

# Myth

# Busters

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A SERIES OF ESSAYS GIVING THE RESEARCH EVIDENCE BEHIND CANADIAN HEALTHCARE DEBATES

## MYTH

Canadian doctors are leaving for the United States in droves

*Myth Busted June 2001*

*Busted Again! September 2005*

*Yet Again! March 2008*

Higher incomes, newer equipment and more opportunities – for some Canadian physicians, the United States seems to have it all.<sup>i</sup> Some critics have long alleged that because of the “exploitative nature of medicare,” Canadian doctors cannot resist heading south.<sup>ii</sup> More recently, some argue that this brain drain is a “major contributor to physician shortages in Canada,”<sup>iii</sup> prompting physician associations and ministries of health to launch campaigns to lure expatriate, Canadian-trained physicians back home.<sup>iv</sup> Fears of physician losses are further fuelled by reports that the U.S. – renowned for luring more physicians than any other country<sup>v</sup> – could be short 85,000 doctors by 2020.<sup>vi</sup>

There’s no doubt that Canada – like other wealthy nations – is losing some of its physicians, particularly to the U.S.,<sup>vii</sup> and that this emigration represents a loss for Canadians. However, when it comes to the brain drain, it’s nowhere near a mass exodus. At worst, it’s more a trickle than a flood.

### **Entry and exit**

Physicians enter and leave the country for a number of reasons. For instance, some Canadian doctors go overseas for medical training, then return home to practise. Foreign medical school graduates may arrive with temporary work visas or as landed immigrants, practise in Canada for awhile, leave, and even decide to return eventually.<sup>viii</sup>

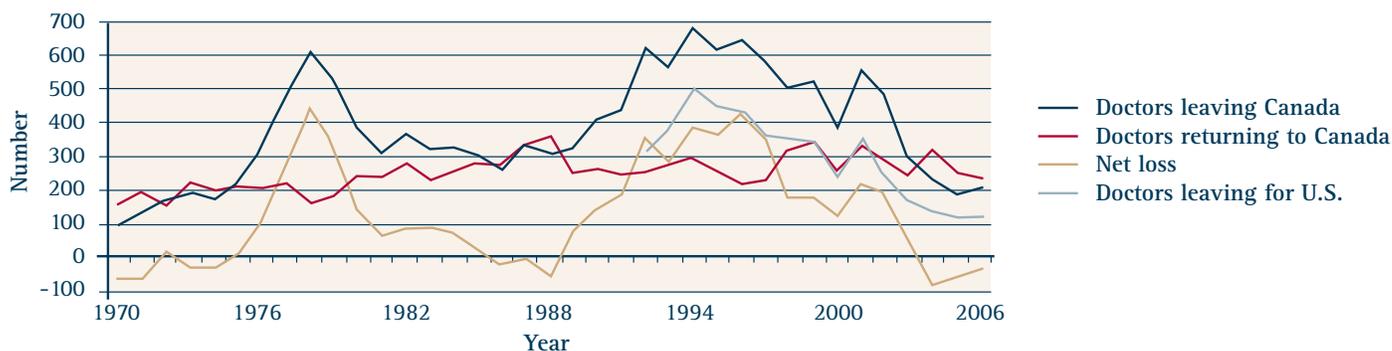
The Canadian Institute for Health Information charts migration patterns for practising physicians. The data exclude interns, residents and doctors who leave Canada right after graduation without ever working here, but they still provide important information on trends. According to the Institute’s

data, the gross number of doctors leaving the country hit two peaks in the last 35 years: one in the late 1970s, when we lost between 500 to 600 doctors a year, and another in the mid-1990s, when we lost around 600 to 700 a year. When assessing the brain drain, it’s important to consider not only the number of doctors who are leaving, but also the number returning to Canada. This number has been holding fairly steady since 1980, with around 250 to 350 returning per year. Thus, our net loss of physicians is fairly small – since 1980, our annual net loss has never been more than one percent (and averages closer to one quarter of a percent) of all practising physicians.<sup>ix, x</sup>

In recent years, not only has the brain drain trend slowed, it has actually reversed. In 2004, there was a net brain gain of 85 doctors. Although this gain has decreased as of late – a net gain of 61 doctors in 2005 and 31 in 2006<sup>ix, x</sup> – the data still counter popular perceptions that Canadian doctors are leaving in droves.

The data also disprove claims that the brain drain is responsible for Canada’s doctor shortage. In 2006, there were 62,307 active physicians in Canada – the highest number ever, largely attributable to a more than five percent increase in Canadian-trained physicians over the last five years.<sup>ix</sup> The 2006 data also show a five percent increase in physicians between 2002 and 2006, which is just over parity with population growth over the same time.<sup>ix</sup>

An important issue in all of this is where our doctors are coming from. In 2006, of the 238 returning physicians, about 190 had received training in Canada, while the rest were trained mostly in the UK and Ireland, but also South Africa, India and elsewhere.<sup>ix</sup> In the same year, international medical graduates accounted for 22 percent (13,715 doctors) of the total physician supply in Canada.<sup>ix</sup> If this means



Canada is “poaching” doctors from countries that have a much more limited ability to train physicians and handle internal crises in population health, then this is a serious public policy problem.<sup>xi</sup>

### Destination U.S.

Of the doctors who are leaving Canada, more than half choose to go to the U.S.<sup>ix</sup> The Canadian Institute for Health Information has been tracking doctors’ destinations only since 1992. Since then, between 60 and 70 percent of physicians who emigrate have headed south of the border. In the mid-1990s, the number leaving for the U.S. spiked at about 400 to 500 a year. However, in recent years, this number has declined, with only 169 physicians leaving for the States in 2003; 138 in 2004; and 122 in each of 2005 and 2006. These numbers represent less than half a percent of all doctors working in Canada.

Popular culture’s obsession with the “mass exodus” of Canadian-trained physicians to the U.S. has meant little attention is given to the movement of physicians from one Canadian jurisdiction to another. In particular, physicians appear to be moving “from less prosperous to more prosperous provinces and from rural to urban areas,”<sup>xii</sup> which likely exacerbates real shortages in rural, remote and economically disadvantaged areas.

### Conclusion

Over time, annual losses of physicians can add up – if we lose even a handful of physicians each year, in 25 years we will have lost a stock of Canadian-trained doctors. This point merits our attention, for educating our physicians is a costly, time-intensive investment – it costs about \$1.5 million to train a doctor, much of which is paid for through taxes.<sup>xiii</sup> There is also the real concern of physician retention in rural and remote areas.<sup>vii</sup> To address these problems and ensure Canadian taxpayers are able to benefit from their investment, provincial and federal policy makers should focus on co-ordinated national recruitment and retention strategies to retain and sustain our physician supply in all regions of the country.<sup>i</sup>

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\* Part of this document is based on data and information provided by the Canadian Institute for Health Information. However, the analyses, conclusions, opinions and statements expressed herein are those of the Canadian Health Services Research Foundation, and not necessarily those of the Institute.

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