

SUBMISSION – OFFICE OF THE CHIEF NURSING AND MIDWIFERY OFFICER

Independent review of overseas health practitioner regulatory settings: Interim report APRIL 2023

The Office of the Chief Nursing and Midwifery Officer Queensland is supportive of exploration of overseas nursing and midwifery regulatory settings to maximise the recruitment of migrant nurses and midwives and their families to meet service needs in Australia, with appropriate measures of scrutiny of education and qualifications, registration standards, clinical experience and English literacy to ensure community safety in all sectors, and professional standing is maintained.

This submission responds to the *Independent review of overseas health practitioner regulatory settings Interim report April 2023* (Kruk Review), in order of the Area of Impact for recommendations of the review.

Policy

This opportunity to review and rethink the role of migration as a quick fix to workforce shortages in the short, medium and long term should not shift the focus from investing in nursing and midwifery workforce planning and resolution of supply issues domestically.

Where the Report recommends (Recommendation W3) DoHAC, working with states and territories and the professions, to continue and where possible expedite development of national workforce strategies for nursing and midwifery, it is OCNMOs position that this must also include an aggressive 'grow your own' campaign with appropriately funded training positions and supervision/education support positions within each of the health sectors eg nurse and midwifery educators, clinical facilitators and candidate positions for Nurse Practitioners; and that implementation of safety surveillance positions to assist with skill mix, migrant workforce support, workforce psychosocial support and at the elbow education/support be considered.

OCNMO supports the statement that Commonwealth, states and territories and employers explore the scope for rotating new overseas health practitioners between metropolitan, regional and rural locations as a way of addressing distributional challenges and helping them develop networks because of limitations of current conditions on visas, but recommends exploration of virtual mentoring/support programs for nurses and midwives in such locations and strongly recommends consideration be given to accommodation, school and partner employment (entire family) of the migrant nurses and midwives.

With regards to Recommendation number I10, *The Australian Government to consider granting automatic permanent residency to international students who are currently in Australia studying, or recently graduated with, a priority health qualification, where evidence of employment is provided*, OCNMO would seek clarity about whether or not the employee needed to be in a permanent role, and further to understand the employer obligations. In Queensland Health, nurses and midwives are frequently temporarily employed for a period of time before permanent appointment. What would be the implication for the employer if the employer then wants to cease the employment arrangement?

Opportunities for permanency should be provided to workers on temporary visas as well as graduates in a range of areas. In nursing and midwifery, for example, international students could be offered a pathway to permanency through transition to practice programs or other supported employment programs.

Information Sharing

The OCNMO strongly supports Case Managers within AHPRA for skilled migrants, acknowledging that additional resource may be required for this work that may or may not impact on registration fees for other Registrants.

OCNMO cautions that where AHPRA is required to undertake work on behalf of the applicant, this will require resourcing and may have impact on fees for all

OCNMO suggests that one central migrant health employee administration in Qld be established, rather than by clinician/specialty but notes this will likely require resourcing

Governance

OCNMO agrees that Commonwealth, AHPRA, Boards and S&T Governments are the responsible/authorizing entities

Equivalence

In line with developments towards mutual recognition in other skilled professions, OCNMO supports AHPRA and the Nursing and Midwifery Board of Australia in *exploring* options to remove skills assessment requirements (including qualification checks) entirely for nurses and midwives who are accredited and registered and held in 'good standing' by trusted overseas authorities, however OCNMO remains reserved in endorsing any options without more details being provided.

OCNMO supports the Nursing and Midwifery Board of Australia to provide urgent advice to the Ministerial Council identifying possible and probable trusted competent countries/authorities for nurses and midwives based on evidence and best practice to allow a greater number of health practitioners to move through competent authority pathways.

OCNMO supports AHPRA and the Nursing and Midwifery Board of Australia to review the settings of comparable countries to identify opportunities to fast-track recognition of registration, experience and qualifications of nurses and midwives.

Assessment

OCNMO agrees that one English language proficiency test during the entire application process seems reasonable, however does not agree that the International English Language Testing system (IELTS) test standard for written English be reduced from 7 to 6.5.

Written English is a crucial skill in healthcare to write prescriptions, medication charts entry, and to provide detail in patient records which have patient safety, professional and legal implications. The nurse or midwife needs to have operational language command and needs to handle complex language well and understand detailed reasoning. The written record is also used in Clinical Coding, another important function of the written record. OCNMO recommends that the Nursing and Midwifery Board of Australia and other peak nursing and midwifery bodies thoroughly examine the implications of this suggestion in the context of nursing and midwifery practice.

OCNMO agrees that, in consultation with professions and employers, AHPRA and the Nursing and Midwifery Board of Australia provide options for developing and funding online modules and a mentoring model to help overseas health practitioners understand the Australian system and context, reporting back to Health Ministers in late 2023. Online modules should be accessible prior to moving to Australia and could be repeated as many times as needed. But cautions that completing modules does not indicate competency. OCNMO would support these modules as general orientation to the health systems, relevant legislation and nursing and midwifery practice environments that operate within Australia rather than clinical modules.

OCNMO supports the establishment of testing centres in more than one location, strongly advocating for one in Queensland, and suggests that they could be collocated with an education provider (as an example to make use of Simulation rooms for assessment; skilled assessment staff). Further, more times per year for examination would ensure more opportunities to progress recruitment and employment of migrant nurses and midwives.

OCNMO supports NMBA to explore the development of online clinical examinations but does not support offshore assessment of capability of nurses and midwives without much more detail (S12).

Other

OCNMO recommends that where *nurses* or *nursing* are mentioned in the report or recommendations, that *midwives* and *midwifery* are also added as they are two distinct professions with requirements for registration, practice environments and models of care that may need consideration for qualification, skill and experience comparison for migrant workforce.

OCNMO notes with concern recent discussions within nursing and midwifery professional bodies about the New Zealand Trans-Tasman entry pathway. The key issue is it is easier to apply for and gain New Zealand registration under the agreement due to Australia's current higher level scrutiny on registration requirements; the second issue being that the Trans Tasman registrants may not work, or not have ever worked in New Zealand. Jurisdictions in Australia have no opportunity to influence New Zealand equivalents and standards for the overseas registrant. Whilst the registration is not automatic, the newly registered Registered Nurse may have conditions placed on their registration which requires a clinical skills assessment by the employer. This may present challenges to standards of practice. With this as an example, OCNMO would not support any arrangements that compromised nursing and midwifery standards.

