

5. HEALTH WORKFORCE

Doctors (overall number)

The number of doctors per capita varies widely across OECD countries. In 2013, Greece had the highest number (with 6.3 doctors per 1 000 population), followed by Austria. Turkey and Chile had the lowest number among OECD countries, with slightly less than two doctors per 1 000 population. The OECD average was just over three doctors per 1 000 population. The number of doctors per capita is much lower in some partner countries. There was less than one doctor per 1 000 population in Indonesia, India and South Africa. In China, the number of doctors per capita is still about half the OECD average, but it has grown significantly since 2000 (Figure 5.1).

Since 2000, the number of doctors has grown in nearly all OECD countries, both in absolute number and on a per capita basis. The growth rate was particularly rapid in some countries which started with lower levels in 2000 (Turkey, Korea and Mexico), but also in countries which already had a large number such as Greece and Austria. In Greece, the number of doctors per capita increased strongly between 2000 and 2008, but has stabilised since then. The number of doctors has also increased strongly in Australia and the United Kingdom (Figure 5.2), driven mainly by a strong rise in the number of graduates from domestic medical education programmes (see indicator on medical graduates).

On the other hand, the number of physicians per capita remained fairly stable between 2000 and 2013 in Estonia, France, Israel and the Slovak Republic. In France, the number of doctors increased by 10%, more or less at the same pace as the population size.

The number of doctors has continued to grow in most OECD countries following the 2008-09 recession, although the growth slowed down in some countries such as Greece. In the United Kingdom, the growth did not slow down much; there were 15% more employed doctors in 2013 than in 2008 (Figure 5.2).

Projecting the future supply and demand of doctors is challenging given the high levels of uncertainty concerning their retirement and migration patterns and their demand (Ono, Lafortune and Schoenstein, 2013). In Australia, a recent projection exercise based on a status quo policy scenario estimated that there may be an over-supply of doctors by 2017 before moving to an under-supply from 2020 to 2030. This projection exercise explored different scenarios that may either mitigate or exacerbate these imbalances. If the demand for doctors is growing at a slightly slower pace than projected because of slower GDP growth, the projected shortage in the next decade may disappear and there may be a slight over-supply of doctors by 2030. On the other hand, if there is a sharp reduction in the number of immigrant doctors, a growing number of domestic medical graduates would be required to close any projected gap (Health Workforce Australia, 2014).

Many countries have anticipated the upcoming retirement of a significant number of doctors by increasing their training efforts over the past decade to ensure that there would

be enough new doctors to replace those who will retire. In some countries where domestic training efforts increased (e.g., the United Kingdom and the Netherlands), there have been recent concerns of possible surpluses of certain categories of doctors in the years ahead. This has led to recommendations to reduce slightly student intakes in medical schools and post-graduate training programmes for certain specialties (CfWI, 2012; ACMMP, 2014).

In many countries, current concerns focusses more specifically on shortages of general practitioners (see the indicator related to doctors by age, sex and category) or the undersupply of doctors in rural and remote regions (see the indicator on the geographic distribution of doctors in Chapter 7).

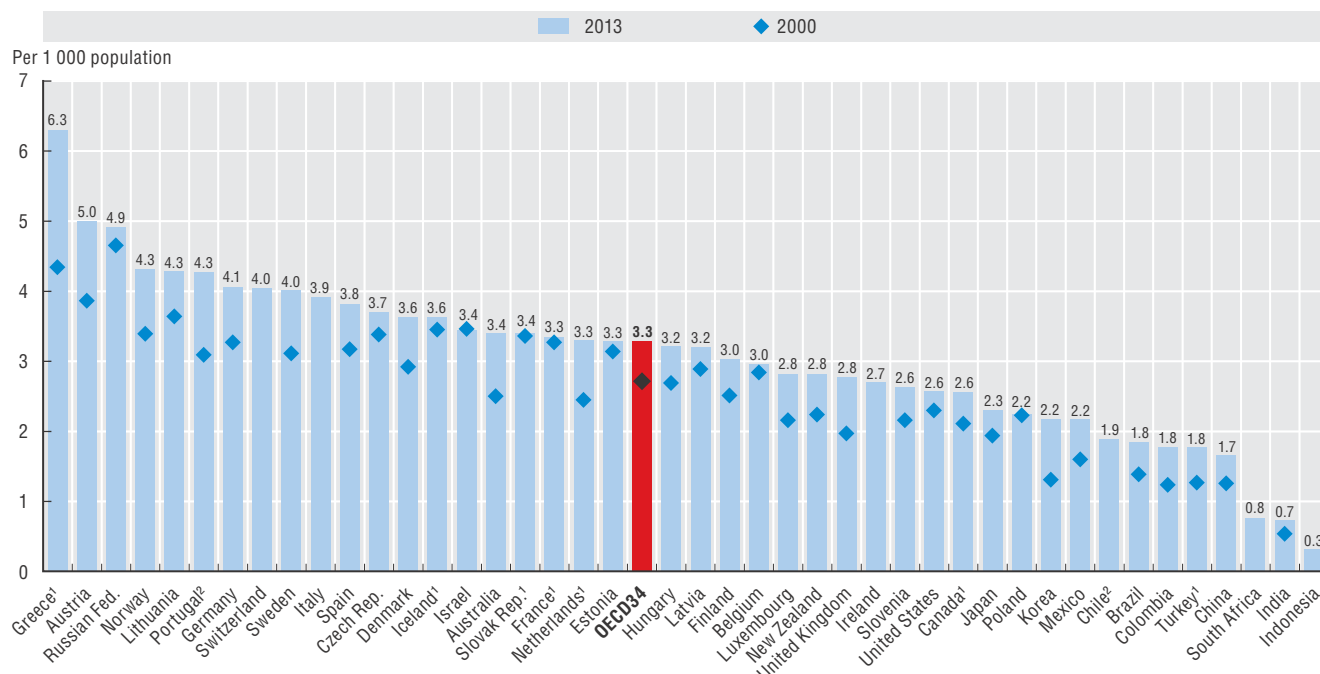
Definition and comparability

The data for most countries refer to practising doctors, defined as the number of doctors who are providing care directly to patients. In many countries, the numbers include interns and residents (doctors in training). The numbers are based on head counts. The data for Ireland are based on estimations. Several countries also include doctors who are active in the health sector even though they may not provide direct care to patients, adding another 5-10% of doctors. Portugal reports the number of physicians entitled to practice, resulting in a larger over-estimation of the number of practicing doctors of about 30%. Belgium and Luxembourg set a minimum threshold of activities for doctors to be considered to be practising, thereby resulting in an under-estimation compared with other countries which do not set such minimum thresholds. Data for India are likely over-estimated as they are based on medical registers which are not updated to account for migration, retirement or death, nor do they take into account doctors registered in multiple states.

References

- ACMMP (2014), *The 2013 Recommendations for Medical Specialist Training*, Utrecht.
- CfWI – Centre for Workforce Intelligence (2012), *A Strategic Review of the Future Healthcare Workforce: Informing Medical and Dental Student Intakes*, London.
- Health Workforce Australia (2014), *Australia's Future Health Workforce – Doctors*, Canberra.
- Ono, T., G. Lafortune and M. Schoenstein (2013), "Health Workforce Planning in OECD Countries: A Review of 26 Projection Models from 18 Countries", *OECD Health Working Papers*, No. 62, OECD Publishing, Paris, <http://dx.doi.org/10.1787/5k44t787zcwd-en>.

5.1. Practising doctors per 1 000 population, 2000 and 2013 (or nearest year)



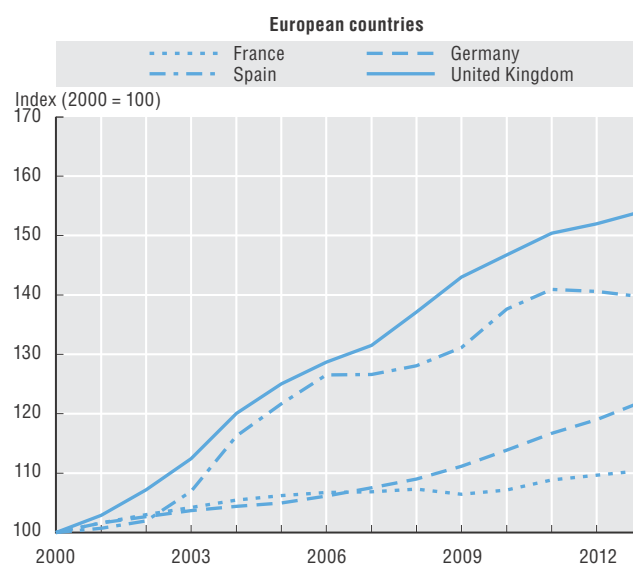
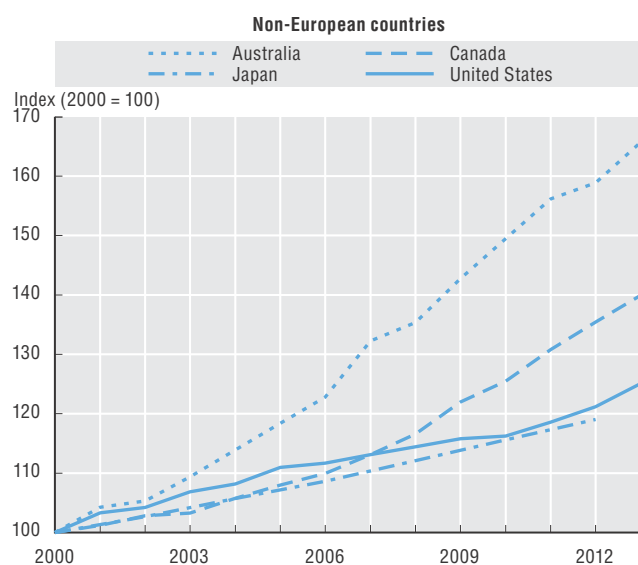
1. Data include not only doctors providing direct care to patients, but also those working in the health sector as managers, educators, researchers, etc. (adding another 5-10% of doctors).

2. Data refer to all doctors licensed to practice (resulting in a large over-estimation of the number of practising doctors in Portugal, of around 30%).

Source: OECD Health Statistics 2015, <http://dx.doi.org/10.1787/health-data-en>.

StatLink <http://dx.doi.org/10.1787/888933280876>

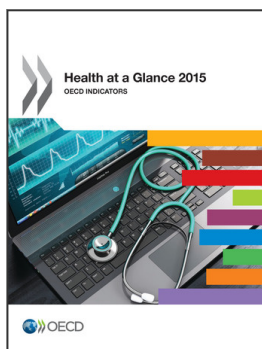
5.2. Evolution in the number of doctors, selected OECD countries, 2000 to 2013 (or nearest year)



Source: OECD Health Statistics 2015, <http://dx.doi.org/10.1787/health-data-en>.

StatLink <http://dx.doi.org/10.1787/888933280876>

Information on data for Israel: <http://oe.cd/israel-disclaimer>



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