

**SPEAKING NOTE FOR THE MINISTER FOR PUBLIC HEALTH'S
OPENING SPEECH TO THE INTERNATIONAL MEDICAL WORKFORCE
COLLABORATIVE CONFERENCE**

Good morning everybody.

I am delighted to welcome you all to Scotland for the first time in the history of the International Medical Workforce Collaborative Conferences. And I am doubly delighted to be doing so on behalf of the entire UK – not, as you may imagine, a position I find myself in very often, but let's not dwell on that today. Who knows what tomorrow may bring?

In setting the scene for this conference programme I will, of course, seek to put my remarks within a wider UK context. But you'll forgive me if I focus a bit on the Scottish dimension, not least because of our surroundings today, but also because of Scotland's historic and continuing contribution to the world of medicine.

But before I get into any of that, I would first like to thank the International Planning Committee who have worked together tirelessly, since they were set up in 1996, to deliver this series of international conferences.

I wonder if, in 1996, those who were involved envisaged these meetings continuing for 10 years and beyond?

That they have done so must illustrate the need for, and value of, bringing together the key international players across the spectrum of policy making, academia, research and clinical practice to address the ever shifting medical and clinical workforce challenges facing us all.

These conferences create the opportunity to share issues and learn from best practice on the international stage. My hope for this week is that we will move forward collectively to ensure that every country is doing more to fulfil its obligation to provide high quality physicians working with clinical colleagues in the right place, at the right time and with the right skills, so that they continue to provide the best healthcare available.

The conferences also offer the opportunity to look at and share ongoing work to tackle the global crisis in health human resources and the need for countries like ours to support the less developed to build their own workforce capacity. This requires some sensitive balancing between our own needs to attract international medical recruits and the needs of healthcare systems in other countries. I will come back to that a little later.

But first, I couldn't possibly give an opening speech of this nature without referring to the significant milestone reached by the NHS in the UK this year.

Unless you have been working somewhere incredibly remote, (I know it's possible – we have medical staff in the depths of Glasgow), you won't have missed that this year has seen us celebrate the 60th Anniversary of the NHS in the United Kingdom. On the fifth of July 1948, our National Health Service came into being and I know that we owe our gratitude for the continued quality of our NHS since that time to many of you here today.

Most people living in the UK have only ever known healthcare through the NHS. A high quality publicly owned service, which is free to everyone at the point of delivery.

Prior to the existence of the NHS, seeing a doctor was a hard choice for many to make, sometimes a choice between medicine and food. That kind of choice is scarcely imaginable to us in the UK today, but it was a reality here once – and is still the reality for many people in other parts of the world.

The first to benefit from the NHS were mothers and children – and overwhelmingly the poor who weren't covered by the old system.

For the first time, everyone in the UK had the right of free access to health care – the drugs, the treatment and the support they needed.

But there has been so much change over the last 60 years. The NHS now provides a vast range of services and complex treatments not even conceivable at its conception – artificial hips, life-saving drugs, kidney and heart transplants. Tuberculosis and the old killer diseases of childhood have been virtually eradicated. This could not have happened without the skill and dedication of NHS staff across the UK. From nurses, doctors, scientists, porters, medical secretaries to cleaners and physiotherapists, the list is virtually endless. Their contributions have been tireless and we owe them a debt of gratitude for the work they continue to do.

The UK has also made unique contributions to improving health internationally, and Scotland has been proud to play its part in that.

I know that, for many outside of this meeting, Scotland's most famous doctor is probably James Robertson Justice. Not a doctor at all but Sir Lancelot Spratt in the "Doctor" series of films of the 1950 and 60s.

I am assured that consultants from the Sir Lancelot mould no longer stalk the corridors of the NHS, although I'm not sure if all medical trainees would share that view.

But I am sure that Scotland has contributed more than actors playing doctors just for laughs.

Through the centuries it has been Scots who have led the way in developments like Lind's cure for scurvy in the 17 hundreds, through Lister's pioneering use of antiseptics in the 18 hundreds to James Black's work on beta-blockers in the 1960s. And we have gone on from there, widening our international influence along the way.

In November 2005, the Governments of Malawi and Scotland signed a Cooperation Agreement aimed at strengthening the relationships that already existed between our two countries. The overall goal of that is to assist the Malawian Ministry of Health and its partners in building capacity necessary for delivering the Essential Health Package.

Scottish support assists Malawi implement its priority health programmes through the building of capacity within health training institutions, supporting in-country specialist and on-site health provider training, and health delivery.

Our work in Malawi sits well with the UK's wider support for the WHO in developing the Global Code of Practice on international recruitment policies and in taking forward the recommendations of the Migration Health Workers Initiative to promote self-sufficiency, effective development assistance and innovative policies for health worker migration.

Through all of this, we are committed to an ethical approach to international recruitment so that we do not deplete the human resources of other vulnerable healthcare systems. Indeed, the UK was the first country to produce international recruitment guidance based on ethical principles and the first to develop a robust code of practice for employers, underpinned by the principle that developing nations are not targeted for recruitment unless there is a government-to-government agreement to support recruitment activities.

But to bring us back nearer to home, I know that yesterday some of you visited three of our specialist care centres, the Beatson West of Scotland Cancer Centre, Gartnavel Royal Hospital and South Glasgow Stroke Service and that there were tours of Edinburgh University Medical Museum and of other medical sites of interest around Edinburgh.

I hope these not only gave you more of an insight into Scotland's medical history but also the opportunity to take a wider perspective of the country as a whole.

I am proud of this nation and that we are internationally renowned for the friendliness of our people, our innovative flare and our natural and cultural heritage.

Some of you who are visiting this week may well have Scottish roots or have been visitors before in either personal or professional capacities. Other will be seeing us for the first time.

Whichever the case, I hope that the programme we have arranged for you will encourage you to comeback.

Next year sees one of the biggest series of events Scotland has ever seen - Homecoming Scotland 2009, created and timed to mark the 250th anniversary of Robert Burns, Scotland's national poet.

There is a spectacular calendar of events taking place from Burns Night on 25th January to St. Andrew's Day on 30th November, providing a great opportunity for the Scottish people and those who love Scotland to come and celebrate our rich heritage. I hope the taster you get this week will encourage you to join us next year.

Finally, as you work through your discussions over the next few days, it's important to remember that the sharing of new techniques, treatments and training gathered from around the world will and has, helped us all to look to the future of health care provision.

We have to continue to find ways to build on progress, to continue to push boundaries and to work together to meet the real challenges that face us all.

This week will make a valuable contribution to that and I am sure you will have a very productive time in Edinburgh.

I look forward to seeing the outcomes from what I am sure will be varied and enthusiastic discussions throughout the Conference sessions. And, in time-honoured fashion, I now declare your conference well and truly open.

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