The Melbourne Manifesto 8 Years On

Introduction

Is it possible to have an ethical international recruitment policy, especially when the Health Care Professionals (HCP) move from the developing nations where resources are scarce to developed health economies where the rewards and the quality of life are often considerably greater. Taking a simple moral stance on the recruitment might not be as simple as it may seem.

The Melbourne Manifesto

The Melbourne Manifesto (1), produced at the Wonca World Rural Health Conference in Melbourne 2002 recognised this dilemma and sought to develop a policy which took into consideration all the conflicting interests and laid out the responsibilities of governments, professional organisations and recruitment agencies around the world. It marked an important step in developing an international ethical consensus for those involved recruitment. The document remains robust and relevant and its significance is reflected in the number of times that it is referenced in the academic literature and policy initiatives. The Manifesto is now 8 years old, much has changed around the world and members of the original drafting team decided to review its relevance in the 21st century. WHO has been involved in the development of a Global Code of Practice, which was adopted by the World Health Assembly in 2010 (2). This code was initiated following the Kampala Declaration (3) in 2008 and the subsequent G8 communiqués (2008 and 2008) (4&5)

The 6 principles of the Manifesto still remain:

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.

WHO: International recruitment of health personnel: global code of practice

The WHO code stresses that “international recruitment of health personnel should be conducted in accordance with the principles of transparency, fairness and mutuality of benefits ”. It goes on to state that “in developing and implementing international recruitment policies, Member States should strive to

ensure that the balance of gains and losses of health personnel migration should have a net positive impact on the health systems of developing countries and countries with economies in transition" and "such measures may include the provision of effective and appropriate technical assistance, support for health personnel retention, support for training in source countries that is appropriate for the disease profile of such countries, twinning of health facilities, support for capacity building in the development of appropriate regulatory frameworks, access to specialized training, technology and skills transfers, and the support of return migration, whether temporary or permanent" Like the Melbourne Manifesto, the code emphasizes the responsibilities of members states which "should recognize the value both to their health systems and to health personnel themselves of professional exchanges between countries and of opportunities to work and train abroad. Member States in both source and destination countries should encourage and support health personnel to utilize work experience gained abroad for the benefit of their home country. Measures should be taken to enable migrant health personnel to develop their qualifications, training, education and expertise so that, when returning home, whether on a temporary or permanent basis, they could add value to the health systems in the source country".

In parallel to the global code of practice the WHO embarked on a program entitled "Increasing access to health workers in remote and rural areas through improved retention" (6). The process also grew out of the Kampala Declaration and the subsequent G8 Communiqués. This excellent document takes a critical, evidenced based approach to identifying effective interventions and developing policies to improving the retention of health workers in rural areas with an emphasis on the developing world. Many of the recommendations of this report are in full concordance with the Melbourne Manifesto and The Global Code.

How do the codes compare?

Both codes place responsibility on developed and developing countries to meet their workforce needs, respect the human rights of HPCs, and share resources in an equitable manner with countries who are struggling to meet the health needs of the population. In addition the Manifesto goes further and also places responsibilities on other organizations and individuals such as recruitment agencies, national colleges and the editors of medical journals etc. It could be argued that the manifesto therefore has a wider remit. The code however entreats national governments to collect data and carry out research into workforce and recruitment issues "member States should recognize that the formulation of effective policies on the health workforce requires a sound evidence base and should establish or strengthen, as appropriate, national research programs in the field of health personnel migration and coordinate such research programs through partnerships at the regional and international levels"

We have no idea how many countries (especially developed health economies) will eventually sign up to this initiative. It is therefore safe to argue that the Melbourne Manifesto still has considerable life in it.

What has changed since 2002?

Many things have changed over the last 8 years. Globalisation is a term often used to describe a world where travel has become easier; national, professional, commercial and political boundaries have become blurred and the need to recruit HCP worldwide has become insatiable. Some of the powerful drivers over the last 8 years include:

- Globalisation (political, academic, financial commercial etc..)
- Technological advances (Biomedical and communication technologies)
- Ease of travel
- Conflict and disease around the world
- Access to distance education and e-education
- Language issues (ie The dominance and universiality of English)
- Development of countless networks and special interest groups around the world bringing professionals and academics closer together
- Expansions of Wonca and other NGOs
- Better understanding of principles of medical education (Competencies, performance, revalidation etc)
- A growing consensus on the principles of assessment and training for IMGs around the world
- The adoption of "Recognition of Prior Learning" in assessment of IMGs
- Global financial crisis with greater impact on poor countries
- More interest from WHO + governments re international recruitment and retention
- Reorientation of the workforce
    - more women + more part-time careers
    - Skills transfer across professional bounaries

What hasn't changed?

Much remains the same. Developed countries appear to continue to experience workforce shortages and invest significant resources in recruiting doctors to leave their native countries in order to fill their gaps. Developing countries bear the cost of loosing their trained culturally aware workforce, trained with scarce resources and funding as a result of outreach international recruitment.
In reality however, many developed countries such as Australia, UK, Canada have significantly expanded their medical schools but there will still be considerable lag before these young doctors are fully trained and fill the gaps in their current workforces.

Do we need a new code of practice?

The Melbourne Manifesto and the WHO code are robust enough but we need to ensure that they are implemented internationally.
What we can do is implement any initiatives, which in the words of the WHO document, ensures that "the losses of health personnel migration should have a net positive impact on the health systems of developing countries and countries with economies in transition." Both codes offer suggestions on this how could be achieved and it is in this area that a reappraisal of the Melbourne Manifesto should concentrate.

Recommendations

The recommendations for achieving change include:

Recognising, recording and disseminating good practice

- A resource (website/publication) should established where examples of good practice can be displayed
- Researchers, academic bodies and institutions should be encouraged to write up their initiatives and evaluations and publish them

Recommendations for recruiting countries

Recruiting countries should

- Consider the effect that their existing recruitment policies and practices are having on lesser developed countries and develop and implement their own ethical recruitment policies
- Address their own workforce needs from their own resources with adequate planning for the future. Develop robust workforce planning processes.
- Ensure that the working conditions and educational opportunities in their own countries are sufficient to encourage HCPs to work in areas of need
- Consider alternative and innovative ways of providing care in areas of need such as skill substitution and transfer and the development of multidisciplinary teams and intersectoral collaboration.
- Explore using the skills of HCPs who have migrated for personal reasons living in these countries but unable to work.
- Encourage professional bodies to set up special units/departments to ensure that the educational, regulatory and humanitarian needs of IMGs can be met and protected
- Develop a Memorandum of Understanding (MOU) with countries from which they wish to recruit and only recruit and advertise (including national journals) from another country when a MOU exists.
- Learn how developing countries manage workforce shortages. More knowledge transfer needs to go in the opposite direction!

Recommendations for source countries

Countries should explore the reasons why HCPs are leaving and address these by:

- 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
- Ensuring that the working conditions, incentives and educational opportunities in their own countries are sufficient to encourage HCPs to work in areas of need
- Consider alternative and innovative ways of providing care in areas of need such as the development of multidisciplinary teams, intersectoral collaboration, skills transfer and substitution
- Providing information and encouragement to those wishing to gain professional experience in other countries

What can be achieved through partnership and cooperation between the countries involved

- Countries should develop partnerships, aid cooperation and sign memoranda of understanding. A toolkit/template to aid this process could be helpful.
- 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
- Move towards mutual recognition of qualifications and skills
- Enhance career progression in source countries through the development of robust clinical and academic career structures
- Establish professional exchanges and sustainable exchange programmes for clinicians and academics
- Develop shared research and educational programmes
- Allow doctors to have access to developed health system's online resources and educational material
- Contribute to educational events and programmes in the source countries (either financially, resource sharing, or providing speakers and educationalists)
- Provide virtual links to educational programme
- Provide sponsorship to attend meetings, conferences
- 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.
- All participating countries should develop transparent processes for the limited registration or licensing of HCPs trained abroad which allows for
    - short term exchanges, fellowships, and sabbaticals, which can offer opportunities for enhanced practice and experience over a specified period of time
    - allow trained staff from the recruiting countries to benefit from exchange experience abroad.
    - 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.
    - international mobility of HCPs prepared to work in areas of great need.

Recommendations for recruiting agencies

- Work with national organisations and NGOs to develop a credible code of practice. Agencies which are adherent to the code can advertise their adherence in their promotional literature. (The Melbourne International Recruitment Code)

- Commit themselves to the wellbeing of the HPCs that they recruit and their educational, professional and social needs.
- Work with the national regulatory bodies and medical boards to ensure that all new entrants are aware of the regulations, the assessment processes, training programmes and provide each entrant with an educational and career programme/plan

Recommendations for national colleges and associations

- National colleges and associations can form partnerships, memoranda of understanding with equivalent organizations in other countries to
    - Build professional and standard setting infrastructure
    - Look after the professional needs of HCPs
    - Lead to mutual recognition of qualifications through academic support and investment
    - Share resources
    - Encourage short term exchanges, sabbaticals etc
- There is an important role for WONCA in this process
- Incorporate placements in other countries in training programs
- Emphasize and value the importance of overseas experience in undergraduate and postgraduate training
- Export training programs to other countries when and where appropriate

Research

- Health care workforce issues must be higher on each country's research agendas.
- Centers with special responsibility to for coordinating research and collecting data should be identified and funded.
- International projects should be encouraged, developing partnerships between developed and developing countries to tackle issues related to retention, recruitment and retention

Conclusions

This paper offers an opportunity to take forward the 6 principles of the Melbourne Manifesto. HCP continue to migrate and their loss is felt in those developing countries where resources are limited. Despite the passing of 8 years and a lot more paper, not a lot has changed.
The codes are already in place but they require governments, national bodies and recruitments agencies to adhere to them. A code of practice for recruitment agencies may have a significant impact on their conduct and their role in HPC migration.

References

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