



# MIGRANT & REFUGEE WOMEN'S HEALTH PARTNERSHIP

Australian Nursing and Midwifery Accreditation Council  
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## **Submission to Review of Registered Nurse Accreditation Standards**

*Prepared by MRWHP Secretariat*

The Secretariat of the Migrant and Refugee Women's Health Partnership (MRWHP) welcomes the opportunity to make this submission regarding the scope of the review of the *Registered Nurse Accreditation Standards*.

MRWHP is a national collaboration bringing together clinicians, community and government to develop a good practice policy framework to address barriers to accessing health care for migrants and refugees, with a particular focus on women.

This submission seeks to address questions 15, 16 and 17 – Future directions. In this regard, this submission recommends that due consideration is given to ensuring that the review supports the development of knowledge and skills in providing culturally responsive care to people from migrant and refugee backgrounds. A dedicated focus is required to ensure that students are given the appreciation of Australia's shifting demographics, as well as its relevance for the role of the registered nurse with regard to managing cultural and linguistic diversity in the context of health care.

The key consideration for the profession into the future is the imperative to understand the current and prospective demographic shifts, assess the implications around migrant and refugee health and health care needs, and provide culturally responsive, appropriate and accessible care.<sup>1</sup>

Migrants comprise over 6 million people, or about 28 per cent of Australia's population.<sup>2</sup> Currently, Australia accepts 190,000 permanent migrants every year, and an additional 13,750 refugees. Currently, Australia accepts 190,000 permanent migrants every year and an additional 16,250 refugees. Further, between 2015 and 2017, a one-off additional

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<sup>1</sup> See MRWHP, Overview of Cultural Competence in Professional Education, Training and Standard Setting for Clinicians, 2017.

<sup>2</sup> Australian Bureau of Statistics, *Migration, Australia, 2015-16*, cat. No. 3412.0, released 30 March 2017.

intake of 12,000 Syrian and Iraqi refugees settled in Australia. There are also an increasing number of individuals who arrive on temporary visas and subsequently obtain permanent residence status, including skilled workers and international students.

Migration and ethnicity-related factors, as well as refugee experience, are important social determinants of health. It is important to note that refugee-like experiences that impact on health and wellbeing affect not only refugees, but also asylum seekers and other migrants, including family stream migrants reuniting with their family members who have been accepted as refugees. Migrants and refugees frequently experience impaired health and poor access to health services. However, migrants and refugees are not a homogenous group; their state of health and access to health care can vary widely between different groups, based on factors such as gender, age, pre-migration experiences, migration status, health literacy and other variables.

This needs to be taken into account when considering the future health care requirements and needs of individuals and communities for the purposes of the registered nurse accreditation review. Further, there is a range of cultural barriers that should be considered with a view to supporting the role of the registered nurse to meet the future health care requirements of individuals and communities. They include inadequate health literacy, lack of health system knowledge, particular health beliefs and help-seeking behaviour, and low English proficiency.<sup>3</sup>

The revised Code of conduct for nurses includes the principle of cultural practice and respectful relationships, which outlines that nurses engage with people as individuals in a culturally safe and respectful way.<sup>4</sup> This principle incorporates effective communication, whereby nurses work to meet the specific language, cultural and communication needs of the people and their families, including through the utilisation of translating and interpreting services. Similar considerations are included under the principle of person-centred care, specifically around informed consent.

We recommend that the standards review gives due consideration to the impact of Australia's population diversity on the future health care requirements. This includes the importance of registered nurses understanding the health and health service needs of migrant and refugees, and their capacity to provide culturally responsive care to this cohort.

MRWHP Secretariat thanks the Council for its consideration and is available to provide further input to inform the review of the *Registered Nurse Accreditation Standards*.

To discuss this submission further, please contact Ms Gulnara Abbasova, Executive Officer, Migrant and Refugee Women's Health Partnership, [gulnara.abbasova@culturaldiversityhealth.org.au](mailto:gulnara.abbasova@culturaldiversityhealth.org.au) or 0498 185 164.

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<sup>3</sup> See MRWHP and Australian Migrant Resource Centre, *Outcomes Document, Consultations on Access to Health Care for Refugee Women: Strategies to promote culturally appropriate care and consumer health literacy*, 2017.

<sup>4</sup> Nursing and Midwifery Board of Australia, *Code of conduct for nurses* (effective from 1 March 2018)