

RESPONSE TO THE INDEPENDENT REVIEW OF OVERSEAS HEALTH PRACTITIONER REGULATORY SETTINGS: INTERIM REPORT

Council of Deans of Nursing and Midwifery (Australia and New Zealand)

June 2023

INTRODUCTION

Thank you for the opportunity to comment on the Interim Report of the Independent Review of Overseas Health Practitioner Regulatory Settings.

The Council of Deans of Nursing and Midwifery (Australia & New Zealand) (CDNM) is the peak organisation that represents the Deans and Heads of the Schools of Nursing in universities that offer undergraduate and postgraduate programmes in nursing and midwifery throughout Australia and New Zealand.

The CDNM aims to ensure the maintenance of quality standards of university education for nurses and midwives, to be the voice of tertiary education for nurses and midwives, to lead and represent those who provide tertiary education to nurses and midwives and to promote the public image of nursing and midwifery.

RECOMMENDATIONS

a. which reform options do you think should be prioritised?

We recommend:

The report recommends that: *“The Commonwealth Department of Health and Aged Care (DoHAC) continues workforce supply and demand modelling for medicine ... and nursing and commence work with states and territories and relevant stakeholders to address gaps in allied health workforce data to facilitate supply and demand modelling in the future.”*

We strongly support such work being undertaken in the Nursing and Midwifery Sector. Further to this, we encourage a *“grow-our-own”* health workforce plan and prioritise the employment of international students when they graduate in preference to overseas migration.

Our international students who graduate have been educated in the Australian system thus are familiar with the health priorities, including Aboriginal and Torres Strait Islander peoples' health. Furthermore, these graduates now have up to four years post study working rights. We recommend that a fast track pathway to permanent residency is developed to retain these nurses and midwives in the Australian health care system.

The council also recommends the need for workforce innovation, regarding students undertaking placement.



'Placement poverty' reduction strategies are needed (e.g. scholarships, bursaries, AUS study allowance, etc). This could also be achieved by increasing student-paid roles (an example in nursing is RUSON) across Australia.

Furthermore, as an example of fast-tracking qualifications, Queensland University has Undergraduate Student in Nursing (or midwifery) - USiN/USiM – courses with very clearly defined scopes of practice. Although these cannot replace Work Integrated Learning (WIL), as they are largely restricted to Activities of Daily Living (ADLs) and some specific tasks (e.g., ECGs in ED), there is potential (if broadened a bit to include health assessment) to apply these hours for 1st year equivalence.

We would also recommend that Rural Health Multidisciplinary Training (RHMT) funding should be accessible to international students (and indeed domestic non-medical students).

The report states that “...*domestically trained practitioners must remain the bedrock of our health workforce*”.

We strongly support this view and would like to highlight the need to consider the Higher Education Institution workforce and the over-reliance on overseas trained practitioners (OTPs) for senior academic positions, especially in nursing and midwifery, which is an ageing academic workforce, noting that the pathways to academic careers are not clear or even possible in some cases.

However, the CDNM also supports the need to recognise OTPs experience and skills and acknowledges the value they can bring in filling identified health workforce gaps.

Other than addressing workforce innovations, it is also important to prioritise improving the applicant experience. The report states in the recommendations: “*remove duplication and align evidentiary requirements so applicants only need to ‘tell us once’, with information shared across regulators and agencies. Move to a single portal over time where applicants can submit all documentation in one place.*”

The CDNM strongly supports this statement and encourages the development of a single portal for all documentation/applications.

b. what, if any, reform options are missing?

We recommend:

There is a need to recognise that international nurses who are mid-career and moving to Australia will not have had their primary education through the university system. The requirement to produce units of study, grades, records of practice hours, etc, is challenging and often not possible for these nurses.

Expanding competent authority pathways removes that requirement, as recognised registration authorities' approvals demonstrate that the applicant has the necessary knowledge, skills and expertise to meet registration requirements.