



Why every day thousands of Doctors and their team travel abroad for job?

Medical staff travelling abroad for Job

Every year medical personnel go abroad for work and/or study worldwide, either permanently or for short duration both from the developing countries as well as from developed countries.

From Developed Countries

Over the past decade, an increased number of United Kingdom (UK) health professionals have sought work experience abroad within foreign health systems

The importance of international experience in health is well recognised by the UK and supported by a number of policies and recommendations. A reference guide for postgraduate speciality training in the UK: The Gold Guide 2009 makes special provision for taking time out of programme for clinical experience where this clinical experience supports the recommendations made by Global Health Partnerships: the UK Contribution to Health in Developing Countries (2007). A seminal report of its time, Global Health Partnerships (2007) recognised that strong global partnerships for health are instrumental for helping achieve the Millennium Development Goals and promoting health in developing countries.

(Source: BMC Medical Education (2015) 15:174)

The value of international health experience for doctors from developed nations is well recognised.

Provisions have been made for medical staff in the United Kingdom to embark on work experiences abroad during their careers in the National Health Service. The London Deanery and Africa Health Placements provide an Out of Programme Experience for British General Practice trainee doctors wanting to work for a year in rural hospitals in South Africa.

This study provides evidence to suggest programmes such as the OOPE have the potential to create substantial benefits for trainee doctors, both in terms of their medical skills and competencies and through the development of softer skills. This programme, through the supply of scarce skills, further benefits the host country and specifically the health facilities and communities served by these trainee doctors.

Benefits of travelling abroad for medical staff :

It is recognised that health students and staff, and their sending countries, can derive considerable benefit from international health opportunities :

- including improved self-confidence and adaptability
- improved management of scarce resources
- awareness of global health concerns
- increased perspective of international health care systems
- increased knowledge and clinical skills for managing less common tropical diseases
- more severe pathologies and/or those diseases affecting foreign and migrant populations within sending countries
- better utilisation of resources in resource deprived settings
- enhanced professional development and improved surgical skills
- enhancement of softer skills
- maturation as a doctor

Research also shows that health experience gained abroad in resource limited settings can generate greater compassion toward and willingness to work among disadvantaged populations and may alter medical students' career plans towards primary health care and public health, although long term impacts on career paths have not been adequately established.

Opportunities in developing countries:

Doctors are needed for:

- emergency relief
- developing and building medical infrastructures
- running clinics
- medical education programmes

Staff are often needed at short notice and to work in challenging environments. Projects can be from around six months to three years.

When to go :

After medical school : As long as you abide by any regulations in force from the GMC or the UK Foundation Programme Office (UKFPO) regarding maximum time gaps between graduating from medical school and starting your foundation programme, it is possible to take time out between the two.

During foundation : If you want to go abroad during the foundation programme or between F1 and F2. Generally it is not encouraged for doctors to go abroad during foundation.

After foundation : It's usually best to complete both the F1 and F2 years of your foundation training before working or travelling abroad

During specialty training : You could get a placement abroad during specialty training which would count towards your accredited training, though training abroad is harder and harder to obtain in certain areas.

After specialty training : It is possible to obtain employment abroad after you've completed your training. This option gives you additional experience at a senior level and can be a valuable addition to your CV when you're applying for senior posts in the UK.

Doing all your specialty training abroad : Finally, it's possible to do all your specialty training abroad. However, it's imperative that you check you'll be eligible to practise in the UK when you return.

Volunteering abroad for doctors

There are many opportunities for UK health professionals to volunteer in developing countries. These are through established partnerships between health institutions, non-governmental organisations, professional bodies, academic networks and scattered groups.

UK International Trauma Register (UKIETR) : if you want to respond to large-scale emergencies overseas you can register with the UK International Trauma Register (UKIETR) .

A range of healthcare staff can register, including surgeons, anaesthetists and supporting medical, nursing and paramedical staff you join an on-call register and go out as part of a national team some funding is available for preparatory training

Multi-Agency International Training and Support (MAITS) :

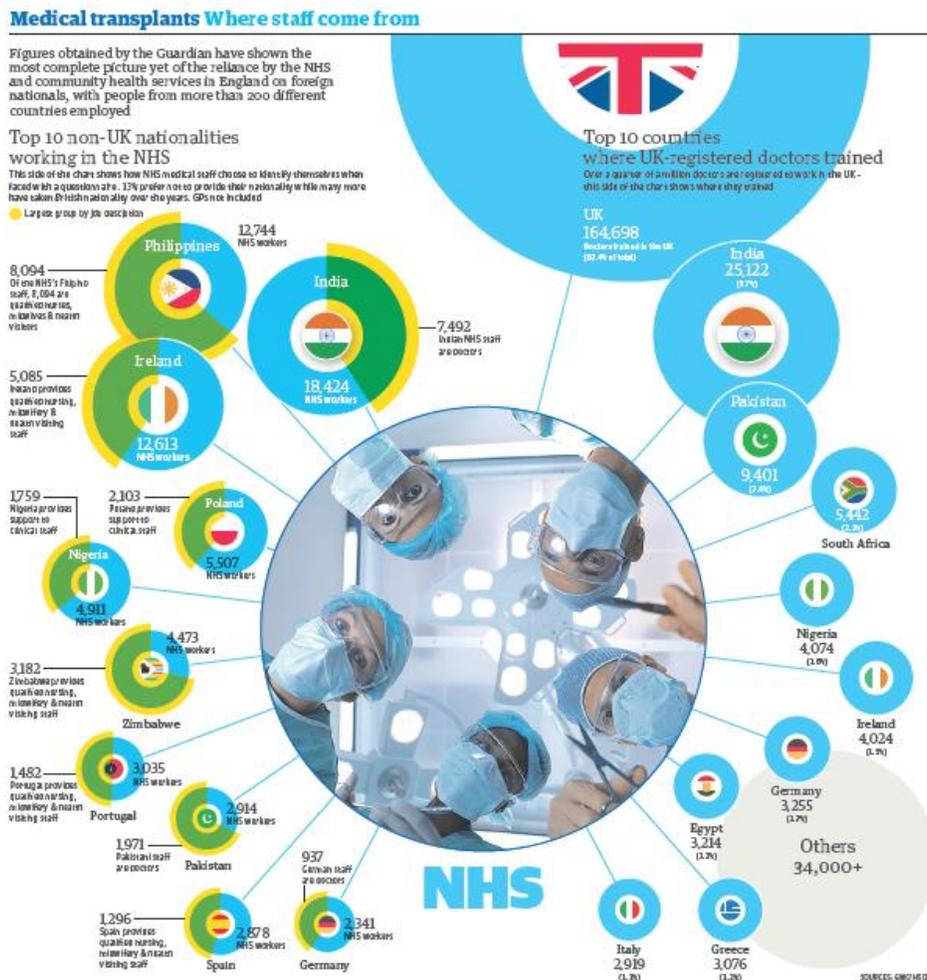
It is a UK charity that recruits experienced UK professionals to support health and education professionals in the disability sector in under-resourced countries (according to NHS).

From Developing Countries

The statistics, produced by the Health and Social Care Information Centre (HSCIC), show that 11% of all staff for whom data was available and who work for the NHS and in community health services are not British.

The proportion of foreign nationals increases for professionally qualified clinical staff (14%) and even more so for doctors (26%), prompting the British Medical Association (BMA) to observe that

without the contribution of non-British staff, "many NHS services would struggle to provide effective care to their patients".



(Source: The Guardian)

The international migration of doctors has drawn a lot of attention in recent years because of concerns that it might exacerbate shortages of skilled health workers in certain countries, particularly in developing countries that are already suffering from critical workforce shortages. The Global Code of Practice on the International Recruitment of Health Personnel, adopted by the World Health Assembly in May 2010, was designed to respond to these concerns.

Since 2000, the number and share of foreign-trained doctors has increased in many OECD countries. In 2013/2014, the United States and the United Kingdom were the two main countries of destination of foreign-trained doctors working in OECD countries, with more than 200 000 doctors trained abroad working in the United States and more than 48 000 working in the United Kingdom.

Nearly 50% of foreign-trained doctors working in the United States come from Asian countries, with those coming from India representing by far the largest number, followed by the Philippines and Pakistan. More than 10% of doctors were trained in the Caribbean Islands, but in many cases

these were American students who went to study abroad and then came back to the United States to complete their post-graduate training and practice. Most foreign-trained doctors in the United Kingdom also came from Asian countries, with India also leading by a wide margin, although a growing number of foreign-trained doctors now come from other EU countries.

OECD report

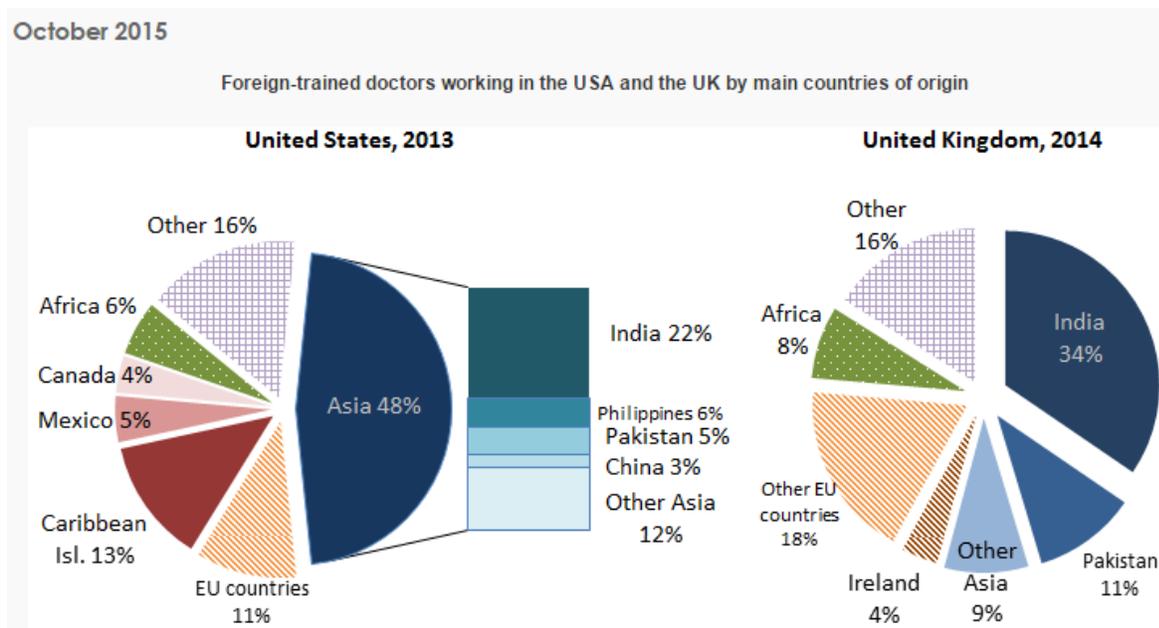
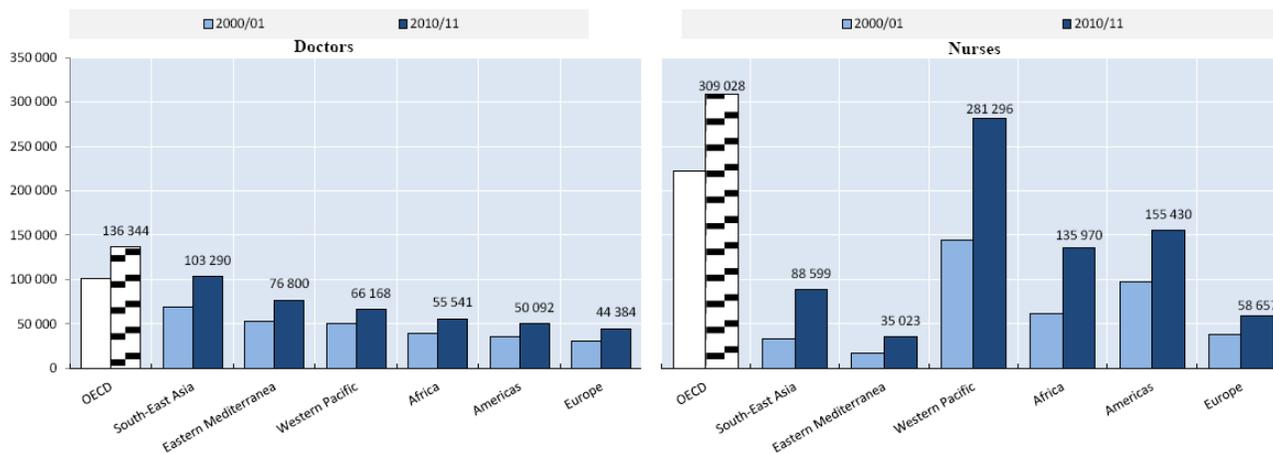


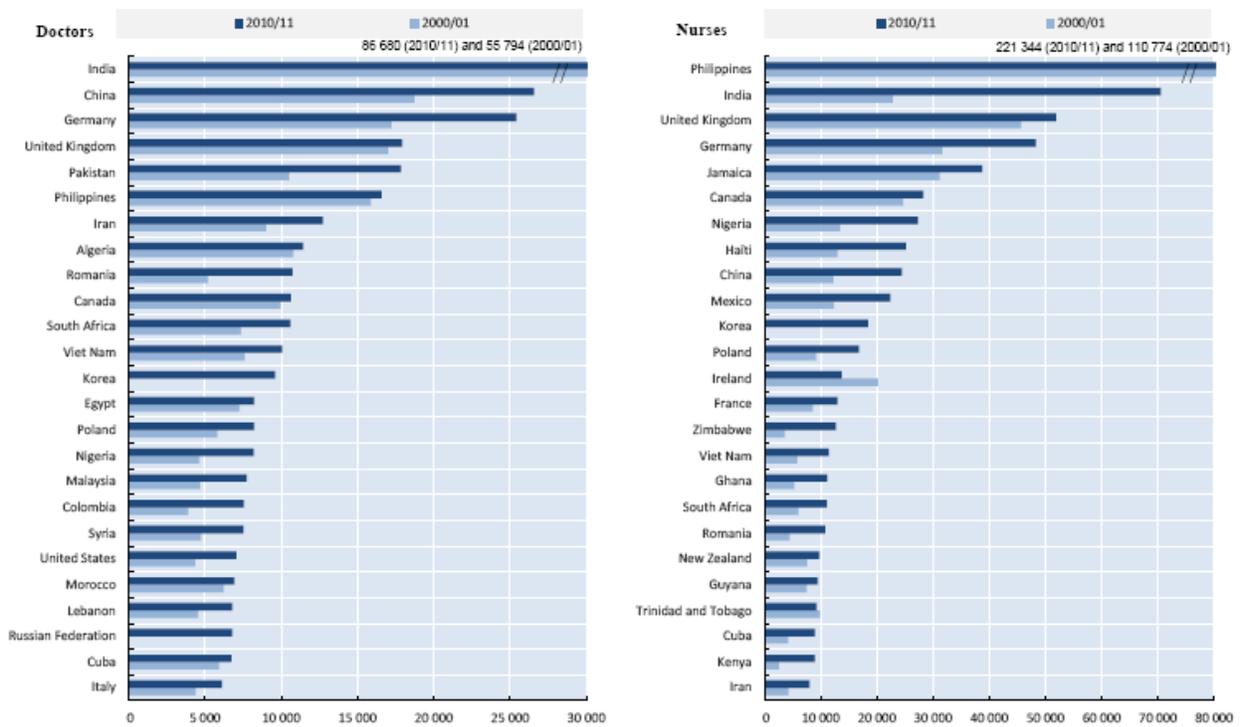
Figure 1. Foreign-born doctors and nurses in 30 OECD countries by main region of origin, 2000/01 and 2010/11



Note: The regional groupings correspond to the 6 WHO regions (for country details, see <http://www.who.int/about/regions>), except the OECD countries.

Source: Includes countries where 2000/01 and 2010/11 data are available (see Table 1), except Germany.

Figure 2. Foreign-born doctors and nurses in OECD countries by 25 main countries of origin, 2000/01 and 2010/11



Source: Includes countries where 2000/01 and 2010/11 data are available (see Tables 1 and 2), except Germany.

The emigration of physicians from low- and middle-income countries undermines health service delivery in the emigrating physicians' country of origin because physician supply is already inadequate in those countries. Physician emigration from sub-Saharan Africa, which has only 2% of the global physician workforce but a quarter of the global burden of disease, is particularly worrying. Since 1970, as a result of large-scale emigration and limited medical education, there has been negligible or negative growth in the density of physicians in many countries in sub-Saharan Africa. In Liberia, for example, in 1973, there were 7.76 physicians per 100,000 people but by 2008 there were only 1.37 physicians per 100,000 people; in the US, there are 250 physicians per 100,000 people.

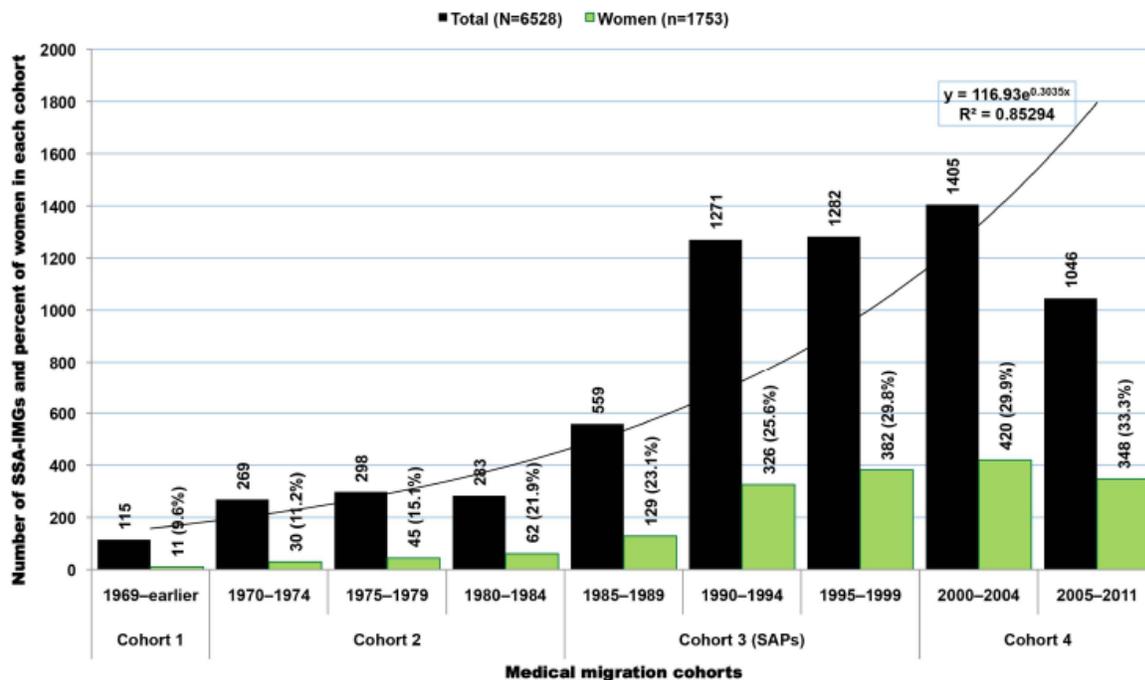


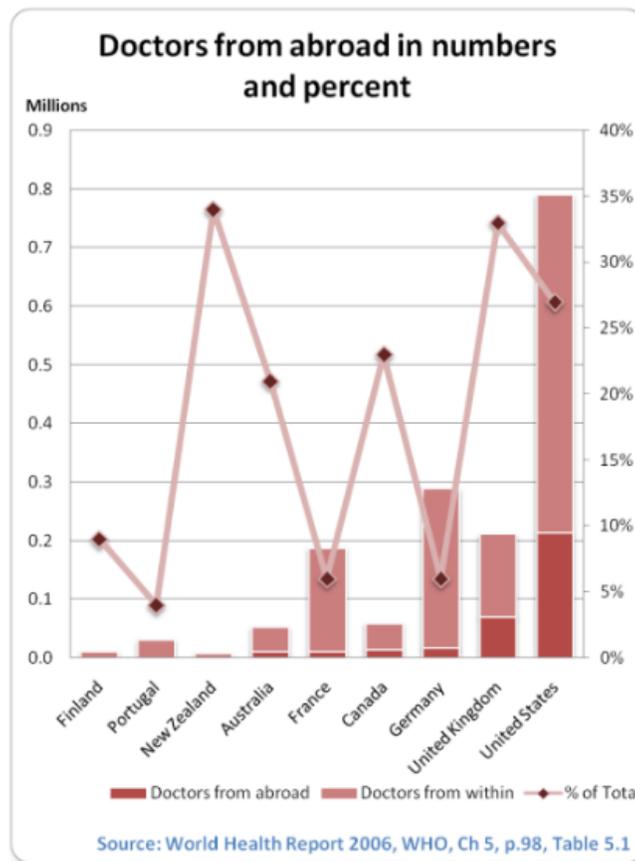
Figure 4. Growth over time of migration among Sub-Saharan African-trained medical graduates appearing in the US physician workforce. Data source: American Medical Association [115]. As reflected by the exponential equation and the determination coefficient (R^2) of the smoothed line displayed on the chart, the distribution of the data approaches an exponential curve, and reflects the rapid emigration growth of sub-Saharan African trained medical graduates. The increase in emigration is particularly significant in cohort 3, which mainly coincides with the implementation period of the SAPs.
doi:10.1371/journal.pmed.1001513.g004

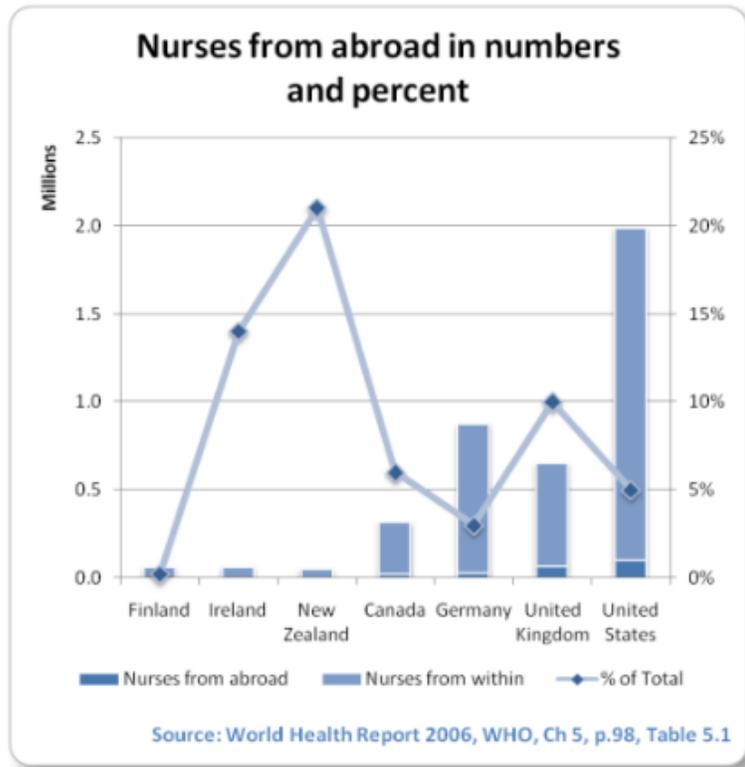
For its World Health Report 2006, the *World Health Organization* (WHO) noted that there is a global shortage of 4.3 million doctors, midwives, nurses, and support workers. Furthermore, these [shortfalls] often coexist in a country with large numbers of unemployed health professionals. Poverty, imperfect private labor markets, lack of public funds, bureaucratic red tape and political interference produce this paradox of shortages in the midst of underutilized talent. In addition, Unplanned or excessive exits may cause significant losses of workers and compromise the system’s knowledge, memory and culture.

The prestigious journal, *British Medical Journal* (BMJ) sums up another aspect of the brain drain problem in the title of an article: Developed world is robbing African countries of health staff (Rebecca Coombes, *BMJ*, Volume 230, p.923, April 23, 2005.) This, Coombes notes, is because rich countries are also hiring medical staff from abroad, because they are far cheaper.

OECD country	Doctors from abroad		Nurses from abroad	
	Number	% of Total	Number	% of Total
Australia	11,122	21	N/A	N/A
Canada	13,620	23	19,061	6
Finland	1,003	9	140	0
France	11,269	6	N/A	N/A
Germany	17,318	6	26,284	3
Ireland	N/A	N/A	8,758	14
New Zealand	2,832	34	10,616	21
Portugal	1,258	4	N/A	N/A
United Kingdom	69,813	33	65,000	10
United States	213,331	27	99,456	5

Table: Doctors and nurses trained abroad working in OECD countries. Source: [World Health Report 2006](#), World Health Organization, Chapter 5, p. 98, Table 5.1.





Reason for going abroad Escaping Poor Conditions

The World Health Report 2006 from the WHO summarized a number of reasons why health workers moved to richer countries:

Workers' concerns about :

- Lack of promotion prospects,
- Poor management,
- Heavy workload,
- Lack of facilities,
- A declining health service,
- Inadequate living conditions, and
- High levels of violence and crime

Prospects for :

- Better remuneration,
- Upgrading qualifications,
- Gaining experience,
- A safer environment, and
- Family-related matters

The factors arising from concerns are described as push factors for they push people away, and those factors that offer prospects for better circumstances are known as pull factors.

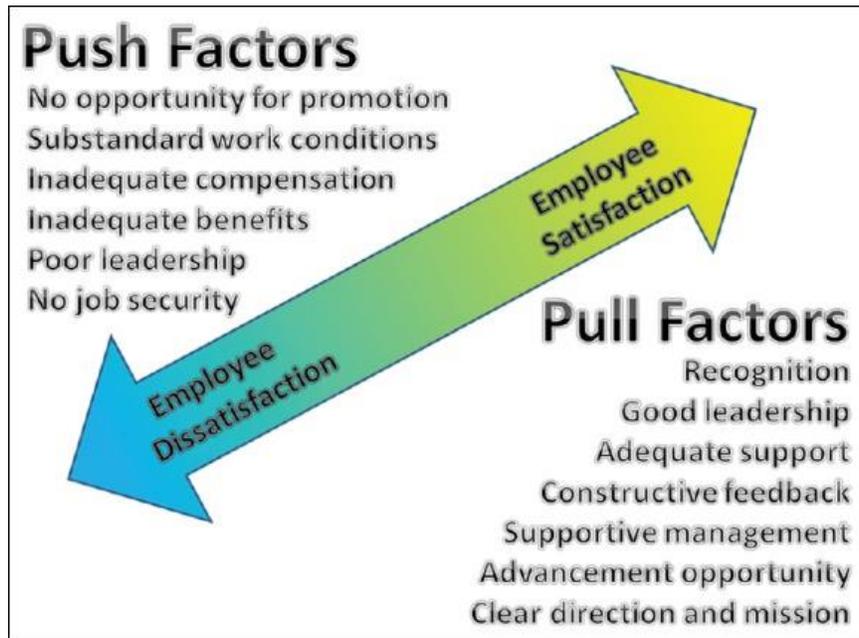


Figure 1: Simplified diagram showing different institutional “pull” and “push” factors associated with employee satisfaction-dissatisfaction spectrum. Persistent employee dissatisfaction may lead to the emergence of “brain drain”

Links and Projects for medical staff willing to go abroad

Doctors Without Borders- a medical humanitarian organization that delivers emergency medical aid to people affected by armed conflict, epidemics, natural disasters and exclusion from healthcare. Projects Abroad offers Medicine programs in over 20 countries including destinations in Africa, Latin America, Asia, and Eastern Europe. They arrange placements in different Medical fields such as Nursing, Physical Therapy, Occupational Therapy, Midwifery, Public Health, and more.

The placements are designed for individuals of all levels including according to project abroad:

- High School Students
- Undergraduates and 1st/2nd Year Medical Students
- Medical Students in their 3rd/4th year
- Medical Professionals and Retirees

Study abroad : Medical internships abroad may provide the opportunity to shadow nurses and doctors in hospitals in a foreign country to see what their roles and responsibilities are there, all while completing internship requirements for your program back home.

This could be short for full term course.