International migration of doctors and nurses

The number and share of foreign-trained doctors – and in some countries foreign-trained nurses – working in OECD countries has continued to rise over the past decade (OECD, 2019[1]). In 2019, about 18% of doctors on average across OECD countries had obtained at least their first medical degree in another country (Figure 8.23), up from 15% a decade earlier. For nurses, on average 6% had obtained a nursing degree in another country in 2019 (Figure 8.24). These developments occurred in parallel with a significant increase in the numbers of domestically trained medical and nursing graduates in nearly all OECD countries (see indicators "Medical graduates" and "Nursing graduates"), which indicates substantial demand for doctors and nurses.

In 2019, the share of foreign-trained doctors ranged from 2% or less in Turkey, Lithuania, Italy and Poland to around 40% in Norway, Ireland and New Zealand, and nearly 60% in Israel. In most OECD countries, the share of foreign-trained nurses is below 5%, but New Zealand and Switzerland have proportions around 25%, and Australia and the United Kingdom around 15-20%. However, in some cases, foreign-trained doctors and nurses consist of people born in the country who studied abroad but have returned. In a number of countries (including Israel, Norway, Sweden and the United States), this share is large and growing, particularly for foreign-trained doctors. In 2019 in Israel, for example, nearly 50% of foreign-trained doctors and nurses were native.

The share of foreign-trained doctors in various OECD countries evolved between 2005 and 2019 (Figure 8.25). The share remained relatively stable in the United Kingdom, at about 30%, and in the United States, at about 25%, with the number of foreign-trained and domestically trained doctors increasing at a similar rate. However, a growing number of foreign-trained doctors in the United States are American citizens who obtained their first medical degree abroad: in 2017, one-third of international medical graduates who obtained their certification to practise in the United States were American citizens, up from 17% in 2007 (OECD, 2019[12]).

In Europe, the share of foreign-trained doctors increased rapidly in Norway and Sweden. However, in Norway more than half of foreign-trained doctors are native, returning after studying abroad. In Sweden, the number of foreign-trained but native doctors has quadrupled since 2006, accounting for nearly one-fifth of foreign-trained doctors in 2018.

In France and Germany, the number and share of foreign-trained doctors has also increased steadily over the past decade (with the share more than doubling from 5-6% of all doctors in 2005 to 12-13% in 2019).

The share of foreign-trained nurses has increased substantially since 2005 in Switzerland, New Zealand, Australia and the United Kingdom, although the share seems to have stabilised in recent years in Australia and Switzerland (Figure 8.26). In Switzerland, the increase has been driven mainly by the growing number of nurses trained in France and Germany, and to a lesser extent in Italy.

The Philippines has been the leading country of origin of foreign-trained nurses in many OECD countries, including New Zealand, the United Kingdom, the United States and Canada. For many years, the Philippines has had a deliberate policy of training nurses to work in other countries. India has also been an important country of origin of foreign-trained nurses in many English-speaking OECD countries.

In Italy, the number of foreign-trained nurses increased sharply between 2007 and 2012, driven mainly by the arrival of nurses trained in Romania following its accession to the EU in 2007, but the number and share have started to decrease in recent years.

Definition and comparability

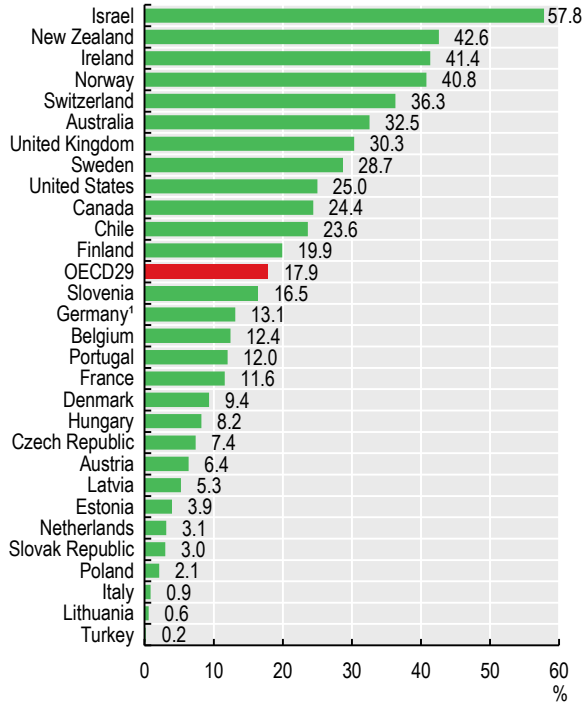
The data relate to foreign-trained doctors and nurses working in OECD countries defined as the place where they obtained their first medical or nursing degree. The data presented relate to the total stocks. The OECD health database also includes data on annual inflows, as well as by country of origin. 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 and nurses. Some registries are updated regularly, making it possible to distinguish doctors and nurses who are still actively working in health systems, while other sources include all doctors and nurses licensed to practise, regardless of whether they are still active.

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 underestimation of the share of foreign-trained doctors in countries where they are not included (such as Austria and France).

The data for Germany are based on nationality, not on the place of training.

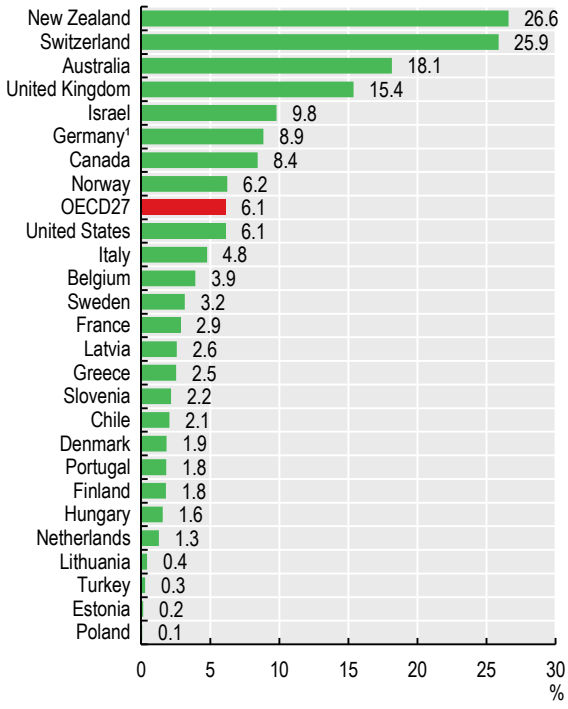
Figure 8.23. **Share of foreign-trained doctors, 2019 (or nearest year)**



1. In Germany, data based on nationality (not on place of training).
Source: OECD Health Statistics 2021.

StatLink https://stat.link/n53hlo

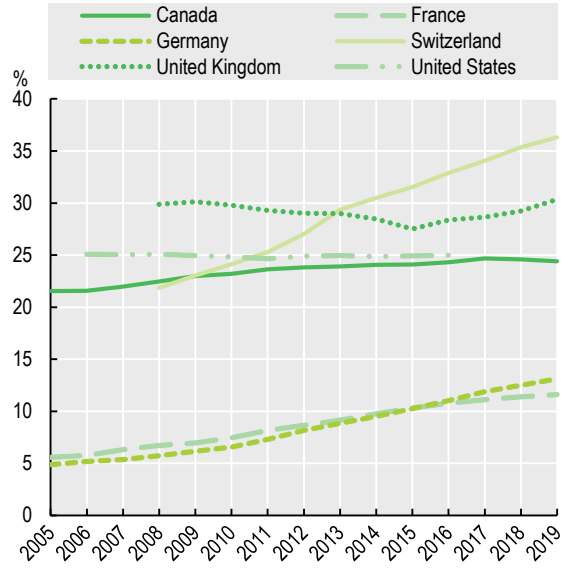
Figure 8.24. **Share of foreign-trained nurses, 2019 (or nearest year)**



1. In Germany, data based on nationality (not on place of training).
Source: OECD Health Statistics 2021.

StatLink https://stat.link/bxymws

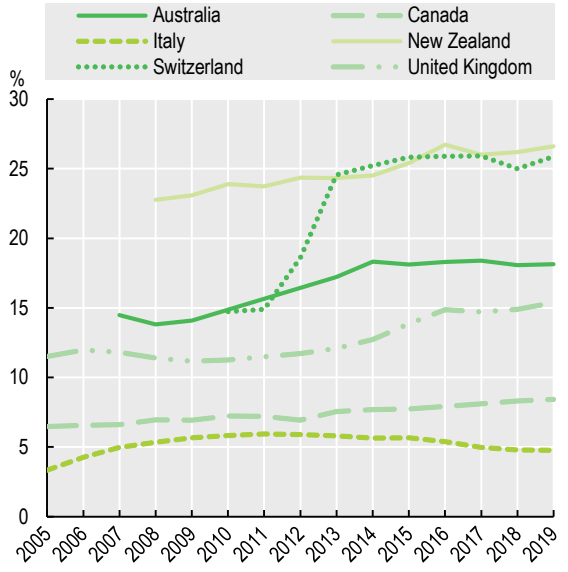
Figure 8.25. **Evolution in the share of foreign-trained doctors, selected OECD countries, 2005-19**



Source: OECD Health Statistics 2021.

StatLink https://stat.link/6fzwub

Figure 8.26. **Evolution in the share of foreign-trained nurses, selected OECD countries, 2005-19**



Source: OECD Health Statistics 2021.

StatLink https://stat.link/5g2c06

References

[18] ACMMP (2019), *Recommendations 2021-2024, Advisory Council on Medical Manpower Planning, Utrecht, December 2019*.

[3] Australian Goverment (2021), *Labour Market Information Portal*, *https://lmip.gov.au/default.aspx?LMIP/GainInsights/EmploymentProjections*.

[2] BLS (2021), *Employment Projections: 2020-2030, 8 September 2021*, *https://www.bls.gov/emp/*.

[10] Blümel, M. et al. (2020), "Germany: Health system review", *Health Systems in Transition*, Vol. 22/6, pp. i–273, *https://apps.who.int/iris/handle/10665/130246*.

[17] Buchan, J., N. Shembavnekar and N. Bazeer (2021), *Nurses' pay over the long term: what next?*, The Health Foundation, London.

[15] CIHI (2020), *Physicians in Canada, 2019. Ottawa*, *https://secure.cihi.ca/free_products/physicians-in-Canada-report-en.pdf*.

[11] Department of Health (2019), *Stronger Rural Health Strategy - Factsheets, Australian Government*.

[14] DREES (2018), *Revenu des médecins libéraux: les facteurs démographiques modèrent la hausse entre 2005 et 2014, Anne Pla*, *https://drees.solidarites-sante.gouv.fr/publications/etudes-et-resultats/revenus-des-medecins-liberaux-les-facteurs-demographiques-moderent*.

[4] Government of Canada (2019), *Canadian Occupational Projection System (COPS)*, *http://occupations.esdc.gc.ca/sppc-cops/content.jsp?cid=occupationdatasearch&lang=en*.

[19] Grimstad Commission (2019), *Studieplasser I Medisin I Norge: Behov, modeller og muligheter [Medical education in Norway: Needs, models and opportunities]*.

[20] Mann, A. and V. Denis (2020), *Can nursing thrive in the age of the coronavirus? What young people think about the profession*, *https://www.oecd-forum.org/posts/can-nursing-thrive-in-the-age-of-the-coronavirus-what-young-people-think-about-the-profession-dce5a659-cc6d-4914-b4*.

[1] OECD (2021), *OECD Employment Outlook 2021*, OECD Publishing, Paris, *https://doi.org/10.1787/5a700c4b-en*.

[5] OECD (2019), "Engaging and transforming the health workforce", in *Health in the 21st Century: Putting Data to Work for Stronger Health Systems*, OECD Publishing, Paris, *https://dx.doi.org/10.1787/8bd03416-en*.

[12] OECD (2019), *Recent Trends in International Migration of Doctors, Nurses and Medical Students*, OECD Publishing, Paris, *https://doi.org/10.1787/5571ef48-en*.

[6] OECD (2016), "Education and training for doctors and nurses: What's happening with numerus clausus policies?", in *Health Workforce Policies in OECD Countries: Right Jobs, Right Skills, Right Places*, OECD Publishing, Paris, *https://dx.doi.org/10.1787/9789264239517-6-en*.

[8] OECD (2016), *Health Workforce Policies in OECD Countries: Right Jobs, Right Skills, Right Places*, OECD Health Policy Studies, OECD Publishing, Paris, *https://dx.doi.org/10.1787/9789264239517-en*.

[9] OECD/European Observatory on Health Systems and Policies (2021), *Country Health Profile 2021*, OECD Publishing, Paris/European Observatory on Health Systems and Policies, Brussels, *https://doi.org/10.1787/25227041*.

[7] ONDPS (2021), *Objectifs nationaux pluriannuels de professionnels de santé à former (2021-2025) [Multi-year national objectives in training of health professionals (2021-2025)], March 2021*.

[16] Socha-Dietrich, K. and J. Dumont (2021), "International migration and movement of nursing personnel to and within OECD countries - 2000 to 2018 : Developments in countries of destination and impact on countries of origin", *OECD Health Working Papers*, No. 125, OECD Publishing, Paris, *https://dx.doi.org/10.1787/b286a957-en*.

[13] The Health Foundation (2021), *How has NHS staff pay changed over the past decade?*, The Health Foundation, London, *https://www.health.org.uk/news-and-comment/charts-and-infographics/how-has-nhs-staff-pay-changed-over-the-past-decade*.

[21] Williams, K. et al. (2020), *Topic 2: Nursing as a career choice*, Centre for Health Service Development, Australian Health Services Research Institute, University of Wollongong.