

Chapter 18

International Medical Experiences Outbound New Zealand: An Economic and Medical Workforce Strategy

Charles Mpofu

Auckland University of Technology, New Zealand

ABSTRACT

Medical schools and colleges of medicine are increasingly highlighting the role of short-term outward mobility programs in the form of International Medical Experiences (IMEs). In this way, doctors acquire skills as they study or work outside their countries of training. Although many benefits have been reported about the role of these IMEs in staff development, few studies have linked these with national workforce strategies, national economic and diplomatic strategies. This chapter fills that gap by arguing how these IMEs can be used to meet New Zealand workforce challenges such as the emigration of this country's doctors, as well as national economic and diplomatic agendas of increasing trade with Asian countries. This chapter concludes by challenging key stakeholders of these experiences to increase support through a range of strategies: IME recognition in accreditation programs; policy action; student resourcefulness; and multi-stakeholder involvement in funding and promotion of IMEs.

INTRODUCTION

Medical schools and colleges of medicine are increasingly highlighting the role of short-term outward mobility for study and work placements in the development and acquisition of skills for life and work (Drain, Holmes, Skeff, Hall, & Gardner, 2009; Godkin & Savageau, 2003). Globalisation of diseases such as the 2014 Ebola outbreak in West Africa and international emergencies such as earthquakes and tsunamis are some of the factors that are currently contributing to the importance of IMEs (Kerridge &

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Gilbert, 2014; Wilson, Baker, Crampton, & Mansoor, 2005). Both undergraduate medical students and trained medical professionals yearn for these international medical experiences (IMEs) as they prepare them for diverse work settings and improve their clinical skills (Macfarlane, Jacobs, & Kaaya, 2008).

Further, global skills are becoming important in New Zealand where diversity is brought about by the presence of immigrants from other HICs as well as low- and middle-income countries (LICs)/(MICs) (Cha, McCool, & Bagg, 2013). This chapter proposes short-term mobility programs in the form of IMEs for both undergraduates and practicing doctors as a training and retention strategy and as a means of responding to career aspirations and lifestyle travel opportunities of doctors. This chapter also considers IMEs as strategies for linking medical training with government economic and political agendas.

IMEs discussed in this work relate to both student exchange programs and work placements for doctors who are doing in-service training such as residencies or other continued professional development activities (Russell, 2013). For university students these programs include short-term student exchange or study abroad programs and are generally defined as programs that allow enrolled students in a source country to undertake study in a foreign (destination) country for a relatively short period, and cross-credit the content studied (Doyle et al., 2010; Llewellyn-Smith & McCabe, 2008). Such programs are usually for a semester or a year but in other programs such as in the medicine curriculum (medical electives) they tend to be 2-8 weeks (Law, 2013). Moreover, in terms of duration studies have recommended that IMEs should be at least six weeks for preclinical students. For clinical students, 4-8 weeks has been recommended (Godkin & Savageau, 2003) while others have recommended 6+ weeks for postgraduate residents (Drain et al., 2009). In New Zealand, medical electives are usually undertaken during senior clinical years over 2-8 weeks, either locally or overseas, in both high- and low-income settings (Law, 2013).

RESEARCH RATIONALE

IMEs have many benefits for the participant, governments and most importantly, the patients. Although many benefits about the role of IMEs in staff development have been reported, very few scholars have linked these with workforce and government strategies instead of focusing only on professional outcomes. This work views IMEs beyond their professional and personal outcomes to include workforce strategy particularly retention of doctors. New Zealand has retention challenges in the medical workforce that are mainly due to its geographical location with Australia which makes these two countries compete for attracting doctors. This country's relationship with health systems of other comparable high-income countries (HICs) such as United Kingdom (UK), Canada and the United States (US) is also a challenge of retaining the medical doctors as they tend to migrate relatively easily to work among these countries (Mpofu, 2014; Zurn & Dumont, 2008). Such a situation makes New Zealand unique in terms of being both a high receiver of immigrant doctors and a country with challenges of retaining locally trained doctors. Reasons for migration have been linked to salaries, career advancement and the need to travel especially among young graduates (Zurn & Dumont, 2008). This work takes a different approach by arguing for IMEs to be linked with New Zealand socio-political and economic agendas of promoting links with Australia, and Asian countries.

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