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SPECIAL PAPER

Ethical international recruitment

Catherine Jenkins

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The Editor invited the Department of Health to respond to the issues raised by David Ndeti *et al*, and Catherine Jenkins, NHS International Fellowships Project Manager at the Department, does so in the article 'Ethical international recruitment'.

Right from the start of our international recruitment campaign the Department of Health was determined to ensure that international recruitment takes place using a planned and managed approach. Now, the UK leads the way in developing and implementing the types of international recruitment policies called for by the World Health Assembly.

The UK is:

- the first country to produce international recruitment guidance based on ethical principles and the first to develop a robust code of practice
- the only country to produce a list of developing countries from which active international recruitment should not take place, because we are concerned to protect the health care systems of developing countries
- the only country to publish an approved list of commercial recruitment agencies and to monitor their activities abroad
- the only country to commit publicly to recruit via government–government agreements.

National Health Service (NHS) trusts work to a Department-approved Code of Practice, which can be found on the Department's website (www.dh.gov.uk). The principle we follow is that there should be no international recruitment which harms either health care staff or the health care system of the country from which they come. The NHS does not actively recruit from developing countries unless they invite us to do so.

Where a developing nation has invited us to recruit health care staff, then we do so in full consultation with its government. This applies both to the Philippines in the case of nurses and to India in the case of medical specialists and some nursing staff.

We have worked closely with the Indian Ministry of Health in the development of the campaign in India and it has been very supportive of the opportunities we are

offering doctors who have trained in India. The Indian Minister of Health and Family Welfare responded to a parliamentary question in July 2003 by saying that the overall availability of doctors in India is sufficient. We meet with the Indian High Commission regularly and have asked the Indian government to alert us to any changes in the position.

It is vital to stress that we would not recruit from India if the Indian government did not want us to. We take our responsibilities to developing countries very seriously, and we work closely with India and other developing countries to support them in developing programmes to retain and develop their staff. In some cases, we offer fixed-term placements in the NHS as part of their health care professionals' career planning.

Medical personnel from India move all over the world. They do so to improve their prospects and opportunities, quality of experience, standard of practice, and chances for development and training. If the doctors relocate without support there is greater risk of exploitation by agencies and of being isolated and unsupported when they arrive. The Department's international recruitment programmes offer:

- routes to appointment as consultants
- support for obtaining registration
- a good relocation package, including support for the doctor's family
- induction, mentoring and pastoral support while they are in the UK.

The NHS International Fellowship Programme was launched in spring 2002 and is designed to recruit qualified specialists to work in the NHS for 2-year Fellowships. It is particularly targeted at North America, member states of the European Economic Area, Australia and New Zealand. We also recruit Fellows from India with the agreement of the Indian government. So far over 200 Fellows have accepted offers of appointment in the NHS and over 100 are now in post.

Compendium of the NHS's Contribution to the Developing Nations – see www.dh.gov.uk/assetRoot/04/06/88/33/04068833.pdf

The majority of Indian specialists recruited through the Department's international recruitment process are International Fellows and are using the opportunity to sample living and working in England for a relatively short period. The programme pays for interview expenses, registration expenses and an enhanced relocation package. There is also, very importantly, support to return to India at the conclusion of the Fellowship.

The feedback we have received shows that the Fellows value the opportunity to work in a different health system, acquire new skills, get wider work experience, pursue research interests and develop their teaching skills. Our *International Recruitment Case Studies* publication shows that international recruits are placed in appropriate clinical environments that offer significant benefits both for the doctor appointed and for managers and colleagues.

We have worked very closely with all the Royal Colleges, including the Royal College of Psychiatrists, to make this programme a success. We discuss regularly with the Colleges issues that they are concerned about, including ethical issues. We are working with the College to try to open up more opportunities for well qualified psychiatrists from the USA to get on to the specialist register and work in the UK.

It is also vital that we try to support the health systems of developing countries. In fact, there are many examples of NHS trusts putting a great deal back into developing countries. Much of this work is voluntary and receives little publicity. Many NHS volunteers devote considerable time and resources developing and providing diverse services in countries such as India, Ghana, Uganda, Iran and China. In India, for example, volunteers are providing services in mental health, leprosy prevention, neonatal resuscitation, women's health, sexually transmitted infections and HIV.

More examples are given in the *Compendium of the NHS's Contribution to the Developing Nations*.

We have also recently implemented a Support for Humanitarian Aid Fund. This is funded by the Department of Health and is administered through the British Medical Association. Grants from the Fund have been allocated to multi-disciplinary teams, or individuals, who reflect the range of skills and experience within the NHS. Reports received from recipients of the Fund have already indicated the value of their work in developing areas of the world.

In addition, the Department has a programme to support refugee health professionals in the UK. Over the past 3 years, £1.5 million has been made available to support training for refugee health professionals. This funding covers a range of services, including training for English-language testing, communication and clinical training, curriculum vitae and interview skills, mentoring and job clubs. An additional £500 000 will be made available in 2004/05 for refugee health professional projects. This investment is increasing the confidence and success of refugee doctors taking the Professional and Linguistic Assessment Board (PLAB) test and the International English Language Testing System (IELTS).

To suggest that the NHS recruits medical staff solely from developing countries is incorrect. We have successfully recruited doctors from Europe, from the USA and from Australia. There is a long tradition of doctors from other countries coming to the UK at some time in their medical careers. This is something we in the NHS are proud of. The doctors have an excellent learning opportunity, which in turn enhances treatment and care in their country of origin when they return home. The NHS benefits from a highly skilled and well trained workforce.

ASSOCIATIONS AND COLLABORATIONS

Can we – and should we – have a 'Euro-psychiatry' for children and adolescents? The work of the UEMS Section and Board for Child and Adolescent Psychiatry/Psychotherapy

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Since 1994, child and adolescent psychiatry has been a distinct specialty, separate from psychiatry, within the Union of European Medical Specialists (UEMS). It has a slightly curious title, of which more later. It has proved a successful arena for promoting training, and this in turn has led to a developing European view of what exactly child and

adolescent psychiatry is, and how it can be practised. This article tries to reflect this.

In the previous issue of *International Psychiatry*, Lindhardt *et al* (2004) explained the composition of the UEMS. One can take various views as to what the UEMS is for. At first sight it is an advisory body to the Council of Ministers and the European Parliament. Because it draws

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For contributions to the 'Associations and collaborations' column, please contact John Henderson, email john.henderson53@btopenworld.com