Submission by the Australian Nursing and Midwifery Federation

Universities Accord (Opening the Doors of Opportunity) Bill 2026

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Introduction

1. The Australian Nursing and Midwifery Federation (ANMF) is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial and political interests of more than 356,000 nurses, midwives and care-workers across the country.

2. Our members work in the public and private health, aged care and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.

3. Our strong and growing membership and integrated role as both a trade union and professional organisation provides us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions.

4. Through our work with members, we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.

5. The ANMF welcomes the opportunity to provide a submission to the Senate Education and Employment Legislation Committee's inquiry into the Universities Accord (Opening the Doors of Opportunity) Bill 2026.

Overview

6. The ANMF broadly supports the Bill and its policy intent. Its focus on equity, regional access and better alignment between university provision and Australia's workforce needs is consistent with longstanding ANMF positions.

7. The ANMF supports strengthening equity and improving access through needs-based funding for students from low socioeconomic backgrounds, regardless of a person's postcode, life circumstances or financial situation and capacity to take on substantial debt.

8. The ANMF also supports future-focused, sustainable degrees that address Australia's workforce needs, especially First Nations students and students studying at regional campuses; including by directing Commonwealth supported places towards areas of workforce shortage such as nursing and midwifery. Growth should be sustained, transparent and connected to community and population health needs, rather than institutional expansion alone.

9. Addressing nursing and midwifery workforce shortages will require people from a wider range of backgrounds to enter and complete these programs. A workforce that reflects the demographic, cultural and geographic diversity of the communities it serves is better placed to provide culturally safe, accessible and locally responsive care.

10. In particular, measures to increase the proportion of Aboriginal and Torres Strait Islander nurses and midwives in the workforce, through educating them in culturally supportive and enriching ways, are welcome.

11. Progress should therefore be measured beyond enrolment growth. The proposed reforms should be evaluated against student retention and completion data, clinical placement capacity, graduate employment, postgraduate participation, regional workforce entry and early-career retention.

12. The ANMF acknowledges that the reforms are intended to support a fairer, more cohesive and high-quality higher education sector. However, the shift to managed growth may create uncertainty and appears to rely on a more robust and responsive workforce planning model

than currently exists in Australia. Careful evaluation and ongoing, purposeful consultation with unions, education providers, students and other relevant stakeholders will be essential to ensure the reforms operate as intended.

Summary of Recommendations

13. The ANMF recommends:

- University place allocation decisions must be informed by transparent, profession-specific workforce planning and draw on multiple sources of evidence, rather than relying solely on occupational shortage lists or short-term labour market indicators.
- Nursing and midwifery workforce planning, both nationally and across all states and territories, must be led by the relevant professional office leads, including but not limited to Chief Nursing Officers or Chief Midwifery Officers.
- Australian Tertiary Education Commission (ATEC) and the Australian Government must formally consult the health portfolio, jurisdictions, the ANMF, Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM), Council of Deans of Nursing and Midwifery (CDNM), Australian Nursing and Midwifery Accreditation Council (ANMAC), regulators and accreditation authorities before making significant decisions affecting nursing or midwifery places.
- Funding arrangements be regularly reviewed against the actual cost of supporting nursing and midwifery students through clinically intensive programs.
- The Commonwealth student Prac Payment must be maintained, protected and improved. Separate direct assistance should be available for travel and accommodation where students are required to relocate or travel significant distances for mandatory clinical placement.
- The Australian Government work towards free university education, particularly for qualifications that are essential to the community, address workforce shortages and align with national priorities, including nursing and midwifery.

- Growth in student places be matched by investment in nursing and midwifery academics, clinical educators, placement capacity and contemporary simulation facilities. This should be supported by national mapping of graduate positions and greater investment in the experienced workforce required to educate, supervise and support students and early-career nurses and midwives.
- Dedicated, Commonwealth supported places and targeted, protected funding be provided and more clearly and equitably allocated for postgraduate nursing and midwifery education in areas of demonstrated workforce need, both in clinical areas and administrative areas such as leadership qualifications for nurses and midwives.
- ATEC advice informing significant allocation decisions be placed on the public record. Where the Minister departs from ATEC's recommendations, the reasons should be published.
- Public reporting that distinguishes nursing from midwifery and includes undergraduate and postgraduate places, student retention and completion, clinical placement capacity, graduate employment, regional workforce entry and early-career retention.
- The operation of the managed growth system must be closely evaluated during implementation and through the statutory two-year review of ATEC, with meaningful participation by unions, students, education providers and the nursing and midwifery professions.

Supporting growth in nursing and midwifery enrolments and completions

14. Increasing student places alone will not resolve workforce shortages. Student access must be connected to completion, registration, supported entry into practice and retention. Australia's nursing supply and demand modelling projects an undersupply of 70,707 full-time equivalent nurses by 2035 under the baseline scenario, with around 79,473 additional nurses required to fill the projected gap (Australian Government Department of Health and Aged Care, 2024).

15. The Bill creates a legislative opportunity to support additional nursing and midwifery places. Its Explanatory Memorandum uses nursing as an example of a course that could be classified as demand driven in response to emerging employment or economic need. It is equally important to recognise midwifery as a distinct profession, which has specific education, placement and workforce requirements. Any exercising of the powers outlined in the Bill should align with national nursing and midwifery workforce planning.

16. The ANMF supports a legislative framework that enables sustained growth in nursing and midwifery education and directly reduces the financial burden on students. Even with the introduction of Commonwealth Prac Payments, ANMF members still report not being able to complete their studies due to financial burden, especially that created by travel, childcare, parking and accommodation costs associated with mandatory clinical placement. *Opening the doors of opportunity* must incorporate support for students to acknowledge and address the broader costs incurred as a requirement of completing these qualifications.

Workforce planning and transparency of allocation decisions

17. The ANMF has long advocated that a lack of graduate employment opportunities for nurses and midwives is not evidence of an oversupply of graduates. This is an example of fragmented planning between university education, health service employment and government budgets when student places are increased in isolation.

18. While the Bill requires ATEC to consider factors such as government priorities, student

demand, institutional performance and sector sustainability, it is not clear how these considerations will be balanced when allocating places. Providing more transparency about how these decisions are made would give greater confidence that future growth in nursing and midwifery education is driven by evidence of workforce shortages, responsive to community needs and population health demands, rather than an institution's capacity to expand alone.

19. The introduction of managed growth in course allocation could improve workforce planning by directing Commonwealth supported places towards areas of greatest need. However, the model will only succeed if the underpinning evidence informing allocations is current, sufficiently detailed and connected to health service planning.

20. Australia lacks a nationally integrated system for nursing and midwifery workforce planning. The final *National Nursing Workforce Strategy (the Strategy)* published earlier this month identifies nationally coordinated nursing workforce data, modelling and planning as a priority area. The Strategy acknowledges that nursing workforce accountabilities are split between stakeholders and that integrating workforce planning with broader health system reform across jurisdictions remains a critical challenge. However, the Strategy does not identify a lead agency or establish a dedicated national workforce planning function. Responsibility remains dispersed across governments, education providers, employers, professional and industry bodies and regulators. The governance body intended to oversee implementation is yet to be established and is not assigned specific responsibility for national workforce planning (Australian Government Department of Health, Disability and Ageing, 2026).

21. The Strategy's scope is not inclusive of midwives, leaving a critical gap in the national workforce planning architecture relevant to decisions affecting nursing and midwifery education. In this context, Commonwealth decisions about the allocation of nursing and midwifery student places should not rely on fragmented, incomplete or poorly contextualised workforce evidence. Education and health portfolios must work with states and territories through a transparent, nationally coordinated workforce planning mechanism, with clear accountability for translating robust workforce evidence into decisions about student places.

22. The ANMF has previously called for the establishment and sustainable funding of a National Nursing and Midwifery Workforce Planning and Data Unit within the Commonwealth, with legislated reporting obligations. Such a body could provide national supply and demand modelling and forecasting by profession, specialty, geography and setting, and provide the clear stewardship presently missing from Australia's fragmented workforce planning arrangements. A nationally accountable planning function would also provide a substantially stronger evidence base for decisions about the allocation of Commonwealth-supported nursing and midwifery student places.

23. ATEC provides an opportunity to improve coordination across education and health workforce planning. However, without clear responsibilities, strong information-sharing arrangements and timely access to profession-specific data, this model could add another layer of bureaucracy and departmental handover that reinforces, rather than resolves, existing planning failures.

24. Allocation decisions should draw on:
    - nursing and midwifery workforce projections;
    - state and territory workforce plans;
    - service and population need;
    - workforce attrition and intention-to-leave data;
    - student retention and completion;
    - clinical placement capacity and quality;
    - graduate employment and transition-to-practice capacity;
    - regional distribution and specialty shortages; and
    - evidence from nurses, midwives, unions, students, education providers and health services.

25. Nursing and midwifery data should be reported separately and, where possible, by registration type, location, sector and field of practice. Occupational shortage lists or current vacancies should not be used in isolation or as the sole criteria for long-term education planning and decisions.

Needs-based funding and reducing financial barriers

26. The ANMF strongly supports needs-based funding. Many nursing and midwifery students come from regional and rural areas, lower socioeconomic backgrounds, mature-age groups and First Nations communities. They may also be balancing study with paid employment, parenting and other caring responsibilities.

27. Additional funding could help universities provide academic assistance, placement support, mentoring and student wellbeing services. However, it would require regular review to ensure it reflects the real cost of supporting students in clinically intensive nursing and midwifery programs.

28. Improving access will require more than funding alone. Addressing pathway barriers and providing targeted support for First Nations students, students from lower socioeconomic backgrounds and those in regional and remote areas will be critical to improving participation and retention.

29. Financial burden can cause nursing and midwifery students to delay or abandon their studies. Recent ANMF member evidence included an enrolled nurse who could not complete her final Bachelor of Nursing placement because she needed to continue paid work to meet basic living costs. She was prevented from progressing to registered nurse practice and was considering leaving the workforce altogether.

30. Needs-based funding paid to universities must complement, not replace, direct student support. Maintaining and growing the Commonwealth Prac Payment is therefore essential. The payment should be reviewed regularly against the actual income students lose and be expanded to help cover the additional costs they incur during placement. The Government should provide additional direct funding to supplement travel and accommodation, as

nursing and midwifery students are commonly required to undertake clinical placements in regional, rural or remote locations. Students should not be financially disadvantaged because their university or placement provider cannot offer a suitable placement within reasonable proximity of their home.

31. Universities and placement providers should also examine flexible or part-time placement scheduling where this is educationally appropriate, to support students to maintain necessary paid employment and other arrangements such as caring responsibilities.

32. In the context of continuing cost-of-living pressures, the ANMF supports targeted measures to reduce student debt, including HECS-HELP debt relief and financial incentives that improve access to higher education and address priority workforce needs.

33. Australian governments already recognise the connection between education costs and workforce supply in critical workforces. Victoria has funded nursing and midwifery scholarships as part of an initiative intended to strengthen recruitment and training, while NSW provides tertiary health study subsidies of up to $12,000 for eligible students in nursing, midwifery and other health disciplines. Western Australia has also used HECS-HELP assistance to support its regional nursing and midwifery workforce.

34. Removing university fees altogether is a reasonable workforce measure in the face of projected shortages in critical workforces such as nursing and midwifery.

Regional nursing and midwifery education

35. The Bill's recognition of the higher costs of regional campuses is particularly important for nursing and midwifery. Place-based education allows people to train near their families, employment and communities and strengthens local pathways into health, aged care and maternity services.

36. Funding for regional universities must reflect the cost of maintaining campuses and simulation facilities, recruiting academics, coordinating dispersed placements, supporting travel and accommodation and building enduring relationships with local services. Without adequate funding, regional providers may continue to face difficulty expanding nursing and midwifery education where it is needed most. Any changes to funding models should ensure education providers have the capacity to be responsive to bolster their service provision in priority areas.

37. Regional education should be linked to quality local clinical placements, graduate employment, accommodation and longer-term workforce pathways to support people in regional areas to live and work in their communities. Enrolling students at a regional campus without supporting the complete pathway will not produce a sustainable regional workforce.

Considerations for clinical placement and education quality

38. Increasing nursing and midwifery student numbers will only help address workforce shortages if supported by the provision of sufficient quality placements in hospitals, community health, aged care and maternity services. Placement constraints already limit the capacity to increase nursing and midwifery student numbers.

39. ATEC, governments, universities and health services must work together to ensure placement capacity and quality keep pace with student growth. If enrolments increase without matching investment in clinical education and infrastructure, the expected workforce benefits will not be realised.

40. Funding should support contemporary nursing and midwifery simulation facilities and the employment of sufficient academics, clinical facilitators and nurse and midwife educators. Graduates need education that prepares them for practice across health, aged care, community and maternity services, not only metropolitan hospital settings.

41. Health services also need resources for student supervision, feedback, assessment and protected learning time to support students and early career professionals. These resources are an essential, often overlooked, part of the workforce infrastructure needed to educate and retain safe health professionals.

42. Mission-based compacts and allocation decisions should therefore consider clinical placement availability and quality, academic and clinical educator capacity, course completion and supported graduate employment. Student growth should not be approved solely because a provider can recruit additional students.

Educational autonomy and response to health workforce demands

43. The stronger role proposed for ATEC could support better alignment between higher education and workforce need across metropolitan, regional and rural areas. At the same time, universities must retain enough flexibility to respond to local circumstances, student needs and changing service demand.

44. Demand for nurses and midwives can change quickly due to population ageing, changes in maternity and aged care services, workforce attrition, public health emergencies and developing models of care. The allocation system should allow education providers to adapt and expand opportunities where need is greatest.

45. The ANMF recommends that universities receive timely allocations, clear forward estimates and adequate transitional support, informed by iterative consultation. The effects of over-enrolment penalties should be monitored to ensure they do not discourage reasonable responses to unexpected nursing or midwifery workforce demand.

Postgraduate nursing and midwifery education

46. The acuity of care delivered within all major health services is increasing. The diversification of the nursing and midwifery workforce is essential to support the healthcare needs and health literacy of the public, especially as the population ages. Postgraduate nursing and midwifery education is central to maintaining and developing our workforce capability, career development, diversity and retention. Postgraduate education supports advanced and specialist practice, clinical education and leadership and enables services to respond to changing community needs.

47. The Bill should provide dedicated university places for specialised, high-workforce-need postgraduate education in areas such as nurse practitioner practice, endorsed midwifery, intensive and critical care, emergency, perioperative and mental health nursing. These places require targeted, protected funding within ATEC's managed growth allocations.

48. The application of the managed growth and needs-based funding provisions to postgraduate education is not sufficiently clear. These provisions should be explicitly extended to support postgraduate nursing and midwifery education in areas of demonstrated workforce need.

Governance, ministerial powers and ATEC independence

49. The ANMF supported the establishment of ATEC as a system steward capable of strengthening long-term planning, equity, data and coordination. We also emphasised that ATEC should operate with a high degree of independence and engage meaningfully with unions, health workforce bodies and the professions.

50. The Bill places significant decision-making authority with the education minister. The Minister determines the total domestic allocation pool, can increase it on ATEC advice or on their own initiative, can determine designated and demand-driven courses and can establish an international allocation pool with matters with which ATEC must comply.

51. This level of Ministerial authority may increase the risk of discretionary decision-making unless legislative safeguards and independent oversight are established. While executive authority and accountability rest with the Minister, the transparency objectives of the Universities Accord reforms would be strengthened by requiring ATEC's statutory advice to be placed on the public record before significant ministerial discretion is exercised. Where the Minister departs from ATEC's recommendations, the rationale should be published.

52. Decisions affecting nursing and midwifery places should be considered in close consultation with the health portfolio, relevant jurisdictions and nursing and midwifery workforce, union, professional, education, regulatory and accreditation bodies.

53. The first statutory independent review of ATEC should examine the effect of managed growth on nursing and midwifery places, education quality, regional course availability, postgraduate education, clinical placements and graduate employment. The ANMF and its branches should be included in that review.

International student places and workforce supply

54. The ANMF recognises that internationally qualified nurses and midwives are an important component of the current workforce, and that international nursing and midwifery students and graduates constitute an important part of the current workforce pipeline. While sustained, public investment in educating and retaining a domestic nursing and midwifery workforce is a priority, international student education and migration should be regarded as an important complement to the domestically educated workforce. Poorly targeted restrictions may affect graduate supply, regional services and the viability of some nursing and midwifery courses.

Conclusion

55. The ANMF supports the Bill's ambition to create a fairer and better planned higher education system as part of the Universities Accord. The reforms offer valuable infrastructure for growing and strengthening the nursing and midwifery workforces, particularly through improved equity, regional access and more deliberate allocation of places.

56. The proposed changes are substantial, and will affect how universities plan enrolments, staffing, facilities, budgets and clinical placement partnerships. Universities must be given sufficient certainty, lead time and support to manage the transition without destabilising nursing and midwifery programs or disrupting students already in the education pipeline.

57. ATEC and the Minister's use of the new powers should be monitored closely from commencement. Issues should be identified and corrected early, rather than waiting for course closures, reduced access or workforce shortages to reveal where allocations were inadequate.

58. The success of the reforms should be measured by whether students can afford to study, complete high-quality education, enter supported employment and remain in the nursing and midwifery workforce. The objective must be a workforce of sufficient size, diversity and capability to provide the care communities need.

References

Australian Government Department of Health, Disability and Ageing. (2026). *National Nursing Workforce Strategy.* Australian Government.

Australian Government Department of Health and Aged Care. (2024). *Nursing supply and demand study* 2023–2035.