



HEALTH WORKFORCE GRADUATE OUTMIGRATION – HOW DOES IT LOOK AND WHAT DRIVES THE MOVE?

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While the health workforce is relatively large in Canada, the distribution of health care providers is constantly changing. This analysis links to the conference theme as it evaluates the proportion of Canadian Entry-to-Practice graduates that obtain a licence to practice in a Canadian jurisdiction and builds understanding on the inter-provincial migration patterns of Canadian educated health care providers while identifying potential associations between graduate out-migration, migration or movement of general population and economic changes. A better understanding of graduation outmigration will assist policy makers, researchers and health workforce planners in informed decision-making, and facilitate the efforts of recruiting and retention.

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PURPOSE/OBJECTIVES

This analysis evaluates the proportion of Canadian Entry-to-Practice graduates that obtain a licence to practice in a Canadian jurisdiction. It also builds understanding on the inter-provincial migration patterns of Canadian educated health care providers while identifying potential associations between graduate out-migration, migration or movement of general population and economic changes.

FINDINGS/IMPACT/OUTCOMES

Between 70% and 90% of Canadian educated entry-to-practice health profession graduates obtained a licence to practice in Canada within 2-3 years of graduation. Movement of Canadian educated health professionals varies across the professions. Approximately one in ten Canadian educated registered nurses who were licensed in 2015 moved after graduation to another jurisdiction to practice nursing. In contrast, Canadian trained physicians who moved between Canadian jurisdictions accounts for less than 1% of total supply of physicians in 2014. In general, the Canadian health workforce was more mobile than the overall total population. The principal destinations of interprovincial migrants tended to be larger magnet provinces Alberta, British Columbia and Ontario. For the same period, British Columbia and Alberta showed the highest growth in population compared to other jurisdictions.

CONCLUSIONS

A better understanding of graduation outmigration will assist policy makers, researchers and health workforce planners in informed decision-making, and facilitate the efforts of recruiting and retention. Since graduate outmigration only includes analysis on Canadian educated health professionals (CEHPs), future work can look at internationally educated health professionals (IEHPs), as this group is considered as both the intake of Canada and a portion of outmigration from other countries. These two pieces combined demonstrate a more complete picture of the Canadian health care workforce.