

**Mr. Steve Georganas, MP:**

**Purpose:** The scope to more effectively target skills gaps and shortages in critical sectors to improve services that benefit local communities in regional areas within Australia: **Raising Age Limit for Regional Sponsored Nursing Visas, and/or Independent Visa 189.**

### **Background**

The systemic impacts of critical global nursing shortages on healthcare should begin with clinical nurse educators. Nurse educators have an important role in the classroom, clinical rotations, and in the hospital bedside to teach and motivate nursing students and nursing staff. The International Council of Nurses has projected a shortage of thirteen million nurses due to the pandemic, burnout, and retirements, (The Global Nursing shortage and Nurse Retention, n.d.). which can change with improved policies.

### **Significance**

*Australia is facing a shortage of **more than 70,000 nurses** by 2035, according to national projections revealed in the Department of Health and Aged Care's Nursing Supply and Demand Study.*

### **Current Situation**

- Visa cap currently set at 45 years of age
- Experience requirement reduced from 3 years (2023) to 1800 hours (2025) Expands eligibility but reduces clinical expertise and clinical judgment leading to errors and readmission rates.
- Nurses over 45 tend to have a higher level of education and bring years of clinical expertise.
- Nurses migrating under 35 are more likely to travel around Australia, whereas those **over 45** are more likely to want to settle in one region and not move around the country.

Clinical expertise is needed at the bedside to guide new nurses, teach clinical best practice and in preventing errors. Having clinical expertise at the bedside improves the stigma of nursing, reduces nursing turnover and improving nursing retention, by improving clinical outcomes. Thirty-day readmission rates are an avoidable outcome for illnesses such as heart failure, costing hospitals billions of dollars globally each year (Dang et al., 2024) ultimately undermines clinical outcomes and imposes high costs on hospital systems worldwide. Effective onboarding with nursing staff can improve confidence, reduce turnover by building trust and respect within an organisation by utilizing a personalized learning approach to improve satisfaction (Valdes, et al., 2023).

### **Problem**

- Excludes experienced nurses aged 45–55 despite average retirement age of 66.7 Healthcare employees (Australian Bureau of Statistics 31/10/2025)
- Senior nurses and educators are key for clinical best practice, reducing readmissions, facilitating and mentoring junior staff.

### **International Example**

- Australia is expediting visas for nurses in Canada, Ireland, and the UK, under the age of 45. These countries **currently do not have an age requirement for nurses migrating to those countries.**

### **Options**

1. Lift age cap from 45 → 55.

2. Exemption pathway for nurses with 10+ years' experience and/or postgraduate Master of Science in Nursing (MSN)

**Recommendation-** please reconsider either **lifting the age cap** or establishing **exemption pathway** for experienced educated nurses, for **best clinical practice**. Utilizing overseas nurse educators and nurses can bring in fresh perspective, innovation, diversity, continuous improvement, root cause analysis and quality improvement.

1. Educating and mentoring new nursing preparing them for the workforce of bedside nursing with clinical judgment and critical thinking, instead of focusing on skillsets.
2. Linking clinical expertise with metrics of reducing hospital cost including staff turnover, and training, hospital medical errors, and readmission rates.

### **Expected outcomes**

Many countries focus on recruiting nurses new to the profession while excluding nurse educators with clinical expertise to build confidence, critical thinking and clinical judgment to improve clinical outcomes, a costly mistake for hospitals and immigration policy development. Nurse educators over 45 should not be excluded from visa migration, as clinical expertise is the foundation of nursing. To improve the nursing crisis in Australia, primarily regional areas, we need to first address the shortage of nurse educators to improve clinical best practice, reduce turnover, and improve nursing confidence with new graduates within their first two years of practice.

## Skilled Migration Committee 2026

Review of APHRA Nursing and Midwifery in 2024/25 Data:

Age 28-34 **28%**, less expertise, leadership, more likely to take maternal family leave, given that 98% nurse are female; and this age are likely to migrate to other regions/states.

Age 35-44 27%

Age 45-54 17%

Age 55-64 22%

Age >64 10%

Over **32%** are over the age of 55, creating another gap in the profession for nurse educators to teach either in classroom or at the bedside.

<https://www.nursingmidwiferyboard.gov.au/News/Annual-report.aspx#:~:text=Snapshot%20nurses,75+0.4%25>

The majority are in regional areas.

SA 38,539 / 498,273 = **8%**

ACT 8,262 / 498,273 = **2%**

NT 4,683 / 498,273 = **1%**

TAS 11,563 / 498,273 = **2%**

No Principal Place of Practice 33,592 / 498,273 = 6.7%

WA 48,688 / 498,273 = 10%

NSW 124,313 / 498,273 = 25%

QLD 101,747 / 498,273 = 21%

\*\* Ahpra---Annual-report-2024-25---Registration-supplementary-tables.

Given that Australia is facing shortfall of over 70,000 nurses by 2035, AU Nursing Midwifery Journal (ANMJ), the hardest hit will be regional areas. Nurse Educators will be needed to rebuild post pandemic to teach newer nurses, build confidence, reduce turnover, decrease medical error, and decrease patient readmission rates.

*“What was most worrying in the report was that the biggest projected shortage is in acute care. We’re looking at a future where we are going to see more ambulance ramping, we’re going to see closure of wards, we’re going to see longer waiting lists because there won’t be sufficient nurses to be able to provide the services required.”*

<https://anmj.org.au/australia-facing-shortfall-of-over-70000-nurses-by-2035-report-reveals/>

### **Problem:**

DAMAS/Employer Sponsored Visas are rarely given to leadership roles, in fact never given to university lecture positions. DAMAS and employer sponsored visas may impact trade professions but have little impact on nursing leadership roles.

Nurse Educator and leadership roles might advertise and interview those overseas, as I have had over 20 either in person or Zoom/Teams.

Many of these have been given to those less qualifications and expertise and then reposted within a year to repeat the situation.

In the last three months, I have seen a reposting for roles I have personally interviewed for and did not get due to residency:

Hendecare- Educator Workplace Trainer and Assessor  
HammondCare- Clinical Nurse Educator  
Calvary- Several Nurse Educator roles  
Amplar/Medibank- Clinical Nurse Liasson  
SALHN- Aged Care Nurse Educator

*“This position is open to all Australian Citizens, Permanent Residents and applicants who hold a current and valid Visa with full working rights in Australia.”*

*“Unfortunately, we require staff to have full working rights for any position.”*

*“Only applicants with the right to work in Australia will be considered.”*

***“Please note visa sponsorship is not available for this position.”***

### **Recommend:**

Skilled Visa 189 Independent

Skilled Visa 190 State/Territory

### **Options:**

1. Increase to age 55 **And/OR:**
2. Age Exemption for those with Post Graduate Degree (Master of Nursing Education, by example) **And/OR:**
3. Over ten years of experience in their skilled field **AND/OR**
4. ANZSCO Level 1 in skilled field.

### **My Personal Example:**

My sister and family are in Adelaide, where I wish to return, and not migrate to a larger city. I have been a registered nurse for 20 years, a nurse educator and faculty.

I would bring a Master of Science in Nurse Education, ANZSCO Level 1 Nurse Educator, BSN, a Bachelor of Science Community Health Education, and a Training & Assessment Cert IV, in progress.

I do not have dependents and wouldn't migrate.

Thank you.

Kerry Rodgers, MSN, BSN, RN

Seattle, WA USA

## Skilled Migration Committee 2026

### Problem:

1. **Nurses leaving Employer for Agency positions, creating larger holes.**
2. **Unsupported Nurses from overseas**

### Previous Key Challenges:

1. **Bureaucracy & Registration:** The [Australian Health Practitioner Regulation Agency](#) (AHPRA) process for recognizing overseas qualifications and issuing registration can be slow, though recent efforts aim to speed it up.
2. **Visa & Processing Delays:** Post-COVID immigration backlogs and complex visa requirements add significant time and stress.
3. **Inadequate Support (Onboarding):** Many international nurses report feeling unsupported with housing, banking, and navigating the system, leading to early burnout and departure.
4. **High Standards:** Australia maintains rigorous standards for competent practice, meaning not all foreign-trained nurses easily meet requirements, leading to concerns about under-qualified staff flooding the sector.
5. **Domestic Shortages:** An aging population, retiring nurses, and high demand mean local nurses are overworked, yet systemic issues like understaffing and low pay persist, driving some away.

*“It said 25 per cent of nurses at Alice Springs Hospital are currently agency staff.” “Nurses and midwives are quitting ongoing roles for better hourly pay and greater flexibility.”*

<https://www.abc.net.au/news/2023-12-21/nurses-switching-to-agency-work-in-australias-hospitals/103230020>

Many are leaving their job for agency who pay \$25-50/hour MORE than their employer, for the same job.

*“A full-time nurse via an agency can cost ~\$178K/year in wages, compared to around \$99K/year for an in-house permanent nurse — even before factoring turnover and retraining costs.” (Stephan Piry, The Rising Cost of Agency Staff — Why Permanent Recruitment is the Smarter Choice).*

<https://www.linkedin.com/pulse/rising-cost-agency-staff-why-permanent-recruitment-smarter-piry-5ajxc/?trackingId=MH%2B%2FyWWAQs%2BKYMZd3YHsIA%3D%3D>

### Recommend: Along with Regional State EOI, must have family support

Skilled Visa 189 Independent

Skilled Visa 190 State/Territory

### Options:

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4. ANZSCO Level 1 in skilled field.

### New Age Exemption Option: Regional Visa with FAMILY sponsorship:

1. **Bureaucracy & Registration:** The worker must already be licensed and registered within their skillset.
2. **Visa & Processing Delays:** Fast tracking for those of known critical shortages.
3. **Inadequate Support (Onboarding):** Housing, banking, and navigating the systems would be supported by their families already with citizenship.
4. **High Standards:** Workers must be regulated within their licensure, governed by their registration (AHPRA, state builders association for construction/Cert IV)
5. **Domestic Shortages:** Recruiting overseas will ease shortages for organisations.

Regional Skilled Migration Visa Skilled Visa 189 Independent and/or  
Skilled Visa 190 State/Territory

Similar to a 491:

### **Sponsorship by an eligible relative** Your sponsor must be:

- 18 years old or older
- usually resident in a [designated area of Australia](#)
- be an Australian citizen, an Australian permanent resident, or an eligible New Zealand citizen
- be your eligible relative or your partner's eligible relative if your partner is also applying for this visa

An eligible relative can be:

- a parent
- a child or step-child
- a brother, sister, adoptive brother, adoptive sister, step-brother or step-sister
- an aunt, uncle, adoptive aunt, adoptive uncle, step-aunt or step-uncle
- a nephew, niece, adoptive nephew, adoptive niece, step-nephew or step-niece
- a grandparent, or
- a first cousin

We must approve your sponsorship before you can be granted a visa.

Kerry Rodgers,

Seattle, WA- Sister & Family in Adelaide

## Hon Joe Szakacs MP



### Government of South Australia

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IIS25/00076

Ms Kerry Rodgers

Dear Ms Rodgers

Thank you for writing to the Hon Peter Malinauskas MP, Premier of South Australia, regarding your proposal to improve regional visa improvement pathways. As the matter you have raised falls within my portfolio responsibilities, the Premier has asked that I respond on his behalf.

I note you have also provided the visa proposal to the Hon Tony Burke MP, Minister for Home Affairs and Minister for Immigration and Citizenship. As you are aware, the Australian Government has responsibility for visa legislation and eligibility criteria, including age requirements for skilled visas.

The South Australian Government participates in employer sponsored migration programs, including Designated Area Migration Agreements (DAMA). The Department of State Development (DSD) are currently negotiating a new five-year DAMA program with the Australian Government on behalf of the South Australian Government.

I am pleased to advise that, in recognition of your advocacy, DSD will be requesting that the occupation of Nurse Educator be added to the occupation list for South Australia's new DAMA.

Importantly, this request will include an age concession, enabling local employers to sponsor suitably qualified Nurse Educators up to the age of 55. While this proposal remains subject to Commonwealth agreement, it represents a significant step forward strengthening South Australia's healthcare workforce.

Your commitment to supporting experienced nurse educators is deeply valued. DSD officials have your contact details and will keep you informed of the outcomes of this request as negotiations progress.

Thank you again for your thoughtful contribution and for championing the needs of South Australia's skilled health sector

Yours sincerely

**Hon Joe Szakacs MP**

Minister for Trade and Investment

Minister for Industry, Innovation and Science

Minister for Local Government

Minister for Veterans' Affairs

/ / 2025

cc: Hon Peter Malinauskas MP, Premier of South Australia

