

## 4. HEALTH CARE ACTIVITIES

### 4.1. Consultations with doctors

Consultations with doctors can take place in doctors' offices or clinics, in hospital outpatient departments or, in some cases, in patients' own homes. In many European countries (e.g. Denmark, Italy, the Netherlands, Norway, Portugal, the Slovak Republic, Spain and the United Kingdom), patients are required, or given incentives to consult a general practitioner (GP) "gatekeeper" about any new episode of illness. The GP may then refer them to a specialist, if indicated. In other countries (e.g. Austria, the Czech Republic, Iceland, Japan and Korea), patients may approach specialists directly.

The number of doctor consultations per person per year ranges from 13 in Japan and Korea, and over 11 in the Czech Republic, Hungary and the Slovak Republic, to less than 3 in Chile, Mexico and Sweden (Figure 4.1.1). The OECD average is 6.5 consultations per person per year. Cultural factors appear to play a role in explaining some of the variations across countries, but certain characteristics of health systems may also play a role. Countries which pay their doctors mainly by fee-for-service tend to have above-average consultation rates (e.g. Japan and Korea), while countries with mostly salaried doctors tend to have below-average rates (e.g. Mexico and Sweden). However, there are examples of countries, such as Switzerland and the United States, where doctors are paid mainly by fee-for-service and where consultation rates are also below average, suggesting that other factors also play a role. (See Table A.5 in Annex A for more information on the mode of payments of doctors in each country.)

In Sweden, the low number of doctor consultations may be explained partly by the fact that nurses play an important role in primary care (Bourgueil *et al.*, 2006). Similarly, in Finland, nurses and other health professionals play an important role in providing primary care to patients in health centres, lessening the need for consultations with doctors (Delamaire and Lafortune, 2010).

The average number of doctor consultations per person has increased in a majority of OECD countries since 2000 (Figure 4.1.1). The rise was particularly strong in Korea and Switzerland. In Korea, this rise can be at least partly explained by the rapid increase in the number of physicians over the past decade (see Indicator 3.2 "Medical doctors"). In the Slovak Republic, the number of doctor consultations fell by over 2% per year since 2000 at a time when the number of doctors per capita was also falling. In Canada, the number of consultations per person also decreased, but this can be attributed to the reduction in the proportion of consultations paid through fee-for-services, the only consultations identified and reported here.

The same information can be used to estimate annual numbers of consultations per doctor in OECD countries. This should not be taken as a measure of doctors' productivity, since consultations can vary in length and effectiveness, and because it excludes the work doctors do on

hospital inpatients, administration and research. There are other comparability limitations reported in the box on "Definition and comparability". Keeping these reservations in mind, this estimate varies greatly across OECD countries (Figure 4.1.2). Again, it is possible that some cultural factors play a part, because there is clustering of the two OECD Asian countries and the central and eastern European countries at the top of the ranking.

While the average number of doctor consultations per capita varies greatly across OECD countries, there are also significant differences among population groups within each country. Chapter 6 on "Access to Care" provides additional information on disparities in doctor consultations by income group in a number of countries (Indicator 6.5 "Inequalities in doctor consultations").

#### Definition and comparability

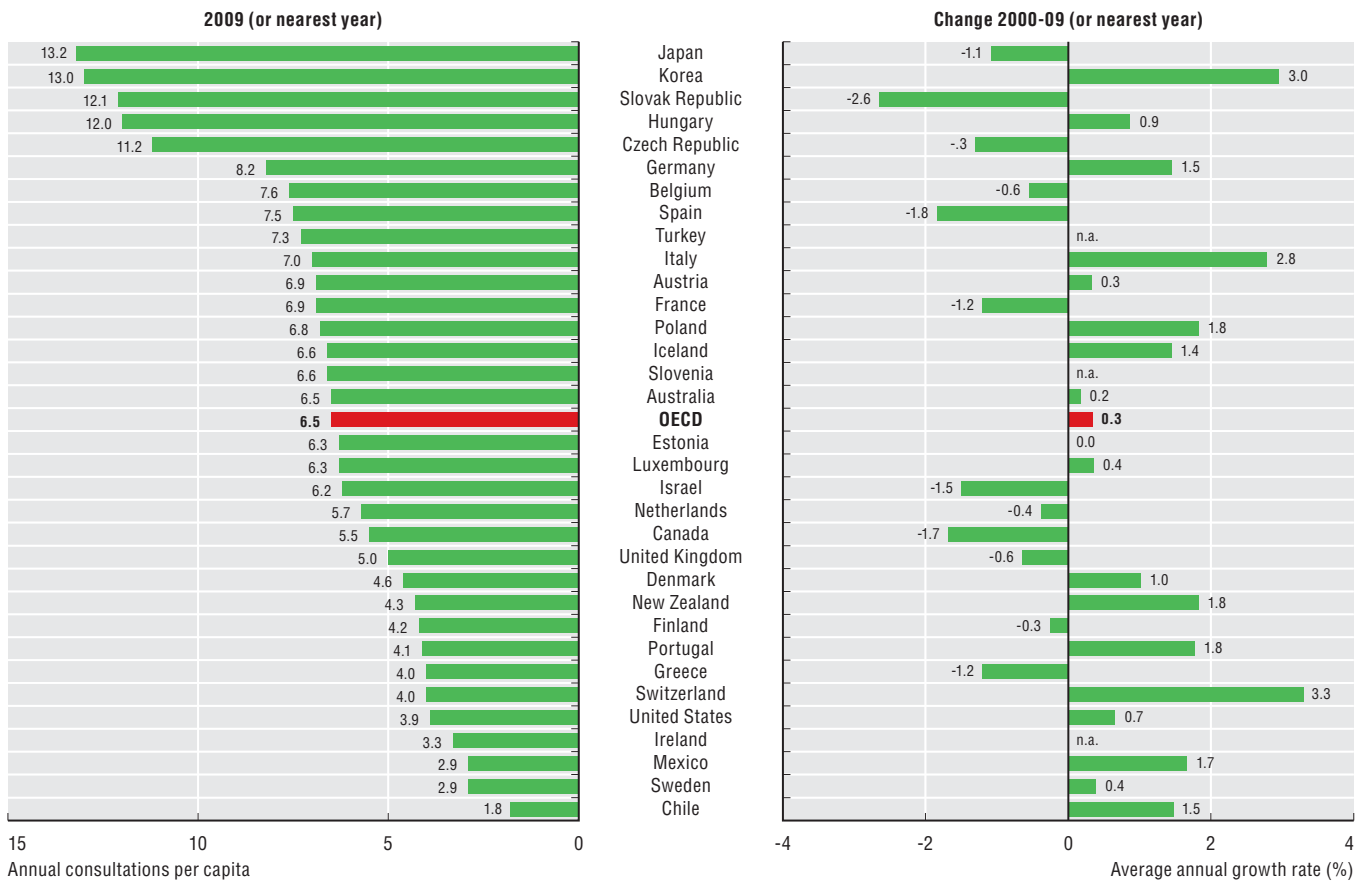
Consultations with doctors refer to the number of contacts with physicians (both generalists and specialists). There are variations across countries in the coverage of different types of consultations, notably in outpatient departments of hospitals.

The data come mainly from administrative sources, although in some countries (Ireland, Israel, Italy, the Netherlands, Spain, Switzerland, New Zealand and the United Kingdom) the data come from health interview surveys. Estimates from administrative sources tend to be higher than those from surveys because of problems with recall and non-response rates.

The figures for the Netherlands exclude contacts for maternal and child care. The data for Portugal exclude visits to private practitioners, while those for the United Kingdom exclude consultations with specialists outside hospital outpatient departments. In Luxembourg, consultations with doctors located outside the country are not included (these consultations account for a higher number than in other countries). The data for Canada only include consultations paid on a fee-for-service basis. In Germany, the data include only the number of cases of physicians' treatment according to reimbursement regulations under the Social Health Insurance Scheme (a treatment only counts the first contact over a three-month period, even if the patient consults a doctor more often). Telephone contacts are included for several countries (e.g. the Czech Republic, Ireland, Spain and the United Kingdom).

Information on data for Israel: <http://dx.doi.org/10.1787/888932315602>.

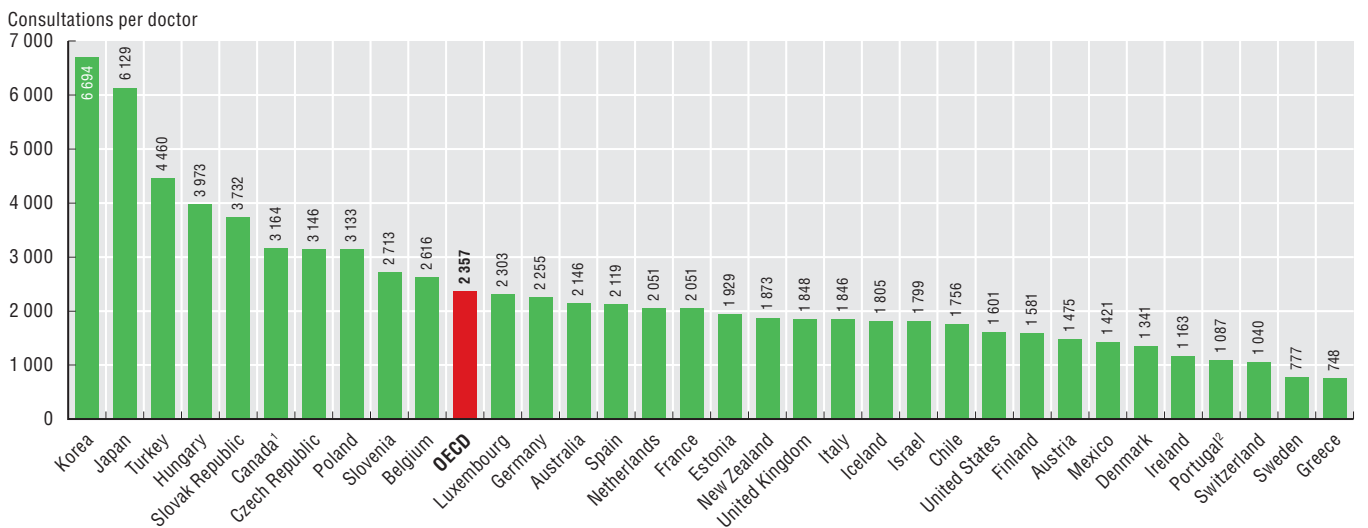
4.1.1 Doctors consultations per capita, 2009 and change between 2000 and 2009



Source: OECD Health Data 2011.

StatLink <http://dx.doi.org/10.1787/888932524431>

4.1.2 Estimated number of consultations per doctor, 2009 (or nearest year)



1. In Canada, the number of doctors only includes those paid fee-for-services to be consistent with the data on consultations.
2. Data for the denominator include all doctors licensed to practice (resulting in an underestimation in the number of consultations per doctor).

Source: OECD Health Data 2011.

StatLink <http://dx.doi.org/10.1787/888932524450>



**From:**  
**Health at a Glance 2011**  
OECD Indicators

**Access the complete publication at:**  
[https://doi.org/10.1787/health\\_glance-2011-en](https://doi.org/10.1787/health_glance-2011-en)

**Please cite this chapter as:**

OECD (2011), "Consultations with doctors", in *Health at a Glance 2011: OECD Indicators*, OECD Publishing, Paris.

DOI: [https://doi.org/10.1787/health\\_glance-2011-29-en](https://doi.org/10.1787/health_glance-2011-29-en)

This work is published under the responsibility of the Secretary-General of the OECD. The opinions expressed and arguments employed herein do not necessarily reflect the official views of OECD member countries.

This document and any map included herein are without prejudice to the status of or sovereignty over any territory, to the delimitation of international frontiers and boundaries and to the name of any territory, city or area.

You can copy, download or print OECD content for your own use, and you can include excerpts from OECD publications, databases and multimedia products in your own documents, presentations, blogs, websites and teaching materials, provided that suitable acknowledgment of OECD as source and copyright owner is given. All requests for public or commercial use and translation rights should be submitted to [rights@oecd.org](mailto:rights@oecd.org). Requests for permission to photocopy portions of this material for public or commercial use shall be addressed directly to the Copyright Clearance Center (CCC) at [info@copyright.com](mailto:info@copyright.com) or the Centre français d'exploitation du droit de copie (CFC) at [contact@cfcopies.com](mailto:contact@cfcopies.com).