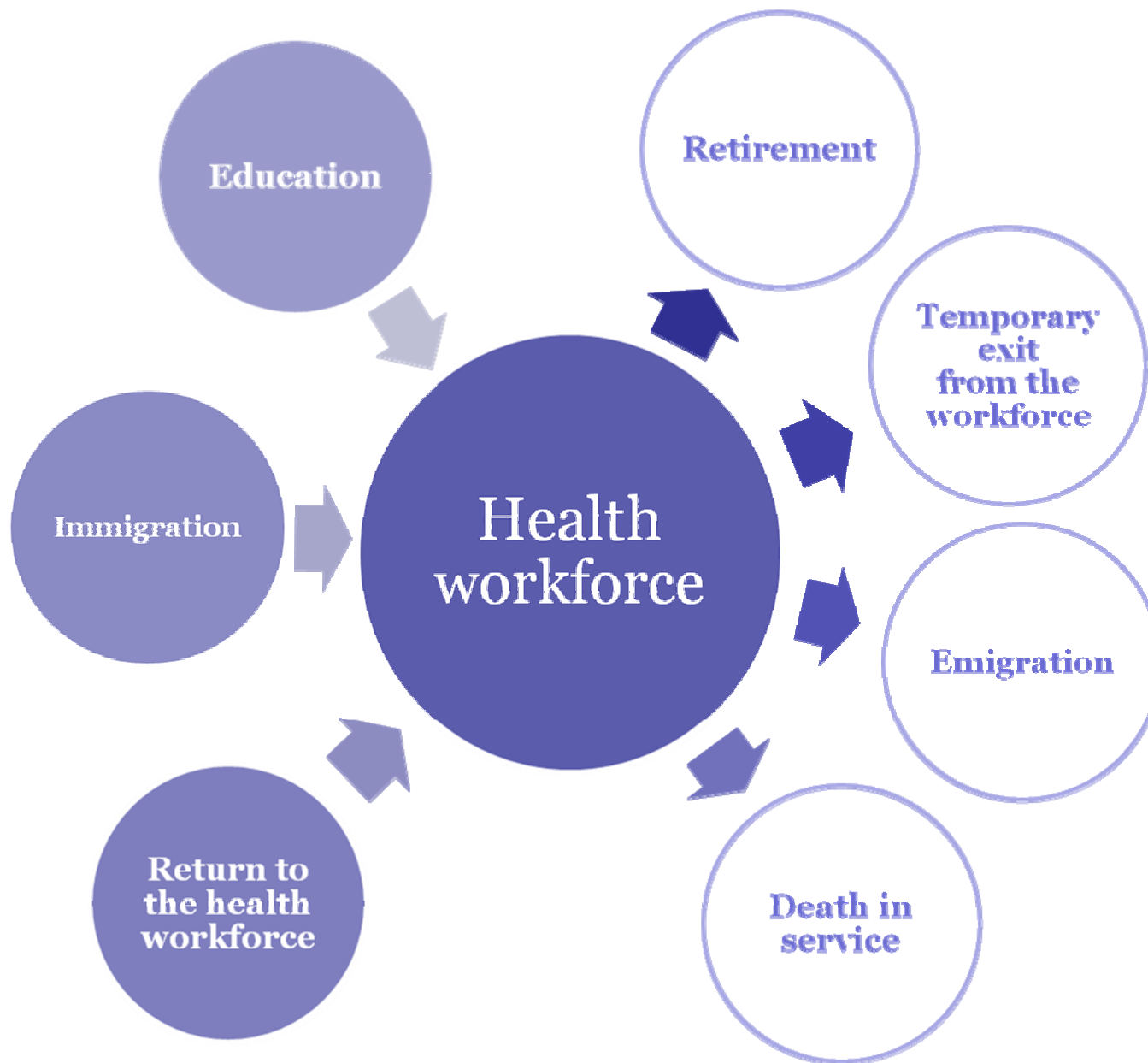


# Domestic training and international recruitment of health workers

Jean-Christophe Dumont  
Directorate for Employment,  
Labour and Social Affairs, OECD

WHO-OECD hosted dialogue on migration and other health  
workforce issues in a global economy  
Geneva, 20-21 October 2008

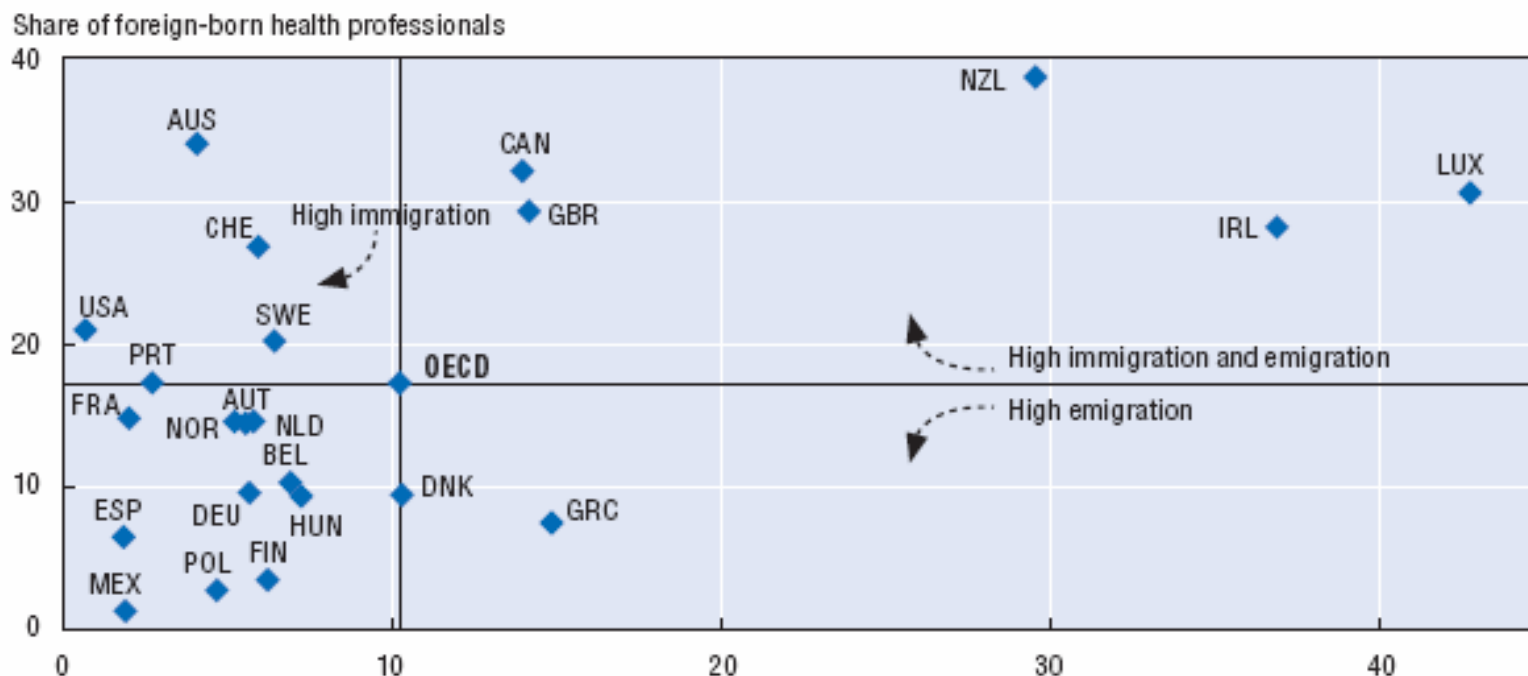
# Background



# Immigration trends (1/3)

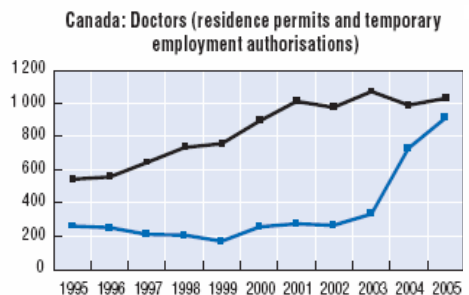
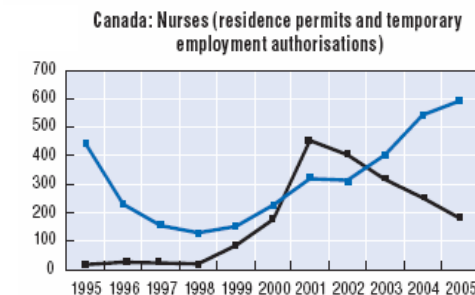
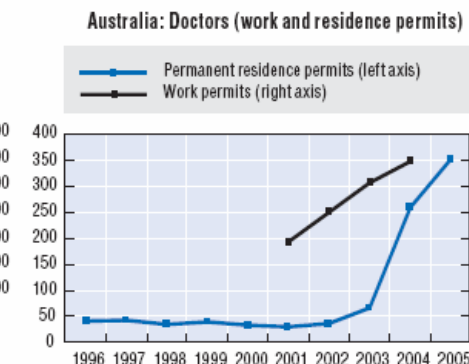
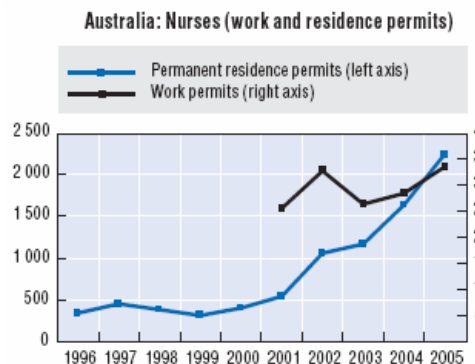
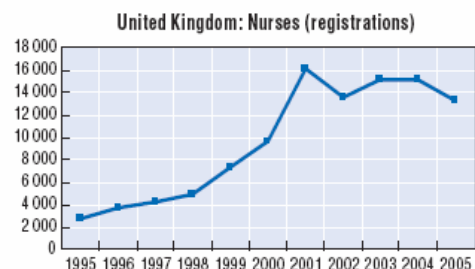
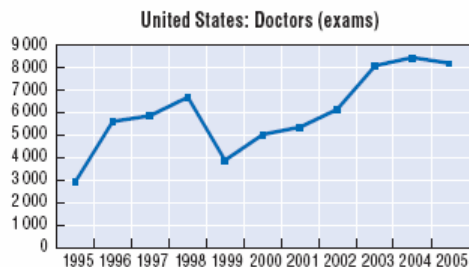
- Migrant health workers represent a significant share of the health workforce in many OECD countries ...
- ... but emigration to other OECD countries can also be important
- Few LDCs have a lot of foreign health workers

Immigration and expatriation rates of health professionals (except nurses) in selected OECD, circa 2000

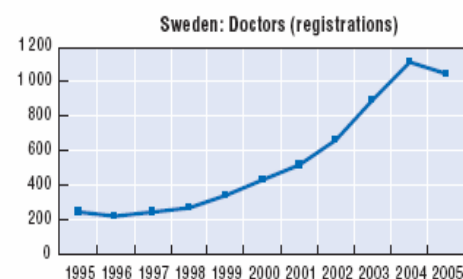
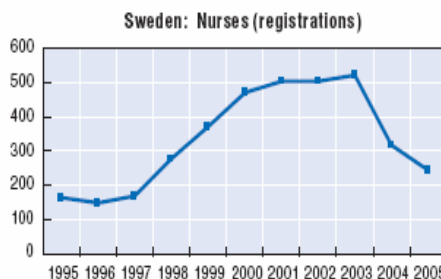


# Immigration trends (2/3)

## Inflow of doctors and nurses in selected OECD countries, 1995-2005

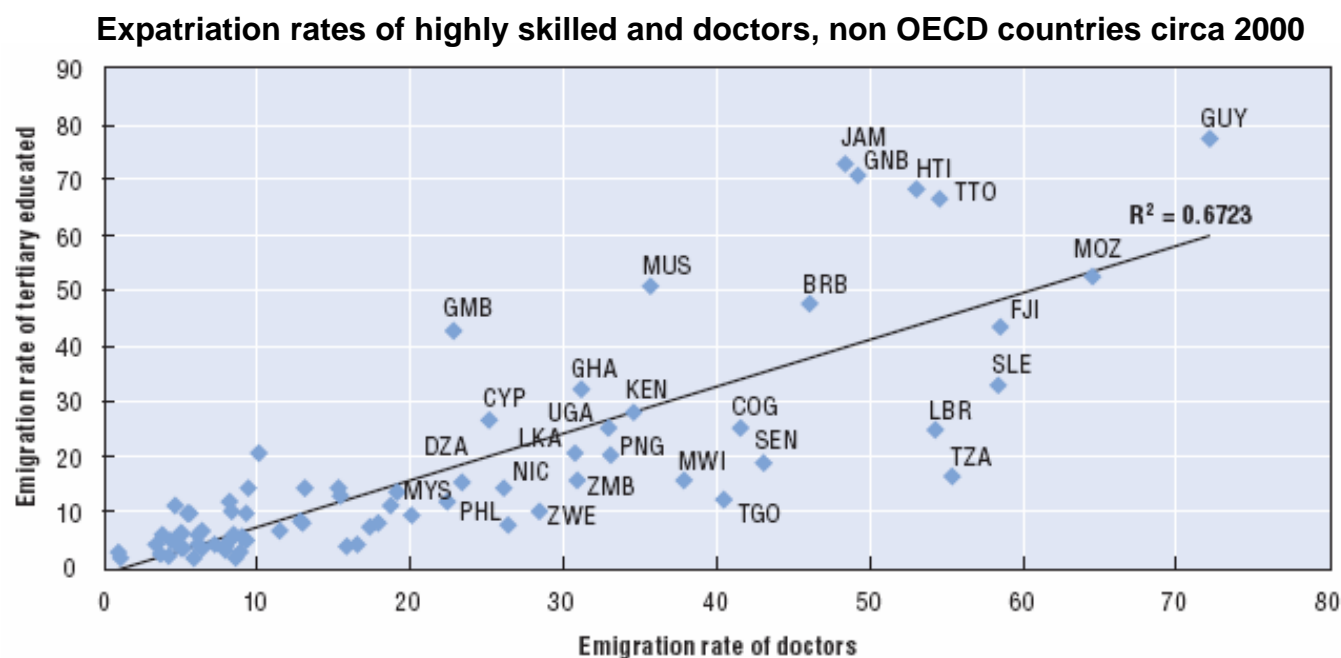


- Over the past 5-10 years migration of both doctors and nurses has increased significantly...
- ... despite the absence of specific migration policies...
- ... but in the context of increasing focus on selective highly skilled migration.



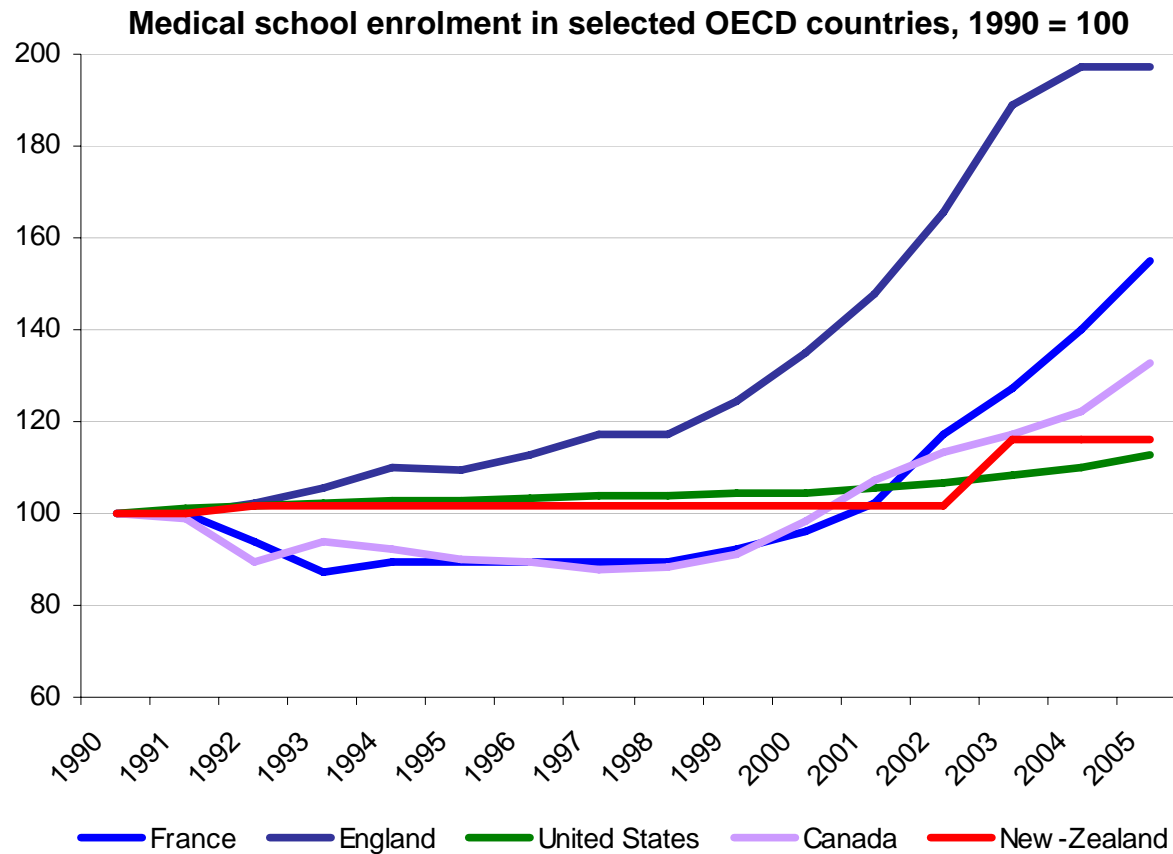
# Immigration trends (3/3)

- The main drivers of recent migration trends are twofold:
  - General context of migration, including emigration
  - Unforeseen mismatch between supply and demand (cobweb model)
- Source countries / determinants of emigration
  - Philippines and India / Caribbean and Sub-Saharan countries
  - Push factors and pull factors



# Education trends (1/2)

- Most OECD countries exercise some form of control over student intakes
- Intake to medical and nursing schools has followed a U-shaped curve in many OECD countries

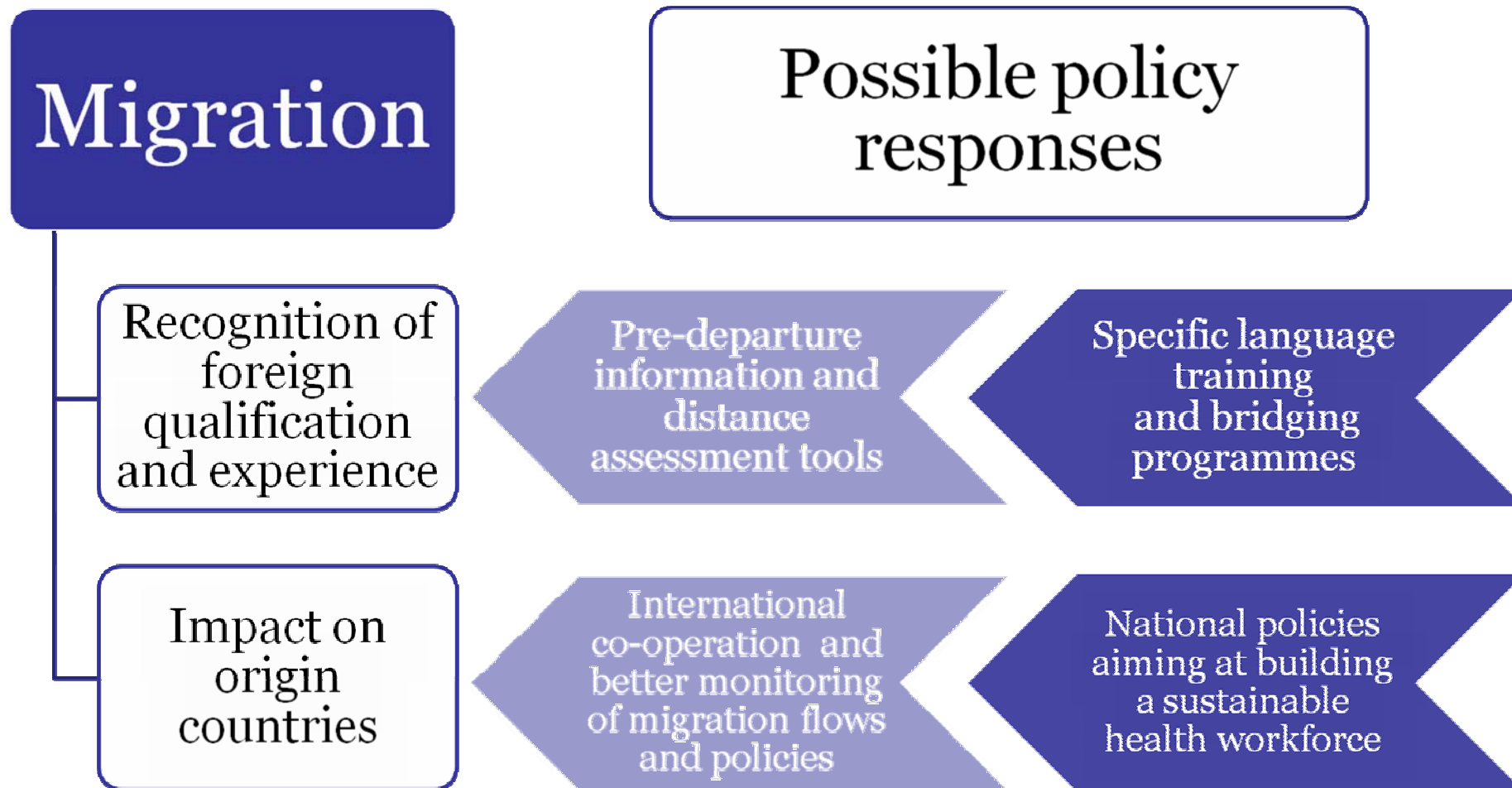


Sources: Cash R. and Ulman P. (2007), Bosanquet N., A. Haldenby, H. DE Zoete et al. (2006), Cooper R., (2006), New Zealand Medical Council (2006) and Association of Faculties of Canada.

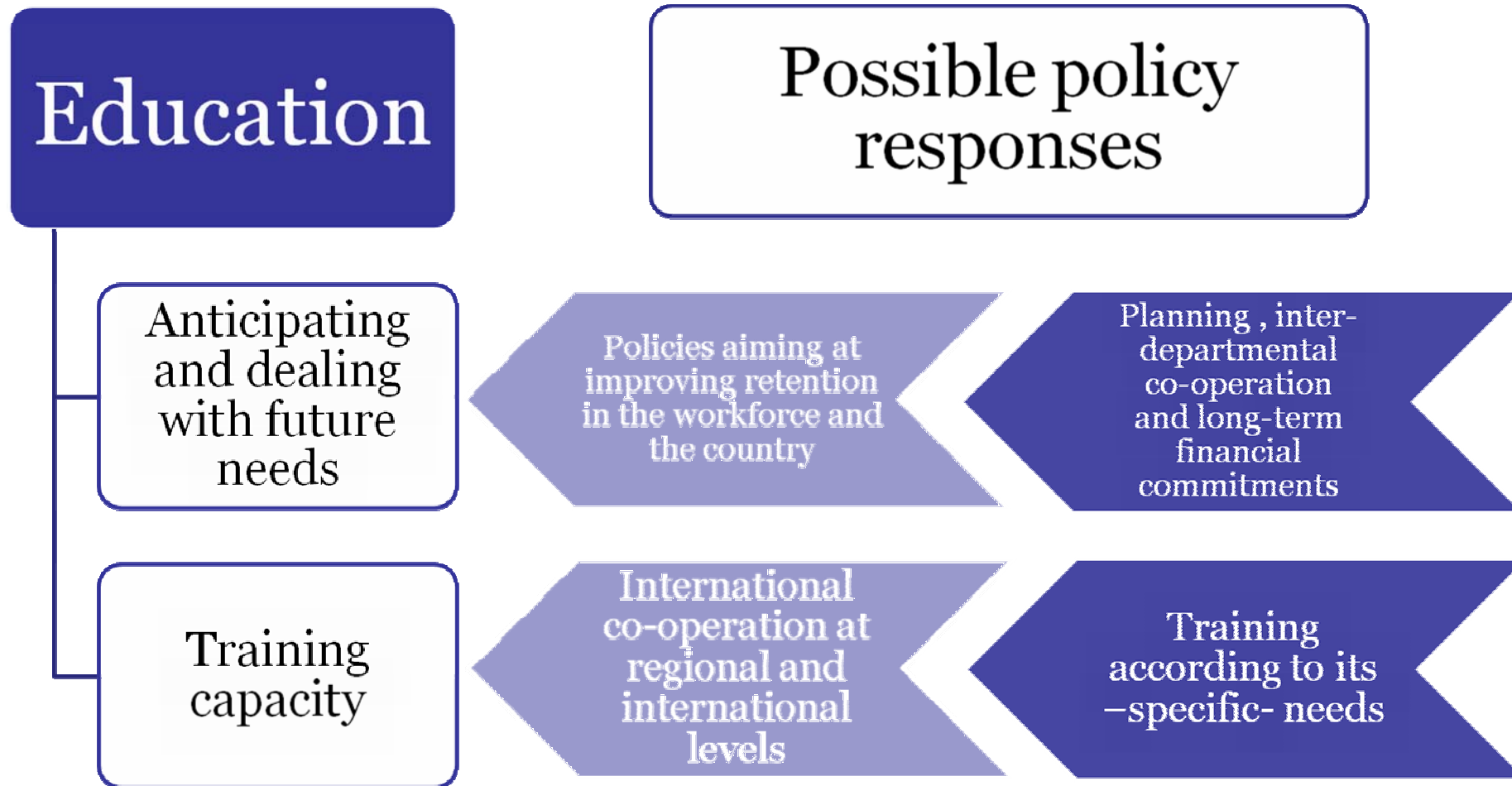
# Education trends (2/2)

- Training of health professionals remains a challenge for many less developed countries :
  - Not all countries have a medical school
  - Lack of financial and human resources
- Training health professionals for the world market
  - Better sharing of training costs
  - Do large countries offer the “*cornu copiae*”?
- Adjust curricula to train quicker and better match the needs of the local population as well as to reduce transferability of diplomas

# Selected challenges and possible policy responses (1/2)



# Selected challenges and possible policy responses (2/2)





# Selected issues and perspective

- Lessons to be learned across countries about coordination between migration, education and health Departments
- International migration and domestic training: the notion of self-sufficiency
- Future international information sharing and co-operation in relation to anticipated global health workforce shortages



# Selected issues and perspective

- Can lessons be learned across countries about coordination between migration, education and health Departments ?
- International migration and domestic training: is the notion of self-sufficiency a realistic one ?
- What sort of future international information sharing and co-operation, if any, would be appropriate in relation to anticipated future, global health workforce shortages ?