

Submission by the Australian Nursing and Midwifery Federation

2026 Occupation Shortage List – Stakeholder Survey

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**Australian
Nursing &
Midwifery
Federation**



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Introduction

1. The Australian Nursing and Midwifery Federation (ANMF) is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial and political interests of more than 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 Jobs and Skills Australia for the opportunity to provide feedback to the 2026 Occupation Shortage List (OSL) - Stakeholder Survey. Due to insufficient workforce data relating to vacancy and supply rates, the ANMF at this time will provide general commentary relating to the current workforce challenges for nursing and midwifery in Australia for this survey. For the purposes of this response, when referring to Registered Nurses (RN) we refer to all relevant ANZSCO codes for RNs. For care-workers we refer to the following ANZSCO codes (423111 Aged or Disabled Carer, 423313 Personal Care Assistant, 4233312 Nursing Support Worker).



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About the organisation

What is the name of the organisation?

Australian Nursing and Midwifery Federation

Which of the following best describes your organisation?

6. Union

Which of the following applies to your organisation?

7. It represents members (individuals)

Regarding your organisation, how many Members (individuals) does it represent?

8. Over 356 000 members

Which states and territories is your organisation active in?

Select all that apply.

- New South Wales
- Victoria
- Queensland
- South Australia
- Western Australia
- Tasmania
- Northern Territory
- Australian Capital Territory

*** Which areas is your organisation active in?**

9. Both Australian **metropolitan and regional** areas.



Which occupations are you responding for?

- 411411 Enrolled Nurse
- 254411 Nurse Practitioner
- 254412 Registered Nurse (Aged Care)
- 254413 Registered Nurse (Child and Family Health)
- 254414 Registered Nurse (Community Health)
- 254415 Registered Nurse (Critical Care and Emergency)
- 254416 Registered Nurse (Developmental Disability)
- 254417 Registered Nurse (Disability and Rehabilitation)
- 254211 Registered Nurse (Medical Practice)
- 254418 Registered Nurse (Medical)
- 254422 Registered Nurse (Mental Health)
- 254425 Registered Nurse (Pediatrics)
- 254423 Registered Nurse (Perioperative)
- 254424 Registered Nurse (Surgical)
- 254499 Registered Nurses NEC
- 423111 Aged or Disabled Carer
- 423313 Personal Care Assistant
- 423312 Nursing Support Worker
- 254111 Midwife

When responding for states and territories, which approach do you prefer?

- Separate responses for each state/territory (more detail)
- Combined response (less detail)

When responding for metropolitan and regional areas, which approach do you prefer?

- Separate responses for metropolitan and regional areas (more detail)
- Combined response (less detail)

Vacancies filled

For Nurses, Midwives and Care Workers, in 2025, what percentage of vacancies were filled?

10. The ANMF is unable to provide precise quantitative data for nurses, midwives and care workers, however, the warning signs are clear. Chronic retention challenges persist, and a significant proportion of the current workforce has indicated an intention to leave. Without considered and thoughtful action to address these pressures, vacancy rates will inevitably rise beyond our internal capacity to fulfill these roles. Failing to stabilise and support the existing workforce will only deepen shortages and further strain already overstretched services.



Non-registrant workforce (Care-workers)

11. Australia's population is ageing rapidly, and our aged and care sectors are not yet equipped to meet future demand. It is presently estimated that Australia will require up to an additional 400,000 aged care workers by 2050 ⁽¹⁾. That figure alone demands immediate workforce planning and continual investment to secure the future of aged care. Meaningful, sustained reform is urgently required to ensure the system can respond with dignity, safety, and quality; with staffing being of the most critical concern. Without a strong, well-supported workforce, reform on paper will not translate into practice.

12. As several occupational roles undertaken by our members are not registered, the ANMF is concerned about the availability, reliability and credibility of reported data for determining shortages on the OSL. Care-workers are known by a range of occupational titles including Nursing Assistant, Assistant in Nursing, Personal Care worker or Nursing Support Worker (423312) ⁽²⁾. Nursing Support Worker (423312) was listed as 'no shortage' on the current OSL and has been listed as 'no shortage' on previous iterations of this list ⁽³⁾.

13. However, the 2023 Aged Care Provider Workforce Survey, commissioned by the Australian Government's Department of Health and Aged Care ⁽⁴⁾ and undertaken across five service care types including residential aged care services (RACS), reported that at the time of the survey results in March 2023, there were an estimated 15,800 vacancies in direct employment in nursing and personal care positions across RACSSs. The highest proportion of vacancies was for personal care workers (at 59%), with Assistants in Nursing captured within personal care workers.

² Australian Bureau of Statistics (2024) 442231 *Assistant in Nursing*. Available at: <https://www.abs.gov.au/statistics/classifications/osca-occupation-standard-classification-australia/2024-version-1-0/browse-classification/4/44/442/4422/442231>

³ Commonwealth Government (Job and Skills Australia) (2024a) *2024 Occupation Shortage List*. Available at: <https://www.jobsandskills.gov.au/data/occupation-shortage/occupation-shortage-list?basis=2024>

⁴ Australian Institute of Health and Welfare (2024) *2023 Aged Care Provider Workforce Survey Report*. Available at: <https://www.gen-agedcaredata.gov.au/resources/publications/2024/december/2023-aged-care-provider-workforce-survey-report>



14. This vacancy rate suggests a shortage, which does not appear to be reflected in the national shortage data for 2022 and 2024 ⁽⁴⁾. The RACS survey responses highlighted that the main challenges in recruiting employees related to a lack of applicants, competition for staff with other providers and/or industries, low wages and other benefits being unattractive to applicants, together with potential applicants not holding suitable qualifications or skills ⁽⁴⁾.
15. The ANMF is concerned that Personal Care Assistant (423313) and Nursing Support Worker (423312) have been removed from the Occupational Shortage List (OSL) ⁽⁵⁾⁽⁶⁾. This removal affects Commonwealth financial incentives for education to support training pipelines for care-workers which directly impacts on the workforce shortage and does not support quality education opportunities. This contradictory information on staffing and vacancy rates causes difficulties for future workforce planning and limits the ability to gain a true understanding of the nature of the workforce.
16. The ANMF submits that to support a sustainable workforce, a registration scheme for the currently unregulated component of the aged care workforce is essential not only to effectively regulate this large cohort of workers but also to provide meaningful data to assist with long-term workforce planning and ensure accurate data collection. This in turn would support quality training opportunities for care-workers.

Skill supply/Skill demand

**In 2025, what was the supply of suitably skilled workers who applied for vacancies in Nurses, Midwives and Care Workers?
How much demand was there for Nurses, Midwives and Care Workers?**

⁵ Department of Employment and Workplace Relations (2025) *Australian Apprenticeships Priority List – 1 January 2026*. Available at: <https://www.dewr.gov.au/skills-support-individuals/resources/australian-apprenticeships-priority-list-1-january-2026>

⁶ Commonwealth Government (Job and Skills Australia) (2024) *Occupation Shortage List*. Available at: <https://www.jobsandskills.gov.au/data/occupation-shortage/occupation-shortage-list>



Nursing

17. The *'Nursing Supply and Demand Study (2023-2035)*⁽⁷⁾ indicates that the baseline projections across all sectors show an undersupply of 70,707 FTE by 2035 with around 79,473 nurses needed to fill the gap, where supply is assumed to meet demand in the base year.
18. The projections highlight the undersupply of 79,473 nurses which can be broken down into sectors. For the acute care sector, the projections show an undersupply of 26,665 FTE by 2035. In the primary health care sector, the projections show an undersupply of 21,765 FTE by 2035. In the aged care sector, there is a projected undersupply of 17,551 FTE by 2035. These projections include 24/7 RN staffing and mandatory care minutes requirements in residential aged care homes. In the mental health sector, there is a projected undersupply of 1,918 FTE by 2035. For the "other" sector, the projections show an undersupply of 2,808 FTE by 2035⁽⁸⁾.
19. The supply and demand projections predict a significant misalignment. Supply projections at a national level show that the baseline supply is estimated to increase from 324,989 FTE in 2023 to 422,575 FTE in 2035. Demand projections at a national level show that the baseline demand across all sectors is estimated to increase from 334,873 FTE in 2023 to 493,282 FTE in 2035⁽⁸⁾.
20. Entry rates are higher than exit rates over the projection period – total entry rate including re-entries is between 12% to 13% and total exit rates including temporary exits between 10% to 11%. This is consistent with historic entry and exit rates⁽⁸⁾. However, it must be noted that this growth rate remains insufficient to meet the forecasted demand.
21. While there has been a steady increase in the supply of new graduate nurses in Australia, it is essential to ensure they are supported into meaningful employment as the first course of action to support our workforce. Course completion rates for courses leading to Registration as a Nurse have steadily increased with 19,033 in 2025⁽⁹⁾. However, it remains crucial that ongoing employment opportunities in the sector are supported across all healthcare areas.

⁷ Commonwealth of Australia (Department of Health and Aged Care) (2024) *Nursing Supply and Demand Study, 2023–2035*. Available at: <https://hwd.health.gov.au/resources/primary/nursing-supply-and-demand-study-2023-2035.pdf>

⁸ Commonwealth of Australia (Department of Health and Aged Care) (2024) *Nursing Supply and Demand Study, 2023–2035*. Available at: <https://hwd.health.gov.au/resources/primary/nursing-supply-and-demand-study-2023-2035.pdf>

⁹ Australian Nursing and Midwifery Federation (ANMF) (2025) *ANMF Graduate Data Set – Nurses and Midwives 2025*, Available at: https://www.anmf.org.au/media/45gnyre3/anmf_graduate_data_set_2025.pdf



22. Graduate nurses are vital to the future health workforce as they bring up-to-date skills to patient care. Ensuring there are enough opportunities for all graduates along with structured support and clear career pathways is essential to maintain competence and confidence, support long-term retention and strengthen healthcare delivery for the communities they serve.
23. Migration is also a necessary component in supporting an ongoing sustainable workforce; however, it must not come at the cost of the domestically qualified workforce. Strategies that uplift graduate opportunities and support effective retention strategies along with considered migration will build a sustainable nursing workforce that supports Australia's future healthcare needs.

Midwifery

24. Midwives (254111) are in critically short supply, and the gap is widening. The '*Midwifery Futures 2025*'⁽¹⁰⁾ report identified a chronic shortfall of midwives, particularly senior midwives in Australia. One of the key strategies identified in this report to grow the midwifery workforce is to attract midwives from overseas along with support for locally trained midwifery graduates with ongoing employment opportunities and career growth structures.
25. There are significant limitations and barriers placed on overseas-trained midwives who can register with AHPRA. Many are unable to gain registration because the education and training they completed in their country of first registration are not considered substantially equivalent to Australian standards. They also face a lack of mentorship and supportive transition to practice programs⁽¹¹⁾.
26. The shortage of midwives in Australia is driven by two key factors. First, a significant number of midwives are leaving the profession. Second, universities are limited in how many midwifery students they can educate and graduate every year. The '*Midwifery Futures*'⁽¹⁰⁾ report indicates that even to replace just 10% of midwives who leave, graduate numbers would need to increase fourfold. The report also indicates that between 23% and 36% of midwives in Australia are considering leaving the profession⁽¹⁰⁾. Given this data, increasing graduate numbers alone will not be sufficient to meet expected workforce demand.

¹⁰ Homer, C., Small, K., Warton, C., Bradfield, Z., Baird, K., Fenwick, J., Gray, J. & Robinson, M. (2024) *Midwifery Futures: Building the Australian midwifery workforce*. Burnet Institute and Nursing and Midwifery Board of Australia (NMBA). Available at: <https://www.nursingmidwiferyboard.gov.au/News/Midwifery-Futures.aspx>

¹¹ Javanmard, M., Steen, M., Vernon, R. and Newnham, E., 2017. *Experiences of internationally qualified midwives and nurses in Australia and other developed nations: a structured literature review*. *Evidence Based Midwifery*, 15(3), pp.95–100



27. Communities are feeling the strain as maternity units close and expectant mothers travel further for care. The need is not shrinking; it is growing. Maternal health challenges are becoming more complex, and healthcare systems are stretched thin.
28. Midwives provide essential and evidence-based care. They improve outcomes for mothers and babies while reducing unnecessary interventions. They expand access in rural and underserved areas where maternity service providers are hardest to find. Reduced staffing has already contributed to service reductions and temporary closures in some regional maternity units, forcing women to travel long distances for antenatal, intrapartum, and postnatal care. The impacts of this are felt most acutely by First Nations families and rural communities. If we fail to invest now, the shortage will become a crisis.
29. To address this, stronger training and clinical placement pathways, funded graduate and transition to practice positions, and the removal of barriers that prevent midwives from working to their full scope of practice are required. In addition, retention strategies such as safe workloads, supportive workplace cultures and competitive remuneration are essential to stabilise the workforce and ensure midwives can continue delivering high quality, accessible care to families across the country.

Recruitment experience

Answer to the best of your knowledge for all the members and organisations that your organisation represents. Include your organisation in your response.

For Nurses, Midwives and Care Workers in 2025, what were the challenges you found with job applicants?

Select up to 4 responses.

- Lacked qualifications/registrations
- Lacked technical skills
- Lacked experience in the occupation
- Poor references/work history
- Poor applications/interviews
- Remuneration (wage/salary/pay rate)
- Location of applicants not suitable (eg lives too far away)
- Applicants overseas/did not have Australian working rights
- Applying for Centrelink purposes only



- Applicants did not show up (to interview or to work)
- Other (please specify)
- Minimal or no challenges
- Unsure/No experience with applicants for this occupation

For Nurses, Midwives and Care Workers in 2025, which was the main challenge you found with job applicants?

Lacked qualifications/registrations

30. Delays in processing registration documents for newly graduated nurses and midwives create significant barriers for these professionals, preventing them from entering the workforce promptly and contributing their skills where they are urgently needed. For overseas-trained nurses and midwives, prolonged processing times further exacerbate workforce shortages, leaving both healthcare systems and communities underserved. Streamlining these registration processes is essential to ensure timely access to employment and support career progression which will strengthen the healthcare workforce overall.

31. Nurses and midwives with lapsed registration and seeking to return to practice faced significant barriers with re-registration hurdles. These hurdles are expensive and complex to navigate resulting in many potential re-registrants opting out of the process. Those barriers are even more pronounced where a registrant has lapsed for greater than five years but less than ten years.

Lacked experience in the occupation

32. Delays in registering newly graduated and overseas-trained nurses and midwives prevent them from entering the workforce at a crucial time, risking the loss of clinical skills and professional readiness. Expediting registration is essential to preserve their competence and allow them to contribute to patient care without unnecessary delay.

Remuneration (wage / salary / pay rate)

33. Significant variations in wage rates across the sector mean that some areas, including aged care, struggle to attract highly qualified candidates, which can put patient care at risk.

Applicants overseas / did not have Australian working rights

34. The current visa system can trap healthcare workers into roles with poor conditions and low wages, leaving them vulnerable to exploitation and unable to seek positions that match their skills and qualifications. Reforming the visa process is essential to protect workers' rights and ensure fair employment.



Which information sources did you use to complete this survey?

Select up to 6 responses.

Discussions with ...

- Community members
- Customers
- Employees
- Members
- Stakeholders and/or industry partners
- Other (e.g. word of mouth), please specify

Knowledge and/or discussions about ...

- Employee retention issues
- Employees working in roles out of their field of study
- Issues with suppliers
- Labour agreements (including significant pay increases)
- Recruitment experience
- Job advertisements
- Use of visas
- Other, please specify- Member contacts and raised cases within the branches

Miscellaneous

- Formal data collection (e.g. member/workforce survey, audits)
- Industry reports
- News articles
- Other, please specify

* Would you like to upload any supporting documents?

- No

About your organisation

* Which industries does your organisation represent?

- Health Care and Social Assistance

* What is the postcode of the primary location of your organisation?

35. The Federal Office is based in Melbourne, Victoria (3000) with branches in each state/territory.



Comments

Please provide any additional insights into the occupations you responded for

Enrolled Nurses

36. Substantial concerns have been identified regarding the implications of the OSL shortage list for long-term workforce planning for the nursing and midwifery workforce. Occupations including 'Enrolled Nurse 411411' are no longer classified on the OSL as a national shortage, only regional shortage. As a result of this reclassification, previous Commonwealth financial incentives have been withdrawn ⁽¹²⁾.
37. The removed listing of Enrolled Nurse (411411) from the OSL has implications on the accessibility of commonwealth financial incentives for training programs in the VET sector. This diminishes training pipelines for enrolled nurses.
38. Projections that the proportion of the Enrolled Nurse (EN) workforce is expected to decrease from 14.8% in 2022 to 12.5% by 2035 ⁽¹²⁾ are of real concern.
39. The removal of Enrolled Nurse (411411) from the OSL leaves the workforce exposed, particularly in regional, rural and remote areas, where staffing models depend on a stable EN workforce. ENs must not be substituted with other classifications, which would compromise service delivery and increase pressure on the already overstretched RN workforce.
40. The withdrawal of Commonwealth financial incentives further weakens VET pathways at a time when the country is facing a nation-wide nursing workforce shortage and chronic retention challenges. This reclassification risks undermining the viability of aged care and regional health services where ENs are essential to maintain safe, continuous care.

¹² MAS National (2025) *Major changes to Australian apprenticeship incentives announced for 2026*. Available at : <https://masnational.com.au/major-changes-to-australian-apprenticeship-incentives-announced-for-2026/#:~:text=The%20Australian%20Government%20has%20announced%20reforms%20to,No%20Commonwealth%20financial%20incentives%20will%20be%20available>



Retention

41. Nursing and midwifery shortages are not solely a matter of supply, enrolments in nursing programs continue to grow.⁽¹³⁾ Ensuring the profession can meet future demand requires more than increasing numbers; workforce planning must also address retention, working conditions, and career sustainability.
42. Following attraction to the workplace, retention has become one of the most urgent challenges facing nursing, midwifery, and care worker roles. Increasing numbers of nurses, midwives and to a lesser degree care workers are leaving positions they once saw as lifelong callings. Heavy workloads, chronic understaffing, emotional exhaustion, and limited professional support are pushing many beyond their limits. When pay fails to reflect inherent job responsibilities and working conditions continue to deteriorate, dedication alone is no longer enough to keep people in the healthcare workforce.
43. The consequences of a chronic failure to retain nurses, midwives and carers in the workforce are extensive. Patients lose continuity of care and the reassurance that comes with an experienced workforce. Teams lose mentors and institutional knowledge that cannot be quickly replaced. Health and social care systems become trapped in costly cycles of recruitment and succumb to cyclical patterns of attrition.
44. To build a sustainable future for healthcare, retention must be treated as a priority, not an afterthought. In other words, investing in safe staffing levels, competitive pay and safe workplace cultures built on respect. Keeping skilled nurses and midwives in these roles is not simply a workforce issue; it is essential to a stable health system and quality of care for all.
45. Strategies that reduce burnout, allow staff to work to their full scope of practice and ensure safe working conditions are essential to support staff to remain in the workforce and those who migrate to Australia to become a part of the workforce.

¹³ Australian Nursing and Midwifery Federation (ANMF) (2025) *ANMF Graduate Data Set – Nurses and Midwives 2025*, Available at: https://www.anmf.org.au/media/45qnyre3/anmf_graduate_data_set_2025.pdf



46. There is a need to effectively address regional workforce shortages and focus on the broader factors that influence the experience of living and working in regional communities. This includes improving access to suitable and affordable housing, expanding the availability of childcare services, reducing social and professional isolation, and mitigating cost of living pressures. These foundational supports are critical to attracting and retaining a sustainable healthcare workforce in regional areas.

Ethical Migration

47. In Australia, international recruitment remains a strategy to assist in addressing healthcare workforce shortages, often at the expense of strategies to ensure a self-sufficient supply of healthcare workers, including nurses and midwives. This raises ethical considerations, with the aggressive recruitment of nurses and midwives from developing countries having serious consequences for healthcare in those countries.

48. Migration has an important role to play in addressing workforce shortages and supporting development, however, it cannot come at the expense of impeding opportunities and entitlements for the domestically qualified workforce.

49. The World Health Organization (WHO) has declared global competition for, and active recruitment of, healthcare workers to be one of the greatest global health threats of the 21st century⁽¹⁴⁾.

50. The ANMF holds the position that:

- a) Australian governments must not use overseas recruitment programs as a primary strategy to overcome local nursing and midwifery shortages or as an alternative to educational opportunities for the existing nursing and midwifery workforce.
- b) Australian governments must address the local healthcare workforce shortage by implementing effective strategies to plan and manage the domestic nursing and midwifery workforce. This includes committing sufficient resources for education and improving pay and conditions to attract and retain domestic nurses and midwives.

¹⁴ Shaffer FA, Bakhshi M, Dutka JT, Phillips J. 2016. Code of ethical international recruitment practices: the CGFNS alliance case study. *Human Resources for Health*, 14 (31): pp113-119. Available at <https://human-resources-health.biomedcentral.com/articles/10.1186/s12960-016-0127-6#citeas>.



- c) Where Australian governments intend to use overseas recruitment, they must enter into an inter-government agreement with the source country that adheres to the WHO *Code of practice for international recruitment* ⁽¹⁵⁾ and minimises the negative impacts on the health services in that country.
- d) Australian governments must ensure the procedures for attracting, assessing and accepting nursing and midwifery applications from other countries:
- prioritise permanent migration and support increased pathways to permanency.
 - are equitable and fair.
 - include a nationally agreed assessment of English language proficiency.
 - ensure all other Nursing and Midwifery Board of Australia (NMBA) registration standards are met.
 - fairly recognise previous experience and prior formal educational qualifications. ⁽¹⁶⁾
51. Ethical migration in nursing and midwifery is essential to balance workforce needs with global health equity. While high-income countries may rely on overseas-trained professionals to fill critical gaps, it is vital that this does not come at the expense of healthcare systems in smaller or lower-resource countries ⁽¹⁷⁾.
52. Unregulated recruitment can deplete local workforces, undermining access to care for vulnerable populations and destabilising health systems abroad. Policies that promote ethical recruitment and support workforce sustainability in source countries are crucial to ensure that global mobility strengthens health outcomes worldwide ⁽¹⁸⁾.
53. Reliance on international recruitment as a substitute for investing in and retaining domestically educated professionals may lead to destabilisation of a critical workforce. Priority must be given to strengthening, supporting, and sustaining the domestic workforce so that migration is used responsibly and ethically. Only where shortages are proven and unavoidable should migration strategies be deployed and must be as a complement to, not a replacement for, domestic workforce development.

¹⁵ WHO. 2010. Global code of practice on the international recruitment of health personnel. Available <https://www.who.int/publications/i/item/wha68.32>.

¹⁶ Australian Nursing and Midwifery Federation 2023, *International recruitment of nurses and midwives*, position statement, ANMF, <https://www.anmf.org.au/media/w03131aw/anmf-position-statement-international-recruitment-of-nurses-and-midwives.pdf>

¹⁷ Vhora, M., Autade, Y.P., Swami, D., Sathiyapriya, J., Jamuna, P.P., Bisht, M. and Yadav, S., 2025. *The global nursing migration crisis: A review of socioeconomic, ethical, and policy dimensions impacting healthcare sustainability*. The Review of Diabetic Studies, 21(S10), pp.89–97. Available at: <https://www.diabeticstudies.org/index.php/RDS/article/view/738>



Conclusion

54. The ANMF appreciates the opportunity to provide feedback to the Occupation Skills Shortage List Stakeholder Survey. It is critical to ensure that the ratings reflected within the OSL assist with both immediate and long-term workforce planning for the nursing and midwifery workforce and do not undermine national workforce planning strategies.

55. Migration plays an important role in sustaining nursing, midwifery, and care workforces, helping to address immediate shortages and ensure continuity of patient care. However, reliance on migration must be accompanied by strong supports, fair wages, safe working conditions, and clear pathways for career progression to prevent exploitation and promote long-term retention of the domestic workforce.

56. In addition to the above, ethical recruitment practices are essential to avoid undermining health systems in lower-resourced countries. Workforce planning must also prioritise opportunities for the domestic workforce, ensuring that local graduates are supported to enter and remain in the profession. A balanced approach, strengthening domestic supply while supporting ethical migration, is critical to building a sustainable and equitable healthcare workforce.