



Australian  
Nursing &  
Midwifery  
Federation

## SUBMISSION TO THE SENATE EDUCATION AND EMPLOYMENT REFERENCE COMMITTEE

### The impact of Australia's temporary work visa programs on the Australian labour market and on the temporary work visa holders

April 2015

Lee Thomas  
Federal Secretary

Annie Butler  
Assistant Federal Secretary

Australian Nursing & Midwifery Federation  
PO Box 4239 Kingston ACT 2604  
T: 02 6232 6533  
F: 02 6232 6610  
E: [anmfcanberra@anmf.org.au](mailto:anmfcanberra@anmf.org.au)  
W: [www.anmf.org.au](http://www.anmf.org.au)

## Introduction

The Australian Nursing and Midwifery Federation (ANMF) is the national union for nurses, midwives and assistants in nursing with branches in each state and territory of Australia. The ANMF is also the largest professional nursing organisation in Australia. The ANMF's core business is the industrial and professional representation of its members.

As members of the union, the ANMF represents over 240,000 registered nurses, midwives and assistants in nursing nationally. They are employed in a wide range of enterprises in urban, rural and remote locations, in the public, private and aged care sectors including nursing homes, hospitals, health services, schools, universities, the armed forces, statutory authorities, local government, and off-shore territories and industries.

References in this submission to nurses include midwives. Over 90% of the midwife population in Australia also hold qualifications as registered nurses.

We thank the Committee for providing this opportunity to submit our views on the impact of Australia's temporary work visa programs on the Australian labour market and on the temporary work visa holders. In doing so we provide an overview of the programs as they impact on the nursing professions engaged in the health and community sectors and make recommendations as to how the programs may better meet their regulatory and policy objectives.

We draw to the attention of the Committee to the sorry state of the employment prospects for new nurse graduates with an increasing number struggling to find work, with many in our view unreasonably rejected for work by employers who use temporary work visa holders.

## 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).

**Table 1**  
**Nursing and Midwifery Workforce 2004-2013**

Year	2004	2005	2007	2008	2009	2011	2012	2013
In Workforce	253,592	254,956	277,297	283,087	291,246	303,010	311,176	317,988
Not in workforce	29,110	30,663	28,538	29,649	29,735	23,659	22,902	26,202
% of RNs & ENs not in workforce	10.3	10.7	9.3	9.5	9.3	7.2	6.9	7.6

Source: AIHW *Nursing Labour Force* 1997, 1998, 2001, 2003 and AIHW *Nursing and Midwifery Labour Force* 2005, 2006, 2008, 2009, 2010, 2011, 2012, 2013, 2014

There has been an increase in the number of people completing undergraduate nursing courses each year between 2002 and 2013.

**Table 3**  
**Undergraduate Course Completions 2001-2013**

Year	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Completions	5074	5269	5280	5620	5628	6088	6661	7178	7249	7443	7903	8425	9012

Source: Higher Education Statistics uCube

However, the improvement in the numbers of nursing graduates is considerably negated by the lack of employment opportunities for new graduates.

There are insufficient university places for those eligible people wishing to undertake a nursing course. Figures from the Department of Education shows that over 5,000 nursing applicants missed out on an undergraduate nursing place in 2013.<sup>1</sup>

<sup>1</sup> Department of Industry, *Undergraduate applications, Offers and Acceptances 2013*, Table 20, page 25



## 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. And 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 recognise there is a place for temporary skilled migration programmes to meet short term and unexpected skill shortages.

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, there are safeguards and protections for both local and overseas workers.

The ANMF supports of a robust and transparent labour market testing regime; parity in wages and conditions at the enterprise for local and offshore nurses and an English language standard of IELTS 7.

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 snap shot of temporary migration and nursing

Many developed countries, including Australia scan the globe for potential employees and aggressively recruit permanent and temporary nursing labour from many countries including the UK, India & other parts of Asia, Africa and within the pacific region.

Nursing features strongly in skilled migration programmes including the subclass 457 and 442 visa programs as well as other temporary and permanent visa grants.

We set out below tables on permanent and sub class 442 and 457 visas granted to overseas nurses from 2005/06 to 2013/14. Please note that since the introduction of ANZSCO in 2010 (formally ASCO) there are now 14 Registered Nurse occupations which international nurses can be nominated under, e.g. Medical, Aged care, Educator, Nurses practitioner, Community Health and so on. We also provide below international nursing students numbers from 2010 to 2013.

**Table 3: Number of subclass 457 and subclass 442 visa grants to nurses, 2005-06 to 2013-14**

	2005	2006	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14
Registered nurses <sup>(a)</sup>									
457 Business (Long Stay)	2,609	3,011	3,375	3,977	2,624	2,146	3,095	2853	1489
442 Occupational Trainee	88	17	15	80	8	3	23	N/A	N/A
Total	2,697	3,028	3,390	4,057	2,632	2,149	3,118	N/A	N/A

**Table 4: Permanent visa grants, 2005 to 2013-14**

	2005	2006	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14
Registered nurses <sup>(a)</sup>	2161	2174	2478	3492	4133	3400	3160	2930	N/A

(a) ANZSCO code 2544 Registered nurse

Source: Department of Immigration and Border protection administrative data

**Table 5 International nursing student numbers 2010 to 2013**

2010	2011	2012	2013
2790	2500	2472	2669

Source: Department of Education. Higher Education Statistics – Student Data, at <https://education.gov.au/student-data>

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.

Further 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 457, 442 and 485, along with international students and working holiday makers, constitute a significant and growing migrant workforce that has an impact on the domestic nursing labour market.

### **Where are temporary work visas employed 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 sectors facilities. In regard to state and territory government employment over the last two to three years there has been less reliance on offshore employment. The reasons for this include decisions by state and territory governments to reduce nursing staff (e.g. Tasmania and Queensland) or alternatively to make more employment places available for local graduates (e.g. NSW and Vic).



It should be noted that recently the Palaszczuk government in Queensland has committed to employing additional local graduates.

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 impact of Australia's temporary work visa programs on the Australian labour market

While the ANMF supports migration, our union, along with nursing and midwifery professional bodies, are increasingly concerned of the negative impact of the temporary migrant workforce on the employment of domestic graduate nurses and midwives.

Over the past few years there has been a consistent and chronic underemployment of nursing graduates despite the employment of large numbers of offshore nurses.

Thousands of Australian graduate nurses and midwives struggle to find employment in their chosen professions, and in many instances are 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 ANMF estimates that:

- In 2013 60% of Tasmanian nursing graduates were unable to find work;
- In Queensland only around 28% of new nursing graduates secured positions with Queensland Health (Queensland Health 2013, unpublished MOHRI data). In 2014, only 600 of 2500 graduates were employed.
- In 2013 800 graduates in Victoria, 400 in Western Australia and 280 in South Australia could not secure positions.

It should be noted that while ANMF is able to source some data, our estimates on graduate employment and underemployment are primarily drawn from our state and territory branches and from our new graduate members and, although sketchy, the numbers we quote are intentionally conservative.

While accurate and complete data remains very difficult for ANMF to access we understand that Health Workforce Australia estimated that in 2014 15% (around 1100) new nurse and midwife graduates would have been unable to find positions and 45% (around 1500) graduate enrolled nurses would miss out.

***Recommendation on data relating to the employment of new graduates.***

1. *That the Committee recommend that the commonwealth Department of Social Services be directed to obtain from workforce agencies, educational providers and nursing regulatory authorities sufficient data to provide a complete analysis of the employment and underemployment of new graduate nurses and midwives.*
2. *That the commonwealth Department of Social Services make this information publically available annually on the department's website.*
3. *The Committee recommends that the Australian Health Practitioner Regulation Agency publish annually new registrations of nurses and midwives on temporary work visas.*

**Stories from new graduates**

In April 2014 , As part of the ANMF campaign to raise awareness of the parlous employment situation facing many new Australian graduates, the union called on new graduates to tell their stories.

This call was placed on the ANMF Website and Facebook page ([www.anmf.org.au](http://www.anmf.org.au)) and included a feedback questionnaire which forms *Attachment 2* to this submission.

In the few short weeks that the material was on the website the response was overwhelming with over 200 nurses taking up the opportunity

The questionnaire responses set out at *Attachment 3* of this submission paint an appalling and unacceptable picture of new graduates struggles to obtain work.

A scan of the questionnaire responses confirms:

1. Large numbers of new graduates fail to find employment in their field.



2. Many graduates receive numerous employment rejections, in one case over 70.
3. Most graduates fortunate enough to obtain employment are engaged on a precarious basis through agency , part time or casual arrangements
4. Many graduates go to extraordinary lengths to obtain work, for example by moving interstate and separating themselves from their families.
5. Most new graduates are saddled with a HECS debt and many believe their university course was a waste of money.
6. Most employers named in the questionnaire as rejecting new graduates use temporary offshore labour.

In addition, the feedback questionnaires, a number of new graduates took the time to provide further detail of their own experiences.

A sample is set out below:

**EXAMPLE 1 – Postcode 4352**

*I have applied for over 60 registered nursing positions in every area of nursing. I have tried contacting most of the employers to ask for feedback and have not heard back from them. Most of the times I have replied, they haven't even made the effort to let me know the outcome of my application even when I have made the effort multiple times to contact them (with no answer or reply). The few employers who have made the effort to inform me of my application outcome told me the reason I had not received an interview is because of my lack of experience (even though the jobs didn't specify that you actually needed experience). I stressed to employers that I was keen and willing to learn however that was not enough to even gain an interview. Despite applying for over 60 registered nursing positions, I have not gained even one interview. My resume and cover letter are not the problem as I have had a good friend who has been an English lecturer for many years look over it to make sure it was of a high standard. A lot of places will say, "you need minimum one year experience working as an RN" before they will even consider you. I'm devastated that I don't have a job, even a casual nursing job would be great in any area of nursing. I have spent so much money on my degree and want to do further study however can't obtain any nursing job. How are we supposed to get experience if no one is willing to employ us to get experience?*

**EXAMPLE 2 – Postcode 2904**

*During studies at ACU Brisbane students were told that grad positions were 'a given'. At the end of our year the story changed, we were told that there would be limited positions and we would be lucky to get work. However on the Queensland health website the main promotion of job availability was directed towards staff from overseas. 'Work for Queensland health', promoting Queensland as an ideal place to live. Writing to the then health minister Lawrence Springborg to ask for support for graduates received no response. As I needed to be employed, I applied in Brisbane metro area, remote Queensland, ACT, Melbourne, South Australia and Tasmania. I was fortunate to be offered a grad position in the ACT, however this came with huge personal cost. I have had to leave my husband and two children in Queensland, despite having a job, this also has had a huge personal impact, both emotionally and financially. My husband and I spend significant amounts to travel to see the family and we are virtually paying for two households so there isn't much financial benefit of having a job. I did secure a permanent position, and the job situation in Queensland is still poor with limited*

short term temporary contracts only available. I am not alone; many others in my cohort have had similar stories. I also believe that the universities need to take some responsibility as they offer enrolments that exceed the number of student clinical placements available and as a result feed a glut of grads into a system that doesn't employ them.

#### **EXAMPLE 3 - Postcode 6530**

I graduated in July of 2013, I started looking for a job a year before I graduate as I could tell it was going to be very difficult to find work, especially in metropolitan hospitals. I settled on going completing a graduate rotational program in WA in rural and remote hospitals. (I am very grateful for this opportunity) However, I have felt most the time to be just another staff member as there is constant problems with staffing shortages, I have not received the support required, the graduate co-ordinators are essentially office based and at times there has been no one in the position. The hospital based staff development nurses who are essentially supposed to guide and assist the graduate nurses are often on leave, their time is utilised as a floating staff member due to staff shortages, pooled elsewhere or are not interested in teaching, has been very hard and scary. I am coming up on my final three months and hoping I can go home as I am from the east coast, however I have been looking for post grad jobs it is proving difficult to find a job that asks for anything less than 2 years' experience even in aged care. I feel as if I have chosen to leave my home, my family and friends and live and work in very difficult environments and to still be faced with no work at the end of a very stressful grad year.

I am very disheartened with the prospects of future employment and feel as if I have been lied to when told "oh you're a nurse you can get job anywhere", this statement would be true if I had 3+ years' experience! I believe once people start to retire there will be movement for new nurses or will these organisations just employee experienced overseas nurses to fill the gap. I am all for a multicultural environment, but not when it begins to affect such a large proportion of the local nursing workforce.

#### **EXAMPLE 4 – Postcode 2795**

I worked as an AIN at my local hospital for two years whilst completing my degree. Upon finishing I applied and was successful in gaining a new graduate position, as part of that contract it stated that upon finishing I will be offered a position, if one is available. Well, there was one available, but I was 'not experienced enough' to fill that position among many others I have applied for. I then went on to do a 2nd year new grad rotation, to finish and have nothing, I have applied for several jobs at this same hospital I have been working for, for more than 4 years now to be told that I am too inexperienced, and even one NUM told me that she had a choice from "186 applicants, 185 were Indian, and I want an Australian with more experience than you". I have applied for 14 jobs in the past 18 months! It is emotionally and physically exhausting! I am also a single mother, I need to work to keep food on the table and a roof over our heads! I regret investing so much time and effort in becoming a registered nurse.

#### **EXAMPLE 5 – Postcode 5211**

I graduated as an enrolled nurse approximately 18mnths ago. I did well with both study and placement, but at the end, after 27 job applications I could only get casual shifts in a nursing home. Every other application told me I needed more experience. I was not furthering my education in the job I took, I was rushed off of my feet, always staying back at least a half hr from my shift as it was impossible to complete the work load. I then took a permanent position out of main stream nursing now so I have a regular income as I have a mortgage, but I cannot further myself in the job. The longer I stay, the harder it will be to re-enter mainstream nursing and assistant nursing are now being trained to do my job. I am the third generation of nursing in my family, and I cannot believe how hard it is to get work as a nurse, yet alone a position which will allow you to grow your knowledge as you work. What we are taught in our studies isn't true. We are told we will continue to learn on the job. But no, we are expected to walk in the door with at least 5-10yrs of experience under our belts. If that is what is required, it needs to be provided in our study. I am so disappointed that after 18months of continual applications to within 1hrs drive of my home, and asking to do further placement "FREE" to refresh my skills. (Yes that's right, I can't even "VOLUNTEER" my service to learn), I am still out of luck. I am now considering leaving nursing as I feel that I am falling behind the ball. Even new students have more skills than I now have as at least their skills are fresh. What I do have is a passion for nursing that is stronger than most of my fellow nurses but that unfortunately doesn't help you get your foot in the door. Where I go from here I'm unsure. I have considered completing my RN, however I could then end up the same as some of my friends who have a huge HECS debt, no GNP, then no job.



*Now can someone with so much more knowledge than I tell me "WHY" we are going to have a shortage of nurses in the future, because apparently no-one in a decision making role is able to see the obvious.*

### **Graduate Nurses and Midwife Survey 2015**

In late 2014 the ANMF conducted a similar exercise of graduate nurses and midwives who had successfully completed their studies in 2014 to ascertain their employment opportunities for 2015. The survey was conducted over 10 days, closing on 11 February 2015.

Of the 366 responses 125 respondents indicated they had been unable to gain employment and, of those with work, only 15% had been offered employment on a permanent basis.

Unfortunately the questionnaire responses revealed a number of standard responses by employers to new graduate applications that included:

- No offer of employment due to lack of experience;
- Without completion of a 'new graduate program' can't get work;
- Lack of jobs available for new graduates;

A more comprehensive report on the questionnaire forms Attachment 4 to this submission.

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.

The ANMF considers the failure of our economy 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 policy environment that makes possible access to offshore labour when a Australian worker is not available to fill a position and the available supply of new graduates to our health , aged care and community services industries. We urge the Committee to make recommendations for appropriate changes to regulation that would strengthen the requirement for employers to utilise local workers before going offshore.



The failure of new graduates to find work can have devastating consequences for them because the NMBA Annual recency of practice registration standard **requires nurses have a minimum of three months full-time equivalent practice in their profession**. Many new graduates without ongoing, permanent employment have difficulty meeting this requirement, risking their registration. Without registration new graduates cannot work as a nurse. (See Nursing and Midwifery Board of Australia Recency of Practice Registration Standard 2010 <http://www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx>)

Putting aside the demoralizing and devastating effect this has on new graduates who are unable to find work after undertaking a three year tertiary course, it 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 systems.

If not stemmed, this will represent a lost generation of Australian graduates to the Australia health and aged care sectors.

#### **Recommendations of new graduate employment**

1. *Every nurse or midwife graduate should be afforded and guaranteed access to a graduate programme. This is a priority to ensure the next generation of nurses and midwives are retained in the sector.*
2. *Each employer of a nurse on a temporary work visa shall be required to employ one graduate nurse on a full time basis for each nurse at the enterprise employed under a temporary work visa.*
3. *A 457 sponsor of nurse labour shall be entitled to a direct payment from the commonwealth in recognition of the start-up costs and administration of graduate programs.*

#### **Terms of Reference (b)**

##### **The impact of Australia's temporary work visa programs on training and skills development**

##### **The importance of nurse graduate placement programs**

Following completion of an undergraduate program leading to registration, nurses and midwives face varying challenges transitioning into the professional workforce. Nursing and midwifery graduates 'transition into the profession with a vast amount of theoretical knowledge, however, they require further consolidation of their clinical skills to become a skilled practitioner. Graduate or Transition programs are identified nationally as an effective

way to deliver support for newly qualified nurses and midwives moving from the academic environment into the workforce. These structured programs are developed and implemented by the employer and are usually 12 months in length. It is considered essential and well established that newly qualified nurses and midwives require quality support in this transition period.

Increasingly employers are reducing graduate nurse programmes in favour of a greater reliance and utilisation of temporary overseas workers. This trend has serious implication for workforce planning and the effective use of local employment.

As to the general training obligations on employers who utilise overseas workers, ANMF submit they are ineffective and do nothing to encourage such employers to utilize 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, other training resource 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 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 this requirement for mandatory continuing professional development.

***Recommendation on training obligations***

*At least 2 per cent of the total gross wages for the sponsor's total nursing workforce be expended on training directly linked to the requirement for nurses to undertake continuing professional development.*

**The importance of an English Language Standards (IELTS)**

The IELTS standard for nurses and midwives in Australia is 7.

The English language skills registration standard mandates that all enrolled nurses, registered nurses and midwives practicing in Australia must communicate effectively in English: listening, reading, speaking and writing with the people for whom they provide care, and other health professionals about the care of those people.

The English language skills registration standard details the English language proficiency requirements that everyone applying for initial registration in Australia must demonstrate to be eligible for registration as a nurse or midwife.

The ANMF participated in the development of the English language skills registration standard and continues to support the standard set by the NMBA. The Federation promotes safe, competent practice by nurses and midwives, maintaining that registration standards governing this practice must be both fair and equitable to health professionals and serve to protect the public.

We wish to emphasise to the Committee that meeting IELTS 7 is a requirement that is over and above successfully completing a nursing or midwifery qualification in Australia or obtaining an overseas qualification that may be recognised in Australia.

Unfortunately there have been serious adverse patient outcomes arising from care provided by registered nurses who have insufficient grasp of the English language.



An example below illustrates this:

*Mr XXXX is a 32 year old man who was born in India. His first language is Gujarati. In India he obtained tertiary qualifications, including a post-graduate qualification in Biotechnology. In 2009 he successfully completed a Bachelor of Nursing Degree at the University of Western Sydney, and was first registered on the National Register of Health Practitioners on 28 January 2009. Following his registration he obtained employment as a registered nurse at the XXXXXXXXXXXX where he had previously worked since 2007 as an assistant in nursing. On 25 May 2009, shortly after his first employment as a registered nurse, Mr XXXX gave a 79 year old patient, who had recently undergone right hip replacement surgery, a green liquid from a bottle marked with the label "Cardizem Capsules 180mg. take 1 p.o. daily." The green liquid was "Morning Fresh" liquid dishwashing detergent, and was regularly used by the patient at his home to clean his dentures.*

*A complaint about Mr XXXX actions in respect of the administration of the dishwashing detergent came to the attention of his supervisors, as did concerns that his English language skills appeared inadequate for those required by a registered nurse. These complaints eventually led to the then NSW Nurses and Midwives Board ("the NSW Board") placing conditions on Mr XXXX registration on 1 October 2009. These conditions required inter alia that Mr XXXX only administer medication under direct supervision of a registered nurse and that he notify any employer of this condition.*

*In September 2010 the NSW Nursing and Midwifery Council ("the Council") imposed an additional condition on Mr XXXX registration, namely, that he complete, before 7 December 2010, an academic English competency examination, the International English Language Testing System ("IELTS"), with a minimum score of 7 in each of the four components (listening, reading, writing and speaking).*

*Mr XXX did not successfully complete the IELTS examination. As a consequence, in February 2011, the Council advised Mr XXX it proposed to impose two conditions under s150(1)(b) of the National Law, namely, that he not practise nursing (that is, that his registration be suspended) and that he must complete an academic IELTS with an overall score of 7 in each component before 31 August 2011.*

*In six attempts Mr XXXX failed to achieve an overall score of 7.*

*(HCCC v XXXX 2013 NSWNMT) (As paraphrased by ANMF)*

### Terms of Reference (c)

**Whether temporary work visa holders receive the same wages, conditions, safety and other entitlements as their Australian counterparts or in accordance with the law;**

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 ensures that temporary work visa holders receive the Australian minimum standards and discourages employers from seeking cheap offshore labour.

It is important to observe that these industrial arrangements were introduced quite recently, in response to community concerns of the exploitation of migrant workers.

Up to 2006 temporary work visa arrangements were synonymous with the abuse and rip-off of migrant workers. Temporary migrant workers were vulnerable to exploitation because their industrial rights were less than local workers and their rights as citizens were virtually

non-existent. The ability of the migrant worker to continue working in Australia primarily depended having an employer who was prepared to continue the sponsorship arrangements. For the worker to step forward and complain meant taking a significant risk and one that could lead to a withdrawal of their sponsorship and ultimately deportation.

Exorbitant deductions from wages for administration costs, educational costs and other costs common place and these monies were often deducted from the worker's pay without their agreement. And while authorised deductions from employee's wages has always been illegal, because of the visa status and the threat of the loss of sponsorship, most employers took these monies in the confidence they would not be challenged.

A public outcry over the levels of exploitation of migrant workers led to the establishment of an independent review in 2008 by Commissioner Barbara Deegan, an officer of Fair Work Australia.

The Deegan Review of the 457 program identified a range of exploitative practices occurring within Australia against skilled migrants, including:

- "not being paid overtime;
- working longer hours or days than non-visa employees;
- limited access to sick leave and dismissal if the Visa Holder takes sick leave;
- dismissal because the visa Holder is pregnant;
- dismissal for taking leave to care for a sick spouse or child;
- overcharges on rent or other expenses organised by the employer; and
- sexual harassment".

*(Deegan, B. (2008). Visa subclass 457 integrity review: Final report. Canberra: Department of Immigration and Citizenship: p6. [https://www.immi.gov.au/skilled/skilled-workers/\\_pdf/457-integrity-review.pdf](https://www.immi.gov.au/skilled/skilled-workers/_pdf/457-integrity-review.pdf))*

A number of the Deegan Review recommendations were introduced by the Rudd Government in 2008/2009. These included the introduction of market wages, the relaxation of sponsorship requirements and removing ANZSCO 5-7 occupations from the 457 lists. All of these changes ANMF would submit had a significant positive impact on migrant nurses as well as reducing of non-compliance by sponsors.

Now this is not to say that they are not suffering exploitation – nursing is an occupation which is low paid, has poor working conditions; they work long unsocial hours, often without appropriate compensation. It's no picnic being an Australian nurse or a migrant nurse in Australia

However, notwithstanding the 2008/9 improvements, we submit in 2015 there remain serious deficiencies principally related to the temporary nature of the employment; employer sponsorship as well as the absence of any real form of labour market testing (LMT), all of which encourage exploitation.

In addition we note that nurses with temporary work visa arrangements often struggle to come to grips with a new working environment, different cultural mores and often having to work in positions that are of a lower status than they experienced in their country of origin. In addition they are sometimes faced with discrimination and bullying from local nurses and other health care workers who resist or simply do not accept them. The ANMF is working hard to educate our officials and our members and bring about change where needed.

#### **Financial Exploitation of nurses with temporary work visa arrangements seeking permanent citizenship**

ANMF estimate that over 70% of 457 nurses become permanent residents (PR's) within the first 12 months of their temporary employment.

It is typically the case that the temporary migrant nurse will spend a period of time assessing the work place and community prior to seeking a permanent arrangement in Australia.

In our submission this approach is encouraged by the current policy settings that prioritize applications for temporary visas over permanent citizenship.

While ANMF is not necessarily opposed to this “try before you buy” approach to migration we are concerned of the increasing instances of employers/sponsors seeking to gain financially from temporary visa holders who apply for permanent citizenship while in Australia.



ANMF is aware of recent examples of a residential aged care employer in Victoria charging a fee for a 457 sponsorship and many thousands of dollars for the employer to sponsor temporary migrants for permanent residence.

We understand the payments sought are over and above any fees and incidental costs of such applications and are no more than base and predatory exploitation of vulnerable workers.

The ANMF would submit that the Committee recommend it be made unlawful for a sponsor to be paid by visa applicant for a migration outcome.

We welcome the opportunity to present direct verbal evidence from the effected migrants to the Committee of these predatory practices.

### **Labour market testing**

The ANMF supports the provisions for labour market testing as provided in the *Migration Amendment (Temporary Sponsored Visas) Act 2013*.

And notwithstanding recent comments from the current government we understood that the labour market testing regulations simply 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 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 supports labour market testing as an important feature of the temporary migration programmes 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 off-shore 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 exist, this narrow and unrealistic approach to attracting domestic labour is more often than not unsuccessful.

Unfortunately the labour market testing regulations do not stipulate the minimum content of a job ad as evidence of convincingly pursuing local labour.

In our submission such ads should include:

- The job title
- Main duties and responsibilities of the job
- The location
- Necessary skills, qualifications and experience
- Salary and conditions.

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. It is now becoming commonplace to see 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.

In support of this view, we note that in general overseas nurses normally take between 2 and 3 years to adapt to the Australian nursing workplace systems.

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 needs 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.

In the absence of an effective labour market testing regime the ANMF submits that caps on the numbers of temporary migrants with work rights in Australia be established. The caps would be determined by a tripartite body comprising government, employer and union representatives on an annual basis by occupation, having regard to the labour market needs in regional and metropolitan settings. The establishment of limits on the numbers of temporary migrants with work rights based on an analysis of the labour market will ensure improved outcomes for both employers and employees.

*ANMF April 2015*

*Attachment 1 - ANMF Policy on International Recruitment*

*Attachment 2 - ANMF New Graduates Employment Feedback Survey*

*Attachment 3 - New Graduates Employment Feedback*

*Attachment 4 – ANMF 2015 Graduate Survey Report*





## 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 permanent part of an employer's strategy to solve work force shortages.

The global shortage of nurses and midwives can only be adequately addressed by Governments acknowledging the issue and at a local level by implementing strategies that properly plan and manage the domestic nursing and midwifery workforce.<sup>1</sup>

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 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. Migration programs should not be used as a primary strategy to overcome nursing and midwifery shortages in Australia.
3. Governments should commit more resources for workforce planning, education and improving pay and conditions in order to attract and keep nurses.
4. Employers wishing to recruit nurses and midwives internationally must demonstrate:
  - they have introduced a range of strategies aimed at attracting, recruiting and retaining nurses and midwives residing in Australia; and
  - they will provide internationally recruited nurses and midwives with employment conditions the same as those offered to nurses and midwives in Australia.
5. Prior to the recruitment of international nurses and midwives, employers must exhaust all avenues to employ nurses and midwives domestically.
6. 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;
  - Equal pay for equal work;
  - Freedom from discrimination; and
  - The right to be informed regarding freedom of association;
  - Assistance to meet the necessary English Language Skills Registration Standard of the Nursing and Midwifery Board of Australia.



7. Procedures for the assessment of nursing and midwifery applications from other countries must be equitable and fair, be based on nationally agreed proficiency in the English language, determine clinical competence, and recognise previous experience and prior formal educational qualifications.
8. Employing agencies must exhaust all avenues to employ specialist nurses and midwives residing in Australia prior to seeking specialist nurses and midwives from other countries.
9. The ANF Federal Office will become 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.

endorsed June 1998  
reviewed and re-endorsed November 2004  
reviewed and re-endorsed December 2007  
reviewed and re-endorsed August 2008  
reviewed and re-endorsed June 2011

---

#### Reference

1. World Health Organisation 2003 *International nurse mobility, trends and policy implications* Geneva p.5



### New Graduates Employment Feedback Survey

The purpose of this survey is to hear from nurses and midwives their experiences in obtaining work after graduation.

This information will form part of the ANMF submission to the government review of regulations applying to employers wishing to obtain workers from overseas. Please note that we will not disclose any of your personal details (such as your name) without your permission.

Email

First Name

Last Name

Postal Code

1. Are you a...?

- ☐ Registered Nurse  
☐ Enrolled Nurse  
☐ Midwife

2. Where did you complete your undergraduate nursing/midwifery education?\*





10. Would you like your personal details (eg. name) to remain anonymous?\*

☐ Yes

☐ No

☒ Subscribe to our email list

\* denotes required field





## NEW GRADUATES EMPLOYMENT FEEDBACK SURVEY

Where did you complete your undergraduate nursing/midwifery education	When did you complete your undergraduate nursing/midwifery education?	Could please list up to five employers where you were unsuccessful in obtaining employment	Are you working now?	If you are working how long did it take you to obtain your first nursing job?
Edith Cowan University	2012	SCGH, PMH, RPH, JHC, Kalgoorlie Regional Hospital	No	but due to budget cuts they were unable to renew my contract, so now I'm unemployed. I have now been out of
University of South Australia	2013	Health SA, Lyell McEwin, RAH, Flinders, QEH, Southern Cross Care	No	Not working
Edith Cowan University	Jan-14	Rockingham GH, Armadale GH, Peel Health Campus, St John of God Murdoch, Armadale Hospital Peri-op	Yes	2 months, but I am casual. Some weeks I only get 1 shift
Monash University, Peninsula Campus, Frankston Victoria	2013	I withdrew from computer match early as I received a private offer, but I applied to: Peninsula Health, Monash Health, Eastern Health, St Vincent's Private and Alfred Health.	Yes	This is my graduate year still
Curtin University of Technology	Dec-13	Fertility of WA, Baptist Care Australia, Joondalup Health Campus, Hammond Park Family Practice, Perth Sleep Clinic	Yes	4 months
Edith Cowan University (Joondalup)	Dec-13	WA Dept of Health - Moora, WA Dept of Health - Kondinin, SJOG Subiaco, Aegis - The Pines, Ellenbrook, Ramsay - Joondalup health Campus	No	Not Working
Victoria University	Start of 2013	The Northern Hospital, Frances Perry House, The Women's Hospital, Barwon health - Geelong Hospital Ballarat	No	I am still trying. Looking into completing study days etc so I don't lose my skills. However, I wish I was given a chance to apply and enhance my existing skills to practice ASAP.
University of Technology Syste UTS	2012	1) HCA Nursing Agency formerly known NAA previously worked as EEN 2) GrdPlus New Grad Program for private hospitals 3) Ramsay health Care?North Shore 4) NSW Gov Health New Graduate Program 5) Many local nursing homes, local news paper Registered Nurse advertising adds 6) Manly Waters 7) Manly, Mona Vale, Royal North Shore Hospitals, their casual pools 8) Many Nursing Agencies around Sydney	No	No
USQ	Nov-13	WA Health; Qld Health; Bluecare; St Vincents; St Andrews	No	N/A
Flinders University	2013	SA Health GNP, NSW Health GNP; A variety of aged care centres, I have applied for nearly every single position that I have seen that does not a requirement to have had at least 12 months paid experience as a nurse	Yes	Despite agencies usually requiring paid work experience I have managed to get into a nursing agency (with the assistance of my mother who is also a nurse) however I have only been able to get 4 shifts in 3 months with the agency and the majority of those shifts have been mental health specials.
Edith Cowan University	Dec-12	Geraldton Hospital, Aegis Aged Care, Southern Cross Care, Hollywood Hospital, Hall & Prior	No	N/A
Flinders University	Nov-13	Royal Adelaide Hospital, Queen Elizabeth Hospital; Lyell McEwin Hospital, Repatriation Hospital, Flinders Medical Centre	No	Have not acquired a nursing job yet.
University of the Sunshine Coast	2011	I have 74 rejection letters ranging from WA, SA, NSW and QLD. Both public and private hospitals.	Yes	Two months.
University of Ballarat	2012	Melbourne RCH, Ballarat Base Hospital; Peter MacCallum, Geelong Hospital, Eastern Health	Yes	1 and a half year only just been offer a graduate position!
Queensland University of Technology	2013	Queensland Health, Blue Care, Anglicare, Uniting Care and Mater	No	Still trying to get one
Queensland University of Technology	2013	the Mater Mother's Hospital, the Mater Children's Hospital, Pindara Private Hospital, John Flynn Hospital, The Wesley Hospital, St Andrews's Hospital, Gold Coast Hospital	No	Not working as an RN
Edith Cowan University (Joondalup)	Dec-13	WA Dept of health - Moora, WA Dept of Health - Kondinin, SJOG Subiaco, Aegis - The Pines, Ellenbrook, Ramsay - Joondalup health Campus	No	Not working.
Victoria University	Start of 2013	Northern Hospital, The Frances Perry House, The Women's Hospital, Barwon Health-Geelong Hospital, Ballarat.	No	I am still trying. Looking into completing study days etc so I don't lose my skills. However I wish I was given a chance to apply and enhance my existing skills to practice ASAP.
Latrobe University Bendigo	2013	Castlemaine Health, Heathcote Health, Bendigo Health - main stream.	Yes	I am still in my graduate year.
University of New Castle	2013	Successful in obtaining new graduate position. Have to wait till August 18, 2014 to start. I able to work within QLD health unless I have 6 months RN experience. Unable to apply to practices and clinics ad they require experienced staff.	No	Still waiting to start.
ECU	Aug-13	Bentley Health Service, Narrogin Hospital, Silver Chain Nursing, St Ives, Juniper	No	N/A
USQ	Nov-13	WA Health, Qld Health, Bluecare, St Vincents, St Andrews	No	N/A
Edith Cowan University (Joondalup)	Graduated Jan 2014	Fremantle Hospital, Hollywood Private Hospital	No	Still seeking employment.
Edith Cowan University	Dec-12	Geraldton Hospital, Aegis Aged Care, Southern Cross Care, Hollywood Hospital, Hall & Prior	No	N/A



Where did you complete your undergraduate nursing/midwifery education	When did you complete your undergraduate nursing/midwifery education?	Could please list up to five employers where you were unsuccessful in obtaining employment	Are you working now?	If you are working how long did it take you to obtain your first nursing job?
University of Queensland	2012	Mater Mothers Hospital	Yes	I was employed by graduation of my degree.
University of South Australia Mount Gambier Campus	Jul-05	Nil employ straight into a graduate program finding it hard to find work now completed	Yes	Weeks only as a casual position with minimal work.
QUT, Brisbane	Nov-13	the Wesley (Brisbane), the Royal Melbourne Hospital, the Alfred, St Vincents (Melbourne)	Yes	I was offered 5 grad programs including the one I am in now. I had a job before graduation.
UTAS Launceston	2012	Calvary Tasmania	Yes	I started a week after my registration came through.
QUT	Nov-13	Qld Health, the Alfred - Melbourne	Yes	Before graduation.
University of Southern Queensland, Toowoomba, Queensland	Nov-13	I have called several hospitals and none will accept my resume.	No	N/A
University of New Castle	Nov-12	St Vincents Public, Hawkesbury District Health Service, St Vincents Private Hospital, Canterbury Hospital, Concord Repatriation General Hospital	No	N/A
Queensland University of Technology	Dec-13	Ramsey Health Qld, Vic, SA, Tasmania Department of health, Royal Sydney Northshore Hospital	Yes	Started my job 2 months after graduation.
Queensland University of Technology - Kelvin Grove	Completed in Dec 2013	Greenslopes, Mater Women, Mater Childrens, Queensland Health, Children's Hospital	No	Not given the opportunity to get a job as most employers want someone that has experience. How do we get the experience without a fair go.
Flinders University	Dec 2013 graduation April 16th 2014	Flinders Hospital, Numerous agencies, Victor Harbor Hospital, Women's and children's, Royal Adelaide Hospital	No	I am still looking for a position. I have been told my resume is good but I have no nursing experience and once I do please call back.
Queensland University of Technology	2013 Dec	Mater Private Hospital, Blue Care, Brisbane Private Hospital, Regis Group, Royal Brisbane Hospital	No	I am not working as a RN at the moment.
University of Wollongong	Dec-13	Wollongong Hospital, Sutherland Hospital, Hurstville private, Kareena private, St George public	Yes	2 months
University of Wollongong	Dec 2013 graduation April 16th 2014	NSW Health (all areas)	Yes	1 month, though very fluke, if had not got this position interstate would most likely still be looking.
QUT	Jul-13	Qld Health cancelled my interview at Logal Hospital mid year and then did not offer me an interview at the end of the year, John Flynn, Wesley, NSW Health and North Shore Private Sydney	Yes	1 month at a nursing home, 7 months for grad program
QUT	2013	Logan Hospital, Medibank health, RSL Care, Regis, Corestaff Mt Isa	No	N/A
University of Western Sydney	2012	Nepean Hospital, Westmead Hospital, Orange Base Hospital, Liverpool Hospital, Blue Mountain Hospital	Yes	2-3 month. It's in a medical centre not a public hospital and only because a friend of mine introduce me.
Charles Sturt University Bathurst	2011	Bathurst Base Hospital - on more than 4 occasions, Western Medicare Local, Whiddon Group, Tanderra Nursing Home Lithgow	No	N/A
Queensland University of Technology (Kelvin Grove)	2012	Bupa, Holy Spirit Northside, Bluecare, Ozcare, Qld Health	No	I am currently halfway through my grad program and have no idea if I will have a job once its finished.
QUT	Last December	QLD health, Ramsey, Bupa, Wesley, Mater	No	N/A
ECU	2010	pmh, Joondalup, RPH, SCGH, OPH	Yes	Offered p/t work in Mental Health following inception of first 12 month grad program MNAHS MH, straight into post grad MHN, also Nurse West prior to obtaining f/t work NMAHS MH, currently ASDN
Victoria University, St Albans Campus	2012	Sunshine Hospital, Northern Hospital, Werribee Mercy, Epworth Freemasons, Goulburn Valley Hospital	Yes	It took me 2 years and over 50 interviews to obtain a casual position at a hospital.
Victoria University	2012	Eastern, Western Health, Southern Health, Mercy Hospital for Women	No	N/A
La Trobe Bendigo	2013	Bendigo Health, Heathcote Health, Northern Rivers Program, St John of God Hospital Bendigo, Kilmore Health	Yes	I managed to obtain a Graduate program in the first week of February at Echuca Community for the Aged.
Victoria University	2012	Epworth Freemasons, the Women's, Sunshine, Cabrini, the Mercy	No	Not working
ACU	Dec-13	St Vincens Private Hospital, Canterbury Hospital, Westmead Hospital, Royal North shore Hospital, St George Hospital	No	N/A
Kings Unitech, Qld	Nov-13	Qld Health, Arcare, Tricare, IPN Clinics, Homestead Nursing Centre Qld	No	N/A
La Trobe University, Melbourne	Nov-13	Alfred Hospital, St Vincent's Hospital, Peter Mac Centre, Royal Melbourne Hospital	No	I am still looking for work.
QUT	2008	Princess Alexander, Greenslopes, Holy Spirit Hospital, Brisbane Private, Uniting Care Hospitals	Yes	1 and half years
GCIT	3/11/2013	Pindara Private - Benowa, Gold Coast Hospital - Southport, Domain Aged Care - Ashmore, Highlands health Centre - Highland Park, Allamanda Hospital - Southport	Yes	5 months



Where did you complete your undergraduate nursing/midwifery education	When did you complete your undergraduate nursing/midwifery education?	Could please list up to five employers where you were unsuccessful in obtaining employment	Are you working now?	If you are working how long did it take you to obtain your first nursing job?
University of Notre Dame, Fremantle	Dec-13	Fremantle Hospital and Health Service, St John of God Subiaco, St John of God Murdoch, Alfred Carson lodge Claremont	Yes	3 months
University of Technology Sydney	2013	The Mater Hospital, Mona Vale Hospital, Royal North Shore, The SAN	Yes	Not working in a nursing position
Edith Cowan University	2013	Sir Charles Gairdner Hospital - multiple pools and graduate program, Mater Hospital graduate program south brisbane	No	N/A
Queensland University of Technology	Jul-13	Queensland Health Royal Brisbane Hospital, Mater Hospital, Wesley Hospital, Greenslopes Private Hospital	Yes	I am still completing my graduate program and I am looking for work back home. But a lot of the job advertisements state 2 plus years experience even in aged care which is going to be difficult to find work after the program is completed.
Queensland University of Technology	Dec-13	Uniting Care, Mater, St Vincents	No	I am currently on a waitlist for a grad program at the Royal Brisbane and Women's hospital. I have not been told which clinical area or the commencement date. I was interviewed for a position in ED but have no information if I am waiting for a position there or if I am in the general pool of applications.
TAFE Tasmania	2013	RDNS in Vic, Bishop Davies Court, LGH, Hobart Private, RHH	Yes	Not employed as an EEN but as a PCA casually
University of Queensland	Dec-13	Cairns and Townsville both public and private sector, Tasmania, north and west, Harvey bay, western Queensland Perth, Broome, Longreach, Roma, Stanthorpe, Mackay, Bundaberg, North Queensland, Weipa, Atherton, many more.	Yes	1 month. I followed up every lead, and continued to re-approach Nurse Managers I had written to as results became available. I had also received great feedback from some organisations regarding where to look further
Kangan Institute of TAFE	Dec-13	Melbourne Health, Bendigo Hospital, Royal Melbourne Hospital, Northern health, Blue Cross Aged Care	Yes	3 months. It's with an agency though as struggled to find a job in a hospital without experience.
ACU Melbourne	Nov-13	Eastern Health (Vic)	Yes	I received a Grad program offer through the PMCV computer match on Oct 15, 2013 and commenced Jan 28, 2014 (I cannot answer about the job offer after grad prgram because I'm still doing it)
Gold Coast, Queensland	Gold Coast, Queensland	Qld Health	Yes	Yes after New Grad I was casual for 6 months with as little as 18 hours a fortnight. I have since moved interstate, again, for a permanent position. Very lucky!
Deakin University	2011	St Vincents, Eastern Health, Cabrini, Ramsay, Western health (I also applied to a number of aged care groups)	Yes	Almost 2 years after completing my degree. I did my honours after obtaining my degree as I could find no employment. after my honours I worked for about 8 months as a pca before I was employed as a division 2 nurse in an aged care facility given my lack of experience. sadly, within my circle itself, there are five of us who are working below our qualification because we are inexperienced and unable to obtain graduate nurse programs.
University of Western Sydney	Dec-13	Nepean Hospital, Westmead Hospital, Blacktown Hospital, Mount Druitt Hospital	No	N/A
University of Canberra	2013	The Canberra Hospital	Yes	Upon graduation
Deakin University	2012	Eastern health, Epworth Richmond, Epworth Eastern, Knox, Warringal Private, John Fawkner, Cabrini, St Vincents Private	Yes	Still working as an Enrolled Nurse where I started 9 years ago.
Griffith University - Brisbane	2013	Queensland Health	Yes	Not working in a nursing job - continue in my previous administration job with QH
ACU Brisbane	2012	Royal Brisbane Hospital for Women, Redcliffe Hospital, Gold Coast Hospital, Logan Hospital, Mater Hospital	Yes	3 months. However I have had to relocate interstate leaving my house, husband, and two children behind.
University of Tasmania	Apr-13	Concord Hospital, Bankstown Community Mental Health, Blacktown Community Mental health, RPA Hospital, Liverpool Hospital	Yes	Graduated April 2013. Took an Occupational English Test last October 2013. Then applied for RN jobs, after 6 months a Nursing Agency took me for training in Nursing Home & started job in on call basis. Still looking for permanent job
Murdoch University	2013	St Charles Gardiner, Peel health Campus, SJOG Murdoch, Rockingham, SJOG Subiaco	Yes	Immediately at private hospital.
CQU	2013	Qld Health, Uniting Care, Ramsay Health, Mater Health, Regis Healthcare	Yes	approved prior to graduation. Commenced in February.
Overseas	1989	N/A	Yes	Not long
Deakin University	2013	St John of God Hospital Geelong, Barwon Health Geelong	Yes	I organised my own casual work at St John of God. Barely ever get shifts.
Currently in my 3rd year of my Bachelor of Nursing Degree. I am studying at the Mt Gambier University of South Australia Campus	Same as above	N/A	No	N/A
Monash University	Dec-13	Monash Health, Eastern Health, Peninsula Health, Epworth, St Vincents, Ramsay Health	Yes	Currently in SA working in a TPPP Graduate program. Unable to secure a grad program place in Victoria. After TPPP finishes I have no idea how long it will take to secure an ongoing job
ACU Melbourne	2013	Epworth Freemasons, Mercy Heidelberg, Mercy Werribee, Frances Perry, St Vincents	No.	I never gained employment as a midwife and have returned to study nursing



Where did you complete your undergraduate nursing/midwifery education	When did you complete your undergraduate nursing/midwifery education?	Could please list up to five employers where you were unsuccessful in obtaining employment	Are you working now?	If you are working how long did it take you to obtain your first nursing job?
UNISA	2012 Aug	SA Health, ECH Group, ACH Group, Uniting Care, Eldercare	Yes	3-4 months
Navitas Health Skills Australia	Oct-13	Southern Health, Eastern Health, St Vincents, Murrumbidgee Aged Care, Adventist Aged Care	No	Currently applying to Belmore
Gold Coast Institute of TAFE	Dec-13	N/A	Yes	I am currently on a 12 month grad. Programme that commenced in Feb 2014.
University of South Australia	2013	St Vincents Public, St Vincents Private, Monash Health, Royal Melbourne Hospital	Yes	Currently undertaking graduate year on a 1 year contract.
Australian Catholic University - St Pat's campus	2012	the Alfred, St Vincent's Private	Yes	There was a gap between finishing my grad year and commencing the role I am currently in.
Curtin University	Dec-13	Royal Perth Hospital, Joondalup Health Campus, Hollywood Private Hospital, Rockingham Hospital, Bentley Hospital	No	N/A
Queensland University of Technology	2013	Qld Health, Uniting Care, Ramsey Health, Blue Care, Regis	Yes	6 months
University of Western Sydney	Dec-13	New grad at Liverpool Hospital, Westmead Private, Calvary Mater Newcastle, St Vincent, Nepean Hospital	No	I am still waiting to get a job.
Monash University	Mar-13	I did not seek employment post graduation as I had my grad year commencing in May of 2013	Yes	I have not finished my graduate year
Kimberley	2014	No	No	I am not working
Sunshine Coast University	Nov-12	Queensland Health, Nambour, Sunshine Coast Private Hospital, Bluecare Gladstone, Bluecare Sunshine Coast	Yes	6 months
ACU	2013	Austin Health, Royal Children's Hospital	Yes	6 months
Australian Catholic University	2011-2013	N/A	Yes	2 weeks
Australian Catholic University	2013	The Royal Melbourne Hospital, The Alfred Hospital, the Arcare Aged Care (Brighton), The St Vincent Hospital, Epworth Health	Yes	I just started my work last week.
University of New England	2012	Nil	Yes	Currently employed as a casual RN immediately after completing new graduate position 2/2014.
Australian Catholic University - Fitzroy Campus	2013	Eastern Health, Monash Health, St Vincent's Private, Healthscope, Epworth Rehabilitation Richmond	Yes	4 months after first round offers came out to receive a job offer, 6 months till I started working.
Monash University, Churchill	Dec-13	Royal Victorian Eye and Ear, Royal Womens, Royal Childrens, La Trobe Regional Hospital, Yarram District Health Services	No	Didn't obtain a graduate program. Currently not working as a nurse.
Griffith University	December, 2013	Princess Alexandra Hospital, Prince Charles Hospital, Mater Health Services, Wesley Hospital, Logan Hospital, Ipswich Hospital	No	I am working as an Enrolled nurse, but I can't get a job as an RN anywhere as they want experience RN
Monash	2013	Monash Medical Centre, Alfred Health, Royal Childrens, Cabrini, The Womens Hospital	No	Not working.
University of Canberra	December, 2013	NT - Darwin, Alice Springs and Kathrine, WA - all hospitals I applied too, ACT - The Canberra Hospital and Calvary Health Care	Yes	3 months
University of South Australia	2012	SA Health, Calvary Group, Acha Group	Yes	1.5 years
Australian Catholic University	Nov-13	Hammond Care	No	N/A
ACU	2013	Epworth Richmond Hospital, Werribee Mercy, St Vincents Public and Private Hospital, La Trobe Regional Hospital, Western Hospital	Yes	6 months
University of Adelaide	2011	St Andrews Hospital, Calvary Wakefield, Calvary North Adelaide, Ashford Hospital, Flinders Private	Yes	I got a TPPP straight away at the womens and childrens Hospital but there were no jobs on offer after completion. It then took me 4 months to get a casual position at a rehabilitation centre. I had many rejections before getting it.
Melbourne University	2013	RCH, Northern Hospital, St Vincent's Hospital, Petermac, Eastern Health	No	Haven't got one yet.
Murdoch University Perth	Nov-13	Sir Charles Gairdner Hospital	Yes	Currently completing graduate program.
Griffith University, Nathan Campus	1993	Nil - got position I'd applied for	Yes	Straight away.
University of Tasmania	2012	DHHS Tasmania, Calvary Tasmania, Aged Care and Community Service Tasmania	Yes	Four months.
University of Tasmania - Hobart	Feb-14	DHHS South, Calvary South	Yes	I was offered the position before I completed my studies, however it is in Aged Care which is not necessarily going to assist me in progressing to Midwifery as some institutions require acute care experience.
NSW	1996	None	Yes	Straight after new grad program.
Monash University	2011	Monash, Dandenong, Casey, Box Hill, Frankston	Yes	I had to move to Canberra from Melbourne leaving my kids to work in a supported role as a midwife. 3 months post graduation. Then found a grad yr back in Melbourne 5 months later. So 8 months in total till I gained a grad year to be eligible to work in Melbourne my hometown.
Gordon TAFE Geelong	Dec-13	Geelong Private Hospital, Geelong Hospital, Grace McKellar - Several areas, Leopold Lodge	No	Still trying!
Edith Cowan University Joondalup Campus	Dec-13	Sir Charles Gairdner Perth, Hollywood Hospital, Armadale Hospital, Swan District Hospital, the Mount Hospital	No	Still searching.

Where did you complete your undergraduate nursing/midwifery education	When did you complete your undergraduate nursing/midwifery education?	Could please list up to five employers where you were unsuccessful in obtaining employment	Are you working now?	If you are working how long did it take you to obtain your first nursing job?
ECU Western Australia	Nov-13	Sir Charles Gairdner, Hollywood Private Hospital, Royal Perth, Joondalup, St John of God	No	N/A
University of Sydney	Nov-13	Westmead Hospital, Bankstown/Lindcombe Hospital, Fairfield Hospital, Liverpool Hospital, Royal Prince Alfred Hospital	Yes	4 months
Australian Catholic University	Dec-13	Eastern Health, Cabrini Hospital, Ballarat Hospital, Epworth Hospital	No	I have found the nursing job
USYD	2013	Successful in public and private sector	Yes	Was accepted as a new grad before concluding study.
University of Tasmania	Aug-12	Melbourne Health, St Vincent's Hospital Melbourne, Western Health (Victoria), SA Health, Calvary Health Care Tas.	Yes	3 months
UTAS	Feb-14	Hobart Private Hospital, District Nurses, Nuse Line, Launceston General	Yes	2 months
Monash University	Mar-12	Southern Health, Eastern Health, Knox Private, Waverley Private, Cabrini	Yes	12 months post graduation.
Tas	2012	No	Yes	First application - whilst still completing degree.
University of Tasmania	Dec-13	Ramsay Healthcare, Calvary Healthcare, Joondalup Hospital, Mater Hospital	Yes	A few months.
TAFE Taree NSW	Mar-14	I got a position with the first hospital that I applied.	Yes	I was offered the position while completing my placement during training. I didn't have to complete an interview I just filled in the paperwork and started working there.
Charles Darwin University	2013	Peninsula Health, Epworth Hospital, Bupa Aged Care Nursing/Management Program, Ramsay Health, Leading Aged Care Services, Royal District Nursing Service, Bass Coast Health, Wangaratta Hospital, various other positions interstate (WA & NSW)	Yes	Finished December 2013 and commenced employment in February 2014 as a RN in rural/remote Victoria
Orange, NSW	2010	Northeast Health, Greater Murray Health Service, Wodonga Regional Health Service, Indigo Shire Health Service	Yes	6 months
University of Wollongong - Wollongong Campus	Dec-13	NSW Health (New Grad program), NSW Health (1st year RN), Charterhouse Medical, Campbelltown Medical Centre (due to the other applicant having one years experience), Warrawong Medical Centre	Yes	Started applying in





## Graduate Nurse and Midwife Questionnaire February 2015

The ANMF conducted a survey of 2014 nursing and midwifery graduates to provide a snapshot of information on employment opportunities for newly graduated nurses and midwives in 2015.

The intention of the survey was both to provide a platform for the commencement of further work by the National Graduate Nurse and Midwife Roundtable - Working Group and to continue engagement with new graduate nurses and midwives.

The survey, which was conducted over 10 days, closing on 11 February 2015, simply explored whether nurse and midwives who graduated in 2014 had secured employment, where they had completed their courses and if employed, on what basis – that is full-time, part-time or casual and if they had secured permanent positions. Respondents were also invited to provide information on where they had been offered employment as well as make any additional comments.

There was a total of 366 responses from newly graduated nurses and midwives, with the significant majority being registered nurses (Figure 1).

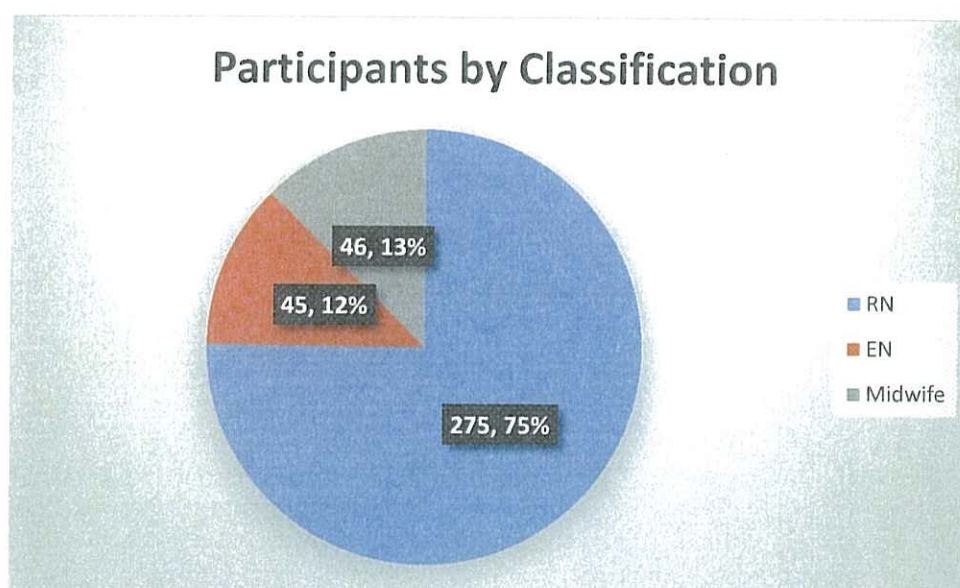


Figure 1 – Participants by classification

Nurses and midwives responded from across all states and territories, with the greatest proportion of responses, 27.6%, from those who had completed their courses in Queensland (Figure 2).

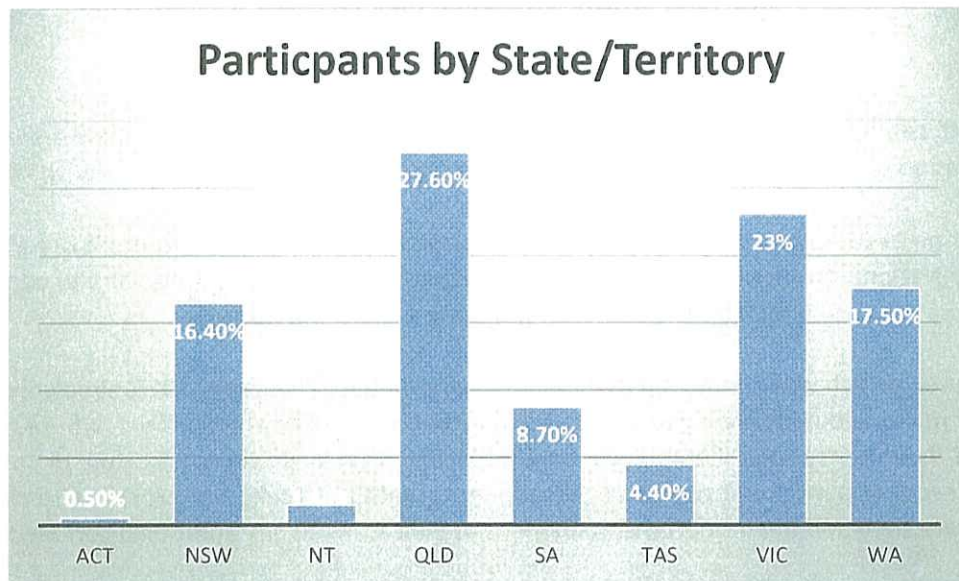


Figure 2 – Participants by state/territory

Almost two –thirds of respondents indicated that they had gained employment, with just over a third still not able to secure employment as a nurse or a midwife (Figure 3). 202 of those employed responded that they are employed within a graduate nurse/midwife transitional program.

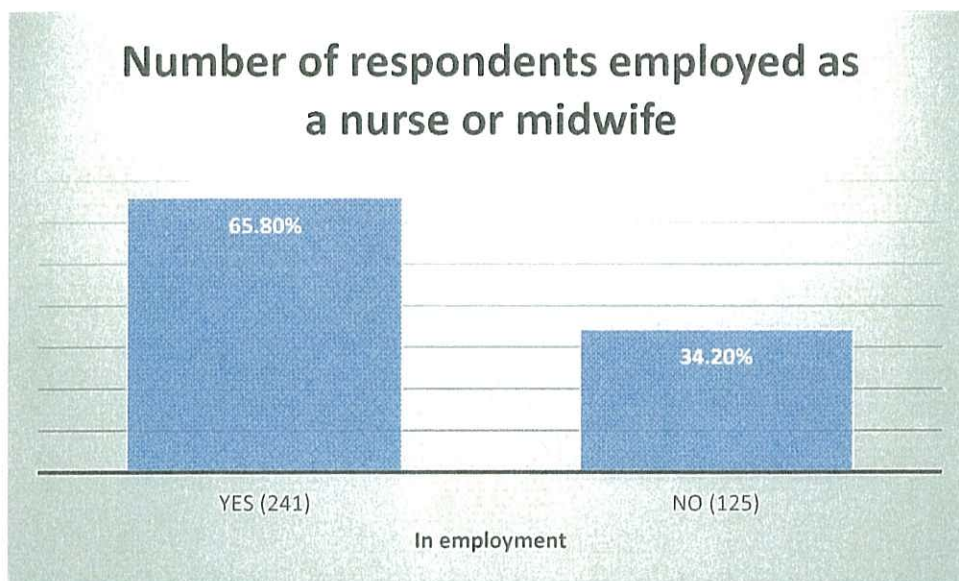


Figure 3 – Number of respondents employed as a nurse or midwife

The majority of respondents who had secured employment reported working on a part-time or casual basis (Figure 4). Only 15% of participants responded that they were employed on a permanent basis.

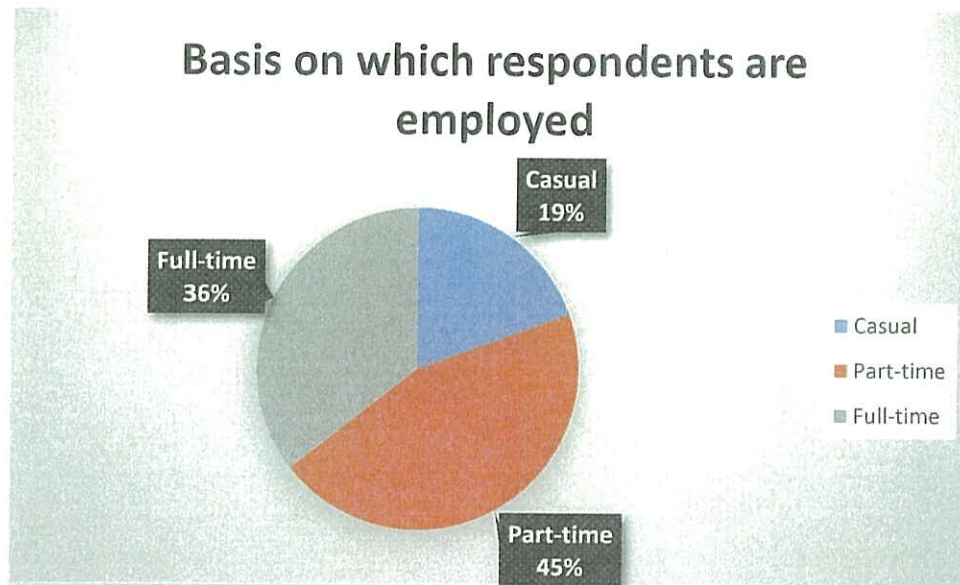


Figure 4 – Basis on which respondents are employed

The respondents who had secured employment were employed across a wide range of clinical areas, including several specialty areas such as peri-operative, critical care, NICU and mental health with a majority of those employed in the public sector. However, very few of these nurses and midwives, as indicated earlier, had secured permanent jobs so will therefore be facing another round of job seeking once they have completed their transition programs.

A number of themes, which the ANMF has increasingly noted over the last few years, were raised by those respondents who had not been able to secure employment.

These included:

- No offer of employment due to lack of experience
- Without completion of a 'new graduate program' can't get work
- Lack of jobs available for new graduates
- Many have applied for multiple positions – 15, 20, 30, 35 – without luck
- Some are working in administration or retail just to get by.



