

3. HEALTH WORKFORCE

3.4. Foreign-trained physicians

The international migration of doctors has raised a lot of attention among policy makers during the past decade. In 2007, the percentage of foreign-trained doctors ranges from a low of 3.1% in France (although this figure is under-estimated; see “Definition and deviations” below) to a high of 33.6% in Ireland (Figure 3.4.1). High percentages are also recorded in New Zealand and the United Kingdom where almost a third of all doctors were trained abroad. In Australia and the United States, this percentage is respectively 22.8% (2006) and 25.9%.

Differences across countries reflect, to a large extent, differences in migration patterns in general and the migration of highly-skilled workers in particular. The United Kingdom and New Zealand are, however, outliers as in these two countries the share of foreign-born among all tertiary educated workers is much lower than for physicians (OECD, 2008e).

The migration of doctors has risen over the past few years in many OECD countries. Changes in immigration policies and the development of bridging programmes for the recognition of foreign qualifications have contributed to this rise, but recent international recruitments have mainly been driven by unmet needs in host countries. Recent shortages of doctors are due to stringent measures on medical education adopted by many OECD countries over the past decades (see Indicator 3.3). Recent efforts to train more doctors should help reverse this trend, although the impact may only be felt in a few years.

The percentage of foreign-trained physicians has increased in most OECD countries, sometimes dramatically (Figure 3.4.2). It has nearly doubled in Switzerland and tripled in Ireland between 2000 and 2007. The increase also exceeded 5 percentage points in Sweden and the United Kingdom. Canada is one of the few OECD countries where the share of foreign-trained doctors has decreased since 2000 (Dumont et al., 2008).

The United States is the main receiving country, and hosts about half of all foreign-trained doctors working in the OECD. It is the only country to be a net receiver vis-à-vis all other OECD countries. In general, the international migration of health workers involves multiple interactions between OECD countries. Almost 60% of all migrant doctors in New Zealand were trained in another OECD country. This figure was 27% in the United Kingdom, 28% in the United States, 42% in Canada, and 90% in the Netherlands.

The composition of migration flows by country of origin depends on a number of factors, including: i) the

importance of migratory ties; ii) language; and iii) recognition of qualifications. Figure 3.4.3 provides an illustration of the distribution of the countries of training for the two main OECD receiving countries, the United States and the United Kingdom. It confirms the importance of other OECD countries, but also points out the importance of inflows from large developing countries, notably India and the Philippines.

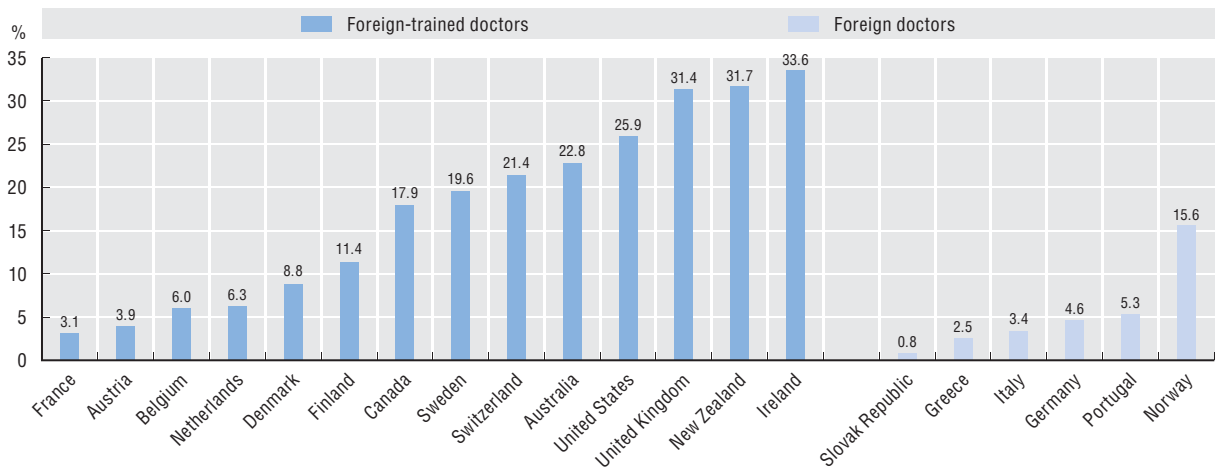
Even if smaller countries lose a small number of doctors in absolute term, this may have a large impact on their health system. Previous OECD work has shown, however, that the needs for health workers in developing countries, as estimated by the WHO, largely outstrip the numbers of immigrant health workers in the OECD (OECD, 2007a). Thus, it appears that international migration is neither the main cause nor would its reduction be the solution to the worldwide health human resources crisis, although it exacerbates the problem in some countries. There is growing awareness that the health workforce crisis is a global issue and that developing and developed countries need to work together to address it (OECD and WHO, 2009).

Definition and deviations

The data relate to registered foreign-trained physicians. In some countries however, the only information available relates to foreign doctors (without information on the location of their training). Some countries only report doctors with full registration, while others also include those with conditional/temporary/restrictive permits. Because migrant doctors are often over-represented in the latter categories, this may result in a serious undercounting of the number of foreign-trained doctors in those countries where they are not included. This is the case notably for France and to a lesser extent Ireland and Finland.

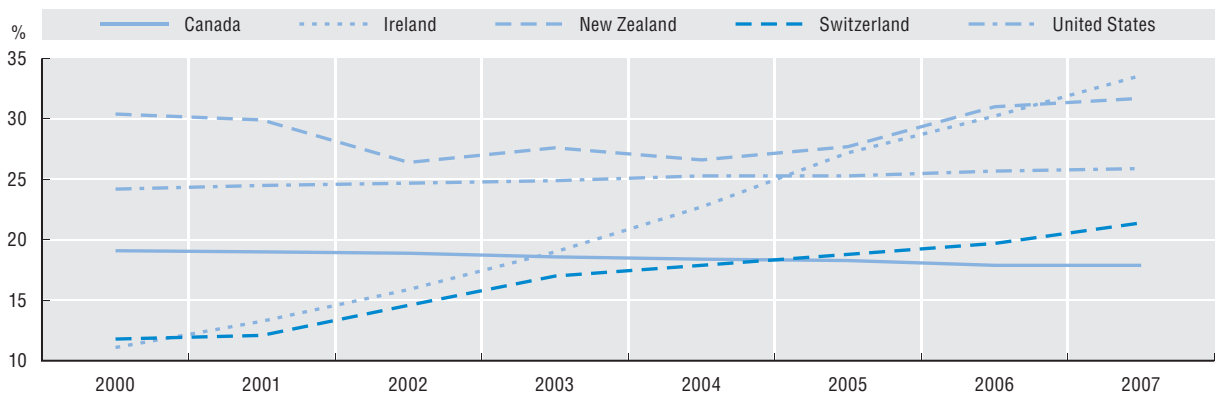
In most countries, the percentage of foreign-trained doctors is calculated by dividing it by the number of registered doctors. This is not the case, however, for France, Switzerland and the United Kingdom, where the share is calculated based on the number of practising doctors.

3.4.1 Share of foreign-trained or foreign doctors, 2007 (or latest year available)



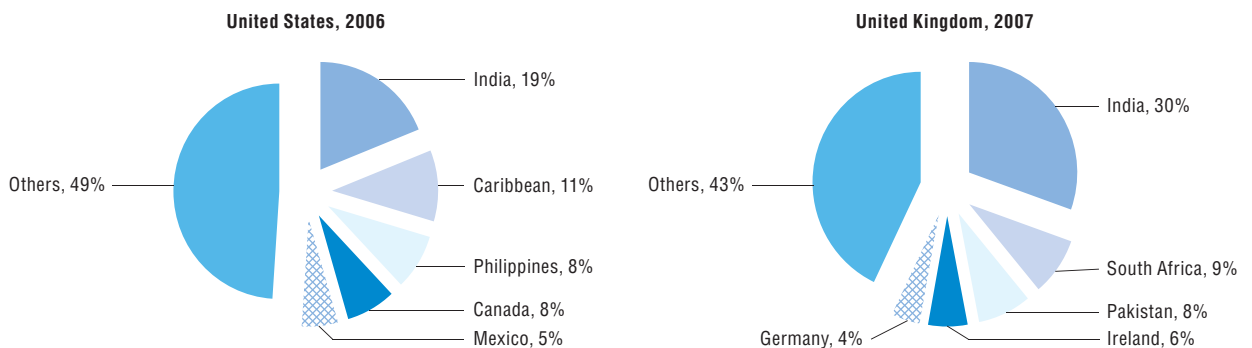
Source: OECD Health Data 2009 for foreign-trained doctors; OECD International Migration Outlook 2007 for foreign doctors.

3.4.2 Trends in the share of foreign-trained doctors, selected OECD countries, 2000-07



Source: OECD Health Data 2009.

3.4.3 Main countries of training of foreign-trained doctors, United States and United Kingdom



Source: OECD (www.oecd.org/health/workforce).



From:
Health at a Glance 2009
OECD Indicators

Access the complete publication at:
https://doi.org/10.1787/health_glance-2009-en

Please cite this chapter as:

OECD (2009), "Foreign-trained physicians", in *Health at a Glance 2009: OECD Indicators*, OECD Publishing, Paris.

DOI: https://doi.org/10.1787/health_glance-2009-27-en

This work is published under the responsibility of the Secretary-General of the OECD. The opinions expressed and arguments employed herein do not necessarily reflect the official views of OECD member countries.

This document and any map included herein are without prejudice to the status of or sovereignty over any territory, to the delimitation of international frontiers and boundaries and to the name of any territory, city or area.

You can copy, download or print OECD content for your own use, and you can include excerpts from OECD publications, databases and multimedia products in your own documents, presentations, blogs, websites and teaching materials, provided that suitable acknowledgment of OECD as source and copyright owner is given. All requests for public or commercial use and translation rights should be submitted to rights@oecd.org. Requests for permission to photocopy portions of this material for public or commercial use shall be addressed directly to the Copyright Clearance Center (CCC) at info@copyright.com or the Centre français d'exploitation du droit de copie (CFC) at contact@cfcopies.com.