

# Nationality and country of training of medical doctors in Malawi

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## Abstract

**Background:** There is growing interest in the migration of doctors from Africa to developed nations. Little attention has been made in understanding the flow of doctors into African countries.

**Objective:** To describe the nationality, country of primary qualification as a doctor and specialties of doctors registered in Malawi in 2003.

**Methods:** Review of Medical Council of Malawi 2003 register and University of Malawi-College of Medicine graduation records.

**Results:** There were 252 doctors registered by the Medical Council of Malawi (MCM) of whom 51.2% were Malawian and 48.8% non-Malawian. 35.7% of the doctors had obtained their primary education in Malawi, 17.5% from the UK, 9.9% other African countries and 8.7% from other African countries. There were 72 specialists of whom 23 were Malawian nationals and 49 were non-Malawians.

**Conclusions:** There is almost an equal distribution of national and non-national doctors in Malawi. However, among specialists, non-national far out-number Malawians by over two and a half times. While the brain drain of doctors from developing nations to developed nations has received interest, there is need also to explore the migration of doctors into resource-poor countries such as Malawi.

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There is increased interest in the migration of health personnel from developing to industrialized countries.<sup>1,2</sup> The debate mostly presents a uni-directional flow of health personnel from developing to industrialized countries, and not vice versa. A review of Medical Council of Malawi (MCM) and Malawi College of Medicine (COM) records was conducted to identify the nationality, country of training and areas of specialization of doctors in Malawi in 2003.

**Results:** 252 medical doctors were registered with the MCM of whom 129 (51.2%) were non-nationals and 123 (48.8%) Malawians. 90 (46.6%) of all (193) medical graduates from the COM (Malawi's only medical school) were registered, representing only 35.7% of the all doctors registered. 6 graduates had died. The country of initial medical training is presented in Table 1 below.

**Table 1: Country of initial medical qualification of doctors in Malawi, 2003**

Country/Region of Initial Medical Training	Number of Doctors Registered in Malawi in 2003 (%)
Malawi	90 (35.7)
UK	44 (17.5)
Other African countries	25 (9.9)
Netherlands	22 (8.7)
India	20 (7.9)
Other Europe	20 (7.9)
North America	18 (7.2)
Phillipines	7 (2.8)
Other	6 (2.4)
Total	252 (100.0)

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There were 72 specialists in the various disciplines, the majority were non-Malawians. (Table 2).

**Table 2: Nationalities of specialist doctors in Malawi, 2003**

Specialty	Malawian	Non Malawian	Total
Surgery	4	13	17
Obstetrics & Gynaecology	5	9	14
General Medicine	3	10	13
Paediatrics	4	4	8
Ophthalmology	4	4	8
Anaesthesia	1	4	5
Public Health	0	2	2
Other	2	3	5
Total	23	49	72

## Discussion

The majority of doctors registered in Malawi (64.3%) in 2003 had obtained their primary medical training abroad. Non-nationals outnumbered nationals in all specialist areas, except paediatrics and ophthalmology. The Malawi medical school's annual output of doctors has ranged from 12 to 25 since its inception in 1991,<sup>3</sup> however this is likely to improve as the current annual intake is over 60 first year medical students. The majority of doctors registered in Malawi (64.3%) in 2003 had obtained their primary medical training abroad. Non-nationals outnumbered nationals in all specialist areas, except paediatrics and ophthalmology. The Malawi medical school's annual output of doctors has ranged from 12 to 25 since its inception in 1991,<sup>3</sup> however this is likely to improve as the current annual intake is over 60 first year medical students.

The debate on international flows of health professionals has identified various “pull” and “push” factors that contribute to the drain of human resources from less developed to more developed nations. <sup>4</sup>Little attention has been paid on the “pull” factors that encourage doctors to migrate from the industrialized to the less developed nations. Unless there is appreciated, the discussions of the migration of health professionals will be incomplete.

**Competing Interest:** Dr. Adamson S. Muula is a faculty member and medical graduate of the University of Malawi College Medicine.

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