
Chair—Finance Audit and Risk Committee



**Independent Auditor's Report  
To the Members of the Australian Nursing and Midwifery Accreditation  
Council Limited**

**Report on the Audit of the Financial Statements**

**Opinion**

We have audited the financial statements of Australian Nursing and Midwifery Accreditation Council Limited (the company) and controlled entities (the consolidated entity), which comprise the consolidated statement of financial position as at 30 June 2020, the consolidated statement of comprehensive income, consolidated statement of changes in equity and the consolidated statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the directors' declaration.

In our opinion, the accompanying financial statements of the consolidated entity are in accordance with the Australian Charities and Not-for-profits Commission Act 2012, including:

- (i) giving a true and fair view of the consolidated entity's financial position as at 30 June 2020 and of its financial performance for the year then ended; and
- (ii) complying with Australian Accounting Standards – Reduced Disclosure Requirements and Division 60 of the Australian Charities and Not-for-profits Commission Regulation 2013.

**Basis for opinion**

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the Auditor's Responsibility for the Audit of the Financial Statements section of our report. We are independent of the entity in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 Code of Ethics for Professional Accountants (including Independence Standards) (the Code) that are relevant to our audit of the financial statements in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

**Other information**

The directors are responsible for the other information. The other information comprises the information in Australian Nursing and Midwifery Accreditation Council Limited's directors' report for the year ended 30 June 2020, but does not include the financial statements and the auditor's report thereon.

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated.

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**w** nexia.com.au

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If, based on the work we have performed, we conclude that there is a material misstatement of the other information we are required to report that fact. We have nothing to report in this regard.

**Directors' responsibility for the financial statements**

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

In preparing the financial statements, the directors are responsible for assessing the consolidated entity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the consolidated entity or to cease operations, or have no realistic alternative but to do so.

**Auditor's responsibility for the audit of the financial statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A further description of our responsibilities for the audit of the financial statements is located at The Australian Auditing and Assurance Standards Board website at: [http://www.auasb.gov.au/auditors\\_responsibilities/ar3.pdf](http://www.auasb.gov.au/auditors_responsibilities/ar3.pdf). This description forms part of our auditor's report.



**Nexia Duesburys (Audit)**  
Canberra, 8 September 2020

**G J Murphy**  
**Partner**





**Annex A—Membership  
and attendance of ANMAC  
Accreditation Committees**

## Enrolled Nurse Accreditation Committee attendance

	4 June 2020	7 May 2020	9 April 2020	5 March 2020	6 February 2020	28 November 2019	7 November 2019	3 October 2019	5 September 2019	9 August 2019	4 July 2019	# of meetings attended	
<b>Julie Fereday</b> (Resigned from Chair Nov 2019)	1	1	1	0	1	1	N/A	N/A	N/A	N/A	N/A	5/6	
Virginia Stanley (appointed Chair Feb 2020)	1	1	1	1	1	1	1	1	1	1	1	11/11	
<b>Kate McCluskey</b> (Deputy Chair Feb 2020)	1	1	1	1	1	1	1	1	1	1	1	11/11	
<b>Melanie Birks</b>	0	1	0	1	1	1	1	1	1	1	0	1	8/11
<b>Catriona Booker</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1	1	1	1	1	5/5
<b>Louise Botha</b>	N/A	N/A	1	1	1	0	N/A	N/A	N/A	N/A	N/A	N/A	3/4
<b>Susan Hopkins</b>	1	1	0	1	1	1	N/A	N/A	N/A	N/A	N/A	N/A	5/6
<b>Kathie Horton</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1	1	1	1	1	5/5
<b>Corinne op't Hogg</b>	0	1	1	1	0	1	1	1	1	0	0	1	7/11
<b>Judy Peters</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1	1	1	0	1	4/5
<b>Amy Shepherd</b>	N/A	N/A	1	1	1	1	1	1	1	0	1	1	8/9

1 = Attended

0 = Did not attend

N/A = not eligible to attend

**Julie Fereday**

stepped down November 2019

**Kathi Horton**

appointed Feb 2020

**Catriona Booker**

appointed February 2020

**Judy Peters**

appointed Feb 2020

**Louise Botha**

appointed September 2019

**Amy Shepherd**

appointed Sept 2020

**Susan Hopkins**

stepped down November 2019

## Midwife Accreditation Committee attendance

										# of meetings attended
										2 June 2020
										6 May 2020
										6 April 2020
										2 March 2020
										3 February 2020
										25 November 2019
										4 November 2019
										30 September 2019
										2 September 2019
										5 August 2019
										1 July 2019
<b>Michelle Newton</b>		1	1	1	0	1	1	1	1	9/10
<b>Kathleen Baird</b>		N/A	1	1	9	9	1	1	0	1
<b>Sara Bayes</b>		N/A	1	0	1	0	1	1	1	1
<b>Fiona Bogossian</b>		1	1	1	1	0	1	1	1	9/10
<b>Deborah Davis</b>		1	0	1	1	1	0	1	1	8/10
<b>Amelia Druhan</b>		1	1	1	1	1	1	0	1	8/10
<b>Mary Sidebotham</b>		1	N/A	1/1						
<b>Linda Sweet</b>		1	1	1	1	1	1	1	1	10/10
<b>Michelle Underwood</b>		0	1	0	1	0	0	1	1	0
										5/10

1 = Attended

0 = Did not attend

N/A = not eligible to attend

■ = Meeting canceled

### Kathleen Baird

appointed Sept 2019

### Sara Bayes

appointed Sept 2019

### May Sidebotham

resigned August 2019

## Registered Nurse Accreditation Committee attendance

												# of meetings attended
<b>Phillip Della</b> (Resigned from Chair Nov 2019)	o	1	1	o	o	1	N/A	N/A	N/A	N/A	N/A	3/6
<b>Ingrid Brooks</b>	o	1	1	o	1	o	o	1	1	1	1	7/11
<b>Karen Clark-Burg</b>	N/A	N/A	N/A	N/A	N/A	N/A	1	1	o	1	1	4/5
<b>Jane Conway</b>	1	1	o	1	1	o	1	1	1	1	1	9/11
<b>Iain Graham</b>	1	1	o	1	o	1	N/A	N/A	N/A	N/A	N/A	4/6
<b>Leanne Heaton</b>	1	1	1	1	1	1	1	1	1	1	1	11/11
<b>Erin McLeod</b>	1	o	1	o	1	1	1	1	1	1	1	9/11
<b>Lauren McTier</b>	N/A	1	1	1	1	4/4						
<b>Tracey Moroney</b>	N/A	N/A	o	1	o	1	1	o	1	1	1	6/9
<b>Rhonda Wilson</b>	1	1	1	1	o	1	o	1	o	1	1	8/11

1 = Attended

o = Did not attend

N/A = not eligible to attend

**Phillip Della**

resigned Nov 2019

**Karen Clark-Burg**

appointed Feb 2020

**Iain Graham**

resigned Nov 2019

**Lauren McTier**

appointed March 2020

**Tracey Moroney**

appointed Sept 2019

## Nurse Practitioner Accreditation Committee attendance

	26 November 2019	1 October 2019	6 August 2019	16 January 2020	3 March 2020	2 June 2020	# of meetings attended
<b>Haakan Strand (Chair)</b>	1	0	1	1	1		4/5
<b>Di Crellin</b>	N/A	1	0	1	0		2/4
<b>Jane Currie</b>	N/A	1	0	0	1		2/4
<b>Petra Czarniak</b>	1	1	1	1	1		5/5
<b>Amanda Fox</b>	0	1	0	0	0		1/5
<b>Grainne Lowe</b>	1	1	1	1	1		5/5
<b>John Smithson</b>	0	1	1	1	1		4/5
<b>Kathleen Tori</b>	N/A	1	1	1	1		4/4

1 = Attended

Di Crellin appointed Oct 2019

o = Did not attend

Jane Currie appointed Oct 2019

N/A = not eligible to attend

Kathleen Tori appointed Oct 2019

■ = Meeting canceled

## Strategic Accreditation Advisory Committee

			# of meetings attended
	31 March 2020	22 November 2019	3 September 2019
<b>Fiona Stoker (Chair)</b>		1	1
<b>Margaret Gatling</b>		1	1
<b>Liza Edwards</b>		1	0
<b>Debbie Blow</b>		1	1
<b>Katherine Jackman</b>		1	0
<b>Tracey Moroney</b>		1	0
<b>Moira Williamson</b>		1	1
<b>Phillip Della</b>		1	1
<b>Michelle Newton</b>		1	0
<b>Julie Fereday</b>		1	1
<b>Haakan Strand</b>		0	1
<b>Julianne Bryce</b>		1	1
<b>Kym Ryan</b>		0	N/A
<b>Jane Conway</b>		N/A	1

1 = Attended

**Kim Ryan** resigned Nov 2019

0 = Did not attend

N/A = not eligible to attend

 = Meeting canceled

due to COVID-19

