

**Submission by the Australian Nursing and Midwifery Federation**

# **Public Consultation: Building a system that puts people and skills first – Development of a National Skills Taxonomy**

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## Introduction

1. 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 345,000 nurses, midwives and care-workers across the country.
2. 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.
3. Our strong and growing membership and integrated role as both a trade union and professional organisation provides us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions.
4. 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.
5. The ANMF thanks Jobs and Skills Australia for the opportunity to provide input into this consultation on the *National Skills Taxonomy Update: building a System that Puts People and Skills First* and hopes that our feedback can assist in planning, designing, and implementing an effective and fit for purpose national skills taxonomy (NST). This is in addition to our submission at an earlier consultation stage in August 2024.



6. The ANMF supports the continued development of a national taxonomy. However, we are unable to endorse a broader shift to a “skills-first” paradigm which seems a secondary aim of the consultation. The proposed taxonomy could complement education and skill pathways within existing safety and regulation frameworks and supports use in highly regulated industries such as nursing, midwifery and the care sector. A move to a “skills-first” paradigm, however, represents a significant conceptual change with potential practical implications that must be considered carefully. This would require further clarity and wider consultation across the sector. As such, we believe this discussion sits outside the intent and scope of the current consultation.



## Consultation Questions

### **What mechanisms can be put in place to balance the needs and perspectives of different sectors and regions within a national framework?**

1. Success of system-level change depends on input from all key stakeholders from the outset. Understanding broad needs and perspectives requires formal representation of unions, education providers, employers, governments, and learners. This also reflects the ANMF's long-standing position that a tripartite model preserves balance, transparency, and sector confidence.
2. The healthcare sector is uniquely regulated and subject to stringent safety, clinical governance and quality care requirements. While many of the principles outlined in the *Taxonomy Update: Building a System that Puts People and Skills First* paper may be applicable across a range of professions, some do not fully capture the nuance of nursing, midwifery and other care professions. In order to balance the needs of different sectors, any national framework must account for protected scope of practice and interpreting the risks and needs inherent in providing care; factors that may not readily align with generic models developed for other industries.
3. Oversimplification of complex healthcare practice into "skills/tasks" risks role substitution and erosion of scope of practice. A defined scope of practice is essential to ensure care is provided by the right person with the right level of skill, experience, education and qualifications to maintain public trust and support accountability.
4. The development of a national taxonomy has the potential to support clearer articulation of skills and improve recognition of prior learning (RPL), offering a common skills language to describe course outcomes, career pathways and their interrelationships. The likely economic or workforce impacts of this work, however, risks being overstated in the consultation document. A taxonomy is an enabling tool, useful for creating shared



language and structure, but it will not, on its own, drive the broader system changes required to achieve many of the desired outcomes. Several examples of how these desired outcomes have been addressed in practice can be drawn from the nursing and midwifery professions:

- Nursing pathways in Australia show how structured, standards-based qualifications can effectively support workforce development. The Diploma of Nursing provides a nationally consistent VET entry point with defined clinical competencies and supervised practice, and it articulates into the Bachelor of Nursing. This enables enrolled nurses to progress developing on, rather than repeating learning and supports a trusted pipeline.
- The language used in the consultation paper risks devaluing formal qualifications and accredited education. In regulated professions such as nursing and midwifery, registration standards and rigorous assessment processes are essential safeguards for the public. Australian Nursing and Midwifery Accreditation Council (ANMAC) accredit education programs, evaluate overseas-qualified applicants' credentials and maintain broader education governance and stakeholder engagement to ensure high standards and workforce responsiveness in a way that protects public safety and is nationally consistent. ANMAC collaborate closely with bodies such as the ANMF and education providers to ensure advice is independent and profession-led.
- This accreditation process also allows for intimate knowledge of the diverse regulatory requirements and nuances of nurses and midwives which are different across health professions and cannot be treated as interchangeable or collapsed into generic notions of 'skills'. Different professions have different and sometimes overlapping role scopes.. Across these professions as well as other unregulated, non-professional roles, similar tasks might be performed that would appear to be interchangeable and to draw on the same skills, but are quite different. For example; nurses, personal care workers, geriatricians, and speech pathologists



might all undertake tasks around supporting and assessing an older person to eat/swallow, however this task is very different for each of these groups and demand different skills, knowledge, and expertise.

- Encouraging workers to self-declare competency without demonstrated evidence can create significant risks in safety-critical clinical environments. Formal education, regulation, supervised practice, and independent assessment are not administrative burdens; they are foundational to ensuring safe, high-quality care.
- “Overlapping qualifications” is not an issue generally experienced in the regulated health professions such as nursing and midwifery. The need for each health professional in a care team is viewed in the context of care requirements of an individual and supported by evidence. Protected scope of practice, supported by systems such as the National Registration and Accreditation Scheme, general ensures qualifications do not duplicate or overlap.

5. The need for clearer recognition of prior learning is important framing statements such as *“a professional changing career discovers that similar skills are valued differently in different industries, leading to inconsistent RPL outcomes”* as a problem can overlook the depth and nuance of professions. A cross-industry taxonomy aimed primarily at workforce mobility risks oversimplifying nursing and midwifery sectors by focusing on individual tasks that may superficially resemble those performed by other roles (see above). While nurses and midwives may share certain activities with colleagues in other industries, the way these tasks are integrated, interpreted and enacted is fundamentally different. Our professions involve a continuous, holistic assessment of the whole person, combining clinical reasoning and compassion in dynamic and often unpredictable environments.

6. For example, preparing food for a toddler in childcare and preparing food for an aged care resident may appear to involve similar tasks – preparing and serving a meal according to food safety principles – but the realities in provision of care are fundamentally different. Childcare would require awareness of age-dependent nutritional needs and knowledge of



developmental factors influencing nutritional intake in children. The aged care resident may have dysphagia following a stroke, require modified textures, have multiple comorbidities, take medications that affect appetite, or have cultural or personal food preferences that are central to their dignity and wellbeing. Safe meal preparation in this context involves clinical knowledge, risk assessment, monitoring for aspiration and an awareness of culturally supportive care. Treating these two situations as equivalent “skills” overlooks the complexity and person-centred care required for both the older person and the toddler.

7. Other considerations for mechanisms to balance the needs and perspectives of different sectors and regions:

- A taxonomy should be seen as one tool among many in skills reform, not a standalone solution. Issues such as variable RPL processes, sector-specific workforce needs and qualification pathways require broader systems work – including governance, education design, and regulatory alignment – not only a shared skills language.
- Implementation should aim to improve stakeholder understanding of how skills are taught, assessed and embedded across VET and higher education.
- Acknowledging the multiple intended uses of an NST, supporting adoption through clear communication, practical tools, plain-language guidance and use cases. Ensuring the learner voice as a hardly reached population as part of consultation is important.
- Healthcare examples illustrate the limitations of a task-based approach and highlight the importance of ensuring that skill definitions do not revert to overly simplistic task descriptions rather than skill definition. Complex professions like nursing and midwifery cannot be fully expressed through discrete skills, as their work relies on holistic assessment and context-driven judgement. These limitations to a taxonomy should be acknowledged in development.



- One key consideration is finding a balance between over-simplification and excessive complexity, ensuring the taxonomy is detailed enough to capture essential skills while remaining user-friendly, and regularly reviewing it to address complexity issues
8. Many of the justifications and supporting evidence in the consultation paper focus on economic and productivity outcomes, placing disproportionate weight on cost and productivity when this is only one consideration in healthcare. Safe, quality and compassionate care requires sustained investment and consideration of multiple measures of success. Likewise, as the ANMF has advanced in many separate consultations, productivity is not easily measurable in the healthcare and related sectors, and must be treated and conceptualised differently to sectors where productivity can be conceived of in a more ‘traditional’ economic sense.

**Compared to a unilaterally designed approach, how can a multilateral approach to design accommodate future technological advancements and changing labour market dynamics?**

9. While it is important to recognise the rapid pace of technological change, the development of a taxonomy should focus on flexible, adaptable design rather than being shaped too heavily by any single emerging trend, such as the current increased use of artificial intelligence. Digital technologies are rapidly evolving and will continue to do so, so a taxonomy must be viewed as a language to assist discussions rather than a point-in-time definition. Labour markets, skill needs and the language of curriculum will continue to evolve, so the goal should be to build a taxonomy that can be updated over time and supported by ongoing funding, consultation and governance, rather than reacting to current concerns.



10. This lens of adaptability would also allow for advancement in non-technological areas such as learning pedagogies and regulatory changes. Evaluation of taxonomies developed in other jurisdictions that skills taxonomies work best when they are living frameworks refreshed over time rather than developed once.
11. The language of safety, privacy and appropriate regulation must go hand-in-hand when describing skilful use of technology. A national taxonomy is in a unique position to facilitate this. An example is in the implementation of telehealth processes; use of platforms and digital skills also prompts education on appropriate handling of digital health data and patient confidentiality considerations when working remotely.
12. A thoughtful multilateral approach to developing a common language through NST could also improve the quality of career guidance and support workforce and career development. It may also assist education providers by improving the alignment between curricula, qualifications and actual job market needs.

**What measures can be taken to prevent a skills-first system from inadvertently creating new barriers or exclusions?**

13. The concept of 'skills-first' is not clearly defined or understood in the workplace or literature, making its intended application difficult to interpret. It suggests a paradigm shift that is outside the scope of developing a national skills taxonomy. It could be open to misinterpretation as it is used in other contexts such as being the title of a [Victorian government training funding initiative](#).



14. The terminology of 'skills-first' inherently places a value on skills over other considerations such as qualifications and associated regulation of professions. Some workplaces have regulation requirements that must be considered before an applicant can be considered. The messaging of putting one consideration *first* over others devalues the complex assessment of selecting the right person for a job that is a complex interplay of multiple factors.
15. While some existing taxonomies identify skills held by healthcare professionals and workers, providing care is inherently complex and multifaceted. The ANMF considers that reducing the work of nurses, midwives and care workers to a narrow set of quantifiable skills may not fully capture the depth, nuance and professional judgement required in practice.
16. The ANMF is concerned that an NST might undermine scope of practice developments for healthcare professionals including nurses and midwives and (currently) unregulated/unregistered personal care workers by unintentionally promoting and perpetuating the notion that complex healthcare interventions are able to be simplified and broken down into separate and easily demarcated tasks/skills that are equivalent and thus interchangeable between people in different roles or professions. For example, the assessment of an individual's healthcare needs and risk factors is complex and underpinned by considerable knowledge and skills. While using an instrument can be learned (e.g. completing a falls risk assessment using a validated tool), there are many elements to undertaking the full assessment that are complex to capture in a taxonomy such as understanding thresholds to complete an assessment, providing nuanced and person-centred care and know what to do with unexpected results of an assessment. Viewing healthcare activities through the lens of a set of skills risks overlooking other important factors in the healthcare environment such as assessing how long an activity may take and completing clinical priorities. Another risk here, is that stakeholders (e.g., employers) might mistakenly presume that because a particular skill is represented across



different types of employees, those employees can be treated as interchangeable which could incentivise potentially risky employee/role substitution where more costly staff (i.e., registered nurses and enrolled nurses) are swapped out for unregulated care workers for cost management purposes rather than considerations over patient/client safety.

17. An NST requires careful application and should be used to create understanding and ease transitions in governed systems, such as articulating RPL processes more clearly, rather than endorsing unaccredited processes. *“People continue to acquire skills in more diverse ways, such as on the job or through bespoke programs and non-accredited training.”* Non-accredited, private credentialing is not a standard the ANMF endorses as best practice. Private credentialing is unwarranted and open to misuse, with some professional organisations using it to generate income where the cost is put on the employee and some employers using it as an additional hurdle or requirement for career promotion. This is also not congruent with ensuring that registered and regulated health professions can be effectively accredited and held accountable by their regulatory body as holding mandatory qualifications.
18. Statements such as *“skills-first approach offers significant advantages to an economy in search of productivity gains, transitioning industry sectors shifting labour markets, and opportunity gains from rapid advances in artificial intelligence (AI)”* disproportionately focus on economic gain which is not a reliable sole measure of success in change impacting healthcare systems. Health outcomes, access equity, public trust and worker wellbeing in demanding environments are far more valuable metrics. Ignoring these in favour of economic gains risks creating new barriers or exclusions for the health workforce and people receiving care. Furthermore, the assertion that a skills-first approach unequivocally offers these significant advantages must be qualified by legitimate and empirical evidence. While some organisations do suggest that a skills-first approach might offer benefits in terms of expanded talent pools and more rapid adaption to technological change, how these stated benefits are backed up by quantifiable data that can be transferred across



disparate sectors is less clear. Likewise, robust, economy-level causal estimates of productivity uplift are limited and inconclusive; outcomes – especially for sectors like healthcare and social services - depend heavily on implementation including assessment quality, credential interoperability, employer engagement and inclusive safeguards.

19. The paper identifies *“A skills-first approach prioritises individuals’ capabilities over formal qualifications”*. Formal qualifications are often recognised in industrial instruments as a way to acknowledge formal development. The attitude of deprioritising qualifications in this way could lead to industrial and financial loss of individual workers and make opportunities for development and advancement less clear.
20. Deprioritising formal education may create barriers in other ways. Completing formal education can provide a structured pathway for groups who may face barriers to gaining skills in the workplace, such as recently arrived migrants. Education providers have unique capacity to provide tailored capability support without the pressure of workplace demands. This can help groups develop skills in a protected way before entering the workforce should they choose to do so.
21. An NST requires ongoing public funding for implementation and maintenance to ensure it stays the taxonomy can remain iterative, adaptable and objective as skill needs evolve.



**In designing a tool to translate and categorise skills in a framework, what additional elements should be considered?**

22. As the ANMF have advanced in previous submissions, in order to be of greatest value, particularly in terms of focusing on and responding to emerging and rapidly evolving skills needs (which is especially relevant for the care and support economy), it will be important for the NST and Jobs and Skills Australia to understand and reflect the whole journey of careers and qualifications – from school to graduate education, vocational and workplace based training and volunteer experiences.
23. It is essential the focus remains creating an NST as a *tool* to facilitate existing systems and systems reform rather than considered a standalone solution. Suggested considerations include:
- Aligning the NST with established industry and educational frameworks and standards to ensure relevance and consistency with current industry practices. Skill categories must map cleanly to scopes of practice, legislation, accreditation standards, career pathways and qualification structures that align with AQF structures. An example to be considered is care worker to enrolled nurse to registered nurse (and specialisation) pathway which is subject to regulation and accreditation standards and maps into a defined scope of practice.
  - There needs to be much more integration between different systems e.g., skills lists, migration, workforce planning. A key limitation of current taxonomies in other jurisdictions is that they do not integrate well with one and other. There is no single ‘best practice’ taxonomy that assists workforce development and planning or to align prior learning through educational preparation and training either in Australia or abroad in terms of skill acquisition. This often causes challenges in terms of recognition of prior learning for skill escalation and advancement into a higher qualification.



- Leveraging data and feedback from skill assessments, industry trends, and workforce analytics to inform the taxonomy's design and updates will also be critical. Transparency and documentation will also be important to provide a clear rationale for the decisions behind the taxonomy's design and evolution.

24. The NST must be designed in a way that allows for contextualisation of skills and does not assume competency across settings. For example, if we consider communication skills required to educate on a procedure or process; these are and should be considered differently depending on job and context, across and within professions:

- A health care professional needs different communications skills from an electrician.
- A nursing educator will need different communication skills from a nurse working in a mental health clinic.
- A registered nurse working in a primary healthcare clinic that provides care for sexual health for diverse and vulnerable populations is likely to need different skills in communication in comparison to a registered nurse working in a surgical ward.

By understanding these benefits and limitations, the design of the new NST can leverage the strengths of existing taxonomies while addressing their shortcomings, ensuring a more effective, relevant, and user-friendly framework.

25. A taxonomy should protect the uniqueness of professions and not strive for a highly mobile, generalist worker. The descriptions should allow for complex skills that do not return to a task-focused perception of skill.

26. Structural elements that should be considered in design:

- The use of plain language is essential – the VET sector in particular has a tendency for language to become dense and difficult to navigate. Definitions to support consistent use of key terms, such as JSA's work to define a skill, is paramount to encourage a universal language to describe skills, competencies and roles. The use



of plain language should not be correlated with oversimplifying the skills themselves.

- Clear terminology, logical ordering, and alignment with Australian Qualifications Framework (AQF) structures as foundational elements.
- Maintaining a hierarchical structure to organise skills logically, with broad categories subdivided into more specific subcategories, and including well-defined competency levels (e.g., beginner, intermediate, advanced) to differentiate skills based on proficiency levels, aiding in assessment and development is essential.
- Usability and accessibility are critical, so the taxonomy should be user-friendly and accessible to a wide range of clearly identified stakeholders, with an intuitive interface and supporting resources. Comprehensive coverage will ensure that the taxonomy captures a broad spectrum of skills, including emerging and specialised areas, while stakeholder involvement in the development process will be needed to ensure it meets the needs and expectations of industry professionals, educators, and other key stakeholders.



**How can potential conflicts or disagreements between stakeholders be effectively managed in a multilaterally designed framework?**

27. Effective conflict management requires clear, transparent governance and genuine, tripartite consultation. Agreed principles, shared definitions and evidence and practice-informed language reduce misunderstandings about roles and skills. Formal dispute resolution processes and conflict of interest management processes will build trust. Consultation deadlines should be maximised to allow for multi-level collaboration within organisations. Further, ensuring that stakeholders from different sectors are able to constructively and clearly communicate disagreements and reach consensus or agreement (including agreements to disagree) is dependent upon a framework that is flexible and inclusive enough to accommodate the rich differences between sectors that might not, themselves, be reconciled without first undergoing extensive translation, adaptation, or even complete change.

**How can the adoption of skills-first be supported to ensure inclusivity for traditionally underrepresented groups or non-traditional learning pathways?**

28. First of all, the adoption and adaption of a skills first approach must be agreed upon as the correct course of action and how this is to be implemented clearly identified and planned. Wayfinding and considering the user journey and story should be considered at all stages of design. An intentionally designed taxonomy will recognise that all who come to use it have diverse experiences. Users may be engaging it for vastly different purposes such as job seeking, curriculum development, recognition of prior learning and position description development or workforce planning.



29. It is difficult to conceive of how an NST will account for cultural knowledge and understanding in a way that makes sense to and is sensitive to diverse populations where much knowledge is developed and acted on through both experience and often unconsciously. Supporting inclusivity requires a system that can recognise culturally informed skills, value different ways of learning, and incorporate perspectives shaped by lived experience. In healthcare, for example, culturally safe and inclusive care relies on workers' own backgrounds and insights—capabilities that must be acknowledged, not lost, in a skills-first model.
30. Development should strive to incorporate an understanding there are differences in terms of individual and cultural/social understandings, expressions, and meanings as they relate to skills and/or activities undertaken as part of a work role. Skills are not expressed the same way across all communities, and a rigid taxonomy may overlook the strengths, insights or ways of working held by underrepresented groups. This will also be an essential consideration in implementation and supporting use.
31. Inclusivity is impossible unless systemic barriers—cost, complexity, cultural sensitivity, regulatory gaps—are considered in parallel.
32. Digital tools must be mobile-friendly, multilingual, and usable by workers with limited digital literacy or technology access. Clear plain language resources should be available in multiple formats to promote use and enhance useability. Opportunities for user feedback will be important.



## Conclusion

- The ANMF supports the development of a national skills taxonomy that enhances clarity, supports mobility within regulated pathways and strengthens, rather than dilutes, professional standards. A multilateral approach offers particular value in supporting clearer articulation between assistant in nursing to enrolled nurse to registered nurse pathways where RPL processes are currently inconsistent. However, the NST must be understood as one component of broader system reform. A “skills-first” paradigm must be carefully considered and its implementation planned, otherwise risks emerge in terms of such things as oversimplifying complex, regulated professions by privileging discrete tasks over the holistic judgement, qualifications and safeguards required for safe practice.