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Kia ora

### **Waikato District Health Board Request for Employer Accreditation**

The New Zealand Nurses Organisation (NZNO) welcome consultation on the Waikato District Health Board's (WDHB) request for employer accreditation for recruitment of overseas health workers, including registered nurses (RN), clinical physiologists (a role which is sometimes taken up by RNs in areas like sleep labs), and midwives. NZNO's relationship with WDHB is through the DHB Multi Employer Collective Agreement (MECA) which is the standard employment agreement for nurses. The promotion of good faith in all aspects of the employment environment and of the employment relationship is the basis of the MECA.

As there are nurses and midwives currently seeking employment, and there has been no discernible improvement in planning for the development of a sustainable nursing workforce and reducing dependency on internationally qualified nurses (IQN), NZNO **does not support** WDHB being accredited to recruit RNs or midwives from overseas at this time. We believe the Midwifery Employee Representation and Advisory Services (MERAS) holds the same position.

We draw your attention to our submission on the Essential Skills in Demand Review available from NZBO's website) calling for removal of nursing from the ESID lists, the reasons for which are germane to our response to this request. We note the discrepancy between the *selected* nursing categories on the ESID Lists and WDHB's application - in common with other recent accredited employer applications - to recruit 'registered nurses', with no specialist area of practice identified.

NZNO's understanding of the intention of the accredited employer scheme was to enable accredited DHBs to recruit senior and specialised nurses in areas where there were significant and immediate skills gaps, until workforce supply caught up with demand. Accordingly, the minimum rate was set at \$55,000 which originally was above the base rate that applied to other skilled workers using this scheme. This differential was specifically there to ensure that overseas recruitment did not undermine New Zealand RN graduates gaining employment and experience, or inhibit the development of New Zealand's nursing leadership and skills. As NZNO has pointed out on numerous occasions, the rate no longer ensures that overseas recruitment is restricted to senior RNs, or incentivises the development of local nursing leadership and expertise. DHBs have opted to employ experienced internationally qualified nurses (IQNs) with the unfortunate consequence that New Zealand has managed to sustain one of the highest proportions of IQNs in its nursing workforce for several years (Zurn & Dumont, 2008).

#### **New Zealand Nurses Organisation National Office**

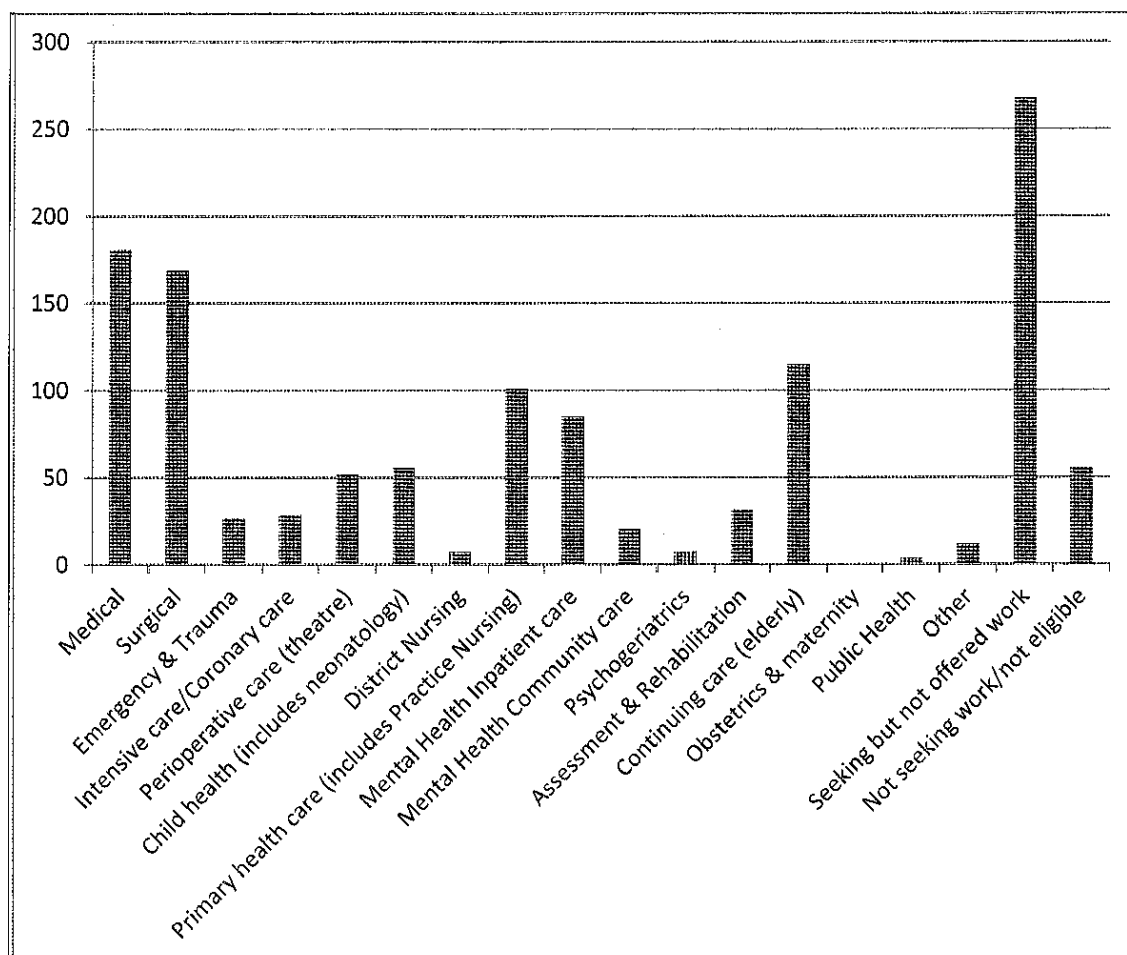
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The Ministry will be aware that only 61 percent of the 2013 nurse graduates are now employed in nurse entry to practice positions (NEtP) under the preferred advanced choice of employment (ACE) scheme ( O'Connor, Teresa, 2014) and slightly more, 69 percent (i.e. 920/1339), in total according to the Report of New Graduate Destinations from graduates November 13<sup>1</sup> (Nursing Education in the Tertiary Sector (Aotearoa NZ), March 2014). As is graphically illustrated in the histogram below, the largest 'practice area' for RN graduates is "seeking but not offered work"!

**Figure 1: employment practice area spread (March, 2014)**



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With regard to WDHBs workplace practices, commitment to employing New Zealand residents, and human resource processes, in the first instance we draw your attention to the Ministry of Health's recent report<sup>2</sup> on Waikato DHB which was portrayed in the media as a damning report<sup>3</sup> on leadership. NZNO can only confirm that WDHB is facing some serious challenges and that changes affecting senior nursing positions and staffing formulas and workloads continue to make WDHB a difficult place for nurses to work in and with. WDHB has a professional development and recognition programme (PDRP), and supports some nurse entry to practice positions for graduates each year; however, there are particular concerns, for example:

<sup>1</sup> <http://nurseducation.org.nz/News>

<sup>2</sup> <http://www.waikatodhb.health.nz/assets/about-us/key-publications/Review-of-opportunities-for-the-incoming-Waikato-DHB-chief-executive.pdf>

<sup>3</sup> <http://www.stuff.co.nz/waikato-times/news/10074844/DHB-bosses-slammed>

- changes to the skill mix with significant numbers of unregulated health care assistants (HCAs) replacing regulated enrolled nurses (ENs) and RNs in acute care areas;
- the decision, unlike other DHBs, not to purchase Trendcare, which is the **only validated acuity tool** for care capacity demand management (CCDM) of appropriate staffing levels and skill mix to meet demand;
- still comparatively few NEtP positions offered and no plans, as far as we know, to leverage the increased number of Māori nurse graduates (up to 13 percent from 7 percent) to improve proportionate representation of Māori in the nursing workforce, or reduce dependency on IQN;
- continued 'ring fencing' of NEtP positions with little assured continuity of employment after the first year which undermines the purpose of NEtP to build nursing capacity; and
- no accredited training for health and safety representatives which is the only way to assure that the purpose of the Health and Safety in Employment Act, which is still current, is met.

Though WDHB has good systems for mentoring and guidance and work continues to be done in this area, NZNO wants to be assured that a consistent level of support is available throughout WDHB for new graduate nurses, nurses undertaking further training/education, and supporting and retaining IQN.

WDHB should demonstrate its commitment to employing New Zealand residents by taking more new graduates and undertaking to retain them beyond the first year, which would require more nursing staff in the short term, but would increase capacity in the long term. Recruitment must take place in an environment which supports the development of a self-sufficient nursing workforce by ensuring that opportunities for locally trained nurses to gain experience and expertise exist. A commitment to workplace practices which are demonstrably safe and allow for continuous improvement in quality care is fundamental to productive employment relationships and optimal health outcomes. Longstanding shortages will continue while senior RN positions are disestablished, and while working conditions undermine the capacity of nurses to work within their professional code of conduct and according to their regulated scope of practice. NZNO suggests that accreditation of WDHB be contingent ensuring health and safety delegates have access to properly accredited training and that provision is made for the management of safe staffing which is nationally consistent.

Long-term planning for a sustainable nursing workforce and a strategy for reducing the high dependency on IQN is urgently needed to ensure sufficient nursing capacity to meet anticipated shortages and health demand in a few years time (Dr Ganesh Nana, June 2013).

We also suggest that the 'oversupply' of new graduates is actually an undersupply of jobs; the 16 percent increase in DHB patients, for example, has been met with only a 4.4 percent 'increase' in nurses<sup>4</sup>.

In conclusion we reiterate that NZNO **does not support** WDHB accreditation for overseas recruitment of RNs at this time. Once again, thank you for this opportunity to comment.

Nāku noa, nā



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## REFERENCES

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<sup>4</sup> [http://www.nzno.org.nz/about\\_us/media\\_releases/articletype/articleview/articleid/1687/patients-suffer-when-staffing-levels-are-insufficient](http://www.nzno.org.nz/about_us/media_releases/articletype/articleview/articleid/1687/patients-suffer-when-staffing-levels-are-insufficient)

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### About the New Zealand Nurses Organisation

NZNO is the leading professional nursing association and union for nurses in Aotearoa New Zealand. NZNO represents over 46,000 nurses, midwives, students, kaimahi hauora and health workers on professional and employment related matters. NZNO is affiliated to the International Council of Nurses and the New Zealand Council of Trade Unions.

NZNO promotes and advocates for professional excellence in nursing by providing leadership, research and education to inspire and progress the profession of nursing. NZNO represents members on employment and industrial matters and negotiates collective employment agreements.

NZNO embraces Te Tiriti o Waitangi and contributes to the improvement of the health status and outcomes of all peoples of Aotearoa New Zealand through influencing health, employment and social policy development enabling quality nursing care provision. NZNO's vision is *Freed to care, Proud to nurse*.

