



COVERSHEET

Minister	Hon Andrew Little	Portfolio	Immigration
Title of Cabinet paper	Changes to the immigration Green List for the health sector	Date to be published	7 July 2023

List of documents that have been proactively released

Date	Title	Author
April 2023	Changes to the immigration Green List for the health sector	Office of the Minister of Immigration
5 April 2023	Changes to the immigration Green List for the health sector: DEV-23-MIN-0048 Minute	Cabinet Office
22 February 2023	Briefing: 2223-2503 Changes to the immigration Green List for the health sector	MBIE and Ministry of Health

Information redacted

YES / NO (please select)

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Some information has been withheld for the reasons of confidential advice to Government and privacy of natural persons.

In Confidence

Office of the Minister of Immigration

Cabinet Economic Development Committee

Changes to the immigration Green List for the health sector

Proposal

- 1 In December 2022, Cabinet agreed in principle to include more health sector occupations on the immigration Green List, which provides streamlined residence pathways for migrants in globally in-demand and skilled occupations [CAB-22-MIN-0569]. This paper reports back with the criteria and list of health sector occupations to be added to the Green List. It also seeks decisions on the scope of the transport sector agreement.

Relation to government priorities

- 2 The Green List is a feature of the Immigration Rebalance. The Immigration Rebalance supports the Government's plan to transition to a more productive and sustainable economy by better aligning the migrant workforce to skill gaps in the labour market.
- 3 The Government is also committed to managing New Zealanders' health for the long-term and maintaining progress towards a fully equitable, sustainable, and quality health system for the future. One of the greatest assets to achieve these priorities is the health workforce.

Executive Summary

- 4 Long-standing health workforce pressures have been exacerbated by the COVID-19 pandemic and increased service demands from winter seasons. Health agencies are undertaking a significant programme of work to address these pressures, among other workforce challenges. Immigration settings are an important aspect of this work programme and are a key mechanism to facilitate international recruitment.
- 5 Within this context, in December 2022, Cabinet agreed in principle to include more health sector occupations on the immigration Green List [CAB-22-MIN-0569] and directed health and immigration officials to report back to DEV in early 2023 with criteria and a list of occupations for inclusion. For this process, the advice was led by the Ministry of Health in consultation with health agencies, and supported by MBIE. This reflects that health agencies are closest to the workforce needs of the health sector. The Minister of Health and I have agreed to these proposals based on joint advice from respective officials.

- 6 The proposals have been developed by health officials, in close consultation with a Working Group comprised of clinical and policy representatives from Te Whatu Ora, Te Aka Whai Ora, ACC and Whaikaha.
- 7 Based on this advice, I propose adding a number of health sector occupations to the existing occupations on the Green List's straight to residence pathway. If agreed, in total this will represent more than 40 registered or self-regulated clinical and allied health professions on the Green List. Some of these professions span other sectors, including social services, education and justice.
- 8 I also agree that all health sector roles on the Green List be provided the 'straight to residence' pathway rather than the 'work to residence' pathway. This ensures the most competitive offer is available. Not all migrant health workers will be able to apply for residence immediately from offshore, as some will need to come to New Zealand to become registered. Health and immigration officials consider that it is appropriate to require New Zealand registration as a condition of eligibility.
- 9 Health and immigration officials will monitor these settings once they are in place. The Green List is scheduled to be reviewed from mid-. I propose that the health sector is out of scope for this, but the approach can be reviewed at the next review.
- 10 The impact of these proposed changes on recruitment in the health sector is unknown. While this proposal will make immigration settings as facilitative as reasonably possible for the health sector, other factors like pay and conditions, agility of recruitment networks, and time taken for relocation will influence the pace and volume at which offshore health workers come to work in New Zealand.
- 11 Announcements can be made immediately after Cabinet's decision. The Ministry of Business, Innovation, and Employment (MBIE) is preparing to implement this decision as soon as possible after Cabinet's decision, noting that given the time taken to recruit offshore, these changes may not align with peak demand for new staff ahead of the winter season. All migrants in the health sector can continue to apply for an Accredited Employer Work Visa, if they are not already on the Green List.

Background

- 12 Long-standing health workforce pressures have been exacerbated by the COVID-19 pandemic and high-pressured winter seasons. As a result, service supply issues are being seen in many parts of the health sector with increasing employee vacancy rates and providers unable to deliver full services (e.g. closing beds, deferring non-urgent care, and lowering staff time available to patients).
- 13 In response, health agencies are undertaking a significant programme of work to address these workforce pressures. Tackling these pressures requires a whole-of-system approach and in the immediate term, immigration settings

are a key part of this work programme. This is due to the impact immigration settings can have on employers' ability to recruit internationally which would help to strengthen health workforce supply to achieve Pae Ora (healthy futures).

- 14 There are other factors which influence whether a job is attractive to both the domestic and offshore workforce such as wage rates, working conditions, and lifestyle. However, given current health workforce pressures and their impact on the health system, and New Zealand's reliance on the internationally trained health workforce with limitations in domestic training pathways, it is critical that immigration pathways are facilitative for health workers in the short-term.

The immigration Green List

- 15 The Green List is a feature of the Immigration Rebalance. It has two tiers, a straight to residence pathway and a work to residence pathway. The straight to residence pathway enables applicants who meet the requirements from offshore to gain residence from offshore. The work to residence pathway requires applicants to have worked in New Zealand for two years before they apply for residence.
- 16 The Green List is a clear occupation-based offer of residence. It is distinct from the Skilled Migrant Category, which offers residence based on individual skills, rather than the job they are working in. The Green List is an immigration tool that can help to address ongoing skill shortages by making migrant attraction and recruitment easier for specific roles. It offers favourable immigration settings, including:
- 16.1 In some cases, a migrant can apply straight for residence from offshore, where they would otherwise have to work in New Zealand for a few years first.
- 16.2 No labour market test is required for a work visa, which means that employers do not need to show that they have advertised the position domestically.
- 16.3 Immigration New Zealand prioritises processing of Green List straight to residence applications.
- 16.4 Roles that are on the Green List have a list of qualifications attached to them. Student visa holders studying sub-degree qualifications that are on that list are eligible for a post study work visa enabling them to work in that occupation.

Current settings for the health sector

- 17 The health sector was robustly considered during the development of the wider Immigration Rebalance, including the Green List. A list of the health sector roles that are currently on the Green List can be found in Appendix

One. This includes registered nurses, medical practitioners, midwives, and a range of allied health roles.

- 18 Other immigration settings provide complementary pathways for the health sector:
- 18.1 The Skilled Migrant Category is New Zealand's main skilled residence policy. Under the proposed new settings, migrants can demonstrate human capital through pay, qualifications, or professional registration. Many health professions are eligible for residence under the Skilled Migrant Category (both the existing and the proposed new settings). Many highly skilled medical professionals would have a straight to residence pathway, with others becoming eligible after a period working in New Zealand. Occupations where the formal training and experience is below three years would generally not have a residence pathway through the SMC.
 - 18.2 Sector agreements are also an important feature of the Immigration Rebalance. These allow recruitment of temporary workers below the median wage where there is a pattern of reliance on migrant workers to perform roles with lower entry requirements. This is the case for care workers who are captured by the Care Workforce Sector Agreement. Care workers have a two-year work to residence pathway which is tied to the pay legislation in the sector.
 - 18.3 For all other health professions who are paid below median wage (e.g., dental assistants and other allied health support roles), there is no work to residence pathway available.

Cabinet's decision to a new Green List approach for the health sector

- 19 In December 2022, Cabinet agreed to a range of changes to the Green List, including adopting a different approach for the health sector. The drivers for this change included:
- 19.1 The challenge of staffing shortages across the health workforce is well-documented and accepted by the Government (and by both agencies).
 - 19.2 The health sector is and will continue to be reliant on the international workforce for some time due to long-term system demand pressures and the time it takes to strengthen our domestic workforce through the training and education pipeline.
 - 19.3 While work on the Health Workforce Strategy is underway, more facilitative immigration settings are one short-term measure to rapidly address shortages and alleviate pressure on the domestic workforce.
 - 19.4 There is little risk that New Zealand would achieve an oversupply of skilled health professionals.
- 20 Cabinet's decision saw an expansion of the Green List to include more jobs where there have been reports of pressing shortages in roles of national

importance. All medical practitioners, midwives, and registered nurses were immediately moved to the straight to residence pathway of the Green List. Cabinet directed health and immigration officials to report back to the Cabinet Economic Development Committee in early 2023 with criteria and a list of further occupations for inclusion.

- 21 Cabinet's decision prioritises addressing immediate health workforce gaps over longer-term impacts on the labour market (such as retention), infrastructure and housing. These longer-term considerations influence how targeted the residence offer is. I recommend monitoring and reviewing these settings, to ensure they are having the intended effect. This will require a combined health and immigration agency effort.

Proposal to add further health sector occupations to the Green List

Approach to this work

- 22 The proposals in this paper reflect a different policy process for the Green List than previously adopted. Previously, MBIE recommended candidates for the Green List based on a range of sources, in consultation with the relevant sector agency. For this work, health and immigration officials agreed that health agencies are closest the workforce needs of the health sector and are best placed to make recommendations. The Minister of Health and I agreed to the proposals in this paper based on this advice.
- 23 The proposed occupation list, and small modifications to the original criteria, have been determined by the Ministry of Health. Health officials have consulted with a Working Group comprised of clinical and policy representatives from Te Whatu Ora, Te Aka Whai Ora, ACC and Whaikaha to define the criteria and arrive at a list.
- 24 The following sections outline:
- 24.1 The modifications or expansions needed to the original criteria
 - 24.2 The list of occupations that meet these criteria
 - 24.3 The proposal to place all health sector occupations on the straight to residence pathway, as recommended by health and immigration officials.

Original criteria

- 25 Cabinet agreed in principle, subject to a report back, to the following criteria for adding health workforce roles to the Green List:
- 25.1 All clinical roles are included on the straight to residence pathway.
 - 25.2 Most but not all allied health workforce roles are included, using broad criteria to define this workforce for immigration purposes.

- 25.3 Some allied health workforce roles are excluded, where they are privately employed and not critical to the delivery of essential services (for example, osteopaths and acupuncturists).

Definition of clinical roles

- 26 There is a clinical element to most, if not all, health professions. Cabinet has not agreed to include all health professions on the Green List and the term 'clinical' (for the purposes of immigration settings) is intended to have a much narrower scope than may be understood in the health sector.
- 27 Officials propose that clinical roles within immigration settings explicitly refer to:
- 27.1 medical practitioners
 - 27.2 nurse practitioners, enrolled nurses, and all registered nurses
 - 27.3 midwives
 - 27.4 dentists and dental specialists
- 28 While physician associates could also be deemed clinical, I recommend not to include them within the Green List at this time. This recommendation is based on clinical advice provided by health officials that while physician associates have a self-regulating body which has robust registration requirements, the HPCA Act allows for the specific activities that physician associates perform in other jurisdictions to be restricted. This limits their ability to perform at the top of their scope in New Zealand. It is also difficult to estimate what the current gap between supply and demand for this profession is given it is in a small number of locations across New Zealand.
- 29 All medical practitioners, midwives, and registered nurses are already on the Green List straight to residence pathway. These are also the occupations that tend to see higher migrant volumes. Adopting this definition will add dentists and dental specialists, enrolled nurses, and nurse practitioners to the straight to residence pathway. These occupations have tended to see lower volume occupations entering through the immigration system, with most enrolled nurses not previously having a residence pathway based on skills.
- 30 All these roles typically earn at least median wage and are classified as skill level 1-3 on the Australia New Zealand Standard Classification of Occupations (ANZSCO) - which is a proxy sometimes used for 'skilled'. - All require registration with a New Zealand recognised professional body.

Definition and criteria for allied health roles

- 31 Allied health covers a broad range of over 65 health professions that work alongside medicine, nursing, and dentistry to make up the New Zealand healthcare system.

32 The Minister of Health and I have agreed the criteria for an allied health profession to be included on the Green List, based on advice from health officials. I therefore propose the following criteria for an allied health profession to be included on the Green List:

32.1 The primary applicant must hold one of the below two requirements:

32.1.1 is regulated under the Health Practitioners Competence Assurance Act 2003 (the HPCA Act) or the Social Workers Registration Act 2003; or

32.1.2 is self-regulated by a professional body; and

32.2 the primary applicant's profession is defined by health agencies¹ as being critical to the delivery of health services in New Zealand.

33 The first two criteria are proposed because regulation under the HPCA Act and professional membership provide a mechanism to ensure applicants are qualified to practise in New Zealand. This provides a level of assurance that the person is suitably qualified to perform a role in a health setting which may carry risk. There are few allied health occupations that do not meet one of these criteria, e.g. dental assistants and support workers.

34 Professional bodies that regulate professions outside the HPCA Act have also been included in these criteria. The Clinical Office within Manatū Hauora undertook an exercise which gives officials confidence that the registration processes of these bodies are robust and ensure safe practice by their practitioners.

35 The last criterion reflects a whole-of-system perspective, noting that many professions work across public and private settings. As such, health officials did not recommend limiting this pathway to people working solely in the public health system as that would exclude professions such as social workers and psychologists.

List of occupations that meet criteria

36 Below is the list of occupations I recommend be added to the immigration Green List, as agreed with the Minister of Health. Those indicated in bold are already on the straight to residence pathway, and those italicised are already on the work to residence pathway.

Meets 'clinical' definition:
<i>Regulated profession under the HPCA Act</i>
Medical practitioners Enrolled nurses, nurse practitioners, and all registered nurses

¹ For the purpose of this paper, health agencies consist of Manatū Hauora, Te Whatu Ora, Te Aka Whai Ora, Whaikaha, and ACC.

Midwives

Dentists and dental specialists

Meets allied health criteria:

Regulated profession under the HPCA Act or the Social Workers Registration Act 2003

Registration through a professional body

Anaesthetic technician
 Chiropractor
 Clinical dental technician
 Dental technician
 Dental therapist
 Dietician
 Dispensing optician
Medical imaging technologist
 Medical laboratory pre-analytical technician
Medical laboratory scientist
Medical laboratory technician
 Medical physicist
 Nuclear medicine technologist
 Medical resonance imaging technologist
Occupational therapist
 Optometrist
 Oral health therapist
 Osteopath
 Paramedic/emergency medical technician
 Pharmacist
 Physiotherapist
Podiatrist

Addiction practitioner/alcohol & drug clinician
Audiologist
 Audiometrist
 Clinical physiologists (sleep, renal, exercise, respiratory, neurology, and cardiac)
 Counsellor
 Genetic counsellor
 Drug and alcohol counsellor
Orthoptist
 Orthotic and prosthetic technician
 Orthotist/prosthetist
 Perfusionist (cardiac)
 Play therapist (hospital)
 Speech language therapist
 Sterile processing technician

<p>Psychologist</p> <p>Psychotherapist</p> <p><i>Radiation therapist</i></p> <p>Social worker</p> <p><i>Sonographer</i></p>	
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- 37 This list was determined by health officials in consultation with the Working Group. Agency representatives on this Working Group each submitted a list of their priority allied health professions to be recommended for the Green List. Rationale was provided for each allied health profession that was recommended and included qualitative and quantitative evidence (to varying degrees). This included information on current and long-standing shortages, limitations to increasing domestic training, and disruption to health service delivery.
- 38 Health workforce data is inconsistently collected across professions and settings, which limits the ability to have a whole-of-system view of the health workforce. As such, officials relied on contextual and anecdotal data, informed by sector stakeholders including frontline clinicians and clinical leaders, to fill in data gaps. There were several professions that agencies considered but there was insufficient rationale to recommend them for inclusion. The full list of these professions is listed in Appendix Two.
- 39 This allied health list represents 39 professions in the health sector. They are all classified as skill level 3 or above on the ANZSCO, which is sometimes used as a proxy for 'skilled' in the immigration system. However, there is a range of skill levels within the list; some occupations like sterile processing technician take approximately half a year to gain a qualification and be recognised by the professional body, while psychotherapists take five years to become fully qualified and gain registration. To be eligible, a migrant will need to:
- 39.1 have a full-time job offer with an accredited employer paying at least the median wage²
 - 39.2 be registered or have full professional membership
 - 39.3 meet the standard residence requirements relating to age, health, character, and English language.
- 40 Most of these jobs are paid at or above the median wage in the public health system, so most migrants with a job offer will meet the Green List

² In March 2022, Cabinet agreed that the median wage was the minimum requirement for employer-assisted visas, unless exempted by another setting. [CAB-22-MIN-0145]. In December 2022, Cabinet agreed that health workforce roles on the Green List would have a median wage threshold for residence eligibility under the Green List.

requirements. Where there is some pay variance, the Green List will capture the most highly paid within the profession.

- 41 Previously, the Green List would have focused on only the most highly skilled, determined by pay and time taken to qualify for the job. The current approach allows health agencies to prioritise the professions that are considered critical and nationally important, and reflects that workforce demand in the health sector is high across all professions, not just medical practitioners and nurses.
- 42 This list contains some roles that span other sectors. An example is social workers, who work in health, justice, education, and social sectors. Health officials did not recommend restricting the Green List offer to people who are working strictly in a health setting, and immigration officials supported this approach. This supports the view that addressing the social determinants of health is also critical to improving health outcomes for our communities.

Feedback from other agencies

- 43 As part of the Working Group, feedback from Te Whatu Ora, Te Aka Whai Ora, Whaikaha, and ACC has been incorporated into this paper. These agencies specifically supported the development of the criteria to determine which clinical and allied health roles would be proposed for inclusion on the Green List.
- 44 The Ministry of Education (MoE) welcomes and supports the proposed changes to the Green List for the health sector and related social services. The MoE supports the inclusion of several professions that benefit the education sector, such as social workers and speech language therapists.
- 45 Oranga Tamariki and the Department of Corrections recommended that social workers be included.

Residence pathway

- 46 The straight to residence path of the Green List is intended for the most skilled roles where a globally competitive offer is required, and it is highly likely the person would come and perform that role over the long term. The work to residence path is intended for jobs that have a strong case for an attractive immigration offer, but there is some concern about oversupply or retention issues. Immigration officials consider that this distinction remains appropriate for non-health sector roles.
- 47 For the health sector, health and immigration officials have considered whether it is appropriate to place some occupations on the work to residence path. For some jobs, this could provide further assurance that shortages are being addressed by requiring a commitment of at least two years to working in the health sector.
- 48 I propose that all health sector roles on the Green List – whether currently on the Green List or included in this proposal - should be placed on the straight to residence path for the time being. The roles proposed for the Green List

have been determined by health agencies as being critical to the delivery of health services. Health officials are of the view that the most competitive offer is needed for all roles.

- 49 There are potential risks with this approach: in the absence of strong data about retention, we cannot be assured that migrants will stay in the health sector once they obtain residence. While there may be retention issues in some jobs, this is outweighed by the need, at least in the short-term, to offer favourable settings to attract the number of migrants needed. There is also insufficient health workforce data to consistently distinguish between these occupations on the basis of retention concerns.
- 50 I consider the straight to residence pathway appropriate to assist (to the extent possible) in resolving immediate workforce gaps. Officials will monitor numbers to identify any unexpected spikes in occupations, and these settings can be adjusted if the need arises. This approach can be reviewed at the Green List review.
- 51 Immigration officials will set up immigration data reporting to assist in monitoring the impacts of this policy. This is likely to include monitoring volumes for each occupation, broken down by approval rates, country of origin, and employer (Te Whatu Ora or all employers). Improved health workforce data reporting, especially regarding retention rates, will be key to determining whether this policy is having the intended or desired effect in three years' time.

Ability to access residence immediately

- 52 If Cabinet agree to this change, migrants that meet the criteria set out in this paper and gain full registration with a professional body will be able to apply for residence as soon as they have a job offer, including when they are offshore.
- 53 Some health workers, particularly those that have become qualified in a non-comparable health system, will need to complete a training programme based in New Zealand before they can apply for residence. Due to this, these health workers will not be able to apply for residence offshore. Instead, they can apply for a work visa or visitor visa while they complete the training programme or other registration requirements, and upon completion, will be able to apply for residence.
- 54 Health and immigration officials recommended that health workers be required to be registered before being able to apply for residence. This provides assurance that the applicant can undertake the job and/or meets New Zealand professional standards before they gain the right to reside in New Zealand.

Care workers

- 55 I consider that the two-year work to residence path for care workers under the Care Workforce Sector Agreement is still appropriate. This does mean that

most other health workers will have a more favourable residence offer than care workers. However, this is an occupation that already sees high volumes of migrants, suggesting a more competitive offer is not required at this time. For example, of the 6,590 applications for the 2021 Resident Visa accepted from migrants working in the health sector, the highest volume was personal care assistants at 2,192, representing more than a third of these applications³.

Inconsistency with other sectors

- 56 Cabinet's agreement to add a wider list of health roles to the Green List represents differential treatment for the health sector, for the reasons outlined above. Placing almost all health roles on the straight to residence path increases the inconsistency of the residence offer for migrants in the health sector compared to other skilled roles.
- 57 For example, teachers, who complete a three-year degree plus on-the-job training, are currently required to work for two years before applying for residence. This compares to sterile processing technicians, who can complete a 6-month qualification to be professionally registered, and under these proposals would be eligible for residence immediately. The immigration system generally aims to ensure a level of fairness for individuals by 'rewarding' them with a residence offer that is proportionate to their contribution to the labour market.
- 58 This approach to the health sector may lead to a perception of inequitable treatment and may lead to calls from other sectors to add more roles to the Green List or provide more straight to residence offers. We will need to ensure the communications clearly explain the Government's reasons for the change.

Impact of these changes

Impact on health workforce

- 59 Whether these settings will have a discernible positive impact on recruitment is unknown, but the change makes immigration settings as facilitative as reasonably possible. Improving the gathering of information relating to flows of key workers and drivers of migration decisions will help plan for future workforce needs.
- 60 There is limited ability to project the impact of these changes on volumes of migrant workers. Green List changes may not result in significant changes in visa volumes for the health sector compared to pre-COVID (or COVID) levels. While the Green List offers priority processing for all occupations, and a residence path (or a straight to residence path where it was not previously available) for some of these occupations, it is unknown how much influence this will have on a migrant's decision to come to New Zealand.
- 61 2021 Residence Visa and early AEWV volumes indicate that nurses, care workers and doctors consistently make up the largest share of health care

³ ADH 12519, data accurate as of 2 February 2023.

applications. Looking at the composition of health sector visas in the 2021 Residence Visa and taking 'high volume' to mean anything more than 300 applications, none of the occupations that will be added to the Green List meet this threshold. In contrast, aged care nurses, which are currently on the Green List, made up 17% of health sector applications at 1131.

Operational impacts

- 62 This change may see an influx of applications to registering bodies, as people become eligible to apply immediately for residence. Officials have contacted the relevant bodies to ensure they are prepared for this to the extent possible. There may be some initial processing delays.
- 63 Immigration New Zealand is factoring this policy change into its workforce planning.

Changes to scope of transport sector agreement

- 64 In December 2022, Cabinet agreed in principle to provide a sector agreement with a two-year work to residence pathway for bus drivers and truck drivers [DEV-22-MIN-0303]. This was to:
- 64.1 recognise that the current workforce shortage of bus drivers is a critical issue for national infrastructure (public transport), and that the trucking industry has also reported shortages, which are impacting on critical infrastructure (waste collection services and supply chains).
 - 64.2 support the industries as they work towards improved pay and conditions and increased training of New Zealanders.
- 65 I propose to expand the scope of the transport sector agreement to include critical maritime transport roles, namely ship's masters (skippers) and deck hands, in response to reports of shortages. This will support passenger ferries to provide critical public transport and connectivity services, and coastal shipping operators to operate supply chains.
- 66 I also propose to review the transport sector agreement after 12 months (as opposed to the 24 months originally agreed by Cabinet), as there is considerable uncertainty about the volumes expected and uptake by different types of employers. A review after 12 months would allow us to shut the pathway down if numbers are significantly higher than expected and/or the agreement appears to not be meeting its objectives.

Implementation

- 67 These changes can be implemented by Immigration New Zealand in late May.

Financial Implications

- 68 There are no direct financial implications of these proposals.

Legislative Implications

69 There are no legislative implications of these proposals.

Impact Analysis

Regulatory Impact Statement

70 This proposal does not involve the potential introduction, repealing or amending of legislation, so regulatory impact analysis is not required.

Population Implications

71 Populations impact analysis for these specific proposals has not been undertaken.

Human Rights

72 The proposals in this paper do not have direct implications for the New Zealand Bill of Rights Act 1990 and the Human Rights Act 1993.

Consultation

73 The following agencies and departments have been informed of the proposals in this paper: Te Whatu Ora | Health New Zealand, Te Aka Whai Ora | Māori Health Authority, ACC, Whaikaha | Ministry for Disability Issues, Oranga Tamariki, Ara Poutama Aotearoa | Department of Corrections, Ministry of Education and Ministry of Social Development.

Communications

74 I intend to communicate this decision after Cabinet. The details of the announcement are not yet finalized.

Proactive Release

75 This paper will be proactively released subject to redactions as appropriate under the Official Information Act 1982 after announcements are made. Depending on the timing of announcements, this may be beyond the normal 30 business days.

Recommendations

The Minister of Immigration recommends that the Committee:

- 1 **note** that the Green List currently offers streamlined residence pathways to several health roles, including medical practitioners, registered nurses, and midwives;
- 2 **note** that in December 2022, Cabinet directed health and immigration officials to report back in early 2023 with criteria and a list of further health occupations for inclusion on the Green List, with a median wage threshold [CAB-22-MIN-0569];

- 3 **note** that health officials have refined the original criteria proposed to Cabinet to better uphold Cabinet’s intent, in close consultation with operational agencies;
- 4 **agree** that clinical roles within immigration settings explicitly refer to medical practitioners, enrolled nurses, all registered nurses and nurse practitioners, midwives, dentists and dental specialists
- 5 **agree** to the criteria for additions to the Green List:
- 5.1 The primary applicant must hold one of the below two requirements:
- 5.1.1 is regulated under the Health Practitioners Competence Assurance Act 2003 (the HPCA Act) or the Social Workers Registration Act 2003; or
- 5.1.2 is self-regulated by a professional body
- AND
- 5.2 the primary applicant’s profession is defined by health agencies as being critical to the delivery of health services in New Zealand.
- 6 **agree** to the occupations that health officials propose adding to the Green List based on the criteria at recommendation (5). Those indicated in bold are already on the straight to residence path, and those italicised are already on the work to residence path

Addiction practitioner/alcohol & drug clinician	Dispensing optician	Optometrist
<i>Anaesthetic technician</i>	Drug and alcohol counsellor	Oral health therapist
<i>Audiologist</i>	Genetic counsellor	Orthoptist
Audiometrist	<i>Medical imaging technologist</i>	Orthotic and prosthetic technician
Chiropractor	Medical laboratory pre-analytical technician	Orthotist/prosthetist
Clinical dental technician	Medical laboratory scientist	Osteopath
Clinical physiologists (sleep, renal, exercise, respiratory, neurology, and cardiac)	<i>Medical laboratory technician</i>	Paramedic/emergency medical technician
Counsellor	Medical physicist	Perfusionist (cardiac)
Dental technician	Medical resonance imaging technologist	Pharmacist
Dental therapist	Nuclear medicine technologist	Physiotherapist
Dietician	<i>Occupational therapist</i>	Play therapist (hospital)
		<i>Podiatrist</i>
		Psychologist

I N C O N F I D E N C E

Psychotherapist

Radiation therapist

Social worker

Sonographer

Speech language
therapist

Sterile processing
technician

- 7 **agree** that health occupations outlined in recommendations 4 and 6 (including those currently on the Green List) will be on the straight to residence pathway of the Green List
- 8 **note** that some migrants may not be able to access residence immediately from offshore, where they need to complete registration in New Zealand
- 9 **note** that while this proposal will make immigration settings as facilitative as reasonably possible for the health sector, other factors like pay and conditions, agility of recruitment networks, and time taken for relocation will influence the pace and volume at which offshore health workers come to work in New Zealand
- 10 **agree** to expand the scope of the transport sector agreement to include ship's masters (skippers) and deck hands
- 11 **agree** to review the transport sector agreement after 12 months
- 12 **note** that these decisions will be implemented in May 2023.

Authorised for lodgement

Hon Michael Wood

Minister of Immigration

Appendix One: Current Green List health roles

Straight to residence		
All medical practitioners	Medical laboratory scientist	Midwife
Orthoptist	Psychologist	Psychotherapist
Registered nurse		
Work to residence		
Anaesthetic technician	Audiologist	Medical imaging technologist
Medical laboratory technician	Medical radiation therapist	Occupational therapist
Podiatrist	Sonography	

Appendix Two: Occupations considered but not included

Profession	Rationale
Acupuncturist	Lack of robust evidence to support inclusion
Allied health assistant/support worker	Does not meet registration requirements
Art therapist	Lack of robust evidence to support inclusion
Chinese medicine practitioner	Lack of robust evidence to support inclusion
Clinical/biomedical engineer and technician	Does not meet registration requirements
Community karitāne	Does not meet registration requirements
Dance therapist	Lack of robust evidence to support inclusion
Dental assistant	Does not meet registration requirements
Dental hygienist	Not recommended by health agencies
Health promotion officer	Does not meet registration requirements
Homeopath	Not recommended by health agencies
Kinesiologist	Not recommended by health agencies

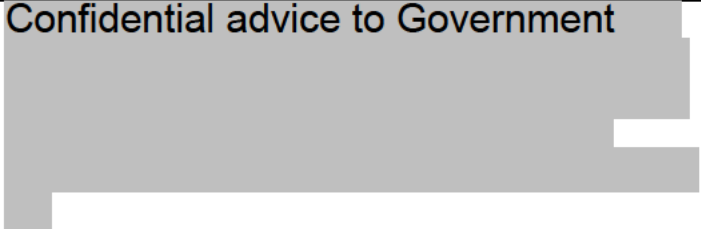
Massage therapist	Not recommended by health agencies
Music therapist	Not recommended by health agencies
Naturopath	Lack of robust evidence to support inclusion
Nutritionist (registered)	Lack of robust evidence to support inclusion
Ophthalmic technician	Not recommended by health agencies
Pharmacy technician (dispensary technician)	Does not meet registration requirements
Physiotherapy assistant	Does not meet registration requirements
Play therapist (community)	Does not meet registration requirements

Appendix Three: Risks and mitigations

Potential risk	Mitigation
<p>Undersupply of migrant health workers: for some occupations, it is possible that the Green List is not a sufficiently attractive offer to recruit offshore migrants to the extent needed. This may be the case where wages and conditions in New Zealand are not competitive.</p>	<p>The mitigation available is for health agencies and private employers to consider the tools they have, in addition to immigration policy, to attract migrant labour.</p>
<p>Oversupply of migrant health workers: officials consider this to be an unlikely scenario. In addition to the well-established shortage and growing demand for health workers on a per capita basis, migrants need to have a job offer to be granted residence. This ensures that migrants will not be arriving unless they already have permanent employment, or at minimum 12 months of independent contract work. The list of professions focuses on those that are highest priority, which suggests an oversupply in these professions is unlikely.</p>	<p>The mitigation available is to review the settings to ensure that benefits are outweighing costs. Officials will monitor trends and volumes and recommend flexibility if issues arise.</p>

<p>Pressure on services: there is a related risk that if volumes are high, the flow-on effects to infrastructure, housing, health, and social services will be more than negligible. For example, a migrant health worker who comes to New Zealand with a partner and two children represents four migrants, who will immediately or shortly become eligible for publicly funded services and other benefits of New Zealand residence. At this stage, officials cannot say whether volumes will create significant pressure, compared to the counterfactual where most skilled health workers obtain residence after working for a few years.</p>	
<p>Growing the internationally trained health workforce exacerbates underrepresentation and cultural competency gaps: using migrant workers to address shortages in the immediate term may skew the representation proportions and grow the gap in representation for Māori and Pacific population. It is also less likely that the migrant workforce is culturally competent to practice in New Zealand and difficult to ensure without increasing barriers to practicing in New Zealand; it is a difficult balance to achieve.</p>	<p>Ensuring our immigration settings enable the recruitment of international health workers is only a short-term measure. Through the development of the Health Workforce Strategic Framework and longer-term Health Workforce Strategy, Manatū Hauora is focusing on growing and developing our domestic workforce, moving towards more equitable representation and reducing our reliance on the international health workforce. Employers and registration bodies have the role to ensure the international workers have the skills or have access to development opportunities that can strengthen their culturally competency skills.</p>
<p>Migrant workers are not retained in the health sector: it is possible that offering residence immediately to a wide range of health workers will reduce the intended impact of securing migrant labour, as some workers may choose to leave the sector once they are granted residence.</p>	<p>Officials do not have enough information about retention rates in these professions to predict whether offering a straight to residence path will worsen migrant retention issues in the sector. Officials have considered the alternative of offering work to residence to secure labour for at least two years, but officials consider that the most streamlined path better reflects Cabinet's intent. It provides a highly competitive offer to prospective offshore migrants.</p> <p>The mitigation available may be for the Government to commission Manatū Hauora, in</p>

	<p>conjunction with other health agencies, to monitor retention rates for these roles. As some of these roles are not regulated by legislation, there are currently no formal reporting mechanisms to monitor migrant retention rates for a number of allied health professions. The Government would need to decide what priority is afforded to this and what resource.</p> <p>In addition, MBIE intends to commission research into the employment outcomes of migrants after obtaining residence, as part of the Immigration Rebalance performance framework. While this will be at a general level, it may provide some insights specifically for the health sector.</p>
<p>The settings do not cover all critical gaps in the health sector: it is possible that a critical gap emerges after Cabinet agrees the list. We consider the likelihood to be low, as this process has relied on operational insight to determine the highest priority professions, and with the agreed changes the Green List will cover most of the key roles in the health sector. There are a small number of health professions that will not be on the Green List, including those listed in Annex Four and those in the care workforce. There may be some concerns from groups/individuals about not being included and concern that this is a barrier for employer to recruit internationally.</p>	<p>The mitigation is to ensure stakeholders receive clear communications of the criteria and process that was undertaken to determine the Green List. Health and immigration officials will also ensure stakeholders are aware that the Skilled Migrant Category is the pathway for individuals where their occupation is not on the Green List.</p>
<p>Incentives on employers to hire, train and promote New Zealanders are reduced: in the immigration system, there is anecdotal evidence that ‘easy’ access to pre-trained migrant labour results in employers making less effort to hire apprentices, invest in domestic staff upskilling, or look to previously underutilised domestic labour pools. The Productivity Commission’s recent report ‘Immigration: fit for the future’ found that while job</p>	<p>Health agencies could consult the publicly funded workforce, including recent graduates who are seeking employment, to determine whether domestic workers are being given opportunities.</p>

<p>displacement does not appear to be systematic due to high labour demand in the last decade, concerns about displacement of local labour in the event of a future economic “shock” are real.</p> <p>In the health setting specifically, this risk is lower because demand for health workers is less susceptible to economic shocks. However, ongoing reliance on key international workforces like nurses is likely to be reducing the focus (at some levels) on upskilling the entry-level domestic health workforce.</p>	
<p>Over supply of international graduates or quality of courses less robust: because the Green List is linked to open work visas for sub-degree qualifications, adding jobs with sub-degree qualifications (like pharmacy technicians) may have a flow-on effect of private education providers offering these courses in high volume. Previous experience suggests that the international education sector is highly responsive to immigration policy.</p>	<p>Confidential advice to Government</p> 
<p>Immigration settings appear inconsistent or inequitable: we expect that these changes will result in other sectors lobbying for similar treatment. On an individual level, migrants in other sectors may see it as unfair that they must wait several years for residence, despite having the skills needed by the labour market.</p>	<p>N/A</p>

Influx in registration applications may mean lengthy waits for residence:

The process to register for some health workers may not be immediate (due to registration body timeframes, and the fact that some migrants will need to undertake a provisional registration process). There may be an influx of applications for regulating and registration bodies which may delay the process even more and some bodies may not have the resource to streamline this process.

The mitigation is to engage with responsible authorities and self-regulating bodies prior to Cabinet announcements to prepare them for a potential influx of applicants because of the upcoming changes to the Green List. Officials need an indication from Ministers if these bodies can be engaged prior to Cabinet decisions.