

Children's Cancer Institute

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**12 December 2025**

Mr Steve Georganas MP  
Chair  
Joint Standing Committee on Migration  
E: [migration@aph.gov.au](mailto:migration@aph.gov.au)

Dear Mr Georganas,

**Children's Cancer Institute Submission – Inquiry into the Value of Skilled Migration to Australia**

Children's Cancer Institute (CCI) welcomes the opportunity to contribute to the Inquiry into the Value of Skilled Migration to Australia.

**Background**

Children's Cancer Institute (CCI)

CCI is Australia's sole independent medical research institute wholly dedicated to pioneering research and innovative treatments to improve the lives of children affected by cancer. The Institute has developed a world-class research environment that merges laboratory-based science with clinical translation pathways for over forty years.

CCI unites researchers, students, corporate leaders, and support staff in a dynamic workplace dedicated to advancing medical research and improving human health.

The Institute has collaborated with the Sydney Children's Hospital Network and the University of NSW (UNSW) to develop the Minderoo Children's Comprehensive Cancer Centre (MCCCC), a state-of-the-art facility set to open in early 2026, which will integrate up to 900 researchers, clinicians, and support staff to elevate care for children with cancer.

Zero Childhood Cancer Program (ZERO)

CCI co-leads the Zero Childhood Cancer (ZERO) Program, a world-renowned precision medicine initiative for children with cancer, with the Kids Cancer Centre at Sydney Children's Hospital, Randwick.

This national program is available to every child with cancer in Australia, regardless of tumour type, stage, or risk, and has enrolled nearly 3,000 participants to date.

ZERO uses advanced somatic and germline genomic profiling and precision medicine techniques to identify an individual child's genetic cancer drivers and deliver personalised treatment recommendations.

The program has significantly improved clinical outcomes, transforming care for high-risk and undiagnosable patients in Australia.<sup>1</sup>

In 2025, the Federal Government generously announced \$112.6 million over three years to support its continuation and expand access to include adolescents and young adults (AYA).

### Childhood Cancer in Australia

In Australia, over 1,000 children and adolescents are diagnosed with cancer each year, making cancer the leading cause of disease-related death in children. While Australia has one of the lowest total case numbers globally due to its smaller population, it records one of the highest per capita incidence rates of childhood cancer among children and adolescents (0–19 years old).<sup>2</sup>

At any given time, more than 2,000 children are undergoing cancer treatment, and tragically, each year, 200 of these young patients will not survive.

Two-thirds of childhood cancer survivors experience severe, lifelong side effects, including infertility, cardiac toxicity, chronic pain, developmental deficits, metabolic disorders, and secondary cancers. These issues stem from chemotherapy's non-specific and highly toxic effects throughout the children's developing bodies. The impact extends beyond patients and their families, affecting survivors' ability to work and live independently while placing a significant burden on the healthcare system.

Children are not simply smaller adults with cancer - childhood cancers are unique and require specialised care pathways.

As a rare disease, childhood cancer presents significant inequities in access to high-end diagnostics, therapeutics, and adequate lifelong surveillance and support for survivors.

Despite these challenges, childhood cancer stands as a remarkable example of how medical research can transform outcomes. Advances driven by the collaboration of clinicians and researchers have increased survival rates in developed countries from single digits to over 80 per cent over the last 50 years, demonstrating the life-changing potential of ongoing innovation and investment.

### **Inquiry Response**

Skilled migrants play an essential role in enabling our Institute to deliver world-class research, particularly in highly technical and rapidly evolving fields such as computational biology, bioinformatics and precision medicine, where domestic expertise remains limited. Skilled migration has also been critical for recruiting senior research officers, whose specialised experience can be difficult to source within Australia.

CCI employs just over 400 staff, with approximately 16 per cent of our workforce on visas, many of whom hold skilled migration visas. These individuals make significant contributions to our scientific capability, research productivity and innovation capacity.

Despite their value, we continue to face challenges in recruiting and retaining skilled migrants due to onerous administrative requirements, high sponsorship costs, limited access to appropriate and affordable housing, and the mandatory Labour Market Testing requirement to advertise roles domestically before seeking to recruit internationally.

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<sup>1</sup> Lau, L. M. S., et al. 2024. Comprehensive genomic profiling for high-risk pediatric cancer patients: Results from the Zero Childhood Cancer Program. *Nature Medicine*.

<sup>2</sup> Biointelect. 2025. Australian Paediatric Oncology Trials Landscape.

Our submission outlines these challenges and provides recommendations (refer to summary in Appendix 1) to strengthen Australia's skilled migration system to better support employers, including CCI.

### Labor Market Testing

Labour Market Testing (LMT) requirements present a significant barrier to the timely recruitment of skilled migrants in the childhood cancer research space.

The current requirement to advertise roles domestically for a minimum of 28 consecutive days before seeking to recruit an overseas candidate is disproportionately burdensome for highly specialised research positions.

At CCI, many such roles are advertised continuously throughout the year, and any suitable domestic candidates are typically identified within the first 14 days of posting. Extending the advertising period beyond this point does not improve domestic recruitment outcomes; instead, it creates avoidable delays in securing the specialist expertise needed to progress critical research.

A further and significant barrier is the requirement that job advertisements be "live" within the four months immediately before lodging a nomination.

In medical research, delays in recruitment can have direct consequences for project timelines, particularly when work is tied to fixed-term grant funding or requires specialised technical capabilities that are not available in Australia. These delays risk compromising research quality, slowing scientific progress and, ultimately, affecting patient-focused outcomes.

CCI recognises the importance of prioritising domestic applicants. However, a more proportionate approach is necessary for highly specialised roles where domestic supply is extremely limited.

**Recommendation 1:** Reduce the mandatory 28-day Labour Market Testing (LMT) advertising period, which requires employers to advertise a role locally before sponsoring an overseas worker, to a more reasonable 14-day timeframe.

**Recommendation 2:** Strengthen Labour Market Testing (LMT) settings by recognising advertisements posted within the previous 4–6 months as compliant, removing the need for unnecessary re-advertising.

### Sponsorship Visa Costs

Sponsorship visa costs place a financial burden on not-for-profit organisations such as CCI, diverting resources away from critical scientific work. We rely on a small global talent pool for specialised research roles that cannot be sourced domestically, yet we face significant costs in recruiting these experts, despite their direct contribution to national priorities, including the Australian Cancer Plan.

The current fee structure does not reflect the realities of not-for-profit research. Our roles are time-sensitive, grant-funded, and essential to delivering Australia's health and research outcomes.

Consideration of reduced fees must be given to positions of significant national need that directly contribute to Australia's productivity, economic growth, and long-term research capability.

**Recommendation 3:** Introduce reduced visa and sponsorship fees for not-for-profits recruiting into areas of significant national need, including specialised research roles, and provide financial concessions to offset the broader costs of skilled migration.

### Housing

Access to appropriate and affordable housing is one of the most significant barriers experienced by skilled migrants at CCI.

None of our skilled migrant employees currently live near the Institute, with some residing outside Greater Sydney, requiring commutes of more than two hours each way.

The high cost and limited availability of housing near major research precincts pose a substantial challenge, reducing Australia's competitiveness in attracting and retaining globally sought-after research talent.

CCI recognises that Australia is facing a broader housing affordability challenge impacting many individuals and families already residing here, and addressing this national issue is paramount. However, the absence of any short-term, targeted housing support for skilled migrants places Australia at a disadvantage compared to other research-intensive nations.

In contrast, comparable countries such as Canada, Denmark and Germany offer government-supported relocation and housing assistance for skilled migrants, facilitating faster settlement and earlier workforce integration.

Establishing a similar model in Australia would ease the financial and logistical burden of relocation, support skilled researchers to transition more quickly into critical roles, and strengthen the long-term sustainability of the childhood cancer research workforce.

**Recommendation 4:** Adopt integrated work–housing models for skilled visa holders, including access to short-term, subsidised or prioritised accommodation to reduce relocation barriers.

#### Application Process

The current application process for skilled migrants is excessively burdensome for not-for-profit organisations, including CCI.

Preparing a single application can take months, largely due to the significant documentation required, and the detailed verification processes.

For time-critical, grant-funded research roles, these delays have a direct impact on project delivery, research productivity, and Australia's competitiveness in securing global scientific talent.

While we acknowledge the importance of robust screening and integrity checks, the process in its current form is not proportionate to the risk profile of not-for-profit research organisations. CCI recruits for specialised scientific roles that cannot be filled domestically, and prolonged vacancies slow progress in areas of high unmet need, including paediatric cancer drug discovery.

A streamlined, fit-for-purpose process is essential to ensure that organisations like CCI can recruit the specialists needed to deliver high-impact research within required timelines.

The current system must be reviewed to reduce unnecessary administrative burden and accelerate pathways for roles of significant national need.

**Recommendation 5:** Streamline the current skilled migration application process so it is fit-for-purpose, reduces unnecessary administrative burden.

#### **Conclusion**

This inquiry presents a critical opportunity to strengthen Australia's ability to attract and retain the global talent essential to advancing our national research and health priorities. However, the value of this process will only be realised if the Commonwealth Government acts on its recommendations in a timely and coordinated manner.

The not-for-profit medical research sector, including CCI, would benefit greatly from timely reforms, as it continues to face challenges such as an onerous application process, limited access to affordable housing for skilled migrants, high sponsorship visa fees, and inflexible Labour Market Testing requirements.

Addressing these challenges promptly will remove key barriers to recruitment, strengthen Australia's competitiveness, and enable organisations like CCI to deliver research that supports national health and economic outcomes, ultimately improving health system productivity and patient outcomes.

If you have any questions, please contact Chanel Beynon, Strategy and Government Relations Lead

Yours sincerely,

**Dr Peter Wejbora**

Director, Research Development and Partnerships  
Children's Cancer Institute

## **Appendix 1: Summary of Recommendations**

**Recommendation 1:** Reduce the mandatory 28-day Labour Market Testing (LMT) advertising period, which requires employers to advertise a role locally before sponsoring an overseas worker, to a more reasonable 14-day timeframe.

**Recommendation 2:** Strengthen Labour Market Testing (LMT) settings by recognising advertisements posted within the previous 4–6 months as compliant, removing the need for unnecessary re-advertising.

**Recommendation 3:** Introduce reduced visa and sponsorship fees for not-for-profits recruiting into areas of significant national need, including specialised research roles, and provide financial concessions to offset the broader costs of skilled migration.

**Recommendation 4:** Adopt integrated work–housing models for skilled visa holders, including access to short-term, subsidised or prioritised accommodation to reduce relocation barriers.

**Recommendation 5:** Streamline the current skilled migration application process so it is fit-for-purpose, reduces unnecessary administrative burden.