

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

Yes, to ensure that overseas nurses are safe to practice in Australia

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

Yes

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

Yes

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

Yes. They should demonstrate knowledge and skills that meet standard

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

I support the requirement for hours. However, the 1800 is too low. It needs to be at least 3600 or even 5400 (2 to 3 years). I have worked with several agency nurses in South Hedland, WA with only a year experience and these are Australian trained nurses. These agency nurses unfortunately do not meet required standard of patient care and therefore need assistance. They are still learning and are very disorganized. Some do not even have acute experience. Imagine an overseas nurse with only a year experience. They will pose as hazard to the ward and the patients.

I am sure majority of these overseas nurses will end up in rural and regional areas because that's where the severe shortage of nurses is located, so technically where most of the jobs will be. A nurse with only a year experience still has not consolidated their knowledge and skills. International nurses who still have not consolidated their knowledge and skills and accustomed themselves to new culture, context and environment is a significant hazard, regardless if they have been trained and worked in an NMBA-approved comparable international regulatory jurisdiction.

I suggest 2 to 3 years' experience at least and some of that having worked in acute care environment.

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

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

Why is Spain included in this list? English is not their medium of instruction in school and uni except for some. Teaching in non-English will require high cognitive workload for the graduate because when conversing with patients, they will need to translate the received information from English to their local language then respond by translating from their local language back to English. Not all their nursing schools will have English as medium of instruction. If all their nursing schools are taught in English then they can join the list. The IELTS is not in nursing context, so there is no guarantee that a nurse from Spain who got 9 in IELTS will be able to provide health education and preventative education to patients at required standard.

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

Please consider removing Spain from the list.

I agree with Singapore being in the list because they are among the highest LLN in Asia and have good command of the English language since it is part of their curriculum. Their education and uni are world class.

But Spain? Seriously?

There are others out there that will be better part of the list like some Philippine nursing schools that is internationally recognized and well known all over the world as an exporter of high quality nurses to Europe, middle east, East Asia, Australia and New Zealand, and Americas. In the Philippines, English is part of the curriculum so passing IELTS is an easy endeavour for them. How about you consider having some of these Philippine universities to have comparable educational standard/framework and their graduates can be under stream A? I am referring to below nursing schools. A three year nursing experience of their nursing graduates and an IELTS of 7 will provide Australia with some of the best nurses we can have.

- University of Santo Tomas (UST)
- Silliman University (SU)
- Saint Louis University (SLU)
- Cebu Doctors' University
- De La Salle University Dasmariñas – Health Sciences Campus
- Our Lady of Fatima University
- Far Eastern University
- University of the Philippines
- Chinese General Hospital Colleges
- Cebu Normal University
- Ateneo De Manila University

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

I do not agree with parts of the draft registration standard for the following reasons:

- a. IQRN undertaking 'Pathway 2' should have the option of 'provisional registration' (as written on page 12 in the 'Independent review of overseas health practitioner regulatory settings' – written by Robyn Kruk AO) the with the ability to undertake either:
 - i. Period of supervised practice
 - ii. Restricted scope of practice
 - iii. Training
 - iv. Workplace based assessments.
 - v. Transition courses

- b. In the proposed 'Pathway 2', all IQRN are obligated to undertake regulatory examinations. However, whereas in The UK Health and Care Professions Council only administers competency assessments to applicants assessed as having particular deficiencies (as written on page 31 in the 'Independent review of overseas health practitioner regulatory settings' – written by Robyn Kruk AO)

- c. IQRN undertaking 'Pathway 2' only have one pathway. However, additional alternative pathways need to be established such as items mentioned in dot point 'a' above or 'bridging programs' (as written on page 35 in the 'Independent review of overseas health practitioner regulatory settings' – written by Robyn Kruk AO)

- d. IQRN should have the ability to have '*limited registration if they wish to have a limited scope of practice*' (as written in point F7 on page 43 in the 'Independent review of overseas health practitioner regulatory settings' – written by Robyn Kruk AO)
 - i. This would allow IQRN to contribute to the Australian Health System in a limited and low risk capacity while undertaking further training to achieve full registration
 - ii. This would take pressure off the system by allowing those with limited registration to undertake low risk procedures while fully registered staff can be freed up to undertake more difficult tasks

- e. Point F17 on page 43 in the 'Independent review of overseas health practitioner regulatory settings' – written by Robyn Kruk AO) states:
 - i. 'bridging units' should be developed to build practitioner capability to the full Australian Standard Scope of Practice
 - ii. This supports point 'a' above where IQRN are provided multiple opportunities to fill the gap between what their existing qualification is and what AHPRA requires to be fully registered

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

Yes.

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

No. Not enough recommendations from the 'Independent review of overseas health practitioner regulatory settings' – written by Robyn Kruk AO have been adopted in the proposed pathways.

I am currently an IQNM and have been placed in 'Stream B' category where I need to undertake assessments before I can be registered and work. In my opinion, the proposed 'Pathway 2' is very similar to the existing 'Stream B' process.

At the moment, I am unable to work or contribute in any capacity in the Australian Health System until I complete and pass all assessments which is a timely and expensive exercise.

Currently, international nurses need to pass the NCLEX exam, fly to Australia, pay \$4000 to undertake the OSCE test and then fly back home while they await their results. If they are not successful, they need to undertake this process again which is too timely, costly and inefficient. As a result, similar countries that have significantly less stringent requirements to be fully registered are preferred compared to Australia.

There needs to be more avenues within Pathway 2 to provide bridging courses, training, assistance and supervised work experience opportunities to incentivise applicants to come to Australia and persist with their application until completion.

If applicants are given the opportunity to work in a limited capacity or in a supervised arrangement while undertaking further study/training to reach full registration, this will ensure Australia is a more attractive proposition compared to the existing and proposed pathway.

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

No.

As per the answer to question 1 above, there should be an option of 'provisional registration' (as written on page 12 in the 'Independent review of overseas health practitioner regulatory settings' – written by Robyn Kruk AO) the with the ability to undertake either:

- i. Period of supervised practice
- ii. Restricted scope of practice
- iii. Training
- iv. Workplace based assessments.
- v. Transition courses

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

No.

As written on page 54 in the 'Independent review of overseas health practitioner regulatory settings' – written by Robyn Kruk AO:

- a. *Recency of practice requirements have not kept pace with international best practice and can delay the employment of overseas health practitioners with legitimate reasons for not being able to meet the requirements (e.g. research sabbatical, extended caring leave, sickness/illness resulting in time off work).*
- b. *Many comparable countries have either reduced or removed their recency of practice requirements, recognising that overall clinical experience and/or clinical exams are better indicators of competence, and that the systems between countries varies.*
- c. *In some cases, practitioners who meet the recency of practice requirements at the time of submitting their application for registration subsequently lose their recency of practice status whilst waiting for their application to be processed by the relevant authorities.*

6. Do you support the draft registration standard being extended to internationally qualified midwives from the NMBA-approved list of comparable international regulatory jurisdictions where midwifery has a comparable educational standard/framework and is regulated as a separate profession, i.e. the United Kingdom, Ireland and relevant Canadian provinces? Why or why not?

Yes, but only if more recommendations of the 'Independent review of overseas health practitioner regulatory settings' – written by Robyn Kruk AO are adopted.

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

The following is my story:

I am an Internationally Qualified Registered Nurse who arrived in Australia on a Humanitarian Visa.

After receiving Permanent Residency last year (and Australian Citizenship this year), I have been trying to become a Registered Nurse in Australia.

The existing process:

1) AHPRA (Australian Health Practitioner Regulation Agency) to undertake two examinations before being able to practice in Australia

- a) I have been assessed by AHPRA and deemed to hold a qualification that is relevant to the profession, but is not substantially equivalent, nor based on similar competencies to an approved qualification (Stream B)

b) There was previously a transition / bridging course for international nurses to undertake before being recognized in Australia. This is no longer the case

i) now there is no recognised or recommended training, no bridging course, no short course or assistance by AHPRA.

c) Simply do the examinations as many times as it takes until you are successful. The examinations are \$400 and \$4,000 respectively and need to be repeated (and continuously paid for) if you are not successful

2) University - I have provided all my overseas qualifications, university results and Registered Nurse License to a university in NSW. The university advised that because my qualification is from overseas, I will need to start a Nursing Degree from the beginning (3 years full time).

Moving forward, I believe that AHPRA should re-introduce a bridging/transition course for International Registered Nurses to update their skills to meet Australian Health Standards to transition into the Australian Health System. By being so rigid and inflexible, the system is not assisting bringing in further nurses and other health professionals to Australia to meet our increasing demand.

Several universities and training providers provide bridging/re-entry courses for Registered Nurses who have left the field for several years and would like to return. I believe international nurses can undertake these courses rather than starting from the beginning which would take several years and is simply not feasible.

Based on my responses to the above questions and due to the considerable nursing (and future forecast of nurses required), I believe that the current process needs to be updated to allow for a more fair and equitable system to incentivise overseas nurses to live and work in Australia. Both AHPRA and the University system can assist in meeting Australia's healthcare needs by providing internationally qualified nurses more opportunities and avenues to become fully registered compared to the only existing option which is to undertake very expensive and time consuming examinations.

I am simply asking for a path that will allow myself and others to become nurses through reintroducing bridging courses or training on the job that update our skills to meet Australian requirements, rather than starting from the beginning at University or by undertaking expensive and time consuming examinations through AHPRA.

There can not be a 'one size fits all' approach. Depending on the unique qualifications and experiences of each applicant, there needs to be a range of options offered to the applicant that best suits their needs to incentivise them to live in Australia and work while they undertake the necessary training to become fully qualified and registered to Australian Standards.

Thank you for your time and I look forward to seeing amendments to the Draft Registration Standard.

