26 July 2013

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Tēnā koutou

The New Zealand Nurses Organisation welcomes the opportunity to comment on the review of the essential skills in demand list (ESID) NZNO is the leading professional association and registered union for nurses in Aotearoa New Zealand, representing over 46 000 nurses, midwives, students, kaimahi hauora and health workers on a range of employment-related and professional issues. Internationally qualified nurses (IQN) make up a substantial proportion of NZNO's existing and new membership, and we are very aware of the complexities affecting the balance of employment and migration. This submission has been informed by members and staff, in particular members of NZNO's Colleges and Sections and the national student nurse unit, and professional nurse, industrial, policy and research advisers.

NZNO confirms that there are skills shortages in the nursing categories on the ESID and also in mental health and midwifery, but these may be confined to particular locations or services. Other factors besides skill shortages affect employment statistics. There are nursing vacancies in aged residential care facilities and midwifery vacancies in some District Health Board (DHB) hospitals which reflect poor employment conditions (perceived lack of safety, professional support, heavy workloads, inferior pay and conditions), rather than workforce shortages. Employment in the health sector is sensitive to changes in policy and resource allocation.

NZNO offers industry information in **support** of the Ministry of Health's recommendation that the Mental Health Nurse category be reviewed for possible inclusion on the ESID, identifies some of the contributing factors to Aotearoa's continued dependence on overseas recruitment of health workers and offers some practical suggestions to improve recruitment/migration processes in the health sector. We also draw your attention to NZNO's growing body of research on New Zealand nursing employment and IQN, for example (Walker & Clendon, 2012).

At the outset, however, we would like to clarify NZNO's stance in relation to overseas recruitment of nurses and IQN currently employed in New Zealand. NZNO supports the International Council of Nurses' position statement on Ethical Nurse Recruitment; that is that nations should be responsible for educating sufficient nurses for their needs (International Council of Nurses, 2007) rather than

'poach' them from other countries; and that IQN must be accorded full human rights. Though the New Zealand government has not ratified the United Nations Migrant Workers Convention which promotes fairness for migrant workers and their families, there are many practical and moral reasons for ensuring fair and ethical treatment of all workers, including the need to remain globally competitive, and to be able to expect similar standards for the increasing number of New Zealanders working abroad.

Nursing's focus is on "providing health services that value and honour the person - the patient" (Rosemary Minto, College of Primary Health Care Nurses). Accordingly, regardless of the failure to plan for self-sufficiency in nursing, and regardless of the inequity that lies behind some shortages, NZNO is bound to support nurse immigration where there are skills shortages which put patients (and practitioners) at risk. Similarly, once IQN are established and employed, changes in the political and employment environment should not affect original residency expectations or be used to keep them on a 'revolving visa' pathway. Security enhances productivity and benefits employers, IQN, and patients, for whom continuity of care is essential. Steps are being taken to reduce our dependence on IQN and 'grow our own' (Ministry of Health, 2013) but it will take time for new graduates to acquire the skills, experience and clinical leadership needed to build a self-sufficient nursing workforce. Overseas recruitment of nurses in some areas is likely to be necessary for some time at a gradually reducing rate (with planning); it may be possible to consider some categories being moved to the short term shortages list to send a clear signal that overseas recruitment is a temporary measure.

Mental Health Nurses
NZNO supports the Ministry of Health's recommendations for adding this category of nurses to the ESID list for the following reasons:

- There are skills shortages in rural areas, in disadvantaged communities, in primary and child health services.
- Mental health nurses report high levels of stress, overwork and difficulty in taking annual leave, training/education and professional development opportunities.
- There is increased demand for mental health nurses in the aftermath of the Christchurch earthquakes.
- Demand is also increasing for nurses in geriatric mental health and dementia care, and for services addressing Aotearoa's high levels of suicide, drug and alcohol addiction, and chronic 'lifestyle' diseases such as obesity.
- Policy changes will have an impact on mental health nursing requirements. For example:
    - mental health assessments are now mandatory for all prisoners on entry to Corrections facilities and it is reasonable to assume that this will increase demand for mental health care;
    - Changes to mental health settings: The clinical integration of services includes devolving secondary mental health care services into primary health settings, a context which requires an extended knowledge and skill set to deliver the full complement of psychological therapies needed to support RN delivery of primary mental health care for all age groups. Appropriate training and education for leadership in this newly structured model of primary mental health care is not generally available in New Zealand and overseas expertise will certainly be needed in the interim to ensure safe clinical integration of services.
    - The government's Action Plan for Vulnerable Children is expected to increase demand for mental health services for children.

Preliminary Indicator Evidence Report (PIER) Mental Health RN

The average annual wage and salary range is based on data from the2006 census; the current NZNO DHB Multi Employer Collective Agreement salary scale for RNs and RN community mental health with at least three years experience is between $54, 116 - $70,143 (NZNO, 2012) . Similarly, current NCNZ data show a larger RN mental health workforce of 3,378 (141 addiction services, 1562 community mental health, 1630 inpatient and 45 other) (FTE loading) than indicated by the Report and a considerably larger one of 4292, if all RNs working in mental health are considered (Nursing Council of New Zealand, 2011). Interestingly mental health is one of the few areas of practice where the Māori nursing workforce is proportionate to the Māori population, which is certainly an aspect of the mental health services that should be retained. Finally the nursing employment growth predictions trend in the opposite direction from Ministry of health predictions, largely, we understand, because different data has been used to calculate the predictions. This suggests that further investigation could be useful.

Apart from the currency of the figures, the PIER is unlikely to accurately reflect the actual shortage of mental health nursing workforce skills because it is vacancy driven, and there are timing and resourcing issues and sometimes substantial delays in replacing RNs who've resigned. For example, the policy changes outlined above have not all had time to filter through to online job advertisements, since these entail new services which are currently being tendered for. However, an increase in demand for mental health nursing skills, particularly in primary health care and child services which are poorly catered for at the moment, is predictably imminent.

We also note that mental health is a core part of New Zealand's current comprehensive nurse education and training, rather than a specialty area of practice, as is the case in the United Kingdom, for example. Most DHBs would advertise for an RN (though they may advertise in the mental health section or ask for mental health experience) so it may not be easy to distinguish mental health nurses from RNs in other areas of practice. Clearly, however, service gaps in primary mental health could and should be met through the existing comprehensive RN scope of practice *as long as* services are structured to provide for low cost access to primary mental health and there is adequate provision for universal access to low cost services, and professional access to professional development.

Overview

NZNO met with government officials earlier this year when the draft ESID list was released and a summary of that discussion is appended as the issues raised are still germane, namely:

- internationally qualified nurses (IQN) comprise almost one quarter of registered nurses and half of new registrations, an issue which the Nursing Council of New Zealand (NCNZ) has identified as "of greatest concern" (Nursing Council of New Zealand , 2012);
- nursing skills shortages are not uniform across the country, but tend to be in rural areas, in disadvantaged communities, and in particular practice areas such as aged care, mental health and acute hospital care;
- skills shortages are largely related to lack of nursing experience rather than lack of nurses - as the current cohort of nursing graduates unable to find employment shows;
- some shortages (and issues of public safety) are strongly linked to inappropriate levels of staffing, skill-mix and professional development and support, heavy workloads, disparities in wages and conditions - there is strong evidence of this in aged care and since the sector (which receives $800m public funding) is heavily and disproportionately staffed by migrant workers, immigration policy cannot be discounted as a significant factor in maintaining;
- integrated planning to achieve a systematic reduction in the disproportionate dependence on recruitment of IQN to meet nursing workforce shortage is urgently needed

- However, international competition for nursing skills is likely to be exacerbated by the impending retirement of a significant proportion of senior nurses and increased health demands from an aging population and that New Zealand is highly susceptible to small policy changes in other countries (Zurn & Dumont, 2008).

Recommendations

The following recommendations have been made:

- A single recruitment desk for all overseas health workers;
- Integrated and workforce planning and recruitment and employment information within New Zealand
- Incentive/relocation packages for hard to fill vacancies for nurses - these are gernally restricted to medical practitioners
- Extend the requirement for a base salary for nurses of $55,000 which accredited employers have to pay, to ESID and/or the pay and conditions of the DHB MECA to ensure the New Zealand employment standards are maintained.
- Note NZNO nursing employment and IQN research http://www.nzno.org.nz/activities/research Publication of the results of the third biennial employment survey are imminent.

Once again thank you for this opportunity to contribute to the ESID.

Nāku noa, nā

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REFERENCES

International Council of Nurses. (2007). *Ethical Nurse Recruitment .* Retrieved July 2013, 25, from International Council of Nurses : http://www.icn.ch/images/stories/documents/publications/position_statements/C03_Ethical_Nurse_Recruitment.pdf

Ministry of Health. (2013). *Recruitment of new graduate registered nurses.* Retrieved May 16, 2013, from Ministry of Health: http://www.health.govt.nz/our-work/nursing/nursing-initiatives/recruitment-new-graduate-registered-nurses

Nursing Council of New Zealand . (2012). *Annual Report.* Wellington: NCNZ.

Nursing Council of New Zealand. (2011). *The New Zealand Nursing Workforce: A profile of Nurse Practitioners, Registered Nurses and Enrolled Nurses 2011.* Wellington: NCNZ.

NZNO. (2012). *DHBs/NZNO Nursing and Midwifery Multi Employer Collective Agreement 1 March 2012 - 28 February 2015.* Retrieved July 26, 2013, from NZNO: http://www.nzno.org.nz/Portals/0/Files/Documents/Membership/DHB%20NZNO%20MECA%202012%20-%202015%20Searchable.pdf

Walker, L., & Clendon, J. (2012). A multi-cultural nursing workforce: views of New Zealand and internationally qualified nurses. *Kai Tiaki Nursing Research Journal. Vol 3,1.* , pp. 8-9.

Zurn, P., & Dumont, J.-C. (2008). *Health workforce and International Migration: Can New Zealand compete?* Retrieved May 17, 2013, from OECD Health working paper N.33.OECD Publications: http://www.oecd.org/dataoecd/46/41/40673065.pdf

APPENDIX: Meeting with government Officials to discuss ESID

NEW ZEALAND NURSES ORGANISATION

Ref: 2013-04/004
16 April, 2013

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Tēnā koe Christine

Meeting with NZNO re Essential Skills List

Thank you for meeting with Hilary Graham-Smith, NZNO Professional Services Manager, and me last week to discuss changes to the essential skills shortages list (ESSL)which has implications for the nursing workforce. I thought it would be useful to summarise information exchanged at the meeting, (which was also attended by Warren Sloane, Rob Stevens, Mary Adams , Emma Hope, and a research contractor) and to reiterate our strong contention that health sector wide discussion is urgently needed to address the endemic health workforce skills shortages over the past two decades that are likely to persist into the future.

NZNO requested the meeting for two reasons: to ascertain what informed INZ's changes to the ESSL particularly with regard to mental health and aged care nurses; and, secondly, to alert INZ to the responses NZNO has received from members, employers, and health sector professionals which indicate that there is a high degree of uncertainty and concern about the impact of changes. Our interest proceeds from the fact that about one quarter of our 46,500 members are internationally qualified nurses (IQN). Immigration comprises an appreciable part our work and we invest considerable resources in addressing the nursing, policy, legal, and industrial issues it raises. For example, we regularly conduct peer-reviewed research on nursing employment and the nursing workforce which captures critical information about IQN, particularly those not registered by Nursing Council, and which cannot be found through other channels such as the Labour Household Survey. We also represent members, meet with employers, and routinely respond to a steady stream of AIP and EA requests, skills list reviews and consultations. NZNO is thus a credible source of information in a highly data-deficient field and has demonstrated commitment to immigration policy which is fair, sustainable and meets New Zealand's health and workforce needs.

The INZ response to our question about the exclusion of mental health and other nurses (eight out of the twelve ANZCO nursing categories are not on the ESSL) was that international recruitment in these areas was low and taking them off the ESSL would not have a large effect. NZNO rejects that reasoning. We suggest that low numbers are not an indication of need but more probably of shortage of supply. NZNO was very explicit that there was a chronic shortage of mental health nurses and that increased demand as a result of the Christchurch earthquake was inevitable. Though we applaud the higher than usual numbers of new nurse graduates going into mental health, that cannot plug the workforce gap in terms of numbers, experience or skill mix. This is not a safe decision.

The second reason given was that although an increased demand for nursing skills was predicted, "it hasn't happened yet". Again NZNO rejects this argument as it is simply inaccurate - most of our DHB nurse managers report difficulties in finding suitably experienced nurses in several areas, and nursing shortages in rural areas are widely acknowledged.. In a reversal of the trend seen in most OECD countries, Aotearoa has a rising incidence of infectious diseases (Michael G Baker, 2012), and is at the high end of shared OECD trends in increased chronic diseases such as diabetes and asthma (Ministry of Health). These, among many others, are areas of health where extensive international evidence supports nursing expertise for cost effective, efficient service delivery. (See for instance Chapter 1&3, New Zealand Nurses Organisation, 2011). The need to retain acute care nursing categories on the ESSL evidences the lack of sound primary health care facilitating the prevention of infectious disease and management of chronic conditions. It also highlights the skills and experience gap that exists because overseas recruitment has for decades been used as a quick and cheap solution to workforce shortages in lieu of planned employment, education and leadership opportunities for nurses to ensure succession. While we support the retention of acute care categories on the ESSL to protect public safety, it will do nothing to alleviate the skills gap in either the short or long term. Further, as noted, it exacerbates tension between locally and IQN, as acute care positions are highly sought after by local graduates, who cannot gain entry to their chosen field because of their inexperience, and/or have few opportunities following their first year of supported practice to continue to gain the years of experience needed for clinical expertise.

With regard to the retention of aged care nurses on the ESL, NZNO again acknowledges the need for experienced aged care nurses, but agrees with evidence presented in the Human Rights Commission EEO report *Caring counts: Report of the Inquiry into the Aged Care Workforce* (MacGregor, 2012); *A Report into Aged Care: What does the future hold for older New Zealanders?* (NZ Labour Party, NZ Green Party, Grey Power NZ, 2010); consistent union and clinical feedback; and Work and Income New Zealand assessment (accessed through OIA) that recruitment and retention difficulties in the aged care sector are due to inferior wages and conditions, including onerous workloads and responsibilities that are seen as professionally unsafe. We note that the publicly funded services bear the costs of failures of care and professional education for private industry aged care provision, which enjoys the security of government-subsidised clients and a high level of profitability. In a perfect market, shortage of supply should be met with higher wages; this decision skews the playing field and is an open invitation for providers to continue to recruit IQN (usually from developing countries) who will accept inferior employment conditions and higher levels of risk. Indeed an increase in overseas recruitment is likely as the current replacement rate for new graduates in aged care is less than four percent[1] while the annual turnover rate of RNs is 27%, with 46% nurses in their first year, and 22% in long term care (MacGregor, 2012). In addition the RN aged care workforce is aging with 40% RN and 72% EN aged 50+ and there is a predicted trebling of need by mid 2030's (various Ministry of Health and Statistics Aotearoa New Zealand documents). NZNO recommends that consideration should be given to taking aged care nurses off the ESSL to encourage providers to match DHB MECA rates and staffing levels and skill mix that ensure safe, quality health care for older New Zealanders.

As a member of the International Council of Nurses and an affiliate of the New Zealand Council of Trade Unions, NZNO is committed to ethical nursing recruitment in the face of globalisation and increased competition for highly mobile and skilled health professionals. All countries must be responsible for planning for self-sustaining national workforces, avoid poaching clinicians from developing countries, and afford migrant workers their full human rights. New Zealand is currently not meeting any of these criteria and we are particularly concerned with the number of IQN whose work permit is renewed year after year after year while they get no closer to residency, a concern shared by employers who frequently contact NZNO to share their frustration with repeated form-filling to secure experienced high performing staff. While you (INZ) appreciated that the latter was unfortunate, and not desirable, you also indicated that the government could not tolerate high levels immigration alongside high unemployment, and that work permits would not be renewed if there were New Zealanders who could do the job. With respect, we believe the connection between immigration and unemployment is not a direct or simple one in health. NZNO had agreed with INZ during the ESSL consultation that there had been no improvement in nursing skills shortages over ten years, and drew attention to serious and preventable workforce issues arising from the lack of long term health workforce planning including health and safety challenges, incipient racism, inconsistency and disparities with immigration data, visas, the International English Language Test System, etc. as well as the lack of response to our suggestions to enhance efficiency, for example with a single health recruitment desk, and worker education. (Note also NZNO research (Walker J. C., 2012)) Experience and expertise are not the same as a qualification; while there may be new nurse graduates without jobs, they cannot fill positions requiring expertise. Until there is effective health workforce planning and strategies for appropriate support and training in employment leading to self-sustainability, overseas recruitment of health practitioners will continue to be necessary.

The ESSL prompted a lot of calls to NZNO from members and though we didn't have time to cover all of the following, I draw your attention to the issues most frequently raised besides the main one which was how it would affect work permit renewal and residency applications:

[1] Using Nurse Entry to Practice and new graduate employment in aged care of 24 (57) RNs and 2 (12) EN (Ministry of Health) and NZNO members in aged care = ~2300.

- We received many requests from members, employers and managers, about work permit renewal and residency applications would be affected.
- Information accessed via the Australian Bureau of Statistics site from New Zealand Dept of Labour Immigration site link is confusing as subsequent links bring up immigration policy/processes for Australia not Aotearoa.
- It is unclear whether "specialisation" means that someone has worked in this area or would be classified as a Clinical Nurses Specialist which often requires additional training, education and/or credentialling.
- Task descriptions are very broad, yet in the past decisions regarding residency/visas etc. often depended on a very detailed checklist of tasks specific to that job. Emma indicated that these hadn't changed, but they don't seem to be accessible from the website.
- The general medical category may be broad enough to admit quite a range of RN specialisations - is this the intention?

As nurses comprise over half the health workforce and are the only professional group delivering services in every health setting throughout the whole of Aotearoa, we feel confident about our knowledge of frontline impact of IQN on health, employment and safety, and the credibility of our evidence-based analysis of immigration policy practice. NZNO is strongly motivated to work with INZ to ensure immigration policy which is fair, sustainable and meets New Zealand's health and workforce needs. We have acted in good faith at all times and acknowledge the objective of immigration to sustain productivity and be consistent with the principles underlying ILO and other employment, immigration and human rights conventions.

We appreciate the time and expertise you and colleagues afforded us and trust in the light of this that the Minister and INZ will give serious consideration to convening a health sector wide discussion/consultation on health workforce immigration, which even Health Workforce New Zealand Chair D. Gorman identifies as a key issue[2] (Gorman, 2011).

Ngā mihi ki a koe

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References

Gorman, D. (2011). The disposition and mobility of medical practitioners in New Zealand. *NZMJ 4, vol 124 No 1330:* .

International Council of Nurses. (Kāhore he rā). *Ethical Nurse Recruitment.* Whakahokia April 15, 2013 mai ICN: http://www.icn.ch/images/stories/documents/publications/position_statements/C03_Ethical_Nurse_Recruitment.pdf

MacGregor, J. (2012, May). *Caring counts: Report of the Inquiry into the Aged Care Workforce;.* Retrieved April 15, 2013, from http://www.hrc.co.nz/eeo: http://www.hrc.co.nz/eeo/caring-counts-report-of-the-inquiry-into-the-aged-care-workforce

Michael G Baker, L. T.-C. (2012, February 20). Increasing incidence of serious infectious diseases and inequalities in New Zealand: a national epidemiological study 20 February 2012. *The Lancet, Early Online Publication,* , pp. DOI:10.1016/S0140-.

Ministry of Health . (n.d.). *New Zealand Health Survey 2011/2012*. Retrieved April 15, 2013, from Ministry of Health: http://www.health.govt.nz/nz-health-statistics/national-collections-and-surveys/surveys/current-recent-surveys/new-zealand-health-survey

New Zealand Nurses Organisation. (2011). *NZNO Manifesto 2011.* Retrieved April 15, 2013, from NZNO: http://www.nzno.org.nz/LinkClick.aspx?fileticket=zZ0X53vC7O4%3D

NZ Labour Party, NZ Green Party, Grey Power NZ. (2010, October). *A Report into Aged Care What does the future hold for older New Zealanders?* Retrieved April 15, 2013, from http://www.nzdoctor.co.nz/media/337671/aged%20care%20report%20for%20email.pdf

Walker, J. C. (2012). A multi-cultural nursing workforce: views of New Zealand and internationally qualified nurses. . *Kai Tiaki Nursing Research Journal. Vol 3,1.* .

Cc Minister of Immigration, Health Workforce New Zealand, Chief Nurse

[2] "...the key issues that are germane to the number of doctors in our workforce are recruitment, migration and retirement, and all three rewuire address." D. Gorman, NZNJ 2011