APNA submission

Consultation on the draft Registration standard: General registration for internationally qualified registered nurses

19 October 2023

About APNA

The Australian Primary Health Care Nurses Association (APNA) is the peak professional body for nurses working in Primary Health Care (PHC). APNA champions the role of PHC nurses to advance professional recognition, ensure workforce sustainability, nurture leadership in health, and optimise the role of nurses in patient-centred care.

APNA is bold, vibrant and future-focused. We reflect the views of our membership and the broader profession by bringing together nurses from across Australia to represent, advocate, promote and celebrate the achievements of nurses in primary health care.

www.apna.asn.au

Our vision

A healthy Australia through best practice PHC nursing.

Our mission

To improve the health of Australians, through the delivery of quality evidence-based care by a bold, vibrant and well supported PHC nursing workforce.

Contact us

APNA welcomes further discussion about this review and our submission. [redacted]

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Introduction

The Australian Primary Health Care Nurses Association (APNA) is the peak professional body for nurses working in Primary Health Care (PHC). APNA champions the role of PHC nurses to advance professional recognition, ensure workforce sustainability, nurture leadership in health, and optimise the role of nurses in patient-centred care.

APNA welcomes the opportunity to contribute to the Nursing and Midwifery Board of Australia's (NMBA) review of the *'Draft Registration standard: General registration for internationally qualified registered nurses'*.

APNA has experience supporting nurses to participate in workforce programs throughout their career journey. This includes placement programs for student nurses, nurses transitioning to PHC (recently graduated and those with experience in other settings), as well as re-entry programs for nurses who do not meet recency of practice requirements and are seeking to re-enter the workforce. This has included some nurses initially trained overseas. This experience provides a unique lens on the barriers and recommendations provided in this submission. APNA is providing this submission on behalf of our membership of Australian PHC nurses.

Background

PHC nurses[1] are the largest group of health care professionals working in PHC. In Australia, more than 96,000 nurses work outside of the hospital setting in diverse settings (Department of Health and Ageing (DoHA), 2023), and includes nurse practitioners (NPs), registered nurses (RNs), enrolled nurses (ENs) and registered midwives (RMs). These nurses are skilled, regulated and trusted health professionals working in partnership with multidisciplinary teams and their local communities to prevent illness and promote health across the lifespan. Based on the most recent Health Workforce Data (DoHA, 2023), internationally qualified nurses comprise approximately 20% of the PHC nursing workforce.

[1] APNA uses the term 'nurses' in this paper to collectively refer to registered and enrolled nurses, and registered midwives.

The role for nurses within PHC is clear. Nationally and internationally, nurses are recognised as essential to achieving improved population health outcomes and better access to PHC services. A broader and more central role for nurses within a team-based, multi-disciplinary model of care enables health services to deliver holistic, person-centred management of chronic disease – importantly, this offers an opportunity to move from a disease-focused approach to care to one that prioritises the prevention of illness and promotion of health (Amanda Adrian & Associates, 2009; Crisp & Iro, 2018).

About the review

APNA understands the objectives of this review are to inform the draft Registration standard: General registration for internationally qualified registered nurses to:

- streamline existing approaches to registration, for suitably qualified and experienced internationally qualified nurses and midwives (IQNM)
- ensure the workforce pressure on health, aged and primary care, rural and remote and metropolitan services across all Australia are alleviated through the supply of critically needed, safe, competent and effective practitioners.

APNA understands this draft registration standard is informed by evidence-based approaches, including benchmarking that was commissioned by the International Nurse Regulator Collaborative (INRC) from 2018-2023. The work of the INRC and the 'Independent review of overseas health practitioner regulatory settings' undertaken by Robyn Kruk (2023), are essential in understanding and driving change that streamlines processes for overseas qualified nurses to register and work in Australia.

APNA's submission

APNA's overarching view of the draft registration standard: General registration for Internationally qualified nurses

APNA supports the review of the registration standard: *General registration for Internationally qualified nurses.* In the view of APNA, this is extremely important as:

- Australia needs both a sufficient and competent nursing workforce to ensure community access to safe, high quality health services
- Internationally quality nurses and midwives (IQNMs) are a partial solution to address workforce shortages
- Entry to work in Australia should not be arduous as to deter applicants from working and/or migrating to Australia
- Nurses from overseas should not be placed at a disadvantage if they possess qualifications and skills from an NMBA approved international jurisdiction and/or meet the NMBA standard criteria for general registration.

APNA's response to questions posed by the review

Question 1: Do you support the proposed approach in the draft registration standard? Why or why not?

Yes, APNA supports the proposed approach in the draft registration standard but would like to clarify some aspects and offer some recommendations that may strengthen the approach. APNA supports the need to streamline registration processes for IQNMs to ensure the viability of the health workforce. We also support the need for clear standards and clinical governance over registration to ensure the quality and safety of nursing practice and health service delivery in Australia.

The World Health Organisation (2020) identifies that, from 86 participating countries, 1 in 8 nurses (13%) are born or trained in a separate country to the location where they practice (World Health Organisation 2020). Recruiting nurses to bolster domestic workforces has been occurring globally for a number of years. For example, the UK, Ireland, Norway, USA, NZ and Australia have been recruiting

overseas qualified nurses since the early 2000s, with nurses moving to work in better socio-economic conditions in host countries (Buchan & Sochalski, 2004).

In the United Kingdom, which shares commonalities with Australian nursing systems through their average pay, patient ratios, and a publicly funded healthcare model, a diverse representation of nurse nationalities is demonstrated. Currently one in six NHS staff in England report a nationality other than British and between them these staff hold over 200 different nationalities (Baker 2022). Based on the most recent Health Workforce Data (DoHA, 2023), internationally qualified nurses comprise approximately 20% of the 96,000 strong PHC nursing workforce in Australia.

The health workforce remains a global commodity needed to help alleviate increasingly urgent workforce shortages (Kruk 2023). However, current registration and related immigration processes are slower, more costly and more complex in Australia than in comparable countries (Kruk 2023). This is further complicated by international trade agreements that enable nurses to work in a 'temporary' capacity but offer little support to remain in work under more permanent arrangements (Kidgell et al 2020). This adversely affects the health workforce, health systems and the health outcomes of populations as we rely on IQNM to help alleviate health workforce shortages (Kidgell et al 2020; Kruk 2023). Furthermore, it is evident Australia has some obligations under international trade agreements to make our professional regulations and practices more aligned with other signatory countries (Kidgell et al 2020). Coates et al (2023) add that Australia's current visa pathways essentially offer 'false hope' to many graduates (and presumably IQNMs) of securing work, which damages our reputation and public trust in our migration programs and adds to population pressures. Further discussion around the complexities of visa and working arrangement for nurses in Australia is outside the scope of this review. However, suffice to say, reducing any further demands placed on IQNMs to work in Australia is welcomed and should be supported to maintain and grow the domestic pipeline of nurses needed to decrease workforce pressures.

Question 2: Is the information in the draft registration standard clear? If no, please explain why.

APNA supports streamlining and simplify registration pathways and acknowledges the INRC evidence, that applicants moving between the INRC jurisdictions are considered low risk, as they have already been assessed through consistent standards, criteria, processes, and procedures to obtain their registration in NMBA-approved jurisdictions. However, APNA would like to add the following suggestions to make the standard clearer for IQNMs:

- Consider displaying the 3 streams by diagram, and highlighting where pathways 1 and 2 sit in relation to Stream B, as it is not immediately clear these pathways align with Stream B
- Consider adding more 'definitions', or an Appendix to the standard to facilitate greater registrant understanding and transparency (particularly given English may not be a first language and background knowledge of the evidence is unlikely). For example:
    - What the INRC is and does, and how this has provided the evidence for the NMBA-approved comparable jurisdictions
    - Rationale for the date: 1 January 2017 – again the evidence built by the INRC
    - Rationale for 1800 hours to assist with ensuring the IQRNs have had sufficient time to consolidate their practice in an international regulatory jurisdiction.
- Consider listing what the mandatory NMBA registrations standards are, particularly the expectations for the 'English language skills registration standard', as this can be most problematic for overseas trained nurses who may not speak English as a first language.

Question 3: Are the proposed pathways, clear and workable? If no, please explain why.

As discussed above, the pathways and where they sit in the general registration process could be clearer if they were perhaps contextualised within the 'Streams' that are available for nursing registration in Australia. The pathways themselves are clear and appear workable, but further explanations and definitions to assist in understanding the elements identified within the pathways could be helpful.

However, what is clear in the proposed pathways, is that they align with evidence from the INRC and the practical reforms suggested in the Kruk (2023) report, which clearly outlines that processes should enable applicants to:

- 'tell us once' about their qualifications and experience
- fast track when they have qualifications and experience from similar regulatory systems
- demonstrate their experience and skills (which supports pathway 2 for applicants who have qualified in a non-NMBA approved country) through completion of an NMBA-approved regulatory examination and have a minimum of 1800 hours demonstrating their experience and consolidation of knowledge and skills.

Question 4: Do you support the requirement for successful completion of a regulatory examination process for internationally qualified registered nurses in an NMBA-approved comparable international regulatory jurisdiction? Why or why not?

Yes, APNA supports the requirement for completion of a regulatory examination under pathway 2, if the IQNM has a qualification not obtained in any NMBA-approved comparable jurisdiction. This works similarly to mutual recognition between Australia and New Zealand and aligns with the evidence built by the INRC. It also aligns with the requirement for progress toward ensuring 'regulatory coherence', a requirement of international trade agreements to which Australia is a signatory, such as the Comprehensive and Progressive Agreement for Trans-Pacific Partnership (CPTPP) (Kidgell 2020). If an IQNM has successfully met the requirements for registration in any of the NMBA-approved comparable jurisdictions, then it provides greater efficiency to also accept that the examination process in those jurisdictions is sufficient for Australian registration purposes.

To require any further examination in Australia (such as the Outcomes Based Assessment), under these circumstances, would decrease efficiencies, add costs and create the barriers these new pathways are attempting to remove. Furthermore, adding this examination requirement enables the determination of competence and currency of knowledge and skills to practice that cannot be determined by qualifications alone.

Questions 5: Do you support the requirement for 1,800 hours of practice in an NMBA-approved comparable international regulatory jurisdiction/s prior to application for registration in Australia? Why or why not?

APNA supports the requirement of 1800 hours (or one year FTE) of practice in an NMBA-approved comparable jurisdiction, as this assists in ensuring the IQNM has had sufficient time to consolidate their practice in an international regulatory jurisdiction that is comparable to Australia. This aligns with the evidence that suggests registration processes should take into account experience and skills as well as qualifications, to enable nurses to demonstrate their competence and encourage experienced IQNM's to register in Australia (Kruk 2023).

Questions 6: Do you support the draft registration standard being extended to internationally qualified midwives from the NMBA-approved list of comparable international regulatory jurisdictions

where midwifery has a comparable educational standard/framework and is regulated as a separate profession, i.e. the United Kingdom, Ireland and relevant Canadian provinces? Why or why not?

Given APNA's support for the draft registration for internationally qualified nurses overall, APNA does not see any reason for why qualified midwives would not be similarly recognised. APNA acknowledges the standard is based on evidence and extensive mapping across INRC member jurisdictions for regulatory consistencies and principles of risk-based regulation, and thus supports this evidence-based approach. Furthermore, midwives in jurisdictions such as the UK often practice at higher levels in the community than enabled here in Australia, thus recognition and streamlining registration processes seems a very sensible and efficient move. Essentially, the INRC has enabled the NMBA to reduce bureaucratic inefficiencies in Australia, which can support the domestic nursing workforce addressing ongoing workforce pressures.

Questions 7: Do you have any other feedback to the draft proposed registration standard?

Not directly related to the proposed registration standard, but pertinent to understanding the needs of the nursing workforce, are considerations related to the annual APNA Workforce Survey. The APNA Workforce Survey provides a comprehensive picture of the working conditions and professional concerns of PHC nurses across Australia. This survey has been conducted for over 15 years, with over 3,500 PHC nurses participating in the 2022 survey. The survey asks respondents to indicate their intent to remain in PHC over the next 12 months, and over the next 2-5 years.

Data from the survey show that over the next 12 months, respondents overall are likely to remain in primary health care (90.25%), with those most likely to leave represented in the 20-34 and 65+ age categories. However, when asked about their intention to remain in PHC over the next 2-5 years, 26% of respondents indicated they do not intend to remain. Those likely to leave are most represented in the 65+ age category (46%). For the other age groups, approximately 25% of respondents, on average, do not intend to stay in PHC. This provides important information that makes streamlining registration processes for IQNM crucial as Australia continues efforts to retain and bolster its nursing workforce. APNA would welcome any request to provide a more in-depth presentation of the survey results.

APNA believes that better data is required to understand the profile of:

- IQNMs, along with International Nursing Graduates, including refugee nurses, now resident in Australia. These nurses experience similar barriers in relation to cost and lack of recognition

of qualifications as outlined in the '*Independent review of overseas health practitioner regulatory settings*' (Kruk 2023).

- The nursing pipeline from international student to general registration, including:
    - Data to identify the rates of students that convert to general registration. This will require an identifier that can be linked from undergraduate to registration pathway (which could be a student number or through the creation of a registration ID with Aphra) to achieving general registration.
    - Data on pass/fail rates, the number of attempts taken, the factors that affect pass/fail rates and the costs leading to conversion. These data would help education providers and industry better understand how to support the nursing pipeline that is reliant on supporting international students as well as nurses qualified overseas. These measures would also form part of a quality assurance program that would be reported to the profession, giving insights into the review process, the quality and success of the IQNM registration process and inform workforce planning.

References

Amanda Adrian & Associates (2009). *PHC in Australia: a nursing and midwifery consensus view*. Rozelle: Australian Nursing Federation.

Baker, C. (2022). *NHS staff from overseas: Statistics*. UK: House of Commons Library. https://researchbriefings.files.parliament.uk/documents/CBP-7783/CBP-7783.pdf

Buchan, J. & Sochalski, J. (2004). The migration of nurses: trends and policies. *Bulletin of the World Health Organization*, *82*(8), 587-594. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2622934/

Coates, B., Wiltshire, T. & and Reysenbach, T. (2023). *Graduates in limbo: International student visa pathways after graduation*. Melbourne: Grattan Institute. https://grattan.edu.au/report/graduates-in-limbo/

Crisp N. & Iro, E. (2018). Putting nursing and midwifery at the heart of the Alma-Ata vision. *The Lancet*, 392: 1377-1379.

Department of Health and Ageing (2023). *Health workforce data*. Canberra: Commonwealth of Australia. https://hwd.health.gov.au/

International Nurse Regulator Collaborative (INRC). https://www.inrc.com

Kidgell, D., Hills, D. Griffiths, D. & Endacott R. (2020). Trade agreements and the risks for the nursing workforce, nursing practice and public health: A scoping review. *International Journal of Nursing Studies*, *109*(103676), 1-10. https://doi.org/10.1016/j.ijnurstu.2020.103676

Kruk, R. (2023). *Independent review of overseas health practitioner regulatory settings: Interim report.* Canberra: Commonwealth of Australia. https://www.regulatoryreform.gov.au/sites/default/files/FINAL%20Independent%20Review%20of%20Overseas%20Health%20Practitioner%20Regulatory%20Settings%20-%20Interim%20Report_1.pdf

World Health Organisation (2020). *State of the world's nursing 2020: investing in education, jobs and leadership*. Geneva: Switzerland. https://www.who.int/publications/i/item/9789240003279