

## 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 2017, more than one in six doctors working in OECD countries had obtained at least their first medical degree in another country (Figure 8.19), up from one in seven a decade earlier. For nurses, on average, one in 17 had obtained a nursing degree in another country in 2017 (Figure 8.20). 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 also indicators on “Medical graduates” and “Nursing graduates”), which is indicative of substantial demand for these professionals.

In 2017, the share of foreign-trained doctors ranged from less than 3% in Turkey, Lithuania, Italy, the Netherlands and Poland, to around 40% in Norway, Ireland and New Zealand, and to nearly 60% in Israel. In most OECD countries, the share of foreign-trained nurses is below 5%, but Australia, Switzerland and New Zealand have proportions of around or above 20%. However, in some cases, foreign-trained doctors and nurses consists 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. These foreign-trained but native-born doctors and nurses frequently paid the full cost of their studies abroad. In 2017 in Israel, for example, around 40% of foreign-trained doctors and nurses are native-born.

The share of foreign-trained doctors in various OECD countries evolved between 2000 and 2017 (Figure 8.21). The share remained relatively stable in the United States, with the number of foreign and domestically trained doctors increasing at a similar rate. However, among the medical graduates with a foreign degree who obtained certification to practise in the United States in 2017, one-third were American citizens, up from 17% in 2007 (OECD, 2019[1]). In Europe, the share of foreign-trained doctors increased rapidly in Norway and Sweden. However, in Norway more than one half of foreign-trained doctors are Norwegian-born, returning after studying abroad. In Sweden, the number of foreign-trained but native-born doctors quadrupled since 2006, accounting for nearly one-fifth of foreign-trained doctors in 2015. In France and Germany, the number and share of foreign-trained doctors has also increased steadily over the past decade (with the share doubling from 5-6% of all doctors in 2007 to 11-12% in 2017). Conversely, in the United Kingdom, the share of foreign-trained doctors decreased slightly, as the number of domestically-trained doctors increased more rapidly.

The share of foreign-trained nurses has increased steadily over the past decade in Australia, Canada and New Zealand, although in New Zealand, a slight decline occurred between

2016 and 2017 (Figure 8.22). In Israel, the share of foreign-trained nurses has decreased over time, but has stagnated at around 9% since 2015. In France, while the share of foreign-trained nurses is relatively low, the number has nearly doubled over the past decade. In Italy, the number of foreign-trained nurses increased sharply between 2007 and 2015 (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 measured in terms of total stocks. The OECD health database also includes data on the annual flows for most of the countries shown here, 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 regularly updated, 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 practice, regardless of whether they are still active. The latter will tend to over-estimate not only the number of foreign-trained doctors and nurses, but also the total number of doctors and nurses (including those trained domestically), making the impact on the share unclear.

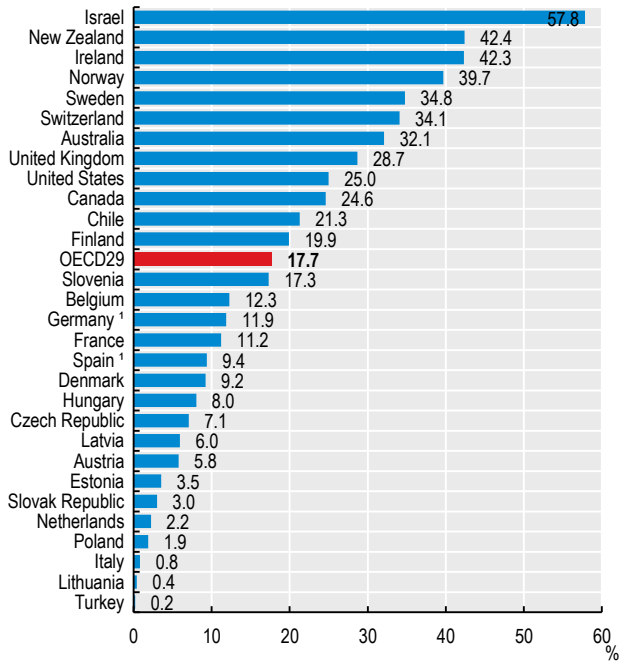
The data source in some countries includes interns and residents, while these physicians in training are not included in other countries. Because foreign-trained doctors are often over-represented in the categories of interns and residents, this may result in an under-estimation of the share of foreign-trained doctors in countries where they are not included (such as Austria, France and Switzerland).

The data for Germany (on foreign-trained doctors) and for some regions in Spain are based on nationality (or place of birth in the case of Spain), not on the place of training.

### References

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

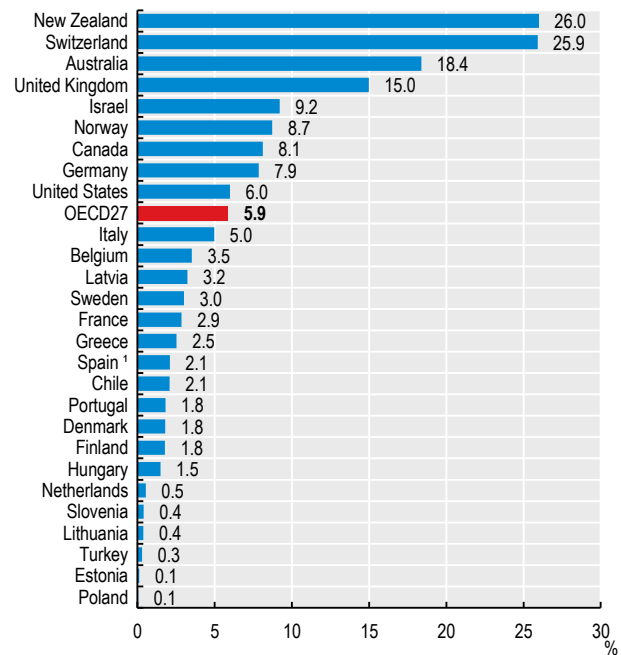
Figure 8.19. Share of foreign-trained doctors, 2017 (or nearest year)



1. In Germany and some regions in Spain data based on nationality (or place of birth in the case of Spain), not on the place of training.  
Source: OECD Health Statistics 2019.

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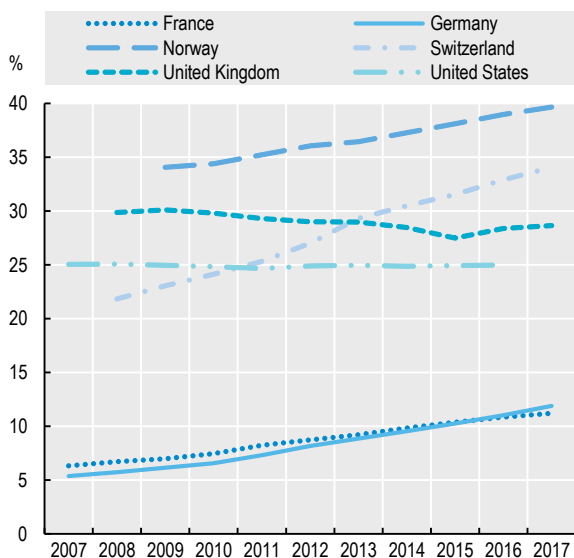
Figure 8.20. Share of foreign-trained nurses, 2017 (or nearest year)



1. Data for some regions in Spain based on nationality or place of birth, not on the place of training.  
Source: OECD Health Statistics 2019.

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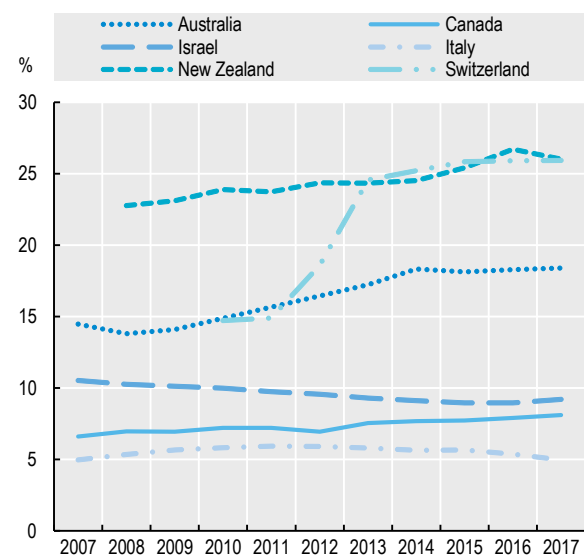
Figure 8.21. Evolution in the share of foreign-trained doctors, selected OECD countries, 2000-17



Source: OECD Health Statistics 2019.

StatLink <https://doi.org/10.1787/888934017595>

Figure 8.22. Evolution in the share of foreign-trained nurses, selected OECD countries, 2000-17



Source: OECD Health Statistics 2019.

StatLink <https://doi.org/10.1787/888934017614>



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