



23 December 2021

Inquiry Director
Productivity Commission
Submitted online

Tēnā koe

Immigration – Fit for the Future

About the New Zealand Society of Anaesthetists (NZSA)

The NZSA is a professional medical education society which represents over 750 anaesthetists in New Zealand. Our members include specialist anaesthetists in public and private practice, and trainee anaesthetists. Our key roles are advocacy, facilitating and promoting education, and strengthening networks of anaesthetists nationwide. The NZSA, established in 1948, also has strong global connections and is a Member Society of the World Federation of Societies of Anaesthesiologists (WFSA).

Introductory comments

The NZSA welcomes the opportunity to provide feedback on the Productivity Commission's report *Immigration – Fit for the Future*, following the issues paper released in July. We acknowledge that the terms of reference for this inquiry are broad, with the Commission undertaking an inquiry into Aotearoa New Zealand's 'working age' immigration system to make recommendations on changes to promote "long-term economic growth and the wellbeing of New Zealanders." We note that our immigration system has not had a review since the 1990s and support the Commission exploring changes to our immigration settings.

Medical and wider health workforce

The COVID-19 global pandemic has reinforced the essential role our medical and health care workers play in protecting the health and wellbeing of New Zealanders. Doctors, including anaesthetists, have been at the frontline of the response to the pandemic. This has encompassed planning at hospitals, training and being part of the ICU response.

We wish to make some brief comments in relation to the medical and wider health workforce, which falls under the 'skilled migrant category.' Immigration plays a significant role in enabling New Zealand to deliver health care services, as data from the Organisation of Economic Cooperation and Development (OECD) shows New Zealand has one of the lowest number of specialists per head of population out of 32 countries and our medical workforce comprises the second highest proportion (43%) of International Medical Graduates (IMGs) in the OECD. Our reliance on IMGs is particularly acute in non-metropolitan areas of New Zealand where it is more difficult to attract staff.

We strongly recommend the Commission consider the impacts of immigration settings on our ability to sustain our medical and wider health workforce capacity, and in turn health services for New Zealanders – particularly at a time when New Zealand's health system is under exacerbated pressure to both respond to COVID-19 and provide continuity of other health services.

Our health system has been under-resourced and short staffed for many years under successive governments, and factors such as a growing and aging population, the number of doctors approaching retirement age, and rising global competition for medical practitioners has worsened this shortage. The NZSA would like the Government to commit towards a self-sufficient medical workforce by training more doctors locally, however due to the length of the training pipeline we recognise that we will need to continue to be heavily reliant on IMGs to fill the gaps.

Staff shortages have recently been compounded by immigration restrictions such as border closures and residence visas being on hold. Fortunately, the Government announced moves to fast-track residency visa applications in September. Figures obtained by Radio NZ under the Official Information Act on 31 August, showed there were 675 doctors and just over 2,200 nurses waiting to apply for residence under the skilled migrant category. We were also pleased to see the Government's announcement in October to guarantee 300 MIQ spaces a month for health care workers. Both these policy changes will help to boost the fragile health workforce numbers, especially at a time when we are preparing for endemic COVID in our communities, and the delivery of other health services, including significant backlogs.

With New Zealand's reliance on overseas-trained doctors and other healthcare workers to staff our hospitals, it is important to have certainty around timeframes and expeditious pathways to convert temporary skilled migrant residence visas to residency.

In 2015 the NZSA and the anaesthesia medical college the Australian and New Zealand College of Anaesthetists (ANZCA) undertook a census survey of anaesthesia clinical directors to assess workforce size, demographics, and pressures on anaesthesia departments. The survey found that anaesthesia departments were highly reliant on IMGs, with 44.8% of anaesthetists holding a primary medical degree from overseas. This was particularly the case in smaller, provincial centres. The census concluded (abridged summary follows): *Heavy reliance on IMGs and difficulty recruiting specialists to permanent posts in smaller provincial hospitals. Maldistribution continues to be an issue for the New Zealand anaesthesia workforce. Based on the census and other sources of workforce information it is likely that the anaesthesia workforce in New Zealand is finely balanced. There is no evidence to indicate either a significant under or oversupply. A balanced situation however is fragile and will be vulnerable to being pushed in one direction or another if the external environment changes significantly (migration patterns, health policy, funding etc).* This external environment change came to pass with the COVID global pandemic and has placed greater pressure on our already stretched health care services, including ICU capacity in which anaesthetists and anaesthetic technicians play a core role.

The factors that influence international migration trends are complex and fluid, and include growing health needs, retention rates, economic and financial policies, and domestic training policies. New Zealand's high dependency on IMGs and other overseas trained healthcare workers makes us especially vulnerable to increased global competition for the health workforce. The Commission's report finds that there is an absence of a longer-term strategy to direct Government planning to respond to pressures that could affect immigration supply and demand in the future – such as global ageing populations, and climate change. We note the report highlighting on p.16 that both the UK and Canada have policy statements on immigration objectives and priorities. We would fully support the New Zealand Government doing so also as part of a longer-term immigration strategy. A statement would be a key avenue to set the objectives for immigration and tie in other objectives, such as infrastructure, and skills training.

The Commission's report notes that "buying" skills through immigration is sometimes quicker and easier for employers than "making" the skills New Zealand needs by training people, especially as feedback mechanisms between the domestic education system and employers

are weak (NZPC, 2017b). While we need to improve immigration settings to make New Zealand a more appealing destination for overseas trained healthcare (which includes investment to boost infrastructure such as housing supply), New Zealand also needs to improve its ability to forecast future health needs to match these to the number of allocated medical student places and training positions on offer. In our submission on the Pae Ora (Healthy Futures) Bill for the health system reforms, we included the following feedback on the health workforce:

Workforce development, training and engagement in public health should be a specific function of the new agencies as the new health workforce employer. Health workforce wellness and resilience is consistently de-prioritised and the NZSA believes the new reforms and therefore the Bill must prioritise health workforce development, training, and engagement. The Bill pays minimal attention to this crucial aspect of health system reform... New Zealand has chronic staff shortages throughout health professions, specialties, regions, and rural areas with heavy reliance on overseas trained healthcare workers. Shortages have been exacerbated with the emergence of COVID 19. The global market for healthcare workers is now more competitive than ever before. The pandemic has reinforced the importance of workforce planning and investment, as highlighted by the shortage of intensive care nurses and specialists (anaesthetists are a crucial part of this workforce). A national health workforce employer should enable clearer national health workforce forecasting, planning and development and NZSA wholly supports this.

The Commission's report finds that immigration policy settings are not clearly linked to other relevant areas, such as education, training, and infrastructure investment. The NZSA believes that we require much greater synergy between immigration settings and national health workforce forecasting, planning and recruitment. The current health reforms offer an opportunity for the new agencies to advise on Immigration Settings, following consultation with medical colleges and health professional associations. The new health entity Health New Zealand should implement a nationalised approach to workforce planning to help address shortages. We support the Association of Salaried Medical Specialist's recommendation for a medical workforce census to be coordinated, published, and maintained to support high quality expert advice to the Health Ministry and new agencies on all aspects of workforce policy and planning.

We note the report's finding that there are no links or feedback loops between occupations on the skills shortage lists and the production of skills through New Zealand's education and training system. Links and information flows between the health sector, training and immigration are needed.

Summary

The NZSA supports the inquiry into immigration settings and the issues raised by the Productivity Commission. Decisions on immigration policies must consider the capacity of the health system, as well as other infrastructure, to meet the growth in demand. We again urge the Commission to specifically consider the impact of immigration settings on New Zealand's ability to deliver a sustainable, fit for purpose health workforce. Endemic COVID is and will continue to stretch resources even more, reinforcing the longstanding need for robust workforce supply planning and investment.

We are particularly supportive of the recommendations below in the Commission's report, which impact on the health workforce

- Governments should be required to issue regular policy statements on immigration, outlining short-term and long-term priorities for immigration and how performance will be measured.

- The number of temporary migrant visas with potential residence pathways should be linked to the number of residence visas on offer. Large increases in the number of temporary migrant visas have contributed to uncertainty and mismatched expectations of an actual path to residence.
- Governments should better utilise tools for prioritising migrants when there is high demand. This includes being more selective and transparent with the points system and developing more data informed and dynamic skills shortage lists.
- Policy needs to be flexible and adaptable to change. The skills, experience, and capability that a country needs in one period are not necessarily the same that are needed later.

We trust our feedback is useful and look forward to seeing the Commission's final advice to the Government in April 2022.

Yours sincerely, ngā mihi nui



Dr Sheila Hart
NZSA President

References:

Medical Council of New Zealand. The New Zealand Medical Workforce in 2019. Available from <https://www.mcnz.org.nz/assets/Publications/Workforce-Survey/6be731ea72/Workforce-Survey-Report2019.pdf>

ASMS. International medical migration: How can New Zealand compete as specialist shortages intensify? Research Brief 2017. https://www.asms.org.nz/wp-content/uploads/2017/02/IMG-ResearchBrief_167359.5.pdf