

Migration of Health Workers
Under the Japan-Philippines and Japan-Indonesia
Economic Partnership Agreements:
Challenges and Implications of the Japanese Training Framework

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I. Introduction

The focus of this forum is on “trade and development” from the migration standpoint; this session particularly focuses on how labour mobility under North-South trade agreements can bring economic development effects. The Japan- Philippines and Japan-Indonesia Economic Partnership Agreements (EPAs) can be considered as two North-South trade agreements that include labour-mobility provisions. This paper examines whether Japan can foster economic benefits for health-worker candidates from the Philippines and Indonesia under the EPAs.

Clearly, the Japan-Asia EPAs that contain migration provisions have real developmental potential. For sending countries, such EPAs will bring remittances and help to solve unemployment. For Japan, they will help solve its labour shortage problem. Thus, these EPAs and their migration provisions represent a “classical example of a win-win situation”¹ in the trade context.

However, it may take some time to generate substantial benefits, for both Japan and the sending countries. In the case of Japan, where the number of foreign workers has been limited—the share of foreign health workers has been particularly low—, this is not simply about trade. It is also about education, training and management. Indeed, in Japan, migration under the EPAs has increasingly been becoming a research area not so much in regards to trade, but rather in regards to linguistics, sociology, and international relations with a particular focus on Southeast Asia. This is because, to my mind, Japan’s EPAs with the Philippines and Indonesia have brought Japan

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¹ Sungjoon Cho, “Development by Moving People: Unearthing the Development Potential of a GATS Visa,” in Chantal Thomas and Joel P. Trachtman eds., *Developing Countries in the WTO Legal System* (Oxford University Press, 2009) pp.459-460.

institutional and socio-cultural implications, but have brought little trade benefits for the Philippines and Indonesia. For Japan, this is a test case whether EPAs can be a channel for liberalizing labour migration—in other words, EPAs could become an alternative to directly relaxing Japan’s immigration policy, which would be extremely difficult to do.

The aim of this paper is to review Japan’s complex challenges of accepting health workers under EPAs, and to consider how such challenges can be overcome, thus bringing developmental benefits to the sending countries. This paper argues that in order to gain developmental benefits, the training component of the receiving side is vital. For Japan, the past several years have been a “learning by doing” phase of how to accept and train candidates in the fields of nursing and caregiving. It remains to be seen whether Japan’s training capacity and management practices are adequate, and whether this migration scheme under the EPAs will succeed.

To be precise, the Japan-Philippines EPA was signed in September 2006, and the Japan-Indonesia EPA was signed in 2007, but the latter has been implemented earlier than the former. Indonesian health worker candidates first arrived in Japan in August 2008, while Philippine candidates came in May 2009. Both agreements address nurses and caregivers under the chapter of “Movement of Natural Persons.” For Indonesian nurse candidates, their three-year duration of stay expired in March 2011. Thus, this is an appropriate time to make some preliminary assessments of Japan’s training scheme.

The rest of paper proceeds as follows: Section II reviews Japan’s immigration policy in general and explains the policy impacts of health-worker migration under EPAs. Section III offers an overview of the accepting and training scheme under the Japan-Philippines/Indonesia EPAs and details the challenges encountered during implementation. The final section concludes with implications from the two EPAs.

II. Japan’s Immigration Policy and Impacts of EPAs

By way of background, Japan’s immigration policy is based on the Immigration Control and Refugee Recognition Act. The Act provides 16 categories of legal status concerning entry and residence of persons in Japan. Under the Act, in order to work as a nurse in Japan, a foreigner must be qualified by passing a Japanese national exam. After qualifying, however, foreign nurses can work only up to seven years. As for caregivers, the Act does not provide a specific status of entry and residence.

However, under the Japan-Philippines/Indonesia EPAs, qualified nurses and

caregivers are given a residence status called “designated activities” under the Act, and this status can be renewed without limitation. Thus, Indonesian and Philippine nurses and caregivers are treated differently from other foreign nurses and caregivers; this was made possible through the EPA negotiations.

Normally, the migration of health workers is the domain of the Ministry of Health, Labour and Welfare (hereinafter, “Ministry of Welfare”) and the Ministry of Justice. Though Japan is facing a shortage of health workers, the Ministries of Welfare and Justice have not moved to compensate by approving more foreign workers. Domestic nurse and caregiver associations have been strongly opposed to opening the door to foreign workers. And this is clearly mirrored by the migration policy under EPAs. According to the website of the Ministry of Welfare:

“Approving potential nurses and care workers from Indonesia and the Philippines is not a response to the labour shortages in the health service; this training program has been agreed under the EPAs on the basis of strong requests from the two countries.”²

When the Japanese government negotiates migration under EPAs, the Ministries of Welfare and Justice are joined by the Ministry of Foreign Affairs and the Ministry of Economy, Trade and Industry (hereafter, “Ministry of Trade”). The issue of migration thus becomes part of wide range of negotiation issues which the Ministries of Foreign Affairs and Trade are concerned with, such as trade in goods and the promotion of investment. Thus, the Ministry of Welfare can view the migration of foreign health workers as one of the requests that are made in exchange for the Japanese side’s requests. Such trade negotiations can avoid a difficult and complex discussion under the immigration Act in approving the migration of foreign health workers—as the migration issue is treated as a trade matter, rather than an immigration one. Moreover, migration negotiations under an EPA are easier to conclude than such negotiations under bilateral labour agreements, as those agreements do not feature a broad range of trade issues that create opportunities for grand bargains. Also, negotiations under EPAs are different from negotiations under the WTO’s GATS negotiations. Whereas the GATS is subject to the MFN principle, parties negotiating EPAs can bilaterally agree

² Ministry of Health, Labour and Welfare, < <http://www.mhlw.go.jp/bunya/koyou/other22/> > visited 25 July, 2011.

on a tailored recruitment and training process.³

III. Japan's Training Framework and its Challenges

This section describes Japan's framework in which nurse and caregiver candidates are chosen and trained, and explains the difficulties posed by the scheme after the three years. Table 1 illustrates the training schemes for both nurse and caregiver candidates. One difference between the two jobs is that nurse candidates are required to pass a national exam within three years (which also means that the candidates have a maximum of three attempts to pass the exam), while caregiver candidates have only one chance to take a national exam after their three-year training (which means that their duration of stay is four years, spared for the training at caregiving institutions).⁴

The scheme provides similar training to the Philippine and Indonesian candidates. One difference is that for the Philippine caregiver candidates, there is an alternative path to qualification under which candidates are only required to complete a classroom course and not required to undergo training and take a national exam. This is designed to be consistent with the Japanese system. There are two ways to become a caregiver in Japan: have at least three years of work experience at caregiving institutions and take a national exam, or complete a classroom course that leads to automatic qualification. However, under the latter qualification path, the Philippine candidates are required to pay tuition and not allowed to work (except for a part-time job up to 28 hours per week)⁵; this represents a significant financial burden for them. There are also other differences between the two countries in terms of practical operations, which will be described later.

The approving and training scheme consists of four stages: (1) recruitment; (2) Japanese language training; (3) training at hospitals or caregiving institutions; and (4) exam and afterward. The section below reviews the operation of each stage since 2008.

³ OECD Health Policy Studies, *The Looming Crisis in the Health Workforce: How can OECD Countries Respond?* (OECD, 2008) p. 70 ("Bilateral agreements can be used to improve the management of international mobility of health workers, notably if they include clauses whereby a recipient country agrees to: underwrite the costs of training additional staff; and/or to recruit staff for a fixed period only...").

⁴ One question is why nurses have three-year stays and caregivers four-year stays, but there is no clear explanation from the Japanese government. One factor is that in the Japanese system, *at least* three years of work experience is required to obtain caregiver certification. Kyushu University Asia Center, *Transnational Care Workers from Southeast Asia to Japan: A Dialogue between Government Officials and Scholars – Report of the International Symposium* (27 February 2010, Fukuoka) p.142.

⁵ In most cases, candidates receive scholarships and grants.

(1) Recruitment

Under both EPAs,⁶ the Japanese government appoints a coordinating organization for the Japanese side, and this organization works with the “National Board for Placement and Protection of Indonesian Overseas Workers” (National Board) of Indonesia and the “Philippines Overseas Employment Administration” (POEA). In 2008, the “Japan International Corporation of Welfare Services” (JICWELS) was appointed and has since been operating as the sole coordinating organization of the Japanese side.⁷

There are prerequisites to become candidates, provided under the EPAs. Table 2 shows each prerequisite to be nurse and caregiver candidates. As for caregiver candidates, one of them is to hold a university degree. This requirement has been criticized as too demanding; the same requirement does not apply to Japanese applicants.⁸ Neither are Japanese applicants required to graduate from nursing school. On the one hand, for Japanese caregiving institutions, candidates who graduate from nursing school would represent an immediately available workforce. On the other hand, it is often noted that nursing and caregiving are the two different type of work and that some candidates may be shocked by the Japanese style of caregiving service, which is exclusively provided to seniors.⁹

The National Board and the POEA seek applicants who want to become health worker candidates in Japan, while the JICWELS coordinates with Japanese hospitals and caregiving institutions that want to receive such candidates.¹⁰ The JICWELS reviews applications and interviews candidates in Indonesia and the Philippines, and then coordinates a matching process between applicants and Japanese institutions. The matched applicants and institutions enter into an employment contract. Thus, while the EPAs regulate the arrival and departure of the candidates and stipulate the general training framework, the individual contracts governs a detailed relation between the

⁶ The Indonesia-Japan EPA, Annex 10, Part 1, Section 6; the Philippines-Japan EPA, Annex 8, Part 1, Section 6. During the six months, a training course for nursing and caregiving is also provided by the JICWELS.

⁷ Ministry of Health, Labour and Welfare, (for Indonesian candidates) Kokuji (Public Notice) No.312, May 19, 2008; (for the Philippines candidates) Kokuji (Public Notice) No.509, November 6, 2008.

⁸ Kyushu University Asia Center, *Transnational Care Workers from Southeast Asia to Japan: A Dialogue between Government Officials and Scholars – Report of the International Symposium* (27 February 2010, Fukuoka), p.145.

⁹ Interview with a JICWELS official (on August 15, 2011).

¹⁰ There are also eligibility requirements for the hospitals and caregiving institutions that want to receive candidates.

candidates and institutions once the candidates engage in training.

Recently, the most concerning issue is that the number of successful matches—and thus the number of enrolled candidates—has declined since 2010 (see Table 3). Each year, the governments have agreed to admit 500 candidates (200 nurses and 300 caregivers), but such a number has not been achieved. For instance, in 2010 there were only 138 job offers for Indonesian candidates from Japanese hospitals/caregiving institutions, while there were 289 Indonesian applicants, which resulted in 105 candidates enrolled in 2011.¹¹

This negative outcome is partly attributable to the fact that the number of host institutions that want to accept candidates is decreasing. Amid the ongoing economic certainty, hospitals and caregiving institutions are hesitant to incur the high costs of accepting and training the candidates. In general, host institutions are required to pay at least 600,000 yen per candidate; this includes fees for six months of language training (which is completed before candidates arrive at hospitals/caregiving institutions—see below (2)) and matchmaking fees for the JICWELS (this only covers basic fees and does not include substantial costs for exam preparation borne at the training—see below (3)).¹²

There are other reasons for the low matching result. For one, some institutions give up receiving candidates when they are not able to receive ideal applicants. The ideal applicants from the point of view of Japanese institutions are those who have a foundation in Japanese language or who have proved academic excellence in nursing school. If there are no desirable candidates, the institutions will not wish to accept. Finally, the number of Philippine care worker candidates under the classroom study course (the qualification path that does not require training at caregiving institutions) has been decreasing. The target enrollment for this course is 50 candidates a year. However, as noted earlier, the question is how to finance candidates' education under the work restrictions. It has been reported that several applicants have withdrawn as candidates due to financial concerns.¹³

(2) Japanese Language Training

¹¹ This number was provided to the author by the JICWELS. As for the Philippine side, in 2010, there were only 177 job offers for Philippine candidates from Japanese hospitals/caregiving institutions, while there were 482 Philippine applicants, which resulted in 131 candidates enrolled in 2011.

¹² The JICWELS, Brochures to Receive Foreign Nurses and Care Workers based on EPAs (2011 version), p.19 < http://www.jicwels.or.jp/html/h23_epa_images/h23_brochures.pdf>.

¹³ Asahi Shinbun (morning edition), September 4, 2009, p.6.

Under the Japan-Philippines and Japan-Indonesia EPAs, health-worker candidates are required to take six months of language training.¹⁴ Language training is provided by private entities. Each year, the Japanese government invites bidders to submit proposals to conduct the training, and then selects and commissions the training service.¹⁵ So far, all six months of language training for Philippine candidates has been held in Japan, while the training for Indonesian candidates has been conducted in a somewhat irregular way: in 2008 and 2011, all six months of training was provided in Japan, but in 2009 and 2010, the training was done both in Indonesia and Japan (in 2009, four months in Indonesia, then two months in Japan; in 2010, two months in Indonesia, then four months in Japan). Holding some of the training in Indonesia was intended to save money: it costs about 3,000,000 yen per person to provide such language training in Japan.¹⁶

Besides the six months of language training required under the EPA, in 2011 the Japanese government began to provide an additional three to six months of language training in Indonesia and the Philippines before candidates come to Japan.¹⁷ This cost is covered by the Japanese government.

(3) Training at Hospitals/Caregiving Institutions

After the six months of language training, candidates go to hospitals or caregiving institutions — under the terms of a contract they concluded at the initial recruitment stage — for the purpose of “acquiring necessary knowledge and skills through training.”¹⁸ During this stage of on-the-job training, candidates are guaranteed at least as much remuneration as Japanese employees engaging in the same activities.¹⁹ In some cases, candidates’ monthly payments are around eight times higher than what

¹⁴ The Indonesia-Japan EPA, Annex 10, Part 1, Section 6; the Philippines-Japan EPA, Annex 8, Part 1, Section 6.

¹⁵ For instance, in 2008 and 2010, the Association for Overseas Technical Scholarship (AOTS) has been commissioned to provide language training to Indonesian and Philippine candidates, but in 2009, language training for Indonesian candidates was commissioned to Human Risocia Co., Ltd.

¹⁶ Kyushu University Asia Center, *Transnational Care Workers from Southeast Asia to Japan: A Dialogue between Government Officials and Scholars – Report of the International Symposium* (27 February 2010, Fukuoka), p.137.

¹⁷ In 2011, this extra language training service is being provided by the Japan Foundation. See, Ministry of Foreign Affairs, < http://www.mofa.go.jp/mofaj/gaiko/fta/nintei_jpedu.html >, December 15, 2010.

¹⁸ The Indonesia-Japan EPA, Annex 10, Part 1, Section 6; the Philippines-Japan EPA, Annex 8, Part 1, Section 6.

¹⁹ Ministry of Health, Labour and Welfare, (for Indonesian candidates) Kokuji (Public Notice) No.312, May 19, 2008; (for the Philippines candidates) Kokuji (Public Notice) No.509, November 6, 2008.

they could earn in their home countries.²⁰ It should be noted that in addition to working, the candidates must prepare for the national exam; such preparation by necessity involves further Japanese language study. The training costs associated with at this stage are borne by host institutions, not by the Japanese government.

Early on, one problem was that there was no model to guide candidates as they trained and as they prepared for the national exam. As such, in March 2010, the JICWELS issued the “Standards for Study Planning,” a guide that is only available to the host institutions. However, when it comes to detailed day-to-day study planning, it falls to each institution to determine how to teach candidates. This means that training is less than standardized. For instance, it varies among the host institutions how to continue language training. One newspaper reported that 30 percent of hospitals and caregiving institutions are hiring Japanese-language teachers from outside.²¹ Also, it varies among institutions how to budget candidate time for exam preparation. All costs for such training are borne by the institutions, which either hire language teachers from outside or have their own staff teach candidates for exam preparation. Government subsidies are available, but are not sufficient. For instance, in 2011, each hospital received 461,000 yen for nursing training and 117,000 yen for language study per nurse candidate.²²

Now, some standardized learning tools are available. The Association for Overseas Technical Scholarship (AOTS) provides e-learning systems for Japanese language for national exams and conducts English-language mock exams for Philippine nurse candidates. Furthermore, the JICWELS sells texts and workbooks for exam preparation, and provides e-learning material (past exams and mock exams) for nursing candidates in English and Indonesian.

(4) Exam and Afterward

As stated, nurse candidates took the national exam in 2009, 2010 and 2011, while the first group of caregiver candidates will be able to take their exam in 2012. None of Indonesian candidates passed the nursing exam in 2009 (out of 82 exam takers).²³ In 2010, only three candidates (two Indonesian and one Philippine candidates) passed the

²⁰ Nikkei Shinbun (morning edition), March 9, 2009, p.11.

²¹ The Japan Times, “Language sets high hurdle for caregiver candidates, by Mitsuho Aoki,” May 11, 2010.

²² One caregiving institution received 235,000 yen per caregiver candidate.

²³ Nikkei Shinbun (morning edition), March 27, 2010, p.3.

national exam out of 254 exam takers.²⁴ In 2011, 16 candidates (13 Indonesian and three Philippine candidates) passed out of 398 exam takers.²⁵

In response to the low pass rates for the nursing exam, in August 2010, the Japanese government decided to add English translations to the names of diseases referenced in the exam questions; this change was implemented on the February 2011 exam.²⁶ However, as noted above, the pass rate did not change significantly.

For Indonesian nurse candidates who arrived in 2008, their duration of stay of three years has already expired, therefore, those who did not pass the February 2011 exam were facing the requirement to return home. However, in March 2011, the Japanese government made a Cabinet decision²⁷ that the status of candidates who arrived in 2008 and 2009 would be extended for an additional year under certain conditions.²⁸ The Cabinet decision states that this special arrangement is only given to those limited candidates who arrived in 2008 and 2009 because they did not have the benefit of the training and education support system that formally began in 2010.²⁹ It also emphasizes that this arrangement is given with an eye toward foreign relations with Indonesia and the Philippines.³⁰ Among the Indonesian nurse candidates who arrived in 2008 and failed the exam, those who scored a certain level of points on the exam are given another year to stay.³¹ Accordingly, out of 78 candidates who did not pass, 68 candidates have been given the chance to retest in 2012;³² however, only 27 out of 68 currently remain.³³

As has been shown, the Japanese training framework has encountered many challenges. One of the most critical aspects of the training scheme is to improve Japanese language skills. Once candidates enter practical training at hospitals and caregiving institutions, there is little time for language study. The six months of

²⁴ Ibid. Only 1% of foreign nurse candidates passed the exam, while 89.5% of all exam takers passed.

²⁵ Nikkei Shinbun (morning edition), March 26, 2011, p.5. Only 4% of foreign nurse candidates passed the exam, while 91.8% of all exam takers passed.

²⁶ Nikkei Shinbun (morning edition), August 25, 2010, p.38.

²⁷ Cabinet Decision, March 11, 2011.

²⁸ This includes the first and second group of the Indonesian candidates in 2008 and 2009, and the first group of the Philippine candidates arrived in 2009.

²⁹ Cabinet Decision, March 11, 2011.

³⁰ Ibid.

³¹ This is above 102 scores of full 300 scores. Ministry of Health, Labour and Welfare, "Guideline for the Special Arrangements for Indonesian Nurse Candidates' Employment Managements and Job Training," June 23, 2011, No.2, 1(3).

³² Ministry of Health, Labour and Welfare, Kokuji (Public Notice) No.192, June 23, 2011.

³³ However, 25 Indonesian candidates already returned home after they failed the exam. Asahi Shinbun(morning edition), June 14, 2011, p.3.

language training required under the EPAs apparently is not sufficient; perhaps this was the Japanese government's misjudgment. Thus, as mentioned, additional language training in the home countries (six months in Indonesia and three months in the Philippines) is now provided before coming to Japan. It remains to be seen whether such length of language study is sufficient for candidates to move on to practical training at hospitals and caregiving institutions and subsequently pass their exams.

Other than the language training managed and financed by the government, it is up to each hospital and caregiving institution how they spare time and expenses for language study. Given that institutions differ in their available staff and financial resources, they are exploring their own approach to teaching. The JICWELS provides a forum to share successful and unique experiences, but it depends on the case whether other institutions can follow the same way of teaching. The burden of training costs remains relatively high for small institutions, and it appears unlikely that government subsidies will increase any time soon. This is another challenge facing the scheme.

A related but broader question is how to increase the number of candidates who can pass exams and thus improve retention. It seems unlikely that the duration of stay will be made longer than the EPAs now stipulate (as noted, three years for nurse candidates and four years for care worker candidates). The Cabinet decision in March 2011 to extend the status of candidates another year is an exception. Hospitals and caregiving institutions will only be willing to invest in training if candidates can pass exams and continue working for them. However, for some candidates, three to four years of work may provide sufficient economic benefit, preferring to return home after completing their employment contract. As such, it is important to motivate candidates not to leave Japan and encourage them to prepare for their exams. But again, it is up to each host institution how to educate candidates to build skills and organize language study and exam preparation.

IV. Implications

In June 2011, it was reported that the Japanese government is considering receiving Vietnamese nurse and caregiver candidates, and that the final decision would be made in September.³⁴ This effort is under the Japan-Viet Nam EPA, which was entered into force in October 2009. The Annex 7 of the EPA, concerning the movement of natural

³⁴ Asahi Shinbun (morning edition), June 22, 2011, p.6.

persons, states that “Japan shall enter into negotiations with Viet Nam ... regarding the possibility of acceptance of Vietnamese qualified nurses and certified careworkers by Japan...”³⁵ A similar “future negotiation” clause concerning the movement of natural persons is also found in the Japan-India EPA, which entered into force in August 2011.³⁶

This “future negotiation” clause reflects the high demand from Asian countries for Japan to accept nurse and care worker candidates, but it perhaps also indicates that the Japanese government is reluctant to address the further movement of people, until the training scheme for Indonesian and Philippine candidates is on track. In terms of the acceptance of Vietnamese nurses, there already is a private initiative operating between Japan and Viet Nam. The “supporting service for training Vietnamese nurses,” launched in 1994, was the only overseas training program before the conclusion of the EPAs approved by the Ministry of Welfare. It allows Vietnamese nurses to spend three to four years at Japanese nursing schools.³⁷ This program might serve as a guide for a government-led training program under the Japan-Viet Nam EPA.

It is clear that training and qualification (passing a national exam) issues are the main obstacles to fully realizing the goals of migration provisions under the Japan-Philippines and Japan-Indonesia EPA. And of course, the success or failure of these training schemes will influence whether Japan will decide to accept candidates under other EPAs.

As noted, the Japanese government has not openly discussed liberalizing the movement of people in general, and has not conceded that the EPAs might solve the labour shortages in Japan’s health sector—EPAs have remained to be exceptions to the Japanese restricted policy of the movement of people. One commentator has argued that such a negative attitude of the Japanese government has resulted in the slow response to improving the training scheme, thereby contributing to the unsatisfactory results on the past exams.³⁸

On the other hand, there are, although very slight, positive sentiments in Japan that could help foster the training framework. Newspaper articles and television reports

³⁵ Japan-Viet Nam EPA, Annex 7, Part 1(Specific Commitments of Japan), B.

³⁶ Japan-India EPA, Annex 7, Part 2(Specific Commitments of Japan), B.

³⁷ The candidates complete 17 months of Japanese language training in Viet Nam, and then they apply for Japanese nursing school. Tamiko Tomizato et al., “A Course Design for Japanese Training to Indonesian Caregiver Candidates,” *Nihongo Kyoiku Kiyou* (Japan Foundation), No. 6, p. 4(2010).

³⁸ Reiko Ogawa, “The Gap between the Governmental Policy and Reality: Accepting Foreign Nurses and Care Workers from South East Asian Countries,” *Kokusai Jinken no Hiroba* (Hurights Osaka newsletter), No.79, 2008, available in Japanese at <http://www.hurights.or.jp/archives/newsletter/sectiion3/2008/05/---13.html>.

have been sympathetic to the candidates who have been trained at hospitals and caregiving institutions for the purpose of passing exams. It has been argued that Japan should do more to help the candidates work and remain in Japan as nurses and caregivers.³⁹ Though the Japanese government has avoided talking about liberalizing migration, the candidates are nonetheless becoming a part of Japanese society. The Japanese experiences in these years have generated a favorable opinion toward the candidates. While it is unlikely that the Japanese government will consider renegotiating the basic legal framework of the training scheme, this favorable public opinion may encourage the government to expand its educational and training capacity to support foreign nursing and care worker candidates.

Table 1 Accepting and Training Scheme in Japan

	Nurses	Caregivers
Recruitment	=Matching with the demand of Japanese host institutions=	
Language Training	= Six months of Japanese language training =	
Training/Practice at host institutions	Training at hospital	Training at caregiving institutions
National exam	Once per year Maximum three attempts	Three years of training is required before taking the exam: one chance to pass
Admitted to work in Japan (three-year temporary stay with renewal)	(If fail the exam, immediate return to sending country)	(If fail the exam, immediate return to sending country)

³⁹ For instance, Nikkei Shinbun (morning edition), June 29, 2011, p.38; Asahi Shinbun (morning edition), July 16, 2011, p.14.

Table 2 Prerequisites for Candidates

(The Japan-Indonesia EPA, Annex 10, Part 1, Section 6; the Japan-Philippines EPA, Annex 8, Appendix 2.)

	The Philippines	Indonesia
Nurse Candidates	Those qualified as nurses under Philippine laws and regulations, and who have at least three years of relevant work experience	Those qualified as nurses registered under the laws and regulations of Indonesia, having obtained Diploma III from an academy of nursing in Indonesia or having graduated from a faculty of nursing of a university in Indonesia, and who have at least two years of relevant work experience
Caregiver Candidates	Those who graduated with bachelor's degree from a higher education institution from which the minimum period required for graduation is four years, and who are certified as a caregiver by the Government of the Philippines in accordance with the laws and regulations of the Philippines, OR	Those who have obtained Diploma III or higher degree from any other academy or university in Indonesia, and who have been qualified as a certified care worker with the necessary skills by the Government of Indonesia in accordance with the laws and regulations of Indonesia, after completing appropriate training, OR
	Who are natural persons of the Philippines and have graduated from a nursing school	Who have graduated from a faculty of nursing of a university in Indonesia, OR
		Who have obtained Diploma III from an academy of nursing in Indonesia

Table 3 Number of Candidates Enrolled⁴⁰

		Indonesia	The Philippines
2008	Nurse candidates	104	—
	Caregiver candidates	104	—
2009	Nurse candidates	173	93
	Caregiver candidates	189	217(27)
2010	Nurse candidates	39	46
	Caregiver candidates	77	82(10)
2011	Nurse candidates	47	70
	Caregiver candidates	58	61

*Numbers in the bracket are candidates who entered into Japan under the classroom study course.

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⁴⁰ Translated from the JICWELS, “Brochures to Receive Foreign Nurses and Care Workers based on EPAs (2011 version),” *supra* note 12, p.4.