International migration of doctors

The international migration of doctors and other health workers is not a new phenomenon, but has drawn a lot of attention in recent years because of concerns that it might exacerbate shortages of skilled health workers in certain countries, particularly in some developing countries that are already suffering from critical workforce shortages. The Global Code of Practice on the International Recruitment of Health Personnel, adopted by the World Health Assembly in May 2010, was designed to respond to these concerns. It provides an instrument for countries to promote a more ethical recruitment of health personnel, encouraging countries to achieve greater "self-sufficiency" in the training of health workers, while recognising the basic human right of every person to migrate.

There are significant differences across OECD countries in the proportion of doctors trained abroad. In 2013, the share of foreign-trained doctors ranged from less than 3% in Turkey, Poland, Estonia, the Netherlands and the Czech Republic to more than 40% in Israel and New Zealand (Figure 5.8). The very high proportion of foreign-trained doctors in Israel reflects not only the importance of immigration in this country, but also that a large number of new licenses are issued to people born in Israel but trained abroad (one-third in 2013). Norway, Ireland and Australia also have a high share of foreign-trained doctors, although in Norway roughly half of foreign-trained doctors are people who were born in the country but went to pursue their medical studies in another country. The share of foreign-trained doctors in the United Kingdom, Switzerland, the United States, Sweden and Canada varies between 23% and 30%.

Since 2000, the number and share of foreign-trained doctors has increased in many OECD countries (Figure 5.9), contributing to the overall rise in the number and density of doctors. In the United States and the United Kingdom, the share has remained relatively stable over time, but the absolute number of doctors trained abroad has continued to increase more or less at the same pace as the number of domestically-trained doctors (OECD, forthcoming). Sweden has experienced a strong rise in the number and share of foreign-trained doctors, with most of these foreign-trained doctors coming from Germany, Poland and Iraq. The number and share of foreign-trained doctors has also increased in France and Germany, though at a slower pace. In France, the rise is partly due to a fuller recognition of the qualifications of foreign-trained doctors who were already working in the country, as well as the inflow of doctors from new EU member states, notably Romania.

In absolute numbers, the United States has by far the highest number of foreign-trained doctors, with more than 200 000 doctors trained abroad in 2013. Following the United States is the United Kingdom with more than 48 000 foreign-trained doctors in 2014. The composition of migration flows by country of origin depends on several factors, including: i) the importance of migratory ties; ii) language; and iii) recognition of qualifications. Figure 5.10 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. Nearly 50% of foreign-trained doctors in the United States come from Asian countries, with doctors coming from India representing by far the largest number, followed by the Philippines and Pakistan. More than 10% of doctors were trained in the Caribbean Islands, but in many cases these were American students who went to study abroad and then came back to the United States to complete their post-graduate training and practice. Most foreign-trained doctors in the United Kingdom also came from Asian countries, with India also leading by a wide margin, although a growing number of foreign-trained doctors in the United Kingdom come from other EU countries.

Even if smaller countries in Africa, Asia or Central and Eastern Europe lose a small number of doctors in absolute terms, this may nonetheless have a large impact on their health systems. There is growing recognition that OECD countries should avoid actively recruiting from countries that are suffering from acute shortages of doctors.

Definition and comparability

The data relate to foreign-trained doctors working in OECD countries measured in terms of total stocks. The OECD health database also includes data on the annual flows for most of the countries shown here, as well as by country of origin. The data sources in most countries are professional registries or other administrative sources.

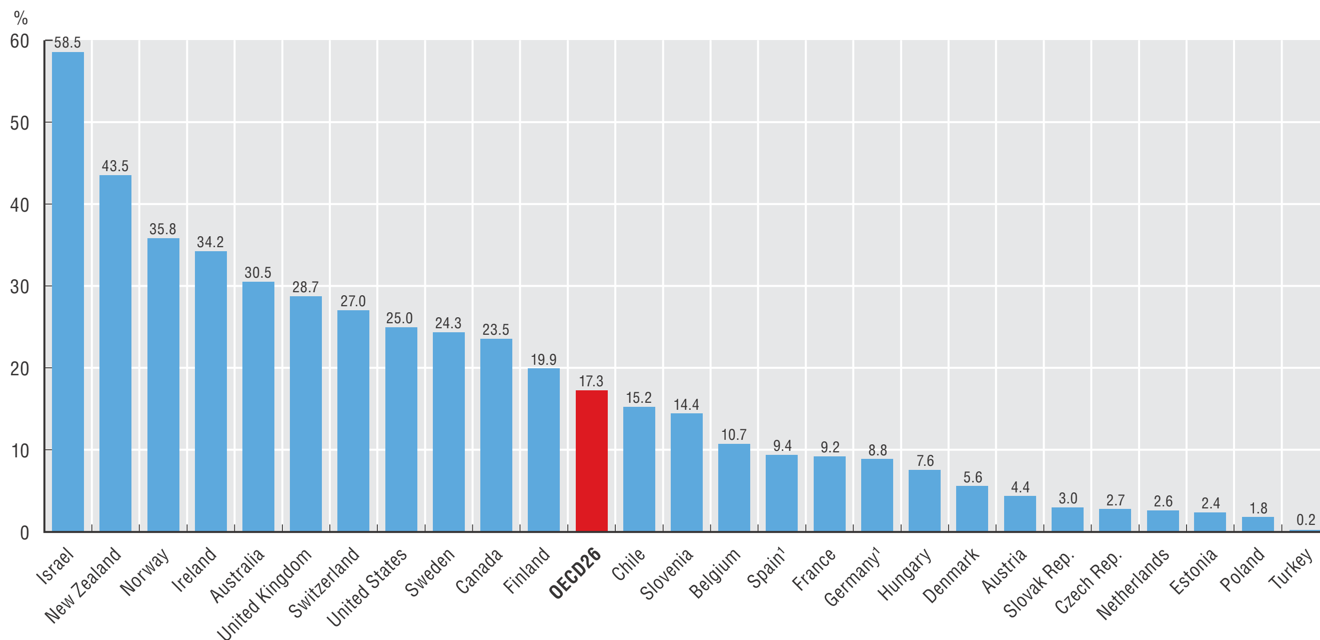
The main comparability limitation relates to differences in the activity status of doctors. Some registries are regularly updated, making it possible to distinguish doctors who are still actively working in health systems, while other sources include all doctors licensed to practice, regardless of whether they are still active or not. The latter will tend to over-estimate not only the number of foreign-trained doctors, but also the total number of doctors (including the domestically-trained), making the impact on the share unclear. The data source in some countries includes interns and residents, while these physicians in training are not included in other countries. Because foreign-trained doctors are often over-represented in the categories of interns and residents, this may result in an under-estimation of the share of foreign-trained doctors in countries where they are not included (e.g., France, Hungary, Poland and Switzerland).

The data for Germany and Spain is based on nationality (or place of birth in the case of Spain), not on the place of training.

References

OECD (forthcoming), *Health Workforce Policies in OECD Countries: Right Jobs, Right Skills, Right Places* (preliminary title), Chapter on "Changing patterns in the international migration of doctors and nurses", OECD Publishing, Paris.

5.8. Share of foreign-trained doctors in OECD countries, 2013 (or nearest year)

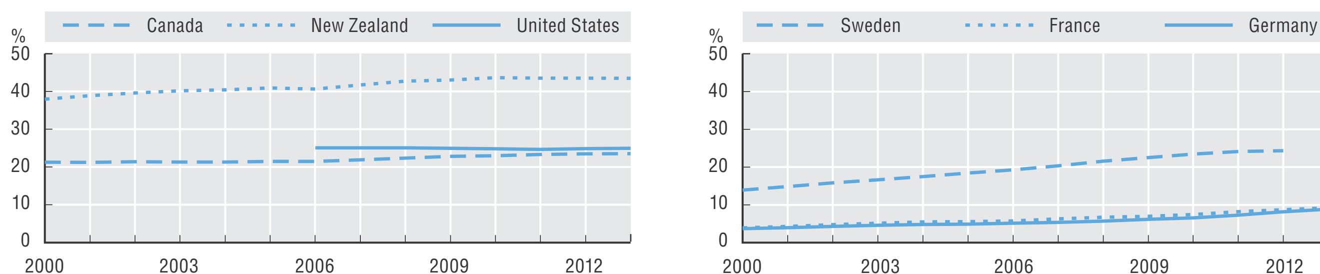


1. In Germany and Spain, the data is based on nationality (or place of birth in Spain), not on the place of training.

Source: OECD Health Statistics 2015, http://dx.doi.org/10.1787/health-data-en.

StatLink *http://dx.doi.org/10.1787/888933280906*

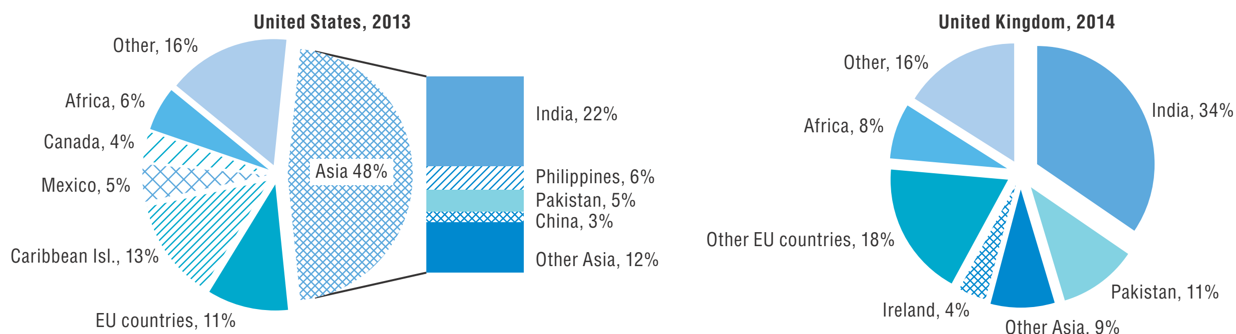
5.9. Evolution in the share of foreign-trained doctors, selected OECD countries, 2000 to 2013 (or nearest year)



Source: OECD Health Statistics 2015, http://dx.doi.org/10.1787/health-data-en.

StatLink *http://dx.doi.org/10.1787/888933280906*

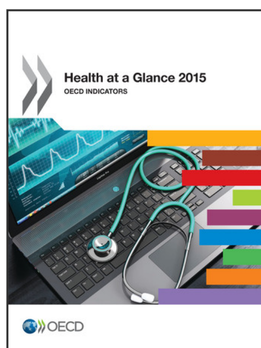
5.10. Main countries of training of foreign-trained doctors, United States and United Kingdom



Source: OECD Health Statistics 2015, http://dx.doi.org/10.1787/health-data-en.

StatLink *http://dx.doi.org/10.1787/888933280906*

Information on data for Israel: *http://oe.cd/israel-disclaimer*



From:
Health at a Glance 2015
OECD Indicators

Access the complete publication at:
https://doi.org/10.1787/health_glance-2015-en

Please cite this chapter as:

OECD (2015), “International migration of doctors”, in *Health at a Glance 2015: OECD Indicators*, OECD Publishing, Paris.

DOI: https://doi.org/10.1787/health_glance-2015-24-en

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