

Nursing and Midwifery Accreditation Committee (Assessment of overseas qualified nurses and midwives) – Terms of Reference

September 2024

Contents

Background	3
1. Defined terms and interpretation	3
2. Inconsistency	6
3. Application of Terms of Reference	6
4. Performance of Accreditation Functions	6
5. Membership	7
6. Appointment of Members	7
7. Removal of Members	8
8. Term of Appointment	8
9. Chair	8
10. Deputy Chair	8
11. Quorum	8
12. Decision making	8
13. Standing invitation to Australian Nursing and Midwifery Accreditation Council	9
14. Financial Arrangements	9
15. Review	9
16. Reporting and review	10
17. Rectification Plan	11
18. Ownership of Intellectual Property Rights in Accreditation Material	11
19. Meetings and Procedures	11
20. Committees, examiners and expert groups	11
21. Communication Arrangements	11
22. Stakeholder collaboration	12
23. Dispute resolution	12
24. Public Interest	12
25. Conflicts of Interest	12

26. Other..... 12

27. Review of these Arrangements 13

28. Document Control..... 13

Background

- A The Nursing and Midwifery Board of Australia (**Board**) has decided the Accreditation Functions relevant to section 42(d) of the National Law for the nursing and midwifery professions will be exercised by an accreditation committee established by the Board, pursuant to section 43 of the National Law.
- B The Nursing and Midwifery Accreditation Committee (Assessment of overseas qualified nurses and midwives) (**NMAC**) is established by the Board under clause 11 of schedule 4 of the National Law.
- C In addition to the objectives and guiding principles in the National Law, the priorities of the Board, the Accreditation Committee and the Australian Health Practitioner Regulation Agency (**Ahpra**) in administering Accreditation Functions for the nursing and midwifery professions are as set out under the National Scheme from time to time (**Priorities**).
- D Ahpra will support the NMAC to carry out its Accreditation Functions consistently with these Terms of Reference, pursuant to section 25 of the National Law and consistent with the Health Profession Agreement between the Board and Ahpra under section 26 of the National Law.

1. Defined terms and interpretation

1.1 Defined terms

In this document:

Accreditation Committee means the independently-chaired committee established in 2021 pursuant to the Policy Direction, which provides independent and expert advice on accreditation reform and other National Registration and Accreditation Scheme (National Scheme) accreditation matters to National Scheme entities, such as National Boards, accreditation authorities and Ahpra.

Accreditation Functions means the accreditation functions referred to in Part 6 of the National Law which are set out in Attachment B.

Accreditation Material means all Material that is necessary to perform the Accreditation Functions, that is:

- a) created or developed on or after 1 July 2017 by or on behalf of the NMAC (either alone or jointly with a third party) in the course of performing the Accreditation Functions; or
- b) developed independently of these Terms of Reference that is:
 - (i) incorporated in
 - (ii) supplied with, or as part of; or
 - (iii) required to be supplied with, or as part of,the material referred to in paragraph (a).

Ahpra Material means all Material made available to the NMAC by Ahpra or by the Board to perform the Accreditation Functions.

Business Day means a day other than a Saturday, Sunday, bank holiday or public holiday in Melbourne, Victoria.

Commencement Date means the date set out in Item 1 of Attachment A.

Conflict means any matter, circumstance, interest or activity that reasonably may, or may appear to, impair or compromise the ability of the NMAC to perform the Accreditation Functions and otherwise carry out its duties diligently, independently and in accordance with these Terms of Reference and the National Law.

Consequential Loss means any loss recoverable at law (other than a loss arising in the usual course of things) which is:

- a) consequential upon other loss;
- b) a loss of opportunity or goodwill;
- c) a loss of profits or revenue;
- d) a loss of use or production;
- e) a loss of anticipated savings or business; or
- f) loss of value of any equipment,

and any costs or expenses incurred in connection with the foregoing.

Data Breach has the meaning given in the applicable Privacy Law from time to time and includes any unauthorised access to or disclosure or modification of, any misuse or loss of, any interference with, any event that causes denial of access to, or any accidental or unlawful destruction of, any Personal Information.

Dispute means any dispute or disagreement concerning:

- a) these Terms of Reference;
- b) the carrying out of the Accreditation Functions;
- c) the provision of Funding by Ahpra; or
- d) the other rights or obligations of the Board, NMAC or Ahpra under these Terms of Reference.

End Date means the date set out in Item 2 of Attachment A.

Fee Setting Principles means the principles for setting Third Party Fees set out in Attachment E, as updated under clause 15.

Funding Principles means the principles for the NMAC to request, and the Board (in consultation with Ahpra) to determine the Funds to be allocated to support the work of the NMAC in each financial year, set out in Item 1 of Attachment D as updated under clause 15.

Funds means the amount set out in Item 2 of Attachment D, as updated under clause 15.

Health Information has the meaning set out in the Privacy Act.

Health Profession Agreement means the agreement entered into by Ahpra with the Board in accordance with section 26 of the National Law.

Intellectual Property Rights means all intellectual property rights, including the following rights:

- a) patents, copyright (including future copyright), rights in circuit layouts, designs, trade and service marks (including goodwill in those marks), domain names and trade names and any right to have information kept confidential;
- b) any application or right to apply for registration of any of the rights referred to in paragraph (a); and

- c) all rights or forms of protection of a similar nature or having equivalent or similar effect to any of the rights in paragraphs (a) and (b) that may subsist anywhere in the world (including Australia), whether or not such rights are now existing or created in the future and whether or not such rights are registered or capable of being registered.

Key Performance Indicators means the key performance indicators set out in Attachment F as updated under clause 15.

National Board means the Board and each other national board existing under the National Law from time to time.

National Law means the Health Practitioner Regulation National Law, as in force in each State and Territory.

Personal Information has the meaning set out in the Privacy Act.

Policy Direction means the *Ministerial Council Policy Direction 2020-1 – Independent Accreditation Committee* issued by Hon. Natasha Fyles MLA to the National Boards and Ahpra on 4 February 2021

Privacy Act means the *Privacy Act 1988* (Cth).

Privacy Law means legislation, statutory instruments and any other enforceable codes or guidelines regulating the collection, use and/or disclosure of Personal Information that applies to any of the parties or to these Terms of Reference.

Protected Information has the meaning set out in the National Law.

Rectification Plan has the meaning given in clause 17(a).

Term has the meaning set out in clause 3(a).

Terms of Reference means this terms of reference document, including its attachments.

Third Party Fees means the fees that the Board approves and Ahpra charges internationally qualified nurses and midwives in connection with the performance of the Accreditation Functions by the NMAC.

Work Plan means the work plan set out in Attachment C, as updated under clause 15.

1.2 Interpretation

In these Terms of Reference, except where the context otherwise requires:

- a) the singular includes the plural and vice versa, and a gender includes other genders;
- b) another grammatical form of a defined word or expression has a corresponding meaning;
- c) a reference to a clause, paragraph, attachment or annexure is to a clause or paragraph of, or attachment or annexure to, these Terms of Reference, and a reference to these Terms of Reference includes any attachment or annexure;
- d) a reference to a document or instrument includes the document or instrument as novated, altered, supplemented or replaced from time to time;
- e) a reference to **A\$, \$A, dollar, AUD** or **\$** is to Australian currency;
- f) a reference to time is to Melbourne, Australia time;
- g) a reference to a person includes a natural person, partnership, body corporate, association, governmental or local Committee or agency or other entity;

- h) a reference to a statute, ordinance, code or other law includes regulations and other instruments under it and consolidations, amendments, re-enactments or replacements of any of them;
- i) the meaning of general words is not limited by specific examples introduced by including, for example or similar expressions; and
- j) if a day on or by which an obligation must be performed or an event must occur is not a Business Day, the obligation must be performed or the event must occur on or by the next Business Day.

1.3 Headings

Headings are for ease of reference only and do not affect interpretation.

1.4 Priority of documents

Unless these Terms of Reference expressly provide otherwise, if there is any inconsistency between any one or more of:

- a) the body of these Terms of Reference; and
- b) an attachment to these Terms of Reference,

the order of precedence between them will be the order set out above, with the terms set out in the body of these Terms of Reference having the highest level of precedence.

2. Inconsistency

If there are changes to the National Law or any relevant decisions by Ministers which may impact on the ability of the NMAC to carry out its Accreditation Functions consistently with these Terms of Reference, the Board will amend the Terms of Reference in consultation with the NMAC and Ahpra to resolve the issues.

3. Application of Terms of Reference

- a) The Terms of Reference take effect on the Commencement Date and continue to apply to the NMAC until the End Date (the **Term**).
- b) The Board may change the End Date at any time in consultation with the NMAC and Ahpra.

4. Performance of Accreditation Functions

- a) The NMAC must perform the Accreditation Functions:
 - (i) in compliance with all applicable laws and regulatory requirements; and
 - (ii) in accordance with the Work Plan and so as to achieve the Key Performance Indicators.
- b) The NMAC will take into account the independent Accreditation Committee's advice when exercising its functions for the purpose of the National Law and to document the outcome of its consideration of that advice.
- c) The NMAC, in consultation with Ahpra, must:
 - (i) commence a review of the Work Plan for the next financial year by 31 December each year;
 - (ii) complete a review of the Work Plan for the next financial year by 1 February each year; and

- (iii) submit the Work Plan for the next financial year to the Board by 1 March each year for consideration and approval.
- d) The Board will provide written advice to the NMAC about the outcomes of its consideration and approval of the Work Plan for the next financial year by 30 April each year.

5. Membership

- a) The NMAC will consist of at least seven members.
- b) The members' combined skills and expertise will address the following areas:
 - (i) experience and currency in multiple-choice question (MCQ) examination and objective structured clinical examination (OSCE) design, implementation, evaluation and maintenance
 - (ii) experience and currency in education and/or regulation of health practitioners, preferably within Australia
 - (iii) knowledge of contemporary nursing and midwifery practice within the Australian health care system
 - (iv) formal qualifications in health and/or education/pedagogy expertise
 - (v) experience and currency in using psychometric analysis of examinations to optimise reliability and validity experience in OSCE examiner recruitment, education and training
 - (vi) skills and expertise in quality assurance, risk and the employment of the IQNM workforce in an Australian health service offering both nursing and midwifery services; and
 - (vii) lived experience of successfully completing the board's current IQNM assessment model
- c) The members will include:
 - (i) at least one registered nurse whose skills and expertise address at least one of the areas specified above in clause 5b)
 - (ii) at least one midwife whose skills and expertise address at least one of the areas specified above in clause 5b)
 - (iii) at least one individual who identifies as Aboriginal and/or Torres Strait Islander and whose skills and expertise address at least one of the areas specified above in clause 5b); and
 - (iv) at least three other individuals who each have skills and expertise in at least two of the areas specified above in clause 5b).

6. Appointment of Members

- a) Members of the Board, members of the state and territory boards of the Board and members of other Board committees are not eligible for appointment to the NMAC.
- b) The Board will appoint each member of the NMAC following a call for applications published on the Board's website. In deciding whether to appoint a person as a member of the NMAC, the Board is to have regard to the skills, knowledge and experience that are relevant to the NMAC's functions and the areas specified in clause 5.

- c) The Board will have regard to its commitment to strategy 8 in the increased participation objective of the National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025 in making appointments to the NMAC.
- d) Where a vacancy occurs before the end of an NMAC member's term, the Board may fill the vacancy on a temporary or longer-term basis. It is not necessary to advertise such a vacancy before appointing a person to fill a casual vacancy, but the appointment must be consistent with clause 5.
- e) Where the Board identifies a gap in the expertise of the members appointed under clause 6b), it may appoint another member on a temporary or longer-term basis. It is not necessary to advertise such vacancies before appointing another member, but the appointment must be consistent with clause 5.

7. Removal of Members

- a) The Board may remove a member of the NMAC if:
 - (i) the member has been found guilty of an offence (whether in a participating jurisdiction or elsewhere) that, in the opinion of the Board, renders the member unfit to continue to hold the office of member; or
 - (ii) that member is a registered health practitioners and ceases to be registered as a result of misconduct, impairment or incompetence; or
 - (iii) the member becomes bankrupt, applies to take the benefit of any law for the relief of bankrupt or insolvent debtors, compounds with the member's creditors or makes an assignment of the member's remuneration for their benefit; or
 - (iv) the NMAC or Board recommends the removal of the member, on the basis that the member has engaged in misconduct or has failed or is unable to properly exercise the member's functions as a member.

8. Term of Appointment

- a) Each member of the NMAC will be appointed for a term determined by the Board for up to three years.
- b) Members of the NMAC are eligible for reappointment for a maximum of three terms.

9. Chair

The Board will appoint one of the NMAC members as the chair of the NMAC.

10. Deputy Chair

The Board may also choose to appoint an NMAC member as the deputy chair.

11. Quorum

A quorum for the NMAC shall be a majority of members present, but not less than four members.

12. Decision making

- a) A decision of the NMAC shall be agreed by consensus. If consensus cannot be reached, then a decision will be agreed by a simple majority of the votes (more than half of the members who cast a vote) of the NMAC members.

- b) In the event of an equality of votes, the chair of the meeting has a second or casting vote.

13. Standing invitation to Australian Nursing and Midwifery Accreditation Council

- a) The Chief Executive Officer of the Australian Nursing and Midwifery Accreditation Council (ANMAC CEO) will be invited to attend NMAC meetings for any agenda items determined by the chair.
- b) The ANMAC CEO may contribute to discussion about the agenda items determined by the chair but will not participate in NMAC decisions.

14. Financial Arrangements

14.1 Funding arrangements

- a) The Board, in consultation with Ahpra, will make provision for the Funds in the Board's budget to enable the NMAC to carry out its Accreditation Functions consistently with these Terms of Reference.
- b) The NMAC, in consultation with Ahpra, must:
 - (i) submit a budget to explain the Funds for delivery of the Work Plan for the next financial year to the Board by 1 March each year for consideration and approval; and
 - (ii) apply the Funding and Fee Setting Principles in developing the budget for delivery of the Work Plan for the next financial year.
- c) The Board will provide written advice to the NMAC about the outcomes of its consideration and approval of the budget and the Funds by 30 April each year.
- d) The Board, in consultation with Ahpra, will apply the Funding and Fee Setting Principles to its consideration and approval of the budget and Funds for delivery of the Work Plan for the next financial year.

14.2 Accountability for use of Funds

The NMAC and Ahpra, must:

- a) use the Funds only for the performance of the Accreditation Functions, and related activities specified in the Work Plan; and
- b) submit quarterly reports to the Board on actual financial status against the approved budget and Funds for delivery of the Work Plan.

14.3 Third Party Fees

The Board, in consultation with Ahpra, must apply the Fee Setting Principles in approving Third Party Fees as part of its consideration and approval of the budget and Funds for delivery of the Work Plan for the next financial year.

14.4 Unused Funds

All amounts provisioned in the Board's budget but not used or not applied by the NMAC and Ahpra for delivery of the Work Plan will be retained by the Board.

15. Review

- a) The NMAC, the Board or Ahpra may initiate discussions on the:
 - (i) Work Plan;

- (ii) Funds;
- (iii) Funding Principles;
- (iv) Fee Setting Principles;
- (v) Reporting and documentation requirements set out in Attachment F; and
- (vi) Key Performance Indicators,

from time to time.

- b) Where discussions take place under clause 15a)(i) or 15a)(ii), the Board, in consultation with Ahpra, will:
 - (i) conduct a review of the Work Plan or Funds including seeking advice from the NMAC; and
 - (ii) acting in good faith and in consultation with Ahpra and the NMAC, consider whether any changes are required and confirm the Work Plan or Funds going forward, considering:
 - (A) in relation to changes to the Work Plan - the NMAC's current performance of the Accreditation Functions and any request from the NMAC for any changes to the Work Plan; and
 - (B) in relation to changes to the Funds - the Funding and Fee Setting Principles and any request from the NMAC for any changes to the Funds, and
 - (C) any other factor which Ahpra and the Board consider materially relevant.
- c) Reviews under clause 14b) will only occur once per year unless exceptional circumstances require a review to be undertaken on a more frequent basis.
- d) Where discussions take place in relation to clause 15a)(iii) to 15a)(vii), Ahpra, in consultation with the Board, will conduct a review of the:
 - (i) Funding Principles;
 - (ii) Fee Setting Principles;
 - (iii) Reporting and documentation requirements set out in Attachment F; and/or
 - (iv) Key Performance Indicators; and

acting in good faith and in consultation with the Board, consider whether any changes are required and confirm the Work Plan or Funds going forward, considering any request from the NMAC for any changes.
- e) If the Board, in consultation with Ahpra, makes changes to the items listed in clause 15a)(i) to 15a)(v), those changes will commence from the date of that decision, unless the Board decides on a later date.

16. Reporting and review

- a) The NMAC, with support from Ahpra, must:
 - (i) keep full and accurate records about its performance of the Accreditation Functions, including records about progress against any applicable milestones, the use of Funding

and the creation of Intellectual Property Rights as a result of the performance of the Accreditation Functions; and

- (ii) provide to the Board the reports and supporting documents in accordance with the timeframes and form and content requirements as set out in Attachment F.
- b) If the Board, in consultation with Ahpra, identifies significant concerns or risks related to the performance of the Accreditation Functions, the Board may review the NMAC's:
- (i) use of Funds; and
 - (ii) performance of its obligations under these Terms of Reference.

17. Rectification Plan

- a) If the Board, in consultation with Ahpra, is of the reasonable opinion that the NMAC has not met its obligations under clause 16a), the Board may require the NMAC, with support from Ahpra, to prepare and provide a plan detailing how the NMAC proposes to rectify its failure to meet those obligations (**Rectification Plan**).
- b) The Rectification Plan must include arrangements that will enable the NMAC to meet its obligations in a reasonable time.
- c) The NMAC must provide the Rectification Plan to the Board within 45 Business Days of the date on which the Board requested the Rectification Plan under clause 17a), for the Board's approval.
- d) The NMAC must comply with the Rectification Plan approved under clause 17c).

18. Ownership of Intellectual Property Rights in Accreditation Material

The Intellectual Property Rights subsisting in all Accreditation Material are retained by Ahpra on behalf of the NMAC and the Board.

19. Meetings and Procedures

- a) Meetings will be scheduled as required and be either face-to-face or held by other means such as teleconference or videoconference in accordance with clause 16 to schedule 4 of the National Law.
- b) A record of meeting will be made by Ahpra and confirmed at the next NMAC meeting.

20. Committees, expert groups and examiners

- a) The NMAC will convene committees and expert groups and select examiners to assist it to exercise its Accreditation Functions.
- b) Ahpra, in consultation with the NMAC, will:
 - (i) recruit and appoint appropriate experts to committees and expert groups, and as examiners, through an application process similar to that conducted for the NMAC appointments; and
 - (ii) implement systems to evaluate the performance of committees, expert groups and examiners to continuously improve its policies and processes for selection, appointment and training.

21. Communication Arrangements

- a) Meetings between the Chair of the NMAC, Ahpra staff supporting the NMAC and the Board Chair (or delegate) and Executive Officer will be conducted at least four times a year.
- b) The Board and the NMAC will work together in a spirit of cooperation and collaboration.

22. Stakeholder collaboration

The NMAC, in consultation with Ahpra, will develop and implement processes for effective collaboration with key stakeholders including the Australian Nursing and Midwifery Accreditation Council.

23. Dispute resolution

In the event of a disagreement between the NMAC and the Board (dispute), the preferred approach to resolving the matter is:

- a) The Chair of the Board and the Chair of the NMAC must meet to discuss the matter and seek to resolve the disagreement. Ahpra will assist with the arrangements for such a meeting as part of its usual role in providing support to the Board and NMAC.
- b) If the Chair of the Board and the Chair of the NMAC are unable to resolve the disagreement within 28 days of meeting, they must refer the disagreement to the Executive Director, Policy, Strategy and Health Workforce, Strategy and Policy Directorate, Ahpra.
- c) The Executive Director, Policy, Strategy and Health Workforce will take reasonable steps to facilitate resolution of the disagreement to the satisfaction of the Board.

24. Public Interest

Each member of the NMAC must:

- a) act impartially and in the public interest in the exercise of their functions, and
- b) put the public interest before:
 - (i) the interests of particular internationally qualified nurses and midwives (IQNM) or any entity that represents IQNM
 - (ii) the interests of the profession or any entity that represents the profession, and
 - (iii) the interests of employers or any entity that represents employers.

25. Conflicts of Interest

- a) Members of the NMAC must comply with the conflict of interest requirements set out in clause 8 of schedule 4 of the National Law; and
- b) Ahpra, in consultation with the NMAC, must maintain an up-to-date conflict of interest register that must be made available to the Board following its request.

26. Other

26.1 Duty of confidentiality

- a) Members of the NMAC are bound by the duty of the confidentiality under section 216 of the National Law.

- b) If the NMAC intends to publish information related to the Accreditation Functions, it must provide the Board with 14 days notice of its intention and it must consider any comments provided by the Board in response.

26.2 Protection from personal liability for persons exercising functions

Members of the NMAC are protected persons under section 236 of the National Law when exercising accreditation functions and:

- a) are not personally liable for anything done or omitted to be done in good faith:
 - (i) in the exercise of a function under the National Law; or
 - (ii) in the reasonable belief that the act or omission was the exercise of a function under the National Law.
- b) any liability resulting from an act or omission that would, but for subsection (1) of section 236 of the National Law, attach to a member of the NMAC attaches instead to Ahpra.

27. Review of these Arrangements

The accreditation arrangements will be reviewed by 30 June 2029.

28. Document Control

Approver	Nursing and Midwifery Board of Australia	
Date Approved	<INSERT>	
Date Commenced	1 January 2025	
Date for review	These terms of reference will be reviewed as required, at least every 5 years.	
Responsible Officer	<INSERT>	
Sections modified	Date	Description
	September 2024	New Terms of Reference

Attachment A – Application of Terms of Reference

Item	Clause Reference	Details
1	Clause 3(a)	(Commencement Date) 1 January 2025
2	Clause 3(a)	(End Date) 30 June 2029

Attachment B – Accreditation Functions

The NMAC will carry out the following functions under Part 6 of the National Law under these Terms of Reference, consistent with Board policies:

1 Assessment of overseas assessing authorities

1.1 The Board does not require the NMAC to carry out the following functions at this time:

- a) assess authorities in other countries who conduct examinations for registration of nurses or accredit programs of study relevant to registration of nurses, to decide whether persons who successfully complete the examinations or programs of study conducted or accredited by the authorities have the knowledge, clinical skills and professional attributes necessary to practise as a nurse in Australia.
- b) assess authorities in other countries who conduct examinations for registration of midwives or accredit programs of study relevant to registration of midwives, to decide whether persons who successfully complete the examinations or programs of study conducted or accredited by the authorities have the knowledge, clinical skills and professional attributes necessary to practise as a midwife in Australia.

2 Assessment of overseas qualified health practitioners

2.1 The NMAC will carry out functions under Part 6 of the National Law relating to the assessment of internationally qualified nurses and midwives (IQNM) wanting to register in Australia, including:

- a) oversight of the pre-registration assessment of the knowledge, clinical skills and professional attributes of internationally qualified nurses and midwives (IQNM) wanting to register in Australia, and
- b) make recommendations and give advice to the NMBA about issues relating to the pre-registration assessment of IQNM and associated matters.

2.2 In carrying out these functions, the NMAC will work with Ahpra to:

- a) exercise any powers and other responsibilities arising from the Board's policies for the pre-registration assessment of IQNM wanting to register in Australia
- b) monitor and make recommendations and/or give advice to the Board on its policies for the pre-registration assessment of qualifications held by IQNMs wanting to register in Australia, and related matters
- c) oversee the outcome-based assessments (OBA) for IQNMs, including:
 - i. the maintenance, policy, delivery and content of the multiple choice question (MCQ) examinations
 - ii. the maintenance, policy, delivery and content of the objective structured clinical examinations (OSCEs), and
 - iii. selection of suitable examination facilities for delivery of the MCQ examinations (as relevant) and OSCEs
- d) oversee the orientation to the Australian context modules for IQNMs, including the maintenance, policy, delivery and content
- e) appoint members to any committees and expert groups convened under these terms of reference
- f) undertake any other work requested by the Board that is within the scope of the functions in clause 2.1 of this Attachment B.

Attachment C – Work Plan

The NMAC's Work Plan from 1 January 2025 – 30 June 2025 will be added. From 1 July 2025, the Work Plan will be updated for each financial year as part of the budget cycle described in clause 14.

Attachment D – Funding arrangements

The funding principles below will guide the NMAC, Board and Ahpra for the 2025/26 financial year initially. These funding principles may be reviewed under clause 15.

Item 1 – Funding Principles

These Funding Principles are to be applied by the NMAC, the Board and Ahpra when they are considering and agreeing on the funding to be provided to the NMAC by the Board/Ahpra for performance of the Accreditation Functions.

The principles aim to promote consistency, transparency and accountability for use of registrant fees to fund the Accreditation Functions.

The Board, in consultation with Ahpra, will approve funding to cover the costs of the NMAC's activities related to carrying out the Accreditation Functions and Ahpra support for the NMAC.

The following principles will apply, in addition to the guiding principles and objectives of the National Law, and the Quality Framework for the Accreditation Functions, when the NMAC/Ahpra is requesting funding from the Board (funding request) and when the Board is deciding to provide funding to the NMAC (funding decision):

1. Requests for funding should be reasonable and proportionate to the activities being funded
2. The funding provided by the Board should cover the governance costs related to the accreditation functions
3. The funding provided by the Board for any projects may be requested and considered separately to the funding related to the governance costs
4. Requests for increases in funding from the previous year should not usually exceed the indexation range applicable to National Board fee increases
5. Where the NMAC/Ahpra considers an increase in funding above the indexation range is required, they should put the funding request and a business case supporting the increase above the indexation range to the Board for their consideration
6. Such a request and business case should be provided to the Board by 31 January or earlier each calendar year to enable sufficient time to properly consider the funding request
7. The Board may agree to the requested increase in funding or propose to agree to a lesser amount. Such a proposal and reasons for that proposal should be provided to the NMAC/Ahpra to enable sufficient time to properly consider the proposed funding amount and reasons.
8. The Board should agree to provide sufficient funding to enable the NMAC to effectively deliver the accreditation functions.

Item 2 – Funds

The Funds allocated by the Board to support the work of the NMAC in the 2025/2026 financial year is: **[insert amount]**.

Attachment E – Fee Setting Principles

The Fee Setting Principles are to guide the Board/Ahpra when they are setting fees charged to internationally qualified nurses and midwives (IQNM) for their pre-registration assessment. The principles below will initially apply to assessment of IQNM in 2025/26 and may be reviewed under clause 15.

1. The Fee Setting Principles aim to promote consistency, transparency and accountability for fees charged to IQNM.
2. The Board/Ahpra should consider the following principles when they are setting fees charged to IQNM for their pre-registration assessment:
 - a. Fees should be reasonable and proportionate to the cost of the services being provided to the IQNM.
 - b. Increases in fees from the previous year should not usually exceed the indexation range applicable to National Board fee increases.
 - c. Where Ahpra considers an increase in fees above the indexation range is required, they should put the fee proposal and a business case supporting the proposal to the Board for its consideration.
 - d. Such a proposal should be provided to the Board by 31 January each calendar year to enable sufficient time to properly consider the proposal.
 - e. Ahpra must communicate with IQNMs on any proposed fee increase.

Attachment F – Reporting and documentation

1. The NMAC will provide the confirmed decisions and actions from each meeting to the Board.
2. The NMAC will provide quarterly reports to the Board as follows

Reporting period	Report due to Board by
1 January – 31 March	10 May
1 April – 30 June	10 August
1 July – 30 September	10 November
1 October – 31 December	10 February

3. The quarterly reports will focus on meaningful key activity data and metrics relevant to the pre-registration assessment of internationally qualified nurses and midwives (IQNM).
4. The specific information to be included in the reports will be agreed between the NMAC, the Board and Ahpra. This may include, at a minimum:
 - A high-level status update on activities identified in the committee's Work Plan (Attachment C) for the reporting period
 - Portfolio statistics that identify the ten highest volume countries of primary and subsequent qualifications in the reporting period
 - the total number of IQNM who completed each type of examination conducted in the reporting period
 - the total number of IQNM who passed each type of examination conducted in the reporting period
 - the total number of IQNM who completed each type of examination at each testing centre in reporting period
 - the total number of examiners scheduled for each type of examination conducted in the reporting period
 - the total number of IQNM assessed by each examiner scheduled for each type of examination conducted in the reporting period
 - metrics related to implementation of the Board's policies
 - any trends, highlights or areas for further consideration arising from the key activity data and metrics
5. The NMAC will provide annual reports on the key performance indicators at Attachment G to the Board by 10 September each year.

Attachment G – Whole of Scheme Key Performance Indicators

DOMAIN ONE: ELIMINATING RACISM AND CULTURAL SAFETY

(UNDER DEVELOPMENT)

KPI 1.1: the number of accreditation KPIs for cultural safety, established in the National Scheme Cultural Safety Accreditation and Continuing Professional Development (CPD) upskilling framework and strategy, that are met.			
Data definition: to be determined (TBD)			
Measurement: the number of KPIs that are met (KPIs and measures to meet them are currently under development).			
Purpose of KPI: to measure the accreditation authority's alignment with the National Scheme Cultural Safety Accreditation and CPD upskilling framework and strategy.			
Use of KPI: for internal assessment of the accreditation authority over time, and for comparison with other accreditation authorities.			
Reporting of KPI: TBD			
Assessment of performance:	Not performing 	In progress 	Performing 
Year 1	TBD	TBD	TBD

KPI 1.2: the number of accreditation KPIs for eliminating racism, established in the National Scheme Cultural Safety Accreditation and CPD upskilling framework and strategy, that are met.			
Data definition: TBD			
Measurement: the number of KPIs that are met (KPIs and measures to meet them are currently under development).			
Purpose of KPI: to measure the accreditation authority's alignment with the National Scheme Cultural Safety Accreditation and CPD upskilling framework and strategy.			
Use of KPI: for internal assessment of the accreditation authority over time, and for comparison with other accreditation authorities.			
Reporting of KPI: TBD			
Assessment of performance:	Not performing 	In progress 	Performing 
Year 1	TBD	TBD	TBD

DOMAIN TWO: GOVERNANCE

<p>KPI 2.1: the effectiveness of the accreditation authority's:</p> <ul style="list-style-type: none"> • risk management framework; • committee member selection process; • support for members and provision of committee training, assessment and evaluation activities. 			
<p>Data definition: “committee assessment and evaluation activities” means activities that:</p> <ul style="list-style-type: none"> • assess or evaluate governance processes, procedures and culture, such as membership reviews or skills assessment and matching, committee functioning, reflective activities, external committee assessment; or • provide training or education on general corporate governance; or • provide training or education on the function, structure and governance of the National Scheme. 			
<p>Measurement: The effectiveness of a risk management framework is measured by the extent to which the framework outlines processes for the regular identification, review and mitigation of risks and identifies the person(s)/committee/structure that oversee(s) that process. The effectiveness of a committee member selection process is measured by considering the extent to which the process includes best practice elements such as: assessment of skills and experience of the current committee and selection to fill gaps (e.g. use of a skills matrix); assessment of experience and commitment to the committee's purpose; transparent processes (role descriptions/skill set/selection criteria/advertising process); consideration of diversity; balance between nurse/midwife and non nurse/midwife committee members. The effectiveness of committee assessment and evaluation activities is measured by the percentage of committee members who participated in activities that provided assessment or evaluation of the committee's governance or provided training or education in governance during the reporting period.</p>			
<p>Purpose of KPI: to measure the continuous improvement of an accreditation authority's internal governance and its knowledge and understanding of the National Scheme.</p>			
<p>Use of KPI: for internal assessment of the accreditation authority over time, and for comparison with other accreditation authorities.</p>			
<p>Reporting of KPI: accreditation authority to provide the authority's:</p> <ul style="list-style-type: none"> • risk management framework; • committee member selection process; • the percentage of committee members who participated in committee training, assessment and evaluation activities over the reporting period, and a description of those activities. 			
Assessment of performance:	<p>Not performing</p> 	<p>In progress</p> 	<p>Performing</p> 
Year 1	<p>An effective risk management framework is not in place and/or Committee member selection processes have insufficient best practice elements and/or less than 50% of committee members have undertaken training, assessment and evaluation activities as set out above</p>	<p>An effective risk management framework is in place or development/ implementation is progressing and/or Progress is being implemented towards a best practice committee member selection process and/or 50% to 70% of committee members have undertaken training, assessment and evaluation activities as set out above</p>	<p>An effective risk management framework is in place and A best practice committee member selection process is in place; and 70% or more committee members have undertaken training, assessment and evaluation activities as set out above</p>

DOMAIN THREE: EFFECTIVE DELIVERY OF ACCREDITATION SERVICES

<p>KPI 3.2: The time taken to examine or assess an overseas trained practitioner’s (practitioner) suitability for registration in Australia by an accreditation authority (only for those accreditation authorities that assess overseas qualified practitioners).</p>
<p>Data definition: The “time taken to examine or assess an overseas qualified practitioner’s suitability for registration” means the number of business days between the date a practitioner lodged a complete application for an assessment with the accreditation authority until the date the authority’s assessment decision was notified to the practitioner.</p> <p>The examination of the practitioner or assessment of their qualifications is to determine if the practitioner has the knowledge, clinical skills and professional attributes necessary to practise the profession in Australia.</p> <p>Examples of types of examinations or assessments include verification of a relevant qualification, theory and practical assessments. Each accreditation authority defines the parameters clearly to avoid ambiguity in the process.</p> <p>National Board assessments undertaken by a body other than the accreditation authority where fees are paid to that body are not included in this KPI e.g. assessments undertaken for purposes other than registration, skills assessments undertaken only for migration purposes.</p>
<p>Measurement: the number of business days per application.</p>
<p>Purpose of KPI: to demonstrate efficiencies in the assessment processes of the accreditation authority. It is noted that aspects of assessment time periods are not within the control of the accreditation authority (for example, time taken by practitioner to complete certain steps). However, the overall time taken for assessments provides useful information for National Boards and Ahpra to discuss assessment times with accreditation authorities and identify steps in the process where efficiencies could be made.</p>
<p>Use of KPI: for internal assessment of the accreditation authority over time.</p>
<p>Reporting of KPI: accreditation authority to report the number and type of assessments undertaken and the time taken for each assessment (over the reporting period and cumulatively over the Term of the Agreement). As numbers for some accreditation authorities may be large, Ahpra/the National Board will liaise with authorities regarding an appropriate reporting format.</p>
<p>Assessment: This KPI is not subject to a performance rating in Year 1, but a performance rating may be developed over time once baseline data is sufficient. However, inability to provide data will be considered “not performing”.</p>

<p>KPI 3.3: The schedule of fees charged by an accreditation authority to examine or assess an overseas trained practitioner to determine the practitioner’s suitability for registration in Australia (only for those accreditation authorities that assess overseas qualified practitioners).</p>			
<p>Data definition: The “schedule of fees” charged by an accreditation authority to examine or assess an overseas trained practitioner, means the total fee payable by an overseas trained practitioner to an accreditation authority to undertake the examination or assessment. The examination or assessment of qualifications is to determine the suitability of the applicant for registration in Australia.</p> <p>Examples of types of examinations or assessments include verification of a relevant qualification, theory and practical assessments. Each accreditation authority to define these parameters if there is ambiguity.</p> <p>(National Board assessments undertaken by a body other than the accreditation authority where fees are paid to that body are not included in this KPI.)</p>			
<p>Measurement: the total AUD \$ amount payable by an overseas trained practitioner to the accreditation authority.</p>			
<p>Purpose of KPI: to provide information on changes in fees over time and to inform discussion with the National Board and Ahpra on matters such as efficiency and effectiveness of examinations and assessments, reasons for fee changes and other such matters.</p>			
<p>Use of KPI: for internal comparison of the accreditation authority’s fee structure over time.</p>			
<p>Reporting of KPI: accreditation authority to report its schedule of fees for each type of examination or assessment (for the reporting period and cumulatively over the Term of the Agreement), as well as information explaining increases/decreases in fees and any improvements to assessment processes being undertaken by the accreditation authority.</p>			
<p>Assessment: This KPI is not subject to a performance rating in Year 1, but a performance rating may be developed over time once baseline data is sufficient (for example, % increase or decrease). However, inability to provide data will be considered “not performing”.</p>			

DOMAIN SIX: SAFETY AND QUALITY

KPI 6.1: The committee requires examinations to include questions or scenarios about providing healthcare in settings that align with the National Safety and Quality Health Service Standards and/or Primary and Community Healthcare Standards.

Data definition: The National Safety and Quality Health Service Standards and the National Safety and Quality Primary and Community Healthcare Standards require health care providers/practitioners to have systems, processes, competencies to support safe, effective and high-quality care. The committee should have examinations that relate to the delivery of care in line with these national standards.

Measurement: evaluation of the committee's response on how it checks if examinations include questions or scenarios related to the delivery of care in line with these national standards.

Purpose of KPI: to demonstrate the committee's effectiveness in including questions or scenarios about providing healthcare in settings that align with the National Safety and Quality Health Service Standards and/or the National Safety and Quality Primary and Community Healthcare Standards. To provide information relevant to developing future quality and safety approaches and policies. To establish a continuous avenue for interaction with the Australian Commission for Safety and Quality in Health Care.

Use of KPI: to generate reports, identify trends, and inform quality improvement and policy development.

Reporting of KPI: a response by an accreditation authority that describes how it checks if examinations include questions or scenarios related to the delivery of care in line with these national standards, including any observations regarding IQNM's performance in this regard.

Assessment: This KPI is not subject to a performance rating but will be considered over time to inform the development of future KPIs regarding quality and safety.