

Health Workforce and Migration : an OECD perspective

Jean-Christophe Dumont
Directorate for Employment, Labour and Social Affairs
International Migration Division
OECD, Paris

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Background

- Rising concerns about health worker shortages in many OECD countries
 - Population and health workforce ageing
 - New technologies are generating increased demand
 - Changing working patterns (feminisation, early retirement ...)
- Potential competition amongst OECD countries to attract and retain health professionals
- Because of the increasing policy interest, good data on stocks and on trends are essential.

Foreign born as a percentage of practising nurses and doctors in OECD countries, circa 2000

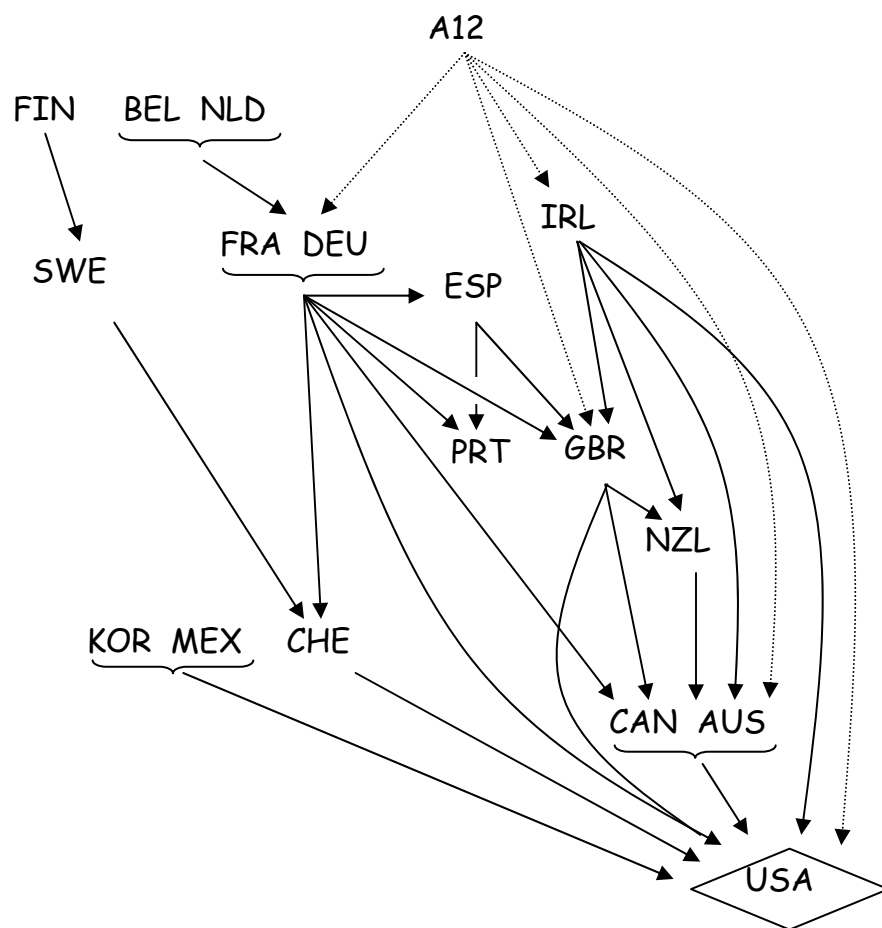
	<i>Nurses</i>	<i>Doctors</i>
New Zealand	23.2	46.9
Australia	24.8	42.9
Ireland	14.3	35.3
Canada	17.2	35.1
United Kingdom	15.2	33.7
Luxembourg	25.8	30.2
Switzerland	28.6	28.1
United States	11.9	24.4
Sweden	8.9	22.9
Portugal	13.9	19.7
OECD	10.7	18.2
France	5.5	16.9
Netherlands	6.9	16.7
Norway	6.1	16.6
Austria	14.5	14.6
Belgium	6.6	11.8
Germany	10.4	11.1
Hungary	3.1	11.0
Denmark	4.1	10.9
Greece	9.7	8.6
Spain	3.4	7.5
Turkey		6.2
Finland	0.8	4.0
Poland	0.4	3.2
Mexico	0.2	1.5

Key results (1/7)

- There is a huge variety of situation across OECD countries ...
- ... but in many countries immigrants make an important contribution to the health system ...
- ... notably if one takes into account their role in insuring the continuity of service.

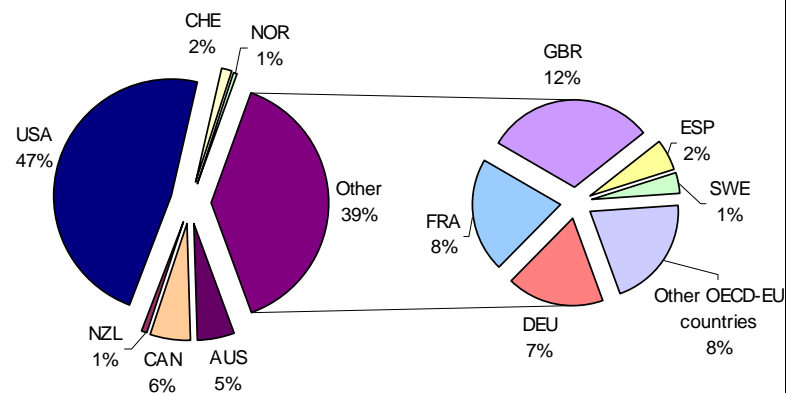
Key results (2/7)

Intra-OECD migration of nurses: a cascade-type pattern
Net stocks, circa 2000



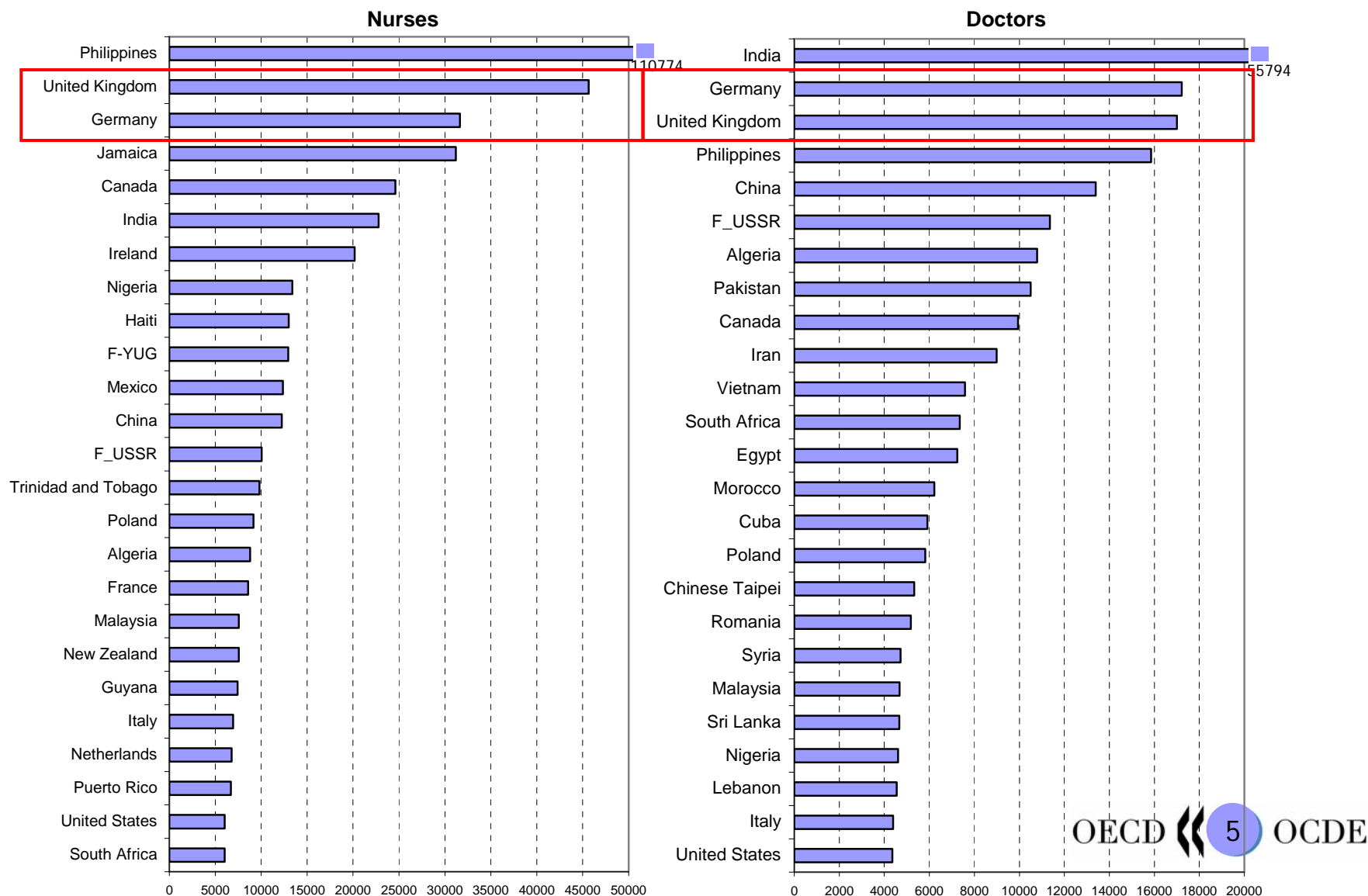
- The international migration of health workers is characterised by multiple interactions between OECD countries, including within the EU.
- For both doctors and nurses the movements are well depicted by a "cascade type" model.
- The United States are the only net receiver with all other OECD countries.

Distribution of foreign-born doctors by country of residence, circa 2000



Key results (3/7)

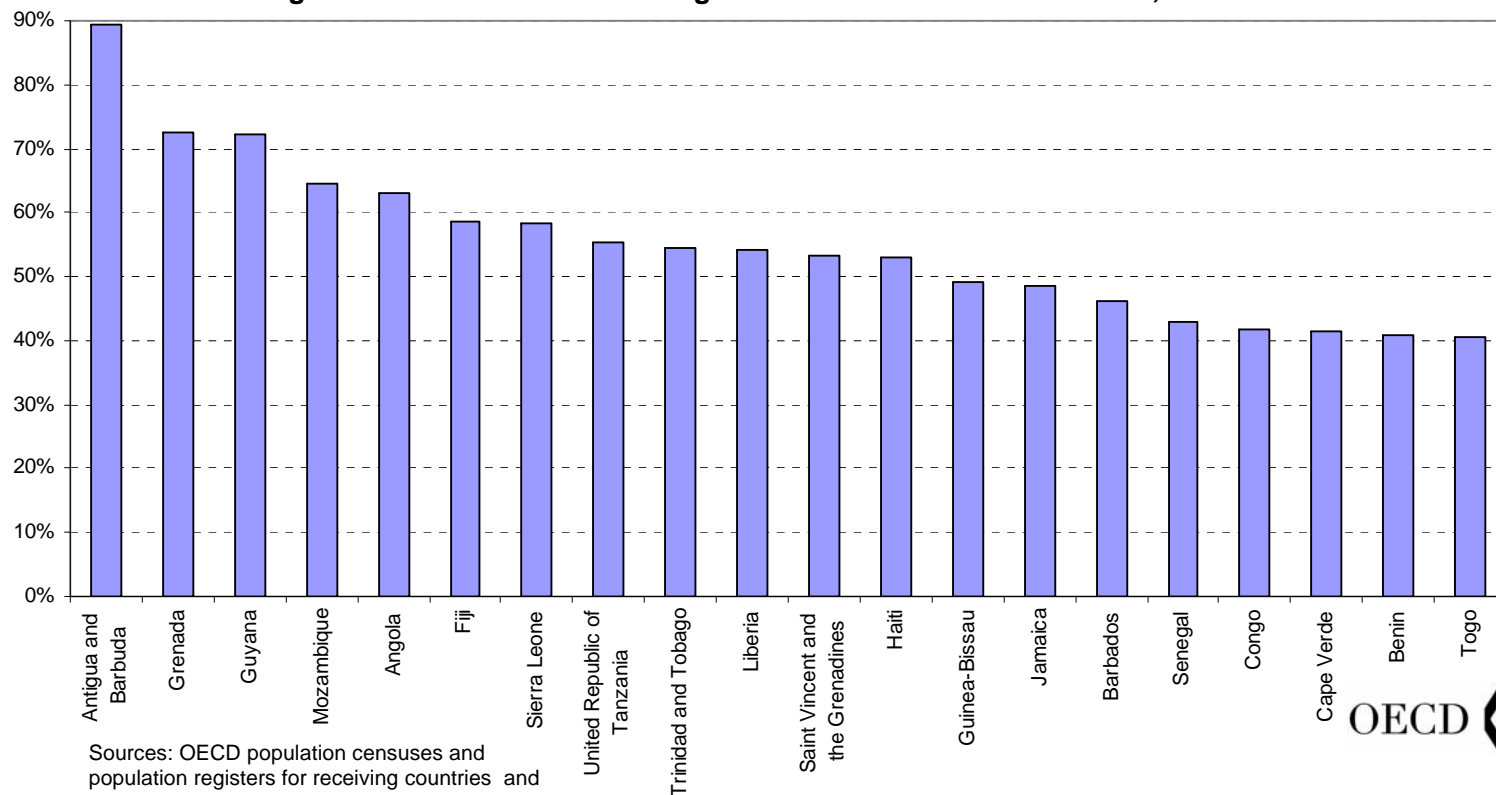
Foreign-born doctors and nurses in the OECD by main countries of origin, circa 2000



Key results (4/7)

- African and the Caribbean countries are disproportionately affected...
- ... but the needs in human resources in developing countries, as estimated by the WHO, largely outstrip the numbers of immigrant health workers in the OECD.

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



Key results (5/7)

- 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

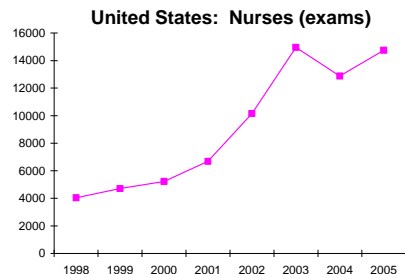
WHO region	Number of countries		In countries with shortages			Foreign-born doctors and nurses in OECD countries by region of origin	
	Total	With shortages	Total stock	Estimated shortage	Percentage increase required	Number	Percentage of the estimated shortage
Africa	46	36	590198	817992	139%	98329	12%
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.

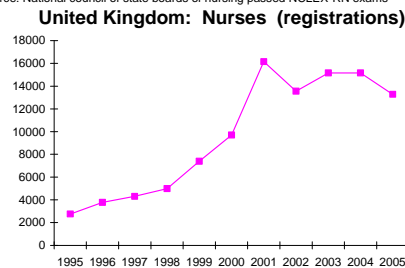
Key results (6/7)

- OECD countries have very few specific migration programmes to date targeting health professionals. Nevertheless, most of them have special provisions to facilitate the migration of the highly skilled in general, including health professionals.
- Bilateral agreements do not play an important role so far.
- Recognition of foreign qualifications remains an important tool to insure high standards and quality in healthcare delivery, but also serves sometimes to control inflows of foreign-trained workers.

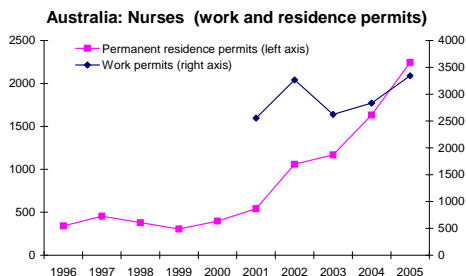
Inflow of health professionals in selected OECD countries, 1995-2005



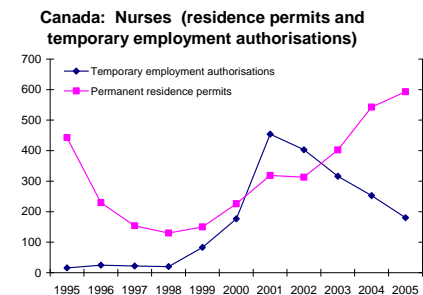
Source: National council of state boards of nursing passed NCLEX-RN exams



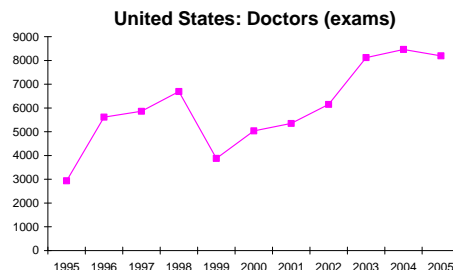
Source: Nursing and Midwifery Council - new registrations



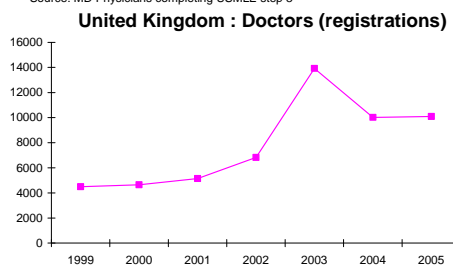
Source: Permanent residence permits: Skill Stream - Principal Applicants Only; Work Permits: visa subclass 422 and 457, DIMA



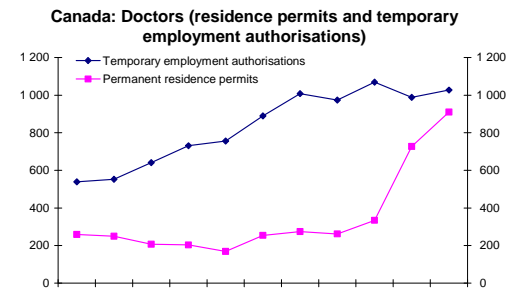
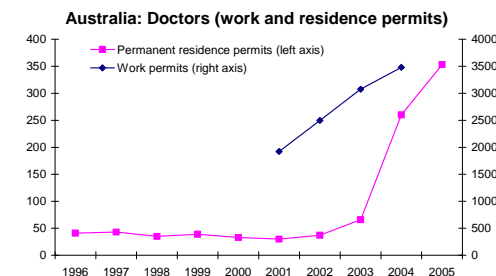
Source: Citizenship and Immigration Canada, Facts & Figures 2005. Permanent residence permits: Permanent Residents in (Intended) Health Care Occupations (Principal Applicants); Temporary employment authorisations: Annual Flow of Foreign Workers.



Source: MD Physicians completing USMLE step 3



Source: General Medical Council - new full registrations



Key results (7/7)

- Long-term trends over the past 25 years show that the number and the percentage of foreign-trained doctors has increased significantly in most OECD countries.
- Recent trends in migration, over the past 5 years, show radical upward shifts in several OECD countries.
- Policies matter (e.g. United Kingdom and Australia).
- Some key factors drive international migration of health professionals