

Institutions in developing countries must acknowledge that doctors leave not only for monetary gain but also to escape from stifling hierarchies and bureaucracies. In India, for example, doctors who want to attend scientific meetings often have to obtain a “no objection certificate” from the head of their institution. Promotions are more likely to be determined by the number of years of service than academic skills and achievements. Institutions must reform to allow professional environments to flourish by rewarding achievements—for example, by reducing routine clinical load and by providing alternative paths for career progression, honorariums, and training opportunities.

Ultimately, all concerned parties need to define the obligations and responsibilities of institutions in rich and developing countries. Unless these steps are taken urgently, the brain drain will continue to fuel the huge inequities in global health.

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Competing interests: None declared.

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## Commentary: Recruitment is ethical

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NHS international fellowships were launched by the Department of Health in February 2002 to give experienced consultants the opportunity to come and work in the NHS in England for two years. This is in addition to the campaign we launched in August 2001 to recruit consultants and general practitioners from around the world into substantive posts. So far, 304 doctors have been recruited through the campaigns, 82 of whom come from India.

Most doctors have been recruited as international fellows and are using the opportunity to sample living and working in England for a relatively short period. The feedback we have received shows that they 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.

We operate an ethical recruitment policy, with all NHS trusts working to a code of practice approved by the Department of Health. We are committed not to recruit from a country if its government has any concerns about the effect on its workforce and work only with recruitment agencies that comply with the code of practice. This list can be obtained from the international recruitment website.<sup>1</sup>

It is wrong to suggest that the health service is targeting health staff from struggling countries. Most of the staff we are recruiting come from Europe, with others from the United States and Australia.

### Working with developing countries

We have worked closely with the Indian Ministry of Health in the development of the campaign in India, and it has been supportive of the opportunities we are offering doctors. 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 are working with India and other developing countries to support them in developing programmes to retain their staff. In some cases, we are assisting them in offering fixed term placements in the NHS as part of career planning for healthcare professionals.

In addition, individual NHS trusts are putting a great deal back into developing countries. Much of this work is voluntary and receives little publicity. Many NHS volunteers spend considerable time and resources developing and providing diverse services in countries such as India, Ghana, Russia, 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.<sup>2</sup>

Competing interests: None declared.

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### Endpiece

#### A prayer

From inability to let well alone; from too much zeal for the new and contempt for what is old; from putting knowledge before wisdom, science before art, and cleverness before common sense, from treating patients as cases, and from making the cure of the disease more grievous than the endurance of the same, Good Lord, deliver us.

Sir Robert Hutchison (1871-1960),  
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