Lessons from Tonga’s Efforts to ‘Retain’ Medical Staff

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Outline

- Key Messages
- Background
- Strategies to keep staff
- Brain sharing

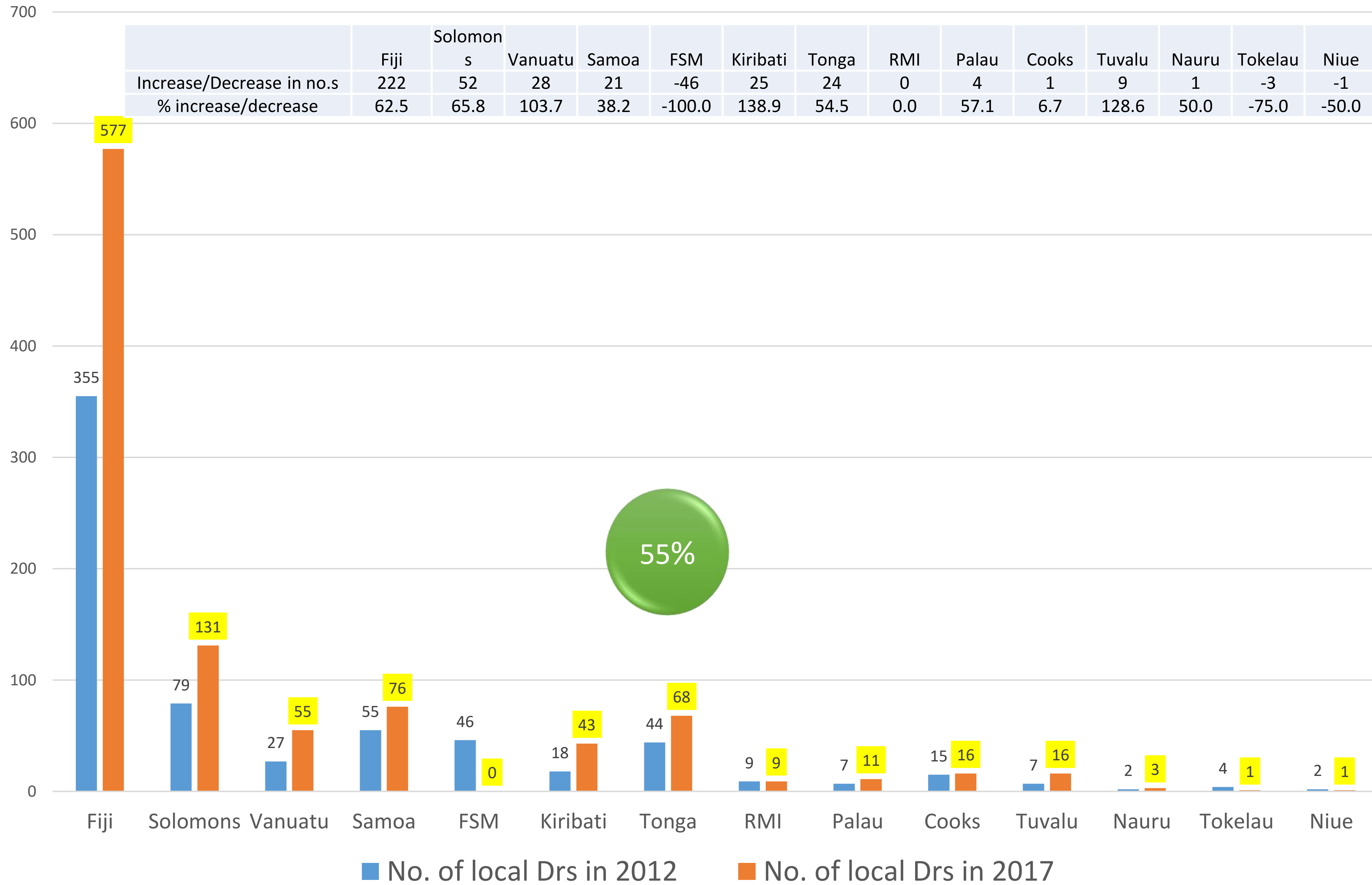
Key Messages

- A situation where employer and employee are (mostly) happy with arrangements is possible
- Strong leadership is critical
- Need a collaborative approach between parties
- Whole of health approach needed in remuneration discussions
- A number of strategies required – no magic bullet

Background

- Medical staff in Tonga not always remunerated appropriately
- Medical staff part of the normal civil scale for salaries
- Recognition among medical staff that more needs to be done
- Strong engagement of staff
- Mid 90s – about 30 doctors, 2017 – 65 doctors

of local Doctors in selected PICTs: 2012 vs 2017



	Fiji	Solomons	Vanuatu	Samoa	FSM	Kiribati	Tonga	RMI	Palau	Cooks	Tuvalu	Nauru	Tokelau	Niue
Increase/Decrease in no.s	222	52	28	21	-46	25	24	0	4	1	9	1	-3	-1
% increase/decrease	62.5	65.8	103.7	38.2	-100.0	138.9	54.5	0.0	57.1	6.7	128.6	50.0	-75.0	-50.0

Strategies to keep staff
- Whole of health approach

- Initial proposal included all health staff including doctors, nurses, lab and radiology technicians
- Initially duty allowance (‘clinical risk allowance’) was requested and approved for medical staff
- 35% for doctors, 20% for other staff
- Duty allowance – you only got it while you were working and not when you were on leave
- Subsequently incorporated to the salary as a 20% addition for all health staff and this is currently the case
- Medical staff still part of civil service list but with additional ‘top up’ of 20%

Strategies to keep staff
- Strong leadership and collaboration

- Strong leadership both from the ministers as well as medical / nursing associations
- Relationships based on trust with realistic expectations
- Strong collaboration with partners from overseas such as PMA, RACS, FNU (and other universities), WHO, SPC and many others etc

Doctor specific measures
- On going post training

- Post graduate training continued despite ‘perceived shortage of staff’
- Currently for major disciplines, at least 3+ with post graduate qualifications
- Would have been 4+ if we had not embraced ‘brain sharing’
- Post graduate continues with 12 doctors currently on post graduate training
  - Training done (mostly) locally – Paediatrics and Emergency Medicine
  - Training done overseas – Surgery, Internal Medicine, Anaesthesia, Pathology, Ophthalmology

Doctor specific measures
- Private practice after hours

- Senior doctors allowed to do private practice after hours
- In the absence of general practices, this was a win-win situation for patients who wanted private care and also reduced the patient load at hospitals and health centres
- Doctors could also earn extra to their government salaries

Doctor specific measures
- Short term locums

- Senior doctors are able to do short term locums in others PICTs of up to two or three months
- Remuneration is quite good and often funded by partners
- Countries who offer locums include Nauru, Tuvalu, Niue, Cook is and some US Affiliated PIs

Doctor specific measures
- Visiting teams

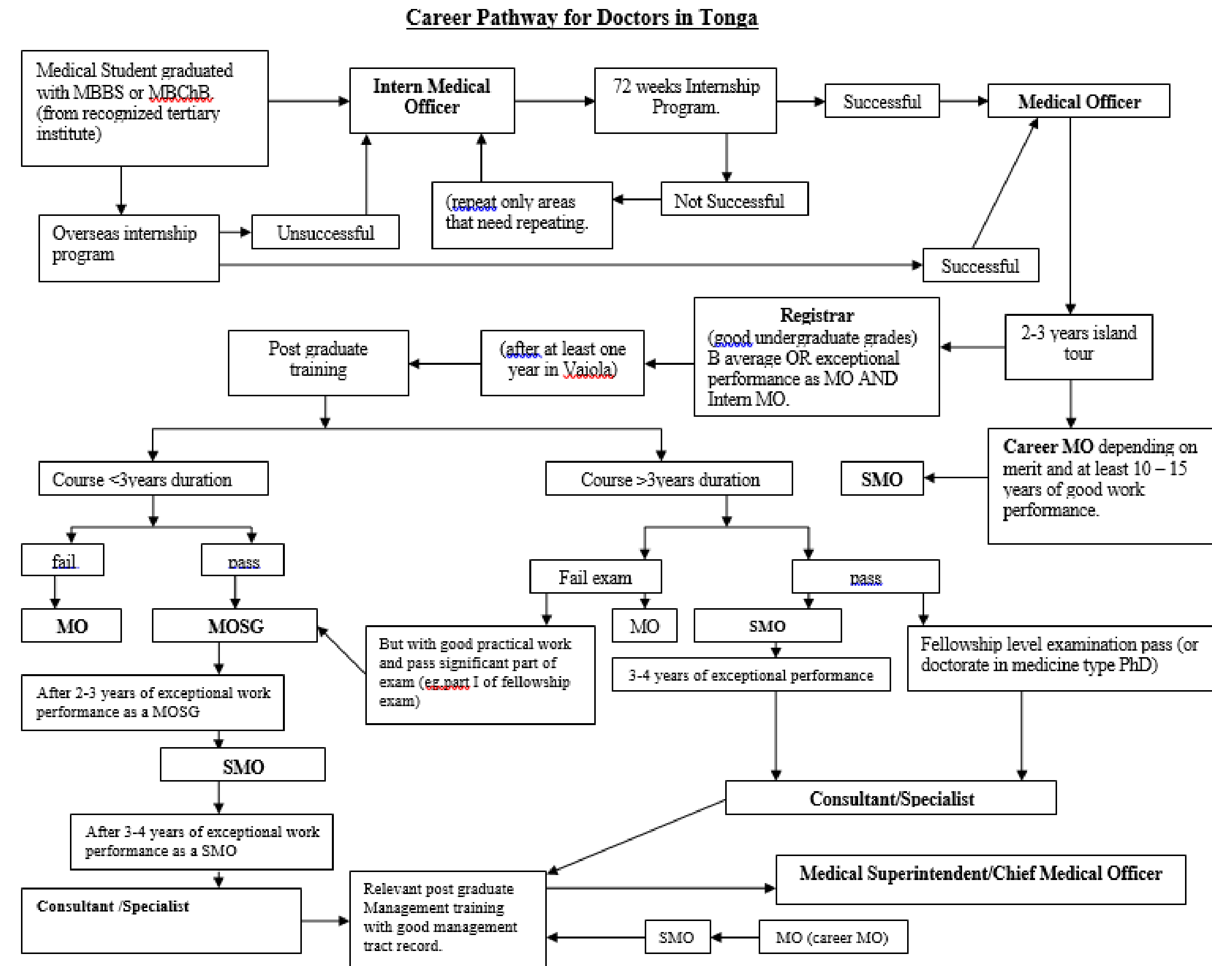
- Up to 10 visiting teams come per year
- Many of the teams are returning consultants so know the country quite well
- A number of the visiting consultants are Tongans working overseas which is something we encourage our Tongan consultants

Doctor specific measures
- Medium term contracts

- Senior doctors are able to do medium term contracts in others PICTs of between six months and two - three years
- The down side is staff have to resign but are taken back to the service quite easily upon their return

Doctor specific measures - Career path

- A career path agreed to by the Ministry and the Tonga Medical Association
- Provides clear guidelines for where staff end up after training
- Not perfect but is a way forward



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