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 poorer 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;
- 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
   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.