



Health Workforce Taskforce

News Update

18 February 2026

Health Workforce Taskforce - New Chair and Deputy Chair

The Health Workforce Taskforce (HWT) provides advice and recommendations to the Health Ministers Meeting (HMM) and Health Chief Executives Forum (HCEF) as well as develops and oversees the implementation of strategic priorities to ensure there is a sufficient, sustainable and productive current and future health workforce to meet the health needs of Australians.

The Chair and Deputy Chair of the Health Workforce Taskforce are State/Territory members of the Health Chief Executives Forum (HCEF) appointed by HCEF for a two-year term.

From January 2026:

Chair: Dr Shirley Bowen, Director-General Department of Health Western Australia

Deputy -Chair: Mr Dale Webster Secretary, Department of Health, Tasmania

National Medicines and Poisons Advisory Group

A national Medicines and Poisons Advisory Group was established in late 2025 to provide advice to Health Ministers, via HWT and HCEF on harmonisation of outcomes in relation to prescribing, administering and handling medicines. Members include both policy and regulation representatives from all jurisdictions, as well as representatives from the Australian Health Practitioner Regulation Agency (Ahpra) and the Commonwealth.

The first priority of the Advisory Group is to provide advice to Health Ministers on improving nationally consistent arrangements for General Practitioners diagnosing and prescribing for Attention Deficit Hyperactivity Disorder, with this advice to be provided by mid-2026. Further priorities will be progressed through the Advisory Group's workplan following its endorsement by Health Ministers, via HWT and HCEF.

Clinical Learning Australia - the ePortfolio for Prevocational Doctors

Clinical Learning Australia (CLA) is an online national system that records the development, training and assessment of prevocational doctors across all states and territories in Australia. CLA was launched in March 2025 and progressively rolled out across all states and territories. Over 31,000 users, including prevocational doctors, clinical supervisors, directors of training and medical education managers are now using CLA.



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Clinical Learning Australia (CLA) enables a harmonised approach to recording learning outcomes for prevocational doctors, supporting assessments and mobility across different health services and states and territories.

CLA was procured with the specific requirement that it could be expanded to include other health workforces. From 2026, health services can include PGY3+ doctors not in a college training program and international medical graduates (IMGs) progressing towards general registration in CLA. Inclusion of PGY3+ and IMGs in CLA is optional and health services can choose whether to use CLA to record the learning and development of their PGY3+ and IMG doctors.

The development and implementation of CLA was a Health Chief Executive Forum funded project. The Australian Medical Council was appointed to lead the project. With the implementation phase now complete the Australian Digital Health Agency will manage CLA moving forwards.

More information on CLA can be found on the [CLA website](#).

Opportunities for improving junior doctor selection and recruitment

The Health Workforce Taskforce is overseeing the *Opportunities for coordination and streamlining junior medical officer recruitment* Project. The purpose of the project is exploring opportunities for:

- Improved alignment between college and jurisdictions/employers for selection into specialty training and employment.
- Greater consistency of recruitment terminology and improved information sharing between medical colleges and employers to reduce duplication, improve data collection and enhance the applicant experience.
- Better alignment of selection dates

A Working Group has been established to guide and inform the project consisting of representatives from jurisdictions, medical colleges, private health associations, Council of Presidents of Medical Colleges, and junior doctors. The Working Group will consult with stakeholders as required to inform and progress the project.

Designated Registered Nurse Prescribing

Following extensive public consultation, in December 2024 Health Ministers approved a new registration standard to allow suitably experienced and qualified registered nurses (RNs) to administer, obtain, possess, prescribe, supply and/or use Schedule 2, 3, 4 and 8 medicines in partnership with an authorised health practitioner under a prescribing agreement. The [Registration standard: Endorsement for scheduled medicines - designated registered nurse prescriber](#) came into effect on 30 September 2025.



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An Implementation Oversight Group (IOG) has been established to guide the national roll-out of designated RN prescribing and will provide quarterly updates to the Health Workforce Taskforce.

IOG membership includes representatives from jurisdictional and Commonwealth Chief Nursing and Midwifery Officers/Chief Nurse Officers, the Nursing and Midwifery Board of Australia (NMBA)/Ahpra and the Australian Nursing and Midwifery Accreditation Council (ANMAC). The group will work with key stakeholders to oversee a nationally consistent approach to implementation by managing risks, supporting clinical governance, and aligning prescribing practices with state and territory drugs and poisons legislation.

Jurisdictions are establishing policy and regulatory frameworks to operationalise the prescribing model within their State/Territory.

For further information, contact: rnprescribing@nursingmidwiferyboard.gov.au

The Independent Review of complexity in the National Registration and Accreditation Scheme (NRAS) Final Report

In April 2024 Ms Sue Dawson was appointed to undertake a review of the regulatory complexity of the National Registration and Accreditation Scheme (the National Scheme). The overarching objective of the review was to identify areas of unproductive and unnecessary complexity within the National Scheme and recommend changes that will improve regulatory outcomes for health practitioners and the community.

On 12 September 2025 Health Ministers released the Reviewer's [final report](#), *Transforming health professionals regulation in Australia*. The final report sets out recommendations consisting of four overarching directions, supported by 26 actions. The recommendations embed the principles of regulatory stewardship, an evidence driven approach, and fostering collaboration across sectors.

At the September 2025 Health Ministers Meeting, Health Ministers endorsed the following actions for implementation:

Action 1.2: Confirming the Health Workforce Taskforce as an ongoing advisory committee to Health Ministers with the primary role of advancing national workforce projects and initiatives, including overseeing and contributing to processes for aligning workforce planning and health practitioner regulation, in collaboration with relevant professional bodies.

Action 1.2.1(a): Supplementary membership of Ahpra on Health Workforce Taskforce for standing item on Health Practitioner Regulation at each HWT meeting.

Action 2.2: Health Workforce Taskforce to review and revise the risk assessment method and the process for assessing professions for entry to the National Scheme and produce a new Guidance Document for Ministerial endorsement.



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Action 3.3: Ahpra Board to commission an Independent Organisational Capability Review of Ahpra Agency.

Action 3.4: Ahpra Board to pursue immediate strategic priorities identified in this Review through its current cycle of review of the *National Scheme Strategy (2025-2030)*.

Action 3.5: Health Ministers to issue a policy direction to strengthen focus and accountability for accreditation functions.

Action 3.6: The Health Workforce Taskforce Legislation Committee to consider and advise on any further administrative, policy or legislative actions required to strengthen accreditation functions.

Action 4.2: Ahpra to take immediate steps to improve the understanding and experiences of notifications processes and to take a more systemic approach to regulation.

Action 4.3: Ahpra Board to immediately improve timeliness and quality of investigation processes and decision making and the availability of clinical advice across all regulatory functions, with specified actions to achieve this.

Action 4.7: Ahpra to research and report on outcomes of tribunal decisions about health professionals for the period 2020-2025 and advise on any inconsistencies in outcomes that may require actions.

Health Ministers have requested further advice from HWT on the remaining recommendations.

Further updates on the implementation of the review will be provided as work progresses.

The Independent review of Australia’s regulatory settings relating to overseas health practitioners (Kruk Review)

The Health Workforce Taskforce has oversight for implementation of the recommendations made in the Kruk review [final report](#), and is working with state, territory and the Commonwealth jurisdictions, Ahpra, national boards, accreditation authorities and specialist medical colleges on implementation. The timeframe for implementation has been extended until 30 June 2026.

Recommendation 1: *Streamline, remove duplication and align standards, evidentiary requirements and policy settings across agencies and regulators involved in the end-to-end journey, so applicants only need to provide information and meet requirements once, moving to a single portal over time*

Ongoing collaboration on joint priorities with sector regulators and jurisdictions is focussed on reducing unnecessary duplication across assessment, registration, skills assessment and employment. The work is being considered alongside broader reform concepts under Recommendation 8.



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Recommendation 2: *Automate the issuance of Medicare provider numbers*

[The Health Legislation Amendment \(Miscellaneous Measures No. 1\) Act 2025](#) received the Royal Assent on 4 November 2025. Medicare Provider Number automation will be activated in Services Australia systems when supporting delegated legislation is in place.

Recommendations 8, 15 and 23: *Development of resources to support recruitment and orientation of internationally qualified health professionals*

The following resources are being developed to support the recruitment and orientation of internationally qualified health professionals to work in Australia:

- A digital information guide for internationally qualified health professionals and family members about moving to Australia and settling in their location of choice.
- Navigation guides for priority professions: to provide profession-specific information to help applicants navigate registration, migration and employment processes.
- An International recruitment toolkit to provide international recruitment and retention guidance to health employers.
- Online learning orientation modules to the Australian health system.

This work is being progressed by the HWT Project Team. For further information or queries, contact the project team directly via MOH-HWT-KrukReview-OverseasWorkforce@health.nsw.gov.au

Recommendation 9: *Development of expedited registration pathways and*

Recommendation 10: *Ensure registration assessment for all registered professions explicitly recognises skills and experience in addition to qualifications and training pathways*

Expedited pathways are enabling more internationally qualified health practitioners (IQHPs) with comparable qualifications—and relevant skills and experience where applicable—to gain registration more quickly. Since the staged commencement of expedited pathways from October 2024, more than 1,300 additional IQHPs have been registered to practise in Australia.

Specialist international medical graduates (SIMGs)

The Medical Board of Australia has implemented an [expedited specialist pathway](#) for SIMGs holding a qualification on the Board's [Expedited Specialist pathway: accepted qualifications list](#).

Launched in October 2024, the pathway now includes general practice, anaesthetics, psychiatry, obstetrics and gynaecology, general medicine and general paediatrics, with diagnostic radiology currently under consideration.



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As of 31 January 2026, 501 applicants have been registered through the new Expedited Specialist pathway.

On 13 February 2026, Health Ministers approved the next tranche of priority specialties for SIMG expedited pathways: emergency medicine, dermatology, general surgery and otolaryngology – head and neck surgery.

Internationally qualified registered nurses (IQRNs)

The Nursing and Midwifery Board of Australia (NMBA) has introduced two expedited pathways for eligible IQRNs who have practiced for at least 1,800 hours in NMBA-approved comparable jurisdictions, including: United Kingdom, Ireland, United States, Canada (British Columbia and Ontario), Singapore and Spain. These pathways commenced in April 2025.

As of 31 January 2026, 779 applicants have been registered through the new IQRN pathways.

The NMBA is also exploring options for expedited pathways for non-comparable jurisdictions.

More information is available [here](#) on the NMBA's webpage.

Other internationally qualified health practitioners (IQHPs)

Ahpra and National Boards are progressing expedited pathways for other priority professions identified by Australia's Health Ministers: dental, medical radiation practice, occupational therapy, podiatry and psychology.

Work completed includes:

- Publication of recognised international qualifications for all five professions.
- Development of new policy frameworks to recognise further qualifications as substantially equivalent or based on similar competencies.
- Expedited pathways for internationally qualified occupational therapists (IQOTs) with a qualification from a comparable regulator country or other recognised qualifications commenced in October 2025. As of 31 January 2026, 84 applicants have been registered through the new IQOT pathways. Further information is available [here](#) on the Occupational Therapy Board's webpage.

Public consultation is underway (December 2025 – February 2026) on a draft multi-profession registration standard recognising skills and experience in addition to qualifications and training for four professions—dental, medical radiation practice, occupational therapy and podiatry. Psychology will undertake a separate consultation due to differing training and registration requirements.

Recommendation 12: *Streamline processes, remove duplication and provide greater support to specialist comparability assessment to ensure more timely decision making and consistent outcomes*



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In addition to establishing the new expedited pathway, the Medical Board and Ahpra are reviewing existing SIMG assessment pathways to increase efficiency, reduce duplication and improve transparency.

Recommendation 14: *Explore opportunities to develop strategic alliances and provide recognised pathways to registration in our region, where such alliances are agreed between governments as being mutually beneficial*

Progress has been made most notably in relation to information sharing between key stakeholders and in building a shared understanding of registration requirements and pathways. The project facilitated a Think Tank represented by 40 delegates representative of all critical stakeholder groups, exploring opportunities to streamline workforce mobility for Nurses from non-comparable countries including India, and Southeast Asia.

Health Workforce Canada, in partnership with the Government of Australia and the Canadian Institute for Health Information (CIHI), convened over 100 leaders from 12 countries and global organisations (including the WHO and OECD) for the inaugural Health Workforce Modelling Innovation Lab in June 2025. The Lab underscored the importance of sustained international collaboration, investment in data infrastructure, and translating evidence into actionable policy.

Recommendation 15: *Supervision requirements to focus on the minimum required to build the capability of the health practitioner to deliver safe and quality health services in the Australian healthcare setting, recognising that supervisory resources are scarce. Innovative solutions, including a review of current Ahpra supervised practice framework, expansion of remote supervision models and online cultural competency and Australian health system training to be considered*

Ahpra and National Boards have completed a rapid review of the Supervised practice framework. Subject to Boards' consideration, changes will be implemented in 2026. Additional work to explore innovative supervision models and pilot programs will continue in 2026.

Recommendation 17: *Quantify workforce, skills, and distributional issues, making it easier to determine the extent of workforce shortages, factoring in changing models of care. This work should encompass needs in health, aged and disability care*

Workforce modelling is underway to create a comprehensive view of Australia's health workforce to guide decisions on the future skill mix and distribution of IQHPs.

Significant progress has been made, including the execution of 13 data sharing agreements with specialist medical colleges and the development of modelling of priority professions. Supply and demand studies for nursing, general practice and psychiatry are available on the [Health Workforce Data](#) website. Modelling for additional allied health and medical professions is ongoing, and the results will be published following stakeholder consultation.



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Specialist medical colleges and other stakeholders continue to support this work through data-sharing and ongoing collaboration to improve data quality across the sector.

Recommendation 18: *Support better planning for Australia’s future workforce needs, including developing national workforce strategies for maternity and allied health, and finalising the nursing strategy already in development.*

Maternity Workforce Strategy

The National Maternity Workforce Strategy project is continuing as planned with Phase Two co-led by Queensland and New South Wales. Phase One identified existing strategies and initiatives across jurisdictions and potential future workforce issues for consideration. Phase two has involved further consultation including a national survey, face to face and virtual forums, literature review, deep dive engagements and data analysis to inform development of a draft Strategy. This work has been supported by a Strategic Advisory Group, Steering Committee and the Health Workforce Taskforce. Refinement of the Strategy will be further informed by feedback from targeted webinars and the governance groups. Further information is available on the [National Maternity Workforce Strategy website](#).

National Allied Health Workforce Strategy

The Allied Health Workforce Strategy focuses on meeting current and future needs of allied health professionals in Australia over the next ten years to align supply with demand. Progress to date has included completion of a phase one environmental scan, stakeholder consultation, and development of the content of the Strategy in partnership with the Strategy Steering Group. The Strategy is progressing for endorsement through all jurisdictions. Further information is available on the [National Allied Health Workforce Strategy](#) webpage.

National Nursing Workforce Strategy

The Nursing Workforce Strategy project focuses on finalising the strategy which establishes priorities to guide the nursing workforce now and into the future. The strategy is currently progressing through the endorsement process, anticipating a launch and implementation of the strategy in 2026.

For further information on the strategy and consultation materials are available on the [National Nursing Workforce Strategy](#) webpage.

Recommendation 19: *Identify cross-cutting themes and mechanisms to deliver effective multidisciplinary workforce planning and develop integrated models of care, including identifying and measuring any workforce or skill gaps*

The Victorian Department of Health is leading the response to this recommendation and has commissioned work to identify crosscutting themes and mechanisms to deliver effective multidisciplinary workforce planning and integrated models of care, aiming to support jurisdictions to:



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- strengthen workforce planning approaches,
- better identify and address workforce and skills gaps, and
- enable integrated, multi-disciplinary models of care across acute, primary, community and aged care settings.

A review of Australian and international best practice will be conducted, alongside targeted consultation with jurisdictions and key stakeholders to develop practical case studies that can be applied across Australia. A literature review and technical framework will be developed for endorsement by the Health Workforce Taskforce.

Recommendation 21: *Provide applicants with greater flexibility in demonstrating their English language competency*

A revised English language registration standard commenced in March 2025. Key changes include:

- Recognition of English language skills gained in more countries – Instead of recognising only seven English-speaking countries (such as Canada, the UK and the US), the list has expanded to 30 nations and territories. These now include places like Barbados, Belize, Bermuda, Dominica, Jamaica and Malta. The full list of recognised countries is available [here](#).
- Reduced minimum writing scores in approved English language tests from IELTS 7 to 6.5 (or equivalent).

Further initiatives underway include:

- Exploring if English language requirements could be embedded in programs of study
- Developing criteria for recognising countries or providers whose qualifications meet the standard
- Considering expansion of the validity period for test results
- Developing a framework for evaluating new or revised English language tests.

Further updates will be provided as work progresses.

Recommendation 22: *Expand access for applicants to assessment, including online and offshore assessment where beneficial*

Ahpra is reviewing findings from a research study regarding expanded online and offshore assessment options. Work is also underway on options to expand domestic assessment capacity. Further updates will be provided as this work continues.

Recommendation 24: *Implement relevant recommendations from the National Medical Workforce Strategy to address maldistribution of the workforce including evaluating the effectiveness of existing support structures for international medical graduates in rural settings, increasing the number of training pathways and posts available, and creating networks with, and connections between, metropolitan and regional health services*



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The project consolidated evidence to guide actions to address geographical maldistribution of the medical workforce in general, and IMGs in particular, through improved attraction, retention and support strategies in rural and remote areas. This was achieved through identifying existing professional support structures for doctors, including international medical graduates, in rural and remote areas across Australia.

Further work to address medical workforce maldistribution will progress in line with the implementation of the National Medical Workforce Strategy and other medical workforce priorities.

For further information on any of the priority projects above, please contact the Health Workforce Taskforce Secretariat at hwtsecretariat@health.nsw.gov.au.

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