

**Australian Nursing and Midwifery Federation submission**

**Independent review of regulatory  
settings relating to registration and  
qualification recognition for  
overseas health practitioners**

**9 March 2023**



**Australian  
Nursing &  
Midwifery  
Federation**



## INTRODUCTION

The Australian Nursing and Midwifery Federation (ANMF) is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial, and political interests of more than 322,000 nurses, midwives, and carers across the country.

Our members work in the public and private health, aged care, and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.

Our strong and growing membership and integrated role as both a professional and industrial organisation provide us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to represent, defend and advance our professions.

Through our work with members, we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.

The ANMF welcomes the opportunity to provide a response to the Independent review of regulatory settings relating to registration and qualification recognition for overseas health practitioners.

Australia has faced actual and predicted nurse and midwife shortages for many years. The COVID-19 pandemic has escalated and intensified these shortages and the impacts on the healthcare system.<sup>1</sup> Although outside the scope of this review, the most pressing matter to address, with respect to workforce shortages, is workforce retention.<sup>2,3</sup> Particularly given registration numbers are increasing,<sup>4</sup> Improving remuneration and conditions for all nurses and midwives should be central to all discussions about workforce shortages.

Australia has a history of attracting internationally qualified nurses and midwives (IQNMs) as a destination for relocation. In 2016, amongst OECD countries, Australia had the third largest upward swing in the percentage of internationally qualified nurses, however, literature regarding internationally qualified midwives is limited.<sup>5</sup> The World Health Organisation (WHO) has identified active recruitment of healthcare workers from less-resourced countries to meet the healthcare needs of well-resourced nations as one of the greatest global threats in the 21st century.<sup>6</sup> Attraction of IQNMs will continue to be part of the response in providing an adequately skilled workforce in Australia but must be approached sensitively and ethically. The ANMF supports WHO advice that Western countries ensure immigration does not deplete the supply of nurses and midwives in other, less wealthy nations.

### Discussion questions

**1. The Review is considering recommendations to ease skills shortages in registered health professions including medicine, nursing, midwifery, psychology, pharmacy, occupational therapy and paramedicine on the basis of current and projected labour market shortages.**

**a. Do you agree there are current and/or projected skills shortages in these professions?**

Yes, there are current and projected skills shortages in the nursing and midwifery professions.

**b. If yes, is there any data or evidence you can provide to demonstrate these shortages?**

According to the International Council of Nurses (ICN), 20% of National Nurses Associations globally reported an increased rate of nurses leaving the profession in 2020 and estimates that up to 13 million nurses will be needed to fill the global nurse shortage gap.<sup>7</sup> Obtaining accurate and relevant data about nurses and midwives who have left the profession is difficult, consequently data such as intent to leave is often used as a predictive measure.

In January 2023, internet vacancy rates for RNs sat at 8,408<sup>8</sup> which may reflect new graduate registered nurses starting work. The *National COVID-19 survey 2022 – private and public hospitals* report, released in March 2022, surveyed approximately 800 nurses, midwives and care workers across Australia to investigate their experiences during the COVID-19 pandemic. Thirty-six percent of participants indicated the intention to leave their current position in 1 – 5 years with 23% of that group aged between 20-29 years. Twenty-one percent of participants indicated the intention to leave the profession within 12 months.<sup>9,10</sup>

ANMF Branches report a crisis in midwifery staffing with serious staffing shortfalls in metropolitan hospitals.<sup>11</sup> However, data obtained from the Department of Health's *Australia's Future Workforce Report – Midwives*, suggests midwives are currently in oversupply and predict this will continue until 2030.<sup>12</sup> It should be noted that data in this report was collected prior to the COVID-19 pandemic which may have changed the landscape considerably. Despite the data suggesting a balanced midwifery workforce heading to oversupply, jurisdictional reports suggest mal-distribution with rural and regional areas also experiencing shortages of midwives as demonstrated through unfilled vacancies and difficulty recruiting.<sup>13</sup> This finding reflects the experiences reported by our midwife members who say that their workplaces are understaffed.



Advertised vacancy rates can provide indicative information regarding nursing shortages. Jobs and Skills Australia report that internet vacancy rates for registered nurses in Australia grew from 5,158 vacancies in September 2021 to 9,162 vacancies in September 2022. Further, Jobs and Skills Australia report that registered nurses top the Australian list for occupations most in demand.<sup>14</sup>

**2. What, in your view, are the key strengths and weaknesses of the current regulatory settings relating to health practitioner registration and qualification recognition for overseas-trained health practitioners?**

The key strengths of the current regulatory settings for nurses and midwives are the consistent, high-quality, national professional standards. These standards have been developed in consultation with key stakeholders. The Outcomes Based Assessment (OBA) for IQNMs comprises fair and equitable cognitive and behavioural testing to ensure safe and competent practice once registered. On-shore behavioural testing ensures these standards are upheld.

The key weaknesses of the current regulatory settings for IQNMs are a lack of transparency about the process for determining educational equivalence; the cost of the OBA which includes the Multiple-Choice Question (MCQ) exam, the Objective Structured Clinical Exam (OSCE) and registration fees; OSCE capacity and accessibility; and the cost of exam support (MCQ and OSCE). Although cost, availability and timelines have significantly improved with the introduction in 2020 of the new OBA process for IQNMs, further support and subsidy could be provided. The ANMF has always maintained that nurses and midwives' registration fees should not be used to subsidise or reduce the cost of the IQNM registration process. However, cost subsidy could be provided by the Australian Government. Prior to 2020, IQNMs were required to undertake a bridging program of between 3 to 6 months, often with long waits until commencement. These programs were expensive and time-consuming. The new OBA process requires completion of a MCQ exam (the NCLEX) which can be undertaken in most countries and all Australian states and territories, an OSCE which is currently only available in Adelaide, and an online module. Information shared by the NMBA indicates that there is no current waiting list of applicants who have paid and are in the country ready to sit the OSCE. However, the ANMF are contacted by potential applicants who report barriers to getting onto the OSCE waitlist which include: the inability to pay OSCE fees; the inability to pay costs associated with travel to the Adelaide testing centre, including flights and accommodation costs; the inability to travel due to carer and other responsibilities; and the inability to take leave or time away from paid employment.

The ANMF do not dispute the regulatory approaches Australia employs for IQNMs to ensure that the standard of safe, quality health care delivery remains high. However, the ANMF stress the need to consider the moral and ethical responsibilities associated with recruitment of IQNMs, both from a global and personal perspective. As previously stated, WHO has identified the migration of nurses and midwives from poorer nations to wealthier nations as a global threat to health. For those IQNMs who do migrate to Australia, the Federal and State and Territory Governments must accept a duty of care as IQNMs navigate immigration pathways and transitions, not only into new workplaces but into new cultures and communities with the risk of facing isolation and discrimination.<sup>15</sup>

**3. During the pandemic, a range of regulatory settings and processes relating to registration and qualification recognition of overseas-trained health practitioners were temporarily waived, relaxed or had greater flexibility.**

- a. **Are there settings or processes that were particularly beneficial or challenging from a professional or employer perspective?**
- b. **Do you believe any of these temporary changes were beneficial or potentially detrimental to patient safety?**
- c. **What opportunities/challenges may arise if these settings and/or processes are retained permanently?**

During the pandemic, the NMBA changed the time period for accepting applicants English Language Skills (ELS) test results from two sittings within six months to two sittings within 12 months. The ANMF supported this change and would recommend this be adopted as a permanent amendment to the ELS registration standard.

There were no other regulatory settings and/or processes relating to registration and qualification recognition of IQNMs that were temporarily waived, relaxed or had greater flexibility as a result of the pandemic. However, there were processing delays for registration. Measures should be implemented to mitigate risk of this recurring in the future.

**4. The end-to-end process for overseas health practitioners seeking to work in Australia can be complex, time-consuming and costly. Current regulatory requirements may set unduly restrictive barriers, which in turn may deter potential practitioners from seeking to work in Australia.**

- a. **Do you agree with this premise? If so, why?**
- b. **What practical changes could be made to current regulatory settings to most significantly improve the end-to-end process:**
  - i. **over the next 12 months**
  - ii. **in the medium- to longer-term?**
- a. Yes. As outlined above, accessibility and cost are significant issues for IQNMs seeking registration in Australia. Education providers offering OBA support programs are growing at a steady pace and are able to take advantage of IQNMs concern that they may not pass the MCQ exam and OSCE. Many of these support programs cost more than the OBA process itself, thereby more than doubling the costs for IQNMs. It is imperative that there be a less costly solution developed to help prepare IQNMs to successfully complete the OBA process. Should these support



programs remain, they should be accredited by ANMAC to ensure that only quality education is offered by approved education providers.

Disconnect between visa and registration timeframes can be costly and place IQNMs into debt. There needs to be better alignment between the two processes to allow IQNMs to commence working soon after arrival in Australia. Once registered, the visa conditions can sometimes prevent IQNMs from remaining in the country. Rather than returning to their country of origin, some IQNMs seek employment in other comparable countries such as Canada and the UK, where visa and registration processes have been streamlined and funded. Ongoing visa difficulties and costly registration processes disincentivise IQNMs from choosing Australia as a future destination over other comparable countries.

- b. Practical changes could be made to the current regulatory settings to significantly improve the end-to end process for IQNMs.
  - i. The ANMF recommend over the next 12 months that:
    - the Government provides language and culture training in source countries to assist IQNMs to meet the expected ELS Registration Standard;
    - the Government provides support and funding for ELS testing for IQNMs;
    - the Government funds the MCQ exam and OSCE for IQNMs;
    - the Government provides accommodation and travel funding/subsidies for IQNMs that are required to travel to a testing centre;
    - the NMBA establish an OSCE testing centre in Melbourne;
    - testing centres advertise the dates and times of testing to ensure that all testing centres have regular and ongoing availability;
    - the NMBA employ two IQNM Liaison Officers to assist with navigating the OBA process including initial registration and visa requirements;
    - ANMAC personally notifies IQNM applicants for skilled migration, via phone or email, that meeting the skilled migration requirements does not ensure registration with the NMBA and they should seek registration advice from Ahpra prior to emigrating from their home country.
  - ii. The ANMF recommend in the medium to longer term that:
    - the NMBA establish OSCE testing centres in all states and territories;
    - IQNMs are supported to transition to new workplaces and communities with access to mental health and other support services;
    - a less costly solution is developed to help prepare IQNMs to successfully complete the OBA process;
    - there is regulation/accreditation of OBA support programs to ensure IQNMs are receiving quality educational preparation from approved providers;
    - visa and registration processes are aligned not just at the initial stage but throughout processing to encourage IQNMs to not only gain registration but to remain in the workforce.

**5. If you are an overseas health practitioner or employer – are there any thoughts you would like to share in terms of your experience of the end-to-end process for working in Australia or employing an overseas-trained health practitioner?**

Members have reported that the cost of the English language testing is prohibitive, particularly where they have been required to sit the test more than once. Multiple unsuccessful re-testing results in a significant financial burden, emotional distress and delayed entry to the nursing and midwifery workforce for our members. The ANMF does not support testing environments where multiple applicants are undertaking computer testing at one time. ANMF members who have undertaken such testing report that the amount of noise and distractions in the room results in difficulties concentrating on completing assessments. Testing companies must ensure that spoken language testing does not occur in rooms with multiple applicants.

Members have also reported that they passed the skilled migration requirements only to be denied registration on arrival to Australia as they did not meet registration requirements. They were not notified of the distinction between the two processes during their dealings with ANMAC.

## **CONCLUSION**

Thank you for this opportunity to provide feedback to the Independent review of regulatory settings relating to registration and qualification recognition for overseas health practitioners. The ANMF supports the ethical recruitment of IQNMs to Australia under the current regulatory processes but also recognises the extreme stress for nurses and midwives undertaking migration. In recruiting and accepting IQNMs into Australia, Australian Governments must accept their duty of care to support them in transitioning to new communities and workplaces.



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