



**New Zealand Nurses Organisation
Submission to the Immigration
Advisers Authority, Department of
Labour**

on the

**Draft Competency Standards and
Code of Conduct for Licensed
Immigration Advisers**

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SUMMARY

1. The New Zealand Nurses Organisation (NZNO) welcomes the opportunity to contribute to discussion on the draft competency standards for licensed Immigration Advisers and commends the Immigration Advisers Authority for this initiative.
2. Aotearoa New Zealand has a very high level of migration in the health workforce where staffing shortages at all levels are often acute. It has the highest ratios of foreign-born and foreign-trained doctors among OECD countries (respectively 52% and 36% in 2005-06) and one of the highest for nurses (29% and 24%) (OECD Report, 2007). A large proportion of health care assistants (HCAs) are also migrants, particularly in the Aged care sector. Migrant workers, especially those from the Pacific Islands and the Philippines are over represented in the low paid health care positions.
3. Currently there is a high turnover among migrant health professionals, Aotearoa appears to be a 'stepping stone' to other OECD countries, and indications are that migrants will continue to comprise a large section of our health workforce for the foreseeable future.
4. Aotearoa's entire health system is thus particularly susceptible to even small alterations in policy and employment conditions elsewhere. There is a high risk with today's global economy and highly mobile workforce that the net effect of immigration will be the replacement of New Zealand's highly trained health professionals with lower paid workers from developing countries, such as is already happening in the aged care sector.
5. As the professional body and leading union of the largest part of the health workforce, NZNO has experience of some of the difficulties that migrant nurses face, often as a result of poor immigration advice, which have occasionally seriously disadvantaged the migrants and adversely affected New Zealand health and employment conditions.

6. Although it is not our intention to comment in detail on the comprehensive competency standards the IAA has drafted, we trust that NZNO's experience will prove useful in helping the IAA understand the particular conditions governing the migration of health workers so that an appropriate and effective regulatory regime can be implemented.
7. NZNO also draws your attention to the New Zealand Council of Trade Unions Migration workgroup which actively monitors national and international migration issues, including regulation and legislation, across all sectors. There is a wealth of experience and knowledge in this group which deals firsthand with the workforce issues confronting migrant and New Zealand workers and accredited employers. NZNO highly recommends the IAA establishing close and regular communication with the NZCTU to monitor the effects of regulation.
8. NZNO also notes that the CTU Migration workforce has some excellent international resources such as a global "migrant passport" with essential information in a simple format, which could be useful for immigration advisers.
9. Under the Health Practitioners Competence Assurance Act (2003) all health practitioners have to be registered in New Zealand, but NZNO is aware that health professionals have been brought here by employers in the Aged Care sector who have not informed them of this requirement. Having assumed they will be able to work as Registered Nurses, they find that they must pay Registration, Annual Practising Certificate and International English language Test fees in addition to training courses they are required to undertake and pay for. Since they are often from developing countries, notably the Philippines and the Pacific Islands, the thousands of dollars in fees and the loss of income during training are beyond the migrants' ability to pay, especially if they are the primary breadwinner. Generally they settle for immediate employment as HCAs at lower pay rates. This is clearly exploitative particularly as, having been

employed as HCAs, they are often covertly pressured to perform RN duties.

10. Such exploitation also undermines the pay and conditions of New Zealand nurses. NZNO is aware that although there is a requirement for employees recruited by accredited employers to have a minimum base salary of \$50 000 per annum, this is rarely audited properly or enforced. Accessing IRD records, for instance, without reference to actual hours of work gives no indication if penal rates for shift work, after hours or call-out work are included. Such requirements are there to protect the working conditions of New Zealand workers. Not enforcing them allows the rates of pay of skilled New Zealanders to be undercut by migrant workers, putting a downward pressure on pay and conditions. Thus NZNO recommends that particular attention be paid to ensuring that a robust monitoring system is put in place so that regulations can be properly enforced.
11. Equally troubling are the conditions around bonds that some migrant nurses have faced. NZNO believes that there are a number of health recruitment agencies charging exorbitant fees at both ends of the recruitment process, and private providers who are enforcing contracted bonding and fee termination payments which have been imposed on deliberately ill-informed migrant workers. NZNO has defended a number of such legal cases that have been progressed by employers. We suggest the IAA notes that the level of the bonds are typically around \$5 – \$10 000 for up to three years and takes that amount into consideration when setting penalty fines.
12. Migrants are rarely informed about organisations which could assist them in the workplace and NZNO strongly recommends that, as part of facilitating professional development, immigration advisers be encouraged to communicate with relevant professional and union organisations and to ensure that industrial information is given to prospective migrants. This would not only give migrant workers support in the workplace but would also give them access to legal support should that be necessary. Without

- such organisational support, migrant workers are unlikely to be in a position to challenge injustice. Professional association/ Union support would balance resources available to both sides and may alleviate some of the call on the IAA's no doubt limited resources.
13. Similarly, professional development could also include guidelines for 'good employer' standards amongst recruiting employers to encourage ethical recruitment of migrants.
 14. NZNO warmly endorses and commends the IAAs recognition of the importance of the Treaty of Waitangi component in draft competency 3.
 15. NZNO strongly recommends that robust systems for data collection be put in place and that such data is made available to the public. Migration statistics in the health sector have not been consistently kept or made easily accessible yet they are a necessary tool for sound workforce planning. Currently, for instance, we are unable to fully capture statistics about the number of RNs who enter New Zealand under the skills shortage list, but who do not practise as RNs. Nor do we have good information about the number of people who apply for but do not get registration either here or overseas.
 16. NZNO congratulates the IAA on its commitment to establishing sound competencies and ethical practice for immigration advisers in Aotearoa and overseas.

ABOUT THE NEW ZEALAND NURSES ORGANISATION

1. NZNO is a Te Tiriti o Waitangi based organisation which represents over 40 000 nurses and health workers. NZNO is the professional body of nurses and the leading nursing union in Aotearoa New Zealand. Our Māori partner, Te Runanga o Aotearoa, represents NZNO and Māori in nursing and health. Our members include nurses, midwives, students, kaimahi hauora, health care workers and other health professionals.

2. The NZNO vision is “Freed to care, Proud to nurse”. Te Runanga o Aotearoa’s vision is “Hei oranga motuhake mo ngā whānau me ngā hapū me ngā iwi”. Our members enhance the health and wellbeing of all people of Aotearoa New Zealand through ethically based partnerships. Our members are united in the achievement of their professional and industrial aspirations.
3. NZNO has consulted its members in the preparation of this submission in particular NZNO staff (Management, Professional Nursing Advisors, Policy Analysts, and Industrial Advisors).

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REFERENCES

OECD Report, 2007. *Health Workforce and International Migration: Can New Zealand compete?*, as forwarded to NZNO by Ministry of Health, November 2007