



ASSOCIATION OF SALARIED MEDICAL SPECIALISTS

TOI MATA HAUORA

# **ASMS submission to the Productivity Commission on the Issues Paper: Immigration, productivity and wellbeing**

**30 July 2021**

The Association of Salaried Medical Specialists (ASMS) welcomes the Government's decision to undertake a review of the working-age immigration system. We appreciate the opportunity to provide feedback on the Productivity Commission's paper *Immigration, productivity and wellbeing*.

ASMS is the union and professional association of salaried senior doctors and dentists. We were formed in April 1989 to advocate and promote the industrial and professional interests of our members, most of whom are employed by District Health Boards as medical and dental specialists, including physicians, surgeons, anaesthetists, psychiatrists, oncologists, radiologists, pathologists and paediatricians. We have over 5,000 members.

ASMS is working for an equitable, accessible public health care system that meets the needs of all New Zealanders.

The main points in our submission are:

- Immigration policy should be reset to ensure it honours the Crown's obligations under Te Tiriti o Waitangi.
- Māori should have a shared role in determining immigration policy.
- Te ao Māori concepts and values should be used to guide immigration policy and processes.
- Net National Income per person as a measure of growth in incomes attributed to productivity growth fails to recognise income inequality and poverty in Aotearoa New Zealand.
- The immigration system needs to have a greater focus and emphasis on what we are striving to achieve as a country through immigration.
- The development of a Government policy statement on immigration that outlines its policy objectives and priorities would be a positive step.
- An immigration policy that applies te ao Māori concepts in its design and implementation could help retain overseas trained medical doctors.
- The Essential Skills in Demand Lists does not accurately reflect the overall forecast shortage of medical specialists in the medium to long term.
- The current health reforms offer an opportunity for agencies to work more closely together and have an enhanced role in advising Immigration New Zealand on health workforce shortages.
- Immigration processes for residency for medical specialists should be fast tracked.

## **The Treaty of Waitangi and immigration policies**

ASMS recognises the principles of Te Tiriti o Waitangi and the special obligations of the Crown to Māori, particularly to ensure equity and active protection. We are committed to advocating for policies that are cognisant of the rights and interests of Māori enshrined in the Treaty. Immigration, including from colonisation, has generally ignored Māori rights.

In our view, immigration policy should be reset to ensure it honours the Crown's obligations under the Treaty. We believe that Māori, as Treaty partner, should have a shared role and a strong voice in determining policy settings. The Immigration Act 2009 should be amended to confirm the Treaty's status, an specific provisions should be included that recognise its importance.

We are pleased the Government has asked the Productivity Commission (the Commission) to consider how te ao Māori concepts and the inclusion of Māori perspectives can be applied in immigration policy. We support concepts, such as rangatiratanga, and Māori values being used to guide immigration policy and processes. We support tikanga approaches being part of the immigration system.

### **Assessing New Zealand's immigration system**

The Commission's proposed framework for assessing the immigration system focuses on the impacts that immigration has on productivity growth and on wellbeing factors. The proposed framework assumes that productivity growth is the key to long-term economic growth and that improving wellbeing over time relies on productivity growth. The Issues Paper states that the outcome of faster productivity growth is higher incomes, expressed as Net National Income per person and defined as "the average income per person left over once wear and tear on capital and infrastructure has been paid for".

Our concern with this measure is that it fails to recognise income inequality and poverty in Aotearoa New Zealand and masks the significant inequities that exist. Thus, we are not convinced that growth in Net National Income per person is necessarily consistent with supporting wellbeing objectives and higher living standards for all New Zealanders.

### **Government policy statement on immigration**

ASMS suggests that the immigration system needs a greater focus and emphasis on what we are striving to achieve as a country through immigration. We consider it would be a positive step for the Government to develop a public policy statement on immigration, reviewed every 3-5 years, that clearly outlines the Government's policy objectives and priorities. Communicating and consulting with the public on immigration's strategic objectives is important to guide the system and for shared understanding.

### **Recruitment and retention of overseas trained doctors**

Our health system relies heavily on overseas trained senior doctors and dentists (international medical graduates) to maintain our medical workforce. IMGs fill gaps in the medical workforce that we cannot fill with locally trained doctors. Currently, IMGs make up 43% of the New Zealand specialist workforce and a well-functioning immigration system is necessary for their continued recruitment.

It is noteworthy that many IMGs do not stay long in New Zealand, which has the potential to create a degree of workforce 'churn'. This can increase workload pressures on other doctors and impose significant costs on the healthcare system.

ASMS is aware that IMGs are not always well supported to settle and integrate in Aotearoa New Zealand. An immigration policy that applies te ao Māori concepts in its design and implementation could be helpful in addressing this. For example, policy that is underpinned by concepts such as whanaungatanga (the connections between us) and manaakitanga (care for others) could flow through the system and be applied to supporting IMGs. These concepts, and others from te ao

Māori, emphasise relationships and the notion of mutual care and respect. They could help set requirements for health employers to include in their recruitment policies and practices, including support and pastoral care. It is possible that this would help IMGs settle, integrate and be more likely to stay.

## **Health workforce shortages**

There is an overall shortage of specialist medical practitioners in New Zealand, evidenced by the reliance on overseas-trained doctors and the use of locums. The shortage is exacerbated by a rapidly growing and aging population, the number of doctors approaching retirement age, and growing international competition for medical practitioners. ASMS supports policies that encourage a self-sufficient medical workforce by training more doctors locally, especially Māori and Pacific people. Progress towards self-sufficiency will be slow, however, and we are always likely to need overseas-trained doctors to fill gaps.

ASMS believes that the Essential Skills in Demand Lists do not accurately reflect the overall forecast shortage of medical specialists in the medium to long term. The review should look at how information on health workforce needs can be better coordinated between the ministries of immigration and health. In particular, the Ministry of Health, and the future Health NZ and Māori Health Authority should have an enhanced role in advising Immigration New Zealand on health workforce shortages and providing data. The current health reforms offer an opportunity for agencies to work more closely together. In addition, there is room for stronger coordination with medical education and training providers.

In our view, health workforce planning is poor. We have called for a health workforce plan to be developed, and for a medical workforce census to be coordinated, published and maintained to support high quality expert advice to the Ministry on all aspects on workforce policy, planning and purchasing.<sup>i</sup>

ASMS recently raised concerns with the Minister of Immigration about current restrictions on processing residency applications from the Skilled Migrant Category and Residency from Work Category. As a result of delays, we are losing IMGs because they are unable to settle permanently. ASMS has asked the Minister to make processing existing residency applications from senior doctors and dentists working in the public sector a priority. We also highlighted that the age requirement for the Skilled Migrant Category Resident Visa of 55 years or under is a barrier to the recruitment of international specialist doctors, particularly in sub-specialised services such as gynae-oncology that take many years of training. We suggest that the immigration processes for residency for medical specialists should be fast tracked.

## **Population growth from immigration**

ASMS considers that decisions on immigration policies must factor in the capacity of the health system to meet the growth in demand. Rapid population growth from immigration adds pressure to an under-resourced health system. We also reiterate our earlier comments that the Crown should engage in partnership with Māori on immigration policy, including the question of an acceptable and viable level of population growth in Aotearoa New Zealand via immigration.

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<sup>i</sup> ASMS (2020): Building the workforce pipeline, stopping the drain  
[https://issuu.com/associationofsalariedmedicalspecialists/docs/building\\_the\\_workforce\\_pipeline\\_stopping\\_t  
he\\_drai](https://issuu.com/associationofsalariedmedicalspecialists/docs/building_the_workforce_pipeline_stopping_the_drai)