



NATIONAL RURAL
HEALTH
ALLIANCE INC.

Position Paper

An ethical approach to the training and supply of health care professionals: in support of the *Melbourne Manifesto*

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This Position Paper represents the agreed views of the National Rural Health Alliance but not necessarily the full or particular views of all 23 Member Bodies.

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The global demand for health care professionals

There is a global shortage of health care professionals. The world's failure to effectively combat poverty and disease, and to minimise the impact of natural disasters, war and corrupt Governments, underpins the continuing urgent need for health and emergency personnel in less developed countries.

In other parts of the world, people's expectations of health services have increased significantly. Technical possibilities, especially in the areas of reproductive technologies and end-of-life treatments, have also multiplied.

Factors like these have combined to produce an increased global demand for the services of health care professionals. The world supply of health graduates willing and able to work in the sector for which they trained has failed to keep pace.

There are also major problems with the worldwide distribution of trained health care professionals, as distinct from the supply.

The World Health Organization has noted that the most critical issue facing health care systems is the shortage of the people who make them work. Australia currently makes a net call on the world supply, thereby contributing to the problem. Some health professionals trained in Australia work in disadvantaged parts of the world, but Australia takes doctors, nurses and others from less developed countries in greater number. This is an irresponsible and unethical situation.

A number of wealthy nations, including Australia, provide at least tacit support for the recruitment of health care professionals from resource-poor nations. There are some benefits to the nations concerned, such as family remittances and the skills learned by the individuals concerned. Overall, however, the loss of their trained health staff has a damaging effect on the people of such nations, most of which have inferior health status and seriously under-resourced health systems.

There are a number of obvious responses. Wealthy nations should discourage or prohibit their domestic agencies from recruiting in poorer nations. Such nations (including Australia) must train a greater number of health care professionals — enough to meet their own needs and to compensate for the loss of those who, for one reason or another, go overseas. Wealthy nations should also do what they can to secure the return from overseas of their own health professionals — unless they have gone to work in less developed countries. Finally developed countries like

Australia can be active in their support for the health sectors of less wealthy nations.

There is a significant amount of unfinished business for Australia on these matters and the document that is the subject of this paper provides a valuable checklist of the required actions.

The Melbourne Manifesto

By limiting their call on health care professionals from developing nations and contributing to world supply, it is quite feasible for developed nations such as Australia to contribute to the pool of health care professionals who practise in places of greatest need.

These issues have been canvassed at the Conferences of the World Organisation of National Colleges and Academies (Wonca — also known as the World Organisation of Family Doctors), including the one in Melbourne in 2002.

That Conference produced *The Melbourne Manifesto, A Code of Practice for the International Recruitment of Health Care Professionals*¹. The Manifesto briefly describes the obligations of countries like Australia with respect to the international supply of such professionals. It requires a Memorandum of Understanding to be signed before one country recruits health care professionals from another. It can help to ensure that wealthier countries do not recruit from resource-poor ones.

The Alliance advocates for people in rural and remote Australia and is therefore primarily concerned with the supply of health professionals and their distribution in those areas. However its work is based on principles of social justice and the right of all to have affordable access to high quality health services. It therefore recognises that the most serious and urgent shortages of health care professionals are in less affluent nations.²

So the rural shortages of health professionals and their mal-distribution in Australia are seen by the Alliance in the context of the global situation. Non-metropolitan Australia is relatively well-off compared with many developing nations, except for the average status of health of its Indigenous people. This exception is a very serious one: life expectancy for Indigenous people is currently 20–21 years lower than for the total Australian population.

The Alliance advocates strongly for Australia not to solve its own problems by making the situation worse in poorer countries. More than this, the Alliance believes firmly that Australia has a responsibility to make a net contribution to the world supply of health care professionals, particularly in our own region of the South Pacific. Regional considerations are increasingly seen as important issues in global health activity.

This means at least three things for Australia: not actively recruiting health professionals from poorer nations; training more than enough for its own needs; and supporting developing countries with their health workforce needs.

The Alliance has called on the Australian Government to commit extra resources to the training of health graduates in Australia, for practice both within Australia and overseas.

The Alliance and its Member Bodies will also continue to promote *The Melbourne Manifesto* as a valuable framework for international action and for attention within Australia. A copy of the Manifesto is attached as an Appendix 1 to this paper. It can also be read on the Alliance website — www.ruralhealth.org.au

The changing work of health professionals

Global considerations of the demand for health care professionals raise some issues for their scope of practice. The first is just how much health care is warranted for any particular individual, given competing demands for resource allocation. The second is how an agreed amount of health care should be provided and by which professionals. Answers to these questions will help determine the numbers required overall and within any particular health professional group.

Changes are already occurring in the distribution of health care work between different professions. Multidisciplinary teams are a good way to provide services in rural and remote Australia and they encourage close collaboration between their various members, notwithstanding different professional backgrounds. Happily, less attention is now being paid to what may be called ‘the boundary issues’ relating to individual professions. There is greater acceptance of professionals whose work might previously have been seen as ‘crossing boundaries’, such as advanced practice nurses.

The further development of multidisciplinary health teams will mean situations in which necessary tasks are shared between a greater number of professional and semi-professional groupings.

International medical graduates

International medical graduates (otherwise known in Australia as overseas-trained doctors) are of great importance to rural and remote Australia. The Alliance therefore has an ongoing interest in matters related to IMGs.

The Alliance’s view is that IMGs should be sought for Australia only from developed countries, should be carefully assessed for clinical and cultural competence so that there is no reduction in the quality of service provided, and should be well supported and highly valued members of the communities in which

they work. They should be assessed for competence in a multidisciplinary and team approach to health care delivery, and on their communication skills.

The Alliance and its Member Bodies are pleased to be involved in the activity relating to IMGs under way as part of the MedicarePlus package. The Alliance has sought and obtained assurances that the work to recruit IMGs within the MedicarePlus package will meet such ethical standards. Over and above such officially endorsed recruitment is the *ad hoc* activity of the private sector and of individual health agencies. These too need to be monitored and managed to ensure they are not putting further at risk the health of people in less well-off countries. In this work and at other opportunities the Alliance will continue to expect national adherence to the principles of *The Melbourne Manifesto*.

For sustainable and ethical solutions to be found on IMGs, there will need to be a high level of ongoing collaboration between the health and immigration agencies of the Australian Government, the states and territories, the Health Insurance Commission, the Australian Medical Council, the State Medical Registration Boards, medical colleges and other professional bodies.

Australia is an attractive country in which to work and, given supportive legal and administrative structures, there will always be IMGs here, both as temporary visitors and as new settlers. The unique opportunities and challenges of rural and remote practice will mean that a number of them will work in non-metropolitan areas. Overall though it is the Alliance's hope that, as a nation, we will soon be able to make a net contribution to the world supply of doctors. This means that at any given time there would be more Australian-trained doctors working overseas than overseas-trained doctors working in Australia.

Unfinished business for Australia

There are a number of policy areas in which Australia needs to work if it is to meet the standards and principles enunciated in the Melbourne Manifesto within its own jurisdiction and make a contribution to international developments on the matter.

- As a nation we have an international obligation to ensure that we are producing sufficient health care professionals for our own current and future needs; that we are retaining them; and that we are planning for both rural and urban areas. Producing more such professionals than we need would be a significant a contribution to global health care.
- Australia's systems for the recruitment of health professionals trained overseas should be regularly monitored and must be informed by integrity, transparency and collaboration with overseas countries and the professionals from them.
- Australia should facilitate international exchanges of health care professionals as a contribution to international health care development.
- Australia should explicitly consider the effect its domestic workforce policies and overseas recruitment practices are having on less developed countries.

- Australia must ensure that the number and distribution of undergraduate and postgraduate training posts it has are adequate to meet its own workforce needs.
- Australia must ensure that the working conditions and educational opportunities available here for overseas-trained health care professionals are supportive (and at least equivalent to that provided to other health care professionals) and enable them to work as appropriate in our health sector.
- Australia should continue to work on educational links with universities and medical schools in less developed countries in order to contribute to the education and training of their health care professionals.
- Australia must continue to consider alternative and innovative ways of providing care in areas of need such as the development of multidisciplinary teams, extended primary health care models of service delivery, intersectoral collaboration and new types of health professionals.
- Australia should develop a Memorandum of Understanding (MOU) with countries from which they wish to recruit. This MOU should outline the issues listed in the Melbourne Manifesto.
- Australia should help less developed countries recruit professionals from developed countries. This support could include providing short-term opportunities for Australian health care professionals with clinical, educational, management, research and other skills to assist in the development of health care services in resource-poor countries.
- Australia must continue to provide for further training within our country of health care professionals from developing countries, and in such a way as to encourage them to return to their home countries after training.
- Australia should push for an international process to ensure the evaluation and monitoring of international migration of health care professionals.

Appendix 1—A Code of Practice for the International Recruitment of Health Care Professionals: The Melbourne Manifesto

Adopted at 5th Wonca World Rural Health Conference, Melbourne, Australia. 3 May 2002

Preamble

Many countries in both the developing and developed world are experiencing shortages of skilled Health Care Professionals (HCPs), particularly in rural and socially deprived areas. One of the responses of wealthier countries is to recruit HCPs from resource-poor countries, rather than training sufficient numbers of their own. This leads to a flow of highly trained professionals away from the countries that can least afford to lose them. The effect is to impact negatively on already seriously under-resourced health systems and therefore on the health status of developing countries. Development of an ethical code should balance the rights of individuals to travel against the needs of communities.

Principles

We assert that:

1. It is the responsibility of each country to ensure that it is producing sufficient HCPs for its own current and future needs; is retaining them; and is planning for both rural and urban areas.
2. International recruitment is related to an inability on the part of individual countries to satisfy their own workforce needs.
3. The principles of social justice and global equity, the autonomy and freedom of the individual, and the rights of nation states, all need to be balanced.
4. Integrity, transparency and collaboration should characterise any recruitment of HCPs.
5. International exchanges of HCPs are an important part of international health care development.
6. Countries that produce more HCPs than they need, may continue this contribution to global health care.

Purpose

This code of practice aims to:

- promote the best possible standards of health care around the world;
- encourage rational workforce planning by all countries in order to meet their own needs; and
- discourage activities which could harm any country's health care system.

The code

1. Countries considering and benefiting from recruitment from other countries must:
 - a) examine their own national circumstances and
 - i. consider the effect that their existing recruitment policies and practices are having on lesser developed countries
 - ii. develop and implement their own ethical recruitment policies
 - iii. ensure that the number and distribution of undergraduate and postgraduate training posts available within the country are adequate to meet their own workforce needs
 - iv. ensure that the working conditions and educational opportunities in their own countries are sufficient to encourage HCPs to work in areas of need
 - v. develop and resource active educational links with universities and medical schools in lesser developed countries that contribute to the education and training of their HCPs
 - vi. consider alternative and innovative ways of providing care in areas of need such as the development of multidisciplinary teams and intersectoral collaboration.
 - vii. explore using the skills of HCPs who have migrated for personal reasons living in these countries but unable to work.
 - b) review their recruitment strategies to ensure that they:
 - i. acknowledge the principles outlined in the 1997 Wonca Durban Declaration, "Health for all Rural People", together with the principles outlined above.
 - ii. develop a Memorandum of Understanding (MOU) with countries from which they wish to recruit. This MOU should outline issues such as:

- how this recruitment will be done
 - the benefits to each country
 - the nature and degree of compensation that should be paid to contribute to the support and training of HCPs in their country of origin
 - the steps required to ensure that any recruitment by agencies or government is conducted and monitored according to this Code of Practice
 - the inclusion of HCPs recruited from abroad under the receiving country's employment laws
 - the provision of full and accurate information to potential recruits regarding the nature of the job, selection procedures and their contractual rights and obligations
 - the support, further education, training and continuing professional development available to recruited HCPs that is equivalent to that provided to other HCPs
 - the support and encouragement of nationals to return to work in their country of origin.
- iii. only recruit and advertise (including national journals) from another country when a MOU exists.
2. Countries experiencing damaging loss of HCPs should explore the reasons why HCPs are leaving and address these by:
- a) evaluating their own training programs to ensure that they equip their graduates with the knowledge, skills and attitudes that are most appropriate for their national needs;
 - b) ensuring that the working conditions, incentives and educational opportunities in their own countries are sufficient to encourage HCPs to work in areas of need; and
 - c) considering alternative and innovative ways of providing care in areas of need such as the development of multidisciplinary teams and intersectoral collaboration.
3. Developing countries should be supported to recruit from developed countries, given that they will not be able to compete in terms of financial incentive packages. Such recruitment would focus on providing short-term opportunities for HCPs with clinical, educational, management, research and other skills to assist in the development of health care services in these countries.

4. Countries should develop transparent processes for the limited registration or licensing of HCPs trained abroad which allows for:
 - a) short term exchanges, fellowships, and sabbaticals, which can:
 - i. offer opportunities for enhanced practice and experience over a specified period of time
 - ii. allow trained staff from the recruiting countries to benefit from exchange experience abroad.
 - b) further training of HCPs from developing countries in more developed countries. This can make a positive contribution if it is structured in a way that ensures that HCPs return to their home countries after training for at least the equivalent period of the duration of such training.
 - c) international mobility of HCPs prepared to work in areas of great need.

We believe there should be an international process to ensure the evaluation and monitoring of international migration of HCPs to inform this code.

Participants at this 5th World Conference on Rural Health in Melbourne hereby call on all countries to adopt this Code of Practice for the International Recruitment of Health Care Professionals.

Notes

- 1 *The Melbourne Manifesto, A Code of Practice for the International Recruitment of Health Care Professionals*; Adopted at 5th Wonca World Rural Health Conference, Melbourne, Australia, May 2002.
- 2 In Australia there are also serious shortages of health professionals in some outer metropolitan areas. Within Australia overall, however, the health of people in rural and remote areas is worse and their income lower than in the capital cities, so the Alliance does not apologise for asserting that the most serious workforce shortages within our nation are those in country areas.