**The global general practitioner – a personal perspective**

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Background The health workforce is increasingly mobile and globalised. The Gulf countries are a unique market – an imported workforce in Qatar provides most clinical services. Building capacity in a primary health system and developing new models such as a Mobile Doctors Service, means recruiting Fellows of general practice colleges from the UK, Ireland, Australia and NZ. Whilst a generous tax-free salary and fringe benefits are attractive, they are not enough to necessarily sustain this cohort of skilled consultants. Challenges include de-skilling, ethics; loss of autonomy; separation from family; poor quality housing; environment; language and cultural barriers.

**Aims** To deepen participants’ understanding of global health workforce mobility and the challenges and benefits of becoming an expatriate doctor.

**Method**

Reflecting on my undertaking a 3-year contract in Qatar, after having lived in the Northern Territory, makes clear the shared characteristics of rural and remote Australia and working overseas in a post- colonial society. Honest and ethical recruiting; orientation and support; flexibility, compassion and humanity in the workplace are essential. Whilst the challenges are significant, the personal benefits in terms of cultural understanding, resilience and clinical practice are enormous. Using anecdotes, experience and data, I would also like to engage with the audience in discussions of their own experiences and insights.

**Results** A narrative discourse on the global general practitioner workforce with relevance to the Australian context, focusing on personal, organisational and systemic challenges.

**Conclusion** The health workforce needs to be considered a limited global asset and developing workforce strategies to recruit and retain staff wherever they may be from, and wherever they may go, are imperative.