



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)

Any information redacted in this document is redacted in accordance with MBIE's policy on Proactive Release and is labelled with the reason for redaction. This may include information that would be redacted if this information was requested under Official Information Act 1982. Where this is the case, the reasons for withholding information are listed below. Where information has been withheld, no public interest has been identified that would outweigh the reasons for withholding it.

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



BRIEFING

Changes to the immigration Green List for the health sector

Date:	22 February 2023	Priority:	Medium
Security classification:	In Confidence	MBIE Tracking number:	2223-2503
		Ministry of Health Reference Number:	H2023020086

Action sought		
	Action sought	Deadline
Hon Michael Wood Minister of Immigration	Provide feedback on proposal ahead of Cabinet paper	3 March 2023
Hon Dr Ayesha Verrall Minister of Health	Provide feedback on proposal ahead of Cabinet paper	3 March 2023
Hon Ginny Andersen Associate Minister of Immigration	Copy attached for your information	N/A

Contact for telephone discussion (if required)				
Name	Position	Telephone		1st contact
Andrew Craig	Manager, Immigration Policy – Skills and Residence, MBIE	Privacy of natural persons	Privacy of natural persons	✓
Allison Bennett	Group Manager, Health System Settings – Strategy, Policy and Legislation, Ministry of Health	Privacy of natural persons		✓

The following departments/agencies have been consulted:
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

**Minister of Immigration's office
to complete:**

- Approved
- Noted
- Seen
- See Minister's Notes

- Declined
- Needs change
- Overtaken by Events
- Withdrawn

Comments

**Minister of Health's office
to complete:**

- Approved
- Noted
- Seen
- See Minister's Notes

- Declined
- Needs change
- Overtaken by Events
- Withdrawn

Comments



BRIEFING

Changes to the immigration Green List for the health sector

Date:	22 February 2023	Priority:	Medium
Security classification:	In Confidence	MBIE Tracking number:	2223-2503
		Ministry of Health Reference Number:	H2023020086

Purpose

1. To seek your joint agreement to draft a Cabinet paper proposing a list of health occupations to add to the immigration Green List, for discussion at Cabinet Economic Development Committee (DEV) on 5 April 2023.

Executive summary

2. Long-standing health workforce pressures have been exacerbated by the COVID-19 pandemic and pressures from winter seasons. Health agencies are undertaking a significant programme of work to address priority workforce challenges.
3. Immigration settings are one tool to facilitate international recruitment. The health sector was robustly considered in the recent development of the Immigration Rebalance. The Green List, which offers streamlined residence pathways including a straight to residence path for some roles, currently includes several health roles including medical practitioners, nurses, and midwives. Health workers in many other roles can apply for residence under the Skilled Migrant Category. While other factors like pay and conditions can have a strong influence on the attraction of migrants, it is important that immigration pathways are favourable for health workers and their families.
4. In December 2022, Cabinet agreed in principle to include more health workforce roles on the immigration Green List [CAB-22-MIN-0569]. Cabinet directed health and immigration officials to report back to DEV in early 2023 with criteria and a list of occupations for inclusion. This paper seeks joint agreement to take these proposals to DEV on 5 April 2023.
5. Health officials have developed criteria and a list of occupations, in close consultation with a Working Group comprised of clinical and policy representatives from Te Whatu Ora, Te Aka Whai Ora, ACC and Whaikaha. This includes some small modifications of the criteria originally proposed to Cabinet, where officials consider that it better upholds Cabinet's intent.
6. This list represents 47 registered or self-regulated clinical and allied health professions in the health sector, which health agencies have determined require a streamlined immigration pathway because they are critical to the delivery of health services in New Zealand. Some allied health occupations were considered but excluded from the list, as outlined at Appendix Two.
7. Officials recommend that all health sector roles on the Green List are provided the 'straight to residence' path rather than the 'work to residence' path. 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.

8. 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.
9. 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, and announcements can be made immediately after Cabinet's decision.

Recommended action

MBIE and the Ministry of Health recommend that the Minister of Immigration and the Minister of Health:

- a **Note** that the Green List currently offers streamlined residence pathways to several health roles, including medical practitioners, registered nurses, and midwives

Noted
- b **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

Noted
- c **Note** that health officials have refined the original criteria proposed to Cabinet to better uphold Cabinet's intent, in close consultation with operational agencies

Noted
- d **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

Hon Michael Wood
Minister of Immigration *Agree / Disagree*

Hon Dr Ayesha Verrall
Minister of Health *Agree / Disagree*

- e **Agree** to the criteria for additions to the Green List:
 - The primary applicant must hold one of the below two requirements:
 - is regulated under the Health Practitioners Competence Assurance Act 2003 (the HPCA Act) or the Social Workers Registration Act 2003; or

- is self-regulated by a professional body

AND

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

Hon Michael Wood
Minister of Immigration *Agree / Disagree*

Hon Dr Ayesha Verrall
Minister of Health *Agree / Disagree*

- f Agree to the occupations that health officials propose adding to the Green List based on the criteria at recommendation (e). 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	<i>Medical imaging technologist</i>	Paramedic/emergency medical technician
<i>Anaesthetic technician</i>	Medical laboratory pre-analytical technician	Perfusionist (cardiac)
<i>Audiologist</i>	Medical laboratory scientist	Pharmacist
Audiometrist	<i>Medical laboratory technician</i>	Physiotherapist
Chiropractor	Medical physicist	Play therapist (hospital)
Clinical dental technician	Nuclear medicine technologist	<i>Podiatrist</i>
Clinical physiologists (sleep, renal, exercise, respiratory, neurology, and cardiac)	<i>Occupational therapist</i>	Psychologist
Counsellor	Optometrist	Psychotherapist
Dental technician	Oral health therapist	<i>Radiation therapist</i>
Dental therapist	Orthoptist	Social worker
Dietician	Orthotic and prosthetic technician	<i>Sonographer</i>
Dispensing optician	Orthotist/prosthetist	Speech language therapist
Genetic counsellor	Osteopath	Sterile processing technician

Hon Michael Wood
Minister of Immigration *Agree / Disagree*

Hon Dr Ayesha Verrall
Minister of Health *Agree / Disagree*

- g **Agree** that health occupations outlined in recommendations (d) and (f) (including those currently on the Green List) will be on the straight to residence pathway of the Green List

Hon Michael Wood
Minister of Immigration *Agree / Disagree*

Hon Dr Ayesha Verrall
Minister of Health *Agree / Disagree*

- h **Note** that some migrants may not be able to access residence immediately from offshore, where they need to complete registration in New Zealand

Noted

- i **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

Noted

- j **Agree** that officials draft a Cabinet paper based on the proposals in this paper for DEV on 5 April 2023

Hon Michael Wood
Minister of Immigration *Agree / Disagree*

Hon Dr Ayesha Verrall
Minister of Health *Agree / Disagree*

- k **Note** that MBIE is working to implement this decision as soon as possible after Cabinet decisions, and an indicative implementation date will be provided with the draft Cabinet paper

Noted

- l **Agree** that officials can confidentially inform regulating and registering bodies of the proposal ahead of Cabinet decisions, to prepare them for a potential influx of applications

Hon Michael Wood
Minister of Immigration *Agree / Disagree*

Hon Dr Ayesha Verrall
Minister of Health

Agree / Disagree



Andrew Craig
Manager
Immigration Policy
Skills and Residence
Ministry of Business, Innovation and Employment

Hon Michael Wood
Minister of Immigration

22 / 02 / 2023

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Maree Roberts
Deputy Director-General
Strategy, Policy and Legislation
Ministry of Health

Hon Dr Ayesha Verrall
Minister of Health

23 / 02 / 2023

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Background

1. 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 (eg closing beds, deferring non-urgent care, and lowering staff time available to patients).
2. Health agencies are undertaking a significant programme of work to address priority workforce challenges including shortages. Tackling workforce challenges will require a whole-of-system approach and in the immediate term, immigration settings play a key part in this work.
3. Any changes to immigration settings can have a significant impact on employers' ability to recruit internationally and affects our ability to achieve Pae Ora (healthy futures). 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, it is critical that immigration pathways are favourable for health workers.

The immigration Green List

4. The health sector was robustly considered during the development of the wider Immigration Rebalance, which the Green List was a key feature of. The Green List provides the most attractive work residence pathway and has two tiers, a straight to residence pathway and a work to residency pathway.
5. The key difference between these two pathways is that the straight to residence pathway enable applicants who meet the requirements from offshore to gain residency from offshore. This is the only pathway that enables applicants to gain residency without being having worked in New Zealand first. The work to residency pathways requires applicants to have worked in New Zealand for two years before they can gain residency.
6. It is an immigration tool that helps to address ongoing skill shortages by making migrant attraction and recruitment easier for specific roles by offering favourable immigration settings, including:
 - In some cases, the key benefit is that a migrant can apply straight for residence from offshore, rather than having to work in New Zealand for a few years first.
 - 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.
 - Immigration New Zealand prioritises Green List residence applications (currently only straight to residence).
 - 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.
7. The Green List was designed to be tightly focussed on highly skilled occupations where there was strong evidence of both global demand and ongoing domestic shortage. These criteria meant that not all jobs experiencing domestic shortage were placed on the Green List, by design. A list of the health sector roles that are currently on the Green List can be found in Annex Two. This includes registered nurses, medical practitioners, midwives, and a range of allied health roles.
8. The Green List complements and sits alongside other immigration settings:

- The Skilled Migrant Category is New Zealand's main skilled residence policy, and 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) but this is a less streamlined pathway to residence with no ability to gain residency before working in New Zealand.
- Sector agreements are also an important feature of the Immigration Rebalance, allowing recruitment 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.
- For all other health professions who are paid below median wage (eg, 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

9. In December 2022, Cabinet agreed to a variety of changes to the Green List, including adopting a different approach for the health sector [CAB-22-MIN-0569]. The fundamental drivers for this change included:
 - The challenge of staffing shortages across the health workforce is well-documented and accepted by the Government (and by both agencies).
 - 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.
 - 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.
 - There is little risk that New Zealand would achieve an oversupply of health professionals.
10. 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.
11. Cabinet's decision signals the priority of addressing immediate health workforce gaps over longer-term impacts on the labour market (such as retention), infrastructure and housing, which influence how targeted the residence offer is. These longer-term considerations remain important, and both agencies recommend monitoring and reviewing these settings, to ensure they are having the intended effect and benefits are not being outweighed by costs.
12. This paper provides those proposals for joint Ministerial agreement to take to Cabinet.

Proposal to add further health workforce roles to the Green List

Original criteria

13. Cabinet agreed in principle, subject to a report back, to the following criteria for adding health workforce roles to the Green List:

- All clinical roles are included on the straight to residence pathway.
 - Most but not all allied health workforce roles are included, using broad criteria to define this workforce for immigration purposes.
 - 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).
14. The Ministry of Health (Manatū Hauora) has 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. The proposal below includes some small modifications or clarifications of the original criteria, to better reflect what we understand to be Cabinet's intent.

Definition of clinical roles

15. 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.
16. Most, if not all allied health roles, are considered clinical in the health context. For this purpose, officials propose that clinical roles within immigration settings explicitly refer to:
- medical practitioners
 - nurse practitioners, enrolled nurses, and all registered nurses
 - midwives
 - dentists and dental specialists
17. While physician associates could also be deemed clinical, Manatū Hauora have recommended not to include them within the Green List at this time. This recommendation is based on clinical advice.
18. All medical practitioners, midwives, and registered nurses are already on the Green List straight to residence path. These are also where there are high migrant volumes. Adopting this definition will add dentists and dental specialists, enrolled nurses, nurse practitioners, and to the straight to residence path, which are generally lower volume occupations entering through the immigration system.
19. From an immigration perspective, these roles are classified as 'skilled', and all require registration with a New Zealand recognised professional body.

Definition and criteria for allied health roles

20. 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.
21. Health officials propose the following criteria for an allied health profession to be included on the Green List:

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

- is regulated under the HPCA Act or the Social Workers Registration Act 2003; or
- is self-regulated by a professional body

AND

- the primary applicant’s profession is defined by health agencies¹ as being critical to the delivery of health services in New Zealand.
22. 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 to health and immigration officials 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 (eg, dental assistants and support workers).
 23. 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 of their practitioners.
 24. 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 want to limit 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

25. Below is the list of occupations officials propose that you seek Cabinet’s agreement to add to the Green List. Those indicated in **bold** are already on the straight to residence path, and those *italicised* are already on the work to residence path.

Meets ‘clinical’ definition:
<i>Regulated profession under the HPCA Act</i>
Medical practitioners Enrolled nurses, nurse practitioners, and all registered nurses
Midwives
Dentists and dental specialists

Meets allied health criteria:	
<i>Regulated profession under the HPCA Act or the Social Workers Registration Act 2003</i>	<i>Registration through a professional body</i>
<i>Anaesthetic technician</i>	Addiction practitioner/alcohol & drug clinician
Chiropractor	<i>Audiologist</i>
Clinical dental technician	Audiometrist
Dental technician	Clinical physiologists (sleep, renal, exercise, respiratory, neurology, and cardiac)
Dental therapist	Counsellor
Dietician	

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

<p>Dispensing optician</p> <p><i>Medical imaging technologist</i></p> <p>Medical laboratory pre-analytical technician</p> <p>Medical laboratory scientist</p> <p><i>Medical laboratory technician</i></p> <p>Medical physicist</p> <p>Nuclear medicine technologist</p> <p><i>Occupational therapist</i></p> <p>Optometrist</p> <p>Oral health therapist</p> <p>Osteopath</p> <p>Paramedic/emergency medical technician</p> <p>Pharmacist</p> <p>Physiotherapist</p> <p><i>Podiatrist</i></p> <p>Psychologist</p> <p>Psychotherapist</p> <p><i>Radiation therapist</i></p> <p>Social worker</p> <p><i>Sonographer</i></p>	<p>Genetic counsellor</p> <p>Orthoptist</p> <p>Orthotic and prosthetic technician</p> <p>Orthotist/prosthetist</p> <p>Perfusionist (cardiac)</p> <p>Play therapist (hospital)</p> <p>Speech language therapist</p> <p>Sterile processing technician</p>
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26. This list was determined by Manatū Hauora 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.
27. 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 Annex Two.
28. This allied health list represents 39 professions in the health sector. They are all classified as skill level 3 or above on the Australian and New Zealand Standard Classification of Occupations, which means that they are considered 'skilled' in the immigration system. However, there is a range of skill levels within the list; some occupations like audiometrist or medical laboratory technician take two years to gain a qualification, while psychotherapists

take five years to become fully qualified and gain registration. To be eligible, a migrant will need to:

- have a full-time job offer with an accredited employer paying at least the median wage²
 - be registered or have full professional membership
 - meet the standard residence requirements relating to age, health, character, and English language.
29. 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 requirements. Where there is some pay variance, the Green List will capture the most highly paid within the profession.
30. 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 for the health sector reflects that workforce demand in the health sector is high across all professions – not just medical practitioners and nurses - and that these professions are nationally important and generally skilled. It allows health agencies to prioritise the professions that are most critical to them and acknowledges the view that each profession is just as valuable as each other in the chain of delivering health services.
31. This list contains some roles that span other sectors. An example is social workers, who work in health, justice, education, and social sectors. Officials do not recommend restricting the Green List offer to people who are working strictly in a health setting. This supports the view that addressing the social determinants of health is also critical to improving health outcomes for our communities. Immigration officials will monitor numbers to see whether there is growth in migrant volumes in other sectors, as a result of these changes.

Feedback from other agencies

32. 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.
33. 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 strongly supports the inclusion of the following professions:
- Counsellor
 - Occupational therapists
 - Occupational Therapist
 - Physiotherapist
 - Psychologist
 - Psychotherapist
 - Social Worker
 - Speech Language Therapist

² The immigration instructions for the Green List straight to residence do not currently contain a median wage requirement, as most Green List straight to residence jobs are highly paid. These instructions will be amended to introduce this requirement, in line with Cabinet's intent when the health roles are added.

34. The timeline for implementation in April 2023 remains a concern for MoE as this means they have missed a key recruitment point and any further delays in announcing the changes may affect recruitment. MoE requests that changes are backdated to July 2022 and remains concerned about the costs for visa changes from the Accredited Employer Work Visa (AEWV) to a Residence Visa. Health and immigration officials will work with education officials to consider these points within the Cabinet paper.
35. Oranga Tamariki and the Department of Corrections recommended that social workers be included.

Residence pathway

36. Cabinet agreed that the Green List would contain two 'tiers': the work to residence path where a migrant works in New Zealand for two years before applying for residence, and the straight to residence path where a migrant can apply for residence with a job offer, provided they meet the requirements specified on the Green List. The straight to residence path 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 the non-health sector roles.
37. 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.
38. We have concluded that all health sector roles – 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. The Working Group are of the view that the most competitive offer is needed for all roles.
39. 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 data to consistently distinguish between these occupations on the basis of retention concerns.
40. Officials consider the straight to residence path best upholds and reflects Cabinet's intent, which is to use immigration tools 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 next Green List review intended to take place in 2026.

Ability to access residence immediately

41. If you 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.
42. 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. Due to this, these health workers will not be able to apply for residence offshore. Instead, they will be granted 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.

43. For example, pharmacists that are qualified in countries other than Australia, Canada, Ireland, the United Kingdom, and the United States must complete the EVOLVE intern training programme with a duration of 37 weeks to become a registered pharmacist in New Zealand.
44. Manatū Hauora supports the requirement to gain registration 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

45. Officials consider that the two-year work to residence path for care workers 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 2021 Resident Visa applications accepted from migrants working in the health sector, the highest volume is personal care assistants at 2,192, representing more than a third of these applications.³

Inconsistency with other sectors

46. 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 offer for migrants in the health sector compared to other skilled roles. For example, teachers are currently required to work for two years before applying for residence, while sterile processing technicians will 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.
47. 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 ensure the communications clearly explain the Government's reasons for the change.

Impacts, monitoring, and review

48. Our health system relies heavily on the international health workforce to deliver quality health services to New Zealanders. Adding many other health professions to the Green List will significantly support health agencies work to alleviate immediate pressures and grow and develop the domestic health workforce. This includes by ensuring:
 - we have the capacity to train and provide clinical supervision to our domestic health workforce
 - multidisciplinary teams consist of all the professions required to provide complete patient care
 - access to health professionals and specialists that New Zealand does not have training programmes for.
49. While these are some positive impacts, this may cause unintended pressure on programmes that support international health workers to gain the competencies to work and become fully registered in New Zealand. Officials will work with the professional bodies delivering these

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

programmes to ensure they are prepared for a potential influx of people going through this pathway.

50. Officials acknowledge the Green List is a short-term measure that enables Manatū Hauora to deliver on longer-term strategic objectives. The first phase of this longer-term work has focused on developing a Health Workforce Strategic Framework which outlines the key system shifts and levers required to support workforce development and to address the long-standing health workforce challenges. This includes exploring how the range of actors, functions, and key settings such as immigration and registration settings, can better align to health system needs.
51. Manatū Hauora is developing advice on the Health Workforce Strategic Framework ^{s 9(2)(f)(iv)}. Further advice on a longer-term strategy will be provided in November 2023 following the development of the Pae Ora Strategies which will set out the overarching priorities for the workforce (these will be delivered by July 2023).
52. Whether these settings will have a discernible positive impact on recruitment is unknown, but the change makes immigration settings as facilitative as possible. Improving the gathering of information relating to flows of key workers and drivers of migration decisions will help plan for future workforce needs.

Monitoring and review

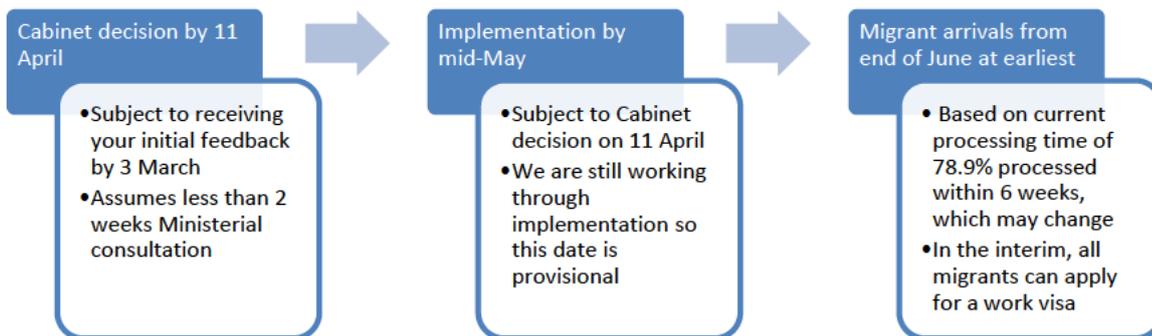
53. Monitoring and review arrangements will be outlined in detail in the draft Cabinet paper. These will be simple, and the degree of monitoring may vary depending on the profession. Monitoring will more formally occur for regulated professions which is made possible through reporting requirements of responsible authorities outlined in the HPCA Act. Exit rates for migrant health practitioners versus domestically trained health practitioners will be used to monitor migrant health worker mobility. Immigration and health officials are exploring the possibility of using Migrant Employment Data (from the Integrated Data Infrastructure) to monitor health sector migrant retention.
54. The next review of the Green List is to take place in mid-2023 however, this will not include the health sector given the current changes. Beyond this, the Green List is scheduled to be reviewed next in 2026. It is not recommended that a separate review period for the health sector be built into these changes. Officials will be taking a pragmatic approach to immigration settings for the health sector and note that if issues arise/trends are concerning, agencies will look further into it.

Risks and mitigations

55. The previous section sets out the anticipated positive impact on the health sector at a high level. Officials have considered several potential risks (and mitigations where available) of the proposed change. These will be further refined and condensed for the Cabinet paper, as we receive feedback from you. A full list of the risks and proposed mitigations can be found in Annex Four.
56. Immigration settings are one tool to facilitate international recruitment. While these changes will make immigration settings as facilitative as possible for health workers, other factors like pay and conditions can have a strong influence on the attraction of migrants. It is possible that the Green List is not sufficiently attractive to recruit offshore migrants to the extent needed. Employers and health agencies can consider other levers to attract migrants in tandem with this change.

Implementation

57. MBIE officials are preparing to implement this change as soon as possible after Cabinet’s decision. Officials recognise that speedy implementation will support the health sector’s focus on winter preparedness. Operational rules are already in place to support this. Between July 2022 – February 2023, Immigration New Zealand (INZ) has approved approximately 2,000 AEWVs for the health sector from offshore applicants, of whom about 1,000 have arrived⁴. This is in addition to the (smaller) number of medical practitioners and nurses who have arrived on their residence visa under the Green List or have made an offshore residence application.
58. MBIE is working towards implementing this change for the health sector in mid-May. We will confirm this timeframe in subsequent briefings, as we work through the implementation steps and receive feedback on the proposals from you.
59. Officials note that these timeframes may see migrants arriving on the Green List residence visa from June, but given the time taken to recruit offshore, these changes may not align well with peak demand for new staff ahead of the winter season. In the interim, all migrants in the health sector can continue to apply for an AEWV, if they are not already on the Green List. To provide a further incentive to prospective offshore applicants, employers could consider compensating migrants for the cost of the work visa, so that migrants do not have to pay two visa fees (AEWV then residence).



Detailed timeframes for Cabinet paper

60. Officials propose the below timeframes for the Cabinet paper. This allows slightly less than the normal two weeks for Ministerial consultation on the paper. Subject to your feedback on timeframes, officials consider this appropriate as the paper has less relevance to other portfolios, and the House is rising on 11 April 2023 for the rest of the month.
61. These are tight timeframes, and officials will work with your respective offices to ensure that consultation with other offices is well prepared.

Your initial feedback on this briefing	3 March
Draft Cabinet paper to you	10 March

⁴ 20230215 Ministerial data request – Healthcare sector.

Your feedback on draft Cabinet paper	15 March
Paper sent to other Ministers for consultation	17 March
Final paper to the Minister of Immigration	29 March
Lodgement	31 March
DEV	5 April
Cabinet (last meeting until 1 May)	11 April

Next steps

62. Officials are seeking your initial comments on this proposal by 3 March 2023 so agencies can provide a draft Cabinet paper within the timeframes outlined above. Immigration and health officials are available to discuss these proposals as needed.
63. Officials will work with your respective offices on preparing for Ministerial consultation and the public communications plan.

Annexes

Annex One: Current Green List roles

Annex Two: Occupations considered but not included

Annex Three: Risks and mitigations

Annex 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	

Annex 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
Drug & alcohol counsellor	Lack of robust evidence to support inclusion
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

Annex Three: Risks and mitigations

Potential risk	Mitigation
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	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>wages and conditions in New Zealand are not competitive.</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. Beyond the mid-2023 review which will not include the health sector, the Green List is scheduled to be reviewed next in 2026. While there will not be a formal review of Green List settings for the health sector until 2026, 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</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</p>

<p>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>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 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 displacement</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>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>
<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.</p>	<p>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.</p>