

# Executive summary

This report describes how the international migration of doctors, nurses, and medical students in OECD countries has evolved over the past decade. These recent trends are examined in the context of larger migration patterns, including the increasing mobility of students and highly skilled workers in general. This work contributes to the call for regular monitoring of migration flows in the 2010 Global Code of Practice on the International Recruitment of Health Personnel.

## **Foreign-born and foreign-trained doctors and nurses have contributed to growing health workforce in OECD countries**

- The number of doctors and nurses has increased in most OECD countries over the past decade, driven largely by growing numbers of domestic graduates, but foreign-born and foreign-trained doctors and nurses have also significantly contributed to this rise.
- Among the 18 OECD countries for which data are available from 2010/11 to 2015/16, the number on foreign-born doctors rose by over 20%, a much higher growth rate than the overall increase of 10%. As a result, the proportion of foreign-born doctors across these OECD countries rose by 3 percentage points to 27% in 2016. The trend for nurses is similar, with the number of foreign-born nurses increasing by 20% while the overall increase was about 10%, so their share increased by 1.5 percentage points to 16%.
- In most OECD countries, the proportion of health workers born abroad is higher than the proportion trained abroad, reflecting the fact that destination countries provide education and training to migrants who may have moved at an early age with their families or moved to pursue their university education. For example, 40% of foreign-born doctors in Australia in 2016 received their medical education in Australia.
- Of all doctors working in 26 OECD countries in 2016, 16% (about 483 000) obtained at least their first medical degree in another country, up from 14.5% (about 424 000) in 2011. The share and number of foreign-trained nurses have also risen to 7% (about 546 000) of all nurses working in 25 OECD countries in 2016, up from 6.6% (about 461 000) in 2011.
- The United States has traditionally attracted the largest number of foreign-trained doctors and nurses, followed by the United Kingdom. The main country of origin of foreign-trained doctors in both the United States and the United Kingdom is still India, followed by Pakistan. However, over the past decade, a growing number of new foreign-trained doctors in the United States are in fact American citizens who studied mostly in the Caribbean before coming back to the United States. These American international graduates have largely replaced the inflow of Indian graduates into the United States.

**The internationalisation of medical education provides new opportunities for young people to study medicine abroad, but there are potential risks of waste in human capital if the growing number of new graduates exceeds greatly the number of internship and specialty training places to allow them to complete their training**

- The number of students pursuing medical education outside their home country has increased significantly over the past decade, with a growing number of students moving between OECD and EU countries. Building on four case studies of European countries that receive a large number of international medical students, this report highlights that half of all medical students in Ireland are international students, nearly a third in Romania and a quarter in Poland. The proportion in France is lower with about one in ten.
- While the mobility of medical students is part of the growing internationalisation of higher education in general, some specific supply and demand factors have also played a role:
  - Faced with *numerus clausus* policies that limit entry into medical education, many young people have taken the opportunity to study in other countries where medical schools can accept large number of international students.
  - Medical schools in some countries have responded to this demand by implementing strategies to attract international students as a way to increase their revenues and expand. For example, a growing number of medical schools in Romania offer programmes in English and French, and most medical schools in Poland offer programmes in English. In Ireland, medical schools have established agencies to recruit and assist international students in their application process.
  - The mobility of medical students in Europe has been facilitated by the recognition of medical diplomas across all EU countries under the EU directive on the recognition of professional qualifications.
- Most international medical students in Ireland, Poland, and Romania only do their first degree in these countries before returning home or moving to another country to complete their internship and postgraduate specialty training. This is either because they seek better training and employment opportunities at home or in other countries (in the case of students studying in Poland and Romania) or because they are not able to enter postgraduate training (in the case of students in Ireland). While most students from Norway, Sweden and France who obtain their medical degree in Poland and Romania face no major difficulties completing their postgraduate training at home, this is not the case for some other international graduates, for example from Canada and to a lesser extent from the United States, who are facing difficulties accessing internship/residency training at home. These bottlenecks may result in a “brain waste”, if these new graduates are not able to complete their clinical training.
- Ireland, Poland and Romania are highly successful in attracting large numbers of international medical students, yet they are facing widespread shortages of doctors for various reasons:
  - In Poland and Romania, this is mainly due to working conditions that are less attractive than in other countries, meaning not only that nearly all international medical students leave after completing their first medical degree, but also that Polish and Romanian medical graduates and fully-trained doctors emigrate.
  - In Ireland, many international students would like to practice in the country, but most cannot access internship posts as these are mainly allocated to domestic students, so they must leave the country, while at the same time hospitals and other health care facilities need to recruit foreign-trained doctors to meet their needs. Increasing postgraduate training capacity would help to address this paradoxical situation.



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