

Australian Nursing And Midwifery Federation

**SUBMISSION TO THE SENATE LEGAL AND
CONSTITUTIONAL AFFAIRS REFERENCES COMMITTEE**

**The effectiveness of the current temporary skilled
visa system in targeting genuine skills shortages**

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Australian
Nursing &
Midwifery
Federation



Australian Nursing and Midwifery Federation

Submission to the Senate Legal and Constitutional Affairs References Committee

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Introduction

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 275,000 nurses, midwives and carers across the country.

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.

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.

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.

The ANMF welcomes the opportunity to provide a response to this inquiry into the effectiveness of the current temporary skilled visa system in targeting genuine skills shortages.

The first part of this submission provides a brief overview of the nursing and midwifery workforce, including the numbers of students commencing and completing undergraduate courses and the ANMF position on nursing and midwifery migration. The latter part of this submission directly addresses some of the terms of reference of the inquiry.

Demographics on the employment of nurses and midwives

Nurses and midwives form the largest health profession, providing health care to people across their lifespan. They work independently or as collaborative members of a health care team in settings which include hospitals, rural and remote nursing posts, indigenous communities, schools, prisons, residential aged care facilities, the armed forces, universities, TAFE colleges, mental health facilities, statutory authorities, general practices, businesses, professional organisations and people's homes.

Nurses and midwives provide professional and holistic care, working to promote good health, prevent illness, and provide care for the ill, disabled and dying. Nurses also work in non-clinical roles to educate undergraduate and newly graduated nurses, conduct research into nursing and health related issues and participate in developing health policy and systems of health care management. Nursing and midwifery are regulated professions. By law, before nurses and midwives may practice, they must be registered or enrolled by the Nursing and Midwifery Board of Australia (NMBA).



The latest nursing and midwifery registration data reported by the Nursing and Midwifery Board of Australia (NMBA) for the quarter ending 30 September 2018 indicates that there are a total of 396,522 nurses and midwives registered including those registered under non-practising and provisional registration categories. (NMBA, Nurse and Midwife - Registration Data Table - September 2018)

It should be noted that not all nurses and midwives who register with the NMBA are in the nursing/midwifery workforce. The breakdown of workforce data in Table 1 provides a snapshot of the percentage of registrants not in the workforce at the time of registration/re-registration. According to the latest available data almost 30,000 nurses and midwives are not in the nursing workforce. This figure largely represents nurses and midwives employed outside nursing/midwifery who are not looking for work in the profession and those working as nurses/midwives overseas.

Table 1: Nursing and Midwifery Workforce 2008-2016

Year	2008	2009	2011	2012	2013	2014	2015	2016
In Workforce	283,087	291,246	303,010	311,176	317,988	323,711	331,015	340,257
Not in Workforce	29,649	29,735	23,659	22,902	26,202	29,127	28,993	29,683
% of RNs & ENs not in workforce	9.5	9.3	7.2	6.9	7.6	8.3	8.05	8.02

Source: AIHW Nursing and Midwifery Labour Force 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, NHWDS 2017

The number of students commencing nursing and midwifery courses leading to initial registration as a Registered Nurse or Midwife continues to increase. Table 2 shows that since 2012 overall commencements have increased 36%. In the same period, the proportion of commencing students on temporary entry permits increased slightly from 13% of total commencements in 2012 to 15% in 2017.

Table 2: Number of commencements for initial registration as a nurse, by citizenship, 2012-2017

A general nursing course required for initial registration

State/Territory/citizenship/detailed field of education	2012	2013	2014	2015	2016	2017
TOTAL	17,862	18,989	20,266	22,049	23,645	24,362
Australian citizen	14,141	15,108	16,174	17,617	18,874	19,071
New Zealand citizen	164	200	196	214	266	275
Permanent resident	922	867	959	984	980	1,106
Temporary entry permit	2,357	2,576	2,717	3,023	3,343	3,770
Other overseas	115	93	93	76	74	7
Permanent humanitarian visa	163	145	127	135	108	133

Source: Selected Higher Education Statistics, Australian Government Department of Education and Training



The demand for undergraduate nursing or midwifery courses also continues to increase. The data consistently shows there are many more people wanting to undertake nursing or midwifery courses than there are places available. In relation to domestic applicants, Table 3 highlights the gap between the number of applicants and offers of university places in nursing or midwifery courses from 2010 to 2018. In 2018, 36,517 people applied while 26,694 applicants were offered a place.

Table 3: Undergraduate applications, offers and acceptances 2010-2018

Year	2010	2011	2012	2013	2014	2015	2016	2017	2018
Applications	24,185	24,230	24,603	24,999	27,537	30,886	34,706	35,871	36,517
Offers	17,579	17,796	18,859	19,750	21,001	24,130	26,788	26,247	26,694

Source: Undergraduate Applications Offers and Acceptances Publications, Australian Government Department of Education and Training

The number of students completing undergraduate nursing or midwifery courses has continued to grow with 11,531 domestic students completing undergraduate courses leading to initial registration as a nurse or midwife in 2017. A breakdown of graduates by citizenship in Table 3 indicates a total of 14,010 students graduated last year, a 32% increase since 2012.

Table 4: Number of completions for initial registration as a nurse by citizenship, 2012-2017

A general nursing course required for initial registration

State/Territory/ citizenship/detailed field of education	2012	2013	2014	2015	2016	2017
TOTAL	10,635	11,084	11,640	12,041	13,443	14,010
Australian citizen	8,063	8,481	8,991	9,254	10,399	10,849
New Zealand citizen	67	77	93	105	121	119
Permanent resident	342	431	467	410	465	512
Temporary entry permit	2,048	1,967	1,922	2,141	2,324	2,399
Other overseas	<u>71</u>	<u>68</u>	<u>87</u>	<u>81</u>	78	62
Permanent humani- tarian visa	44	60	80	50	56	69

Source: Selected Higher Education Statistics, Australian Government Department of Education and Training

While the number of nursing graduates is increasing, the ANMF is concerned that not all graduates and early career nurses are finding employment in nursing or midwifery. This point will be addressed in further detail under term of reference (a) below.



ANMF position on nursing migration

The ANMF has always supported the movement of nurses and midwives. Both professions have a strong tradition of international collaboration, with nurses and midwives moving around the globe to gain further training and different clinical experiences. There is also clear merit in international exchange and diversity, as well as the economic benefit of remittances and transfers in technologies.

We recognize that in many cases the motivation to work in other countries is linked to more and better employment opportunities, higher salaries, better working conditions and improved capacity for career advancement. Increasingly the opportunity to work and live in a better and safer environment for themselves and their families is an important factor.

Our union generally favours permanent migration but recognises there is a place for temporary skilled migration programmes where there is evidence of a *genuine* short term and unexpected skill shortage.

Our acceptance of the need for temporary skilled migration is based on the view that appropriate policy and regulatory settings should discourage employers accessing offshore labour without first investing in training and undertaking genuine testing of the local labour market and must provide safeguards and protections for both local and overseas workers.

The ANMF strongly supports a robust and transparent labour market testing regime, and parity in wages and conditions at the enterprise level between local and offshore nurses.

The ANMF advocates for the ethical recruitment of offshore nurses and midwives. The ANMF policy on the international recruitment of nurses and midwives forms Attachment 1 to this submission.

We also understand the need for international students to have the ability to earn an income while studying to meet their living expenses and course fees.

A snapshot of temporary migration and nursing

Nursing features strongly in Australia's skilled migration programmes including the Temporary Skill Shortage visa (subclass 482) program (and the former subclass 457 program) as well as other temporary and permanent visa grants. Since 2012-13 registered nurses have been one of the top five occupations granted permanent visas under the General Skilled Migration (GSM) scheme.



We set out below tables on visa subclass 457/482 and GSM visas granted to overseas nurses from 2010 to 2018. Please note that since the introduction of ANZSCO in 2010 (formally ASCO) there are 14 registered nurse occupational categories which international nurses can be nominated under including Medical, Aged Care, Educator, Nurse Practitioner, and Community Health.

Table 5: Number of subclass 457/482 visa holders snapshot dates 2010 to 2018

Registered nurses (2544)	Sept 2010	June 2011	June 2012	June 2013	June 2014	June 2015	June 2016	June 2017	June 2018	Sept 2018
457	3472	3171	3925	4260	3637	2540	1998	1833	1960	1894
482	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	92	376

Source: Australian Government, Department of Home Affairs: <https://data.gov.au/dataset/visa-temporary-work-skilled>

Table 6: Number of subclass 457/482 visa grants financial year 2005-06 to 2017-18 and to Sept 18

Registered nurses (2544)	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-19 to Sept 2018
457	2609	3011	3375	3977	2624	2146	3095	2853	1489	993	1009	1074	1028	67
482	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	116	287

Source: Australian Government, Department of Home Affairs: <https://data.gov.au/dataset/visa-temporary-work-skilled>

Table 7: Permanent visas granted under the General Skilled Migration scheme 2012-13 to 2017-18

	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18
Registered nurses	1277	1972	2018	2329	1965	1561

Source: 2017-18 Migration Program Report, Australian Government Department of Home Affairs

Table 8: International nursing student enrolment count (General nursing course required for initial registration) 2010 to 2017

Enrolment Count	2010	2011	2012	2013	2014	2015	2016	2017
Overseas	6,825	6,959	6,832	6,780	6,878	7,466	8,168	9,078

Source: Department of Education. Higher Education Statistics Data Cube (uCube) <https://www.education.gov.au/ucube-higher-education-data-cube>

It is worth noting that student visas include a visa condition that, once the course has commenced, students may work for up to 40 hours per fortnight while their course is in session and for unlimited hours during course breaks.

An additional visa, the Temporary Graduate visa (subclass 485), allows an overseas student to work in Australia temporarily after graduation. This visa is for international students with an eligible qualification who graduate with skills and qualifications that relate to an occupation on the Skilled Occupation List, which includes nursing and midwifery graduates.



Overall the work rights provided to temporary visa holders in nursing under subclass 482/457, and subclass 485, along with international students and working holiday makers, constitute a significant migrant workforce that has an impact on the domestic nursing labour market.

Where are temporary work visa holders employed in the health, aged and community sectors?

Nurses with temporary work visas are employed across all sectors of health, community and aged care. Residential aged care and private hospital employers employ the bulk and they are also widely employed in state and territory public sector facilities.

International students feature strongly in the residential aged care sectors where they are employed in personal care and assistant roles during their undergraduate studies.

Terms of Reference (a)

The interaction between the temporary skilled visa system and the system in place for training Australian workers, including how a skills shortage is determined

Impact on graduates and early career nurses and midwives

While the ANMF supports migration, we are concerned at the negative impact of the temporary migrant workforce on the employment and training of domestic graduate and early career nurses and midwives.

The ANMF is concerned that the employment of large numbers of offshore nurses is a contributing factor in the unemployment and underemployment of nursing and midwifery graduates.

Many graduates and early career nurses and midwives struggle to find employment in their chosen professions, and are often rejected by employers who utilise temporary migrant labour. This is inconsistent with the key temporary skilled migration policy objective that offshore workers should not be engaged if there is a domestic worker willing and able to take up the role.

The Department of Jobs and Small Business recently reported that: "In 2017, 79.3% of university nursing graduates were employed full-time four months after graduating. While higher than average for all graduates (71.8%), outcomes are well below the historical employment outcome for nurses (of above 90% from 2006 to 2012)." [docs.jobs.gov.au/system/files/doc/other/ausnurses_1.pdf]

The ongoing inability of large numbers of new local graduates to find work represents a structural barrier to effective workforce planning and may have serious consequences for the provision of care in the years ahead.



While the numbers of registered nurses who hold a subclass 457/482 visa, and the number of grants, have dropped in recent years (see Tables 5 and 6 above), the numbers remain significant.

The ANMF considers the failure of our system to provide work for new graduates at a time when employers continue to access large numbers of nurses and midwives on temporary work visa arrangements demonstrates a disconnect between the current temporary visa system and the available supply of new graduates. The ANMF accordingly queries the extent to which the temporary visa system takes into account nursing graduate data.

Putting aside the demoralizing effect on new graduates unable to find work after undertaking a three year tertiary course, this also represents a loss in investment in the education of professional health workers and a loss in the contribution of those potential workers to the health care system.

We note that the 2016 report of the Senate Education and Employment References Committee, *A National Disgrace: The Exploitation of Temporary Work Visa Holders* ("2016 Senate committee report"), after hearing similar evidence from the ANMF and other unions, recommended that employer sponsors of a 457 visa worker (professional) be required to also employ an Australian tertiary graduate in the same enterprise on a one-for-one basis" (recommendation 13 at [5.78]).

The ANMF endorses this recommendation.

In addition, we note that the 2016 Senate committee report recommended that data on "all new registrations of nurses and midwives on temporary work visas" "be collected and made publicly available on an annual basis (either by the relevant statutory agency, or the relevant government department)" (recommendation 17, [5.82]).

This recommendation has not to date been implemented.

Stories from new graduates

In the final months of each year the ANMF conducts a survey of nurses and midwives who have recently successfully completed their studies to gather information regarding their experiences post-graduation. One question asks whether the respondent has any other comments regarding finding employment in nursing and/or midwifery after completing their course. A selection of some responses are provided below:

It is incredibly competitive and many of my friends who completed their Bachelor of Nursing to become RN's did not get offered a New Grad Position despite them being absolutely capable of being wonderful nurses. It's frustrating that Australia is in need of nurses but that the Australian



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I found it incredibly difficult to find employment after graduating. I have never even received an interview despite applying for at least 50 jobs, as an EN, PCA, and AIN. I am now studying Registered Nursing and seriously considering moving overseas in order to find a job because of how competitive finding a position is here in WA.

Extremely disheartened with the lack of job prospects. I received excellent marks and have an excellent cv, however all jobs require minimum 1-2 years post grad experience. No one is willing to put in the time to train grad nurses, or even consider me based on my 6 months experience as a casual gastroscopy nurse because it's either not enough experience or too specialised. I really hope this changes for future graduates, working 2 days a week a year after graduating, especially after having spent 8 months looking for a job with only one response (current employer) is appalling.

I have found it difficult finding work. In the last 2 years I have only worked 8 months as a Registered Nurse.

Found it tough to find work as a new nurse as many jobs advertised at the time required experienced nurses despite a high demand for nursing staff across the board.

It is disheartening to not be given employment opportunities through a new grad, and then you're told without a new grad you cannot gain employment with us. Even nursing homes have turned me down as they want 3-5 years experience. I'm moving to Melbourne in December. I've applied to over 60 jobs and at this rate, I've been applying to jobs over 2 hours drive from where I'll be living down in Melbourne. I'm almost considering having to go back to retail if I don't secure a job as I need to earn a living with partner. I want to become a neonatal nurse and soon a Midwife. I can't do that without nursing experience first You see my dilemma.... My partner thought along with everyone else, that hospitals are screaming out for nurses Well you know it's not that simple.... he now sees my frustration.



Training obligations

The ANMF submits that training obligations on employers who utilise overseas workers are ineffective and do little to encourage such employers to utilise local labour.

At present employers of temporary migrant labour can meet their general training obligations by either:

- paying the equivalent of at least two per cent of total payroll expenditure to an industry training fund; or
- paying the equivalent of at least one per cent of total payroll expenditure on the training of Australian workers and permanent residents employed by the business.

The reality of this regime is that little, if any, training becomes available to nurses as it is typically consumed by medical staff, specialists and senior management.

As employers are under no obligation to train in the same occupations as temporary visa workers it is open to them to expend the monies where they like.

The Nursing and Midwifery Board of Australia (NMBA) requires nurses and midwives to maintain competence in order to provide safe, quality nursing or midwifery care. To achieve this, the NMBA requires every nurse to undertake 20 hours of continuing professional development.

Measures to achieve continuing competence may include evaluation of professional practice against relevant professional standards; workplace performance appraisal; attendance at a relevant conference, seminar and/or continuing professional development sessions, and relevant post graduate educational courses. Accordingly there is significant scope for a sponsor to contribute to the NMBA's requirement for continuing professional development.

The ANMF notes that the 2016 Senate committee report recommended that:

- current training benchmarks be replaced with a training levy of up to \$4000 per 457 visa worker, which would be paid into existing government programs that specifically support sectors experiencing labour shortages (Recommendation 15); and
- a short review be conducted into the costs to employers of running graduate employment programs, and the desirability and feasibility of directing funds collected from the training levy to assist employers implement and administer graduate programs, such that Australian tertiary graduates are afforded ready access to graduate employment positions (Recommendation 16).



The ANMF submits that training funds should be directly linked to the occupations in which the employer was sponsoring temporary visa workers.

Terms of Reference (d)

The effectiveness of the current labour market testing arrangements

The ANMF supports labour market testing. Labour market testing regulations give effect to a long standing bipartisan political principle that temporary work visa arrangements are programmes designed to allow employers to source labour offshore when genuine skill shortages cannot be met by Australian workers.

....The provisions mean that employers seeking to utilise offshore labour must look locally first and demonstrate to the satisfaction of the Minister that a suitably qualified and experienced Australian worker is not readily available to fill the position. This requires employers to provide evidence of their recruitment attempts such as job ads and participation in job and career expos and detail the results of such recruitment efforts.

The ANMF notes the 2016 Senate committee report which stated that:

The committee is also persuaded by unpublished data from the Department of Immigration and Border Protection that shows a much larger decline in 457 visa nominations by employers in occupations covered by labour market testing, compared to average monthly numbers in the occupations exempted from labour market testing. [source: [3.298], also see [3.204] for further details of the data].

The committee went on to state that it considered labour market testing to be an essential aspect of the 457 visa program and that it should be further strengthened [source: [3.299-300]].

The ANMF supports the strengthening of labour market testing requirements to ensure that where temporary migrant workers are employed there is in fact a genuine skill shortage and that Australian workers are not being displaced. The labour market testing arrangements should be an effective and transparent way of determining if the work that may be given to an offshore worker can be done by an Australian worker.

Unfortunately it appears that many employers view the regulations as requiring them to do little more than making a token gesture of a commitment to local recruitment.

In our experience many employers simply advertise through the local print media to fill nursing vacancies. It is not surprising that where legitimate nursing shortages do exist, this narrow and unrealistic approach to



In our submission job ads should include:

- job title
- main duties and responsibilities of the job
- location
- necessary skills, qualifications and experience
- salary and conditions.

The ANMF submits that it is particularly important that sponsors demonstrate that their attempts to fill positions locally also included realistic prerequisites with regard to academic qualifications and years of experience. We have seen, on the contrary, advertisements that require extensive years of experience and multiple nursing qualifications. We believe in many cases these vacancies could have been readily filled by an Australian worker eligible to practice nursing who may have graduated in the preceding one to two years.

Evidence of national and local advertising in conjunction with local and national recruitment policies is a logical condition of labour market testing.

Accordingly it is our strong view that the current labour market testing requirements need to be strengthened to include employer obligations such as:

- the need to advertise vacancies locally and nationally at market rates;
- offering relocation, housing and utility assistance where required;
- reporting on specific measures taken to employ disadvantaged groups, local job seekers and recently retrenched workers;
- where possible making sure that new graduates have a reasonable chance of filling vacancies.

The ANMF also supports the establishment of a genuinely tripartite body comprising government, employer and union representatives with equal numbers and standing, which would have the function (among others) of drawing up a list of genuine skilled shortages by occupation, having regard to the labour market needs in regional and metropolitan settings.

We note that the 2016 committee report recommended such a tripartite body (Recommendation 6).



Term of Reference (e)

The adequacy of current skilled visa enforcement arrangements, with particular regard to wages and conditions and access to information about rights and protections

Temporary work visa holders employed in the health, community and aged care setting are entitled to the same basic employment conditions as domestic workers. This parity should ensure that temporary work visa holders receive the minimum Australian standards and discourage employers from seeking cheap offshore labour.

We submit however that there remain serious deficiencies principally related to the temporary nature of the visa, the fact of employer sponsorship and the absence of any real form of labour market testing, all of which encourage exploitation.

Below are some details of complaints the ANMF has received from members over the last three years that demonstrate, among other things, the vulnerability of temporary visa holders to exploitation in the workplace:

Members working at a facility were told by their DON she would report the ENs to AHPRA to have their registrations taken from them and have them deported. They are all on Visas.

An EN member was pressured into working night duty and threatened her visa would be cancelled if she did not comply.

Member is being sponsored by an agency and has worked morning shifts. The agency said if she does not work the night shift they will cancel sponsorship.

Member has informed the QNMU about Visa employees being paid a lot less than Australian employees in aged care.

RN member working on a sponsored visa is being bullied by a long standing staff member. The member has sought to change shifts to avoid this person but she is concerned that if she raises the issue it may affect her position and visa.

A full time RN working for an employer who sponsored her 457 is concerned she has no control over shift allocation – the facility has told her she can be given any shift on any day. She is concerned the facility will not continue to sponsor her if she complains.



Member works permanent part time on weekends as she is studying. The employer has now cut her hours. Her visa requires her to work a set number of hours. She has asked to change her contract to casual so can work elsewhere as/if required. The employer has said she must sign the new contract for permanent part time or lose her job.

Member on a 187 Visa is being bullied regarding her employment which she knows can jeopardise her visa. Many other RN'S are in the same position but are too scared to speak out.

Member has a full time contract and also has a temp 461 visa. The employer has told the member she cannot work in a full time position due to the Visa. The member says the visa states she can have full time employment.

Member went to manager with their concerns about the amount of residents allocated to 1 RN and was told if she does not like it to go elsewhere. She has concerns about her Visa status.

Member has been offered a contract for part time work but the contract does not indicate that the employer is accepting the member's need to be employed under a 457 visa. She is currently working under her partner's visa.

Member is on a 457 visa which is due to expire later this year. Member has been advised that the facility will no longer sponsor her. Member has worked for the employer for several years and is in the process of applying for permanent residency.

Member is currently working in aged care under visa provisions. Has sought new employment with more family friendly hours. The member requested the current manger provide a letter of their duties for immigration purposes and was refused.

Member is on a visa and was promised a permanent contract in writing at the commencement of a temporary contract and now their manager is going back on that offer. Member concerned for their visa and financial security.

Member working on 457 visa is contracted for set hours per fortnight but is not being rostered for this number of hours. Member has spoken/emailed with HR/Manager/Roster writer to no avail. Member has also not been receiving appropriate allowances.



Member on 457 visa has not received any Professional Development Allowance (PDA) for the last year. The employer told her she is not eligible as she is working on a temporary full time contract.

New member on a 457 visa applied for a position at a private facility. The member is being deployed all over the hospital despite having been employed to work in her specialty area. She feels the employer is trying to find ways to terminate her position and visa.

Member working on a 457 Visa is having trouble getting family friendly rostering. The manager has said she must work whenever the manager wants.

Member is currently on a visa and one of the conditions is that she is employed full time. She is currently permanent part time and has a second job to make up the hours. The member has advised the manager that there are some days she is not available because she is working in her second job, but is still rostered for these days.

Member has been working on a contract with no end date. Member has now had a new contract sent for only 3 months. Member thinks this has been initiated because she is on a bridging visa

Member is on a 457 visa, and feels that they are not paid at the correct rate for their hours of experience.

Member was asked for a copy of their passport by 4pm that day for a 'visa check' by the employer.

Member working in an aged care facility sponsored on a working visa by the employer has received permanent residency and wants to apply for a position elsewhere. The current employer advised the member they could not work elsewhere because they have sponsored the member's working visa regardless of permanent residency. The manager refused to give the member a reference if they applied for another job.

The ANMF also refers to the Nursing case study (based on ANMF member evidence provided to the inquiry) outlined in the 2016 Senate committee report (paragraphs [6.70-6.79]) and notes that the committee stated that it "received evidence of higher levels of exploitation of 457 visa holders in certain industry sectors including construction and nursing." ([6.82])



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Terms of Reference (e)

The adequacy of current skilled visa enforcement arrangements, with particular regard to wages and conditions and access to information about rights and protections

It is the ANMF's experience that we are not advised of the outcome of an application for a labour agreement after an applicant employer contacts us for our comments on their application.

Accordingly, the ANMF supports the recommendation of the 2016 Senate committee report that the relevant Department be required to advise all stakeholders that were consulted in relation to an application for a labour agreement as to the outcome of the application (Recommendation 4).



International recruitment of nurses and midwives

Preamble

The movement of nurses and midwives between countries is an international phenomenon contributing to the personal and professional development of individual nurses and midwives and to the provision of nursing and midwifery care.

While international mobility of nurses and midwives is nothing new, there now exists large scale, targeted, international recruitment by developed countries to address domestic shortages.

In Australia, international recruitment is a strategy that is regularly utilised to resolve workforce shortages.

Recruitment of nurses and midwives from less resourced countries to meet the healthcare needs of well-resourced nations is of such growing concern the World Health Organisation declared that active recruitment of healthcare workers and its related migration as one of the greatest global health threats in the 21st century.¹

Governments must acknowledge the issue at a local level by implementing strategies that properly plan and manage the domestic nursing and midwifery workforce.

A primary strategy must include inter-government agreements which protect the interests of host and source countries, with particular acknowledgment of the need to minimise the negative impacts on the provision of health services in developing countries.

It is the policy of the Australian Nursing and Midwifery Federation that:

1. The implication of global competition for nurses and midwives necessitates ethical consideration, as aggressive recruitment from developing countries may have potentially unwanted consequences for the health systems of the source country(ies).
2. Overseas recruitment programs must not be used as a primary strategy to overcome nursing and midwifery shortages in Australia and internationally, or as an alternative to educational opportunities for the existing nursing/midwifery workforce.
3. Overseas working visa programs should not be utilised by Australian Governments of any level as a solution to the underemployment or unemployment of Australian graduate nurses and midwives.
4. Governments must commit more resources for workforce planning, education and improving pay and conditions in order to attract and retain nurses.
5. Employers wishing to recruit nurses and midwives internationally must:
 - Have introduced a range of strategies aimed at attracting, recruiting and retaining nurses and midwives residing in Australia;
 - Provide internationally recruited nurses and midwives with employment conditions the same as those offered to nurses and midwives in Australia; and
 - Meet the Australian Department of Immigration requirements.
6. Employers who recruit nurses and midwives internationally must not:
 - Charge nurses and midwives excessive costs for transport and accommodation associated with recruitment (or allow agents acting on their behalf to do so);



- Charge nurses and midwives for recruitment agency costs incurred in the country of origin;
 - Dismiss a nurse or midwife on a work visa without providing them with due process or adequate warning and an opportunity to find other employment before reporting the termination of employment to the Department of Immigration.
7. Prior to the recruitment of international nurses and midwives, employers must exhaust all avenues to employ nurses and midwives domestically. The employer must demonstrate that they have undertaken appropriate market testing, by all available means, to ensure that any local nurses and midwives who may be potential candidates are aware of the employment opportunity.
 8. Employers seeking to recruit and employ nurses and midwives from other countries must provide the following:
 - Transparency and fairness in recruitment practice;
 - Effective human resource planning and development including mentoring and orientation;
 - Full access to employment opportunities and flexible environments;
 - Standards, Terms and Conditions consistent with the domestic workforce;
 - Freedom from discrimination;
 - The right to be informed regarding freedom of association; and
 - Assistance to meet the necessary Nursing and Midwifery Board of Australia (NMBA) Registration Standards including the English Language Skills Standard as well as the requirements for recognition of the nurses/midwives overseas qualifications as determined by the NMBA.
 9. Employers of nurses and midwives in Australia must be required to recognise experience gained overseas which is assessed at a comparable standard for the purpose of experience and incremental payments.
 10. Procedures for the assessment of nursing and midwifery applications from other countries must be equitable and fair, be based on nationally agreed proficiency in English language, determine that all other NMBA Registration Standards have been met, and recognise previous experience and prior formal educational qualifications.
 11. Nurses/midwives who choose to move overseas must have their overseas work of a comparable standard recognised in Australia for the purposed of retention of their registration with the NMBA.
 12. The ANMF Federal Office is the central point for all enquiries from international recruitment companies or any other source seeking information regarding the recruitment of nurses and midwives from overseas.

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Reference

1. Shaffer et al. *Human Resources for Health* 2016. 14(Suppl 1):31. Available at: <http://www.intlnursemigration.org/wp-content/uploads/2014/09/s12960-016-0127-6.pdf>