## MIGRATION OF HEALTH PROFESSIONALS

Migration of highly skilled workers is currently a widespread phenomenon and has received increasing attention in the health sector; growing concerns about the shortage of health professionals due to migration have repeatedly been voiced. Reasons for the migration of health professionals are differences in the organization of the health sector, which leads, for example, to different remuneration systems. Also population aging and changing technologies affect the demand and supply of health professionals across countries so that migration may well be promoted by these changes. One way to look at the issue of migration of health professionals is to compare the share of foreign-born health professionals in the total number of health professionals across countries. Table 1 lists the respective shares for nurses and doctors. The highest share of foreign-born nurses can be found in Switzerland, Australia, Luxembourg and New Zealand. In these countries more than 20 percent of nurses are foreign born. Countries with a share below 1 percent are Poland, Mexico and Finland. A more pronounced employment pattern can be observed for doctors. Here the countries with a share above 30 percent are Australia, Canada, UK, Ireland, Luxembourg and New Zealand. Countries in which foreign-born doctors are of least importance (i.e. the share is below 5 percent) are Poland, Mexico and Finland.

The above data do not provide any information about whether the foreign-born health professionals

Practising health professionals by occupation and place of birth in OECD countries, circa 2000

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

Source: OECD (2007).

also received their training abroad or what countries of origin are most important. As to the former, Table 2 shows the number and the share of foreigntrained doctors for various countries. As of 2005 the biggest share can be found in New Zealand, followed

> by the UK and, with some distance, Australia and Canada.

As to the latter issue, one could assume that migration of health professionals is from low-income to high-income countries, reflecting a more advanced state of medical technology and higher wages in high-income countries. Figure 1 lists the total number of foreign-born doctors and nurses in the OECD by country of origin (top 25). The figure indeed confirms that migration of health professionals is mainly from relatively low-income to high-income countries. As to doctors, there are three notable excep-

Foreign-trained doctors	in selected	OECD	countries	1970s and 2005
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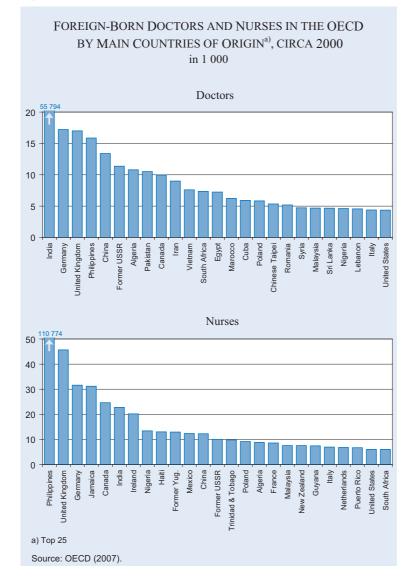
Country of residence	Number	% of the total workforce	Number	% of the total workforce
	1970s		2005	
Australia	4,385	24	14,553	25
Canada	11,244	31	13,715	22
Germany <sup>a)</sup>	5,605	5	18,582	5
Denmark	235	3	2,769	11
Finland	68	1	1,816	7
France	600	1	12,124	6
United Kingdom	20,923	26	69,813	33
Netherlands	102	1	3,907	6
New Zealand	934	27	3,203	36
Portugal <sup>a)</sup>	79	1	1,830	4
Sweden	561	5	5,061	5
United States	70,646	22	208,733	25
<sup>a)</sup> Foreign nationals.				

Source: OECD (2007).

Table 2

## Database

## Figure



tions: the UK, Germany and, to a lesser extent, Canada. In the former two countries the number of doctors who migrated is almost the same, roughly 17,000. In contrast, the number of nurses who migrated are well above 40,000 in the UK and slightly above 30,000 in Germany. Ireland also ranks quite high in the list with 20,000 nurses who were born in Ireland but work abroad.

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## Reference

OECD (2007), International Migration Outlook, Paris, 162-99.