

Dialogue on migration and other  
health workforce issues in a global  
economy

Geneva, 20-21 October 2008

**Introductory Remarks:**

**Joint WHO-OECD project**  
*“Health workforce and  
international migration”*

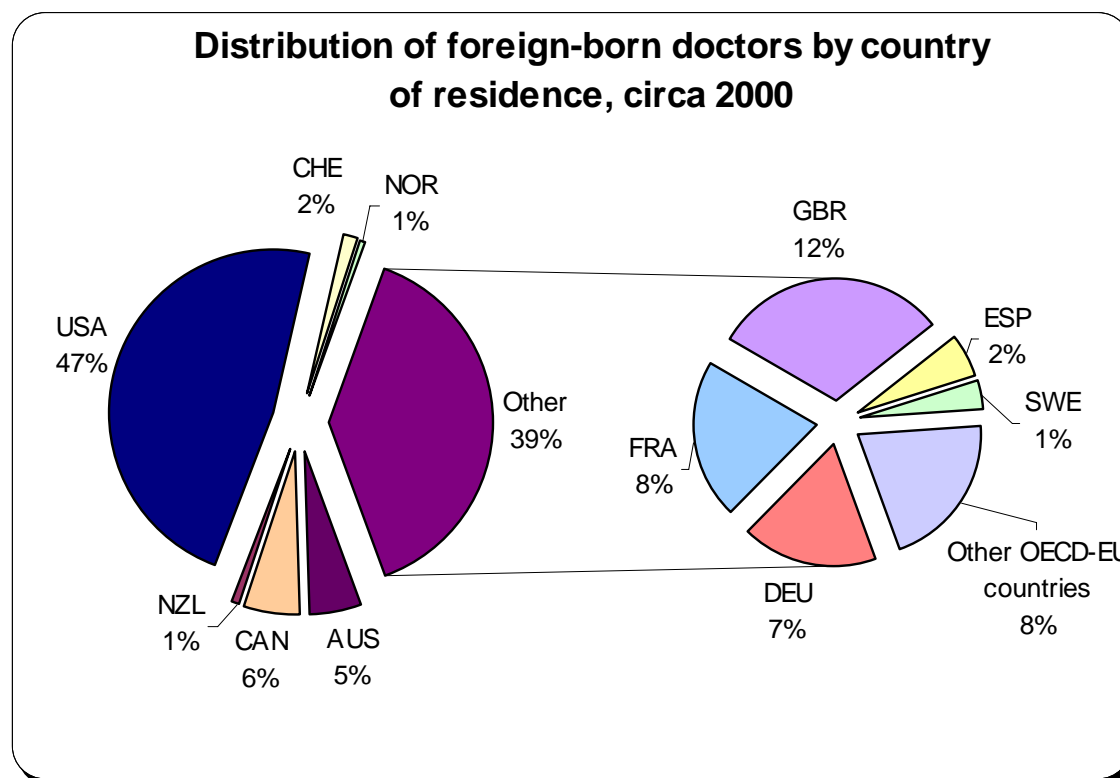
Peter Scherer  
Head  
OECD Health Division

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

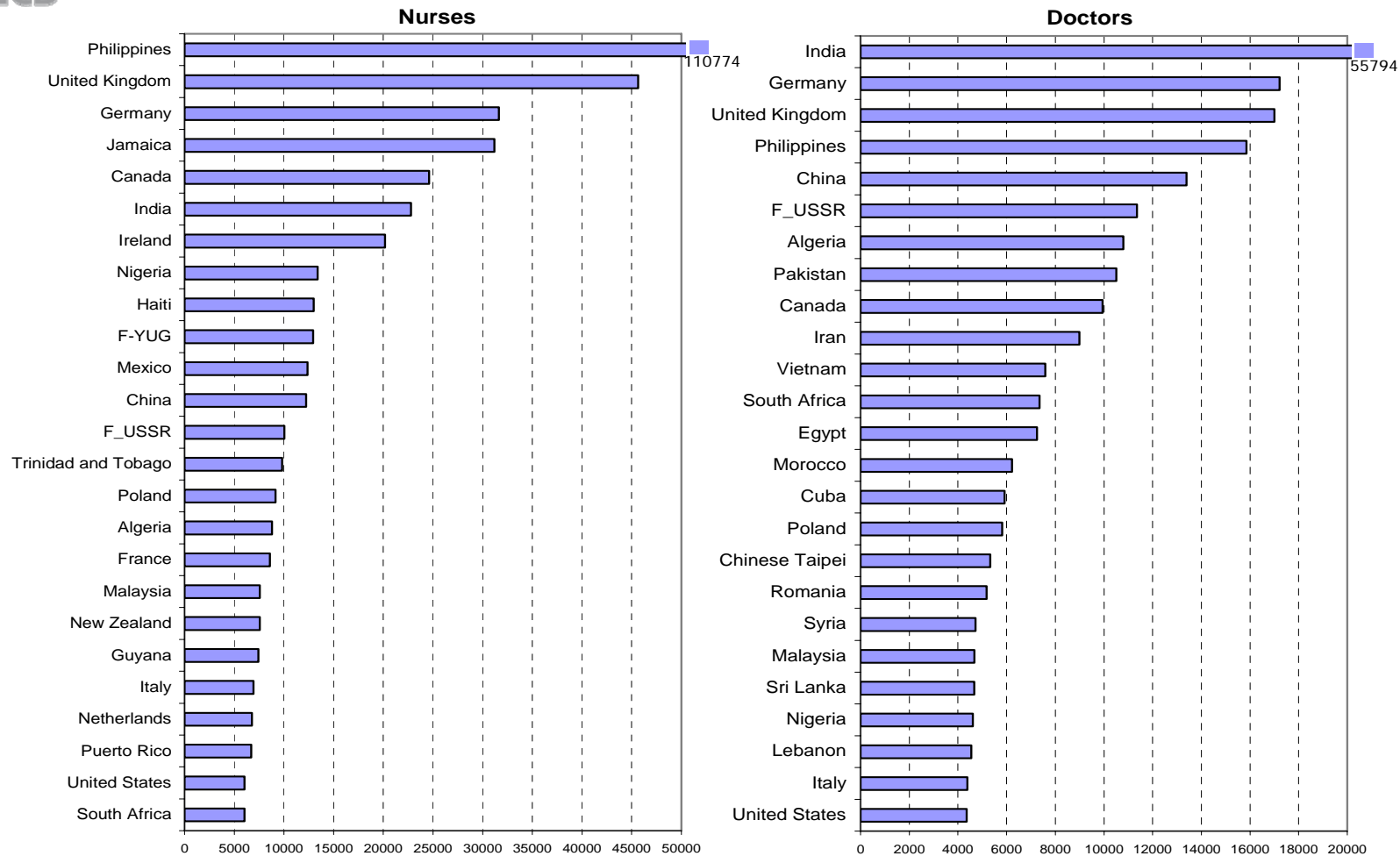
	<i>Nurses</i>	<i>Doctors</i>
New Zealand	23.2	46.9
Australia	24.8	42.9
Ireland	14.3	35.3
Canada	17.2	35.1
United Kingdom	15.2	33.7
Luxembourg	25.8	30.2
Switzerland	28.6	28.1
United States	11.9	24.4
Sweden	8.9	22.9
Portugal	13.9	19.7
<b>OECD</b>	<b>10.7</b>	<b>18.2</b>
France	5.5	16.9
Netherlands	6.9	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

Source: International Migration Outlook , OECD (2007)

- The United States is the main recipient country of health workers ... even if the EU also receives quite a lot (a significant share would come from within the EU)
- But the United States is less reliant on foreign born health professionals than many other countries.



# The sources of migration into OECD countries

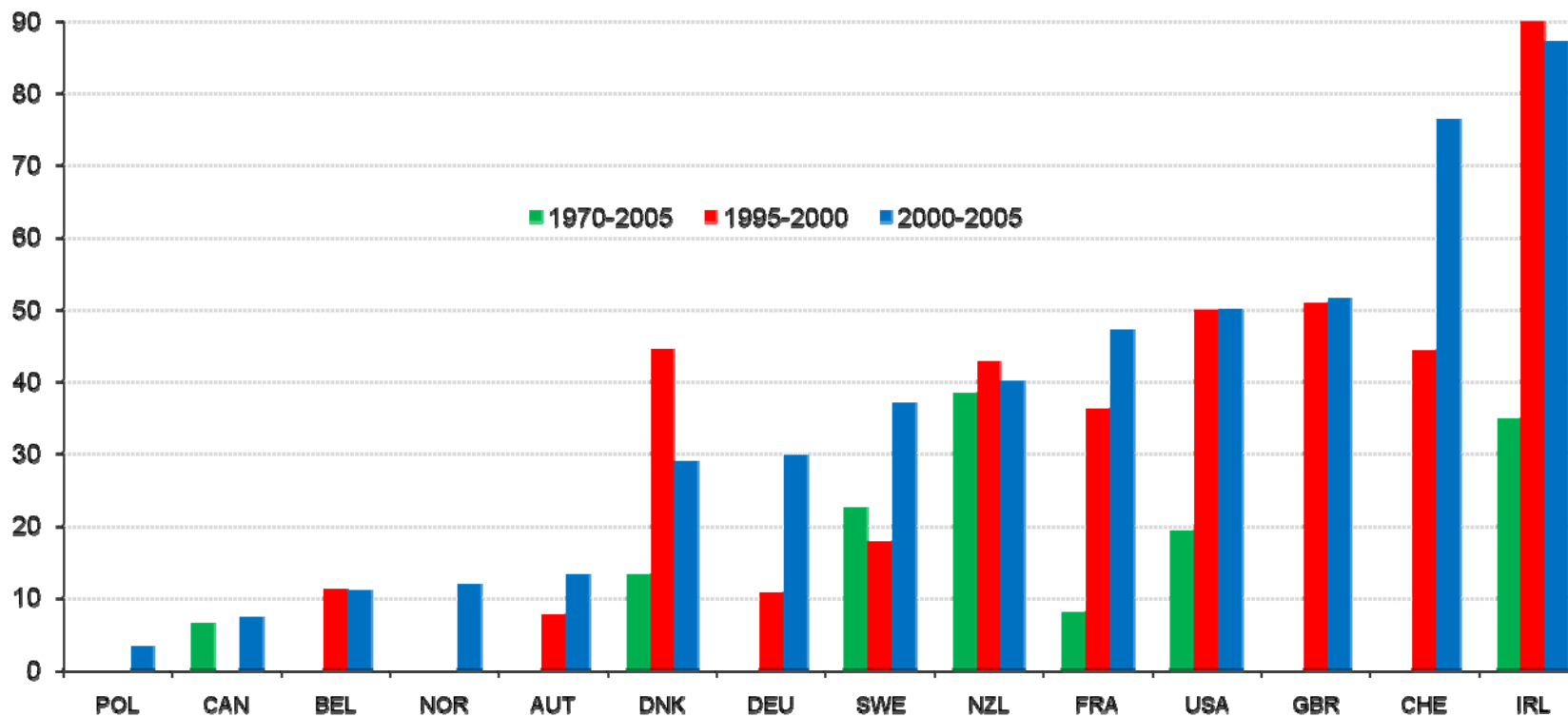


Main countries of origin of Foreign-born doctors and nurses in the OECD, circa 2000

Much migration of Health professionals is from countries which seek to export the services of health professionals (nurses from the Philippines) or from other OECD countries (UK and Germany) But a significant part is from poor countries with too few health professionals to serve their own populations.

# Growing reliance on foreign trained doctors

Contribution of the foreign-trained doctors to the net increase in the number of practicing doctors in selected OECD countries, percentage 1970-2005

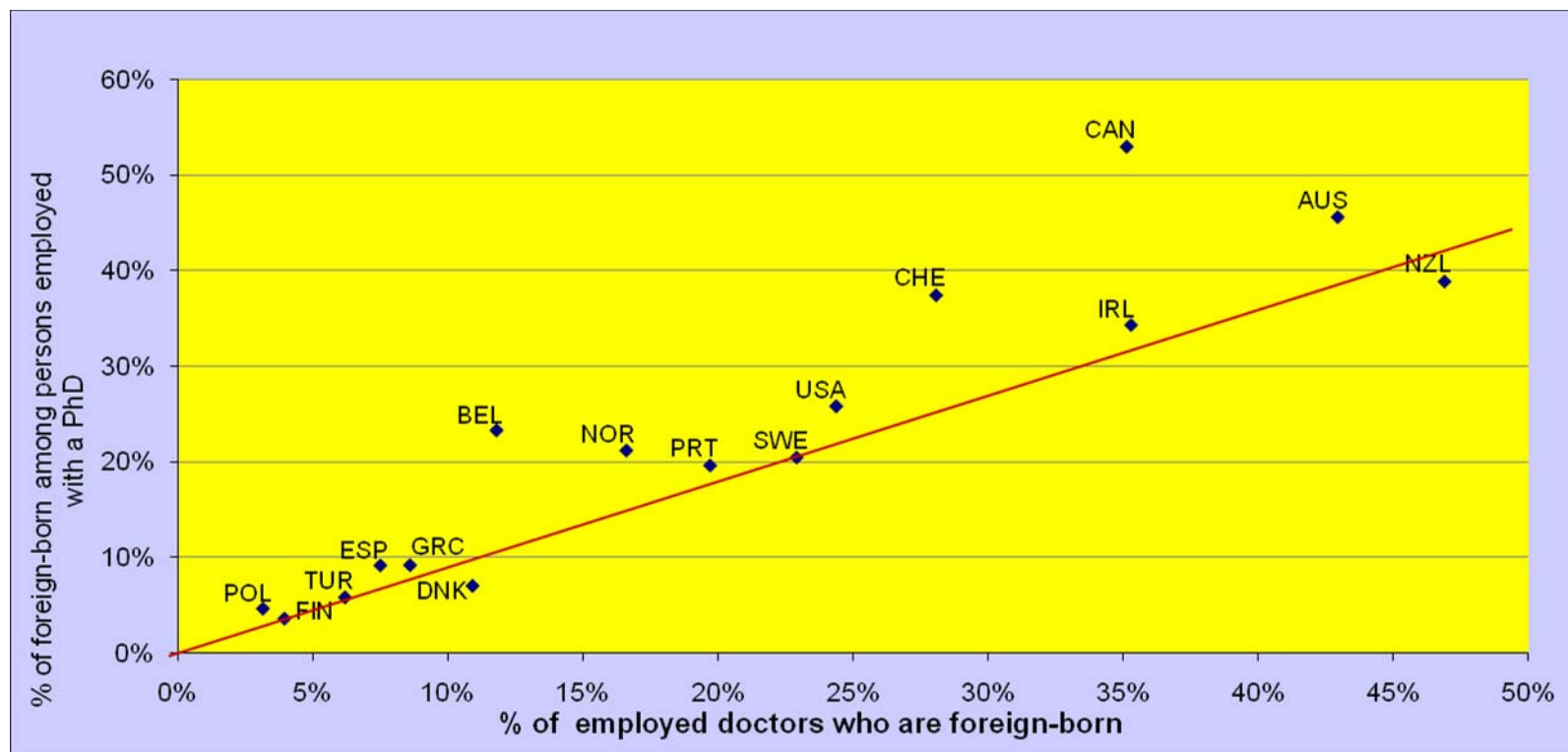


Source : OECD Health Data 2007 and OECD International Migration Outlook 2007

Note: data for Germany, Belgium and Norway refer to foreign doctors instead of foreign-trained doctors.

In response to domestic supply shortages, several developed countries have come to rely, over the last decade, on foreign trained doctors

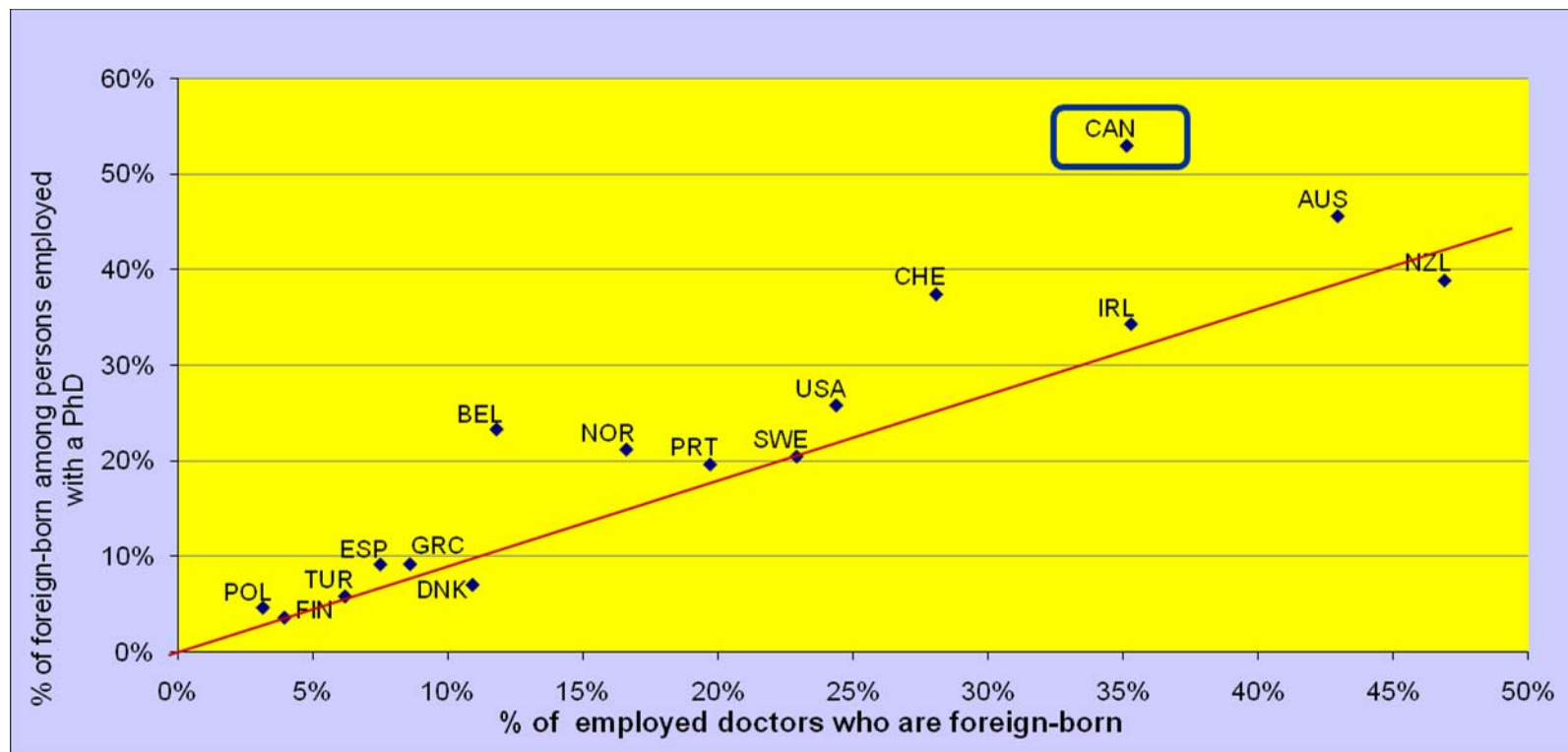
## Percentage of foreign-born doctors compared to the percentage of foreign-born among people employed and holding a PhD in selected OECD countries, circa 2000



Source: OECD International Migration Outlook, 2007, p. 171

The flow of foreign health professionals is part of a general policy of encouraging skilled immigration. Explicitly trying to stop the flow by forbidding health professionals to accept positions would imply discriminating against these professions

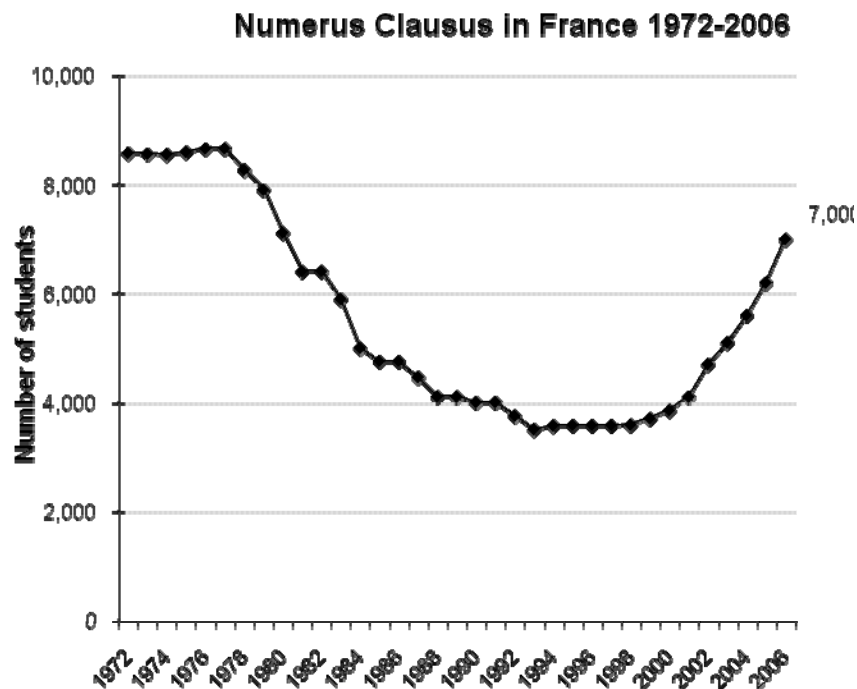
## Percentage of foreign-born doctors compared to the percentage of foreign-born among people employed and holding a PhD in selected OECD countries, circa 2000



Source: OECD International Migration Outlook, 2007, p. 171

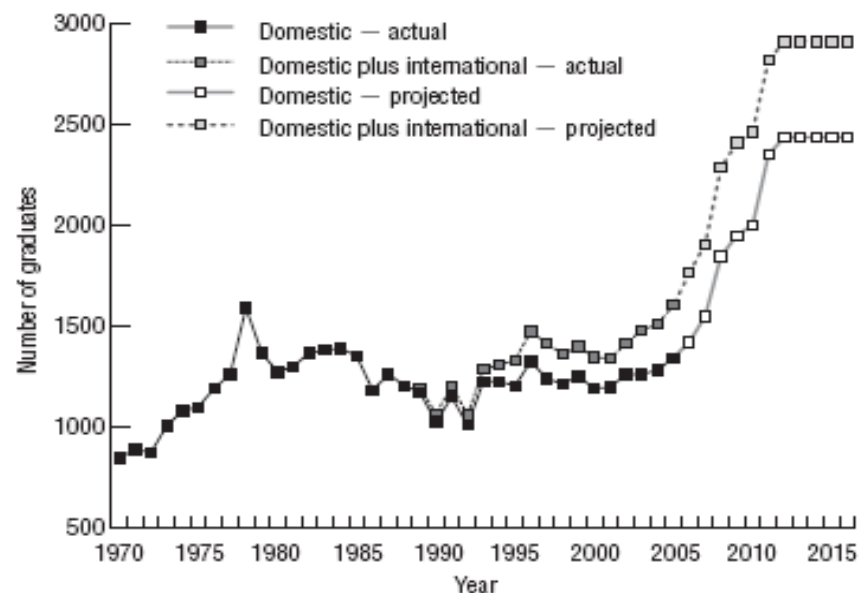
The flow of foreign health professionals is part of a general policy of encouraging skilled immigration. Explicitly trying to stop the flow by forbidding health professionals to accept positions would imply discriminating against these professions

# Cyclical patterns in training efforts for physicians



Source: Cash R. and P. Ulman (2008), *Migration des professionnels de santé : le cas de la France*, OECD Health Working Papers, (forthcoming) Paris

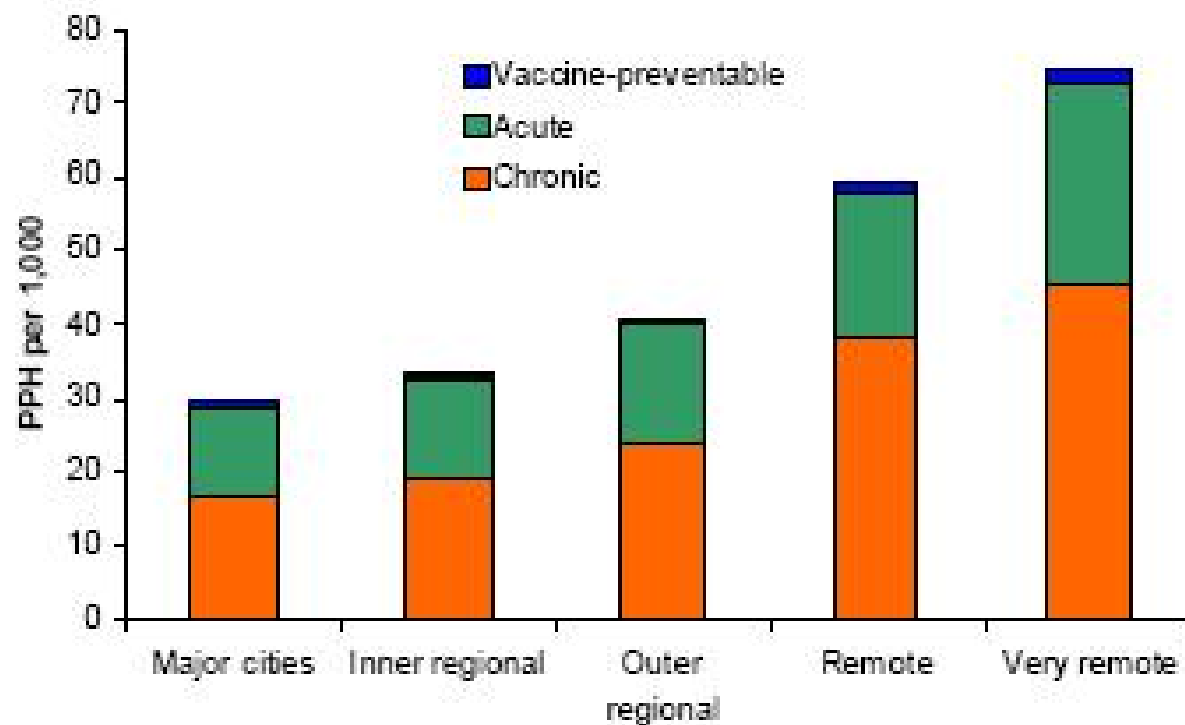
**2 Australian university medical school graduates: actual and projected, 1970-2016**



Source: Joyce, C. *et al.* (2007), Riding the wave: current and emerging trends in graduates from Australian university medical schools, *Med J Aust* 2007; 186: 309-312.

Many developed countries have responded to financing constraints by cutting back training, or at least not expanding training provision as the workforce grows. Often the intention was to avoid supply-induced expenditure growth.

# Unnecessary hospitalisation rates are higher in remote areas in Australia



Potentially preventable hospitalisation rates increase markedly with the remoteness of the patient

This applies across all types of PPH but is most notable in the case of hospitalisations for chronic and acute conditions

# The Challenge of Regional Disparities

- May involve “affirmative action”
- This can led to charges of “positive discrimination”
  - Those who lose places as a result may protest
- New schools in isolated areas may be needed
- Infrastructure and career support are essential after graduation