

ANMF SUBMISSION TO THE SENATE SELECT COMMITTEE ON TEMPORARY MIGRATION

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Nursing &
Midwifery
Federation



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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 280,000 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 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.

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 this inquiry into the impact temporary migration has on the Australian economy, wages and jobs, social cohesion and workplace rights and conditions.

The first part of this submission provides a brief overview of the nursing and midwifery workforce, including numbers of students commencing and completing undergraduate courses and the ANMF position on nursing and midwifery migration. The latter part of this submission directly addresses the following terms of reference with respect to nurses and midwives:

- a. government policy settings, including their impact on the employment prospects and social cohesion of Australians;
- b. the impact of temporary skilled and unskilled migration on Australia's labour market;
- d. whether permanent migration offers better long-term benefits for Australia's economy, Australian workers and social cohesion.
- e. The impact of wage theft, breaches of workplace rights and conditions, modern slavery and human trafficking on temporary migrants



Demographics on the employment of nurses and midwives

Nurses and midwives form the largest health profession, providing health care to people across their lifespan. They work independently or as collaborative members of a health care team in settings which include hospitals, rural and remote nursing posts, indigenous communities, schools, prisons, residential aged care facilities, the armed forces, universities, TAFE colleges, mental health facilities, statutory authorities, general practices, businesses, professional organisations and people's homes.

Nurses and midwives provide professional and holistic care, working to promote good health, prevent illness, and provide care for the ill, disabled and dying. Nurses also work in non-clinical roles to educate undergraduate and newly graduated nurses, conduct research into nursing and health related issues and participate in developing health policy and systems of health care management. Nursing and midwifery are regulated professions. By law, before nurses and midwives may practice, they must be registered or enrolled by the Nursing and Midwifery Board of Australia (NMBA).

The latest nursing and midwifery registration data reported by the Nursing and Midwifery Board of Australia (NMBA) for the quarter ending 31 December 2019 indicates that there are a total of 418,137 nurses and midwives registered including those registered under non-practising and provisional registration categories.

It should be noted that not all nurses and midwives who register with the NMBA are in the nursing/midwifery workforce. The breakdown of workforce data in Table 1 provides a snapshot of the percentage of registrants not in the workforce at the time of registration/re-registration. According to the latest available data approximately 25,000 nurses and midwives are not in the nursing workforce. This figure largely represents nurses and midwives employed outside nursing/midwifery who are not looking for work in the profession and those working as nurses/midwives overseas.

Table 1: Nursing and Midwifery Workforce 2008-2017

Year	2008	2009	2011	2012	2013	2014	2015	2016	2017
In Workforce	283,087	291,246	303,010	311,176	317,988	323,711	331,015	340,257	348,928
Not in Workforce	29,649	29,735	23,659	22,902	26,202	29,127	28,993	29,683	25,288
% of RNs & ENs Not in workforce	9.5	9.3	7.2	6.9	7.6	8.3	8.05	8.02	6.9

Source: Australian Institute of Health and Welfare, *Nursing and Midwifery Labour Force* 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017 NHWDS 2018



The demand for undergraduate nursing and midwifery courses is strong. In 2018 26,645 students commenced undergraduate nursing and midwifery courses leading to initial registration as a registered nurse or midwife. Table 2 shows that since 2012 commencements have increased by 49%. Over the same period, the proportion of commencing students on temporary entry permits increased from 13% in 2012 to 18% in 2018.

Table 2: Number of commencements for initial registration as a nurse, by citizenship, 2012-2018

General nursing course required for initial registration

State/Territory/citizenship/detailed field of education	2012	2013	2014	2015	2016	2017	2018
TOTAL	17,862	18,989	20,266	22,049	23,645	24,362	26,645
Australian citizen	14,141	15,108	16,174	17,617	18,874	19,071	20,222
New Zealand citizen	164	200	196	214	266	275	271
Permanent resident	922	867	959	984	980	1,106	1,201
Temporary entry permit	2,357	2,576	2,717	3,023	3,343	3,770	4,758
Other overseas	115	93	93	76	74	7	0
Permanent humanitarian visa	163	145	127	135	108	133	193

Source: Selected Higher Education Statistics, Australian Government Department of Education and Training

The data consistently shows there are many more people wanting to undertake nursing or midwifery courses than there are places available. In relation to domestic applicants, Table 3 highlights the gap between the number of applicants and number of offers of university places in nursing or midwifery courses from 2010 to 2019. In 2019, 36,057 people applied while 26,120 applicants were offered a place.

Table 3: Undergraduate applications, offers and acceptances 2010-2019

Year	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Applications	24,185	24,230	24,603	24,999	27,537	30,886	34,706	35,871	36,517	36,057
Offers	17,579	17,796	18,859	19,750	21,001	24,130	26,788	26,247	26,694	26,120

Source: Undergraduate Applications Offers and Acceptances Publications, Australian Government Department of Education and Training

The number of students completing undergraduate nursing or midwifery courses has also continued to grow with 12,469 domestic students completing undergraduate courses leading to initial registration as a nurse or midwife in 2018. In total there were 15,270 students graduating in 2018 representing a 44% increase in the number of graduates since 2012 (see Table 4).

**Table 4: Number of completions for initial registration as a nurse, by citizenship, 2012-2018**

A general nursing course required for initial registration

State/Territory/citizenship/detailed field of education	2012	2013	2014	2015	2016	2017	2018
TOTAL	10,635	11,084	11,640	12,041	13,443	14,010	15,270
Australian citizen	8,063	8,481	8,991	9,254	10,399	10,849	11,717
New Zealand citizen	67	77	93	105	121	119	177
Permanent resident	342	431	467	410	465	512	566
Temporary entry permit	2,048	1,967	1,922	2,141	2,324	2,399	2,741
Other overseas	71	68	87	81	78	62	17
Permanent humanitarian visa	44	60	80	50	56	69	52

Source: Selected Higher Education Statistics, Australian Government Department of Education and Training

While there is continued growth in the number of nursing graduates, the ANMF is concerned that not all graduates and early career nurses are finding employment in nursing or midwifery. This point will be addressed in further detail under the term of reference below.

A snapshot of temporary nursing migration

Nursing features strongly in Australia's skilled migration programmes including the Temporary Skill Shortage visa (subclass 482) program (and the former subclass 457 program) as well as other temporary and permanent visa grants. Since 2012-13 registered nurses have been one of the top five occupations granted permanent visas under the General Skilled Migration (GSM) scheme.

We set out below tables on visa subclass 457/482 and GSM visas granted to overseas nurses from 2010 to 2019. Please note that since the introduction of ANZSCO in 2010 (formally ASCO) there are 14 registered nurse occupational categories which international nurses can be nominated under including Medical, Aged Care, Educator, Nurse Practitioner, and Community Health.

Table 5: Number of subclass 457/482 visa holders snapshot dates 2010 to 2019

Registered nurses (2544)	Sept 2010	June 2011	June 2012	June 2013	June 2014	June 2015	June 2016	June 2017	June 2018	June 2019	Sept 2019
	3472	3171	3925	4260	3637	2540	1998	1833	2052	2174	2225

Source: Australian Government, Department of Home Affairs: <https://data.gov.au/dataset/visa-temporary-work-skilled>



Table 6: Number of subclass 457/482 visa grants financial year 2005-06 to 2019-20 and to Sept 19

Registered nurses (2544)	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020 to Sept 19
	2609	3011	3375	3977	2624	2146	3095	2853	1489	993	1009	1074	1144	1138	296

Source: Australian Government, Department of Home Affairs:

Table 7: Skill stream outcomes, Points tested skilled migration visas – Registered Nurses 2009-10 to 2018-19

	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
Registered nurses	1,651	1,357	1,153	1,385	2,725	3,206	3,395	2,853	2,547	2,466

Source: Australian Migration Statistics, 2018-19, Australian Government Department of Home Affairs. Released November 2019; Table 1.7

Table 8: International nursing student enrolment count (General nursing course required for initial registration) 2010 to 2018

Enrolment Count	2010	2011	2012	2013	2014	2015	2016	2017	2018
Overseas	6,825	6,959	6,832	6,780	6,878	7,466	8,168	9,078	10,868

Source: Department of Education. Higher Education Statistics Data Cube (uCube)
<https://www.education.gov.au/ucube-higher-education-data-cube>

It should be noted that student visas include a condition that, once the course has commenced, students may work for up to 40 hours per fortnight while their course is in session and for unlimited hours during course breaks.

An additional visa, the Temporary Graduate visa (subclass 485), allows an overseas student to work in Australia temporarily after graduation. This visa is for international students with an eligible qualification who graduate with skills and qualifications that relate to an occupation on the Skilled Occupation List, which includes nursing and midwifery graduates.

Overall, the work rights provided to temporary visa holders in nursing under subclass 482/457, and subclass 485, along with international students and working holiday makers, constitute a significant migrant workforce that has an impact on the domestic nursing labour market.



Where are temporary visa holders employed in the health, aged and community sectors?

Nurses with temporary work visas are employed across all sectors of health, community and aged care. Residential aged care and private hospital employers employ the bulk and they are also widely employed in state and territory public sector facilities.

International students feature strongly in the residential aged care sectors where they are employed in personal care and assistant roles during their undergraduate studies.

Term of Reference (a)

Government policy settings, including their impact on the employment prospects and social cohesion of Australians

Impact on graduates and early career nurses and midwives

While the ANMF supports migration, there are concerns about the potential negative impact of the temporary overseas workforce on the employment and training of domestic graduate and early career nurses and midwives.

We are concerned the employment of large numbers of offshore nurses is a contributing factor in the unemployment and underemployment of nursing and midwifery graduates.

Many graduate and early career nurses and midwives struggle to find employment in their chosen professions, which is inconsistent with the key temporary skilled migration policy objective that offshore workers should not be engaged if there is a domestic worker willing and able to take up the role.

Historically, employment outcomes for nursing graduates were high with outcomes above 90% throughout the period 2006 to 2012. https://docs.employment.gov.au/system/files/doc/other/ausnurses_1.pdf However, in the years since, employment outcomes have generally been well below the 90 percent figure decreasing to 81% in 2013 and again in 2019 to 76.3%. <https://www.qilt.edu.au/qilt-surveys/graduate-employment>



The ongoing inability of large numbers of new local graduates to find work represents a structural barrier to effective workforce planning and may have serious consequences for the provision of care in the years ahead.

While the number of registered nurses who hold a subclass 457/482 visa, and the number of visas granted have fallen compared to 5 plus years ago (see Tables 5 and 6 above), the numbers are still a concern.

The failure of our system to provide work for new graduates at a time when employers continue to access large numbers of nurses and midwives on temporary work visa arrangements demonstrates a disconnect between the current temporary visa system and the available supply of new graduates. The ANMF accordingly queries the extent to which the temporary visa system takes into account course commencement and completions data for nursing.

Putting aside the demoralizing effect on new graduates unable to find work after undertaking a three year tertiary course, this also represents a loss in investment in the education of professional health workers and a loss in the contribution of those potential workers to the health care system.

We note that the 2016 report of the Senate Education and Employment References Committee, *A National Disgrace: The Exploitation of Temporary Work Visa Holders* ("2016 Senate committee report"), after hearing similar evidence from the ANMF and other unions, recommended that employer sponsors of a 457 visa worker (professional) be required to also employ an Australian tertiary graduate in the same enterprise on a one-for-one basis (recommendation 13 at [5.78]).

The ANMF endorses this recommendation.

In addition, we note that the 2016 Senate committee report recommended that data on "all new registrations of nurses and midwives on temporary work visas" "be collected and made publicly available on an annual basis (either by the relevant statutory agency, or the relevant government department)" (recommendation 17, [5.82]).

This recommendation has not to date been implemented.



Stories from new graduates and early career nurses

In the final months of each year the ANMF conducts a survey of nurses and midwives who have recently successfully completed their studies to gather information regarding their experiences post-graduation. One question asks whether the respondent has any other comments regarding finding employment in nursing and/or midwifery after completing their course.

The current survey commenced late last year and will remain open at least until the end of March 2020. While it is still in the early stages, at the time of writing there were 390 responses. Most had graduated as registered nurses, (87%); 9.3% had graduated as midwives and 3.7% as registered nurses and midwives. 37% were currently looking for a position as a newly graduated nurse or midwife and of those, 14% had applied for 15 or more positions. Some respondents reported applying for 40 to 50 positions and even up to 150.

By far those who secured employment were employed part time (44%); 28% were employed full time and 14% in casual employment, with 60% employed within a graduate nurse/midwife transition program.

Overwhelmingly, the comments offered by respondents (39%) indicate it is difficult to secure employment post-graduation. Consistent with previous surveys, the main issues raised are that there are not nearly enough graduate transition programme positions available. For those who do not secure a graduate transition place, the situation is more difficult and extremely frustrating as many employers are not willing to employ nurses and midwives without at least 12 months experience. A selection of responses is included in Attachment 1.

The ANMF estimates that there will be about 8000 graduate transition places offered in the public health system in 2020. (Note the number of transition places offered is not consistent year on year and depends on each jurisdiction). We know that some private hospitals and other health settings offer a transition to practice program but numbers are limited. If the number of student completions in 2018 was 15,270, and assuming even a modest growth rate compared to the previous years, we can estimate there will be at least 16,000 nursing graduates seeking employment in 2020.



Term of Reference (b)

The impact of temporary skilled and unskilled migration on Australia's labour market

The ANMF notes that a number of Registered Nurse occupations (14) are a standard inclusion on the Medium Long Term Strategic Skills List. As has been the case over many years, Registered Nurse occupations have been included on the skilled occupation lists for temporary entry visas when there is no evidence of a genuine shortage.

The Government's own Department of Employment, Skills, Small and Family Business advise in their labour market ratings research there is no shortage rating for Registered Nurse occupations. (There is a shortage rating for Midwives).

https://docs.employment.gov.au/system/files/doc/other/ratingssummary_june2019_0.pdf

While it is noted some employers report difficulties recruiting (and retaining) registered nurses in some sectors and locations such as aged care and regional and remote areas, in general, this is not related to a lack of supply of registered nurses per se.

We also acknowledge there are local shortages in some rural and remote areas based on difficulties associated with attracting nurses to work in these locations which has been an ongoing problem over many years.

However, we do not support the international recruitment of nurses on temporary or employer sponsored arrangements as a strategy to resolve workforce shortages which could be overcome by addressing longstanding and ongoing recruitment and retention problems in particular sectors or locations. For example, addressing the pay disparity and other conditions of employment between aged care and other sectors employing nurses; appropriate support for graduates and early career nurses; rural and remote incentive programs including a range of Government initiatives designed to attract and retain workers in these areas.

Furthermore, the loose requirements in relation to labour market testing do not ensure that where temporary migrant workers are employed there is in fact a *genuine* skill shortage and that Australian workers are not being displaced. The labour market testing arrangements should be an effective and transparent way of determining if the work that may be given to an offshore worker can be done by an Australian worker.

Unfortunately it appears that many employers view the regulations as requiring them to do little more than making a token gesture of a commitment to local recruitment.



In our experience many employers simply advertise through the local print media to fill nursing vacancies. It is not surprising that if an employer is having difficulty recruiting, this narrow and unrealistic approach is more often than not unsuccessful.

The ANMF submits that it is particularly important that sponsors demonstrate that their attempts to fill positions locally also include realistic prerequisites with regard to academic qualifications and years of experience. We have seen, on the contrary, advertisements that require extensive years of experience and multiple nursing qualifications. We believe in many cases these vacancies could have been readily filled by an Australian nurse eligible to practice nursing who may have graduated in the preceding one to two years.

Evidence of national and local advertising in conjunction with local and national recruitment policies is a logical condition of labour market testing.

Accordingly it is our strong view that the current labour market testing requirements need to be strengthened to include employer obligations such as:

- the need to advertise vacancies locally and more broadly at market rates
- offering relocation, housing and utility assistance where required
- reporting on specific measures taken to employ disadvantaged groups, local job seekers and recently retrenched workers
- where possible making sure that new graduates have a reasonable chance of filling vacancies.

Exploitation and increased vulnerability of workers on temporary visa arrangements

Temporary work visa holders employed in the health, community and aged care setting are entitled to the same basic employment conditions as domestic workers. This parity should, in theory, ensure temporary work visa holders receive the minimum Australian standards and serve to discourage employers from sourcing “cheaper” offshore labour.

However, even with the employment protections described above, the temporary nature of the work, the fact of employer sponsorship and the absence of any real form of labour market testing, establishes an environment conducive to exploitation in the workplace.



Many employees do not have the courage to raise issues, and even when they do, because of the nature of their employment, there can be serious consequences.

Below are some details of complaints the ANMF has received from members in recent years that demonstrate, among other things, the vulnerability of temporary visa holders to exploitation in the workplace:

Member employed as an RN on a subclass 457 visa by a large aged care provider reported a range of problems concerning equipment, staffing and workloads during an aged care audit process. Shortly after the member was subject to allegations re performance and misconduct and subsequently dismissed. During proceedings at the FWC for unfair dismissal, the Employer representative made comments to the effect: "if she wants to reject the settlement offer and go to an arbitration hearing, good luck getting a hearing date before the 90 days is up."

(Referring to the time frame set under the visa conditions). This was enough to deter the member proceeding to hearing and she accepted the settlement and left Australia with her husband and children.

Members working at a facility were told by their DON she would report the ENs to AHPRA to have their registrations taken from them and have them deported. They are all on Visas.

An EN member was pressured into working night duty and threatened her visa would be cancelled if she did not comply.

Member is being sponsored by an agency and has worked morning shifts. The agency said if she does not work the night shift they will cancel sponsorship.

Member has informed the QNMU about Visa employees being paid a lot less than Australian employees in aged care.

RN member working on a sponsored visa is being bullied by a long standing staff member. The member has sought to change shifts to avoid this person but she is concerned that if she raises the issue it may affect her position and visa.



A full time RN working for an employer who sponsored her 457 is concerned she has no control over shift allocation – the facility has told her she can be given any shift on any day. She is concerned the facility will not continue to sponsor her if she complains.

The member is currently on a 457 working visa but is concerned that if she tells the employer she is pregnant it could affect her visa status.

Member works permanent part time on weekends as she is studying. The employer has now cut her hours. Her visa requires her to work a set number of hours. She has asked to change her contract to casual so can work elsewhere as/if required. The employer has said she must sign the new contract for permanent part time or lose her job.

Member on a 187 Visa is being bullied regarding her employment which she knows can jeopardise her visa. Many other RN'S are in the same position but are too scared to speak out.

Member has a full time contract and also on a temp visa. The employer has told the member she cannot work in a full time position due to the Visa. The member says the visa states she can have full time employment.

Member went to manager with their concerns about the amount of residents allocated to 1 RN and was told if she does not like it to go elsewhere. She has concerns about her Visa status.

Member has been offered a contract for part time work but the contract does not indicate that the employer is accepting the member's need to be employed under a 457 visa. She is currently working under her partner's visa.

Member is on a 457 visa which is due to expire later this year. Member has been advised that the facility will no longer sponsor her. Member has worked for the employer for several years and is in the process of applying for permanent residency.

Member is currently working in aged care under visa provisions. Has sought new employment with more family friendly hours. The member has requested the current manager provide a letter of their duties for immigration purposes and was refused.



Member is on a visa and was promised a permanent contract in writing at the commencement of a temporary contract and now their manager is going back on that offer. Member concerned for their visa and financial security.

Member working on 457 visa is contracted for set hours per fortnight but is not being rostered for this number of hours. Member has spoken/emailed with HR/Manager/Roster writer to no avail. Member has also not been receiving appropriate allowances.

Member on 457 visa has not received any Professional Development Allowance (PDA) for the last year. The employer told her she is not eligible as she is working on a temporary full time contract.

Member on a 457 visa applied for a position at a private facility. The member is being deployed all over the hospital despite having been employed to work in her specialty area. She feels the employer is trying to find ways to terminate her position and visa.

Member working on a 457 Visa is having trouble getting family friendly rostering. The manager has said she must work whenever the manager wants.

Member is currently on a visa and one of the conditions is that she is employed full time. She is currently permanent part time and has a second job to make up the hours. The member has advised the manager that there are some days she is not available because she is working in her second job, but is still roster for those days.

Member has been working on a contract with no end date. Member has now had a new contract sent for only 3 months. Member thinks this has been initiated because she is on a bridging visa

Member is on a 457 visa, and feels that they are not paid at the correct rate for their hours of experience.

Member was asked for a copy of their passport by 4pm that day for a 'visa check' by the employer.

Member working in an aged care facility sponsored on a working visa by the employer has received permanent residency and wants to apply for a position elsewhere. The current employer advised the member they could not work elsewhere because they have sponsored the member's working visa regardless of permanent residency. The manager refused to give the member a reference if they applied for another job.



Term of Reference (d)

Whether permanent migration offers better long-term benefits for Australia's economy, Australian workers and social cohesion

The ANMF has always supported the movement of nurses and midwives. Both professions have a strong tradition of international collaboration, with nurses and midwives moving around the globe to gain further training and different clinical experiences. There is also clear merit in international exchange and diversity, as well as the economic benefit of remittances and transfers in technologies.

We recognize that in many cases the motivation to work in other countries is linked to more and better employment opportunities, higher salaries, better working conditions and improved capacity for career advancement. Increasingly the opportunity to work and live in a better and safer environment for themselves and their families is an important factor.

In general our preference is for permanent independent migration over temporary measures. Permanent migration offers workers and their families stability and security in their working and personal lives, and provides a more stable workforce necessary to meet the growing demands of our health, aged and community care sectors.

However, policy settings in this area should be informed by reliable workforce data that takes into account a range of factors including commencement and completion data from education and training institutions, graduate employment outcomes and analysis of recruitment and retention difficulties.

The ANMF has long advocated the need for industry and sector wide workforce planning to ensure there are sufficient numbers of nurses, midwives and carers to meet future demand.

In this regard, and in line with the ANMF's recent Pre-Budget Submission 2020-21, the ANMF recommends to the Committee that it calls on the Government to:

3. Partner with State and Territory Governments and nursing and midwifery organisations and peak bodies to undertake workforce assessment and planning to ensure sufficient numbers of nurses and midwives to meet Australia's future demand.
4. Undertake timely, accurate trend analysis of nursing and midwifery student numbers on enrolment, completion, and employment recruitment and retention rates to enable informed decision making.



5. Partner with health and aged care, education and training providers, health and workforce researchers and nursing and midwifery peak bodies to enable improved recruitment and retention of the nursing, midwifery, and carer workforce.
6. Increase employment opportunities for newly graduated and early career nurses and midwives by providing dedicated funding and resources to implement appropriate graduate Transition to Practice programs for all nurses and midwives regardless of setting, as well as in other areas of employment such as private hospitals, aged care, primary health, general practice and rural health services.
7. Promote the recruitment and retention of newly graduated and early career nurses and midwives within the workforce by ensuring graduate transition to practice programs include adequate resourcing and clinical education to enable experienced registered nurses and midwives to provide appropriate support to early career nurses and midwives in their transition to practice.

Term of Reference (e)

The impact of wage theft, breaches of workplace rights and conditions, modern slavery and human trafficking on temporary migrants

In general employees on temporary working arrangements are more vulnerable and therefore more likely to experience exploitation in many forms including wage theft and breaches of their rights and entitlements in the workplace. As indicated earlier, many of the complaints from members demonstrate employers do use the temporary nature of the visa to underpay or exploit employees via various means: incorrectly classifying an employee; reducing hours of work; refusing to pay allowances and penalty rates and generally exploiting the tenuous nature of their position. It is extremely difficult for an employee who is already in a vulnerable position, to challenge an employer in these circumstances. The personal cost and risk to employees and their families can be very high and should not be underestimated.

Selected comments from Graduating Nurses and Midwives Survey 2019

Finding a job is near impossible without a grad in WA i have many friends who years on cannot find employment I've met new PCAs who couldn't get an RN job so took any hospital position they could get
I have gained a graduate position for 12 months, unsure what the future will hold after that period.
Finding employment is hard because everyone wants you to have experience but no-one will hire you to gain the experience
It is really difficult to gain a position. I am Brisbane born and based, did my degree at a Brisbane university, scored fantastically on my ANSAT have 3 x facilitators referencing me and I have prior corporate and managerial work experience. I put full availability on all my applications as well. There are just way too many other nursing applicants.
I have only been able to secure a 6 month contract
Took me 8 months after graduating to finally secure employment because I was fresh out and had "no prior experience" despite my 400 hours of clinical placement over my degree
I think that the pre-requisite of needing a year of experience is disheartening especially after completing 6 months worth of prac, and having employers still deeming us as inexperienced or incompetent, when we are rarely if not ever given the opportunity to gain that experience. I feel that it would be in the best interest of Australia, to decrease their unemployment rate, by removing Nursing as an occupation that is sought after for migration here to Australia. I feel there are thousands of new graduates that have studied here in Australia that are well equipped in order to fill in the job shortage, rather than outsourcing 'more experienced' nurses from other countries
It took me over 12 months to find a nursing job after I completed my studies as I had no experience
Very limited grad programs and application process for them doesn't reflect the person's abilities and quality of nursing. Thankfully was able to get a job as an RN, but only through connection and it was extremely difficult because most RN positions advertise that they don't want new grads.
It was very difficult to get a job without completing a graduate position. It took over 6 months to gain employment. Very disheartening.
More grad positions!! Too many graduates, not enough jobs
There are not enough graduate opportunities available to service the needs current graduates
Your employment options above for new grad positions only list full time, part time, casual or unsure. I've ticked unsure because while I have a full time contract, it's only full-time for 12months and my district are currently telling their existing new grads that there are no jobs for them next year i.e. they won't be retained. Contract work is NOT full time permanent work, it is a precarious form of employment

Certain areas like Cairns private hospital only give graduate positions to those students who have completed placement with their facility, a lot of students missed out. I was lucky to relocate to Townsville get a grad with Qld health as a part time and hopefully the Mater Townsville as casual. Others not so lucky as major facilities require 12 months experience before they will hire you.

Would love for there to be more grad nurse positions available and open for interstate.

Difficulty applying for agency work as most require a minimum 12 months experience before applying.

Seems impossible to get an RN position in a Qld health facility without a Grad year in a Qld health facility.

I feel trying to gain a graduate position is very stressful as there are not enough graduate positions available.

Oversaturation of the employment market post graduation with not enough positions available to newly graduated nurses.

Very hard to launch my career if I didn't get grad job.

It seems impossible to gain an RN position without RN experience. I have EN experience and attained high GPA at uni but still unable to get a job offer.

To be employed casually or through an agency you need a min 6 months experience, but how are you supposed to get that as a new grad!?

Not enough graduate positions.

I am a rural new grad and finding it extremely difficult to find permanent work. I hold dual registration and worried if I hand in my EN registration I won't get any work.

Extremely hard to find work if you miss out on a graduate year.

There appear to be a lot more graduates than graduate programs. There is also a lot of uncertainty at the end of grad year as to whether or not we will even find a permanent position.

Aged care facilities and Hospitals will not hire if you don't have at least 1 year of local experience.

There are not enough jobs for newly graduated RN's. No one I know from my university has gotten a job since graduated.

Very hard to find any jobs as all applications that I have submitted have been unsuccessful and when I questioned why was told not enough experience. Now how can I gain this experience if no one is willing to give me a job?

It is so vicious and so hard to find a job as a new graduate. Everyone wants an experienced nurse. How can I get experience if I don't get an opportunity to practice even months after?

graduation.

I find it all quite daunting. All advertising state grad nurse with 1 year experience!

This has been impossible and extremely soul crushing, no where will take grads who didnt gain a position in a transition program and there are too many graduates for everyone to get a position in a transition program, agencies do not take graduates, aged care wont take anyone who doesnt currently work in aged care as an EN or a carer, my career options are extremely limited and my future uncertain.

Very difficult to gain graduate position

Its hard, stressful and really dissappointing

It's incredibly difficult to find employment without a grad year, but there are not enough graduate positions for graduating RNs. It's been 2 years and every feedback I have had is that despite graduating with distinction due to my lack of a grad year (therefore paid employment experience) I am not a suitable candidate for the role. I have since gone on to do a postgraduate midwifery course (which I will also complete with distinction in 2020) but feel that it will be hard to gain a graduate position there as well.