

Internationally Qualified Nurses: immigration and other issues

The New Zealand Nurses Organisation (NZNO) supports a strategic approach to the ethical recruitment and retention of internationally qualified nurses (IQNs), with the goal of systematically reducing over-reliance on IQNs and moving towards a more self-sufficient and sustainable nursing workforce in Aotearoa New Zealand.

Purpose

This discussion document provides background and evidence to promote and inform discussion on the complex issue of nurse immigration in Aotearoa. It is largely based on NZNO staff and member feedback, research and discussion undertaken over the past decade to inform policy responses and submissions to numerous consultation and information requests from Immigration New Zealand, the Ministry of Health, and the Ministry of Business, Innovation and Employment. It clarifies the pivotal role of IQNs in New Zealand's health system and highlights conflicting policies which put both IQNs and the health system at risk. It is intended to be used as a resource and reference publication to initiate discussion with members and external stakeholders, including other health professional and health sector bodies, policy and research advisers and to inform the development of sound, ethical planning for a sustainable nursing workforce.

It covers NZNO's advocacy for:

- long-term nursing workforce planning to avoid volatile swings in labour demand and supply, and to meet projected skills shortages;
- the development of a stable, self-sustainable nursing workforce consistent with the International Council of Nurses' (ICN) policy, including supported strategies for nurse retention and retention of IQNs;
- ethical recruitment of IQNs according to the World Health Organization (WHO) Code of Practice on the International Recruitment of Health Personnel, 2011;
- a gradual reduction in the recruitment of IQNs to meet the WHO Global Human Resources in Health Strategy 2030 goal of halving current reliance on overseas health workforce resources;
- the development of a New Zealand health sector English language and cultural competency assessment tool;
- a single agency for the overseas recruitment of health professionals; and
- alternative pathways to registration for Pacific nurses living in Aotearoa to address the specific and urgent health needs of Aotearoa's Pacific population.

NZNO provides the following resources:

- information for IQNs considering coming to Aotearoa on the website with a link to Nursing Council of New Zealand (NCNZ), website which is reviewed and updated biennially;
- information for employers/members on the integration of IQNs into workforce; and
- research on IQNs in the New Zealand context.

NZNO supports international rights to freedom of movement (See NZNO Position Statement on Ethical Recruitment) and acknowledges the mutual benefits of migration. New Zealand has a tradition of contributing to nursing in the global arena, with many New Zealand nurses gaining leadership positions internationally. Similarly, we recognise, value and welcome the significant contribution that IQNs make to our nursing workforce.

Summary

In 2014, NZNO reluctantly recommended that all nursing categories be removed from Immigration New Zealand's Essential Skills in Demand (ESID) lists (NZNO, 2014). The lists identify occupational shortages, and facilitate the immigration, employment and residency of skilled migrants within those categories. However, other factors besides skills shortages affect employment statistics, such as poor or unsafe working conditions, inadequate recruitment, training and retention strategies, funding constraints, poor workforce planning and lack of policy alignment (Buchan & Aitken, 2008; Ravenswood, Douglas, & Teo, 2014).

Global health and workforce projections indicate that demand for nursing services will increase with the growth of non-communicable diseases, population aging, and other factors. In New Zealand the supply of experienced nurses will decrease due to retirement, leaving a gap in leadership not easily replaced (Nana, Stokes, Molano, & Dixon, 2013). Clearly, IQNs are, and will continue to be, a vital part of our nursing workforce. However, the steady rise in the proportion of IQNs in New Zealand's nursing workforce over many years, coupled with the under-employment of new graduates and lack of opportunities for developing and retaining nursing skills and leadership, are indicative of a dysfunctional system that works against the development of a self-sustainable, representative national nursing workforce and the ethical recruitment of IQNs.

In the face of continued over-reliance on short term, high-turnover immigration to fill nursing skills shortages, the under-employment of new graduates and lack of investment in nursing career pathways, **NZNO does not currently support recruitment of IQNs for any category of nursing on Immigration New Zealand's Essential Skills in Demand Lists. Meaningful strategies to address IQN retention, and long-term planning for a self-sustainable nursing workforce are urgently needed.**

Discussion

New Zealand has the highest dependence on migrant health professionals of any OECD country (Zurn & Dumont, 2008), and a dismal record of migrant retention that is reflected in very low retention of health professionals (Hawthorne, 2012; Ministry of Health, 2016a). The high percentage of churn among IQNs, both leaving the country and leaving the sector they were recruited for (Walker & Clendon, 2015), is not surprising given that "Between 1955 and 2004 New Zealand's net population gain from 2.3 million migrants was just 208,000 people" (Hawthorne, 2014). The greatest problem New Zealand has with skilled migrants is retaining them.

Nurses comprise half the health workforce and, while it is likely New Zealand will always require IQNs to support the local nursing workforce, the ICN and WHO and have called for developed countries to attain a robust level of self-sufficiency in meeting their health workforce needs (International Council of Nurses, 2007; Little & Buchan, 2007; World Health Organization Assembly, 2013). A self-sufficient workforce is an explicit part of the United Nations 2030 Sustainable Development Agenda, articulated in the WHO Global Strategy on Human Resources for Health: Workforce 2030.

Self-sufficiency/sustainability is defined as “*the creation of a sustainable stock of locally educated nurses to meet service requirements where stock incorporates broader elements such as distribution, mix, quality, productivity, and retention*” (Little & Buchan, 2007). While New Zealand works toward this goal, employers and education providers must ensure those IQNs who do come to New Zealand are appropriately supported to transition to the workforce effectively and efficiently. This includes providing supportive work environments, and accessible and affordable competence assessment programmes (Clendon & Walker, 2012).

In the 2013/14 year, the NCNZ registered 1907 New Zealand-educated nurses (new graduates) and 1425 IQN¹, and although fewer IQNs registered in the 2015/16 year, they still comprised 40 percent of new registrations (Kai Tiaki Nursing New Zealand, 2016, p8). The near equivalence of new graduate and IQNs registrations has been a consistent pattern over several years, an indication of the global market for, and mobility of, nurses. Marked fluctuations in the number of nurse immigrants in the 1990s (ranging from 290 in 1994 to 1400 in 1998 (NCNZ, 2000, p12) appear to have settled, possibly because of the steady increase in the proportion of IQNs in the New Zealand nursing workforce from 12.6 percent in 1994 (Zurn & Dumont, 2008) to 26 percent currently (Ministry of Health, 2016a, p13). This overreliance on IQNs places us at significant risk, if predicted nursing shortages and global competition for health professionals continue (Horton et al., 2016; Ministry of Health, 2016a; Nana et al., 2013). Higher wages, workforce shortages and overflow in other countries, international events (eg Brexit, financial crises, conflict, disaster), changes to our own or other countries' immigration, education, employment and health policy and regulation can have an immediate and significant impact on the number of IQNs willing and able to stay in New Zealand, threatening our capacity to sustain a capable and stable nursing workforce.

Though data are mixed (Health Workforce New Zealand, 2014, p8), it is also clear that a significant number of our new nurse graduates do not enter the New Zealand nursing workforce immediately, usually because they have not found suitable nursing employment - location and practice area can be limiting factors. While most do find employment eventually, and whilst it is common for New Zealanders to seek “overseas experience” (OE), delayed employment heightens the risk of graduates being lost to the profession and to New Zealand. The under-employment of new graduates has become more visible with the implementation of the Advanced Choice of Employment (ACE) for nurses in a nurse entry to practice (NEtP) programme, though this is not a new phenomenon. The RN (registered nurse) Graduate Destination Surveys conducted by Nursing Education in the Tertiary Sector (Aotearoa NZ) (NETS), clearly identify the limited employment opportunities available for new graduates. In 2016, there were 821 new graduates (57 per cent) known to be employed and 630 still looking for work through the ACE system (Ministry of Health, 2016b).

While such statistics cannot capture the full range of dynamic factors influencing nursing migration and employment, they are an indication of a significant disconnect between the New Zealand 'nursing pipeline' and employer-driven workforce demand. Vacancies in some services reflect poor and/or unsafe working conditions rather than skills gaps (New Zealand Human Rights Commission, 2012; Ravenswood et al., 2014), and an *absence* of vacancies in others is not proof of sufficiency, as it may be due to funding constraints, lack of planning or poor recruitment strategies (Clendon, 2014).

¹ Nursing Council of New Zealand Annual Report 2014, Wellington: 2014
<http://www.nursingcouncil.org.nz/Publications/Reports>

In addition to educating more New Zealand nurses than are employed following graduation, New Zealand tertiary institutions educate hundreds of fee-paying nursing students from overseas, who, having completed their nursing degree in New Zealand can apply for registration. Some IQNs undertake an entire nursing degree on top of their own national nursing qualification, while others complete shorter competence assessment programmes (CAPs). Otago Polytechnic, for example, runs CAP for New Zealand registration) for 23-25 IQNs, mainly from the developing countries such as India and the Philippines, four times a year.

In the face of a sustained lack of long-term health workforce planning, including lack of progress on the Māori nursing workforce, NZNO, in conjunction with other national nursing organisations in 2014, recommended, for the first time, that all nursing categories be removed from the ESID lists. It did so reluctantly and has maintained this position, because there was, and is, no shortage of health demand, but because it was clear that recruitment of IQNs had become the default approach to workforce development and addressing nursing skills and leadership gaps (New Zealand Nurses Organisation, 2014, 2016b).

Future Nursing Supply

The 'business as usual' scenario examined in the NCNZ-commissioned report on future nursing workforce supply projections (Nana et al., 2013) indicates an escalating shortage of nurses from 2020, peaking at 15,000 in 2035. Health Workforce New Zealand (HWNZ) suggested shortages occurring as early as 2017, but declined to estimate actual shortages on the basis of inadequate workforce intelligence (Ministry of Health, 2014). More recently, a nursing workforce forecast model developed by Emanuel Jo (Principle Technical Specialist, HWNZ) indicates that shortages may not be as acute as forecast, assuming that current models of care and entry and exit patterns continue.

However, nursing inflow and outflow is neither homogeneous nor stable, though both primarily involve younger nurses (NCNZ 2013), and may balance each other (North, 2007). The younger age profile of migrant nurses (46 per cent of nurses in New Zealand are aged over 50 (Nana et al., 2013), the average being 46.3 (Ministry of Health, 2016a), is an increasingly important consideration. Over 50 per cent of New Zealand's current nursing workforce is expected to retire by 2035 (Nana et al., 2013), though there are many factors affecting retirement decisions, including flexible employment opportunities which could mitigate the loss of nursing capacity and leadership (Clendon & Walker, 2016).

Immigration Pathways

NZNO research shows data collected by different agencies - NCNZ, Immigration New Zealand, Ministry of Health, District Health Boards (DHBs) and tertiary education institutions - is rarely integrated and it is thus difficult to get an accurate, sector wide picture of the multiple pathways by which IQNs enter the New Zealand workforce (Walker, 2008). There are a number of immigration visa options for migrants – work to residence; work visa, resident visa and, and others assisting employers to recruit internationally such as Approval in Principle, Accredited Employer Scheme, and the ESID lists. The essential skills work visa is tied to a specific employer, creating an inherent power imbalance in the employment relationship; nurses are vulnerable in these situations, as they are effectively deportable if they lose their employment.

Occupations on the ESID lists have a higher 'point value' for migrants seeking residency. The Government's recent decision to increase the points needed for residency from 140 to 160 which will *halve* the number of nurses eligible for residency, according to the Cabinet paper on the New Zealand Residence Programme (Ministry of

Business Innovation and Employment, 2016). This, along with other proposed changes to the skilled migrant category that will fuel turnover and adversely affect the retention of IQNs, is vigorously opposed by NZNO (New Zealand Nurses Organisation, 2016a).

DHBs largely use the accredited employer scheme which enables them to fast-track recruitment of senior and specialised IQNs in areas where there are significant and immediate skills gaps. The scheme was not envisaged as a long-term solution to nursing workforce shortages and, to ensure that overseas recruitment did not inhibit the development of New Zealand's nursing leadership and skills, a minimum wage of \$55,000 per annum was set, above the base rate that applied to other skilled workers using this scheme. However, DHBs and other employers continue to use the scheme to recruit IQNs, and not only in senior or specialist positions; increasingly, accredited employers are using generic terms to describe the health workers they want to recruit eg clinical workers, nurses, managers, rather than specialist nurses or senior nurses for a particular position as originally intended. Moreover, the rate no longer ensures that overseas recruitment is restricted to senior RNs to incentivise the development of local nursing leadership and expertise, and can position new graduates against experienced IQN.

Conflicting Policy

While NZNO acknowledges there are nursing skills shortages in some locations and areas of practice which may present an increased risk to the safety of both patients and nurses, the continued lack of long-term workforce planning and integrated policy to ensure the continuity of nursing supply and leadership, presents an even greater risk. For several years, four nursing categories were on the long term skills shortages list (LTSSL) – perioperative, critical care and emergency, medical, and aged care – with mental health nursing on the immediate skills shortages list (ISSL), though this is set to change (Immigration New Zealand, 2016).

New graduates identify mental health, surgical and medicine as their preferred areas of employment, yet these are the same areas where employers have sought recruitment of IQNs for the past 20 years, over which time the proportion of IQNs in New Zealand's nursing workforce has more than doubled. Mental Health is one of the Ministry of Health's three identified priority areas for nursing, along with aged care which remains on the ISSL. These are service areas where the need for cultural awareness, competence and safety is particularly acute. The high Māori use of mental health services, for example, underlines the imperative to boost the very low numbers of Māori mental health nurses. Ironically, Māori nurse graduates who applied to DHBs for mental health nursing positions as their first choice have not been employed and more New Zealand nurse graduates applied for positions in aged care last year than were employed (Ministry of Health, 2016b). Similarly, despite the regularly articulated need to increase the Māori and Pacific health workforces, at the beginning of this year 84 Māori and 52 Pacific nursing graduates from 2015 were still looking for work (Ministry of Health, 2016b).

There are several other factors contributing to this perverse situation that need to be considered in relation to immigration levers: the number of tertiary courses directed at IQNs; the expense and lack of availability of return-to-nursing education; too few nursing positions (the 4.2 per cent "increase" in nurses reported at Waikato DHB in 2014, for example, is a reduction in real terms against the 16 per cent increase in patient numbers); and poor retention and recruitment strategies. Increasingly high barriers to residency, coupled with wage stagnation and other factors, also make it more difficult to attract and retain IQNs (Walker & Clendon, 2015). With few alternative workforce strategies in place, we may be faced with shortages of experienced nurses. The bottom line, however, is the need to support and develop a self-sufficient, representative and sustainable nursing workforce.

It is particularly concerning that 41.2 per cent of the 2013/14 IQN cohort work in largely

privately-owned, publically subsidised rest home/residential aged care, where pay and conditions for nurses and health care workers are poor. Immigration New Zealand's 2016 Preliminary Indicator Evidence Report (PIER) indicates the average salary for an RN (Aged Care) is \$40,900, which is considerably less than the average beginning salary for RNs (and one of the primary reasons for skills shortages in this sector), the others being heavy workloads and responsibility, and professional isolation. The inescapable conclusion is that immigration is a major factor in driving down wages and pay equity in this sector. It is not acceptable that skilled IQNs are discriminated against or exploited in this way, or that immigration is used to undermine New Zealand employment conditions and relations.

The NCNZ has reported an increase in the number of migrant nurses who register in New Zealand and use the Trans-Tasman Mutual Recognition Agreement to go straight to Australia, an unintended and adverse consequence of this useful instrument. Education underfunding and strategies which force educational institutions to focus on attracting fee-paying foreign students, who, in turn, have often misplaced expectations of employment and residence in New Zealand, are unethical and simply wasteful of human resources.

Other policy mismatches include the lack of employment opportunities for highly trained and skilled nurse practitioners, while "physician's assistants" – a role not supported in New Zealand – have been recruited from overseas. Conversely, anaesthetic technicians, a role within the RN scope of practice, are on the ESID lists and recruited from overseas by accredited employers, regardless of new graduate unemployment. Clearly there is a need to align health workforce planning with immigration and other government policy.

International Responsibility

Meeting the demands of the local health care sector through IQNs can place a significant burden on the country of origin of the IQN (Little & Buchan, 2007), as well as creating challenges for the local health workforce (Walker & Clendon, 2012). As part of its commitments to UN and World Health Assembly, New Zealand is responsible for ensuring international standards and codes of practice are adhered to, and for engaging in and leading programmes that contribute to human and environmental welfare, particularly in our own Asia - Pacific Region. The UN Sustainable Development Agenda 2030, encompasses specific goals re migration eg *SDG10.7 Facilitate orderly, safe, regular and responsible migration and mobility of people, including through the implementation of planned and well-managed migration policies* and migrants are encompassed in other goals eg *SDG3 Ensure healthy lives and promote well-being for all at all ages*. These are encompassed in the WHO's Global Strategy for Human Resources in Health: Workforce 2030, and associated targets, reports and recommendations. There is no shortage of evidenced policy or instruments to ensure sound health workforce planning and the implementation of integrated strategies for a self-sustainable nursing workforce able to meet New Zealand's immediate and future health demand.

The recent Report of the WHO High Level Commission on Health Employment and Growth (2016) recommends secure commitment to inter-sectoral, national and regional engagement and the development of specific strategies to prevent all forms of discrimination, prevent decent jobs transitioning into informal jobs etc. and improve global equity in the distribution of health workforce resources. Importantly, the report recognises that to build capacity to develop and regulate and preserve decent jobs, States require: "...a suite of appropriate long term planning policies and regulatory frameworks that must be coherent across education, health, labour, international relations, and immigration and trade sectors".

New Zealand is obliged not only to reduce its own dependence on migrant health professionals, but also to contribute to the health and workforce development of less developed countries. Cuba, for example has not only provided health professionals for other countries, it has trained more than 33,000 health professionals from 134 countries as part of bilateral cooperation with 66 countries (Horton et al., 2016). Aotearoa New Zealand could follow suit in supporting nursing workforce development in the Asia Pacific region.

Language and cultural safety

Regardless of the level of overseas recruitment, there is a need to ensure the safety and competence of all IQNs in New Zealand health settings. NZNO is not sanguine that the language registration requirements are either satisfactory or fair. Demonstration of proficiency for nurses is set at level 7 of the International English Language Test System (IELTS) and a B pass in the Occupational English Test (OET). A comparison of the two shows that the OET is significantly more expensive and it is not as regularly available, which is why it is less commonly used. Through years of experience with the individual cases of hundreds of members, NZNO has gained a profound understanding of the failings of the IELTS: the level of pass does not give a robust indication of the level of understanding or communication competence in a New Zealand health setting; it unfairly penalises many for whom it is a second language but who may have been educated in or mainly speak English; it is inconsistent, culturally inappropriate and, at times, unethically administered. It imposes additional costs on the migrant and regulatory authority, with no regard for public safety. Although it is often held up as the “International Gold Standard” for English language communication, there is, in fact, no evidence that the IELTS is an effective discriminant or predictor of success for migrants in any country or occupation. That is hardly surprising because it was not developed for such a purpose.

Equally problematic is the way in which the IELTS arbitrarily excludes a significant number of perfectly competent skilled health workers, because it assesses grammatically correct, academic language, rather than comprehension and communication in the New Zealand vernacular. This is both ethically and economically unsound. In the case of Pacific nurses, it has proved such a barrier that nursing resources, which could have been used to address specific population needs, have been squandered, helping entrench existing disparities in health and employment in the Pacific Island community. There are also nurses for whom English is a second language, but who have been educated wholly in English, or whose nursing studies have been conducted in English. In these cases, if their nursing qualifications are acceptable, it is inconsistent and unfair to impose additional requirements.

There is also evidence of growing concern internationally that it is inappropriate and unsafe to rely on the IELTS to indicate a level of English language proficiency pertinent to any particular occupation or culture. Language is culturally diverse and constantly changing. For that reason, countries like Canada are developing their own culturally appropriate alternatives to ‘standardised’ language tests, and there are concerted moves in both academic and business circles to develop occupationally relevant tests.

Effective communication does not depend on language skills alone but also on cultural awareness and understanding (Ramsden, 1990). IELTS is being used as a proxy for cultural competence, the assumption being that fluency in written and spoken English automatically confers an ability to work in *any* English-speaking system. As Dr Mireille Kingma, Consultant Nurse and Health Policy, ICN, points out, the misguided belief that “*a nurse is a nurse is a nurse*’ is what allows administrators, policy makers and hospital managers ...to attempt to float nurses from one country to another without making sure they are adequately educated and oriented” which “...not only challenges the ability of health systems to deliver needed care but also raises serious human/worker rights issues” (Kingma, 2006).

The IELTS falls well below the standards of transparency and accountability intrinsic to New Zealand’s education system. There is no feedback mechanism other than a single (subjective) mark, so migrants are often enticed into paying for multiple tests with little guidance for improvement. There are accounts of migrants being assessed at quite different levels within short periods. International concern has also been expressed over marked

discrepancies in test results from one country to another, especially in the oral tests, where accents make a significant difference to intelligibility.

The Pharmacy Council of New Zealand expressed much the same concerns in 2008 when it consulted on its English language policy for New Zealand and Australian graduates applying for registration as interns following a review: "Council believes that the continued use of the testimonial or IELTS certificate as a screening mechanism will not achieve any more than is already being accomplished and does not improve public safety" (PCNZ, 2008). Providing a supportive, supervised environment where appropriate language and cultural communication proficiency can be nurtured prior to and after registration, while utilising clinical skills is a sound, socially-just strategy which will attract and retain skilled migrants without risk to public safety. It would be useful for all Responsible Authorities (RAs) regulating health professionals under Health Practitioners Competence Assurance Act (2003) to have an agreed common English language and communication policy and standard. The current range of tests and pass levels accepted by the 17 RAs is confusing (especially with the dual regulation of some health professionals) and, ironically for evidence-based professions, the rationale for requiring them is not based on any evidence. NZNO would strongly support the development of national evidence-based credentialling for English language and communication skills for all health professionals in New Zealand health environments and notes that the New Zealand Qualifications Authority (NZQA) has provided a pathway for that to occur for the health industry.

Conclusion

NZNO strongly supports migrant nurses' rights to freedom and protection as articulated in the WHO code on international recruitment. NZNO also believes all nurses have the right to practise in a safe and supportive environment that acknowledges the strengths and differences of an international workforce. We acknowledge the challenges of achieving and maintaining a nursing workforce that meets demands for appropriate skill mix and numbers.

NZNO supports moving toward greater self-sufficiency and sustainability of the New Zealand nursing workforce within the global setting and gradually reducing NZ's over-reliance on IQNs for the health workforce in Aotearoa New Zealand to levels recommended by the Global Strategy for Human Resources in Health 2030, ie half current levels by 2030. It is essential that health workforce health planning and employment practices prioritise:

- the employment of all new graduate nurses in a funded NEtP programme;
- the employment of all Māori and Pacific graduate nurses in a funded NEtP programme to match the demographic profile of patients in specific services and to improve cultural awareness and competence services nursing;
- support for IQNs on entry into the workforce/employment; and
- improved linkage in service planning and estimation of health workforce requirements.

Immigration policy and strategies should be focused on retaining the skills of internationally qualified health practitioners rather than regulating entry and increasing barriers to residence. In conjunction with educationally-focused policies, eg reducing student attrition and establishing affordable return-to-nursing programmes, and policies that address working environments, eg increasing nurse retention through the creation of healthy work environments, career planning, supported professional development opportunities and improved remuneration, NZNO is confident of optimising the benefits of immigration, and ensuring a self-sustainable nursing workforce.

NZNO looks forward to seeing a coherent immigration strategy:

- that focuses on the retention of IQN;
- that offers IQNs security from, for example, revolving renewals of working visas;
- that ensures the rights and protection of IQNs according to the WHO code;

- that is based on accurate information and evidence;
- that is aligned with te Tiriti o Waitangi;
- that is aligned with other government policy, particularly education, labour, health;
- that offers improved outcomes for workforce sustainability, flexibility and equity; and
- that is consistent with the UN Sustainable Development Agenda 2030.

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Mission statement

NZNO is committed to the representation of members and the promotion of nursing and midwifery. NZNO embraces Te Tiriti o Waitangi and works to improve the health status of all peoples of Aotearoa/ New Zealand through participation in health and social policy development.

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