



Ministerial Advisory Council on Skilled Migration
The Australian Nursing & Midwifery Federation's response to Scoping Paper
discussion questions

1. *Temporary migration provides a key pipeline for permanent skilled migration.*
 - *Given the COVID-19 pandemic and its impact on Australia's economy, are there any changes the Government should pursue?*
1. The Australian Nursing & Midwifery Federation (ANMF) supports permanent independent migration over temporary measures. Permanent migration offers workers and their families stability and security in their working and personal lives, and provides a more stable workforce necessary to meet the growing demands of our health, aged and community care sectors.
2. Policy settings in this area should be informed by reliable workforce data that takes into account a range of factors including commencement and completion data from education and training institutions, graduate employment outcomes and measures to address long standing workforce recruitment and retention difficulties.
3. The ANMF has long advocated for industry and sector wide workforce planning to ensure there are sufficient numbers of nurses, midwives and carers to meet future demand.
4. In our experience employees on temporary working arrangements are more vulnerable and therefore more likely to experience exploitation in many forms including wage theft and breaches of their rights and entitlements in the workplace. ANMF members have reported instances of employers incorrectly classifying employees, imposing unsafe workloads, reducing hours of work; refusing to pay allowances and penalty rates and generally exploiting the tenuous nature of their position to treat employees less favourably. Employees, who are already in a vulnerable position, are more reluctant to challenge an employer in these circumstances given the potential high personal cost and risk to their families.
5. The widespread exploitation and negative employment experiences of temporary migrant workers impact a range of occupations and industries are well documented including in the Government's Report of the Migrant Workers' Taskforce¹.

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ANMF Journals

Australian Nursing and
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Australian Journal of
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¹ Report of the Migrant Workers' Taskforce, 2019 Commonwealth of Australia, 2019
https://www.ag.gov.au/sites/default/files/2020-03/mwt_final_report.pdf



6. This is an opportunity to review and rethink the role of temporary migration as a quick fix to perceived workforce shortages in the short, medium and long term and shift the focus to investing in workforce planning and resolving supply issues domestically.
7. The impact of the COVID-19 pandemic highlights a greater need for workforce planning across all sectors with a focus on growing, investing in and developing a domestic workforce that meets projected demand in the medium and long term.
8. Workforce problems in parts of the health and aged care sectors impacting the availability of nursing, midwifery and care workers are not new. Successive reports including the Final Report of the Royal Commission into Aged Care Quality and Safety² workforce acknowledge the clear link between staffing levels, safe provision of care, safe working environment, wages and conditions and the attraction and retention of workers in the sector.
9. Claims by employers of a shortage of workers in some sectors, or areas of health care would often be more accurately described as recruitment difficulties.
10. And, as we have stated in a number of submissions,^{3,4} particularly in response to inquiries about skilled migration visas, 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 particular area or sector.
11. Other factors impacting on the capacity of the nursing, midwifery and carer workforce are employment arrangements and hours of work, particularly in the aged care sector where part-time, low-hour contracts, and casual work remain prevalent. Many workers are compelled to work over multiple sites and/or for multiple employers to earn a living wage.
12. Across a number of sectors, high workloads, unreasonable nurse to patient/client ratios, stress, no access to training or career paths and occupational violence are commonplace. Wages in the care and support sector are particularly low when compared to health care (i.e. public sector nursing wages) and many care workers are paid at award rates or only marginally above.
13. These factors contribute to low morale, burn out, decisions to leave the sector and create barriers to recruitment to the sector.
14. The aforementioned submissions also highlight the lack of employment opportunities for nursing and midwifery graduates leaving a significant number of new graduates without employment or underemployed. The number of transition to practice programs (TPP) varies

² Royal Commission into Aged Care Quality and Safety (2021) Final Report: Care, Dignity and Respect. Commonwealth of Australia

³ ANMF. (2020) Submission to the Department of Education, Skills and Employment in relation to the consultation on skilled migration occupation lists review [Online]. ANMF. Available: https://anmf.org.au/documents/submissions/ANMF_Submission_Skilled_Migration_Occupational_Lists_Review.pdf

⁴ ANMF. Submission to the Senate Select Committee on Temporary Migration (2019) ANMF. Available: https://anmf.org.au/documents/submissions/Submission_to_the_Senate_Select_Committee_on_Temporary_Migration.pdf



from year to year and between jurisdictions and generally, far more graduates are seeking employment than there are places in graduate programs. Outside the formal TTP programs many employers are reluctant to employ a graduate because they lack clinical experience and, from the point of view of the employer, would require additional support and resources. Instead, many employers prefer to recruit nurses from overseas, commonly from India, Nepal and the Philippines under a misapprehension, that unlike new graduates, they will not need time to learn the requirements of the role and clinical support and supervision in that learning period. However, nurses in this position do require support and supervision and may take six months or more to adjust to a new health care setting and work environment.

15. Difficulties securing employment also impact international student graduates who seek to remain in Australia either temporarily or with a view to applying for more permanent arrangements.
16. Our concern is that the current system allows a loss of new graduates (and workforce capacity) at this early point in their career. A required number of programs should be in place to support new graduates to enter their profession. In addition, links between training and education providers and industry need to be strengthened to ensure pathways into the workforce. And once in the workforce, graduate programs should offer ongoing training to enhance skills and consolidate experience. Employers need to be funded to offer appropriate support to graduates, including time for mentoring and training.

2. *Reopening of Australia's international border:*

- *What factors should the Government consider in reopening the international border to temporary migrants?*
 - *What mechanism could Government use to support the return of temporary migrants?*
 - *How could these cohorts be prioritised and why?*
17. Decisions on the reopening of our international borders should be based on health advice that it is safe to do so. This will depend on a range of factors including vaccination rates across the population.
 18. There is extensive and compelling evidence demonstrating that Australia and many other countries around the world, particularly low to middle income countries, are expected to face intensifying workforce shortages within the health, care and support sector. There are many reasons for this including ageing populations with higher life expectancies.
 19. Australia's care and support sector does to a small degree utilise the recruitment of international nurses, midwives, and PCWs often from low to middle income countries and the sector employs an increasing proportion of overseas-born staff. This is anticipated to continue in the aged care sector with the Royal Commission into Aged Care Safety and Quality including a consideration of immigration within Recommendation 75 regarding aged



care workforce planning which has been accepted by the Government.⁵ It is also anticipated that some reliance on overseas-born workers will also continue in the provision of other health services and in particular locations including regional, rural and remote health.

20. Recruitment of nurses and midwives from less resourced countries to meet the healthcare needs of well-resourced nations was of such growing concern the World Health Organization declared that active recruitment of healthcare workers and its related migration as one of the greatest global health threats in the 21st century.⁶ As such, the ANMF views any workforce planning, including for the recruitment of international PCWs, to be an important issue for future workforce planning in Australia. The ANMF makes the following recommendations regarding recruitment of overseas workers:⁷

- Overseas recruitment should not be the primary strategy to overcome workforce shortages in Australia or as an alternative to education and recruitment opportunities for the existing domestic workforce.
- Overseas working visa programs should not be utilised by Australian Governments while we have large numbers of underemployment and unemployment new graduates.
- Governments must commit additional resources towards workforce planning, education, remuneration, and conditions to attract and retain domestic workers to the sector.
- Employers should exhaust all avenues to employ members of the domestic workforce and introduce a range of strategies aimed at attracting and retaining domestic workers.
- Internationally recruited workers must be provided with the same employment conditions as those offered to domestic workers.

3. *Addressing low skilled labour shortages in Australia:*

- *How can labour migration, including low skilled, best benefit Australia economically and socially over the short-term and longer-term?*
 - *Include measures to mitigate adverse impacts on jobs for Australians, social cohesion, worker exploitation, or other issues.*
- *Should we provide pathways to permanency and if so, what policy objectives would underpin any visa arrangement?*

21. The comments provided under 1 and 2 above emphasise the need to focus on the growth and development of the domestic workforce by addressing longstanding attraction and retention problems across sectors currently experiencing recruitment difficulties, or most likely to, in the future.

⁵ Australian Government Department of Health. (2021) Australian Government Response to the Final Report of the Royal Commission into Aged Care Quality and Safety May 2021. Australian Government Department of Health. Available: <https://www.health.gov.au/sites/default/files/documents/2021/05/australian-government-response-to-the-final-report-of-the-royal-commission-into-aged-care-quality-and-safety.pdf>

⁶ Shaffer, FA. et al. (2016). Code of ethical international recruitment practices: the CGFNS alliance case study. *Human Resources for Health*. 14(31): 113-9. Available: <https://human-resources-health.biomedcentral.com/articles/10.1186/s12960-016-0127-6#citeas>

⁷ Australian Nursing and Midwifery Federation. (2021). ANMF Policy: International recruitment of nurses and midwives – May 2021. Available: https://anmf.org.au/documents/policies/P_International_recruitment.pdf



22. Focusing on ensuring safe, fair working conditions to support the attraction and retention of workers now and in the future will benefit all workers including more vulnerable workers who are here under temporary visa arrangements or permanent migration.
23. In the health and aged care sectors building workforce capacity and capability also requires the work to be properly valued and respected by society as skilled, often complex and vital to ensuring the dignity, wellbeing and health of people who access care. The widely held view of care work being low skilled or less skilled on the basis of being “women’s work” must be overturned.
24. 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.
25. Temporary arrangements should be a last resort and only in circumstances of an evidenced based genuine shortage consistent with the points outlined under the recommendation regarding the recruitment of overseas workers above.

4. *Are there any other proposals you wish to make?*

26. We have attached, for further information, the ANMF’s submission to the *Australian Government National Skills Commission - Care Workforce Labour Market Study – Consultation*. The submission responds to questions concerning the factors that impact supply and demand of care workers from now until 2050. It also details the current gaps in workforce data and includes an overview of key workforce data and demographics. (Please note the Graduate Data Set referred to and attached to the Care Workforce submission is not included but can be provided on request).