



Short Communication

The evolution of registration standards for internationally qualified midwives in Australia

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ABSTRACT

Background: Registration as an internationally qualified midwife in Australia can be challenging, as the individual must meet rigorous education and professional competency assessment standards.

Aim: The purpose of this discussion is to present an overview of the evolution of registration standards for internationally qualified midwives in Australia from 2000 to 2020 and evaluate their effectiveness in promoting internationally qualified midwives' professional integration.

Results: Australian registration policies for internationally qualified midwives have undergone significant change over the last 20 years. In 2010, registration policy and governance moved from state or territory to national jurisdiction, then these standards were upgraded in 2014, and finally transitioned to an outcome-based assessment (OBA) program in 2020. Inconsistency and lack of transparency in established registration policies and their implementation were revealed, most notably when bridging programs for internationally qualified midwives from non-English speaking backgrounds were discontinued in Australia in 2015, despite reference in the NMBA policy as an available transition program from 2000 to 2020. The implementation of OBA in 2020, which occurred after a significant delay, complicated registration processes further with inclusion of two levels of assessment (MCQ examination and OSCE) and associated expenses.

Conclusion: Evidence-based strategies and regulatory adjustments are necessary to effectively register internationally qualified midwives in Australia, particularly those from non-English speaking backgrounds.

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Background

The Australian midwifery workforce has similar challenges to those internationally, including an ageing workforce and declining participation and retention rates, all of which have resulted in staff shortage in Australia (Pugh et al., 2013). Australia's reliance on, and recruitment of, international healthcare providers is one of the measures it has used to alleviate these midwifery workforce shortages (Negin et al., 2013). Internationally qualified midwives who received their midwifery qualifications outside of Australia, and are now practising in Australia, account for around 13 percent of all registered midwives (Nursing and Midwifery Board of Australia, 2018).

Migrating to Australia to work as an internationally qualified midwife can be challenging, as they must go through rigorous assessment processes to determine whether they have the necessary knowledge, skills, and professional attributes to practise their

profession in Australia (AHPRA, 2020a). Strict qualification standards, a high degree of English language proficiency, and appropriate professional experience must be fulfilled by internationally qualified midwives seeking registration in Australia in order to be registered (Australian College of Midwives, 2016). This process is even more complicated for internationally qualified midwives from culturally and linguistically diverse backgrounds (Javanmard et al., 2020; Staples, 2015).

Australia continues to face a serious shortage of qualified midwives. Ensuring there is an effectively educated and resourced midwifery workforce is recognised as a critical component of Australia's national workforce planning effort (Homer et al., 2014). The midwifery shortage caused by an ageing workforce, insufficient recruitment, and retention rates reportedly resulted in the decline and fragmentation of childbirth and maternity services, particularly in remote regions of Australia (Hildingsson et al., 2016). With existing and anticipated critical shortages of midwifery by 2030, Australia is expected to continue relying on internationally qualified midwives to mitigate workforce sustainability issues (Department of Health, 2019).

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Australia has a diverse and growing migrant population from around 190 countries, with 29.8% of the overall population reportedly born abroad (Australian Bureau of Statistics, 2021). The Australian health system faces a significant challenge in providing accessible and high-quality care for migrant women (Mander & Miller, 2016). Depression and anxiety, perinatal mortality, preterm birth, and low birth weight have all been shown to be more prevalent among ethnic minority migrant mothers (Heslehurst et al., 2018). Including culturally diverse personnel in developed countries' health care systems has been recognised as a lifesaving strategy for providing culturally and ethnically diverse care (Sherwood & Shaffer, 2014).

Despite the critical role of internationally qualified midwives in resolving the continued and growing staffing crisis, expanding diversity within the system, and promoting culturally competent maternity care, little is known about existing registration policies and their success in supporting internationally qualified midwives' integration into the Australian workforce. Additionally, published literature appears to focus primarily on doctor and nurse migration, with midwives typically classified as part of the broader context of nurse migration.

The purpose of this discussion is to present an overview of the evolution of registration standards for internationally qualified midwives in Australia from 2000 to 2020 and to examine their effectiveness in promoting internationally qualified midwives' professional integration.

Evolution of internationally qualified midwives' registration standards and governance in Australia

Prior to 2010, assessment, accreditation, and registration of internationally qualified midwives were the jurisdiction of individual state and territory-based nursing boards (Australian Institute of Health and Welfare, 2009). In 2010, the Nursing and Midwifery Board of Australia (NMBA) assumed responsibility for national regulation of nursing and midwifery, superseding the individual state and territory boards (Tierney et al., 2018). In 2009, the NMBA adopted a national framework established by the Australian Nursing and Midwifery Council (ANMC) to ensure consistency in the assessment of international applicants against standards for domestic graduates (ANMC, 2009b). The ANMC was established in 1992 in Australia with the intention of standardising nursing and midwifery education programs nationwide (Tierney et al., 2018).

The assessment criteria for international midwives were modified further in 2014 and eight qualification criteria were included in the process (NMBA, 2014). The NMBA eventually adopted an Outcome Based Assessment (OBA) program as the primary model for assessing internationally qualified midwives for registration in Australia in 2019. The development of Australia's registration rules for internationally qualified midwives from 2000 to 2019 can be described in four distinct time periods, as displayed in Table 1.

Registration of internationally qualified midwives by state or territory nursing boards (2000–2009)

Prior to 2010, internationally qualified midwives were required to register with their local state or territory nursing board to practise midwifery in Australia (AIHW, 2009). Three registration pathways were available based on an assessment of internationally qualified midwives' overseas qualifications. Those assigned to the first path were required to complete a modified Bachelor of Midwifery degree at an accredited university (conversion course), with credit considered for their prior education (Jeon et al., 2007). Internationally qualified midwives in the second path were required to undertake a bridging program approved by state or territorial regulatory authority before being considered eligible for of-

ficial registration (Xu et al., 2012). This bridging program examined competency of internationally qualified midwives against registration standards and consisted of a 90 h theoretical component and a 160 h clinical component delivered over 7 weeks full-time or 18 weeks part-time. The clinical component was administered in a healthcare context under the supervision of mentors, with no need for work permission or license (Jeon et al., 2007; Xu et al., 2012). The bridging program enabled internationally qualified midwives not meeting certain prerequisites for registration in Australia to achieve a sufficient level of proficiency as well as to facilitate their transition into the Australian work environment (DOH, 2019). These programs were delivered at the state and territory level, with fees, structure, duration, content, and quality varying (ANMC, 2009a; Xu et al., 2012). Internationally qualified midwives in categories one and two were also required to pass an English proficiency test in order to be eligible for registration (Jeon et al., 2007). The third path comprised midwives who acquired their qualifications in New Zealand, UK, Ireland, Canada, US, European Union, Hong Kong, and Singapore who were qualified for direct registration in Australia (Jeon et al., 2007).

Nationalisation of the registration system (2010–2014)

In 2007, the ANMC expressed concern about the lengthy, inconsistent, and confusing process of registering internationally qualified midwives as a result of disparities in standards implemented by different nursing boards in each Australian state and territory (Australian Nursing and Midwifery, 2007). In 2010, Australia moved to a national registration and regulation system for 10 health professions including midwifery. The ANMC developed six national standards for assessment of internationally qualified midwives applying for registration that established benchmarks or levels of performance expected to be achieved by them to satisfy public protection (ANMC, 2009a). Standard 1 and 2 addressed establishing identity and demonstrating evidence of English language proficiency. Standard 3 emphasized educational preparation and served largely to evaluate the education curriculum of the overseas midwifery program. Standard 4 required evidence of professional experience as a midwife within a specific time frame prior to the application. Performance standards (Standards 5 and 6) addressed assessment issues by establishing how well practice standards were satisfied and characterising the level of performance in accordance with the expected knowledge or skill (ANMC, 2009a). As part of Standard six, internationally qualified midwives were expected to complete the National Adaptation Program (NAP), regardless of their country of origin. NAP was designed to acquaint international midwives with the Australian health care system, the requirements of their profession in Australia, and to assess their clinical competence for safe practice (ANMC, 2009a). It was a post-employment transition program during which internationally qualified midwives assumed employee status; unlike prior bridging program (Xu et al., 2012). This program had two integrated parts – a didactic component and a clinical component (supervised practice). The clinical component was offered by placement providers which were clinical facilities that could provide a range of relevant learning experiences for the applicant while ensuring adequate support during the period of provisional registration (ANMC, 2009a). The educational component, provided by an education provider, was designed to introduce international midwives to the cultural context of the Australian health care system. The clinical component of the program consisted of orienting internationally qualified midwives to practise in Australia, followed by assessing their skills against Australian standards (ANMC, 2009a).

The duration of clinical component was dependent on the internationally qualified midwife's country of origin. For those from predominantly English-speaking countries including UK, Hong

Table 1
Evolution of registration policies for internationally qualified midwives in Australia.

Year	Registration policies evolution	Registration process
2000–2009	<ul style="list-style-type: none"> - State and Territory-based nursing boards were responsible for the registration of internationally qualified midwives 	<ol style="list-style-type: none"> 1 Lodging application 2 Submitting the documentation (Education, English language proficiency, work experience) 3 Being assessed against the state and territory-based nursing board standards 4 Completing the bridging program 5 Registration
2009–2013	<ul style="list-style-type: none"> - In 2009, ANMC established six standards for the assessment of internationally qualified nurses and midwives for registration in Australia, superseding the state and territory-based boards - In 2010, NMBA adopted Standards 1 to 5 from the 2009 final report into an assessment model, and this model was used to determine the qualification suitability of the internationally qualified midwives for registration 	<ol style="list-style-type: none"> 1 Lodging application 2 Meeting the six registration standards <ul style="list-style-type: none"> - Standard One: The applicant establishes their identity - Standard Two: The applicant meets English language proficiency for the midwifery profession - Standard Three: The applicant is assessed as meeting current Australian midwifery educational standards - Standard Four: The applicant provides evidence of having practised as a midwife within a defined period preceding the application - Standard Five: The applicant demonstrates they are fit to practise midwifery in Australia - Standard Six: The applicant successfully completes the National Adaptation Program for internationally qualified nurses and midwives. If competence does not achieve during NAP (non-English language countries) the bridging program should be completed by applicant 3 Registration
2014–2019	<ul style="list-style-type: none"> - In 2014, The new model for internationally qualified midwives introduced by the NMBA mandated that all qualifications provided as evidence by IQNMs must meet eight qualification assessment criteria based on the ANMAC Accreditation Standards, which were similar for Australian graduates 	<ol style="list-style-type: none"> 1 Lodging application to AHPRA 2 Providing documents to AHPRA to be assessed for general requirements for registration 3 Transferring the application to NMBA for qualification assessment against eight criteria: <ul style="list-style-type: none"> - Qualification leads to registration as a midwife - Accreditation of education institution - Accredited program of study - Level of qualification according to the Australian Qualification Framework (AQF) <ul style="list-style-type: none"> o Bachelor's degree (AQF level 7) o Advanced diploma (AQF level 6) o Diploma (AQF level 5) - Clinical experience hours (direct), Continuity of care episodes - Course curriculum primarily related to midwifery - All components of course successfully completed - Medication management presented in the content 4 If internationally qualified midwives' qualification fell at <ul style="list-style-type: none"> - AQF level 7 (bachelor's degree) and meet all other criteria, approval for registration - AQF level 7 and meet all the criteria except for continuity of care experience (criterion 5) or criteria 8 (medication management), approval for registration with conditions for supervised practice - AQF level 7 (bachelor's degree) but didn't meet all other the criteria, must enroll in a Board-approved program of study leading to registration as a midwife in Australia - AQF level 6 (Advanced Diploma) qualification and meet all the criteria except 4, completion of the bridging program - AQF 5 (Diploma) qualification and lower qualification, refuse
After 2020	<ul style="list-style-type: none"> - In 2019, the NMBA moved to a permanent approach in the assessment of IQNMs. Changes under the new model include a reduction in the assessment criteria from eight to three, in which the bridging program was replaced with OBA, which assessed internationally qualified midwives' knowledge, skills and attributes against the relevant NMBA standards for practice, previously termed national competency standards 	<ol style="list-style-type: none"> 1 Lodging application to AHPRA 2 Self-check 3 Being assigned to a Stream <ul style="list-style-type: none"> - Stream A countries: completing online orientation part 1 - Stream C countries: refuse - Stream B countries: completing online orientation part 1 and OBA program, which includes MCQ and OSCE exam 4 Applicants in Streams A and B must complete general registration requirements. Applicants in stream C should upgrade their qualification with an education provider 5 Registration (stream A and B) 6 Completion of online orientation part 2 (stream A and B) 7 Completion of employment-based orientation (stream A and B)

Kong and European countries, had a shorter four-week pathway, as their qualifications were deemed adequate for the purpose of registration. For those from non-English speaking countries, a longer pathway of 6–12 weeks was required (ANMC, 2009a).

In upgrading the registration standards, the English language requirement cutoff on the International English Language Testing System (IELTS) for non-English speaking background midwives was also raised to 7.0 from 6.5 in all domains (listening, reading, writing, and speaking) (ANMC, 2009a).

In 2010, the NMBA acquired regulatory authority for midwifery practice in Australia and determined assessment criteria for internationally qualified midwives seeking registration in Australia, as required by the National Law on Health Practitioner Regulation (Tierney et al., 2018). Although AHPRA assisted National Boards in implementing the National Scheme and examined initial applications for internationally qualified midwives, the NMBA was ultimately accountable for assessing each application (NMBA, 2014).

Introduction of eight qualification criteria for assessment of internationally qualified midwives (2014–2019)

The new model for assessment of internationally qualified midwives seeking registration in Australia was introduced by the NMBA in February 2014, and mandated that all qualifications provided as evidence by internationally qualified midwives met set Criteria 1–8. The 2014 model meant that internationally qualified midwives seeking registration were assessed against the standard expected of an Australian midwifery graduate (NMBA, 2014). This new model assessed overseas qualifications of internationally qualified midwives and whether these led to registration as a midwife in the country of origin (Criterion 1), the education institution where internationally qualified midwives studied was externally accredited (Criterion 2), and the program of study was accredited by the relevant midwifery regulatory authority or agency (Criterion 3) (NMBA, 2014). In the new model, the education qualifications of internationally qualified midwives were assessed according to the Australian Qualifications Framework (AQF) (Criterion 4) (Wheelahan, 2011). An overseas course completed by internationally qualified midwives was required to be primarily related to midwifery and include components of medication management and sufficient hours of clinical experience (Criterion 5, 6, 7, 8) (NMBA, 2014).

Internationally qualified midwives with equivalent AQF level 6 (Advanced Diploma) and above or AQF 5 (Diploma) with subsequent qualifications underwent a comprehensive review process. Where an internationally qualified midwife applicant clearly met all registration requirements, the national processing team progressed the application to registration (NMBA, 2014). If the internationally qualified midwife's qualification fell at AQF level 7 (Bachelor's degree) and met all the criteria except for Continuity of Care Experience (CCE) (Criterion 5) or medication management (Criterion 8), they could register with conditions for supervised practice (NMBA, 2014). The CCE is a clinical practice-based learning component of education leading to registration as a midwife in Australia, which has been a mandated inclusion in midwifery education nationwide since 2010 (Tierney et al., 2018). If internationally qualified midwives held AQF level 7 qualifications but did not meet all other criteria, they were required to enroll in a Board-approved program of study leading to registration as a midwife in Australia (NMBA, 2014). Internationally qualified midwives with qualifications equivalent to AQF level 6 that met all other assessment criteria were required to complete bridging programs, while if their qualification fell at AQF level 5 or lower, their application was refused (NMBA, 2014).

In August 2015, NMBA announced the discontinuation of bridging programs and advised internationally qualified midwives

to upgrade their overseas qualifications directly with educational providers until bridging program became accessible again (NMBA, 2015). This was due to the fact that the Australian Nursing and Midwifery Accreditation Council (ANMAC) no longer accredited bridging programs for internationally qualified midwives (DOH, 2019). ANMAC is the independent education accrediting authority for the nursing and midwifery professions under the Australian National Registration and Accreditation Scheme (NRAS) and primarily responsible for maintaining the quality standards of nursing and midwifery education and assessment (ANMAC, 2014).

Transition to OBA program (after 2020)

In 2020, the NMBA policy was changed, requiring internationally qualified midwives to complete an outcomes-based assessment (OBA) program, effectively eliminating the requirement for bridging programs (NMBA, 2020). While the initial project for transition to the new assessment model was scheduled to begin in September 2014, it was not fully implemented until 2020 (Cooper et al., 2020). Three Streams, namely A, B, and C, were developed within the new model to categorise applications depending on the applicant's overseas midwifery qualifications, and each stream category provided guidance on what the candidate must do to be eligible to apply/meet registration requirements (NMBA, 2020).

Stream A: Internationally qualified midwives whose qualifications were considered to be substantially equivalent to, or based on, comparable competencies to an Australian recognised qualification were eligible to apply for registration. Midwives graduating from the UK, US, Canada, and Ireland are classified in this stream (NMBA, 2020).

Stream B: Internationally qualified midwives who held qualifications comparable to, but not substantially equal to, an Australian-accredited qualification or based on comparable competencies were assigned to Stream B and required to successfully complete an OBA prior to applying for registration (NMBA, 2020).

Stream C: Internationally qualified midwives in Stream C lacked relevant qualifications or failed to fulfil the required assessment criteria required to upgrade their qualifications before applying for registration (NMBA, 2020).

The OBA program was implemented to expedite the assessment process, assure fair and equitable outcomes, and strengthen procedural rigor, in order to ensure that internationally qualified midwives who obtained registration were safe to practise in Australia (Schwartz, 2019). The OBA is comprised of two stages including a multiple-choice question (MCQ) examination and objective structured clinical examination (OSCE). Before proceeding to the next stage, internationally qualified midwives must pass the previous stage. The first stage comprises a cognitive assessment, at a cost of \$173 AUD (Australian dollar) for a computer-based multiple-choice examination. The second stage involves a behavioural evaluation conducted through an OSCE for a fee of \$4,000 AUD, designed to assess whether an internationally qualified midwife demonstrates the knowledge, skills and competence of a graduate level Australian midwife (AHPRA, 2020b).

Furthermore, the NMBA has an established orientation program for internationally qualified midwives in Streams A and B that includes two components: online orientation Parts 1 and 2. Online learning Part 1 is designed to introduce the Australian healthcare context and must be completed prior to applying for registration. Part 2 of the online orientation focuses on a more in-depth introduction to the Australian healthcare context and is required to be completed within six months of becoming registered. It comprises four modules including the Australian healthcare context, professional responsibilities when practising in the Australian healthcare

system, person- and woman-centred care, and cultural safety for Aboriginal and Torres Strait Islander people (NMBA, 2020).

After registration, internationally qualified midwives are also required to complete employment-based orientation program conducted by their employers (AHPRA, 2020b). This program is structured around five research-based principles of healthcare systems knowledge and understandings, professional interpersonal relationships and role expectations, language and communication, practice skills and knowledge, culture and diversity (AHPRA, 2020b). Additional information is not yet available at the time of writing this manuscript on how employment-based orientation programs are to be implemented, and what specific guidance or support is offered to internationally qualified midwives within these programs.

Discussion

This paper has provided an historical overview of the evolution of registration policies for internationally qualified midwives seeking registration in Australia that have undergone significant changes over the last 20 years. It was found that registration standards in Australia have remained relatively stable over time for internationally qualified midwives from predominantly English-speaking backgrounds. However, assessment criteria for internationally qualified midwives from non-English speaking backgrounds have evolved substantially from orientation-based program (bridging program and NAP) to outcome-based program (OBA), complicating registration pathways. Standards and governance around registration policies have been reviewed and refined, moved from state or territory to national jurisdiction in 2010 with standards upgraded in 2014, and finally transitioning to OBA in 2020.

This review revealed inconsistencies and some transparency issues in established registration policies and their implementation, as evidenced initially by ineffective application of the NAP in 2010. While the NAP replaced the bridging program in Australia as part of the nationalisation of registration systems, its complete implementation remained unclear (Xu et al., 2012). However, transition from a self-funded bridging program to an employer-funded NAP system could have contributed to a substantial effective change in the registration of internationally qualified midwives in Australia. Being paid as employees in the NAP, rather than being recognised as students, in the bridging program could have been more encouraging for internationally qualified midwives, considering the broadly reported issue of financial constraints encountered by immigrant health care professionals (Safari et al., 2022). As employees, they could experience more exposure to the real working environment, preparing them for challenges of autonomous practice. Additionally, because success (or failure) of post-employment programs was linked to the institution's financial state and reputation, employers could be more motivated to support internationally qualified midwives in overcoming transitional challenges (Xu & He, 2012).

In the 2014 model, midwives from non-English speaking backgrounds were required to complete bridging programs for registration (NMBA, 2014). Later in 2015, however, NMBA identified in a factsheet that bridging programs were no longer offered by education providers in Australia (NMBA, 2015). According to the Department of Health, bridging programs have not been accredited by ANMAC in Australia since 2015 (DOH, 2019). As a result, from 2015 until the commencement of the OBA program in 2020, there was a five year delay in implementing it (Cooper et al., 2020). Hence, the majority of internationally qualified midwives from non-English speaking backgrounds may have been unable to register in Australia.

On the other hand, OBA programs which were introduced with the intention of replacing the referral of internationally qualified

midwives from non-English speaking backgrounds to bridging programs, could cause additional challenges for them since the OBA only includes an online orientation component. Online orientation may not adequately prepare internationally qualified midwives for transition to the workforce; however, bridging programs that previously provided them with supported orientation and supervised practice in an actual clinical setting had the potential to enable them to experience the entirety of midwifery practice (Bourgeault et al., 2011).

Another concern with the OBA program was unclear guidance on the employment orientation program, which is a requirement for internationally qualified midwives to complete after registration. A lack of regulatory transparency and changing information made publicly available by AHPRA was broadly reported by participants in a study by Cooper et al. (2020) that studied registration experiences of internationally qualified health professionals from various disciplines in Australia. This might contradict AHPRA's claim of following accessible, equitable, and transparent principles in assessing and registering internationally qualified health care professionals (Australian Health Practitioner Agency, 2019). In general, there is a paucity of relevant research in this area, necessitating exploration of this topic in light of Australia's long-standing immigration policy encouraging internationally qualified midwives to migrate by including them on the skilled occupations list (Department of Home Affairs, 2021).

The OBA program, which is claimed to be aligned with international regulatory frameworks used by countries such as New Zealand, Canada, UK, Ireland, and South Africa, requires internationally qualified midwives to pay a significant fee for the MCQ and OSCE exams. This was to replace fees previously charged by private providers of bridging programs (AHPRA, 2020a). However, this might work in a different way, with these providers substituting their bridging programs with unaccredited preparatory courses for the MCQ and OSCE exams. In addition, examination fees may be unaffordable for internationally qualified midwives who are primarily recent immigrants or hold temporary visas that restrict their employment opportunities (Safari et al., 2022).

Registration requirements in Australia are comparable to those in other English-speaking countries, whereby health professionals from non-English-speaking countries are required to present evidence of English language proficiency (ANMC, 2009a; College of Registered Nurses of British Columbia, 2011; Nursing and Midwifery Council UK, 2013; Nursing Council of New Zealand, 2013). However, it appears that this restriction did not apply to all midwives from non-English speaking countries, as the 2010 assessment model exempted applicants from European countries, where English is not the native language, from the English language test in Australia (ANMC, 2009a). This potentially may be viewed as institutionalised discrimination for health practitioners from other non-English speaking countries that are mainly disadvantaged, significantly reducing chances of registration in Australia. A more clinically relevant issue resulting from this policy is a risk for patient safety, considering language skills are essential to communicate with patients, obtain information from them, educate them, and interact with other healthcare practitioners as patient advocates (Sedgwick & Garner, 2017).

The increased requirement for English language test scores for international qualified midwives from non-English-speaking backgrounds poses further challenges for them. It is hard to determine, however, if testing basic language skills assures nuanced and cultural understandings in health care contexts (Allan & Westwood, 2016). Internationally qualified health professionals must not only be linguistically competent, but also possess technical proficiency in the academic, clinical, and social contexts of their respective disciplines (Edgecombe et al., 2013). It is critical to develop effective initiatives that support the linguistic needs of internationally qual-

ified midwives from non-English speaking backgrounds by facilitating their access to quality training that provides them with the language competencies required to function effectively at work after registration.

Conclusion

Over the last two decades, Australia's registration regulations for internationally qualified midwives have changed significantly through nationalisation of the standards and later development of the OBA model. This review clearly demonstrates the need to continue to re-evaluate the registration process as inconsistency and lack of transparency in established registration policies and their implementation were revealed. It is apparent that standards introduced for internationally qualified midwives from non-English speaking backgrounds have become increasingly complicated, potentially lowering prospects of registration and integration into the Australian workforce. Additional research is required for strategic workforce planning, policy formulation, and management in order to support the effective integration of internationally qualified midwives into the workforce and reduce disadvantages faced by those from non-English speaking backgrounds. Financial support should be available to them while seeking registration as employability is restricted by their visa status. It is critical to support internationally qualified midwives in developing appropriate language skills for successful registration by providing access to English language courses. This would equip them with the language skills essential to practise safely in the health care system following registration and contribute to the Australian midwifery profession as a means of reducing staff shortages and encouraging diversity.

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