Chronic First Aid: The Scheme for the Movement of Filipino Nurses under the Japan-Philippines Economic Partnership Agreement (JPEPA), 2009–2016

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Abstract

This article surveys the trajectory of the problematic implementation of, and later amendments to, the Japan-Philippines Economic Partnership Agreement (JPEPA)'s Movement of Natural Persons provisions between 2009 and 2016, with reference to the Japan-Indonesia Economic Partnership Agreement (JIEPA) and the Japan-Vietnam Economic Partnership Agreement (JVEPA). It draws on official documents of the Ministry of Foreign Affairs of Japan (MOFA), the Ministry of Health, Labour and Welfare of Japan (MHLW), Japan International Corporation of Welfare Services (JICWELS), and the Philippine Overseas Employment Administration (POEA), among others, as well as a structured survey conducted among the Japanese employers who accepted the first batch of Filipino EPA nurse candidates in 2011, a year after the deployment of Filipino nurses. The study is based on formal and informal interviews since the early 200s with the government officers of the pertaining countries, EPA nurse candidates, and Japanese language education experts. In addition, the paper refers to the recently introduced English proficiency standard for foreign nurse applicants in Australia to reflect on Japanese language requirements in the EPA-MNP

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scheme. This study identified the learning of the Japanese language — and the difficulties thereof—as a key element of the scheme, and shows that a series of merely short-term amendments have been made to address the issues. The article concludes by suggesting a more systematic management of the EPA-MNP scheme, especially in matters concerning Japanese language training.

Keywords: JPEPA, Filipino nurse migration, migration policy of Japan, movement of natural persons, Japanese language for foreign workers

Introduction

By the end of 2016, Japan will have established fifteen economic partnership agreements (EPAs) and one free trade agreement (FTA). Generally speaking, EPAs promote free trade and other areas of economic cooperation, such as investment and the protection of intellectual property rights. Japan has signed ten EPAs with Asian countries. These include the Philippines (Japan-Philippines Economic Partnership Agreement, or JPEPA, 2006), Indonesia (Japan-Indonesia Economic Partnership Agreement, or JIEPA, 2007) and Vietnam (Japan-Vietnam Economic Partnership Agreement, or JVEPA, 2008). All these EPAs are considered historically remarkable for the provisions on the "movement of natural persons" (MNP). Through the MNP scheme, qualified nurses and careworkers from counterpart countries can work in Japan under designated conditions.[1] In the early 2000s, mere news of the possible opening of Japan's labor market in health and care service under EPA was received with excitement by the sending countries. In diplomatic negotiations for the EPA, both Philippine and Indonesian governments expected that the EPA would provide their health-related workers an opportunity to work in Japan, one of the most graying countries in the world.[2] Indeed, both the Philippines and Indonesia strongly demanded that the EPA include provisions that would facilitate the mobility of their health care workers to Japan.[3] With these EPAs, Japan de facto opened its labor market in nursing and caregiving to foreigners, while meticulously controlling the scheme

and consistently claiming that the program promotes international goodwill, and that it is not a solution to a labor shortage. In doing so, Japan retains the closed-door policy to foreign workers in principle (Vogt 2007, 2013; Chiavacci 2012).

The Japanese Nursing Association (JNA) was reluctant to receive foreign colleagues.[4] The JNA insisted that introducing foreign nurses under the MNP provisions of the EPA must not push unless until the job security of Japanese nurses was protected. According to Okaya (2005), then a member of the Board of Directors of JNA, the association proclaimed the following six preconditions in receiving foreign nurses in Japan: 1) foreign nurses must pass the National Board Examination for nurses (hereafter NBE) in Japan to become a registered nurse; 2) foreign nurses must acquire sufficient Japanese language proficiency as they provide care; 3) foreign nurses must sign the contract which stipulates that they work under the same working conditions as Japanese nurses; 4) Japan must not agree to the mutual recognition of nursing licenses from sending countries; 5) the Japanese government must monitor the working conditions of foreign nurses in order to prevent medical accidents; and 6) the Japanese government must supervise an agency which protects both foreign nurses and receiving hospitals from possible exploitation.

Obviously, the JNA was not against the MNP provisions per se, but insisted on the protection of the human rights, particularly the working conditions, of foreign nurses and the safety of their patients. The JNA feared that the entry of foreign nurses to Japan's labor market might even exacerbate the already adverse working conditions of Japanese nurses. They were also afraid that the influx of foreigners might affect the high quality of services that Japanese nurses prided themselves on. At the end of the day, those proposed preconditions were largely incorporated in the implementation scheme of the EPA-MNP provisions.

Similarly, the Japan Medical Association (JMA) opposed the MNP provisions of the EPAs. They particularly (1) did not want to have the a mutual recognition of nursing licenses; and 2) would only admit foreign

nurses who pass the NBE in the Japanese language. The JMA also opposed the relaxation of regulations in the medical and health industries, which might affect the safety of patients. The JMA further insisted that it is the state's responsibility to train nurses (i.e., regulating nursing education) and that Japan must prioritize strengthening nursing education in the country before receiving foreign nurses (Nihon Ishi Kai [Japan Medical Association] 2012).

In contrast, the Japan Business Federation (Nihon Keizai Dantai Rengokai [Keidanren]) supported the MNP provision of the EPA. As early as 2004, Kiyoaki Shimagami, then Chairperson of Taskforce for Promotion of EPA of the Federation, said, "Facilitating the cross-border movement of natural persons is important for many reasons. Foreign workers would contribute to the generation of dynamic, multicultural and diversified environment necessary for the revitalization of the Japanese economy." The Federation also suggested that Japan relax regulations in order to help foreign nurses take the NBE and become a registered nurse in the country (Nihon Keizai Dantai Rengokai [Keidanren] 2004).

In summary, professional associations are more concerned about avoiding medical accidents that could cause serious injuries or even deaths, while the business community, represented by Keidanren, stresses the aspect of the government's deregulation of the labor market to allow foreigners. Despite their different positions over the employment of foreign nurses, all three aforementioned organizations recognized the importance of one factor: that foreign nurses acquire proficiency in the Japanese language.

Indifference to, and/or because of, the objections from the nursing and medical associations, the Japanese government proposed to receive only a limited number of foreign nurses (and careworkers) from Indonesia and the Philippines. During diplomatic negotiations for EPAs, the Japanese government took advantage of the strong demand of its Southeast Asian partners to open the labor market, so as to be able to demand in exchange, enhanced free trade, and to limited quotas to protect the domestic labor market for nurses (Asato 2007, 39).[5]

The Japanese government pushed through with the diplomatic negotiations in the 2000s, ignoring the strong opposition of major professional associations in medicine and nursing. It is safe to suggest the Japanese government prioritized free trade with each partner country through EPAs over the protection of the working conditions of nurses (of both foreign and Japanese) and the benefits of the hospitals that accept foreign nurses.[6] This is alarming because of the possible adverse effects in clinical settings. In connection to that, opposition groups in the Philippines like the Junk JPEPA Movement raised concerns about the inequality of the treaty and called attention to the working conditions (possible exploitation, deskilling, maltreatment) of Filipino nurses/careworkers in Japan.[7] The fundamental issue here is that this government-to-government, de facto labor migration program is crafted under bilateral economic agreements for the promotion of free trade. At least, the official records of the bilateral negotiations between the Philippines and Japan show that both governments paid little attention to the nature of the profession.[8,9] Nurses are professionals who deal with peoples' health and lives. Thus, language skills, in addition to professional competencies, are crucial. The movement of nurses should not have been treated merely as a matter of exchange under free trade, or as an issue of manpower quantity; it should have also been considered in terms of qualifications and the quality of services. Furthermore, apart from working conditions and professional qualifications, candidates will have to live and cope with an entirely different society and way of life in Japan. At least, minimum comfort needs to be guaranteed.

Despite the importance of language, Japanese language education experts were hardly involved in the decision-making process. Thus, the scheme, for which Japanese linguistic competency is vital, was formulated without logical basis (Nunoo 2016).[10] It is regrettable that no sufficient feasibility studies on the implementation of the MNP provisions—e.g., crafting a decent scheme of implementation from matching system to Japanese language training—were conducted. No time was spared for

preparations (e.g., by granting a grace period for deployment), and a Japanese government official admitted that it would have been better if there were enough preparations.[11]

In early 2008, the JIEPA took effect. Subsequently, the application of Indonesian nurse and careworker candidates was called, and they were deployed to Japan in August 2008 after computerized matching. Similarly, as soon as JPEPA was ratified by the Philippines in late 2008, the deployment of the first batch of Filipino candidates began in May 2009.[12]

Unsurprisingly, as deployment began without enough preparations, all parties involved—candidates, hospital managers and staff, Japanese language teachers, government officers, and even volunteer supporters—faced serious challenges, which invited criticisms from politicians, mass media, and the general public. To respond to complaints and requests from candidates and their employers, the Japanese government has made minor amendments to the scheme several times (e.g., special considerations in the NBE) in the past nine years (early 2008–late 2016). In addition, the Japan International Corporation of Welfare Services (JICWELS)—a semigovernmental organization under the Ministry of Health, Labour and Welfare, and responsible for the implementation of the provisions on nurses and careworkers of EPA-MNP—has also crafted some measures to facilitate the training of nurse candidates (e.g., consultations, seminars for nurse candidates, a manual for hospitals); they extend support for both hospitals and candidates. But each of these measures has been done only on an immediate, ad-hoc basis, without systematic (e.g., short-, mid- and long-term) planning and direction.

This article sheds light on such a disturbing situation. It asks how the MNP scheme under JPEPA has been managed since 2009 and describes the fundamental problem in the implementation of the scheme. In doing so, it surveys the trajectory of the implementation of, and amendments to, JPEPA's MNP scheme between 2009 and 2016, with reference also to JIEPA and JVEPA. Official documents of the Ministry of Foreign Affairs

of Japan (MOFA), the Ministry of Health, Labour and Welfare of Japan (MHLW), Japan International Corporation of Welfare Services (JICWELS), and the Philippine Overseas Employment Administration (POEA), among others, were consulted.

Also consulted was the result of a structured survey conducted among the Japanese employers who accepted the first batch of Filipino EPA nurse candidates in 2011, a year after the deployment of Filipino nurses.[13] For this survey, the anonymous questionnaire assessed the Filipino nurses and sought to determine changes in the workplace after the hospitals received Filipino nurses. The questionnaire was distributed to 45 hospitals, and 30 hospitals responded (Return rate: 66.6 percent). In addition, the authors used the results of a survey, conducted between 2009 and 2016, of the nurse candidates. The survey was conducted at the POEA just before their departure each year; the total number of respondents is 475.[14]

The authors also obtained data from formal and informal interviews with the government officers of the pertaining countries, EPA nurse candidates, Japanese language education experts since the early 2000s. In addition, to reflect on Japanese language requirements in the EPA-MNP scheme, the authors referenced the recently introduced English proficiency standard for foreign nurse applications in Australia, as well official documents and key interviews conducted in 2011 in that country. In the following sections, the paper presents statistics on, and the historical background of, the prominence of Filipino nurses outside the Philippines, including Japan. It then follows the trajectory of the implementation of the EPA-MNP scheme in its early years (e.g., 2009–2011); the assessment by the hospitals of the first batch Filipino nurses who entered Japan in 2009 (conducted in 2011); the expansion of Japanese language training since 2011; and the entry of Vietnamese EPA nurses in 2014 and their high passing rate. The article concludes by suggesting a more systematic management of the EPA-MNP scheme for nurses, especially in matters concerning Japanese language training.

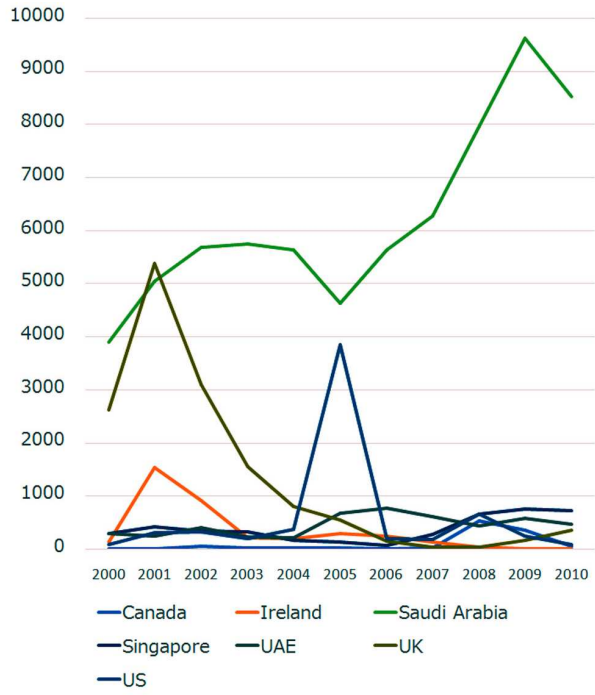
International Migration of Filipino Nurses

Among scholars of migration studies, there is more or less a consensus that the Philippines is a "sending country" that has a diversity of migrants (from skilled to nonskilled occupations) in various destinations (about 190 countries) (e.g., Castles and Miller 2013). As of 2016, over ten million Filipinos are working or living outside the country (Asis 2017). Although the destinations of Filipino nurses have diversified in recent years, many of them still prefer to work in English-speaking countries, such as the United States, the United Kingdom, Canada, and Singapore (Figure 1). In the Philippines, nursing education has been conducted in English since the early twentieth century under American colonial rule.[15] In 2016, 19,551 Filipino nurses were deployed overseas (POEA n.d.). Having received nursing training primarily in English and familiar with fellow nurses in English-speaking countries, it is easy to imagine how challenging it must be for Filipino nurses to have to master the Japanese language and work in Japan. At the same time, it was likewise difficult for Japanese employers to accept foreign nurses who had been trained under a non-Japanese nursing curriculum and had little knowledge of Nihongo.

Figure 1 shows the number of Filipino nurses deployed to major destination countries from 2000 to 2010, according to the Philippine Overseas Employment Administration (POEA).[16] It is noted that it excludes nurses deployed outside official channels and that there probably exists a discrepancy between the official figure and the actual number of those deployed.[17] Despite these limitations, this graph is informative. It tells us that popular destinations of Filipino nurses are English-speaking countries, including Saudi Arabia. The numbers who were deployed there rose even more than 6,000 after 2007. It also implies that the number of Filipino nurses deployed to different countries changes each year according to country, depending, presumably, on labor market conditions in the host countries and in the Philippines. For instance, the figures reflect that the United Kingdom, which once actively hired Filipino nurses in 2001 through formal channels, did not do so in the following years. This is

presumably because the United Kingdom began to prioritize migrant nurses from the other countries of the European Union (EU). Indeed, the number of Filipino nurses entering the UK through formal channels sharply dropped from 6,949 in 2001 to 3,633 in 2002. Also, the United States tightened the border security measures after the 11 September terrorist attacks in 2001. In addition, due to an economic recession, the United States prioritized American nurses and restricted the entry of migrant nurses, especially after 2006, when the key source countries of internationally educated nurses, namely the Philippines, India, and China, were clearing the backlog for the Employment-based slots (Masselink and Jones 2014).

FIGURE 1
Transition of the number of Filipino nurses deployed abroad through official channels by country, 2000–2010 (Source: POEA 2001–2011)



The movement of Filipino nurses to Japan goes against historical norms: a) it is a movement of medical professionals, not unskilled workers; and b) it is a flow from an English-speaking country to a non-English speaking country.[18] Expecting adult professionals to acquire a high level of language proficiency in a minority language (in this case, Japanese) within a limited time is unprecedented. The latest statistics by POEA indicate that the number of Filipino nurses deployed abroad in 2016 was 19,551; only 0.3 percent (60) were deployed to Japan, which ranked twelfth among the countries that received Filipino nurses in the same year. Saudi Arabia remains a predominant host country, employing 13,817, which is equivalent to more than 70 percent of all Filipino nurses deployed abroad in 2016 through formal channels. It is worth pointing out that West Asian countries, where professional medical services are rendered in English, have become popular destinations (POEA n.d.) (Table 1).

The Scheme of the JPEPA-MNP Provisions (Early Stage)

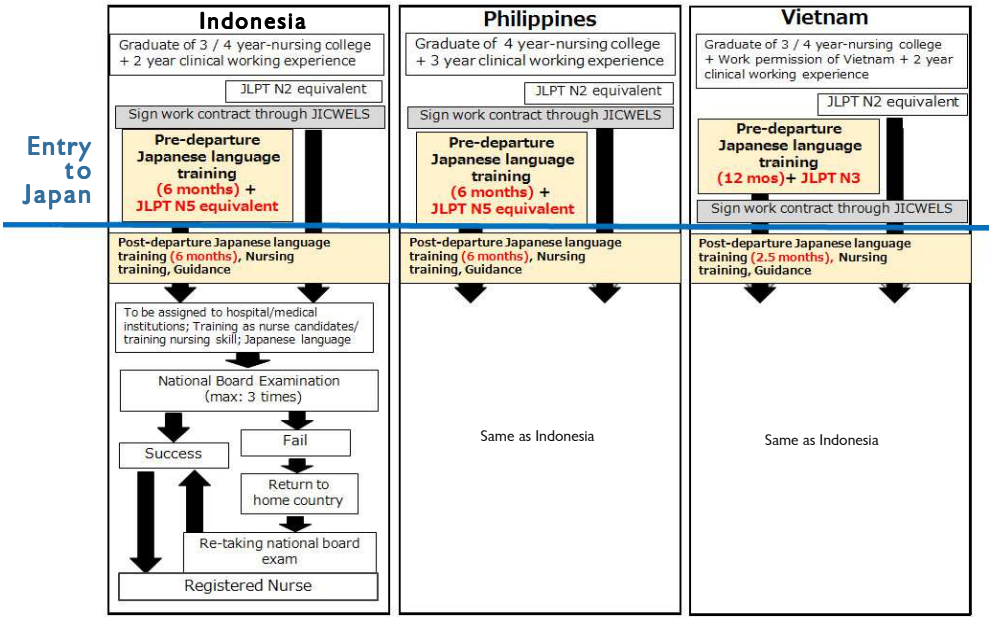
Table 1: Filipino nurses deployed abroad through official channels by country, 2016 (Source: POEA n.d.)

1	Saudi Arabia	13,817
2	United Arab Emirates	1,470
3	United Kingdom	1,433
4	Qatar	785
5	Singapore	554
6	Kuwait	524
7	Ireland	256
8	Germany	157
9	Oman	145
10	Egypt	120
11	Bahrain	83
12	Japan	60
13	Papua New Guinea	23
14	Saipan	15
15	Australia	14

The JPEPA (2006) was the first scheme for Japan to officially allow foreign (in this case Filipino) nurses to work long-term in the country, but it was not implemented until 2009 because it was only ratified in late 2008. Meanwhile, Indonesia was the first nation to implement such a scheme through JIEPA (2007). The JVEPA was signed in 2008, but negotiations for the additional scheme of the EPA-MNP began in 2010, and the first batch of Vietnamese nurses was deployed to Japan only in 2014.

In implementing the JPEPA-MNP provisions on nurses and careworkers, all arrangements for the employment and placement of the candidates are executed under the supervision of both governments. The Philippine Overseas Employment Administration (POEA) manages the initial screening, the computerized data-matching system, and the interviews of Filipino applicants. The Japan International Corporation of Welfare Services (JICWELS) coordinates with Japanese employers.[19] After

FIGURE 2
Flow chart of receiving EPA nurse candidates in Japan by country
(Source: MHLW 2017)



both the applicant and employer agree to terms and conditions of training and work, they sign the contract (Figure 2). The employer pays a commission fee (131,400 yen per candidate); a management fee (20,000 yen per candidate per annum; 10,000 yen per RN per annum) to JICWELS; and 450 US dollars to POEA. In addition, the employer is obliged to pay a Japanese-language training institution around 360,000 yen per candidate (Kokusai Kosei Jigyodan [JICWELS] 2016a).

The first two batches of Filipino nurse and certified-careworker candidates (those who entered Japan in 2009 and 2010) had limited knowledge of Japan and the Japanese language and studied Nihongo for six months at designated training institutions only after arrival. They received stipends for accommodation and daily allowance during the training. The Their employers, as well as the Japanese government shouldered the expenses for the language lessons (ibid.).

After the six-month training in Japan, each candidate is dispatched to a designated hospital. Until they pass the Japanese national board examination for nurses (NBE), they are considered a "nurse candidate;" in that capacity, they are expected to work as an apprentice as they continue studying the Japanese language and nursing practices, and reviewing for the NBE. They also receive a salary equivalent to that of a Japanese counterpart—in strict compliance with the Labor Standards Act and Minimum Wage Law. However, the scheme for the JPEPA-MNP provisions is silent about what/who that counterpart is. Also, they do not provide a unified standard of work conditions for candidates (e.g., housing, work, and study hours).[20] This has caused confusion and a sense of unfairness among nurse candidates (see Añonuevo's article in this volume). Nurse candidates have a chance to take the NBE once a year for three years. Candidates who passed the national examination will be recognized as registered nurses (RN), and qualified to work in Japan with a "designated activity visa." Once they become registered nurses, they have to receive the same salary as that of Japanese. This is the uncompromising rule of JPEPA (Kokusai Kosei Jigyodan [JICWELS] 2016b).

In early 2010, when the first batch of Filipino nurse candidates took the NBE for the first time, only one passed. The passing rate was extremely low (1.7 percent). Also, none of the first batch of Indonesian nurse candidates passed the NBE on the first try (2009) and among them only two made it in 2010 on the second attempt. The poor results elicited harsh criticisms from Japanese politicians and mass media, which unanimously pointed out the candidates' limited Japanese language proficiency.[21] Indeed, the six-month language training is not enough for foreign nurses to master Japanese and work in clinical settings. It is even insufficient for foreign candidates just to understand the questions in the NBE. Katsuichiro Nunoo (2016) aptly points out the lack of—therefore the need to conduct—feasibility studies, and proposes the standardization and development of research-based teaching materials in Japanese language training for EPA candidates.

Assessment of the First Batch of Filipino EPA Nurse Candidates by Receiving Hospitals

This section presents the result of the follow-up survey for hospitals (n=30) that employed the first batch of Filipino nurse candidates who were not given predeparture Japanese language training. It was conducted in 2011, a year after the candidates' deployment to each hospital. The result of the baseline survey conducted in 2009 among the same hospitals (n=21) before deployment (Hirano, Ogawa, and Ohno 2010) supplements the discussion.

The baseline survey informs us that many hospitals that employed the first batch of Filipino nurses were motivated to do so in order to prepare for the "internationalization" of the hospital, rather than to mitigate the shortage of manpower in nursing (ibid., 131). Thus, the hospitals seemed to have been reluctant to assign Filipino nurse candidates in sectors which do suffer from manpower deficiency; instead, the hospitals took the opportunity to carefully observe the ability of Filipino nurses as part of future recruitment plans (i.e., possibility of hiring foreigners).

According to the follow-up survey, 60 percent of the respondents (n=30) answered that they were satisfied/somewhat satisfied with Filipino nurses.[22] The hospitals highly observed Filipino nurses for their personalities such as cheerfulness (86.7 percent) and their working attitudes, such as respecting elders and patients (both 83.3 percent). On the other hand, according to the data of the follow-up survey, the hospitals were less satisfied with the (poor) mastery of Japanese language, especially in making nursing records (23.3 percent) (Figure 3). Filipino nurses' deficiency in the Japanese language was negatively correlated to the degree of satisfaction of Japanese hospitals with the Filipino nurse candidates. On the other hand, the degree of satisfaction of Filipino nurses was negatively correlated with such statements such as "They can communicate with Japanese staff" ($r=-.643$, $p<0.001$); "They can communicate with patients in Japanese" ($r=-.563$, $p=0.002$); "They master necessary Japanese to make nursing record" (r=-

FIGURE 3
Assessment of the first batch of Filipino nurses by hospital
by percentage (multiple answers)
(Source: Ogawa, Hirano, Kawaguchi, Ohno, 2010, with modifications)

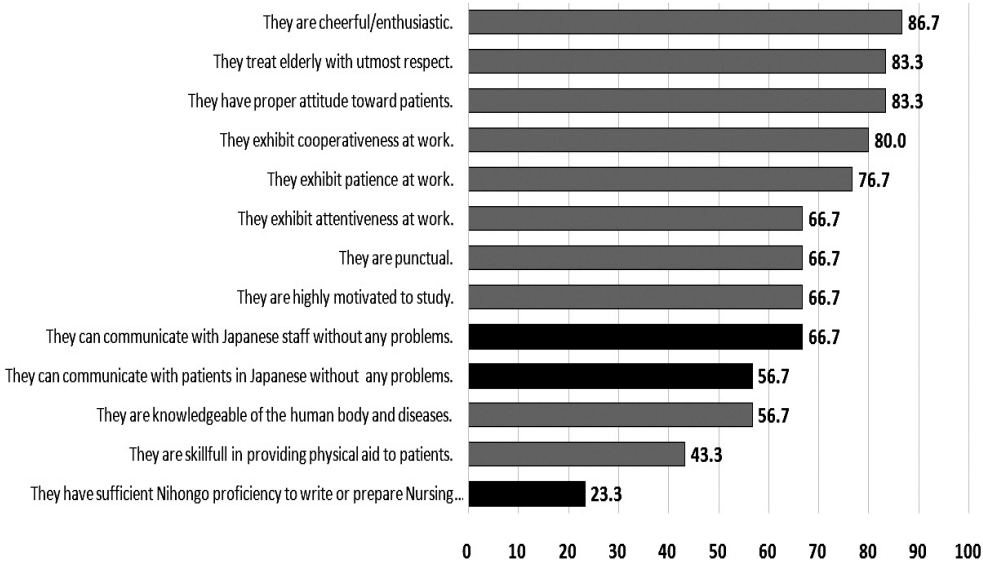
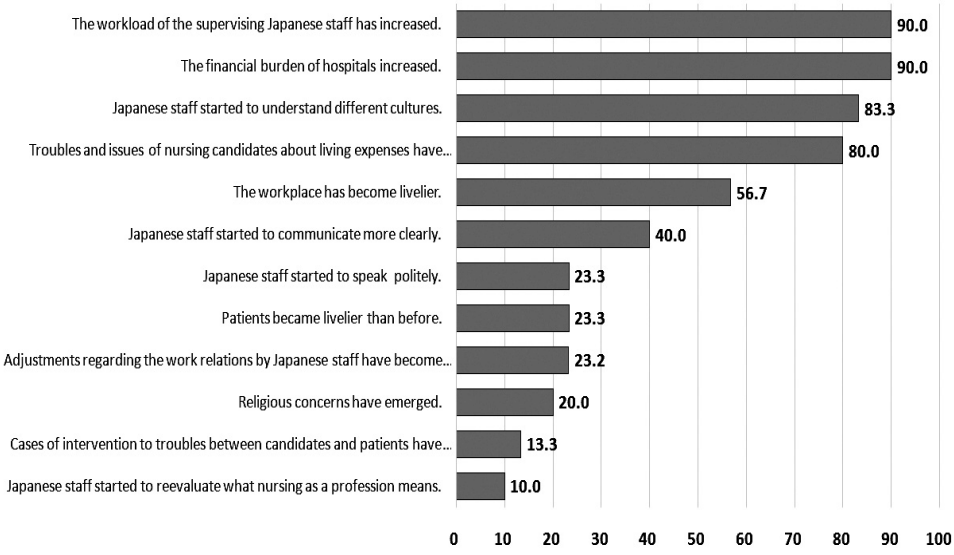


FIGURE 4
Changes in the workplace after receiving the first batch of filipino nurses by percentage
(Source: Ogawa, Hirano, Kawaguchi, Ohno, 2010, with modifications)



.507, p=0.006). The result does not contradict with that of the correlation coefficient between the degree of satisfaction and the changes in hospitals after receiving the first batch of Filipino nurses (Figure 4). The more they experienced that "The cases of intervention to the troubles between Filipino nurse candidates and Japanese staff have become necessary" and that "The cases of intervention to the troubles between candidates and patients have become necessary," the more they got disappointed with themselves for receiving Filipino nurses (r=-.665, p<0.001 and r=-.553, p=0.002).

From the result of the survey, it is safe to assume that language deficiency of the Filipino EPA nurses is one of the major reasons for the dissatisfaction of Japanese employers, which discourages them to employ Filipino nurses.

Expansion of Japanese Language Training: Revisions of the Scheme

It was only after the first batch of EPA candidates came to Japan that receiving hospitals realized that a six-month Japanese training course was not enough for Filipino nurse candidates to acquire enough proficiency and fully exercise their competency. It is logical to associate the deficiency of Japanese language proficiency of Filipino nurse candidates with the low passing rate in the NBE. In the first place, they need such proficiency just to conduct their daily lives in Japan. Therefore, it was considered necessary that EPA candidates receive language training before entering Japan. Since 2011, the Japanese government has provided predeparture Japanese language training for EPA nurses from the Philippines (in addition to the six-month postarrival training). Tokyo also provided measures to help Japanese employers train their foreign employees and improve the passing rate.

a. Predeparture Japanese-language training program, mainly funded by the Japanese government, has been offered since 2011; two months for batch 2011; three months for batch 2012; and six months starting from batch 2013 to the present.
b. JICWELS staff and Japanese-language education experts visit hospitals hiring EPA candidates to conduct guidance seminars.
c. Questions of the National Board Examination (NBE) are made more comprehensible for foreign examinees; e.g., 1) English has been used for persons' names and for the Japanese names of diseases since 2011; 2) Kana (phonetic guide to Chinese characters) has been given for the kanji (Chinese characters used in Japanese) since 2011 (partial) and 2013 (all); 3) Simpler and standardized sentence structure is applied; and 4) Augmentation of the examination hours (for nurses) from 2 hours and 40 minutes each in the morning and

in the afternoon to 3 hours and 30 minutes for both sessions (30 percent increase) since the 2013 NBE. (Kokusai Kosei Jigyodan [JICWELS] 2013a).

d. Seminars by JICWELS
e. Financial assistance by JICWELS to hospitals for Japanese language training.

The above-mentioned measures are ostensibly designed to make foreign examinees feel more comfortable in taking the national examination. According to the result of the JICWELS's questionnaire survey among the 205 nurse candidates (Filipinos and Indonesians) who took the NBE in 2013 and chose the exam paper with a phonetic guide to all kanji, 75 percent responded that the *kana* was helpful in answering the questions (Kokusai Kosei Jigyodan [JICWELS] 2013b). Regarding the examination hours, 65.3 percent of 164 Filipino and Indonesian nursing examinees said that the extended examination time was sufficient to answer all the questions (ibid.).

The idea of adding a phonetic guide to every kanji in the NBE questions was initiated by a note made by Katsuya Okada, the then Minister of Foreign Affairs. He said, "It should not take place that foreign nurses who are competent in their country fail to pass the NBE even after a three-year training in Japan and return to their home country" (Asahi Shimbun 2009). This fact implies that to some extent, political power was behind such implementation, presumably motivated by the smooth promotion of free trade.[23]

Entry of Vietnamese Nurses under JVEPA

Vietnamese nurses began to enter Japan under the Japan-Vietnam Economic Partnership Agreement (JVEPA) in 2014. Under JVEPA, Vietnamese nurses receive twelve-month predeparture Japanese language training in Vietnam, and only those who have gained an N3 level of Japanese Language Proficiency Test (JLPT) are eligible to sign the contract

with a Japanese employer. An N3 level competence entails the "ability to understand Japanese used in everyday situations to a certain degree." That is to say,

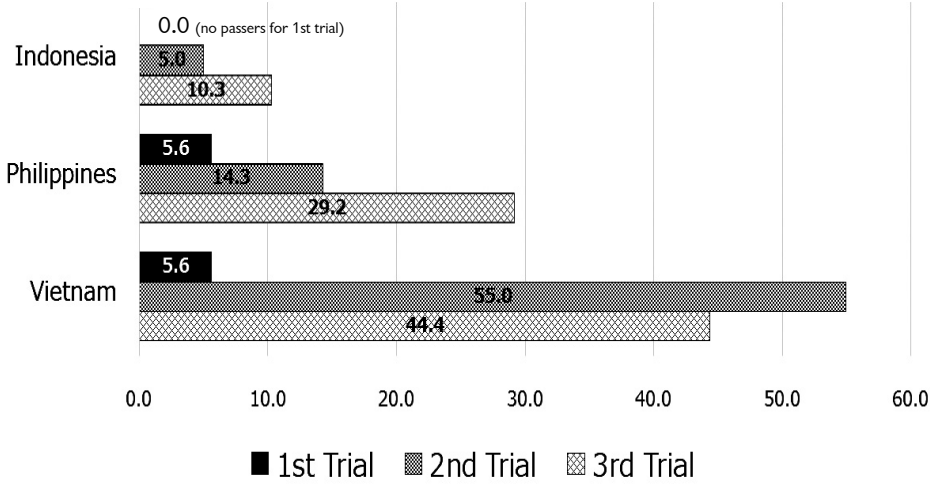
> Reading: One is able to read and understand written materials with specific contents concerning everyday topics. One is also able to grasp summary information such as newspaper headlines. In addition, one is also able to read slightly difficult writings encountered in everyday situations and understand the main points of the content if some alternative phrases are available to aid one's understanding.
>
> Listening: One is able to listen and comprehend coherent conversations in everyday situations, spoken at near-natural speed, and is generally able to follow their contents as well as grasp the relationships among the people involved. (Japanese Educational Exchanges and Services [JEES] n.d.)

Since 2015, Vietnamese nurse candidates have had high passing rates in the NBE (55 percent among those who took the NBE for the second time, and 44.4 percent among those for the third time) (Figure 5). It is reasonable to attribute this result to the screening system, wherein only N3-level speakers can work in Japan.

The Vietnamese nurses' high passing rate obviously impressed both the Philippine and Indonesian governments. They recognized that Vietnam is a worthy rival for Japan's labor market. The major difference between Vietnam and other two countries in the scheme for nurse candidates is the duration of Japanese language program (twelve months before departure and two months after entry in Japan) and the screening for JLPT N3. Therefore, it is safe to suggest that language proficiency is a key for a higher passing rate in the NBE.

Today, Filipino and Indonesian nurse candidates must have acquired the Japanese language skills equivalent only to the N5 level of Japanese Language Proficiency Test (JLPT) in order to be deployed to Japan. The N5 level is defined as "having the ability to understand some basic Japanese,"

FIGURE 5
Passing rate of batch 2014 nurse candidates in the NBE
by the number of examinations taken and by country of origin
(Source: MHLW 2017)



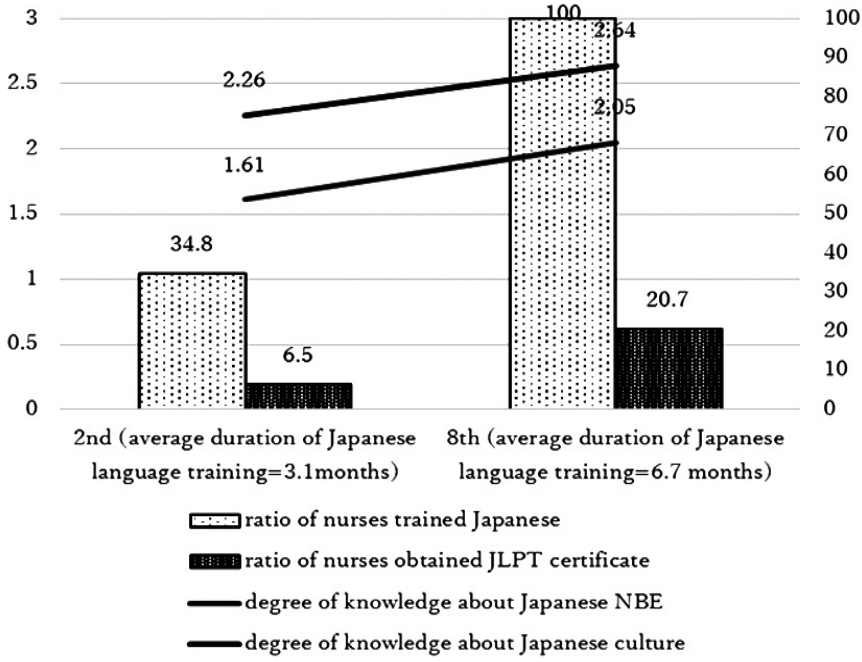
that is "to read and understand typical expressions and sentences written in hiragana, katakana, and basic kanji;" and the ability "to listen and comprehend conversations about topics regularly encountered in daily life and classroom situations, and is able to pick up necessary information from short conversations spoken slowly" (Japanese Educational Exchanges and Services [JEES] n.d.). Foreign applicants of the NBE are required to have a Japanese language proficiency at least equivalent to the JLPT N2 level; this means that one has to be able to "understand Japanese used in everyday situations, and in a variety of circumstances to a certain degree" (ibid.).

> Reading: One is able to read materials written clearly on a variety of topics, such as articles and commentaries in newspapers and magazines as well as simple critiques, and comprehend their contents. One is also able to read written materials on general topics and follow their narratives as well as understand the intent of the writers.

> Listening: One is able to comprehend orally presented materials such as coherent conversations and news reports, spoken at nearly natural speed in everyday situations as well as in a variety of settings, and is able to follow their ideas and comprehend their contents. One is also able to understand the relationships among the people involved and the essential points of the presented materials." (Japanese Educational Exchanges and Services [JEES n.d.]

The expansion of Japanese language training (from six months after arrival to the total of twelve months covering both predeparture and postarrival) and the precondition of JLPT-N5 equivalent for deployment have somewhat improved the Japanese language proficiency of Filipino nurse candidates. Figure 6 compares the results of surveys on language

FIGURE 6
Comparison between the second and eighth batches of Filipino Nurses in language acquisition and cultural affinity



acquisition and cultural affinity between the second and the eighth batches of Filipino nurse candidates (batches 2009 and 2016, respectively). Among the second batch of Filipino nurses who did not have predeparture Japanese language training, only 34.8 percent had studied Japanese at the time of deployment (average duration of Japanese language training then was 3.1 months); this is significantly lower ($p<0.001$) than the eighth batch (100 percent) (average duration of Japanese language training at the time of departure was 6.7 months). Only 6.5 percent of the second batch held JLPT certificates of any level, while 20.7 percent of the eighth batch ($p=0.036$) did so. Correspondingly, the degree of knowledge about NBE (range; 1–4) ($p=0.006$) and about Japanese society and culture (range: 1–4) ($p<0.001$) were higher in the eighth batch (Figure 6). This implies the significance of language proficiency in familiarizing oneself with Japanese society, culture, and the NBE. It is expected that such familiarity translates to a high passing rate and to even long-term residence in Japan after passing the NBE.

Cost for Language Training

The previous sections presented the vital significance of mastery of Japanese language in working as a nurse in Japan. At the same time, the burden of receiving hospitals, aside from that of the Japanese government, in providing training for nurse candidates has been highlighted. This section now looks at Australia to reflect on the training scheme under the EPA-MNP provisions, with emphasis on how the Australian government controls the English proficiency of nurse applicants from abroad. The system of Australia does not differ significantly from that of other countries that strategically accept foreign nurses (MHLW 2012, see below). That is to say, generally speaking, a high language standard is set and the cost of training for such requirements and professional skill development is shouldered by an applicant.

Australia has been actively employing professional nurses from abroad. There were 335,315 nurses and midwives as of 2015. Registered

Nurses (RNs) comprised 76.36 percent (256,034), while enrolled nurses stood at 8.41 percent (28,211). Just over 20 percent (20.4 percent) of the midwives and nurses obtained their license outside Australia (Australian Institute of Health and Welfare 2016). All requirements for overseas RNs and midwives are determined by the Australian government's Nursing and Midwifery Board. However, the skills of foreign nurses and midwives are evaluated by a private organization, the Australian Nursing and Midwifery Accreditation Council (ANMAC). This limited company, composed of board members who are nursing professionals, was established in Canberra in 2010. Its mission includes evaluating the skills of foreign nurses and midwives who apply to Australia's Skill Migration Program. It has carefully studied nursing and educational standards and practices of sending countries such as the Philippines, India, and Singapore.

The ANMAC prescribes that overseas nurse applicants have a bachelor's degree in nursing and experience working as an RN for a certain period. Besides educational attainment and work history, it also requires all applicants get an IELTS (International English Language Testing System)[24] score of 7.0 or higher in the four areas (listening, reading, writing and speech), or achieve OET (Occupational English Test)[25] Level "A" or "B" in the four areas.[26] It is worth noting that the IELTS score of 7.0 is the same as what the United Kingdom (U.K.) requires from foreign nurse applicants. It is even higher than college admission requirements.

This strict language policy was introduced in all Australian states in 2010. Before 2010, each state had its own language standard for incoming RNs from abroad. However, this inconsistency became an issue after the insufficient English proficiency of some migrant nurses caused miscommunication and misunderstandings between nurses and their patients, and between nurses and their coworkers. Consequently, the ANMAC decided to standardize the language requirements.

The IELTS score of 7.0 also became a minimum requirement for foreign students' entry into nursing schools in Australia, such as The Canberra Institute of Technology (CIT, a government vocational school). The CIT also requires different English scores for foreign freshmen

depending on a course; for enrolled nurses, it's IELTS 6.5 or higher; and for aged care, it's IELTS 5.5 or higher.[27] The differences imply that stakeholders recognize varying language skills for different contexts.

Private institutions in Australia offer various "bridging courses" for overseas-born nurses, too. These courses are provided for professional nurses coming from abroad who are required to take shorter education and training in Australia than native nursing students.

Table 2 summarizes the admission requirements for a bridging course at three different Australian institutions (as of 2011). Each institution requires an IELTS score of 7.0 in accordance with the standard of the ANMAC, along with relevant work experience as a nurse. The tuition is remarkably high for nurses from developing countries. This explains why only a few Filipino nurses have departed for Australia in the past few years (i.e., in 2016, see Table 1). A small-scale research by Japan's Ministry of

Table 2: Requirements for foreign nurse applicants in bridging courses at nursing schools in Australia

	Case 1 School of Nursing and Midwifery, Curtin University	Case 2 Institute of Health and Nursing Australia (vocational health school)	Case 3 Hollywood Private Hospital*
IELTS Score Requirement	7.0 or higher	7.0 or higher (one year experience) 6.5 (two years or longer work experience)	7.0 or higher (or OET Level B or higher)
Required Career Experience/Other requirements	One year or more	160 hours of study of theory 240 hours of clinical works at a hospital	Working experience as RN at a hospital having departments for acute-disease patients. Passing examinations for physiology, anatomy, and other medical and nursing fields. Examination of nursing skills
Length of Study	2 years (c.f., 3.5 years for regular students)	(No information)	10 weeks
English Classes	Special English classes provided (twice weekly)	Special English classes provided	(No information)
Cost and other Fees	28,000AU$ for two semesters	11,000AU$ tuition	3,600AU$ for tuition and 2,700AU$ for examination fees covering a ten-week course
Source	Interview with a faculty in charge of degree-conversion program (Perth in December 2011)	Interview with a staff (Perth in December 2011)	(The Department of Health, Government of Western Australia, 2011)

Health, Labor and Welfare (MHLW 2012) collected basic information on requirements for foreigners who want to become a nurse in seven developed countries (the United States, Canada, Germany, South Korea, China, the United Kingdom, and Sweden). The results show that in each country, language standards are usually uncompromising in granting foreigners nursing licenses. Also, the cost of the acquisition of qualification/license should be shouldered by each applicant.

The practices of other developed countries, represented by Australia here, paradoxically highlight the idiosyncratic nature of the EPA-MNP scheme. First, essentially, no reasonable and feasible system has been established in Japanese language training, which is decisively crucial and ought to be conducted most efficiently. Second, the cost of language training is largely shouldered by the Japanese government. This ultimately comes to a matter of the quality and cost of training, and whether the cost benefits the society in any way. On this, both the Japanese and the Philippine governments need to face sincere criticisms. Katsuichiro Nunoo points out that "improvements" that the Japanese government and JICWELS have rendered—for instance, by amending the initial scheme in the past eight years—are often merely stopgap measures. As a result, consistency in Japanese language training has been grossly sacrificed (2016).

Tamiko Noborizato et al. (2010) describe the task of teaching Japanese to adult professionals for a limited time "a magnificent experiment" (44). For Naoki Okuda (2011), it is "a touchstone for accepting foreigners" (129). It is indeed a magnificent experiment for Japanese language educators who face tremendous pedagogical demands, but for Gabriele Vogt (2013, 18), who argues that JPEPA is "a system deliberately designed to fail" because it is not attractive to both nurses and hospitals, the JPEPA-MNP scheme is "at best, a small-scale testing field for new migration policies" (35). The low passing rate, which is attributable to the language barrier, has elicited criticisms of the scheme. However, if the scheme is meant to be an experiment, it shall bear fruit—be it a magnificent one or a small-scale initiative—if the Japanese government uses the scheme even just for systematic data gathering. Unfortunately, however, that is not

the case (Nunoo 2016). It is suggested that the Japanese government, together with the Philippine government, systematically collect information from each candidate (linguistic background, acquisition of Japanese language skills at different stages; passing/ failure and percentage of correct answer in the NBE; length of work in Japan, and so on), and utilize it for future improvement of the scheme and beyond.

Conclusion

This article reviewed the trajectory of implementation of the JPEPA-MNP provisions. The scheme for implementation of JPEPA-MNP provisions on nurses has been revised several times in accordance with the demands of EPA nurses/ nurse candidates, Japanese employers, and nonclinical stakeholders, such as policymakers. The revisions were made to improve the NBE passing rate, the common primary concern. It is safe to suggest that each amendment has elements pertaining to Japanese language proficiency. A high passing rate in the NBE by Vietnamese candidates, who can enter Japan only after acquiring the JLPT N3 level of proficiency, highlighted the problem of the JPEPA's scheme, which was established without feasibility studies and without the involvement of experts of second-language acquisition. The implementing scheme of JPEPA-MNP has turned out to be a system without a system whose operational cost has been enormous, particularly for Japan. The flaws have been mended with a series of first-aid band aids, but what is needed is a fundamental overhaul.

In a few years, the scheme will celebrate its tenth anniversary. The Japanese government should not be continuing first-aid measures forever. It is suggested that fair and comprehensive evaluation of the JPEPA-MNP scheme be conducted and remodeled to collect meaningful data on foreign health professionals' acquisition of Japanese language proficiency; on their adjustment to working and living in Japan; cost performance; and economic aspects vis-à-vis the promotion of free trade and flow of investments. The Philippine government shall likewise conduct a comprehensive yet focused assessment on the movement of Filipino nurses to and from Japan.

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Notes

1 Similar schemes were explored in the process of the preparations of the EPAs between Japan and India, and between Japan and Thailand, but both efforts were shelved. The JVEPA had been signed in 2008 but the diplomatic negotiations for the scheme of MNP for nurses and careworkers began only in 2011 and the supplemental resolution was signed in 2012. The four-year interval between the EPA proper and the supplemental resolution made it possible for stakeholders to observe the implementation of the JIEPA-MNP and JPEPA-MNP schemes. That resulted in the twelve-month, predeparture Japanese language training, and the precondition of passing the JLPT N3 for signing of work contract.

2 For the Philippines, see Yagi, Mackey, Liang and Gerlt, 2014. For Indonesia, see Amariand Hayashi 2008; and Asia Economic Institute 2008.

3 See Asato 2007. Also, Ms. Fifi Arianti Panchaweda, Director of the Center of Manpower and Transmigration, Indonesia mentioned this in the symposium, "Globalizing Nursing and Care: Discussions over Foreign Workers' Entry into Japan's Labor Market," held in March 2008. See Suzuki 2007 for details of the concerns on the provisions on the MNP during the bilateral negotiations for these EPAs.

4 Similarly, the Japan Association of Certified Care Workers (JACCW) was reluctant to receive foreign careworkers. Today, both JNA and JACCW are more open to accepting EPA nurses and careworkers. In fact, they did not express opposition to JVEPA in the early 2010s. At present, in the advent of opening for careworkers under the technical trainee program, they believe that continuing and strengthening of the EPA programs must be prioritized.

5 See also Vogt 2007 and 2013 for the inconsistency of EPA-MNP scheme between the premise of trade and de facto labor migration. Also, see Yamazaki 2006 (11) for the Japanese cabinet's decision to accept nurses and careworkers for the purpose of advancing negotiations on economic partnership with Asian countries.

6 See Hirano's article in this volume.

7 It took more than two years for the Philippine Senate to ratify JPEPA. In the Philippines, some opposition politicians and cause-oriented groups formed the "Junk JPEPA Movement" and strongly opposed JPEPA mainly because of the possibility of the entry of tariff-free toxic wastes from Japan to the Philippines and of an "unfair deal" towards Filipino nurses and careworkers.

8 The official website of the Ministry of Foreign Affairs of Japan (MOFA) contains a series of documents on this. See Ministry of Foreign Affairs (2009). See also Nunoo (2016; chapters four and five) for details.

9 There are differences in the content of nursing tasks between the Philippines and Japan, both legally and in cultural practices. Such differences caused some Filipino nurses in Japan to feel that they are deskilled if they are told to perform the tasks which can be done by a family member of the patient in the Philippines, such as changing diapers of the bed-ridden patients. In Japan, it is stipulated in the "Act on Public Health Nurses, Midwives and Nurses" that nursing tasks include not only those pertaining to medical interventions, but also assisting in the daily lives of patients. In Japan, even the latter, like bedside care, is rendered with professional skill. It is observed that in Southeast Asian countries, including the Philippines, only the tasks that reflect the medical model tend to be viewed as "professional skills." It is pointed out that nursing practice varies from a country to another; a certain notion of professional skills is not universal and should not be squarely applied in understanding nursing tasks in another country.

10 Nunoo (2016) informs us of the logically inconsistent discussions at the Diet and the Ministry of Health, Labour and Welfare (MHLW) before and after the implementation of EPAs. It is also noted that illogical arguments were also given in the Philippines prior to the conclusion and ratification of JPEPA. It was the Philippine government, responding to the criticisms by opposition groups and mass media in the country, that proposed minimizing Japanese language training period by claiming that Filipino nurses are ready to serve outside the country immediately. It was considered that a long training period was tantamount to postponing the opportunity to execute their professional service and to delay their income, a violation of their human rights. Meanwhile, Filipino Japanese language teachers and concerned Japanese citizens suggested acquiring enough language proficiency helps Filipino nurses in the long run in terms of career development and the smooth conduct of everyday life.

11 Based on an interview by an author of this article in March 2014.

12 Japan already ratified JPEPA as early as 2006.

13 A questionnaire that contains close-ended questions, except for an open-ended question in the last part, which asks about their general impressions of accepting foreign nurses.

[14] The 475 respondents are comprised of the following: 100 Filipino nurses from the first batch (2009); 46 from the second batch (2010); 70 from the third batch (2011); 28 from the fourth batch (2012); 65 from the fifth batch (2013); 36 from the sixth batch (2014); 72 from the seventh batch (2015); and 58 from the eighth batch (2016).

[15] See Choi (2003) for American colonial historical background of Filipino nurses' training in English and their emigration to the United States.

[16] The POEA has not published such figures since 2011.

[17] It is informed that the 2005 figure of the United States (3,853) includes those who left for the United States through its Employment-based Immigration Scheme, while the figures for other years for the United States reflect only those who departed through official channels (e.g., POEA). The Employment-based (EB) Immigration Scheme is a process of acquiring lawful permanent residency through employment in the United States of America as provided for in the country's immigration law. There are five categories of Employment-based Immigration Scheme based on the qualifications of the applicant. In ordinary circumstances, nurse professionals can apply for EB third preference, and in extraordinary cases may apply for EB second preference (Shah Peerally Law Group PC, n.d.) (See also U.S. Citizenship and Immigration Services website, https://www.uscis.gov/green-card/employment-based.)

[18] Japan's occupation of the Philippines for three and a half years in the early 1940s left little impact in terms of disseminating the Japanese language to Filipinos.

[19] Interview by Japanese employers to Filipino applicants was introduced from the second batch.

[20] See comments by Shun Ohno on this matter in "Open Forum: A Synthesis" in this volume.

[21] For instance, one member of Japan's House of Representatives labelled Japan's EPA policy as "blocking foreign nurse candidates from passing the exam by a nontariff barrier, that is, the Japanese language" (*Daily Manila Shimbun*, 21 February 2011).

[22] The same question was asked to the hospital that received the first batch of Indonesian nurses, and 75 percent of the respondents answered that they are satisfied/somewhat satisfied with Indonesian nurses (Ogawa, Hirano, Kawaguchi, and Ohno 2010).

[23] The authors of this article have observed that after several years, Japanese hospitals became aware of the higher potential of younger nurses in passing the NBE; the younger a nurse is, the better the result. Thus, hospitals have come to prefer younger nurses. According to the data obtained through the survey conducted among the Filipino nurse candidates each year before departure between 2009 and 2016, the average age of Filipino nurse candidates dropped from 32 in 2009 to 27.4 in 2016.

[24] IELTS is accepted as evidence of English language proficiency by over 10,000 organizations worldwide. In 2012, more than two million took the test in the world. IELTS is recognized as a secure, valid and reliable indicator of true-to-life ability to communicate in English for education, immigration, and professional accreditation. IELTS is jointly owned by British Council, IDP: IELTS Australia, and Cambridge English Language Assessment. It is conducted at more than 900 test centers and locations in over 130 countries (IELTS n.d.).

[25] OET is recognized and trusted by more than twenty regulatory healthcare bodies and councils in Australia, New Zealand, and Singapore. Many organizations, including hospitals, universities and colleges, use OET as proof of a candidate's ability to communicate effectively in a demanding healthcare environment (OET 2013).

[26] Based on the interview with leading officers of the Australian Nursing and Midwifery Accreditation Council in Canberra in December 2011.

[27] Interview with a staff of Canberra Institute of Technology in Canberra in December 2011.

References

Amari, Akira and Yasuo Hayashi. 2008. "The Significance of JIEPA for RI's Development." *Jakarta Post*, 1 July. http://www.thejakartapost.com/news/2008/07/01/the-significance-jiepa-ri039s-development.html .

Asato, Wako. 2007. "Nippi Keizai Renkei Kyotei to Gaikokujin Kangoshi/ Kaigo Rodosha no Ukeire." [Japan-Philippines Economic Partnership Agreement and Accepting Foreign Nurses/ Careworkers]. In *Kaigo/ Kajirodosha no Kokusai Ido Esunishiti, Jenda, Kea no Kosa,* edited by Yoshiko Hisaba, 32–42. Tokyo: Nihon Hyoronsha.

Asahi Shimbun. 2009. "Kokkashiken, Minaoshi Kento; Gaikokujin Kangoshi ni Nihongo no Kabe" [Exploring Amendments of National Board Exams: Japanese as Obstacle for Foreign Nurses]. *Asahi Shimbun*, 22 November.

Asia Economic Institute. 2008. "The Japanese-Indonesia Economic Partnership–'JIEPA'." http://www.asiaecon.org/special_articles/read_sp/11573/ .

Asis, Maruja M. B. 2017. "The Philippines: Beyond Labor Migration, Toward Development and (Possibly) Return." *Migration Policy Institute*. https://www.migrationpolicy.org/article/philippines-beyond-labor-migration-toward-development-and-possibly-return .

Australian Institute of Health and Welfare. 2016. "Nursing and Midwifery Workforce 2015." https://www.aihw.gov.au/reports/workforce/nursing-and-midwifery-workforce-2015/contents/who-are-nurses-and-midwives/.

Castle, Stephen, Hein de Haas, and Mark J. Miller. 2013. *The Age of Migration: International Population Movements in the Modern World.* Fifth Edition. New York: The Guilford Press.

Chiavacci, David. 2012. "Japan in the Global War for Talent." *ASIEN, The German Journal on Contemporary Asia* 124: 27–47.

Choi, Catherine Ceniza. 2003. *Empire of Care: Nursing and Migration in Filipino American History*. Quezon City: Ateneo de Manila University Press.

Daily Manila Shimbun. 2011. "Keizai Renkei Kyotei (EPA) de no Rainichi Hijin Kangoshi Kouhosha ra ga Kotoshi no Kokkashiken ni Chosen" [Filipino Nurse Candidates under Economic Partnership Agreement (EPA) Tried the National Board Examination for Nurses], *Daily Manila Shimbun*, 21 February.

Department of Health, Government of Western Australia. 2011. "Nursing and Midwifery in Western Australia." http://www.nursing.health.wa.gov.au/moving/bridge.cfm.

Hirano, Yuko O., Reiko Ogawa, and Shun Ohno. 2010. "How do Japan's Hospitals Evaluate the Economic Partnership Agreement Scheme?: A Comparative Survey between Hospitals Accepting the First Batch of Foreign Nurses and Those Accepting the Second Batch." *Bulletin of Kyushu University Asia Center* 5: 127–39.

IELTS (International English Language Testing System). n.d. “IELTS/About.” https://www.ielts.org/info-pages/about-us.

JEES (Japan Educational Exchanges and Services). n.d. http://info.jees-jlpt.jp/?lang=english .

Kokusai Kosei Jigyodan (JICWELS). 2013a. “Ukeire Shien nado no Torikumi, Ukeire Jokyo nado ni Tsuite” [Regarding Assistance Measures, the Situation of Acceptance (of Foreign Candidates) and Others]. http://www.jicwels.or.jp/files/H26E59BBDE58685E8AAACE6988EE4BC9AE7ACAC2E983A8JICW.pdf .

———. 2013b. “Kokatekina Gakushu Shien-jigyo no Kaizen ni Muketa, Dai Hyaku-ni Kai Kangoshi Kokka-shiken EPA Kohosha Jukensei Anketo ni Tsuite” [Regarding the Survey for EPA Candidates Who Took the 102nd National Board Exam for Nurses; Towards the Improvement of Support Program]. https://jicwels.or.jp/files/EFBC88E696BDE8A8ADE794A8EFBC89E38090E79C8BE8ADB7E3.pdf .

———. 2016a. “Gaikokujin Kangoshi Kaigo-fukushishi Kohosha Ukeire no Wakugumi, Tetsuzuki nado ni tsuite” [Framework and Procedures on Accepting Foreign Candidates for registered nurse and certified certified-care-worker]. https://jicwels.or.jp/?p=1616 .

_____. 2016b. “Heisei 28-nendo EPA ni Motozuku Kangoshi Kohosha no Ukeire no Tebiki” [Guide to Accepting EPA Nurse Candidates Fiscal Year 2016]. http://jicwels.or.jp/files/E291A1H28E78988E79C8BE8ADB7E6898BE5BC95E3818D(E69C.pdf.

———. 2017. “Heisei 30-nendoban EPA ni Motozuku Gaikokujin Kangoshi/ Kaigofukushishi Ukeire Panfuretto” [Brochure for Accepting Foreign Nurse/ Careworkers Candidates Based on EPA, Fiscal Year 2018]. https://jicwels.or.jp/files/EPA_H30_pamph-r.pdf .

Masselink, Leah E. and Cheryl B. Jones. 2014. “Immigration Policy and Internationally Educated Nnurses in the United States: A Brief History.”*Nursing Outlook* 62: 39–45.

MOFA (Ministry of Foreign Affairs). 2009. “Free Trade Agreement (FTA) and Economic Partnership Agreements (EPA) ¾ Japan-Philippines Economic Partnership Agreement.”http://www.mofa.go.jp/policy/economy/fta/philippines.html .

MHLW (Ministry of Health, Labour and Welfare). 2012. “Omona Shogaikoku no Kango Seido oyobi Gaikokujin Kangoshi no Ukeire ni Kansuru Seido”[Nursing System and System of Receiving Foreign Nurse in Major Foreign Countries]. http://www.mhlw.go.jp/stf/shingi/2r98520000022rbv-att/2r98520000022rga.pdf

———. 2017. “Keizai Kyoryoku Kyotei (EPA) ni Motozuku Gaikokujin Kangoshi Kohosha no Kangoshi Kokka Shiken no Kekka”[Result of the National Board Examination for Nurses of Foreign Nurse Candidates under EPAs]. http://www.mhlw.go.jp/stf/houdou/0000154325.html .

———. n.d. “Keizai Kyoryoku Kyotei (EPA) ni Motozuku Gaikokujin Kangoshi / Kaigofukushishi Kohosha no Ukeire Gaiyo” [Outline of Accepting Foreign Nurse / Careworker Candidates in Accordance with Economic Partnership Agreement (EPA)]. http://www.mhlw.go.jp/file/06-Seisakujouhou-11650000-Shokugyouanteikyokuhakenyuki roudoutaisakubu/epa_base_2909.pdf .

Nihon Ishi Kai (Japan Medical Association). 2012. "Keizai Kyoryoku Kyotei ni Okeru Indonesha-jin Oyobi Firipin-jin Kangoshi Kohosha no Kangoshi Shiken Juken ni Tsuite" [Regarding the National Board Examination for Nursing for Indonesian and Filipino Nurse Candidates under the Economic Partnership Agreement]. *Shirokuma Tsushin* No.1556. http://www.med.or.jp/shirokuma/no1556.html/.

Nihon Keizai Dantai Rengokai[Keidanren] (Japan Business Federation). 2004. "Gaikokujin Ukeire Mondai ni Kansuru Teigen" [Recommendations on Foreign Acceptance Issues]. http://www.keidanren.or.jp/japanese/policy/2004/029/honbun.html#s1.

Noborizato, Tamiko, Ishii Yoko, Imai Toshie and Kurihara Yukinori. 2010. "Indonesia-jin Kaigofukushishi Kohosha o Taisho to suru Nihongokenshu no Kosudezain: Iryo, Kango, Kaigo Bun'ya no Senmon Nihongo Kyoiku to Kansai Kokusai Senta no Kyoiku Rinen to no Kankei ni Oite" [Course Design for Nihongo Training for Indonesian Careworker Candidates: The relation of the Technical Japanese Language Teaching in Medicine, Nursing and Carework and the Concept on Education of Kansai International Center]. *Nihongo Kyoiku Kiyo* 6: 23?39.

Nunoo, Katsuichiro. 2016. *Meiso suru Gaikokujin Kango/ Kaigo Jinzai no Ukeire* [Problematic Attitudes and Systems Related to the Acceptance of Foreign Nurses and Care Workers: What Should We Learn from Our Experiences?]. Tokyo: Hitsuji Shobo.

OET (Occupational English Test). n.d. https://www.occupationalenglishtest.org/about/.

Ogawa, Reiko, Yuko O. Hirano, Yoshichika Kawaguchi, Shun Ohno. 2010. "How do Japan's Hospitals Evaluate the Economic Partnership Agreement Scheme?: A Comparative Survey between the First and Second Batches of Foreign Nurses Accepted by Hospitals in Japan." *Bulletin of Kyushu University Asian Center* 5: 127–39.

Ohno, Shun and Reiko Ogawa, (eds). 2010. "Kokusai Shinpojiumu, Tonan-ajiakara Nihon e no Keawaakaa Ido o Meguru Kokusai Kaigi, Seisaku-tantosha to Kenkyusha no Taiwa, Hokokusho" [Report of the International Symposium, Transnational Certified-care-workers from Southeast Asia to Japan: A Dialogue between Government Officials and Scholars]. Fukuoka: Kyushu University Asia Center.

Okaya, Keiko. 2005. "Nippi EPA de Raishun Shido/ Firipin-jin Kangoshi no Ukeire: Nani ga Mondai to Naruka" [To Begin Receiving Filipino Nurses in Coming Spring under EPA: What will be a Problem?]. *Ekonomisuto* 14: 84–5.

Okuda, Naoki. 2011. "Kangoshi Kokkashiken no Goi no Shoso: Nihongo Noryoku Shiken Shutsudai Kijun Goihyo to no Hikaku kara" [The Vocabulary of the National Nurse's Examination: A Comparison with Test Content Specifications of the Japanese Language Proficiency Test]. *Kokusai Kyoryoku Kenkyu* 17 (2): 129–43.

POEA (Philippine Overseas Employment Administration). 2001. "OFW Statistics; Deployment per Skill per Country for the year 2000." http://www.poea.gov.ph/ofwstat/deppercountry/2000.pdf.

———. 2002. "OFW Statistics; OFW Deployment by Skill and Sex for the year 2001." http://www.poea.gov.ph/ofwstat/depperskill/2001.pdf.

———. 2003. "OFW Statistics; OFW Deployment by Skill, Country and Sex for the year 2002." http://www.poea.gov.ph/ofwstat/deppercountry/2002.pdf.

———. 2004. "OFW Statistics; OFW Deployment by Skill, Country and Sex from January 1, 2003 to December 31, 2003." http://www.poea.gov.ph/ofwstat/deppercountry/2003.pdf.

———. 2005. "OFW Statistics; OFW Deployment per Skill and Country from January 1, 2004 to December 31, 2004." http://www.poea.gov.ph/ofwstat/deppercountry/2004.pdf.

———. 2006. "OFW Statistics; OFW Deployment per Skill and Country from January 01, 2005 to December 31, 2005." http://www.poea.gov.ph/ofwstat/deppercountry/2005.pdf.

———. 2007. "OFW Statistics; OFW Deployment per Skill and Country from January 01, 2006 to December 31, 2006." http://www.poea.gov.ph/ofwstat/deppercountry/2006.pdf.

———. 2008. "OFW Statistics; OFW Deployment per Skill and Country – New Hires for the Year 2007." http://www.poea.gov.ph/ofwstat/deppercountry/2007.pdf.

———. 2009. "OFW Statistics; OFW Deployment per Skill and Country – New Hires for the Year 2008." http://www.poea.gov.ph/ofwstat/deppercountry/2008.pdf.

———. 2010. "OFW Statistics; OFW Deployment per Skill and Country – New Hires for the Year 2009." http://www.poea.gov.ph/ofwstat/deppercountry/2009.pdf.

———. 2011. "OFW Statistics; OFW Deployment by Occupation, Country, and Sex – New Hires Full Year 2010." http://www.poea.gov.ph/ofwstat/deppercountry/2010.pdf.

———. n.d. "Overseas Employment Statistics Deployed Nurse Professionals Year 2016." New Hires."

Shah Peerally Law Group PC. n.d. "Employment Options for Nurses." https: //www.peerallylaw.com/en/content/view/322 .

Suzuki, Nobue. 2007. "Carework and Migration: Japanese Perspectives on the Japan-Philippines Economic Partnership Agreement." *Asian and Pacific Migration Journal* 16 (3): 357–81.

U. S. Citizenship and Immigration Services. n.d. "Green Card for Employment-based Immigrants." https://www.uscis.gov/green-card/employment-based/.

Vogt, Gabriele. 2007. "Closed Doors, Open Doors, Doors Wide Shut? Migration Politics in Japan." *Japan Aktuell* 5: 3–30.

———. 2013. "When the Leading Goose Gets Lost: Japan's Demographic Change and the Non-Reform of its Migration Policy." *Asian Studies: Journal of Critical Perspectives on Asia* 49 (2): 14–44.

Yagi, Nozomi, Tim K. Mackey, Bryan A. Liang, and Lorna Gerlt. 2014. "Policy Review: Japan-Philippines Economic Partnership Agreement (JPEPA): Analysis of a Failed Nurse Migration Policy." *International Journal of Nursing Studies* 51: 243–50.

Yamazaki, Takashi. 2006. "Kango/ Kaigo Bun'ya ni Okeru Gaikokujin Rodosha no Ukeire Mondai" [Problems of Accepting Foreign Workers in the Field of Nursing and Carework]. *Refarensu* February: 4–24.