However, until 1976, a total of approximately 1,400 physicians is expected to be yearly turned out from the 14 medical colleges throughout the country. Therefore, the compulsory measures calling for their service in rural areas are believed to be discontinued by that time.

Ultimately, however, many problems, it is feared, will remain unsolved unless developed nations adopt a definite immigration policy to end the introduction of medical manpower from underdeveloped countries to cover their shortage of medical manpower. Certainly, the developed nations should end their policy of importing medical manpower. At the same time, it is hoped that the public health authorities and medical associations of the developing countries will overcome such problems by trying to train physicians in such a way as to meet their social requirements towards the goal of better public health. Thank you.

Discussion

DATUK (DR.) KESHMAHINDER SINGH (Malaysia) referred to a publication titled "Migration of Medical Manpower" which is a report on an international conference on the movement of doctors sponsored by the MACY Foundation and was held in Italy in 1970. Speakers from 15 countries both developing and developed presented papers at this conference and the papers presented at this conference were very relevant to the subject being discussed. He commented that it was a report worth studying.

He mentioned a few points from this report among which were the factors responsible for the migration of medical graduates from developing (donor) to developed (receipient) countries. The factors which encouraged the doctors to leave their countries (push factors) were:—

(a) Strife which may take the form of social, political or religious tensions in the donor country. Sometimes this strife may be a medical matter such as the introduction of compulsory service in government health schemes.

(b) Material Gain The lower salary offered in the developing countries again acted as a push factor. To this may be added the higher social status they enjoyed in the donor country.

(c) Achievement or desire to fulfil themselves, to achieve or simply to accept a challenge and to prove their ability in a more competitive world.

(d) Intellectual companionship and stimulation at a medical centre in a developed country are added factors.

The factors which resulted in young doctors returning to their own country after a period of postgraduate training in a developed country (pull factors) were:—

(a) Patriotism and love for one's country. A desire to serve in its health programmes etc.

(b) Family and Cultural Ties where the young doctor is unable to adjust himself to the new social and cultural environment of the developed country.

(c) Scholarships Those doctors undertaking postgraduate courses on scholarship generally returned on completion of their course.

It is said that in Canada one-third of the physicians are foreign trained and the proportion of foreigners is increasing. From 1965 Canada has more emigrant doctors than graduates from its own medical schools.

Speakers from developing or donor countries

have stressed that one of the major factors for doctors leaving their countries is for purpose of postgraduate medical training. In Pakistan of the total number of doctors emigrating for higher training or for employment it is estimated that no more than 15% return to Pakistan. However, doctors sent abroad for training on government scholarship and fellowship programmes generally return and during the period of 1962 to 1966 out of 277 doctors sent abroad under such training programmes 250 returned. The major reasons for their not returning are lack of job satisfaction especially with rural postings and the absence of suitable employment opportunities in government service for the highly qualified personnel. Some of these doctors qualify in subjects and specialist fields for which facilities are very limited at home. The recognition of their scientific merit, the opportunity to publish research papers in collaboration with leading and well recognised overseas specialists is not always present. The prestige of a foreign degree in regard to government appointments and promotions and in private practice is also greater thus influencing doctors to seek these qualifications.

The speaker then referred to Malaysia and said accurate figures of the number of doctors who are emigrating from Malaysia are not available but it is believed that the figure is a small one. There is, however, a fear that the figure may increase in the near future as the number of government scholarship offered for overseas training is not very large and it takes many years for a young doctor to qualify for such scholarships? These factors might induce young doctors to go on their own for overseas training and if suitable job opportunities are available they may not return?

DR. G.A. SREENIVASAN (Malaysia) said that some of the blame for the brain drain from a developing country lies in the lack of appreciation of the respective Governments and the people of the value to the country of highly qualified professional personnel. Not sufficient incentive is provided for these people wanting to stay put.

One form of brain-drain in Malaysia is the exodus of doctors from Government service to the private sector. Discriminatory promotions and transfers to rural areas for an indefinite period, overwork leaving little time for study and relaxation, lack of adequate study leave opportunities to better themselves professionally and poor working conditions and salary structure are among the main causes. A reorientation of thinking on the part of Governments and the public is necessary if we intend to stop this tendency of doctors to look elsewhere for a more congeneal atmosphere to work in.

DR. DORA TAN (Malaysia) said that Government in Malaysia just cannot afford to raise the salaries of its doctors to equal what they can earn in general private practice today.

DR. PETER LEE (Hong Kong) said that Hong Kong was fortunate in this respect because of the high rates of pay and good conditions of service. The migration from the public to the private sector was also not a problem in Hong Kong because Government salaries were good and tended to retain their doctors. The Interns received HK$1400 per mensum and HK$3500/- plus allowances at the end of one year. Work was available at low-cost clinics paid by the hour.

There was, however, a real problem in that general practitioners tended to go for specialisation. The College of General Practitioners is trying to raise the status of general practice. The sense of insecurity for the future of Hong Kong is driving some of the younger doctors to go abroad even accepting worse conditions than in Hong Kong. Recipient countries tended to treat doctors as cheap labour for example, by restricting their practice to hospitals only, thus making them second-class doctors. This Congress should pass a resolution demanding that equal treatment should be meted out to immigrant doctors as their own.

DATUK DR. KESHMAHINDER SINGH (Malaysia) said that recipient countries should be made to pay to the donor countries the cost of training. Postgraduate training should be developed locally as far as possible because some of the migration of doctors is due to the prestige of foreign training centres.

SIR GEOFFREY NEWMAN–MORRIS (Australia) felt that it would be difficult to restrict or lay down conditions to recipient countries. Sometimes brain drain was due to overproduction.

DR. K.H. LEE (Hong Kong) said that an effective measure to reduce brain drain to overseas was the provision of adequate postgraduate training in the donor countries and better still, the provision of postgraduate examinations for recognised degrees in the donor countries.

DR. GWEE AH LENG (Singapore) said that brain

drain was largely a personal factor. Brain wastage was a far greater problem than brain drain. Only 5 percent of the people of Singapore are able to get adequate training.

DR. RAMON R. ANGELES (Philippines) said brain drain was a big problem in his country, a very high percentage of professionals migrating to U.S.A. He attributed much of the problem to the giving of wrong type of training to local people, the graduates not being fitted to work locally. The Martial Law has introduced a new educational system and forces graduates to work in rural areas of the country.

DR. PRIMITIVO D. CHUA (Philippines)

Our country continues to suffer the migration of professionals (particularly physicians, nurses and other medical auxilliaries) to the advanced countries like U.S.A., Canada, and Europe, not necessarily for professional advancement and training but more for economic reasons, i.e., because of better pay, good living conditions and to attain a status symbol. No legislation has been enacted to limit this exodus of professionals because our government believes in freedom of movement in the pursuit of man's happiness. However, with the imposition of Martial Law, certain restrictions on foreign travels and employments abroad will be forthcoming. It is believed that one of the solutions to discourage the migration of physicians to foreign countries is to offer good Training and Residency Programs for GP's and other Specialists. The Department of Health is now upgrading Medical Services by requiring government physicians to undertake a well-balanced training program for Municipal Health Officers and Hospitals Directors. Other incentives as increased pay and other fringe benefits are being offered. Medicare will also enable physicians to participate and have more paying patients.

DR. H.E. MONINTJA (Indonesia) said that the situation in his country was changing rapidly. Many graduates now want to stay put or return to Indonesia. The latter, however, are not orientated to local conditions.

SIR GEOFFREY NEWMAN–MORRIS (Australia) summed up the points raised in the discussions by saying that there was brain drain from:

(1) Donor countries to recipient countries,

(2) Government medical service to private practice,

(3) Rural areas to urban areas and

(4) Interdisciplinary exchanges.

It was necessary therefore there should be:

(1) Adequate conditions of service in donor countries,

(2) Government subsidies for overseas study,

(3) Migration restrictions and

(4) Overproduction.

He proposed the following resolution which was accepted with general consent.

The C.M.A.A.O. is of the opinion that there are three significant factors in controlling the loss of trained medical personnel to other countries:

(1) The conditions of practice in their own country must provide, (a) proper facilities for practice, (b) job satisfaction and (c) proper financial renumeration.

(2) The provision of first class postgraduate training in their own countries.

(3) The provision of Government subsidies for postgraduate training in other countries to selected persons with an undertaking to return.

Other activities for C.M.A.A.O. delegates

SYMPOSIUM ON MEDICAL EDUCATION

The C.M.A.A.O. Delegates and Observers had the opportunity to take part in the symposium on medical education organised in conjunction with the Annual General Meeting of the Malaysian Medical Association.