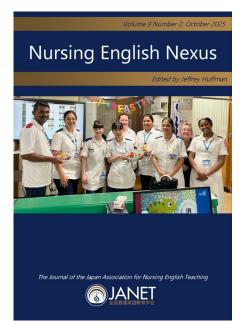
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Analysis of the Australian Nursing Registration Process: A Significant Challenge for Japanese Nurses

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Abstract: The World Health Organization (WHO) states that the practical skills required of nurses are universal. Despite strong interest in overseas nursing training in Japan, the number of Japanese nurses actually working abroad remains low. This paper examines Australia's foreign nurse registration system and sheds light on the challenges Japanese nurses face, including language barriers, registration screening, and visa acquisition. There is an expedited registration process, but it is limited to certain countries, excluding Japan. Countries are selected for inclusion in the expedited system based on international standards, suggesting a possible discrepancy between Japanese nursing education and international standards.

Keywords: Australian nursing registration, Japanese nurses, Japanese nursing education

About the Author: Emi Iwasaki is an associate professor at Prefectural University of Hiroshima. She earned a PhD in linguistics from Macquarie University, Sydney, a master's degree in nursing from the University of Tasmania, and two other master's degrees from Macquarie. She lived in Sydney for 27 years and has been a registered nurse in Australia for 20 years. She is currently registered as a nurse in both Japan and Australia.

The World Health Organization (WHO, 2020) states that the practical skills required of nurses are universal. Australia has introduced a fast-track registration system for nurses from approved countries with education systems that meet international standards and is accepting overseastrained nurses as part of its proactive immigration policy. This system is standardised nationwide under the supervision of AHPRA (Warnock et al., 2011), and Internationally Qualified Nurses and Midwives (IQNMs) who meet strict requirements registered as having the equivalent qualifications as local nurses. By the 2021/22 academic year, over 5,000 IQNMs from equivalent jurisdictions had registered in Australia, with qualifications deemed comparable to those of locally trained nurses (AHPRA, 2025j). Meanwhile, Japanese nurses face several barriers, including limited English proficiency and registration procedures. This article addresses concerns that gaps may exist in Japan's nursing education curriculum which preclude compliance with international standards.

English Language Proficiency

The biggest challenge for Japanese nurses who want to work overseas is a lack of English proficiency. Poor English makes it difficult to adapt to Australian society and perform safe duties in the medical field (Wellard & Stockhausen, 2010). Nurses need practical English skills to communicate smoothly with patients and medical teams and keep accurate records. To register as a nurse in Australia, nurses must meet the high English standards set by the Nursing and Midwifery Board of Australia (NMBA) (AHPRA, 2025d). Therefore, passing one of the following designated English exams is mandatory.

- Cambridge C1 Advanced or C2 Proficiency
- IELTS Academic Score of 7 or above (except the writing component: a minimum score of 6.5)
- OET (Occupational English Test) Grade B or above
- PTE Academic (Pearson Test of English Academic) – Score of 66 or above
- TOEFL iBT Score of 94 or above

Many online English tests offer easy access, but their academic format requires ample preparation. The Cambridge English exam is based on the Common European Framework of Reference for Languages (CEFR), and C2 level or higher is recommended for Japanese applicants (Cambridge University Press & Assessment, 2025). While the average IELTS score for Japanese applicants is in the 5.5-6.0 range, IQNMs need to achieve a score of 7.0 or higher (6.5 or higher in writing) for Australian registration (AHPRA, 2025a; IELTS.org, 2025; Shrivastava, 2025). The PTE Academic has a unique format, requiring careful preparation (Pearson PTE, 2025), and the TOEFL iBT requires a score of 94 or higher (TOEFLTestPrep.com, 2025). The OET is a professional English test for medical professionals that assesses all four skills (OET, 2025), requiring a score of B or higher for registration (AHPRA, 2025a). Because it specialises in medical English, it is suitable for nurses with clinical experience, but it can be difficult for those with less experience.

The Australian Nursing Registration Process

Registration Jurisdiction

Nurse registration requires undergoing rigorous examination registration procedures and the administered by **Australian** Health Practitioner Regulation Agency (AHPRA) and the NMBA, which oversee nurse registration in Australia. Japanese nursing education curricula are not considered equivalent to Australian nursing education standards, so Japanese nursing qualifications are not automatically recognised in Australia.

Outcome-Based Assessment (OBA)

There used to be a bridging programme for people who obtained nursing qualifications overseas. After completing the course ranging from a few months to a year, they completed

Table 1Description and Fees of the OBA Assessment

Stage	Exam name	Exam types	Fees
Stage 1	NCLEX-RN (National Council Licensure Examination for Registered Nurses)	a computer-based multiple- choice question (MCQ) exam	AUD 250
Stage 2	OSCE (Objective Structured Clinical Examination)	a practical, behavioural assessment that evaluates clinical skills, communication, and professionalism in simulated scenarios	AUD 4,000 (As of Aug. 2025) (AHPRA, 2025e)

Note. MCQ exam for midwives is administered at ASPEQ (a global provider of high-stakes testing services) exam centres around the world (ASPEQ, 2025)

clinical training and were registered as registered nurses in Australia. However, this programme was abolished in March 2020 and replaced with a two-stage evaluation process, the Outcome-Based Assessment (OBA). The OBA is available after passing an English proficiency test and completing the necessary procedures. Knowledge and practical skills are assessed through the NCLEX-RN and OSCE, as shown in Table 1 (AHPRA, 2025e).

Passing the OBA assessment is possible with thorough preparation (College of Nursing Education & Training Australia, 2020), though some candidates do not succeed. Alternatively, those who obtain a nursing degree in Australia are exempt from the OBA. However, this path typically involves attending a language school for several years to overcome the English barrier, followed by transferring into the second year of an Australian university. As a result, some Japanese nurses can expect the process of obtaining nursing registration in Australia to take at least three to four years.

Two Pathways to International Recognition by AHPRA: English Proficiency and Nursing Training Qualifications

AHPRA uses two frameworks for evaluating IQNMs: "International Regulatory Jurisdictions" and "ELS (English Language Skills)-Recognised Countries" (AHPRA, 2025b). The ELS recognised countries list means that English proficiency

requirements and English language testing may be waived for certain countries (AHPRA, 2025a; 2025q). However, there have been cases where accreditation has been withdrawn depending on the results of the accreditation review. Recently, South Africa was removed from the ELS list due to inconsistencies in English language standards. This was because it was deemed to be below Australian standards (AHPRA, 2025h), highlighting the critical importance of English proficiency for IQNMs. Japan, likewise, is not eligible for ELS accreditation due to its insufficient English language standards. On the other hand, the International Regulatory Jurisdiction evaluates the equivalence of professional training and can simplify the qualification review process.

The International Regulatory Jurisdictions Eligible for Fast-Track Registration

In April 2025, Australia introduced an accelerated registration system for IQNMs. The system aims to simplify the registration process for nurses and midwives who received their qualifications in certain countries and regions outside Australia. The countries and regions eligible for fast-track registration are shown in Figure 1.

AHPRA (2025j) explains that these countries and regions meet international nursing education standards, clinical practice requirements, and have healthcare systems similar to those in Australia. Applicants from these countries are likely to be exempt from OBA assessment under the accelerated registration process if they meet the following criteria:

- Be a national of one of these countries or regions.
- Be registered as a registered nurse in one of these countries or regions since 2017.
- Have at least 1,800 hours of nursing experience.
- Meet all of the NMBA's registration criteria, including English proficiency,

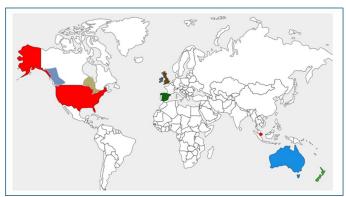
criminal record, recent work experience, and liability insurance (AHPRA, 2025i).

Applicants who meet these requirements are exempt from the OBA assessment, and their nursing registration period is shortened from 9–12 months to approximately 1–6 months. Those without education in an eligible country may still qualify for accelerated registration if they have been locally registered as a nurse for the required duration and have completed the regulatory examination (AHPRA, 2025j). Also, NZ-registered nurses/midwives may work in Australia (AHPRA, 2025f).

Navigating the Visa Maze: The Challenges for International Nurses in Australia

To work as a nurse or midwife in Australia, applicants must apply for a work visa issued by the Department of Home Affairs, in addition to registering with AHPRA (AHPRA, 2025c). These two processes are separate, and approval of one does not ensure approval of the other. In Australia, nursing positions are more likely to be offered to permanent residents than to temporary residents (NSW Health, 2025). Moreover, hospitals often prefer to employ nurses who are

Map of Countries/Provinces Eligible for Fast-Track Registration Australia



Note. The map shows the United Kingdom, Ireland, the United States, the Canadian provinces of British Columbia and Ontario, Singapore, and Spain (fast-track countries/provinces), as well as New Zealand and Australia under the Trans-Tasman Mutual Recognition Act 1997 (a Commonwealth law of Australia). The colours on the map are for identification purposes only.

Australian citizens or permanent residents over overseas nurses who require special visa arrangements for long-term work (Government of Western Australia Department of Health Chief Nursing and Midwifery Office, 2023). In urban areas, competition is intense, and IQNMs typically require a sponsored visa (e.g., Temporary Skills Shortage Visa [Subclass 482]), and employer decisions may take considerable time (Australian Government Department of Home Affairs, 2025a).

Thus, AHPRA warns people not to quit their overseas jobs or travel to Australia alone before their NMBA registration has been approved. When applying for a visa, applicants should refer to the Australian Department of Home Affairs Immigration and Citizenship website (https://www.homeaffairs.gov.au/) to check the relevant information, including the Skills Assessment page (https://immi.homeaffairs.gov.au/visas/working-in-australia/skills-assessment) to stay up to date with the latest information, as the process may change without notification.

IQNMs working in rural areas may be eligible for preferential treatment in obtaining visas and permanent residency (Australian Government Department of Home Affairs, 2025b). However, this limits their ability to work in urban settings and presents challenges in adapting to unfamiliar living environments. While the system aims to address rural nursing shortages, it may also affect the long-term career development of foreign nurses (Villamin et al., 2023).

Discussion

In countries eligible for Australia's fast-track registration, nursing associations that meet international standards have been established to support the global mobility of nurses. In contrast, Japan is not included in this scheme, and Japanese nurses must undergo a complex, costly registration process that includes the OBA assessment, along with meeting high English

language requirements and facing challenges in securing visa sponsorship from employers. These barriers stem not only from language proficiency but also from differences in educational culture. Stockhausen and Kawashima (2003) highlighted the linguistic and cultural challenges Japanese nurses face in Australian educational settings, while Kawashima and Petrini (2004) pointed to the lack of active learning and critical thinking in Japanese nursing education. Kulbok et al. (2012) further emphasised the need to strengthen intercultural understanding, clinical skills, and critical thinking, noting that education is shaped by both language and cultural context. AHPRA's decision to remove South Africa from the ELS list underscores the importance of national-level language education. Establishing systems that meet international standards may lead to future advantages, and in countries like Canada—where recognition varies by province—government action plays a critical role in shaping regulatory frameworks.

Conclusion

If Japan's nursing education meets international standards and interoperability requirements, Japanese nursing students may gain access to work as registered nurses in Australia. However, significant barriers remain, including high English proficiency requirements, complex registration procedures, and challenges in securing visas. Overcoming these hurdles requires structured language training, informed understanding of the Australian system, and expert support. Future research should explore why Japan is excluded from the fast-track registration list, and partnerships strengthening with overseas institutions and expanding immersion programs will be essential to support global career development. Japanese educational institutions must now take proactive steps to internationalise nursing education and empower students for success in global healthcare settings.

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