

WMA STATEMENT ON ETHICAL GUIDELINES FOR THE INTERNATIONAL MIGRATION OF HEALTH WORKERS

Adopted by the 54th WMA General Assembly, Helsinki, Finland, September 2003
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PREAMBLE

The WMA acknowledges that temporary stays of physicians in other countries help both the receiving and the sending countries to exchange medical knowledge, skills and attitudes. The exchange of medical professionals is therefore beneficial for the development of medicine and healthcare systems and in general deserves the support of national medical associations as well as governments.

The WMA Statement on Medical Manpower - 1 (1983, 1986) called upon all National Medical Associations to work with their governments towards solutions to the emerging problems related to the medical workforce.

The WMA Resolution on the Medical Workforce (1998) identified the major components of the medical workforce situation that need to be taken into account when developing a national workforce policy.

For several decades many governments, employers and medical associations have misinterpreted demographical data regarding the number of physicians that are required. Young people seeing employment as physicians have often been seriously affected by poor medical workforce planning.

In many countries, including the wealthiest ones, there is a shortage of physicians. A major reason for the shortage is a failure to educate enough physicians to meet the needs of the country. Other reasons for the net loss of physicians are the recruitment of physicians to other professions, early retirement and emigration, and the problems of combining professional and family responsibilities, all of which are often due to poor working conditions for physicians.

Some countries have traditionally solved their need for physicians by recruiting medical graduates from other countries. This practice continues today.

The flow of international migration of physicians is generally from poorer to wealthier countries. The poorer countries bear the expense of educating the migrating physicians and receive no recompense when they enter other countries. The receiving countries gain a

valuable resource without paying for it, and in the process they save the cost of educating their own physicians.

Physicians do have valid reasons for migrating, for example, to seek better career opportunities and to escape poor working and living conditions, which may include the pursuit of more political and personal freedoms and other benefits.

RECOMMENDATIONS

1. National medical associations, governments and employers should exercise utmost care in utilizing demographic data to make projections about future requirements for physicians and in communicating these projections to young people contemplating a medical career.
2. Every country should do its utmost to educate an adequate number of physicians, taking into account its needs and resources. A country should not rely on immigration from other countries to meet its need for physicians.
3. Every country should do its utmost to retain its physicians in the profession as well as in the country by providing them with the support they need to meet their personal and professional goals, taking into account the country's needs and resources.
4. Countries that wish to recruit physicians from another country should only do so in terms of and in accordance with the provisions of a Memorandum of Understanding entered into between the countries.
5. Physicians should not be prevented from leaving their home or adopted country to pursue career opportunities in another country.
6. Countries that recruit physicians from other countries should ensure that recruiters provide full and accurate information to potential recruits on the nature and requirements of the position to be filled, on immigration, administrative and contractual requirements, and on the legal and regulatory conditions for the practice of medicine in the recruiting country, including language skills.
7. Physicians who are working, either permanently or temporarily, in a country other than their home country should be treated fairly in relation to other physicians in that country (for example, equal opportunity career options and equal payment for the same work).
8. Nothing should prevent countries from entering into bilateral agreements and agreements of understanding, as provided for in international law and with due cognizance of international human rights law, so as to effect meaningful cooperation on health care delivery, including the exchange of physicians.
9. [The WHO Global Code of Practice on the International Recruitment of Health](#)

Personnel (May 2010) was established to promote voluntary principles and practices for the ethical international recruitment of health professionals and to facilitate the strengthening of health systems. The Code takes into account the rights, obligations and expectations of source countries and migrant health professionals. The WMA was involved in the drafting of the Code and supports its implementation.

10. The WHO Code states that international recruitment should be “conducted in accordance with the principles of transparency, fairness and promotion of sustainability of health systems in developing countries.”
11. The monitoring and information-sharing system established by the WHO should be robustly supported with the goal of international cooperation. Stakeholders should regularly collate and share data, which should be monitored and analysed by the WHO. The WHO should provide substantive critical feedback to governments. Information should be shared about how to overcome challenges encountered.

RESCINDED