Submission by the Australian Nursing and Midwifery Federation

Inquiry into Australian university graduates

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Australian Nursing & Midwifery Federation

Annie Butler
Federal Secretary

Catelyn Richards
Federal Assistant Secretary

Alana Ginnivan
Assistant to the Federal Secretary (Strategy & Campaigns)

Australian Nursing and Midwifery Federation
Level 1, 365 Queen Street, Melbourne VIC 3000
E: anmffederal@anmf.org.au
W: www.anmf.org.au

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 356,000 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 the Education and Employment References Committee for the opportunity to provide feedback to the Inquiry into Australian university graduates.

Overview

6. The rapidly changing nature of healthcare means nurses and midwives have always needed to support learning across their careers. Hosting students, supporting graduates, coaching colleagues and maintaining and developing their own capability and scope of practice are standard practice for most nurses and midwives, irrespective of their work context. Indeed, the Nursing and Midwifery Board of Australia (NMBA) identifies "Principle 5: Teaching, supervising and assessing" (NMBA, 2026a; NMBA, 2026b) as a core principle to guide safe and professional practice for both nurses and midwives. These responsibilities should be recognised as skilled professional work, rather than absorbed invisibly into workloads.

7. Establishment of the Australian Tertiary Education Commission (ATEC) provides an important opportunity to strengthen this stewardship and system oversight in collaboration with the Inquiry.

8. Quotes and stories included in this submission are all true, reflecting the lived experience of ANMF members across Australia. Participants have been de-identified or assigned a pseudonym. Stories and quotes referred to throughout this submission, along with additional member evidence provided by ANMF branches, are collated in Appendix 1.

Summary of recommendations

9. The ANMF's recommendations on graduate employment and early-career retention should be considered in the context of Australia's broader health workforce need and Commonwealth priorities. Commonwealth workforce planning already identifies projected nursing undersupply to 2035, while the National Maternity Workforce Strategy 2026–2036 focuses on the need to strengthen recruitment, retention and sustainability of maternity services. These priorities sit within wider future service needs, informed by factors such as an ageing population and rising demand for health, aged care and support services. Ensuring graduates can access supported employment and transition safely into practice is essential to build and retain the nursing and midwifery workforce Australia needs now and will need in future.

Clinical placement quality

10. Clinical placement is a core component of professional preparation of nurses and midwives. The ANMF recommends that clinical placement quality and availability be treated as core indicators of university education quality. The system requires clearer, measurable shared accountability between education providers and industry placement providers for placement goals, supervision, escalation processes and student support.

Supporting the workforce

11. Retention of experienced nurses and midwives is essential to graduate outcomes. If experienced professionals leave because of workload, unsafe staffing, poor culture or lack of professional respect, students and graduates lose the people who can support them. The graduate bottleneck is therefore directly connected to retention.

12. Opportunities for capability development in areas such as leadership, coaching, supervision, feedback and debriefing should be funded and accessible for nurses and midwives throughout their careers.

13. Educator, preceptor and graduate support roles should be treated as workforce infrastructure and protected through workforce planning, funding and industrial instruments. This includes clinical nurse and midwife educators, graduate coordinators, clinical facilitators, preceptors, ward-based educators and managers with education responsibilities, as well as protected time for supervision, feedback conversations, assessment, debriefing and liaison with education providers.

14. Systems must enact all recommendations of the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives' (CATSINaM) *gettin em n keepin em n growin em* (GENKE II) report, working in genuine partnership with CATSINaM, Aboriginal and Torres Strait Islander nurses, midwives, health professionals and Community. This work should strengthen culturally safe education, clinical placement and transition pathways; address racism and unsafe learning environments; and ensure the nursing and midwifery professions are

strengthened by Aboriginal and Torres Strait Islander knowledges, leadership and contributions (CATSINaM, 2022).

Graduate supply and transition to practice

15. Shortage of graduate positions must not be interpreted as evidence of oversupply of graduates. Australia needs, and will continue to need, nurses and midwives. The problem demonstrates fragmented planning between the education and health sectors and government budget decisions.

16. Establish national principles for supported transition to practice, recognising that graduate nurses and midwives should be supported consistently across sectors, settings and employers. These principles should identify core elements such as preceptorship, educator access, safe rostering and protected learning time while allowing flexibility for local implementation. This would also support more graduate opportunities in non-traditional settings by making clear what support should be in place.

17. The ANMF supports staged graduate intakes where it improves supervision, service planning and transition support without reducing the total number of graduate places.

18. Models such as Registered Undergraduate Student of Nursing (RUSON) and Registered Undergraduate Student of Midwifery (RUSOM) should be expanded and supported by government, ensuring they are properly scoped, supervised and remunerated. These roles should complement, not replace, ratioed staffing, clinical placement or formal transition programs.

19. Workplace culture must also be addressed. Bullying, discrimination and racism, horizontal violence, poor skill mix, unsafe workloads, inadequate supervision and limited psychological safety are barriers to transition and retention. Graduate support will not work if the workplace itself is unsafe.

System stewardship, data & planning

20. The ANMF recommends national longitudinal reporting on nursing and midwifery graduate outcomes, including graduate program places, unmatched graduates, delayed commencements, sector, location, transition program completion, graduate experiences and early-career attrition.

21. The Inquiry should work in collaboration with the newly established ATEC and its data functions to support alignment between student numbers, clinical placement capacity and quality, graduate employment pathways, workforce distribution and national health priorities.

Term of reference 1: the state of the entry-level job market for graduates

22. There is no single nationally agreed model for a nursing or midwifery graduate position in Australia nor a consistent expectation that all early-career nurses and midwives receive structured transition support. Models vary by jurisdiction, employer, sector and profession. Where they exist, graduate programs typically include features such as protected study days, rotations, access to educators, clinical supervision, debriefing and other additional support, but the consistency and quality of these elements vary considerably across providers.

23. The ANMF recommends overarching national principles and core elements for supported transition to practice, regardless of setting. Core elements should include structured orientation, preceptorship, supernumerary time, additional clinical reflective supervision, protected study days, access to clinical educators, safe rostering practices and clear mechanisms for feedback and escalation. A principles-based approach would support consistency in the quality of transition while allowing local adaptation, innovation and responsiveness to workforce, geographic and resource considerations across jurisdictions. Importantly, it recognises that effective support for early-career nurses and midwives can occur outside formal graduate programs and should be reinforced across all first-year practice settings.

24. Rostering appropriately provides a context for graduate support. ANMF graduate members reporting being rostered to nights, weekends or shifts where usual clinical education supports are less available. This may be necessary at times, but it should be planned, supported and developmentally appropriate. Graduates do not need to be shielded from the realities of practice, but experiences must be scaffolded so they can safely consolidate their learning.

25. For example, in NSW, graduate midwives are generally enrolled in the GradStart program, which provides a structured and supportive transition into professional practice. The program includes access to a designated and supportive coordinator, comprehensive health service and ward orientation processes, up to five formal education and support days, and three planned clinical rotations over the course of the year. When adequately resourced and implemented as intended, GradStart offers a strong foundation for workforce entry and early career development. However, application of programs like this is inconsistent nationally. Even within NSW, access to these positions remains uneven, particularly in metropolitan areas, and does not fully resolve broader workforce supply and distribution challenges.

Graduate workforce supply

26. Graduate positions are highly competitive, even though applicants have all completed approved programs of study and are eligible for registration as nurses or midwives. Across jurisdictions, graduate recruitment processes can operate as narrow points of entry into practice, particularly where positions are centrally matched or tied to specific annual recruitment rounds, generally these processes are not aligned with the academic calendar. This can create a high-stakes process for graduates, who may feel pressure to accept positions that do not align with their location, caring responsibilities, financial circumstances or preferred area of practice because declining an offer may limit future access to structured transition support.

27. Completing a graduate year is not a compulsory requirement for nurses or midwives. In practice, however, a graduate program is often the only pathway into sustained employment, and it can be difficult to enter the workforce without first completing one. Nurse and midwife positions that are *not* identified graduate roles regularly have a requirement for at least 12 months' clinical experience. This creates a circular barrier for graduates who do not secure a ' Research Centre, 2025a). However, graduate employment in nursing and midwifery carries particular significance given graduates are entering regulated professions that communities rely on for health, aged care and maternity services.

28. Aggregate employment figures like this are important, but they do not reflect the complexity of the graduate job market for nurses and midwives. They do not describe the graduates who missed places, whether graduates felt supported, stayed in the workforce long term, entered their preferred practice area in their preferred location or were able to consolidate practice safely. This does not show the cyclical shortages that affect our professions. It also does not capture undergraduate students who *were* keen to join the workforce but leave before completing their undergraduate course, a recent systematic review estimated this to be between 10% and 40% for nursing students in Australia (Liu et al., 2023).

~~29.~~ Supply of nursing and midwifery graduate positions has been labile across the country for many years. The entry-level job market is inconsistently distributed across jurisdictions, sectors and locations. Available positions do not consistently align with workforce demand; often graduates are unable to secure a graduate year despite well described nursing and midwifery role shortages in the broader system.

30. Graduates can become 'stuck' if they are not successful in securing a graduate position soon after completing their studies. These graduates are registered, capable and actively seeking work, but may miss out on graduate positions because of limited availability of positions. Once this occurs, many struggle to obtain other registered nurse or registered midwife roles because employers often require prior registered practice experience. In the context of projected health workforce shortages, this represents a serious workforce planning failure.

31. The urgency to find appropriate employment is increased given nursing and midwifery graduates face even more stringent recency of practice requirements than the rest of the workforce. They must complete 300 hours within two years to maintain their registration (other registrants have up to five years to show 750 hours). This adds great anxiety to the search for meaningful work within a graduate's scope of practice. There is currently some consideration of this provision becoming more stringent, not less. Without timely access to supported employment, the system risks losing these sorely needed new nurses and midwives, not because they are unwilling or unable to work, but because they cannot obtain the practice hours the NMBA require.

32. For example, the Queensland Government reported approximately 4,234 nursing graduates and 237 midwifery graduates in 2024, while only 1,800 new graduate nurse positions and approximately 180 new graduate midwife positions were announced for 2025.

33. A NSW member who is a graduate coordinator said *"the number of graduates produced far outweigh the number of available positions – they all come out at the beginning of the year and swamp the market, with little resources of support."*

34. Victorian experience shows the same problem. In September 2025, the ANMF Victorian Branch raised significant concern that more than 2000 Victorian nursing and midwifery graduates were projected to miss out on a graduate program place in 2026, compared with about 350 the previous year. Earlier policy decisions had actively encouraged graduates into nursing and midwifery degrees, offering scholarships and heavily subsidised 'free degrees' only to not be able to secure a position after graduation. This workforce planning failure occurred at the same time ANMF members in management were reporting workforce shortages and reliance on overtime, double shifts and additional shifts.

35. To address this, the ANMF Victorian Branch created the *Use us or lose us* campaign, calling on the Victorian Government to fund additional graduate places, hold urgent discussions with the sector, and ensure that investment in nursing and midwifery education translated into supported meaningful employment. The campaign included a petition, a rally at Victorian Parliament and support of student members, including an online member meeting

with hundreds of final year students and educators. At the Victorian State Budget in May of this year, an additional 250 graduate places were funded as an expanded mid-late year intake for 2026. This was a positive development but will not sufficiently address the total number of unplaced graduates, nor fix the continuing misalignment between funded positions and graduating students.

36. Graduate members who were unsuccessful in securing a graduate position report that they generally received little or no meaningful feedback about the outcome. This limits graduates' ability to understand whether there are aspects of their application they could strengthen and compounds the sense that the process is opaque and beyond their control.

37. Alternatively, the fear of undersupply may lead to graduates taking a position that is not appropriate for their life circumstances. Consider Kim, a NSW nurse who graduated in 2025 and accepted a second-round offer in mental health nursing, this was not Kim's preferred clinical area. After commencing, the commute significantly affected Kim's capacity to care for her children and led to increased fatigue and as this was not Kim's preferred clinical area, she had low job satisfaction and ultimately resigned. Since leaving the position, Kim has been unable to secure employment despite applying across multiple contexts of practice. She is now facing the dual challenge of finding employment while the timeframe to meet NMBA's recency of practice registration standard continues to narrow.

38. A lack of graduate positions does not necessarily correlate to a lack of need. The Commonwealth's *Nursing Supply and Demand Study* projects an undersupply of 70,707 FTE by 2035 with around 79,473 nurses needed to fill the gap. The report states current supply is not expected to keep pace with demand (Australian Government Department of Health and Aged Care, 2024). Shortages may instead reflect local budget constraints, skill mix, accommodation barriers or educator shortages.

39. This scenario also does not reflect the growing implementation and expansion of nurse and midwife to patient ratios across the country. The implementation of ratios inNSW, Western Australia and South Australia requires additional FTE. In Victoria, the agreed in principle Hospital Classification Review which occurred in June 2025, will require an additional 261 of

nursing and midwifery FTE to fully enact this expansion of ratios.

40. Job security is also central to the entry-level labour market for graduates. A lack of job security, demonstrated through a lack of permanent positions, or contracts with unclear possibility for extension, can contribute to poor job satisfaction and high attrition rates for graduates. This reinforces the need for graduate employment pathways that provide not only entry to practice, but sustainable conditions for early-career practitioners to remain in the professions.

41. When graduates are unable to enter practice, the impact extends beyond the immediate year. Each graduate lost represents a loss of future capability in health services: the registered nurses and midwives who would become experienced clinicians, educators, managers, clinical specialists and leaders. Losing practitioners at the point of entry weakens the workforce pipeline, reduces future supervisory capacity, and ultimately affects access to safe, timely care. It also compounds the problem for future students and graduates, who depend on an experienced workforce to support their learning and transition to practice.

Culture surrounding graduates at work

42. Workplace culture is central to graduate experience. Supportive teams, accessible senior staff, positive role modelling and opportunities to ask questions help graduates develop confidence and judgement. Conversely, unsupportive cultures, poor skill mix, high workloads and limited psychological safety can leave graduates feeling exposed rather than supported. Australian evidence on early-career midwives similarly identifies supportive colleagues, positive workplace culture, capacity to work to scope and models of care aligned with professional values as important to job satisfaction and retention (Sheehy et al., 2021).

43. Once employed, graduate nurses and midwives enter accountable clinical roles in complex environments. Although graduate programs are intended to provide structured transition support, ANMF member feedback indicates this is not always delivered. Graduates may be rostered into high-demand environments with limited orientation, variable access to educators, inconsistent expectations and insufficient protected time for learning. This can heighten a phenomenon known as ‘transition shock’ and undermine their confidence at a

formative stage of professional practice (Muir, 2023). These structural inconsistencies must be addressed to protect graduate retention.

44. Graduate programs should provide more than a label or recruitment pathway; support of the receiving workplace is an important indicator of quality. They should offer structured orientation, protected learning time, accessible education support, consistent preceptorship, clear expectations, psychologically safe feedback processes and a culture that recognises graduates as developing professionals. Without these conditions, the burden of transition falls too heavily on individual graduates and the already stretched nurses and midwives supporting them.

45. Graduate nurses and midwives are registered practitioners. They work with the same obligations to people receiving care, their families, Ahpra and the public as more experienced workers. This distinguishes nursing and midwifery from many other graduate occupations; the liability, accountability and emotional demands of care delivery begin immediately, despite graduates being novices by definition. Nursing and midwifery graduates may be exposed early in practice to grief, patient deterioration, death, violence, family distress, traumatic birth and other events that carry a high risk of secondary traumatic stress or vicarious trauma. Research identifies vicarious trauma as a workplace hazard for nurses, while a systematic review of maternity health professionals found high levels of exposure to traumatic birth events and reported secondary traumatic stress and probable post-traumatic stress disorder among some practitioners (Bingham et al., 2023; Isobel & Thomas, 2022). These experiences may also carry moral, emotional and spiritual weight, particularly for graduates who are often early in their adult and professional lives. Society should not expect nurses and midwives to recognise and empathise with distress, suffering and risk in others while remaining impervious to the cumulative impact of that work. Services such as Employee Assistance Programs are important and should remain available, but they serve a different purpose from profession-specific supports. EAPs provide access to individual counselling and psychological support, while clinical reflective supervision, structured debriefing and peer support help practitioners make sense of the clinical, ethical and relational realities of care. These supports should work in

harmony and not be treated as interchangeable.

46. Further, graduate nurses and midwives may be expected to act as a 'buddy nurse', a pseudo support for students during a shift, despite still consolidating their own practice. Where graduates are asked to guide students without adequate support, this can increase pressure on the graduate and may compromise the quality of the undergraduate placement experience. This reinforces the need to resource educator, preceptor and senior clinical support as part of the student-to-graduate workforce pipeline.

47. ANMF NSW Branch feedback highlights that new graduate midwives are more likely to remain in the workforce when they have access to mentorship, job security and models of care that support continuity of care. Safe and supportive workplaces improve job satisfaction and help new graduate midwives build confidence, professional identity and stay in the midwifery profession.

48. Orientation is both a practical and critical part of safe transition to clinical practice. Graduate members report that poor orientation to the ward, unit or service can leave them unfamiliar with local escalation pathways, duress systems, information technology, documentation requirements, mandatory training, medication processes and everyday clinical routines. This creates avoidable stress and increases reliance on already busy colleagues.

49. Clinical education support offered is also inconsistent across the sector. Graduates report educators are often difficult to access, particularly when they are not rostered across the same shifts or when educator roles are stretched across large clinical areas. This matters because graduates need timely feedback, debriefing and support with their developing prioritisation, clinical reasoning, communication and escalation. Watkins et al. (2026) found that clear role expectations, supervision, mentorship and debriefing were important to students and early-career nurses and midwives moving into the workforce. These findings support the ANMF's position that educator and preceptor roles must be properly resourced, visible and protected.

50. The ANMF strongly supports clinical reflective supervision as part of the professional infrastructure needed to sustain nurses and midwives across their careers. It is especially

important for graduates, who are moving from supported student into accountable registered health professional practice while their confidence, clinical reasoning and professional identity are still in development (Muir, 2023). Clinical reflective supervision is distinct from line management, performance management or informal shift-based advice and provides structured, confidential, protected time to reflect on complex work issues, including ethically difficult care, distressing clinical events, uncertainty, workload pressures and the emotional demands of practice (Isobel & Thomas, 2022). For graduates, this offers a safe space to make sense of early practice experiences before distress, self-doubt or transition shock risk becoming normalised.

51. The ANMF's position is that clinical reflective supervision should be available to all nurses and midwives, especially graduates, during protected work time, supported by trained supervisors and appropriate resourcing and policies.

Diversification of positions

52. Graduate pathways are traditionally most visible in public acute hospitals. Supported entry into aged care, community and primary health and midwifery continuity of care programs is less consistent, even though these sectors are essential to future care delivery and represent areas of government priority. The ANMF supports diversification of graduate pathways, while not reducing support for acute hospital graduate programs. Acute services remain critical. However, treating the large acute hospital graduate year as the default model narrows the recognised scope of nursing and midwifery and limits workforce reform.

53. Rural, regional and remote settings require specific addressing. Some graduates are eager to work outside metropolitan areas, however, are unable to do so safely or sustainably due to limited housing options, and community services such as childcare.

Term of reference 2: the quality of university education in Australia

54. The quality of university education for nurses and midwives in Australia is a key determinant of patient safety, workforce sustainability and consumer confidence in the health system. Universities are responsible for preparing graduates for increasingly complex clinical

environments, requiring sufficient numbers of appropriately qualified academic staff, strong partnerships with health services across all sectors and sustained investment in high-quality teaching, simulation and clinical placement coordination. Health services rely on graduates being clinically prepared and supported to transition into practice, while students require consistent teaching, supervision and feedback to meet professional standards.

55. Ongoing concerns raised by employers, educators and students indicate mounting pressure within nursing and midwifery programs, including larger student cohorts, reduced educator and facilitator availability and inconsistencies between institutions in the quality of clinical learning experiences. These pressures extend across undergraduate and postgraduate education and into continuing professional development pathways that support career progression and workforce retention. Undergraduate programs are expected to produce graduates who are safe, adaptable and capable of settling into and learning in fast-paced clinical settings.

56. Universities pay a key role across this continuum, yet the capacity to provide accessible, high-quality education is being undermined by university workforce insecurity, reduced teaching time and pressure to deliver more with fewer resources. The escalating cost of university education compounds concerns about quality educational support. Students face rising tuition fees, increased course-related costs and financial pressures associated with unpaid or poorly supported clinical placements.

57. These cost pressures are acutely felt by international nursing and midwifery students, who pay significantly higher fees while navigating academic, cultural and visa/regulatory challenges. International graduates contribute substantially to the nursing workforce pipeline, yet reports of inconsistent academic support, limited placement flexibility and discrimination experienced while on placement, and financial stress raise questions regarding whether their education experience is meeting appropriate standards.

58. In New South Wales, recent parliamentary scrutiny has highlighted that these challenges are not confined to individual programs or education providers but are linked to broader structural issues within the university sector. The ongoing NSW Inquiry into the University Sector, , has

identified systemic governance and resourcing issues, including the impacts of cost cutting, insecure employment and decision-making that prioritises financial considerations over educational quality.

59. Inquiry submissions and hearings have drawn attention to the erosion of academic capacity, increasing reliance on short-term, sessional or casual staff and the downstream effects on student support, curriculum coherence assessment integrity. These conditions make it more difficult to maintain consistent educational standards and to meet the requirements of Australian Nursing and Midwifery Accreditation Council (ANMAC), the nursing and midwifery education accreditation body, and the expectations of health service partners. Situations at individual NSW-based universities demonstrate how sector-wide pressures translate into risks at the program level.

60. At the University of Technology (UTS), evidence presented to the inquiry points to significant organisational disruption, including restructures, staffing reductions and course changes and cancellations. NSWNMA nurse-academic members working at UTS expressed concern that the university's Operational Sustainability Initiative would lead to redundant nurse-academic roles and has led to cuts in specialist undergraduate and postgraduate programs, undermining student progression and confidence in the university and the capacity to support evidence-based nursing practice.

61. The NSW inquiry findings make clear the need for governments and universities to treat nursing and midwifery education as essential public infrastructure. Ensuring quality requires adequate funding models, transparent governance and genuine engagement with students, educators and the professions. The ANMF calls for public accountability to safeguard the preparation of quality graduates and, by extension, the safety and wellbeing of the communities they serve.

Clinical placement

62. Clinical placement or professional experience placement is an essential component of many health professions' degrees, where students attend consumer care environments and put theoretical knowledge into hands on practice. The Australian Nursing and Midwifery Accreditation Council (ANMAC), the national accreditation authority for nursing and midwifery education providers, currently stipulates minimum professional experience placement requirements. For Bachelor of Nursing students ANMAC requires 800 hours of quality professional experience placement, completed across a variety of settings and relevant to the curriculum. For midwives, ANMAC requires supervised midwifery practice experience as well as continuity of care experiences, where a student must follow 10 pregnant people through antenatal, labour and birth and postnatal care.

63. For nurses and midwives, university education quality cannot be understood without considering placement quality and availability. ANMAC's requirement for "quality" professional experience placement is critical – only tracking hours spent in a facility does not ensure students received appropriate supervision, meaningful learning opportunities or exposure to relevant scope of practice whilst onsite

64. Placement availability is a growing concern, one that is shared by education providers. The Council of Deans of Nursing and Midwifery has identified clinical placement availability as a major constraint on nursing and midwifery education, including universities' ability to expand enrolments in response to workforce need. CDNM has raised concerns about limited placement supply across health settings, competition for placements between education providers, unpredictable placement allocation, student progression delays, placement costs and the availability of suitably prepared clinical supervisors. These issues reinforce that placement capacity is not simply an administrative challenge for universities. It is a whole-of-system workforce issue requiring coordinated planning between governments, universities, health services and other placement providers.

65. However, demand for clinical placement should not result in the dilution or substitution of a quality professional placement. ANMF members report concern about students being allocated to community service placements, such as meal delivery programs, with limited relevance to supervised clinical care. Meal delivery is an important aspect of community support programs, however, it falls outside the scope of nursing or midwifery standards of practice. While community and non-acute placements provide valuable learning when properly designed, placement experiences must be relevant to the curriculum and support students to develop clinical communication, assessment, prioritisation, professional judgement and confidence expected of our professions. Placement hours are intended to support nuanced progression towards safe registered practice, not merely to fill a timetable gap.

66. Final-year Victorian student members identified experiences that supported their confidence and transition into practice. Valuable clinical experience, the nurses and midwives they worked with, supportive educators, debriefing and mentoring relationships were identified as enablers of their clinical placement or student experience. Students who had worked as RUSONs described the value of workplace familiarity, team connection and understanding organisational culture before applying for graduate roles. One student said the role provided "*Comfort levels, better understanding of the hospital, makes for a far easier transition, connection with the staff*", while another said it allowed them "*to experience the hospital culture firsthand prior to working there as a graduate"*.

67. Specific challenges are evident within midwifery education, particularly for MidStart students in NSW. These students are already registered nurses who undertake a 12-month program to qualify as midwives and are employed by NSW Health while completing their studies. Members report that, due to workforce pressures, MidStart students are frequently utilised to fill staffing deficits, which significantly reduces their opportunities to accumulate meaningful midwifery practice hours, including their minimum required continuity of care hours. As a result, students often receive insufficient supernumerary time in critical clinical areas, including birthing units, limiting their ability to learn in a genuinely supernumerary capacity.

The lack of adequate supernumerary support means MidStart students are frequently required to develop clinical skills in high-pressure environments rather than through structured, supported clinical teaching and mentorship. This reliance on experiential learning undermines both the quality of the educational experience and students' preparedness for safe, independent midwifery practice upon completion of the program.

Placement poverty

68. Placement poverty remains a serious issue. Mandatory unpaid placement can involve lost income, travel, accommodation and other costs. The introduction of the Commonwealth Prac Payment is a welcome, important step towards acknowledging the financial pressure created by mandatory professional experience placement. However, the costs of university education continue to escalate. Students face rising tuition fees, increased course-related costs and financial pressures associated with unpaid or poorly supported clinical placements, including travel, accommodation, caring responsibilities and loss of usual work income. Feedback to the ANMF indicates that some nursing and midwifery students find accessing Commonwealth Prac Payments difficult due to eligibility restrictions and administrative complexity. The ANMF recommends ongoing monitoring and refinement of the payment to ensure it does eliminate placement poverty and starts to provide more practical supports such as travel, accommodation and support with caring.

69. Members also highlight the ongoing, substantial gap between real-life costs, increasing cost-of-living pressures and the assistance that is available. This includes students who do not meet the eligibility criteria but are required to reduce or forgo paid employment during placement while continuing to meet rent, mortgage, family and other living costs. The Queensland Nurses and Midwives' Union (QNMU) recently supported member Neha. Neha is an enrolled nurse working in aged care and was completing her Bachelor of Nursing to become a registered nurse. However, Neha was unable to undertake her final clinical placement because she needed to maintain paid work to meet basic living costs, including rent. This is a particularly concerning example of placement poverty: an existing nurse, already contributing to aged care, was prevented from progressing to registered nurse

practice because the financial cost of unpaid placement was unsustainable. Neha is planning to leave the workforce.

Education provider & placement provider relationships

70. Oversight of students on placement is typically a dual responsibility between the education provider and the placement provider. Education providers set curriculum, assessment and placement requirements. Placement providers provide the clinical environment, local orientation, access to patients and supervision in practice. The way these responsibilities are communicated and enacted varies considerably between courses, providers and placement settings.

71. Both academic literature and ANMF member experience describe high-quality placement experiences as requiring sufficient resources from education providers and close cooperation between education providers and clinical placement settings (Kaihlanen et al., 2021). A NSW graduate coordinator says, *"I think the quality of the clinical placements really varies depending on their* [the university's] *facilitators… some of the unis don't even have goals for their clinical placements"*.

72. Larger health services often have dedicated educator roles. However, these roles typically support the capability of all nurses and midwives across a service, encompassing continuing professional development, graduate support, student liaison, and often support for patient safety and quality improvement. In budget-constrained environments, education roles can be vulnerable despite their importance. Smaller health services and non-acute settings may host students or graduates without equivalent dedicated education infrastructure. This does not mean these settings are poor learning environments, many provide excellent learning. It does mean they require deliberate support, planning and resourcing if they are to form part of a broader, more diverse graduate pathway.

73. ANMF members consistently identify variation between education providers, courses and placement providers in curriculum models, placement support, assessment, clinical facilitation, student learning goals and communication with clinical areas. A NSW member described the risk of placement becoming task-based rather than educational: "*when the*

students come out to a clinical placement, they are often seen as a burden. They are usually given AIN [assistant in nursing/carer] *tasks to do…They are very rarely given a full patient load to do. So they do not get to practise the three things they need to be job ready, and that is time management, prioritisation, and critical thinking"*.

74. Rural and regional placement logistics require particular stewardship. Both student and educator ANMF members report recurring problems with accommodation, travel, roster notice, local orientation, access to information about the placement site, and clarity about who to contact when issues arise. These matters affect student safety, stress, attendance, learning and relationships with local staff.

75. Education provider and placement provider agreements need stronger feedback loops. Frontline nurses, midwives, clinical educators and students should be able to identify when agreements are not working in practice. Unions should be included as experts in policy settings operate on the ground.

Supporting those who support graduates and students

76. While on placement, the bulk of learning, and often assessment, generally occurs through shadowing or "buddying" with a registered nurse or midwife on shift. Clinical placement can only prepare students well when learning goals are clear, supervision is available, facilitators are engaged, ward staff understand expectations, and the clinical environment is staffed safely enough to support learning. The buddy nurse may have little or no training in teaching, assessment, feedback or debriefing. They may also have limited control over whether they have capacity to be allocated a student to mentor, nor context of the students' clinical objectives for the placement. This is not a criticism of bedside nurses and midwives. Rather, this reflects the reality that the system relies on the professional generosity and practical wisdom of nurses and midwives without always giving them the time, education, authority or staffing conditions required to support learning well.

77. Therefore, introductory education and coaching capability should be treated as baseline professional infrastructure in nursing and midwifery. Nurses and midwives should have

access across the span of their careers to practical education in supervision, feedback, clinical teaching, coaching, debriefing and delegation to support both students and early career practitioners.

78. Learning time also needs protection. Students, graduates and supervisors need dedicated time for teaching, feedback, debriefing and reflection. In under-resourced services, learning is often displaced by immediate workload demands which can be a short-sighted practice.

79. The value of dedicated graduate support roles is demonstrated in the Victorian public mental health system, where a Graduate Support Nurse trialled across six health services, established through the Mental Health EBA, was evaluated by new nurses, educators and managers. The feedback positively identified benefits including improved confidence, clinical skill development, completion of competencies, orientation, documentation, clinical decision-making, job satisfaction, retention intention, ward efficiency and quality of care. The full evaluation report is attached as Appendix 2.

Term of reference 3: whether graduates of Australian universities are being taught the skills that employers are looking for

80. Employers need graduates who can communicate, prioritise, escalate concerns, work in teams, practise safely within scope, apply clinical reasoning, engage in culturally safe care, use digital systems, reflect on practice and continue learning. Universities teach these capabilities, but they are consolidated through supervised practice in early years post-graduation.

81. The move from student to registered nurse or midwife is often a demanding and stressful stage in a graduate's early career. Graduates may experience "transition shock", a concept developed by Judy Duchscher that describes the stress associated with moving from the student into registered practice. Transition shock reflects the uncertainty, anxiety and adjustment that can occur when graduates encounter the realities and responsibilities of healthcare work, making it an important period for retention (Muir, 2023).

82. Members who are new graduate coordinators continue to report concerns regarding the preparedness of some graduates entering the workforce. Feedback indicates that graduates are completing their programs without having undertaken clinical placements in acute care settings and, in some cases, without having exposure or opportunity to learn fundamental clinical skills such as intravenous medication administration during placement. Additionally, concerns have been raised about graduates' ability to confidently and accurately perform medication calculations, highlighting ongoing gaps in clinical exposure and practical skill development prior to graduation.

83. NSW branch analysis of data relating to complaints against new graduates resulting in formal performance assessments indicates a concerning upward trajectory of new graduates entering regulatory processes. In both 2023 and 2024, new graduates accounted for 22% of cases however, this proportion increased significantly to 29% in 2025. Discussions with regulatory bodies have confirmed that this trend is being observed across the health sector, with regulators also reporting a noticeable rise in complaints involving new graduate practitioners. The increase in complaints appears to be driven by several contributing factors, including the contrast between the level of support provided by universities during training and the level of support available once graduates enter the workplace. When new graduates are unable to meet workplace expectations immediately, organisations may find it quicker or more straightforward to pursue disciplinary pathways rather than investing time, resources and structured support to assist graduates to develop required competencies and confidence.

84. Difficulties in transition are not simply individual shortcomings but rather reflect the interaction between curriculum, placement, workplace environment and workload. A NSW graduate coordinator member captured this: "*It's not the new grad's fault. And we've had new grads really upset and angry once they realise that there is that disconnect, that there is a lot of stuff that they don't know"*. The same member described the risk of a poorly scaffolded transition: *"It's sort of like they're supported, supported, supported. Now go and swim*".

85. Graduates who are not meeting expectations should receive structured, developmental support that recognises they are still consolidating practice. In the first instance, performance

concerns should be approached as learning and support needs, rather than as disciplinary matters, unless there is serious misconduct or clinical risk. ANMF member feedback indicates graduates are often prematurely placed on performance management processes that are perceived as punitive rather than being a developmental opportunity, particularly where expectations are unclear, objectives are not specific, and the health service's obligations to provide additional support are not documented. Where concerns arise, graduates should have access to clear co-designed goals, timely feedback, coaching, supervision, reasonable timeframes and agreed supports. A supportive process protects people receiving care, while also preserving the graduate's confidence and capacity to improve.

86. Compounding this issue is the ongoing loss of senior nurses and midwives from clinical environments, which has resulted in a disproportionately junior workforce with a low skill mix and gaps in mentorship and preceptorship. In many settings, junior nurses and midwives are increasingly relied upon to assume responsibilities beyond their level of experience, including acting as team leaders, educators and primary support persons for others. This reliance places undue pressure on early-career practitioners and limits opportunities for structured learning and professional growth. As a result, many graduates lack access to experienced clinicians who can support the transition from theory to practice. Without consistent guidance and supervision after leaving university, new graduates are left to navigate complex clinical environments with insufficient experience, hindering skill consolidation, confidence-building and the safe integration into clinical practice.

87. For example, universities often offer a clinical placement in aged care in students' first year, seen as a 'gentle' introduction to hygiene and understanding how to perform basic nursing care. However, the clinical placement sequencing does not reflect the true nature of nursing work in aged care which is and should be considered as a speciality practice, gerontological nursing. If graduate nurses commence their career in aged care, particularly in private aged care, they often immediately find themselves in leadership roles (not at all only focused on hygiene and basic nursing) without adequate preparedness through their undergraduate degree. To address this, one Victorian university has reversed the order of clinical placements

ensuring that the aged care placement is in the final year of the degree to better reflect the complexity of the setting and ensure students they are working alongside senior nurses in aged care. This has reportedly had a positive effect on nurses considering a career in aged care and more accurately reflects the complexity of nursing work when caring for older people in residential care.

Registered undergraduate students

88. Registered Undergraduate Student of Nursing (RUSON) and Registered Undergraduate Student of Midwifery (RUSOM) models are paid undergraduate employment models that enable nursing and midwifery students to work in health services while completing their studies, preferable to supporting themselves with parttime work in separate industries and allowing them to start contributing to care. Their value lies in providing paid, supervised and structured exposure to clinical environments while students contribute appropriately to patient care and workforce participation in a way that recognises and remunerates their work (Garvey et al., 2026; Watkins et al., 2026). These models may have different titles across jurisdictions. RUSON/RUSOM roles do not replace registered staffing, clinical placement or graduate transition programs.

89. Recent Australian research suggests these models can contribute to professional identity, confidence, belonging, workforce participation and transition readiness when the roles are well understood, properly supported and appropriately scoped (Garvey et al., 2026; McBrearty et al., 2024; Muir, 2023; Watkins et al., 2026). A Victorian RUSOM program evaluation found the model was viewed positively by students and midwives and could support the midwifery workforce when implemented with appropriate support (Mumford et al., 2023).

90. These models are shown to address factors contributing to transition shock. Well-supported RUSON/M roles can give students earlier familiarity with clinical environments, workplace culture, shift routines, team communication, documentation, escalation pathways and the realities of care delivery. This does not remove the need for structured graduate support, but it can help students enter graduate practice with greater confidence, clearer expectations

and a stronger sense of professional belonging.

91. The ANMF calls on governments to facilitate expanded access to properly supported RUSON/M models across sectors and settings. This should include clear role descriptions, safe scope of practice, appropriate supervision, fair pay, access to education and debriefing, and evaluation of impacts on student progression, graduate transition, workforce participation and retention.

Term of reference 4: the state of affairs in comparable jurisdictions

Geographic variation across Australia

92. Discussions with graduate coordinators highlight significant variation across metropolitan, regional, rural and remote settings. Some metropolitan and regional acute services are filling graduate nurse positions rapidly, with some facilities expanding intakes beyond their current education and support capacity. One regional NSW hospital reported consistent growth in its graduate intake, from 15 positions in 2019 to 35 positions in 2026 with one Clinical Nurse Educator for the entire facility of over 200 beds prior to 2019. The rapid expansion of graduate numbers without corresponding growth in education and supervision resources has raised concerns regarding preparedness and support. "*Most of the feedback from the grads is that they are not prepared for shift work, rotating rosters, quick shifts and overtime. They see their first roster and reality hits about what nursing is really like.*"

93. Conversely, graduate coordinators from remote and rural areas of NSW report struggling to fill new graduate vacancies. These challenges are compounded by housing shortages in non-metropolitan areas. In some cases, graduates accept positions but are later unable to take them up because they cannot secure suitable accommodation. Others are deterred by distance from home, fatigue, stress, financial pressure and caring responsibilities. This creates a difficult tension: rural and remote services need graduates, but graduates also need housing, supervision, support and sustainable conditions to safely establish themselves in practice.

94. Systems to apply for a graduate year varies considerably; some jurisdictions use a centralised computer matching system while others only recruit through traditional job advertisement

avenues. Even within the states that centralise, not all positions are listed. This can contribute to poor distribution of positions – it is difficult for graduates to apply for positions in other states/territories and often remote and rural areas struggle to find graduates where metropolitan positions are oversubscribed. Governments should examine whether more coordinated jurisdictional or national processes could reduce duplication, improve transparency and support workforce distribution.

95. Narrow, high-stakes pathways offer limited opportunities for graduates to re-enter if they decline or are unable to accept an offer at a particular point in time. Recall Kim from paragraph 38, whose caring responsibilities and commute time led to her resignation. Informed by fear of missing out on a position, Kim accepted an offer that was not well matched to her professional interests and later resigned but has since been unable to find new employment given the 'one bite at the apple' system of graduate position recruitment. Kim's experience illustrates how systems can push graduates away from the workforce before they have had a fair opportunity to establish themselves.

96. Graduate recruitment processes and systems need reform and consistency. Applicants should receive clear information, reasonable timelines, timely outcomes and meaningful feedback where possible. Recruitment timelines should be aligned with university calendars and placement schedules. Graduates who miss a main intake due to health, family, visa, financial or placement timing issues should not be permanently locked out of supported transition pathways.

International jurisdictions

97. International experience suggests that graduate nurse workforce supply is best managed when education, transitions and retention are planned together, rather than as separate policy settings. Buchan et al. (2021), drawing on global nursing and midwifery workforce policy, argue that countries need coordinated investment in education, jobs, leadership and service delivery if workforces are to be protected and used effectively.

98. Australia can learn from international experience on structuring transition programs across the system and ensuring graduate positions are in areas of priority. Managing graduate transitions should not be left entirely to local employer discretion. National minimum expectations can coexist with local flexibility. Graduate supply and success improve when there is a coordinated approach across workforce, government, industry and education providers. Australia needs an approach that reflects national registration, state and territory health systems, public and private sectors, aged care, rural and remote geography, Aboriginal and Torres Strait Islander health priorities and industrial conditions.

Term of reference 5: the economic, social and psychological effect that this experience has on graduates

99. These experiences can have far-reaching economic, social and psychological consequences for new graduate nurses and midwives. It can have a profound impact on individual graduates, emotionally, professionally and financially. When graduates cannot enter supported practice, or leave early because transition is unsafe or unsupported, workforce shortages deepen, care quality suffers and the financial cost to health services is significant. Graduates may continue to carry education debt, registration fees, continuing professional development costs and ordinary living expenses while lacking stable income. Some are forced into casual or non-nursing work, delaying skill development and future employability.

100. The public narrative can make this harder. Graduates are told they are needed, encouraged to enter nursing and midwifery programs, and then prevented from entering practice because they have not yet gained the experience that only employment can provide. This creates distress and loss of trust for graduates and those around them when, after completing demanding degrees and clinical placements, they cannot obtain entry-level employment consistent with their qualification. ANMF student members report that this uncertainty also creates anxiety for earlier-year students, who can see the difficulty ahead before they have even reached graduation.

101. The previously mentioned 2025 ANMF Victoria Branch petition, calling on the Victorian government to employ all 2026 graduates had 6288 signatures at the time of writing this submission. Graduate and ally signatories stated reasons for signing such as:

- *"Nursing students work far too hard to then be turned away and told there is no position for them. After finishing there* [sic] *3rd year they are ready and capable and deserve a grad year."*
- *"My daughter studied nursing & midwifery after seeing me enjoy 40 years of nursing & the joy this has given me. 4 years of study and she is devastated* [sic] *& bewildered & questioning her choice."*
- *"I feel responsible for my profession and the wider community that this is happening all over again like the '90s when I finished my training - we need to do better for our early career workforce in providing for a safe and reliable national healthcare system."*
- *"This has now created resentments between domestic and international students, who have both been supported to apply in the computer match rounds."*
- *"I want to be able to work"*

102. Graduates who cannot secure a graduate position may face education debt, registration costs and additional costs associated with trying to secure work, including continuing professional development, travel, relocation and ordinary living expenses, without the secure income expected after completing a professional qualification. ANMF members report some graduates returning to hospitality or retail work while continuing to apply for nursing or midwifery roles in order to support themselves.

103. Consider Alex, a 34-year-old Victorian registered nurse graduate. Alex with previous experience working in healthcare, completed her Bachelor of Nursing and was ranked among the top two students in her university cohort . Despite these credentials, she was not successful in gaining a graduate position through Victoria's computer match system. Alex sought feedback from interviews but none was provided. In an effort to secure a position,

she has incurred considerable expense completing additional modules and refresher programs and attending conferences to network with industry graduate coordinators. She was advised that some services would not consider her resume without one year of experience. Alex registered with a casual agency, but has only been offered work as a carer, not as a registered nurse. She describes feeling at a loss with every single pathway.

104. In the ANMF Victorian Branch member meeting with final-year students following projected graduate position shortages, students used phrases such *as "causing immense stress at an already stressful time", "unfair system", "furious", "It really felt like no one had our backs"*, and, distressingly, *"anxiety which affected my ability to study and required medical intervention"*. While some students reported being pleased with the recruitment process, others described it as "*very hard and drawn out*". One student stated, "*as a mature-aged nursing graduate, the PMCV application was not my first job application, but it was by far one of the most stressful. The process was made even more overwhelming by the knowledge that there are significantly fewer graduate positions available than there are nursing graduates".*

105. As described, graduates who accept positions based on fear of missing out altogether may suffer consequences such as long commutes, fatigue, family strain, loss of confidence and withdrawal from the program. Once this occurs, some graduates struggle to access any supported pathway back into practice and may ultimately be lost to the health system before they have had a fair opportunity to establish themselves.

106. Exclusion from structured graduate pathways can also lead to isolation and disconnection, particularly as peers progress professionally while affected graduates struggle to establish networks and professional identity. Psychologically, repeated employment setbacks can significantly undermine confidence, contributing to feelings of failure, anxiety and diminished self-worth at a critical stage of professional formation. The added pressure of meeting recency of practice requirements compounds this stress and uncertainty, increasing the risk of burnout and, in some cases, disengagement from the profession. This represents a preventable loss to both the individual graduate and the wider healthcare workforce.

107. These effects are not evenly distributed. Students and graduates with caring responsibilities, disability, financial hardship, rural or regional location, visa uncertainty, experiences of racism or limited family support face additional barriers. For these graduates, difficulty accessing supported employment can compound existing disadvantage and make entry to the professions more precarious.

108. Aboriginal and Torres Strait Islander students and graduates face additional risk of harm from racism, poor cultural safety and the burden of navigating systems not designed for them. Consultation with CATSINaM prior to this submission emphasised that clinical placement quality, cultural safety and transition support cannot be separated. Universities may have made progress through curriculum and accreditation, but placement providers and health services must also be accountable for the cultural safety of learning environments. Cultural safety education should not be reduced to one-off compliance modules. It should be scaffolded, contextually applied and reinforced across the career span. CATSINaM's *Good Clinical Placements Guide* provides practical guidance to prepare Aboriginal and Torres Strait Islander students and host workplaces for culturally safe clinical placements (CATSINaM, 2018).

109. Maya, a NSW Branch member reported not applying for a GradStart position because of visa-related concerns. After graduating, she continued working as an assistant in nursing while applying unsuccessfully for registered nurse roles. Maya reported concern about recency of practice and embarrassment about disclosing her registered nurse qualification in her current workplace. Her example illustrates how visa uncertainty, employment barriers, recency requirements and professional identity can interact to create distress and delay entry to registered practice.

110. These economic, social and psychological effects are intensified where students and graduates experience racism, bullying, horizontal violence or other forms of workplace violence. As discussed earlier in this submission, racism and unsafe clinical environments can affect learning, wellbeing, confidence and commitment to the profession (Dafny et al., 2025). Workplace bullying and violence have also been identified in the midwifery literature as

significant workforce concerns, with particular implications for students and early-career midwives who are still developing confidence, professional identity and support networks (Capper et al., 2022; Simpson et al., 2023).

Term of reference 6: any other related matters

Supporting neurodivergence

111. Neurodivergent nurses and midwives can and do make excellent clinicians, yet neurodiversity remains under-recognised and insufficiently supported in nursing and midwifery education and employment. An ANMJ article notes that neurodivergent nurses can bring strengths including "empathy, creative problem-solving, attention to detail, and strong pattern recognition", and that the lived experience of neurodivergent clinicians can support therapeutic relationships and improve patient outcomes (Tiefholz, 2026).

112. NSW member feedback highlights that neurodivergent nurses and midwives may successfully progress through university education only to encounter significant challenges when transitioning into clinical practice. University environments often provide structured learning settings, clear expectations and formalised academic adjustments. These supports do not always translate into clinical placement or employment, and support needs are not always identified or addressed before graduation.

113. This can make the transition to practice more difficult. Some neurodivergent graduates may find shift work, rapid task switching, complex communication demands, medication safety, clinical prioritisation, high sensory load and unspoken workplace norms particularly challenging. This should not be perceived as a deficit in neurodivergent nurses and midwives. More often, it reflects workplaces that are not sufficiently flexible, informed or confident in providing reasonable, practical and person-specific adjustments, shifting away from a deficit model (Tiefholz, 2026).

114. These challenges are often compounded by stigma, low rates of disclosure and limited organisational understanding of neurodiversity. Many neurodivergent nurses and midwives mask their neurodivergence to meet perceived workplace expectations, increasing cognitive

load, emotional strain and the risk of burnout.

115. The systems share responsibility for supporting neurodivergent students and graduates to enter, remain and thrive in the workforce. This should include earlier identification of support needs, safe pathways for disclosure, transition-to-practice preparation that reflects the realities of clinical environments, continuity of reasonable adjustments between education and employment, and stronger partnerships between universities and employers. Industry should build on the experience of education providers in formalising adjustments, rather than treating workplace adjustment as exceptional.

Other considerations

116. English language proficiency remains a barrier for some newly graduated nurses and midwives in relation to registration and employment. NSW members report that some students complete nursing and midwifery qualifications without having met the English language assessment requirements needed for initial registration. As a result, some graduates are unable to meet the Nursing and Midwifery Board of Australia English language standard, delaying registration and preventing entry to the workforce. This can lead to graduates missing out on GradStart placements and other new graduate employment opportunities, with delays sometimes extending beyond 12 months and affecting recency of practice and future employability.

117. The ANMF acknowledges that English language proficiency is essential in the complex and high-risk nursing and midwifery practice environment. However, universities have a critical role in identifying and addressing this issue earlier in the educational pathway through more rigorous and context-specific English language assessment, integrated communication training and ongoing assessment within clinical contexts. Without these measures, students risk progressing through their degrees only to encounter foreseeable and avoidable barriers at the point of registration and employment.

118. Improved national data and system reporting are essential to understanding nursing and midwifery graduate pathways. Australia does not have a clear national picture of graduate

supply, graduate positions, distribution, transition support or early-career attrition. The ANMF produces the publicly available *ANMF Graduate Data Set*, which was developed because graduate nurse and midwife data has historically been fragmented and poorly mapped. The ANMF is proud of this work, but this important assessment of the pipeline for Australia's largest health professions should be produced as part of coordinated national and jurisdictional workforce planning arrangements. Responsibility for this data should sit with bodies that have the authority to more easily collect it and link education, registration, clinical placement, employment and workforce planning decisions.

119. The ANMF also supports consideration of staged graduate intakes where appropriate. Large single annual intakes can overwhelm services and concentrate graduate employment pressure. Staggered intakes may allow better supervision and smoother integration, provided they are funded and do not reduce total graduate places. Members also encourage universities to consider staggered student intakes where this would support better alignment between course completion, graduate recruitment and health service capacity.

Conclusion

120. Nursing and midwifery graduates enter complex, highly trusted roles that require structured clinical support, safe workplaces and clear pathways into meaningful practice. Measures such as increasing student places and expanding scope of practice will not succeed if students cannot access quality placements, graduates cannot obtain supported entry-level roles, and experienced nurses and midwives are not retained to teach, supervise and lead them.

121. The ANMF urges the Committee to action stronger tertiary education stewardship, better national data, improved placement quality and availability, protected education roles, expanded graduate pathways and national minimum expectations for transition-to-practice support. These reforms are necessary to ensure nursing and midwifery students can complete their education, graduates can establish themselves safely in practice, and the health, aged care and maternity systems can retain the workforce communities need.

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Appendix 1: ANMF member voices

This appendix presents selected true stories and direct quotes provided by ANMF branches through their interactions with members, students, graduates and those who support them. Some examples appear in the body of the submission, while others are included here to give fuller visibility to member experiences. The appendix is designed as a member evidence bank aligned to the Inquiry's Terms of Reference. Quotes are verbatim where shown in quotation marks. The names of individual health services and education providers have been de-identified.

Member stories

Theme	ToR alignment & submission section	Source	De-identified story
Qualified graduates unable to access entry-level work	ToR 1: Graduate workforce supply (paras 100–117) ToR 5: impacts (paras 193–205)	Alex, Registered nurse graduate	Alex completed her Bachelor of Nursing among the top two students in her cohort and had 15 years' prior experience working in healthcare, including in dental. After being unsuccessful in obtaining a graduate position, she continued applying for graduate and non-graduate roles, sought feedback from previous interviews, completed CPD modules, completed the ANMF Graduate refresher program, paid for external resume support and attended professional conferences to network with graduate program coordinators. Despite these efforts, Alex was told her resume would not be considered until she had one year of experience. One agency would only sign her on as a personal care assistant, not as a registered nurse, and another declined to take her on at all. Alex's experience shows how a highly capable graduate can be qualified, registered and actively trying to enter the workforce, but still be blocked from registered nurse employment because she cannot obtain the experience that only employment can provide.
		Sarah Registered nurse and registered midwife graduate	Sarah had highly valued experience as a RUSOM in a public hospital, was involved in her university's midwifery student society and had first aid volunteering experience. She applied for available jobs, sought feedback, completed CPD and attended an industry conference to network with health services. She found casual agency work but was unable to gain permanent registered nurse or registered midwife work because non-graduate roles required 12 months' experience.
		Georgina Registered nurse graduate and current enrolled nurse	Georgina was an enrolled nurse before completing the Bachelor of Nursing and has worked as an enrolled nurse since 2020. She was advised by her employer that she would have ongoing employment as a registered nurse after graduation. The employer later advised she would need to complete a graduate program to be supported into her new scope, but this occurred after the computer match had closed. She has been unable to find a graduate program and continues working as an enrolled nurse on pool.
High-stakes recruitment processes and lack of transparency	ToR 1: Graduate workforce supply (paras 100–113) ToR 4: recruitment	Kim Registered nurse graduate	Kim graduated in 2025, was offered a second-round New Graduate position in mental health nursing at a metropolitan mental health service on the opposite side of her city. Although she did not have a strong interest in mental health nursing, she accepted the position because it offered a supported pathway into practice. The role required a

	systems (paras 186–188) ToR 5: impacts (paras 193–205)		commute of more than one hour each way, which became increasingly difficult to manage alongside caring responsibilities for young children. Soon after starting, Kim recognised that the position was not aligned with her interests or career goals and made the decision to withdraw from the graduate program. Since leaving the position, Kim has experienced significant difficulty securing registered nurse employment. She has spent several months applying for roles without success, largely because she has not completed a graduate program or gained prior experience as a registered nurse. She is now facing the dual challenge of finding employment while the timeframe to meet the Nursing and Midwifery Board of Australia's recency of practice registration standard continues to narrow. Kim's experience shows how narrow graduate recruitment pathways can push graduates to accept positions that are not sustainable, while offering limited pathways back into supported practice if the position does not work out.
Placement quality, supervision and readiness for practice	ToR 2: Clinical placement and provider relationships (paras 143–159) ToR 3: readiness and transition (paras 167–181)	Neha Enrolled nurse in aged care, previous Bachelor of Nursing student.	Neha was an enrolled nurse working in aged care and completing a Bachelor of Nursing to become a registered nurse. She was unable to undertake her final clinical placement because she needed to maintain paid work to meet basic living costs, including rent. She was therefore unable to complete her qualification. She was planning to leave the workforce. Neha's experience shows how placement poverty can prevent an existing nurse from progressing in their career.
Equity barriers compound employment and transition harms	ToR 5: inequitable impacts (paras 206–209) ToR 6: other matters (paras 211–221)	Maya, NSW registered nurse graduate. Provided by NSWNMA. Story in submission.	Maya did not initially apply for a graduate position because of visa-related complexities. After graduating, she continued working as an assistant in nursing while applying unsuccessfully for registered nurse roles. She reported concern about recency of practice. Maya reported feeling too embarrassed to disclose her registered nurse qualification in her current workplace. Maya's experience shows how visa uncertainty, limited entry-level employment pathways and recency of practice requirements can interact to delay a graduate's entry to registered practice, despite already working in the health system.

bvcEducator and graduate coordinator quotes

The following comments are drawn from a Branch member meeting of educators and graduate coordinators and other member evidence.

Theme	Relevant submission section / paragraph reference	Source	Verbatim quote
Placement quality, supervision and readiness for practice	ToR 2: Clinical placement and provider relationships (paras 143–159) ToR 3: readiness and transition (paras 167–181)	Taylor, Metropolitan Nurse Educator	"...when the students come out to a clinical placement, they are often seen as a burden. They are usually given [carer] tasks to do. They are directed in what they need to do. They are very rarely given a full patient load."
		Taylor, Metropolitan Nurse Educator	"So they do not get to practise the three things they need to be job ready, and that is time management, prioritization, and critical thinking."
		Taylor, Metropolitan Nurse Educator	"...suddenly when I become a graduate, I am now at university and I need to organise my own day. I need to organise my own time. And I suddenly have four patients that I have to look after when I've never done this before."
		Morgan, Metropolitan Educator	"I think the quality of the clinical placements really varies depending on their facilitators or even their uni, because some of the unis don't even have goals for their clinical placements."
		Riley, Metropolitan Educator	"...assessments should actually be completed by a facilitator. That's what they're paid for. They know what the university assessments are... And to be asking CNS [clinical nurse specialist] and staff on the ward to be completing those is completely and utterly unacceptable."
		Riley, Metropolitan Educator	"...the facilitators need to be told by the [education provider] that they are to be working with us, not against us. Because the student will then say, well, the facilitator said that I didn't have to have... a patient [load] today. We go, that's how you learn."
		Casey, Regional Educator	"...they don't get a good quality experience because the CNS, their focus is the ward staff. Their focus is never going to be the students coming in... The university is supposed to facilitate their students."
		Bailey, Regional Educator	"...we live in a practice-based world. And so we what we want is people that are going to be practise ready. What they want is a person who's going to pass and be able to manage their academic course."
Rural and regional pathways need practical support	ToR 2: placement logistics (para 158) ToR 4: geographic variation (paras 183–188)	Sam, Rural Nurse Educator	"I would love in-house facilitators where we are, because as the CNE [clinical nurse educator], we are the ones that manage the students... we actually don't have... the time to be also completing that and starts working on the floor with them."
		Sam, Rural Nurse Educator	"Some are commuting 2 hours a day to come. And this is their second and third year placements."
		Jamie, Rural	"With an international student, they are ineligible for a lot of the supports that come like

		Educator	with [support program] where there's subsidised accommodation..."
		Jamie, Rural Educator	"He was coming from [nearest big town], which is over an hour and a half away. But the drive… is a really dangerous, wildlife-ridden, no lights, rough road."
		Sam, Rural Nurse Educator	"...in any remote facility you work in within Australia, you're actually going to have to deal with the morgue... And if you don't have any training, experience, knowledge, anything about that, that can result in like permanent psychological trauma..."
		Rowan, Rural Educator	"...the expectation is that they will do shift work with their buddy... and that they will do, you know, take on patient loads in their third year, third and final year."
Supported transition protects retention and patient safety	ToR 1: workplace culture and graduate support (paras 118–129) ToR 3: transition shock and support (paras 167–181)	Rowan, Rural Educator	"It's not the new grad's fault. And we've had new grads really upset and angry once they realise that there is that disconnect, that there is a lot of stuff that they don't know."
		Rowan, Rural Educator	"So we've actually tried to put in things like skill stations, simulation, education, all that sorts of things that to try and bridge that gap... there's a lot to catch up with..."
		Rowan, Rural Educator	"...it is what you guys are saying. It's sort of like they're supported, supported, supported. Now go and swim. Go and swim, mate, you know, a kilometre. In the ocean..."

ANMF Use us or lose us *member meeting and polling responses*

The following quotes are results from anonymous polling questions asked that the ANMF *Use us or lose us* member meeting of final year students and educators late in 2025.

*PMCV/GNMP = The Postgraduate Medical Council of Victoria (PMCV) administers the Graduate Nursing Midwifery Program (GNMP) Match on behalf of the Department of Health.

Theme	Relevant submission section / paragraph reference	Polling question	Member response
Qualified graduates unable to access entry-level work	ToR 1: Graduate workforce supply (paras 100–117) ToR 5: impacts (paras 193–205)	*What changes or improvements would better support the experience with *PMCV/GNMP process and experience?*	"The match is an unfair system. So many people missed out on a grad year"
	ToR 1: Graduate workforce supply (paras 100–117) ToR 5: impacts (paras 193–205)	*Any further comments?*	"Do better with getting us jobs after uni! We hear the entire time that we will definitely get a job, we slave away unpaid for 3-4 years and then we have to do the match and might not even get a job. Crazy!"
	ToR 1: Graduate workforce supply (paras 100–117) ToR 5: impacts (paras 193–205)	*Any further comments?*	"As a mature-aged nursing graduate, the *PMCV application was not my first job application, but it was by far one of the most stressful. The process was made even more overwhelming by the knowledge that there are significantly fewer graduate positions available than there are nursing graduates. Despite completing a demanding degree, it remains incredibly difficult to secure employment as a nurse without a graduate position or prior nursing experience. This made the pressure to obtain a graduate nurse position feel immense and, at times, disheartening."
High-stakes recruitment processes and lack of transparency	ToR 1: Graduate workforce supply (paras 100–113) ToR 4: recruitment systems (paras 186–188) ToR 5: impacts (paras 193–205)	*What changes or improvements would better support the experience with *PMCV/GNMP process and experience?*	"Applicants were not told of reduced graduate position numbers, and the increase in competition, until approx. a week before release of places. At this late stage I was unable to apply for additional positions elsewhere. I did not receive a place. I am a mature aged student and high preforming academically and practically. I had no feedback into why I did not receive an offer and felt had very little control over the whole process. It was very disappointing."
	ToR 1: Graduate workforce supply (paras 100–113) ToR 4: recruitment systems (paras 186–188) ToR 5: impacts (paras 193–205)	*What changes or improvements would better support the experience with *PMCV/GNMP process and experience?*	"The *PMCV needs to be more transparent about how many spots are available."
	ToR 1: Graduate workforce supply (paras 100–113) ToR 4: recruitment systems (paras 186–188) ToR 5: impacts (paras 193–205)	*What changes or improvements would better support the experience with*PMCV/GNMP process and experience?*	"More communication about references, options if we don't get a match and the ability to see who else wanted us, not just our first preference"

	ToR 1: Graduate workforce supply (paras 100–113) ToR 4: recruitment systems (paras 186–188) ToR 5: impacts (paras 193–205)	*What changes or improvements would better support the experience with*PMCV/GNMP process and experience?*	"Ensure hospitals are held accountable for EFT, rotations on offer and intake dates as my top preferences hospital changed this and I would not have even listed them at all based on what they changed the program to yet I was bound to the match"
	ToR 1: Graduate workforce supply (paras 100–113) ToR 4: recruitment systems (paras 186–188) ToR 5: impacts (paras 193–205)	*What changes or improvements would better support the experience with *PMCV/GNMP process and experience?*	"Make sure that health services like [metro health service] actually stick to the EFT advertised during the *PMCV process instead of letting them advertise .8 EFT and get us to officially accept an offer at that through*PMCV, only for them to change it after we've signed on and all other health services have filled their spots..."
	ToR 1: Graduate workforce supply (paras 100–113) ToR 4: recruitment systems (paras 186–188) ToR 5: impacts (paras 193–205)	*Any further comments?*	"Pls pls pls keep hospitals accountable"
	ToR 1: Graduate workforce supply (paras 100–113) ToR 4: recruitment systems (paras 186–188) ToR 5: impacts (paras 193–205)	*Any further comments?*	"I was furious when I found out that what the organisation advised on *PMCV is actually different to what I got (ex: working hours). I think it needs to be double and triple confirm that all the information is accurate"
Placement quality, supervision and readiness for practice	ToR 2: Clinical placement and provider relationships (paras 143–159) ToR 3: readiness and transition (paras 167–181)	*If no, please describe the impact on your application for a graduate year i.e. the number of hours outstanding or the implications.*	"I was in the middle of a long placement when the*PMCV opened which made it difficult to study prior to or find the time to actually complete the*PMCV"
	ToR 2: Clinical placement and provider relationships (paras 143–159) ToR 3: readiness and transition (paras 167–181)	*If no, please describe the impact on your application for a graduate year i.e. the number of hours outstanding or the implications.*	"I had to complete my application while juggling multiple assignments and preparing for two major exams. It added a huge amount of pressure at an already intense time."
Supported transition protects retention and patient safety	ToR 1: workplace culture and graduate support (paras 118–129) ToR 3: transition shock and support (paras 167–181)	*If yes, how? — students who said working as a RUSON/RUSOM assisted them in choosing graduate year preferences.*	"Comfort levels, better understanding of the hospital, makes for a far easier transition, connection with the staff"
	ToR 1: workplace culture and graduate support (paras 118–129)	*If yes, how? — students who said working as a RUSON/RUSOM assisted them in choosing*	"Experience working in an acute setting and having knowledge of how the environment functions"

	ToR 3: transition shock and support (paras 167–181)	*graduate year preferences.*	
	ToR 1: workplace culture and graduate support (paras 118–129) ToR 3: transition shock and support (paras 167–181)	*If yes, how? — students who said working as a RUSON/RUSOM assisted them in choosing graduate year preferences.*	"It allowed me to experience the hospital culture first hand prior to working there as a graduate."
Equity barriers compound employment and transition harms	ToR 5: inequitable impacts (paras 206–209) ToR 6: other matters (paras 211–221)	*If no, can you please describe the impact" — students who said the*PMCV application timeframe was not aligned with their university academic calendar.*	"Increased stress and anxiety which effected my ability to study and required medical intervention."
	ToR 5: inequitable impacts (paras 206–209) ToR 6: other matters (paras 211–221)	*Any further comments?*	"It really felt like no one had our backs during the mess that was being a [metro health service] 2025 graduate and the EFT drama, except for the union..."
	ToR 5: inequitable impacts (paras 206–209) ToR 6: other matters (paras 211–221)	*Any further comments?*	"It was a very stressful situation which I understand why but it would be nice if it didnt feel so final and it would be nice to see if other health services wanted me not just the one I matched with."

Use Us or Lose Us *petition reasons for signing*

The following signatory reasons are drawn from the publicly available ANMF Victorian Branch *Use Us or Lose Us* campaign petition from late 2025, currently with over 6000 signatures. These comments relate to terms of reference 1 and 5, speaking to the supply of graduate positions, the impact not being successful securing one has on graduates and includes calls for stronger workforce planning.

Date	Reason for signing
12/09/25	"Nursing is a shortstaffed profession already, why they don't want more future nurses?"
16/09/25	"Nursing students work far too hard to then be turned away and told there is no position for them. After finishing there 3rd year they are ready and capable and deserve a grad year"
17/09/25	"I'm really upset. I worked so hard and received such positive feedback about how good of a student I am just to not receive a*PMCV match. I'm highly stressed and I just wished the government planned well ahead before making announcements that seemed like I was going to have a guaranteed job when now as a third year student I feel lost and completing with 2000+ does not make me feel easy"
17/09/25	"Look to the future!"
18/09/25	"Because I am a student nurse and I really need some work experience to be able to use my knowledge and dedication in this field. I have done many sacrifices to be able to complete nursing course. What is the point if I cannot enter the work force?!"
18/09/25	"i want to be able to work"
18/09/25	"My daughter studied nursing & midwifery after seeing me enjoy 40 years of nursing & the joy this has given me. 4 years of study and she is devgasted [sic] & bewildered & questioning her choice."
18/09/25	"I signed it as I witnessed my close family friend sacrificed her life and put lots of time and effort in the last 2 years to finish the program and add value to the community in her new capacity. As a mother of 2 young boys, she had to do lots of juggling to finish the program successfully. Her dedication is an inspiration to all of us and it would be Victorian health loss not to absorb her into the workforce."
18/09/25	"My daughter is in her final year of nursing. She is so passionate about it and has worked so hard the past 3 years. She'll make an amazing nurse but needs the opportunity to do so. This isn't fair for the new generation of nurses."
18/09/25	"This has now created resentments between domestic and international students, who have both been supported to apply in the computer match rounds."
19/09/25	"Victoria must employee [sic] our graduate nurses so they continue their development and ensure they stay in the profession. We've encouraged and paid these nurses to study for this important career and need them to progress in their chosen career. If we lose them now we'll be back to square one. Such short sighted funding decisions being made!"
19/09/25	"Cos I'm an ED nurse and know we need more and better skilled nurses in our workforce."
20/09/25	"Hospitals are already short staffed. Government should be encouraging and supporting this profession more."
21/09/25	"It's the height of short-term thinking not to utilise the skills, knowledge and enthusiasm of newly trained grads when there is a real shortage of trained staff. Not only that but to force them to pay student fees if they don't obtain a position on a Grad Program."
22/09/25	"I feel responsible for my profession and the wider community that this is happening all over again like the '90s when I finished my training - we need to do better for our early career workforce in providing for a safe and reliable national healthcare system."
22/09/25	"Midwifery/Nursing [double degree] students work a minimum of 1600 hours of unpaid placement, missed out on the free university scheme, and a plethora of work and appointments separate to the coursework. The amount of money spent out of pocket for these 4 years is diabolical. To see my peers not receive a grad was disappointing and unfair. Something needs to be done !!"
25/09/25	"Because I am CSN [clinical support nurse] who has guided and supported these students on their clinical placements. I feel so strongly and sorry for them. They are excellent students who are trying to become safe and competent RNs and were hoping to have that support of the Grad year."

Safer Care Victoria

March 2024

Graduate Support Nurse Mental Health EBA 2020-2024

Report

OFFICIAL

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This summary provides feedback on data collected from the public mental health services as part of the trial of the new role of the Graduate Support Nurse (GSN). The role was established as part of the Victorian Mental Health Agreement (EBA) 2020-2024 Clause 107.6. The data within this document was collected from the services that were identified as per the agreement Schedule 10 – Part D GSN allocation:

- St-Vincent's Hospital
- Mercy Hospital Victoria
- Peninsula Health
- Eastern Health
- Bendigo Health
- Barwon Health.

Background

As outlined in the Victorian mental Health EBA 2020-2024, Gradate Support Nurses were a trial role to be recruited within a selection of Victorian Area Mental Health and Wellbeing services. The positions were to be employed at a Grade 3 classification. Organisations identified above were to appoint the GSN role as per the allocation in
Appendix 10-part D Mental Health EBA 2020-2024. These GNS positions were to be recruited in addition to Clinical Nurse Educator positions and Clinical Nurse Consultant positions. As part of recruiting, implementing, and embedding these positions into the allocated Area Mental Health and Wellbeing services, Safer Care Victoria having taken the opportunity to evaluate the effectiveness and impact of the introduction of these professional nursing mental health positions to support the decision making to whether the role should continue in the future. The development of the evaluation survey was a collaborative approach completed by the Chief Mental Health Nurse, Mental Health Nursing Adviser in 2023, Dr Paula Matheson, Stuart Wall (Learning and education Stream Lead for Mental Health at Peninsula Health) and Jessica Naqqash (Associate Director Learning and Teaching Mental Health at Eastern health.
As part of this evaluation, 60 responses were received and analysed.3 different craft workforce group were offered to the opportunity to provide feedback this included novice learners, educators and nursing management.

Quantitative Data

1. Would or does extended availability of the Graduate Support Nurses across evenings and weekends in addition to the traditional business hours, assist to development as a novice mental health nurse

Strongly Disagree	0
Disagree	2
Neutral	1
Agree	3
Strongly agree	20

2. The Graduate Support Nurse maintains a high presence in the clinical area making them readily available to work directly with me to enhance my clinical knowledge and practical skills.

Strongly Disagree	0
Disagree	0
Neutral	2
Agree	5
Strongly agree	19

3. Workingwith the Graduate Support Nurse has enabled me to complete clinical competencies and assessments required for my program

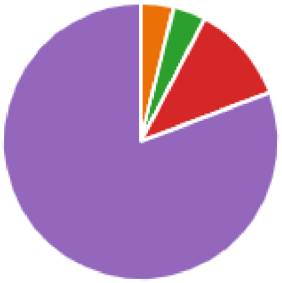
Strongly Disagree	0
Disagree	2
Neutral	1
Agree	3
Strongly agree	20

4. The presence of the Clinical Support Nurse has improved my confidence in my role as a mental health nurse.

Strongly Disagree	1
Disagree	0
Neutral	1
Agree	3
Strongly agree	21

5. Having the opportunity to work closely with the Clinical Support Nurse has positively impacted my job satisfaction.

Strongly Disagree	0
Disagree	1
Neutral	1
Agree	3
Strongly agree	21



6. The support provided by the Graduate Support Nurse, in addition to the clinical education team, has increased my desire to continue working within the Mental Health & Wellbeing Program.

Strongly Disagree	0
Disagree	0
Neutral	2
Agree	3
Strongly agree	21

Qualitative Data

1. Provide examples of how the availability of Clinical Support Nurse has supported your development during your learner program.

Key themes from the responses included the following:

- Provided extra support and encouragement
- Supporting the completion of clinical documentation in collaboration with the novice colleague they are supporting
- Hand on, on the floor support

- Being available to answer clinical questions
- Support with clinical decision making
- Support to prevent workplace stress and burnout
- Support critical thinking.

2. In what specific tasks have you found the support of the Clinical Support Nurse to be most helpful for novice or early career staff?

Key themes from the responses included the following:

- Support with administrative tasks
- GSN supporting through the navigating of IT systems
- Role modelling nursing values
- Supporting orientation
- Providing support through challenging situations.

3. Are there any improvements that could be made to the Clinical Support Nurse role?

Key themes from the responses included the following:

- Role to be expanded to work outside of business hours and weekends
- GSN role to support with codes within the clinical area.

4. Any other suggestions or comments?

Key themes from the responses included the following

- Excellent additional support
- A much-needed resource and role
- More resource and investment in the future

Quantitative Data

1. **Would or does extended availability of the Graduate Support Nurses across evenings and weekends in addition to the traditional business hours, has proven beneficial in supporting the development of our novice nursing workforce?**

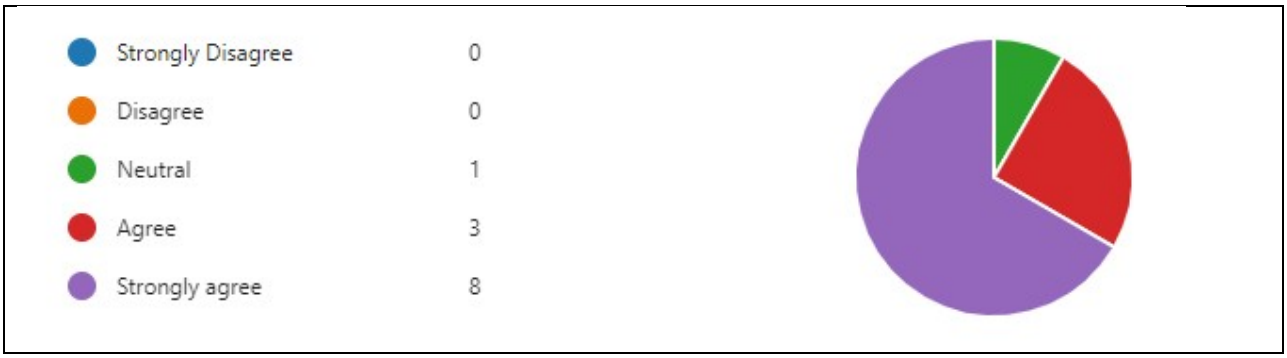
Strongly Disagree	0
Disagree	0
Neutral	1
Agree	2
Strongly agree	9

2. **The Graduate Support Nurse maintains a high presence in the clinical area making them readily available to work directly with novice nurses enhance clinical knowledge and practical skills.**

Strongly Disagree	0
Disagree	1
Neutral	1
Agree	1
Strongly agree	9

Summary:

3. **The graduate support nurse has been crucial in supporting novice nurses with completion of clinical assessments and academic requirements of their learner programs.**



Qualitative Data

1. What positive impacts, if any, have you noticed with the introduction of the Clinical Support Nurse role to the L&T Directorate?

Key themes from the responses included the following:

- The role provided additional support and resource to the novice workforce
- The role improved confidence and reflection to the novice workforce
- The role supported being present and visible within the clinical area.

2. Are there any improvements that could be made to the Clinical Support Nurse role?

Key themes from the responses included the following:

- Highlighting the need for the role to be flexible and approachable
- The role to work outside of business hours and weekends
- Ensuring the role is well defined and clear on role responsibilities.

3. Describe how the Graduate Support Nurse role has impacted the day-to-day functioning of the clinical area?

Key themes from the responses included the following:

- Job satisfaction for the novice workforce
- Additional support provided to the novice workforce
- Increase confidence and competence in the novice workforce

- The role has provided opportunities for other senior nursing colleagues in the clinical area to complete other pieces of work.

4. Any other suggestions or comments?

Key themes from the responses included the following:

- This is an excellent initiative
- The requirement for increased funding for additional GSN role
- The importance of this role – role modelling and being present within the clinical areas
- The role title continuing to be Graduate Support Nurse in the future.

Quantitative Data

1. Would or does extended availability of the Graduate Support Nurses across evenings and weekends in addition to the traditional business hours, has proven beneficial in supporting the development of our novice nursing workforce?

Strongly Disagree	2
Disagree	0
Neutral	3
Agree	7
Strongly agree	10

2. The Graduate Support Nurse role has positively impacted on my team's performance.

Strongly Disagree	2
Disagree	0
Neutral	3
Agree	7
Strongly agree	10

3. The Graduate Support Nurse maintains a high presence in the clinical area making themselves available to work directly with novice nurses to enhance clinical knowledge and practical skills.

Strongly Disagree	2
Disagree	2
Neutral	1
Agree	4
Strongly agree	11

4. The graduate support nurse role has been available to mentor, assist and observe novice nurses with clinical tasks and skills; thus allowing the ANUMs to focus on other priorities of the clinical area.

Strongly Disagree	3
Disagree	0
Neutral	2
Agree	6
Strongly agree	11

5. The graduate support nurse has been crucial in supporting novice nurses with completion of clinical assessments and academic requirements of their learner programs.

Strongly Disagree	1
Disagree	0
Neutral	4
Agree	7
Strongly agree	10

Qualitative Data

1. Do you believe the Graduate Support Nurse working extended hours (afternoon shifts and weekends) has assisted in mitigating risks associated with the expansion of the junior workforce within your clinical team? Please explain why or why not.

Key themes from the responses included the following:

- Extended hours would be beneficial (However there were 3 responses that stated that it would not be beneficial).
- The requirement for the role to be on the floor and not office based for a high presence within the clinical area.
-

2. Describe how the Graduate Support Nurse role has impacted the day-to-day functioning of the clinical area?

Key themes from the responses included the following:

- Provide additional support and resource to the novice workforce
- Role modelling
- Improving ward efficiencies
- Improving quality of care for consumers.

3. Are there any improvements that could be made to the Graduate Support Nurse role?

Key themes from the responses included the following:

- Communication regarding the scope of the role to fellow colleagues
- Ensuring a high presence of the role being within the clinical area
- Role to support audits (no further context regarding this response)
- Work extended hours weekend and outside of business hours • Be part of the training and education program for the clinical area.

4. Any other suggestions or comments?

Key themes from the responses included the following:

- Promoting the continuing of the role in the future
- A great professional role providing additional support to the novice nursing workforce
- Some comments around transparency of working diary.

In summary there is a strong prevalence within the feedback for the GSN role to continue in the future. The feedback identifies the critical role in assisting, providing support and building confidence within the graduate mental health nursing workforce within the public mental health sector.
The importance of the role supporting the novice workforce outside of business hours and weekends is supported and, is a consideration for Area Mental Health and Wellbeing Services, if the GSN role was to continue.
There is clear emphasis within the responses of the role needing to have high presence within the clinical area and fellow colleagues understanding the GSN role and scope of practice.
Response feedback include the importance of the role being flexible and easily accessible, supporting the novice mental health nursing workforce with IT systems, completion of clinical documentation, clinical critical thinking and reflection on clinical practice.
There has been some feedback provided which highlights the positive impact of the GSN role including:

- Increased ward efficiencies
- Improving quality of care provided to consumers
- Provides an opportunity for fellow senior nursing colleagues to complete other pieces of work.

The survey results highlight that the GSN role has been a welcome additional resource with positive feedback on the success of implementation. It has been demonstrated that there is a need to continue this role in the upcoming mental health EBA reviews, to support the development of our future mental health nursing workforce.

Safer Care
Victoria