

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

**Joint Standing Committee on  
Migration: Inquiry into the value of  
skilled migration to Australia**

**5 January 2025**



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Nursing &  
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## Introduction

1. The Australian Nursing and Midwifery Federation (ANMF) is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial and political interests of more than 345,000 nurses, midwives and care-workers across the country.
2. Our members work in the public and private health, aged care and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.
3. Our strong and growing membership and integrated role as both a trade union and professional organisation provides us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions.
4. Through our work with members, we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.
5. The ANMF welcomes the opportunity to contribute to the Joint Standing Committee on Migration's inquiry into the Value of Skilled Migration in Australia. Skilled workers are valuable contributors to Australia's workforce and economic development. The health and aged care workforces include a high proportion of migrant workers which support the sector. Migration, workforce planning and creating safeguards for a sustainable workforce are dynamic factors that must be considered in tandem rather than separately.



## **The ongoing economic, social and cultural value of skilled migration to Australia**

6. Australia is a diverse, multicultural country, that has always relied on migration as a key contributor to its economic growth and social and cultural richness. Australia's nursing and midwifery workforce has also grown through significant contributions from migrant workers.
7. Migrants make up a significant proportion of the health, care and support workforce, with over half of all workers in the aged care sector being migrants<sup>(1)</sup>. Internationally qualified nurses (IQNs) make up approximately 20% of the total nursing workforce and in aged care this increases to 35%<sup>(2)</sup>. These nurses bring high levels of skill and knowledge and contribute to Australia in meaningful ways.
8. Australia is looking at a significant shortage of nurses and midwives in the workforce; it is projected there will be an undersupply of 70,707 FTE by 2035 with 79,473 nurses needed to fill the gap<sup>(3)</sup>. A failure to meet this shortfall will have a heavy impact on the Australian healthcare system.
9. Australia's midwifery workforce is in crisis. The Midwifery Futures report<sup>(16)</sup> identifies a chronic shortfall in midwives and that current attrition rates will have a catastrophic impact on the profession. The report recommends that the number of midwifery students must increase by at least 20% and that Australia needs to attract skilled internationally qualified midwives to mitigate the shortfall<sup>(16)</sup>.
10. Given Australia's current skills shortage, the migrant workforce will continue to be relied upon for the foreseeable future. Any discussion about migrant workers, including pathways to residency, must address the widespread exploitation of these workers and they must be afforded the same industrial and occupational safety protections as local workers.



11. While the ANMF acknowledges the importance of skilled migration to nursing and midwifery and the health and aged care sectors, we are concerned that a lack of appropriate workforce planning has left Australia vulnerable to an over-reliance on skilled migration in these sectors. We recommend shifting the focus towards growing the domestic skilled nursing and midwifery workforce, with skilled migration being seen as a complimentary measure acting in association with measures to increase workforce retention. We recommend that governments incentivise the enrolment of sufficient numbers of nurses and midwives to address the workforce shortage to meet future demands, providing sufficient additional funding for vital post registration graduate transition programs to support these early career nursing and midwives.
12. The ANMF considers that skilled migration programs must be guided and evaluated through an ethical and principles based approach. Migration strategies must adequately balance domestic needs with global health equity considerations and ensure that recruitment practices do not exacerbate healthcare deficits in source countries <sup>(4)</sup>.
13. Australia must consider workforce shortages in source countries and provide support and implement strategies to prevent the decimation of those countries workforces and healthcare systems.
14. Sustainable recruitment must also be considered in migration policies; there must be rigorous monitoring and transparent reporting of recruitment practices and a clear focus on retention strategies. Many of the countries where internationally qualified nurses, midwives and carers come from are where resources are fewer and needs are greater <sup>(15)</sup>. Achieving sustainability is crucial to supporting source countries and building a strong, sustainable, quality workforce in Australia.



**The effectiveness of current skilled migration settings in meeting the current and future needs of the states and territories, while recognising the ongoing need for housing and infrastructure**

15. The ANMF takes this opportunity to highlight the immense complexities and inefficiencies that plague Australia's migration system. These issues are inextricably linked to one another and to broader workforce attraction and retention.
16. The workforce shortage is not solely attributable to lack of supply; attrition and an ageing workforce also impact workforce retention. To support the workforce, there must be an uplift in the conditions that support workers to remain. It is essential to shift policy focus towards improved conditions, quality employment and increased training opportunities.
17. Increasing supply alone will not solve workforce shortages. There is an urgent need to undertake a whole-of-system, integrated approach to reform across programs and policy settings.
18. The systemic challenges in Australia's health, care, housing, and social services extend across all areas of the country and are not being addressed at a pace and scale required. While these challenges are evident in large metropolitan centres they are often amplified in regional areas where resources and infrastructure are limited<sup>(5)</sup>.
19. The lack of availability of safe, affordable and appropriate housing and accommodation options plays a significant role in workers' decision-making around their employment, particularly in rural and remote areas.



20. Availability of affordable housing close to workplaces, schools, and accessible public transport, social services, nutritious and affordable food, and fresh water are all human rights that must be considered when encouraging people to relocate to regional areas, especially if there is an expectation they will remain for extended periods.
21. The review must highlight the fundamental interconnections between the health workforce and care economy and the communities in which they live and serve. Addressing long-standing attraction and retention issues across the health and care sectors in concert with migration policy, will help to ensure that regional migration is appropriately targeted, addresses genuine and unique regional skills shortages, and builds a sustainable and supported care economy and health workforce that is fit for purpose into the future.

### **Exploitation and strengthening safeguards for workers**

22. Migrant workers are particularly susceptible to workplace exploitation due to limited knowledge of their entitlements, insecure work arrangements, low union membership and limited leverage to negotiate working conditions. Addressing and eliminating migrant exploitation is critical to ensure that migrants live full, healthy and productive lives.
23. The impact of exploitation is lifelong for these workers. Workers experience exploitation in a variety of ways, which can lead to debt, an inability to support their family and fear. The measures that exploit workers are unacceptable. Exploitation not only affects the workers, it also undermines local workforce standards. Migrant workers must experience the same workplace standards and protections as the domestic workforce.



24. There are many workers, particularly in aged care, who are on temporary visas. It is common for these workers to feel powerless in a system which allows exploitation by unscrupulous employers.
25. This exploitation occurs in a wide range of ways, which includes but is not limited to wage theft, low pay, unpaid training, being forced to pay back wages and employers offering false promises to support pathways to permanency and threats to visas if workers do not comply with employer direction.
26. The ANMF has encountered a specific example of exploitation through employment contracts for IQNs on visas. The employer included terms in five-year contracts that required visa holder employees to pay \$50 for each day they did not work for up to five years if they resigned before the contract was fulfilled. While such a contractual term would clearly be unenforceable, the threat of becoming liable for a debt of up to \$90,000 caused the IQNs to experience a high level of fear and becoming more vulnerable to exploitation in their employment.
27. Threats to visas and lack of security in their status leaves workers feeling powerless. There is little public information or education for workers about their rights and uncertainty about protections they may have. Union involvement in migration strategies and visa changes is vital; unions must have access to these vulnerable workers from the outset.
28. Union involvement in a workplace, or being a union member, reduces the chance of worker exploitation and improves the prospects of a worker reclaiming unpaid entitlements. The ANMF considers reforms to the program requiring employers to invite unions to worker inductions as an appropriate measure to inform workers about their rights and connect them with their union.



29. The ANMF recognises that certain federal government migration programs, for example the PALM scheme, require unions to be engaged in supporting participants in the scheme. However, the reality is that this does not always occur due to a lack of information flowing from employers in the scheme to the relevant unions. The ANMF considers reforms that facilitate engagement with all relevant unions at point of entry to the Australian workforce will ensure greater protection against worker exploitation. The ANMF recommends the implementation of mechanisms requiring employers to engage with and inform relevant unions of migrant worker intakes as a condition of employers able to participate in the scheme.

30. In addition to temporary visa status, the lack of an effective system of labour regulation and enforcement, other drivers of exploitation include:

- Visa conditions that tie workers to employer sponsors.
- Visa uncertainty and inadequate workplace protections and employer control over workers' pathway to permanency.
- No protection or guarantee that workers reporting exploitation will not suffer migration-related consequences.
- Restrictive right of entry provisions that are a barrier to unions inspecting workplaces to investigate conditions and speak with workers.

31. The health and aged care workforce is highly feminised. Increasing migration in this area to fill gaps may lead to higher a gender pay gap <sup>(13)</sup>. This is counterintuitive to efforts to improve gender undervaluation and other measures aimed towards an equitable workforce. There is a higher risk of exploitation of these workers, who are predominantly young and female <sup>(13)</sup>.



32. Migrant workers must have the ability to leave an employer without risk to their visa status, increased wages, access to continuing professional development and be provided with appropriate supports before and after entry to Australia. Understanding the reality of living and working in Australia before arrival is essential for workers to apply informed decision making and autonomy.
33. It is essential that migrant workers have a clear understanding of pathway options under their visas. Clear, upfront information that explains permanent, temporary and pathways to permanency are essential so that the worker is aware of their options.
34. Obligations under the Code of Conduct in the Aged Care Act 2024<sup>(14)</sup> require providers, responsible persons, and aged care workers to deliver funded aged care services free from:
  - all forms of violence, discrimination, exploitation, neglect and abuse;
  - sexual misconduct<sup>(14)</sup>
35. The Aged Care Quality and Safety Commission (ASQSC) must take an active role in the detection and prevention of exploitation of migrant workers, particularly those on temporary visas. The responsibilities within the Act must not be overlooked.
36. ACQSC Auditors must be provided with the tools and knowledge to capture relevant data on site visits. This is important since workers who are in precarious employment are unlikely to use the whistleblowing and complaints processes embedded in the new Aged Care Act given the power imbalance and fear that may be entrenched through exploitative practices.



**The scope to more effectively target skills gaps and shortages in critical sectors to improve services that benefit Australian communities**

37. Building a clear picture of the shortages that exist and assessing where additional primary and preventative health care services and workers are needed and where vacancies are unable to be filled by the domestic workforce, will improve targeted migration. This will assist in building strong, healthy and sustainable communities for all people living and working in Australia.
38. Schemes such as Aged Care Industry Labour Agreement, Designated Area Migration Agreements and the Pacific Australia Labour Mobility Scheme attempt to fill gaps in the aged care sector.
39. While these schemes have delivered recruitment and retention benefits, particularly in the aged care sector, they do not always guarantee optimal working conditions for migrant workers and carry risks of exploitation. These schemes should remain a key feature of targeted migration strategies, but with reforms put in place to safeguard worker's rights.

**Aged Care Labor Industry Agreement**

40. In 2023, the Australian Government announced the new Aged Care Industry Labour Agreement (ACILAs). ACILAs are only applicable for visa workers who are direct care workers in the classifications of personal care worker or AIN (ANZSCO 423312 Nursing Support Worker; 423313 Personal Care Assistant; and 423111 Aged or Disabled Carer). ACILAs are not applicable to nurses, or other direct carers, such as allied health professionals. Overseas nurses may be given visas and allowed to work in aged care under a Company Specific Labour Agreement.



41. Aged care providers seeking to access an ACILA need to enter a Memorandum of Understanding (MoU) with relevant unions. These MoUs require the employer to maximise the hours of existing part-time staff and enable unions to talk to visa workers in meetings about workplace rights and joining the union. While MOUs provide workers with some protections, they are not legally binding, and unions require greater resourcing to ensure the conditions of MoUs are met on an ongoing basis.
42. ACILAs include the option of a pathway to permanency. Unfortunately, this option has been used by unscrupulous employers to create competition amongst workers and threaten loss of sponsorship if workers do not comply with unreasonable demands, giving rise to exploitative situations.

### **PALM Scheme**

43. While the PALM scheme has no pathway to permanency, it offers more support for accommodation, welfare officers, guaranteed hours, training, and education.
44. However, this does not prevent exploitation. There is evidence of employers exploiting PALM scheme workers as 'super-carers', asking them to perform what could be interpreted as nursing duties, whilst paying them as aged care workers. Whilst some employers have seen the value in supporting migrant workers to gain registration to work as a nurse in Australia, there is a lack of government funded incentives to promote this.
45. The absence of a controlled system leaves workers exposed to modern slavery. The ANMF is aware of workers being exploited by having their visa status weaponised against them. Examples include, excessive workloads and overtime, insufficient breaks between shifts, toxic workplace culture e.g. bullying and threats and bans on speaking in native language during breaks.



46. The PALM scheme does not offer the ability for a worker to leave their employer if they are experiencing poor conditions or pay. The worker is bound to the employer for their visa, leaving the worker reliant on the employer for their security. This should not continue.

### **Regional**

47. There are workforce gaps across the entire health sector, particularly in regional and remote locations. The Review of the Migration System Final Report released in March 2023 found that “*while visa settings offer pathways to encourage migrants to live and work in regional Australia, there are limited migration levers available to incentivise people to remain long term*”<sup>6</sup>

48. This mapping needs to occur at a local level in rural and remote areas to provide accuracy and relevance to people in the community they are considering migrating to. This is particularly important for regional communities, where chronic health issues, mental health and the burden of disease is often worse and where local services and supports are frequently harder to access or are largely non-existent.

49. Understanding the community, inclusion and access to quality and appropriate social supports and infrastructure are crucial to the working longevity of any person in a community and workplace.



## Skills & Assessments

50. The ANMF is concerned by the growing cohort of migrant nurses and care workers working at skill and wage levels that are not commensurate with their international qualifications. There are known barriers to internationally qualified nurses having their skills recognised in Australia, including high costs of skills assessments. Internationally qualified nurses and midwives (IQNMs) bring a high level of knowledge and skill to the Australian care economy<sup>(7)</sup>.
51. The ANMF is aware of IQNMs who are currently employed as aged care workers because there is no alternative affordable pathway for them to live and work in Australia. This has led to some risking losing their qualifications in their source country because they cannot maintain their connectedness to professional practice whilst working in other roles for extended periods.
52. Transitioning and utilising the specialty skills that IQNMs possess is a complex process. Identifying and recognising IQNMs specialty qualifications and skills is challenging, often resulting in an underutilisation of IQNMs.
53. Not recognising the full skills and qualifications of IQNMs and carers often leads to entrenched wage exploitation and gender inequality for already vulnerable migrant workers. This places downward pressures on broader efforts to address gender segregation and inequality in care work while also risking deterring temporary migrants from electing to join permanency pathways.



54. The disinvestment in the local aged care workforce in relation to employing less RNs and ENs and replacing them with more AIN/PCWs is of significant concern. The use of AIN/PCWs in aged care is vital for the sector, however there must be appropriate ratios of RN and ENs within aged care to support these workers to ensure that healthcare is safe and of high quality. A collaborative workforce where each worker is represented appropriately in the skill mix is central for the sustainability of the sector.
55. It is not always a matter of a shortage of nurses or carers, but a failure to address longstanding problems relating to inadequate staffing levels and skill mix, poor wages and workplace conditions and poor workplace safety. The real problem is a shortage of people willing to work and remain working in the sector.
56. To ensure the success of the IQNMs in the workplace and support retention, collaborative efforts between registering bodies, employers and government to support IQNMs to utilise their skills is pivotal<sup>(7)</sup>.
57. Assessment requirements for migration and those for professional registration run separately and success in one does not guarantee success in the other, further creating barriers to attracting migrant workers to fill professional roles.
58. A lack of innovative thinking and collaborative planning with Australian Health Practitioner Regulation Agency (AHPRA) and Australian Nursing and Midwifery Accreditation Council (ANMAC) has meant only a very limited number of IQNMs have their nursing and midwifery qualifications deemed equivalent to those in Australia. Pathways for those deemed non-equivalent are costly, and do not guarantee success. Supervised practice placements are rare and when undertaken, are often done on a voluntary rather than paid basis.



59. Additionally, for those whose international qualifications are not deemed equivalent to Australia, applicants may be required to complete NCLEX and OSCE (Objective Structured Clinical Examination) tests. The latter are infrequent and are not available in all locations, only being available in Melbourne or Adelaide at a non-refundable cost of \$4000 AUD and only available in-person requiring additional costs <sup>(8)</sup>.
60. Better streamlining and support to achieve a successful outcome through the migration and assessment process, including reciprocity with international nursing and midwifery programs and the recognition of skills for IQNMs would encourage more professional migration and support retention. This would also reduce the impact of the deskilling which occurs when IQNMs are employed for prolonged periods in roles which do not require professional registration.

### **The scope for skilled migration settings to more effectively support Australian businesses, boost productivity and encourage innovation**

61. Increasing skilled migration has ramifications on the accrediting and regulatory process. To ensure adequate and quality regulation there will be a requirement to ensure AHPRA and relevant regulatory bodies are resourced appropriately and can support increased workforce registration and accreditation demands.
62. Without an increase in resources, there is a risk to the quality of assessments, longer wait times for registration and increased frustration for both workers and employers participating in the migration process.



## **Strategies to enhance public awareness and understanding of the role of skilled migration in Australia**

63. Nurses and midwives who migrate to Australia bring a considerable wealth of skills and knowledge that uplift the health care system. However, the system does not always support these skilled workers to integrate within the workplace. Racism and discrimination are prevalent in many workplaces.
64. Racism, marginalisation, and discrimination that must be addressed in both regional and metropolitan areas. Efforts to address exploitation and social harm, the risks and impacts of which are heightened in isolated regional locations, will be hampered if access to essential supports from social services, health care, housing and alternative employment continue to be heavily constrained.
65. Public awareness of the benefits of migration and how migration has supported and continues to support the uplift of the country is vital to help protect against racism.
66. The New South Wales Nurses and Midwives Association (NSWNMA) 2025 report '*Standing together against racism*' identified in 2023/24, 16,622 international nurses and 351 international midwives entered the profession in Australia<sup>(9)</sup>. This represented a 48.6% and 28.6% increase respectively compared to the previous year<sup>(10)</sup>. Recent data<sup>(11)</sup> shows that in 2024-25, the Health Care and Social Assistance industries have had the highest number of visas granted. The 3,040 visas granted represents 17.2% of all visas offered. Registered Nurses (Aged Care) are ranked 11th for primary applications granted in 2024-25, with a 244.1% increase on the previous year.



67. The report highlights that 70% of nurses, midwives and care workers believe that racism exists in their workplace<sup>(9)</sup>. Racist behaviours are perpetrated by the community, co-workers and managers. Workers are often reluctant to use formal grievance processes for anything other than the most egregious behaviours, further compounding their risk of exploitation and fear levels in the workplace<sup>(9)</sup>. Racism cannot be eliminated in isolation, it will require wider societal change, government reform and intentional anti-racist action<sup>(9)</sup>.
68. A NSW Anti-Racism Collaborative has been initiated by the Australian Human Rights Commission and the NSWNMA in NSW which aims to tackle systemic racism in health and aged care workplaces, a model which should be expanded nationally. Additionally, a positive duty clause that requires employers to take reasonable proactive measures to eliminate racism and discrimination in anti-discrimination legislation would heighten public awareness and understanding and make workplaces safer for migrant workers. The NSWNMA report also highlighted a lack of cultural safety for overseas migrants, its members having reported high levels of racism, lack of career development opportunities, isolation and microaggressions experienced in their workplaces.
69. Exploitation persists in migration. Therefore, protections such as the workplace justice visa and strengthening reporting protections pilots must be supported to identify the structural barriers that working visas can create for our members.
70. Workplace inductions are a pivotal touch point for workers to obtain appropriate information about their rights and to connect with their relevant union. Many workers are not aware of their rights and are not aware of the importance of union involvement. Reforms that integrate union involvement into the migration process is vital for the prevention of worker exploitation.
71. Consider recommendations from the Review of the Migration System Final Report released in March 2023<sup>(12)</sup>.



### **Approaches taken in other countries with similar migration objectives.**

72. Some Southeast Asian countries, including the Philippines, Indonesia, and Vietnam, have bilateral labour agreements with countries like Japan, which allow for the migration of their aged care workers and nurses. These agreements, often called Economic Partnership Agreements (EPAs), facilitate the movement of workers for employment in institutions within the host country. Other Southeast Asian countries are also involved in agreements with nations such as Singapore, Hong Kong, and Taiwan, although the specific terms may differ.

73. International bilateral labour agreements must be ethical and have a tripartite approach. Government, employers and unions must be involved equally to ensure the protections for workers and appropriate standards in the workplace. Both countries must recognise the needs of their communities; any agreement must not decimate the health care workforce of the source country. For migration to be ethical it is vital that any agreement ensures that workers are not exposed to exploitation.



## Conclusion

74. The ANMF thanks the Joint Standing Committee on Migration for the opportunity to provide feedback into this inquiry. We understand that migration is an important strategy to assist in building the future workforce. However, this must not come at the expense of the domestic workforce. Migration and retention strategies must be considered in tandem for a sustainable, quality workforce.
75. An uplift in improved working conditions, rates of pay, career building and training opportunities must be considered when evaluating skilled migration. Skilled migration must not be considered in a silo, it must be considered along with attraction, retention and long-term effects on the workforce.



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