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regionalworkforceassessment@jobsandskills.gov.au

Council of Deans of Nursing and Midwifery submission to the Jobs and Skills Roadmap for Regional Australia – Phase 1

CDNM recommends that:

- **growing the regional nursing and midwifery workforce is recognised as a priority in JSA's Roadmap – to support broader regional workforce sustainability**
- **the Rural Health Multidisciplinary (RHMT) program is maintained and expanded**
- **the number of nursing and midwifery students in the RMHT program is increased to be proportional to their numbers in the overall workforce.**
- **higher education policy supports universities' broader roles in regional workforce sustainability;**
- **managed growth funding prioritises disciplines of workforce need such as nursing and midwifery – overall and in regional areas.**
- **JSA work with relevant portfolio areas to increase uptake of the *HELP Debt Reduction scheme - to* grow the regional Nurse Practitioner workforce**
- **an urban placement travel and support subsidy is introduced to enable regional students studying in place to fulfill their urban-based placement requirements.**
- **there are dedicated Commonwealth Supported Places (CSPs) for First Nations nursing and midwifery students and support for university-ACCHO clinical education partnerships.**
- **extended post-study work rights for international nursing and midwifery graduates are maintained, including extra years for international graduates electing to work in the regions.**

Introduction

Thank you for the opportunity to provide feedback on the *Jobs and Skills Roadmap for Regional Australia – Phase 1 (Roadmap)*. This submission is made on behalf of the Council of Deans of Nursing and Midwifery (Australia and New Zealand [CDNM]). CDNM is the peak body representing forty-four universities and other higher education institutions that deliver nursing and midwifery undergraduate and postgraduate education and research in Australia and New Zealand Aotearoa. CDNM has an essential role in ensuring a sustainable nursing and midwifery workforce by leading education, research, and knowledge translation in these professions. Our response subsequently focuses on nursing and midwifery workforce development – and its links to education provision – in regional Australia.

Response to the consultation and key areas of interest

We recognise the need for long-term policy commitments to address regional workforce challenges that are not new but that require immediate, innovative and sustained action. We support JSA's overarching vision for regional workforce development including its five vision principles and ten policy design principles. Our submission builds on these elements while highlighting considerations specific to regional nursing and midwifery education and workforce.

Nursing and midwifery workforce needs in regional Australia

Australia is facing an overall shortage of more than 70,000 nurses by 2035. Local nursing shortfalls are widespread across a range of service settings and geographic locations. They are particularly acute in regional areas and in fields such as aged care, critical care, midwifery, and mental health[1]. These workforce shortfalls are projected to worsen without strategic intervention[i] [ii]. Such workforce shortages add to the fact that regional Australians often have poorer health outcomes than people living in metropolitan areas[iii]. Taken together, these dual factors create a "catastrophic threat to regional health services"[i]. CDNM acknowledges that workforce shortfalls in regional Australia cut across many industries. Given the fundamental importance of good health to community prosperity, **we recommend that growing the regional nursing and midwifery workforce is recognised as a priority for the Roadmap – for broader regional workforce sustainability.**

Growing the regional nursing and midwifery workforce

Regional nursing and midwifery workforce challenges are not new. Various policies and programs are already in place, including several that recognise the essential link between education and regional workforce development. Many have been and still are effective. However, they could be amended and/or further expanded. Our suggestions are outlined below under the three categories already identified by JSA:

a. attracting urban professionals to live and work in rural locations;
b. growing our own talent within regions; and
c. leveraging skilled migration opportunities.

A number of case studies are also provided in Appendix A under these category headings.

A. Building on policies and programs to retain professionals in rural locations

Rural Health Multidisciplinary Training (RHMT) Program

The Commonwealth Department of Health, Disability and Ageing (DoHDA) delivers the Rural Health Multidisciplinary Training (RHMT) program. The program funds universities to deliver entry-level health professional education programs – including in nursing and midwifery – in rural areas. The RHMT program supports students to undertake extended placements in rural health services. Extensive evidence shows that extended exposure to rural practice during study significantly increases the likelihood that graduates will choose to work rurally when qualified. The program includes infrastructure funding for rural clinical schools, university departments of rural health, regional training hubs and some student/staff accommodation. The program is effective in developing rural health workforce capacity. A 2020 evaluation of the program found that students who undertook rural clinical placements were more likely to work in rural Australia as graduates than those who did not undertake such placements. For nursing and midwifery graduates, this represented an additional 18.02 more work hours per week (0.47 FTE)[iv].

The RHMT program highlights the critical link between education and workforce development and distribution. However, the following three aspects of the program need to be enhanced to secure greater development of regional nursing and midwifery workforce:

[1] Distribution & conditions vary across regional, rural and remote Australia – all distinct geographical classifications. In this submission the terms "regional or rural" are used interchangeably to describe all of these areas.

I. The proportion of nursing and midwifery students in the program needs to grow. Numbers of nursing and midwifery students in the RHMT program have grown over time. However, there is still room for more. Nurses and midwives collectively represent the largest volume of registered professionals within the health workforce. **CDNM recommends that the number of nursing and midwifery students in the RMHT program is increased to be proportional to their numbers in the overall workforce.**

II. Policy must support the broader role of universities in regional workforce development and prioritise managed growth in disciplines such as nursing and midwifery. The RHMT program is essentially a workforce program delivered through the higher education sector. Program outcomes are enhanced when education and health policies are aligned. Significant policy changes in higher education have been signalled through the Universities Accord[v]. Several of these are specifically directed to regional education and workforce development such as:
   - increased Commonwealth Supported Places (CSPs) in regional areas;
   - enhanced student support services for regional students;
   - strengthened university-community partnerships; and
   - infrastructure investment in regional education facilities.

   Changes to funding and implementation of a managed growth approach are also anticipated, the final details of which are still to be determined[2].

   Programs such as RHMT depend on a robust higher education system across Australia. **We recommend that:**
   - **higher education policy supports universities' broader roles in regional workforce sustainability; and**
   - **managed growth funding prioritises disciplines of workforce need such as nursing and midwifery – overall and in regional areas.**

III. Maintain and expand the RHMT program**.** The RHMT program is shortly due for review. **We recommend** – and encourage JSA to support – **expansion of this successful program to further build the rural nursing and midwifery workforce.**

Higher Education Loan Program (HELP) Debt Reduction scheme

The HELP for rural doctors and nurse practitioners (NPs) program aims to reduce outstanding HELP debt for eligible doctors and NPs who live and work in rural, remote or very remote areas. The program is a joint initiative of the Commonwealth Departments of Health, Disability and Ageing (DoHDA) and Education (DoE). The program offers a reduction of accumulated HELP debt[3] and a waiver of indexation on accumulated HELP debt for time served in rural locations. Eligibility criteria apply. For NPs, these broadly cover the following aspects:

- qualification requirements;
- the geographical area the NP graduate must agree to work in; and
- the minimum period of service required in relevant locations.

The program was instigated in 2022 and NPs with HELP debt prior to 2022 are not eligible.

[2] CDNM understands that managed growth funding will be determined through the Australian Tertiary Education Commission (ATEC) which commences in full in 2026.
[3] Between 50% to 100% of the HELP debt is refunded, depending on service length and location

There is limited data on how many NPs have taken up the program, however, CDNM understands that uptake could be higher. Various aspects of the scheme (e.g. narrow eligibility criteria, refunds only applying to CSP-based master's programs, return of service requirements) contribute to a lower than ideal uptake – with knock-on effects to regional nursing workforce.

The scheme is currently under review and CDNM is involved in relevant consultations. **We encourage JSA to work with relevant portfolio areas on the following program improvements to increase uptake and further support the regional NP workforce:**

- consider greater flexibility for rural return-of-service requirements;
- widen eligible debt categories, including non-CSP master's degrees in nursing;
- better promote the program to students/graduates and streamline application processes;
- consider a "bonded" style scheme where students commit to rural practice at study commencement in return for upfront payment of the associated study costs; and
- provide additional wrap-around support for rural practitioners to foster workforce retention.

B. Growing our own talent within regions

Home grown approach – supporting rural students to stay rural

Rural-origin students often aim to remain in place regionally while studying. Current nursing and midwifery accreditation standards mandate that students complete Professional Experience Placements (PEP) in diverse clinical settings. Providing the required breadth of PEP experiences is more straightforward in large urban teaching hospitals and/or in more specialised services not available in regional Australia. However, limited regional health service infrastructure compels regional students to undertake a substantial number of placements in metropolitan areas to meet their PEP requirements. Cost pressures of these placements can lead students to drop out of courses or move to a metropolitan area for the duration of their degree, with risks that they do not return regionally once qualified.

Although temporary accommodation in rural areas can be hard to find, some travel and accommodation subsidies exist to support metropolitan students undertake rural placements[4]. However, there is virtually no such support for rural students undertaking urban placements.

The Commonwealth Prac Payment (CPP) introduced in July 2025 goes some way to helping all nursing and midwifery students with placement poverty, irrespective of geographic location. However, it is insufficient to cover the additional travel and accommodation costs for rural students undertaking metropolitan placements[5]. **CDNM recommends introducing an urban placement travel and support subsidy that enables regional students studying in place to fulfill their urban-based placement requirements.**

Aboriginal and Torres Strait Islander student support and retention

The majority of Aboriginal and Torres Strait Islander people live in urban and regional areas. However, their population proportion increases with remoteness. Educational attainment rates in rural Australia are lower overall than in urban Australia. In Indigenous Australians, this difference is even more marked: in

[4] Programs like *Going Rural Health* offer placement support payments and subsidised accommodation for eligible students undertaking rural placements: https://goingruralhealth.com.au/students/eligibility

[5] The CPP is $331.65/week. Approximate additional expenses for placements are as follows: accommodation: $250-400/week in metropolitan areas; travel: $200-800 depending on distance and transport mode; meals and living expenses: $150-250/week additional cost; loss of local part-time employment: $200-400/week income loss. Total weekly impact: $800-1,850 additional financial burden

2021, for Indigenous people aged 20–24, the proportion completing year 12 or a higher non-school qualification was 76% in major cities compared to 42% in very remote areas[vi].

Growing the Indigenous nursing and midwifery workforce is an urgent priority. Currently, approximately 1.6% of Australia's registered nursing and midwifery workforce are Indigenous – considerably lower than the 3.8% of Indigenous people in the overall Australian population. Yet it is well established that health outcomes for Indigenous Australians are improved when they can access culturally safe care. While it is important that all health services are culturally safe, increasing access to more Indigenous nurses and midwives is a key component.

For rural First Nations students, staying in place and enabling cultural connection to Country helps retention. Access to educational experiences in Aboriginal Community Controlled Health Services (ACCHSs) and the presence of First Nations role models and mentors is also important. **To build the First Nations nursing and midwifery workforce to population parity – overall and in regional Australia – CDNM recommends dedicated Commonwealth Supported Places (CSPs) for First Nations nursing and midwifery students and support for university-ACCHO clinical education partnerships.**

C. Skilled migration approach: harnessing the international graduate workforce

Australia has long relied on importing overseas qualified health professionals to boost workforce. Particular incentives are in place to attract this workforce to regional Australia. Processes to streamline immigration of overseas qualified health practitioners to Australia – including nurses and midwives – also commenced in 2024 to further boost numbers[vii].

One, sometimes overlooked, cohort that makes a particular contribution in this regard is international nursing and midwifery graduates educated in Australia. Such graduates undertake education for at least three years in Australian universities and health services. This education provides not only clinical knowledge and skills, but also – unlike their overseas qualified counterparts – essential understanding of Australia's health system and culture. International nursing and midwifery students educated in Australia also develop social and other support networks here. These cultural and social elements are critical to workforce retention.

International graduates from Australian courses are eligible to register to work in Australia. However, policy over the years regarding such graduates' post-study work rights has been variable - both in general and in relation to additional extensions for graduates electing to work regionally. Other factors such as age limits[6] can also constrain who can apply for post-study work visas. It is clear that the longer the post study work rights available to the graduate, the more attractive such graduates are to employers, especially in regional Australia. **To support regional workforce, we recommend maintaining extended post-study work rights for international nursing and midwifery graduates, including additional years for international graduates electing to work in the regions.**

[6] Nursing and midwifery has one of the highest proportions of mature age students in university courses. Applicants must be 35 years or under to apply for a temporary graduate visa (subclass 485) in the post higher education workstream, further constraining the potential contribution such graduates could make.

Other ways to support regional skills and workforce development

Expand technology integration and digital health coverage across regional Australia

Technology can improve education and workforce effectiveness through enhanced telecommunications infrastructure, clinical decision support systems, and simulation technologies. Access to such technology can support students and practitioners to stay in the regions. However, there are still parts of regional Australia where reliable internet access and/or even mobile phone access is patchy or non-existent. Ensuring this essential infrastructure is in place, accessible and affordable across Australia is a fundamental step to supporting regional workforce recruitment and retention.

Harmonising the Enrolled Nurse (EN) – Registered Nurse (RN) pathway

There is a well-trodden path between VET qualified Enrolled Nurses (ENs) and university qualified RNs. However, there is room to better harmonise this pathway. Building on existing education infrastructure in the regions and elsewhere across Australia will help to grow the EN and RN workforce – both of which show projected shortfalls. Harmonising the EN to RN pathway will support career progression of ENs trained in the regions and provide additional levels of care to regional communities. CDNM welcomes the opportunity to work with JSA on how this pathway could be further harmonised.

Promoting and supporting high school completion in rural Australia

It is well known that year 12 attainment in the regions is significantly lower than that in major cities – approximately 56% and 79% respectively. Yet the number of job roles requiring tertiary qualifications is growing significantly[viii]. Universities can and do work with rural communities to support increased year 12 attainment and pathways into tertiary education. We encourage further support for this approach. (See Appendix A for examples.)

Conclusion

Thank you for the opportunity to contribute to this important consultation. CDNM remains committed to working collaboratively with Jobs and Skills Australia and sector partners to advance nursing and midwifery workforce development in regional Australia.

The nursing and midwifery workforce is fundamental to achieving JSA's vision for regional Australia. By expanding placement opportunities, addressing inequities, supporting First Nations pathways, and investing in enabling infrastructure, government can secure a sustainable workforce and improve health outcomes for regional Australians.

For further information, please contact, Sabrina Fukuda, Communications and Policy Officer
On behalf of the *Council of Deans of Nursing and Midwifery (Australia and New Zealand)*
comms@cdnm.edu.au

Appendix A: Case studies

1. Examples of approaches helping to attract city dwellers to the regions

Remote Primary Healthcare Simulation, Alice Springs

In 2025, Charles Darwin University (CDU) launched the Graduate Certificate in Primary Health Care Nursing (Remote), a postgraduate program designed to equip registered nurses with the skills, knowledge, and cultural awareness needed to work in remote Australia.

The program's inaugural intensive week was hosted at CDU's Alice Springs campus and immersed students in regional practice through simulation-based learning, community visits, and workshops co-delivered with an Aboriginal Controlled medical service. Developed by Lecturer Sarah Mills in collaboration with Professor Sue Lenthall and David Fisher, the initiative ensured that nurses were trained not only in the technical aspects of remote area practice but also in culturally safe and community-responsive care.

A cornerstone of the curriculum is the Remote Area Nurse (RAN) Model of Consultation, which emphasises autonomous decision-making, holistic assessment, and cross-cultural communication-skills essential in contexts where healthcare teams are small, resources are limited, and cultural safety is paramount.

This "home-grown" approach demonstrates how embedding education and training within regional centres like Alice Springs can strengthen the local health workforce, while also creating clear metro-to-rural pathways. Students, many of whom travelled from metropolitan areas, were given the opportunity to experience firsthand the realities of remote practice, advanced patient assessment using the RAN Model of Consultation, and engage with local health service providers.

Placement in Kalgoorlie, Paediatric Ward

Student Background: Third-year Bachelor of Nursing student from metropolitan university
Placement Duration: Six weeks in remote regional hospital
Location: Kalgoorlie, Paediatric Ward

The student's placement at a regional hospital provided professional and personal growth beyond what was possible in metropolitan settings. The student gained confidence, cultural awareness, and hands-on experience in respiratory management, paediatrics, and holistic patient-centred care. Engagement with Aboriginal educators deepened understanding of intergenerational trauma and cultural safety. The placement fostered belonging within the community and inspired the student to consider a long-term rural career.

"Six weeks on placement was one of the most rewarding and enriching experiences I've had during my nursing degree. This wasn't just a clinical placement — it was a personal journey that helped me grow in confidence, adaptability, and cultural awareness. Being away from the city helped me slow down and truly reflect on who I am — not only as a student nurse but as a person."

Rural Nursing Opportunities at Flinders University

Flinders University offers nursing and midwifery students authentic rural placement experiences across South Australia and the Northern Territory. These placements are supported by welcoming staff, interprofessional learning opportunities, and are recognised as a key employment pathway. Students can self-select rural locations, and some receive accommodation and travel support.

However, several barriers impact participation. International students are often excluded from subsidised accommodation and may face costs up to $4000, while some venues cannot accept them due to funding restrictions. Reimbursements are outdated and delayed, leaving students out of pocket. Mental health concerns, family responsibilities, and transport limitations also deter students. Some rely on unsafe or costly private accommodation, and international students may receive unequal access to transport resources. Despite these challenges, Flinders continues to strengthen rural health outcomes through targeted support and student engagement.

2. Examples of approaches helping students to study and work in the regions

Local School Partnerships Supporting Rural Nursing Education at the University of Southern Queensland (UniSQ)

UniSQ has expanded access to nursing education in rural communities through innovative local partnerships. In Charleville, students can complete the Bachelor of Nursing entirely online while attending residential schools at the Southern Queensland Rural Health (SQRH) facility, eliminating the need to travel to major cities. Since launching in 2022, this model has graduated 13 students. In Geraldton, UniSQ has sustained a decade-long partnership with a third-party provider to deliver the program locally, ensuring continued access to nursing education where no other university was available.

Despite these successes, rural students face significant barriers. Financial support disparities mean rural students receive no assistance for placements in metropolitan areas, while city-based students are funded to go rural – highlighting an equity gap. Internet access remains unreliable in many regions, though university centres with stable connectivity and onsite staff have helped improve the learning experience.

Strengthening the rural NSW midwifery workforce by bringing midwifery education to students

In 2023, Charles Darwin University (CDU) School of Nursing and Midwifery was approached by Hunter New England Local Health District (HNELHD) to consider opening a Midwifery Simulation Hub in Tamworth, NSW. The aim of this initiative was to address the chronic workforce shortage in the HNELHD. CDU was receptive to this initiative as delivering education in regional areas is central to meeting the workforce needs. Evidence shows that students from regional areas that train in the regions are more likely to stay in the regions post-graduation.

Further to relevant ANMAC accreditation, the Tamworth CDU/ HNELHD Midwifery Simulation Hub was officially opened in November 2024. CDU midwifery students attend the Hub once a semester, for their intensive face-to-face, 40 hours of simulation teaching and learning. The Simulation Hub has been fitted with the latest simulation equipment (both low and high-fidelity). Partnering with the HNELHD on this initiative has enabled CDU to bring midwifery education to students who live in the region, giving them the opportunity to participate in tertiary education and graduate as registered midwives. To date it has been a very successful project with two students opting to move to the region to work and study in the HNELHD.

Practice Partnership between Griffith University (Midwifery) and Darling Downs Health (QLD)

Griffith University's Bachelor of Midwifery (BMid) program provides educational preparation for the future rural midwifery workforce through a long-standing relationship (greater than 10 years) with Darling Downs Health (DDH). Midwifery students learn and have placements across the Darling Downs – in numerous hospitals (e.g. Toowoomba, Warwick, Dalby, Kingaroy, etc) and in the growing number of midwifery group practice (MGP) models.

The blended learning format allows students to live in their rural hometown and/or rural placement site following a two-week block teaching at the commencement of trimester (Logan campus of Griffith University). Rural students can stream into remaining tutorials, having access to online learning, and attend on-campus for midwifery intensive study days during the trimester.

Griffith BMid graduates are well prepared to work in all models of midwifery care and are equipped to move into midwifery in regional and rural locations on graduation, having completed 20 continuity of care experiences, and additional skills such as perineal suturing, cannulation, and venepuncture.

Midwifery at Griffith on the Darling Downs is co-located with Rural Medical Education Australia (RMEA). This organisation supports medical students across DDH but is funded through RHMT. Midwifery students are not. RMEA facilities provide reliable internet access and communal study space. There is a limited opportunity to access subsidised safe accommodation from RMEA.

Meeting Demand for Essential Skills in the Region

As a School of Nursing and midwifery (SNM) in the South West (SW) we have directly addressed regional workforce shortages by expanding training capacity and research leadership at Edith Cowan University (ECU) South West. The SNM has doubled its simulation capacity in the SW, ensuring that more students can access rurally focused tertiary education experiences. In response to this we have implemented a phased growth plan. We will be increasing annual enrolments by more than 250 students over five years while balancing graduate employment needs.

As a school we are also leveraging changes to Post-Study Work Rights to expand Higher Degree by Research enrolments, attracting international students to the South West. Through this strategic expansion, we are building a critical mass of rural health expertise and positioning ECU South West as a Rural Health Centre of Excellence, driving both workforce development and evidence-based innovation in regional healthcare.

Advancing Rural Nursing Practice through Postgraduate Education at UniSQ

UniSQ supports rural healthcare workforce development through its Graduate Certificate in Rural and Remote Nursing, a fully online program tailored for Registered Nurses seeking to upskill while remaining in their communities. This flexible qualification enables nurses to deepen their expertise in rural and isolated healthcare delivery, including emergency care in resource-limited settings.

The program covers key areas such as the social, cultural, and geographic factors influencing rural health, and prepares nurses for roles in Indigenous communities, outreach programs, emergency response, and telehealth. By offering part-time study and removing the need for relocation, UniSQ ensures that nurses in remote areas can pursue professional development without disrupting their personal or professional lives.

3. Other examples

Supporting Tertiary Attainment by Working with Rural Schools

Edith Cowan University (ECU), School of Nursing and Midwifery (SNM) South West (SW) is actively strengthening pathways to tertiary education through targeted partnerships with rural schools and communities. In collaboration with the Department of Education and academic schools, SNM SW is leading a two-phase project to improve youth mental health and school attendance. Phase one involves a systematic review of Behavioural Activation (BA) in educational settings, while phase two will co-design classroom integration strategies with teachers, parents, and students to reflect rural needs. This initiative aims to build resilience and long-term engagement in education.

Complementing this, SNM SW works with *Future Students* to raise aspirations for tertiary study in health. Through regular school visits to simulation labs, open evenings, and participation in regional health expos, students and families gain insight into nursing and midwifery careers and local study options. These efforts showcase clear, inspiring pathways into tertiary education and highlight SNM SW's leadership in building a sustainable rural health workforce.

Meeting Regional Workforce Requirements

Edith Cowan University's (ECU's) School of Nursing and Midwifery (SNM) South West (SW) has taken strategic steps to deliver tertiary education tailored to rural communities and expand clinical training opportunities for students studying in the region. SNM SW has established partnerships with all University Departments of Rural Health (UDRHs) across Western Australia, enabling students to access diverse rural placements — including in Aboriginal communities, remote mining sites, and regional hospitals. A key focus has been ensuring regional students in the South West can benefit from UDRH programs, which have traditionally served metropolitan cohorts. This approach supports graduate retention in rural practice and enhances rural training experiences for students based in the SW.

In collaboration with Future Students, SNM SW has also built strong connections with South West TAFE, engaging Certificate IV and Diploma students through simulation suite visits and clear transition pathways into ECU's nursing and midwifery programs. These initiatives strengthen local education pipelines and contribute to a sustainable rural health workforce.

Ruralising Health Professional Education/Curricula: The Anabranch Framework

The Anabranch Framework (AF) is a comprehensive tool to inform ruralisation of health professions education with the aim of achieving improved rural health workforce outcomes. It is transferable, adaptable and scalable across diverse regional contexts and higher education institutions.

The framework is designed for integration into existing health professions education core curricula and extended rural placements. It has been devised to enable both spiralling (repeated revisiting of concepts) and scaffolding (building knowledge step by step) within curricula, placements and career trajectories. Spiralling and scaffolding approaches are key to strengthening learning. The framework embeds an understanding of rural practice and culture and is relevant to health students and professionals regardless of their place of origin.

The AF comprises rural theories, pedagogies, practices and connectivity across the following four areas:

- knowledge acquisition and generation;
- immersion in rural curriculum;
- knowledge translation and sharing; and
- relational practice and agency.

These in turn advance rural health workforce through instilling a deep understanding of rural health, culture and practice.

The AF is currently being implemented in far west NSW as a core component of the Broken Hill University Department of Rural Health (BH UDRH) through the RHMT program. The curriculum is delivered by an interdisciplinary team of rural and First Nations academics. Final year students from a range of health disciplines, including nursing, engage with the AF curriculum across rural placements ranging from 15 to 46 weeks' duration. These students represent 14 different universities who work collaboratively with the BH UDRH to advance rural health and health workforce outcomes. Initial findings from the implementation demonstrate rural health workforce uptake, student acquisition of graduate work-readiness[21] and rural community-literate attributes.[9]

In parallel to the AF, the BH UDRH is also working with the Far West Local Health District, NSW Health, and Sydney Nursing School on the co-design and implementation of the Rural Nurse-Centred Career Framework. This framework acknowledges the pre-requisites, practice/other contexts and processes required to establish a flourishing regional and First Nations health workforce - to contribute to rural community wellbeing. The Framework acknowledges the critical links between practitioner welfare and professional satisfaction by helping to maintain and elevate rural health professionals' mental health and wellbeing, so assisting in regional workforce retention.

Further information about the above initiatives is available from Professor Debra Jones, Head of the Rural Clinical School Broken Hill UDRH, The University of Sydney: https://www.bhudrh.com.au/

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