



International migration of health professionals: new evidence and recent trends

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Workshop on Human Resources For Health
And Migration : Mobility, training and the global
supply of health workers
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Overview

- I. Objectives and background of the project
- II. New evidence on the stock of foreign-born health professionals and nurses in the OECD
 - *An heterogeneous landscape*
 - *An unbalanced distribution*
 - *A matter of concerns for origin countries?*
- III. Recent trends and policies
- IV. Conclusion

Dumont JC. and P. Zurn (2007 forthcoming) *“Immigrant health workers in OECD countries: an assessment of the situation in the broader context of highly skilled migration”* in International Migration Outlook, OECD, Paris

OECD Health Workforce and Migration project

- Objective **1**. *To provide an overview of the stocks of international health workers in OECD countries*
- Objective **2**. *To review and analyse recent migration flows and policies*
- Objective **3**. *To describe and analyse health workforce policies and planning in relation to migration in OECD countries*
- Objective **4**. *To formulate policies to improve benefits from international mobility of health professionals in both sending and receiving countries*

Objectives 1 and 2 : provide an overview of stock and review recent trends and policies

- Increasing competition amongst OECD countries to attract and retain health professionals ...
- ... but raising concerns about the potential impact on developing countries
[Crisis for Human Resources for Health -WHO 2006, EU 2005]
- Despite the increasing policy interest, statistical evidence remains scarce and limited, if not anecdotic.
[Mullan 2005, Buchan 2003, Bourassa & al. 2004]
- ❖ **Compute an internationally comparable dataset** on the international mobility of health professionals and nurses to better inform policy making.

Data are based primarily on population censuses and population registers (foreign-born) but also on available information from professional registers (foreign trained) and migration statistics.

New evidence : *An heterogeneous landscape*

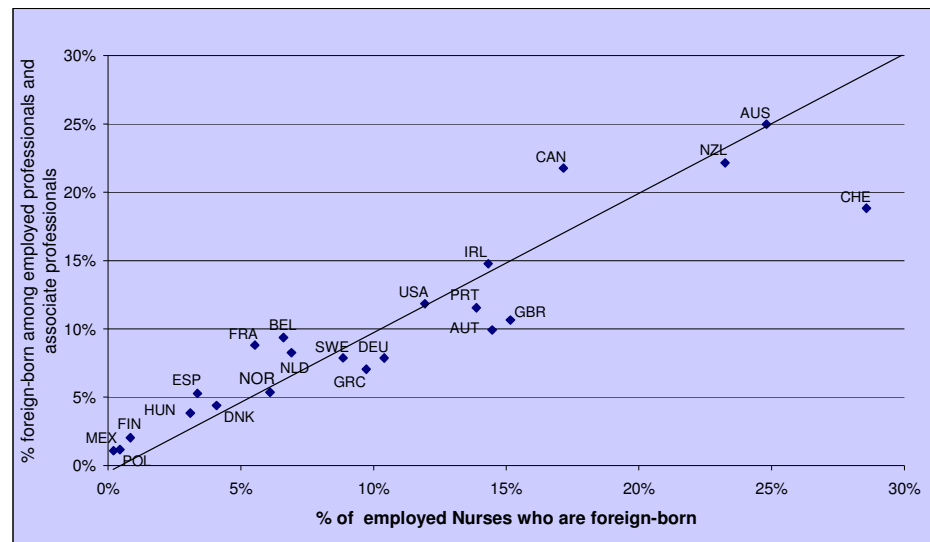
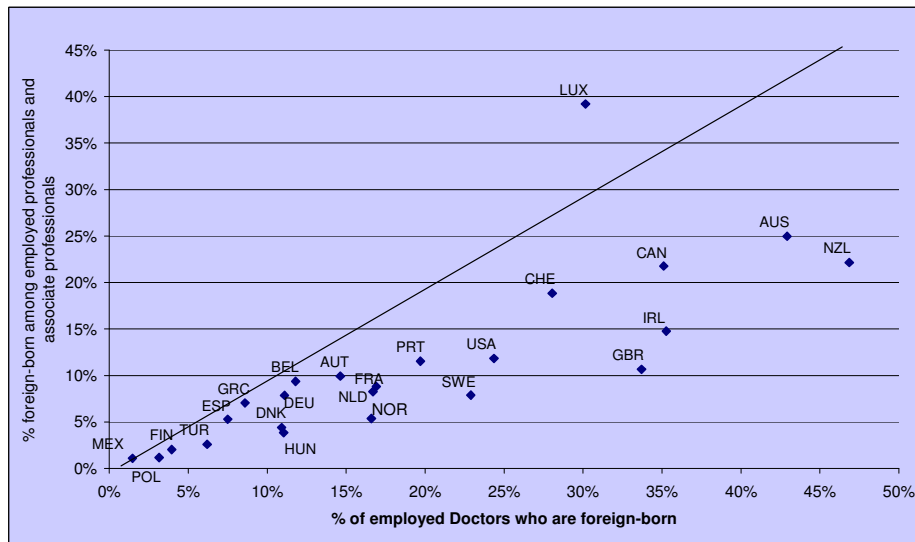
Country of residence	Nurses (ISCO 223+323)	Health professionals (ISCO 222)	Doctors (ISCO 221)
	% Total (excl. unknown places of birth)	% Total (excl. unknown places of birth)	% Total (excl. unknown places of birth)
AUS	24.8%	33.9%	42.9%
AUT	14.5%	14.4%	14.6%
BEL	6.6%	10.2%	11.8%
CAN	17.2%	32.0%	35.1%
CHE	28.6%	26.7%	28.1%
DEU	10.4%	9.5%	11.1%
DNK	4.1%	9.3%	10.9%
ESP	3.4%	6.4%	7.5%
FIN	0.8%	3.4%	4.0%
FRA	5.5%	14.7%	16.9%
GBR	15.2%	29.2%	33.7%
GRC	9.7%	7.4%	8.6%
HUN	3.1%	9.3%	11.0%
IRL	14.3%	28.1%	35.3%
LUX	25.8%	30.5%	30.2%
MEX	0.2%	1.2%	1.5%
NLD	6.9%	14.5%	16.7%
NOR	6.1%	14.5%	16.6%
NZL	23.2%	38.6%	46.9%
POL	0.4%	2.7%	3.2%
PRT	13.9%	17.2%	19.7%
SWE	8.9%	20.1%	22.9%
TUR		5.4%	6.2%
USA	11.9%	20.9%	24.4%
	10.7%	15.9%	18.2%

- There is a huge variety of situations across OECD countries ...
 - ... both in terms of absolute numbers and percentages.
- There are significant differences across health occupations ...
 - ... even if foreign-born nurses generally represent a lower share of the labour force than foreign-born doctors

New evidence: *An heterogeneous landscape*

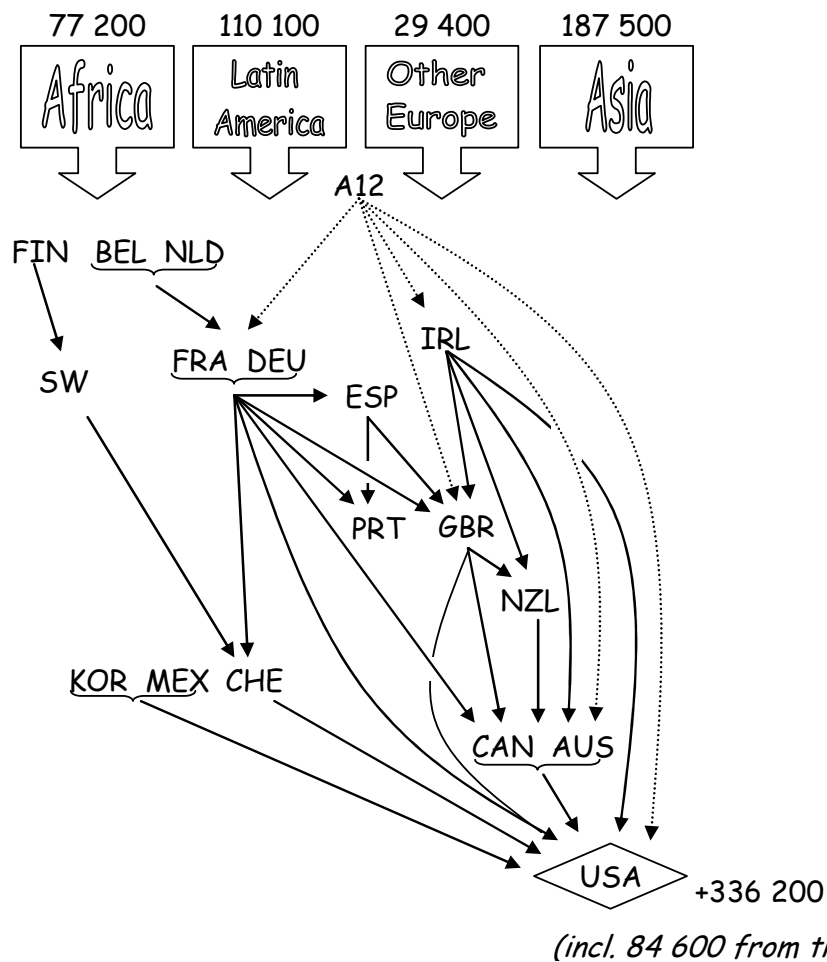
- To some extent the relative importance of foreign-born health professionals reflects that of highly skilled migrants in general

Percentage of foreign –born professionals compared to the percentage of foreign-born doctors and nurses in OECD countries, Circa 2000



Source: OECD population censuses and population registers, circa 2000. Authors' calculations

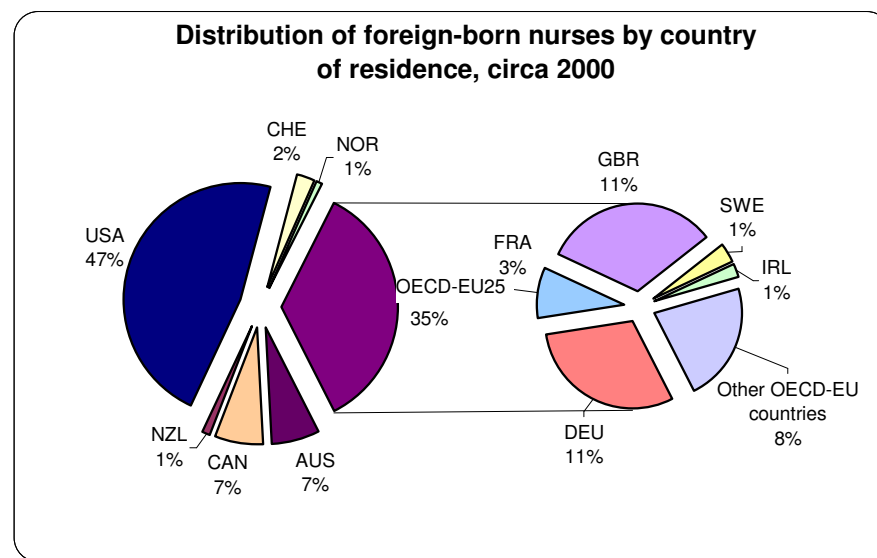
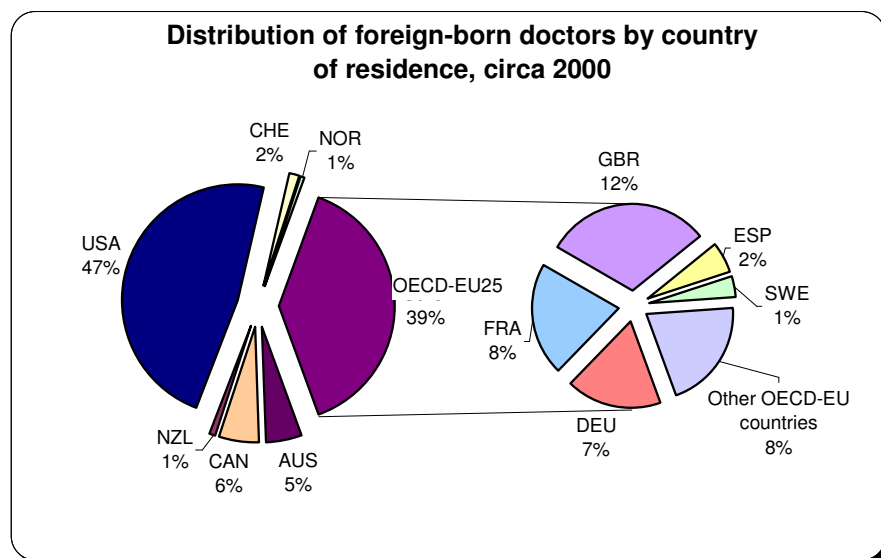
New evidence : *An unbalanced distribution*



- The international migration of health professionals is characterised by multiple interactions between OECD...
 - ... but also by an involvement of an increasing number of non-OECD countries
 - For both doctors and nurses the movements are well depicted by a “cascade type” model ...
- ... where the United States are the only net receiver vis-à-vis all other OECD countries {+79k nurses & +44k doctors}

New evidence: *An unbalance distribution*

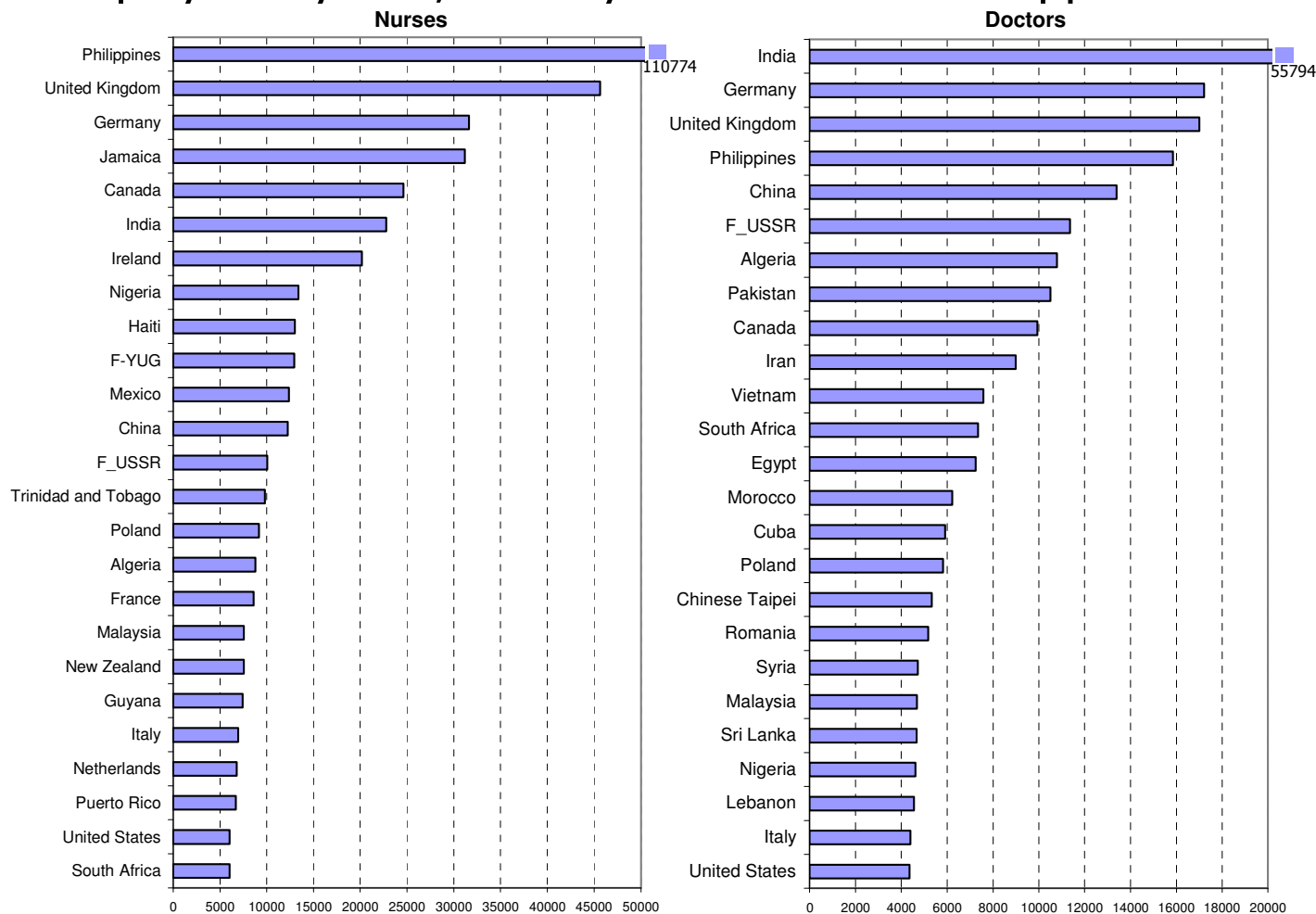
- The United States is the main recipient country for health workers
- The EU also receives quite a lot of foreign-born doctors but a significant share of them would come from the EU region (including A8)
- ❖ Asia is the main region of origin for doctors and nurses (significantly more than for tertiary educated in general)



Source: OECD population censuses and population registers, circa 2000. Authors' calculations

New evidence: *A matter of concerns for origin countries?*

- Some OECD countries are amongst the main origin countries for foreign-born doctors and nurses, but several lower income countries play a key role, notably India and the Philippines.

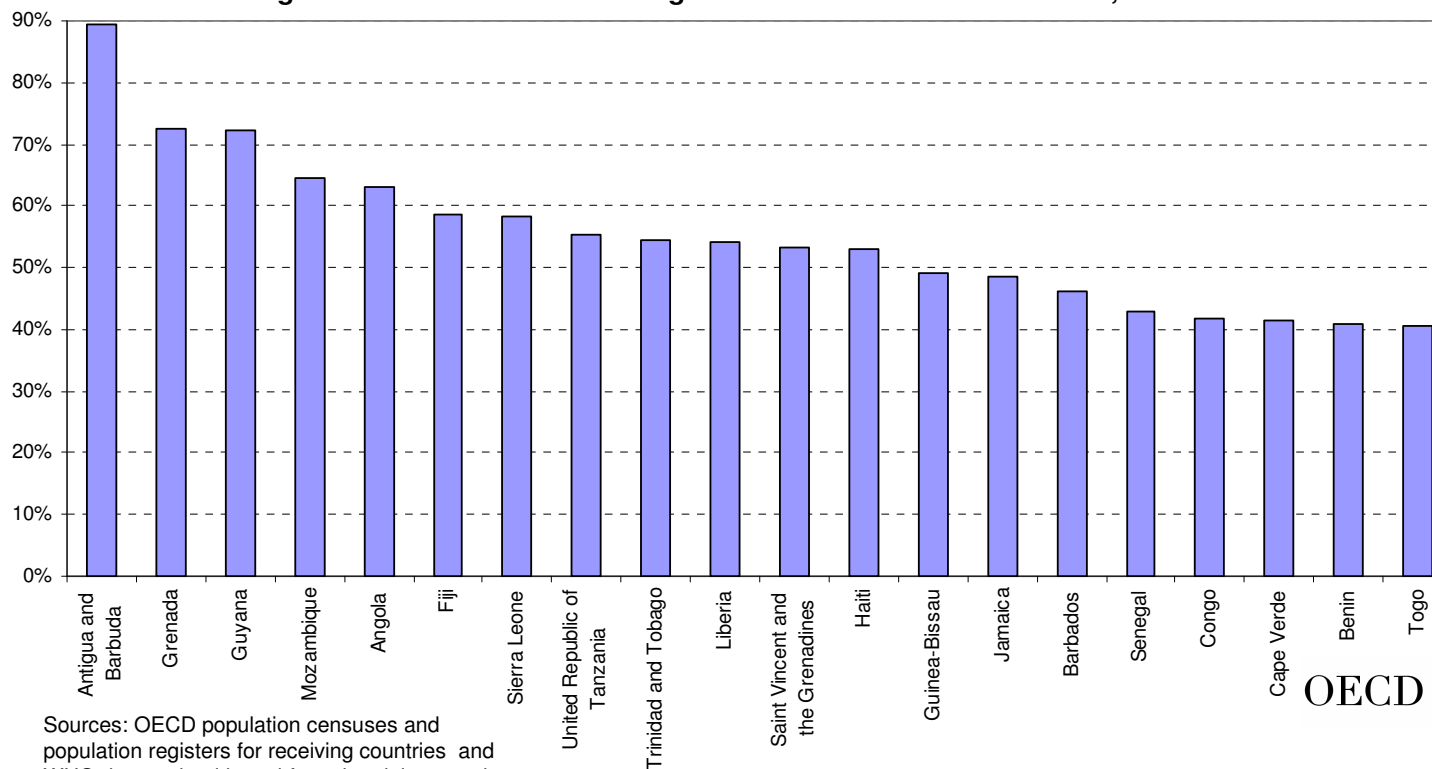


Source: OECD population censuses and population registers, circa 2000. Authors' calculations

New evidence: *A matter of concerns for origin countries?*

- African and the Caribbean countries are disproportionately affected...
- ... but the impact should be evaluated taking into account notably
 - (i) employment opportunities in the home country, and
 - (ii) the importance of the training in the receiving country

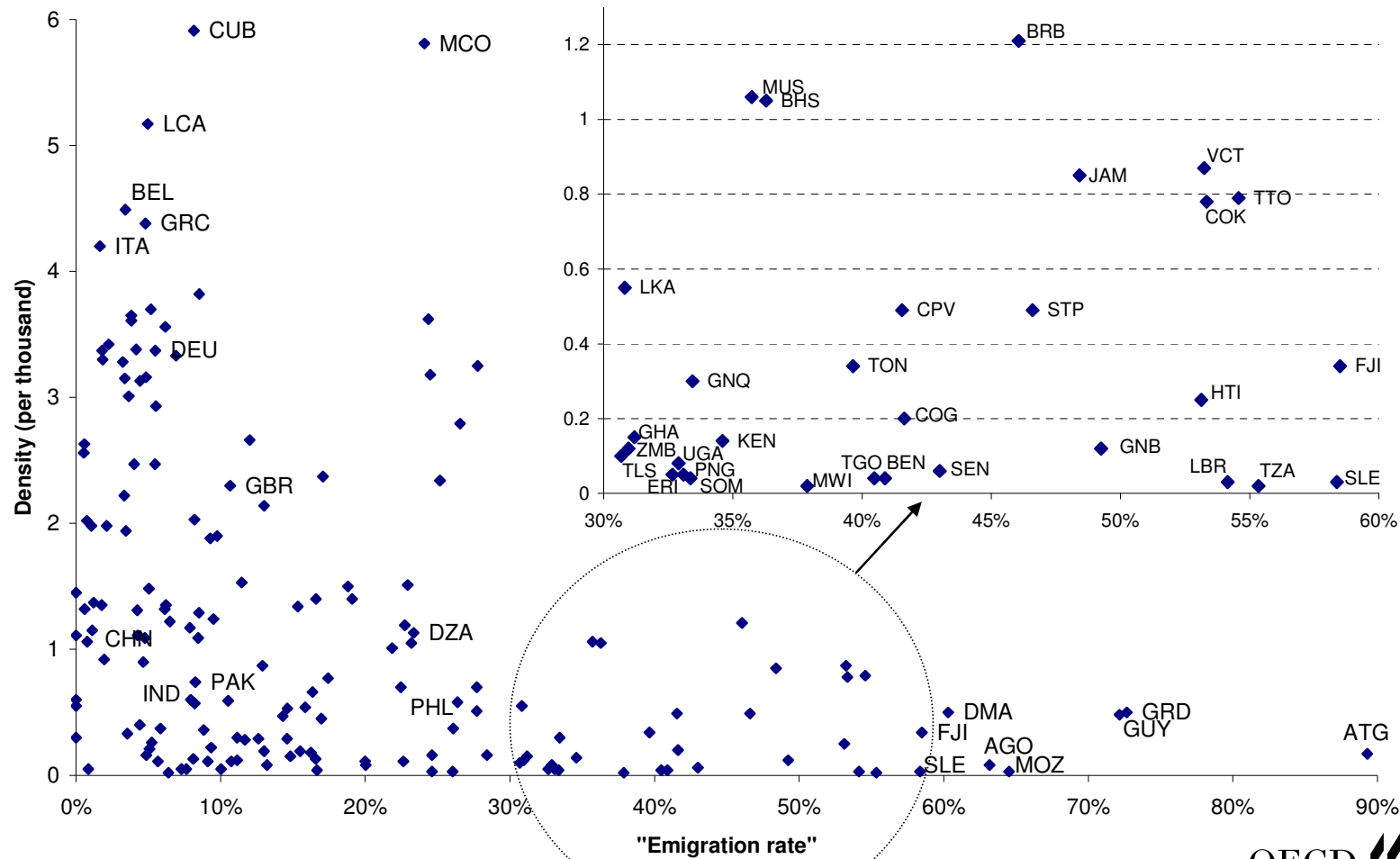
"Expatriation rate" of doctors towards the OECD
20 highest ratio for countries having at least 100 doctors in the OECD, circa 2000



Sources: OECD population censuses and population registers for receiving countries and WHO data on health workforce in origin countries.

New evidence: *A matter of concerns for origin countries?*

Scattered plot : emigration rate and density of doctors by origin country, circa 2000



Sources: OECD population censuses and population registers for receiving countries and WHO data on health workforce in origin countries.

New evidence: *A matter of concerns for origin countries?*

- The needs in human resources in developing countries, as estimated by the WHO, largely outstrip the numbers of immigrant health workers in the OECD.
- International migration is neither the main cause nor would its reduction be the solution to the worldwide health human resources crisis, even though it exacerbates the acuteness of the problems in some countries.

Estimated critical shortages of doctors and nurses and midwives, by WHO region

WHO region	Number of countries		In countries with shortages			Foreign-born doctors and nurses in OECD countries by region of origin	
	Total	With shortages	Total stock	Estimated shortage	Percentage increase required	Number	Percentage of the estimated shortage
Africa	46	36	590198	817992	139%	98329	12%
Americas	35	5	93603	37886	40%	199314	526%
South-East Asia	11	6	2332054	1164001	50%	101460	9%
Europe	52	0	-	-	-
Eastern Mediterranean	21	7	312613	306031	98%	71551	23%
Western Pacific	27	3	27260	32560	119%	212280	652%
World	192	57	3355728	2358470	70%		

Sources: World Health Report -WHO 2006 (see endnote 22 for details on how "critical shortages" are estimated) and authors' calculations for emigration data.

Recent trends and policies

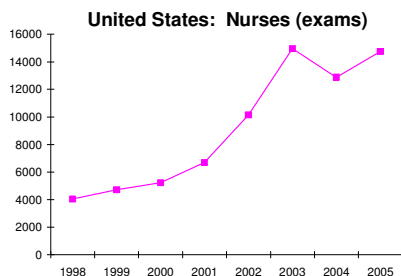
- Over the last 30 years, the number of foreign trained doctors in OECD countries have increased dramatically (by 240%) ...
- ... even if their share in the total workforce has increased at a lower rate.

Foreign trained doctors in selected OECD countries

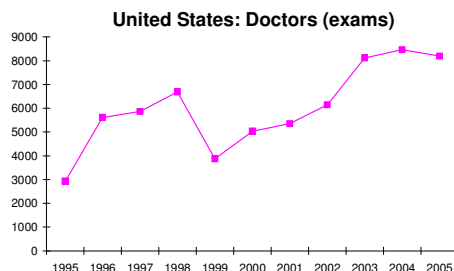
Country of residence	1970	2005
	%	%
Australia	24%	25%
Canada	31%	22%
Germany*	5%	5%
Denmark	3%	11%
Finland	1%	7%
France	1%	6%
United Kingdom	26%	33%
Netherlands	1%	6%
New Zealand	27%	36%
Portugal*	1%	4%
Sweden	5%	5%
United States	22%	25%

Source: Mejia & al. (1979) for the 70s and Mullan (2005) and various national sources from professional register for 2000s (preliminary data)

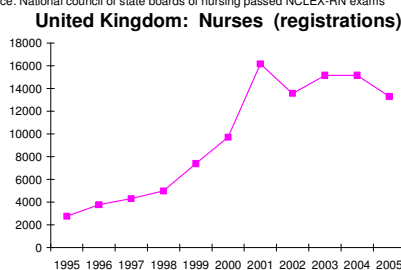
Inflow of health professionals in selected OECD countries, 1995-2005



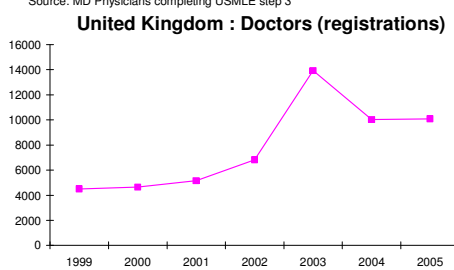
Source: National council of state boards of nursing passed NCLEX-RN exams



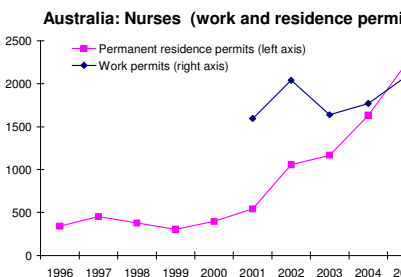
Source: MD Physicians completing USMLE step 3



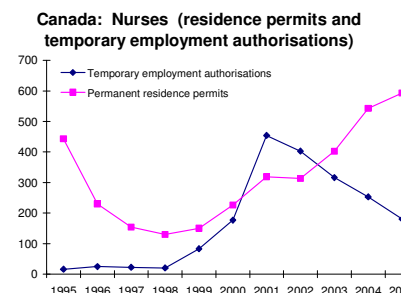
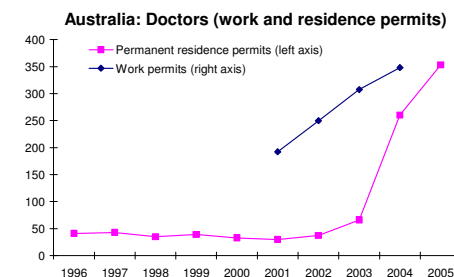
Source: Nursing and Midwifery Council - new registrations



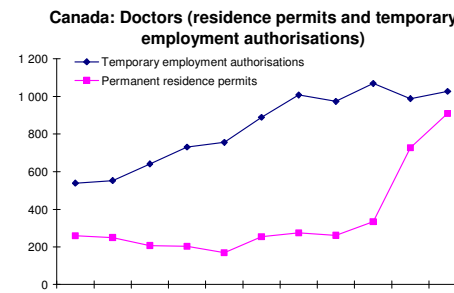
Source: General Medical Council - new full registrations



Source: Permanent residence permits: Skill Stream - Principal Applicants Only; Work Permits: visa subclass 422 and 457, DIMA



Source: Citizenship and Immigration Canada, Facts & Figures 2005. Permanent residence permits: Permanent Residents in (Intended) Health Care Occupations (Principal Applicants); Temporary employment authorisations: Annual Flow of Foreign Workers.



Recent trends and policies

- Most recent migration trends show an increase, if not an acceleration, particularly towards the main receiving countries
- These trends involve all types of health occupations, but nurses seem to be more affected
- Policy matters (e.g. United Kingdom and Australia)

Conclusion

- In some OECD countries the share of foreign-born doctors and nurses is particularly large (close to 50%).
- Data for professionals register generally show lower figures but confirm the rapid increase in international migration of health professionals.
- To a large extent international migration of health professionals reflects that of the highly skilled in general.
- Very few OECD countries have specific migration policies or bilateral agreements.
- Origin countries are diversely affected by international migration of doctors and nurses. Some countries in the Caribbean and in Africa (including some French speaking countries) face high emigration rates (over 50%).
- That being said, international migration is neither the main cause nor would its reduction be the response to the worldwide crisis in human resources for health.
- The recent migration trends in OECD countries suggest a rapid increase in the migration inflows which requires all the attention and commitments from all stakeholders, including origin countries, receiving countries and migrants themselves.