



BRIEFING

MIQ allocation settings for critical health workers

Date:	14 October 2021	Priority:	High
Security classification:		Tracking number:	2122-1350

Action sought		
	Action sought	Deadline
Hon Chris Hipkins Minister for COVID-19 Response	Agree to endorse an MIQ group allocation proposal for critical health workers.	18 October 2021
Hon Andrew Little Minister of Health		
Hon Chris Hipkins Minister for COVID-19 Response	Agree to allow an out-of-cycle group allocation request for health workers to go to the Border Exceptions Ministerial Group. Refer this briefing to Border Ministers for their decision.	18 October 2021
Border Ministers Hon Kris Faafoi Minister of Immigration Hon Chris Hipkins Minister for COVID-19 Response Hon Megan Woods Minister for Research, Science and Innovation Hon Carmel Sepuloni Minister for Social Development and Employment Hon Stuart Nash Minister for Economic and Regional Development Hon Willie Jackson Minister for Māori Development	Agree to establish an ongoing allocation of 300 rooms per month for health workers to commence in late November 2021.	21 October 2021

Contact for telephone discussion (if required)			
Name	Position	Telephone	1st contact
Privacy of natural persons	Manager, Allocation and Supply, MIQ Policy	Privacy of natural persons	✓
	Workforce Strategy & Policy (Acting)		

The following departments/agencies have been <u>consulted</u>
Ministry of Health, Immigration Policy (MBIE)

Minister's office to complete:

Approved

Declined

Noted

Needs change

Seen

Overtaken by Events

See Minister's Notes

Withdrawn

Comments



BRIEFING

MIQ allocation settings for critical health care workers

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Purpose

To provide you with an update on the current MIQ settings available to support the entry of critical health workers into New Zealand. It also provides you with options to increase the number of critical health workers arriving in New Zealand.

The paper also seeks your agreement to allow an MIQ out-of-cycle group allocation request to be made for critical health workers and asks you to refer this request/briefing to Border Ministers for their decision.

Recommended action

The Ministry of Business, Innovation and Employment and the Ministry of Health recommend that you:

- a **Note** that just over a quarter of migrant workers approved for entry to New Zealand through exceptions to the current border exceptions have been critical health workers.

Noted

- b **Note** that there are several pathways for critical health workers to enter New Zealand, including through the Managed Isolation Allocation System, the Time-Sensitive Travel Allocation and the Emergency Allocation processes.

Noted

- c **Note** that as the MIAS voucher releases have been constrained, this has increased difficulties for health workers to enter the country through MIQ.

Noted

- d **Note** that the Emergency Allocation and Time-Sensitive Travel allocations have strict criteria and that applications are considered on a case-by-case basis and do not provide advanced certainty of MIQ allocation for health workers.

Noted

- e **Note** that plans to increase the health system readiness to support the government's COVID-19 response requires a surge in the arrival of health workers into New Zealand.

Noted

- f **Note** that the current health and disability workforce shortages can only be immediately reduced by recruiting the international health workforce.

Noted

- g **Note** that MBIE recommends that the best option to support a surge in the arrival of critical health workers and to provide advanced certainty of MIQ allocation is through a group allocation.

Noted

h **Note** that the Ministry of Health has provided an ongoing group allocation proposal for critical health workers for your consideration.

Noted

Ministers for COVID-19 Response and Minister of Health

i **Agree** to endorse the ongoing group allocation request for health care workers.

Agree Disagree

j **Indicate** if you wish for bespoke options (outside of MIQ) to be considered to support the arrival of critical health workers.

Agree Disagree / Discuss

Minister for COVID-19 Response

k **Agree** to allow an out-of-cycle group allocation request for critical health workers for 300 rooms per month from late November 2021, and refer this request to the Border Exceptions Ministerial Group for their decision.

Agree Disagree

Border Ministers

l **Note** that with the current pressure that MIQ is facing to support the community outbreak, the earliest that this allocation could be implemented, under current MIQ settings, is by late November 2021.

Noted

m **Agree** to establish an ongoing MIQ allocation for critical health workers of 300 rooms per month commencing in late November 2021.

Agree Disagree

Proactive release

k **Agree** that this briefing is proactively released with appropriate withholdings under the Official Information Act 1982.

Agree Disagree

Privacy of natural persons

Manager, MIQ Policy
MIQ Policy, MBIE

..... / /



Amy Wilson
Deputy Director-General (Acting)
Health Workforce
Ministry of Health

14 / 10 / 2021



Hon Chris Hipkins
Minister for COVID-19 Response

15 / 10 / 2021

Hon Andrew Little
Minister of Health

..... / /

Hon Kris Faafoi
Minister of Immigration

..... / /

Hon Megan Woods
**Minister for Research, Science and
Innovation**

..... / /

Hon Carmel Sepuloni
**Minister for Social Development and
Employment**

..... / /

Hon Stuart Nash
**Minister for Economic and Regional
Development**

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Hon Willie Jackson
Minister for Māori Development

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There needs to be a much greater sense of urgency here. The future has arrived!
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Background

1. Health system readiness remains an essential part of New Zealand's response to the COVID-19 response, as the pandemic evolves.
2. On 14 October, Minister Little publicly announced a new strategy outlining the health system response to support COVID-19 within the community. Underlying this approach is the need to facilitate the arrival of health workforce into the country.

Current border settings for healthcare workers

3. Consistent with Government priorities, health is one of the largest sectors that have benefited from the border settings. The critical health worker border exception was one of the first border exception categories agreed by Cabinet on 19 March 2020 [CAB-20-MIIN-0122 refers]. The border exception has enabled the entry of a wide range of health and disability workers critical to ensuring New Zealanders can continue to access a wide-range of health and disability services, including supporting New Zealand's ongoing response to COVID-19.
4. The criteria for the critical health worker border exception are set out in Immigration Instructions and includes all health practitioners registered under the Health Practitioners Competence Assurance Act 2003 (HPCAA). The full critical health worker criteria are set out in Annex One.
5. As at 27 September, 5,416 workers have been approved under the critical health worker border exception since March 2020 (with an additional 3,055 dependents approved for travel with them). Health workers make up just over a quarter of all migrant workers that have been approved for entry while the borders have been restricted.
6. The recent period of MIQ demand pressure has coincided with an increase in the number of people approved for critical health worker visas who remain offshore. As of 6 October 2021, 424 Critical Health Workers who had visas approved in July-September remained offshore, compared to only 27 workers who were approved in April-June. Some of these workers with recently approved visas may/will hold MIQ vouchers for upcoming travel. Work is underway to determine how many remaining health workers may be waiting to secure space in MIQ.

Current MIQ settings for healthcare workers

7. The Managed Isolation Allocation System (MIAS) is the first option for all travellers for trying to secure a space within MIQ. Current demand is significantly exceeding supply – the most recent MIAS lobby on 14 October saw approximately 25,000 users trying to book vouchers.

Emergency Allocations

8. Emergency allocations (EAs) are available as a last resort for travel to New Zealand within 14 days, with a high threshold for eligibility. The criteria include a category (2b) for people “whose entry to New Zealand is time-critical for the purpose of commencing work that involves delivering a critical public or health and disability service, such as the clinical and direct provision of health services required to prevent serious illness, injury or death.”
9. From 1 June to 13 October 2021:
 - 252 EA applications for people on critical health worker visas were approved under category 2b;
 - 27 such applications were declined;

- 252 such applications were not processed (generally due to incomplete applications or applicants looking to travel further out than 14 days).
10. There have been some concerns raised by the health sector in how the EA is working for health workers. EA category 2b provides an option for healthcare workers to access space in MIQ, if they are required to urgently enter New Zealand to commence work in a new role. This allocation cannot support the arrival of critical health workers that have departed New Zealand and to resume their work. This has been designed to ensure that certain critical professions cannot access MIQ whenever they choose to depart New Zealand for personal reasons (to remain consistent across the population).
 11. There are also other EA categories that can be used to support New Zealand citizens and residents departing New Zealand for personal reasons (eg to visit terminally ill relatives or bereavements). Where these criteria do not apply, MBIE can also approve EAs under national interest or exceptional circumstances under category 2d. These allocations require government agency endorsement to support.
 12. Officials consider that the current EA process is overall working well. It is kept under constant review, and changes are made when necessary. Some recent concerns regarding EA allocations for health workers have raised media interest. MBIE is working with the Ministry of Health and the health sector to improve the understanding of the different MIQ pathways for critical health workers.

Time sensitive travel

13. The time sensitive travel allocation provides for workers travelling to undertake time sensitive tasks with significant consequences if not completed. This can include entry to New Zealand for work “essential for a critical health and disability service that is not, or soon will not be, practicably accessible for a local community or region in New Zealand.”
14. For travel in September-December 2021, 102 health sector worker applications were received, with 9 declined.
 - 4 of the declines were due to not having a valid visa (this requirement will no longer apply going forward).
 - A further 4 of the declines were due to the applicant having left New Zealand for personal reasons, which you agreed would not be accommodated under the time sensitive travel allocation.
15. You previously agreed that people departing New Zealand for personal reasons would not be eligible for TST [Briefing 2021-0627 refers]. Those seeking to depart New Zealand for compelling personal reasons (and access MIQ on return) can be accommodated through emergency allocations if they are eligible, such as travel to visit a terminally ill close family member. There would be issues of fairness associated with prioritising personal travel based on people’s occupation.

Issues and limitations with current settings

16. Ministry of Health officials and other officials on behalf of DHBs provide endorsements to requests for EA and TST requests for spaces in MIQ. The endorsements are included in the overall applications. MBIE manage the applications process and make the final decision on all allocations for MIQ spots.
17. While the Ministry of Health has endorsed the application and confirmed the critical health worker status, some critical health workers are being denied allocations by MBIE, as they do not meet the eligibility criteria. This includes some critical health workers who normally reside and are employed in New Zealand but who have recently left New Zealand temporarily for exceptional reasons, but who have not been granted an exception on compassionate grounds. These individuals are seeking to return to New Zealand to their same critical health

worker role; however, this situation is not included in MBIE's eligibility criteria for an MIQ emergency allocation or time sensitive space.

18. Additionally, processing times are creating additional uncertainty, as individuals often do not receive confirmation of their MIQ allocation until very close to travel. This creates pressure and uncertainty for health employers and other workers required to cover in their absence.

Health workforce needs to surge to support COVID-19 response and reduce workforce pressures

Health workforce arrivals need to surge to support current phase of COVID-19 response

19. The health workforce plays a vital role in supporting the government's COVID-19 response in terms of staffing managed isolation and quarantine facilities and standing up vaccination and testing teams, as well as right across the health system, particularly in Auckland.
20. New Zealand's closed borders have, however, also had an impact on the broader health sector particularly in areas experiencing shortages prior to the COVID-19 pandemic. Planning is underway to ensure the entire health system is in a position to support the ongoing Delta outbreak within New Zealand.
21. Facilitating a surge of health workers into New Zealand is a critical part of the health system readiness in moving to the next phase of the response.
22. While health workers have reasonably high approval rates through the TST and EA allocations, these allocations are not suitable to support a planned surge of health workers arriving into the country. The TST application round for travel in November and December 2021 is closed, and the next round of TST is for travel in January and February 2022. However, health workers need to start arriving in New Zealand imminently as MIQ capacity allows.
23. The EA is also not an appropriate allocation pathway to support a surge in arrivals; it is designed to support urgent travel for unforeseen and emergency events. Individuals must be willing to travel within 14 days of their emergency allocation application. A planned surge in the arrival of health workers requires advanced certainty of planning, and does not fit within the purpose or the intent of the EA.

Health workforce arrivals need to surge to reduce pressures on the health workforce

24. The COVID-19 response is a significant factor that contributes to the need for the international workforce. Additional pressures on the health workforce include workforce shortages, an ageing health workforce and an ageing population.
25. Prior to the pandemic, New Zealand had critical workforce shortages across most health professions. New Zealand's reliance on overseas trained health professionals is high compared with other Organisation for Economic Co-operation and Development (OECD) countries. Recent OECD data for 2015–2017 showed that New Zealand had the second highest percentage of overseas trained doctors out of 26 OECD countries at 42.4 percent of total doctors and the highest percentage of overseas trained nurses out of 25 OECD countries at 26 percent.
26. COVID-19 has exacerbated these shortages due to issues that immigration settings have caused for the migrant workforce. Some workers are choosing to leave permanently as there is no guarantee of ability to return if there is a need to leave temporarily. The Immigration New Zealand pause on expressions of interest for residency also created uncertainty that may have caused health workers to leave, or not enter the country, prior to the one-off

residency pathway being announcement by the Minister of Immigration on 30 September 2021.

Options to surge entry of health workers to support pandemic response and address workforce shortages

Group Allocation

27. If ministers wished to provide certainty of MIQ access for healthcare workers, an out-of-cycle group allocation is the most appropriate pathway. This would set aside a regular number of places per month on an ongoing basis and the Ministry of Health would prioritise access to these spaces based on the relative merit of applications.
28. Group allocations are made in packages for a set time period (e.g. November 2021-March 2022). You have previously declined to consider any out-of-cycle group allocation requests [2122-0300 refers]. However, MBIE considers an out-of-cycle allocation is necessary given the critical and urgent role that the health workers play in the Government's COVID-19 response.
29. In general, group allocations are granted on the basis that the travel is a 'Government priority.' A Government priority can relate to one of the following criteria, national interest, economic impact or national security or obligations under international law or international relations. In this case, the health workforce would be in support of the national interest.
30. MBIE would need to consider when it is feasible to commence a group allocation request, given that the community outbreak has severely constrained MIQ capacity. Initial advice from our MIQ planning team is that late November would (based on current MIQ settings and projections) be the soonest that this allocation could be established.

Bespoke options to support health workers

31. Should Ministers need to facilitate the arrival of health workers in advance of late November, under current MIQ settings, other options could be considered.
32. The current shift in approach for Reconnecting New Zealand proposes that vaccinated travellers could be considered for self-isolation or short stay MIQ. We seek your direction on whether these options should be further explored.

MoH proposal

New group allocation process for critical health workers

33. To simplify the current application process, the group allocation would be used for **all health workers accessing MIQ spaces** (rather than existing TST and EA processes). The Ministry of Health would be responsible for assessing the eligibility, prioritising applicants and would then provide a collated list to MBIE on an agreed timeframe.
34. A detailed process will be developed which would include the assessment criteria and the transfer of applications between agencies. This process will include measures to limit unreasonable travel to ensure that MIQ space is being used effectively.
35. In order to have a health and disability workforce that can respond to the need of the New Zealand population, 300 allocations spots should be aside for this allocation on a monthly basis. This number is an estimate based on indicative data supplied by DHBs, General Practice New Zealand, and the number of time sensitive travel applications assessed in the recent period.

36. Indicative data from the DHBs showed that the number of international hires they intended to make in November/December across all workforces was 252. This was for DHBs only and does not include primary care, aged residential care or other settings where critical health workers are required. Indicative data from one of the many primary health organisations, General practice NZ, showed a further 50 health workers requires visa temporary visa extensions. An additional 36 time sensitive travel applications were endorsed by the Ministry of Health for the month of September.
37. This fixed allocation for critical health workers should be in place indefinitely or until the current border restrictions due to COVID-19 are lifted. Whether the number should remain at 300 is difficult to predict and we do not have sufficient data to determine this. However, we do not think it is likely that the need will reduce prior to February 2022.

Determining who is eligible for critical health worker allocation

38. All critical health workers should be eligible to access MIQ spots so long as they have proof of employment and the right to enter New Zealand. An applicant will be considered eligible if they met the criteria of a critical health and disability workers.
39. We do not expect that the definition of a critical health worker will change from what Immigration New Zealand currently defines this as. The definition for critical health worker is defined in Annex one.

Next steps

Minister for Covid-19 Response and Minister of Health

40. If you agree to support this proposal for a group allocation then:
 - a. Minister for COVID-19 Response agrees to an out-of-cycle request;
 - b. Refer this request/briefing to the Border Ministers for consideration.

Border Ministers

41. If you agree to establish an ongoing allocation of 300 rooms per month for critical health workers, MBIE will implement this by late November 2021.
42. MIQ will work with Immigration New Zealand and the Ministry of Health to finalise the details of the allocation. As with all confirmed group allocations, details will be published on the MIQ website shortly after final decisions have been made.

Annex One: Critical health worker criteria in Immigration Instructions

H5.30.1 Critical health workers

1. A critical health worker is a person who will work in an occupation needed to deliver critical health services in New Zealand (see H5.30.1(b)) for an employer listed at H5.30.1(c).

2. Occupations needed to deliver critical health services in New Zealand are:

1. registered health practitioners as set out in the Health Practitioners Competence Assurance Act 2003; or
2. a worker who installs, operates or maintains medical equipment; or
3. paramedics and ambulance workers (including air and road); or
4. technical and support staff working in:

- theatre
- laboratory
- radiology
- pharmacy services
- cardiology blood service
- nuclear medicine
- oncology
- haematology
- pathology
- hyperbaric medicine
- mortuary
- research staff; or

5. workers delivering mental health and addictions services, aged care, respite, home care and support, child health, palliative and hospice care, forensic health, and disability support.

3. Critical health workers may work for one or more of the following:

1. a District Health Board;
2. the New Zealand Blood Service;
3. a hospice or palliative care provider;
4. a primary care practice such as urgent care or a medical or healthcare centre;
5. an aged residential care, respite or continuing care facility, including care in a person's home or community facility;
6. a government or Non-Government Organisation delivering health and disability services;

7. organisations that provide, operate and maintain medical equipment;
 8. private employers delivering health and disability services.
4. Workers in an occupation that is indirectly related to the provision of health services, or corporate functions such as (but not limited to) human resources, office administration or property maintenance are not considered critical health workers.
5. For the purposes of these instructions, internationally qualified nurses are also considered to be critical health workers where they:
1. are invited to come to New Zealand by the Nursing Council of New Zealand, and
 2. are enrolled in a Competence Assessment Programme.
6. Any partners or dependent children (see [E4.1](#)) of critical health workers who have been granted a visa or a variation of conditions on the basis of this critical purpose, may be granted a visa to travel to New Zealand together with, or separately from, the critical health worker.
7. When considering whether a person is a critical health worker, an immigration officer may request evidence of the person's qualifications or registration.
8. An immigration officer may request the critical health worker to provide evidence of an offer of employment (see [W2.10.10](#)).