3.2. Medical doctors

This section provides information on the number of doctors per capita in OECD countries, including a disaggregation by general practitioners and specialists. In 2009, there were just over three doctors per 1 000 population across OECD countries. Greece had by far the highest number of doctors per capita (6.1 per 1 000 population), followed by Austria. Chile, Turkey, Korea and Mexico had the lowest number of doctors per capita with between one and two doctors per 1 000 population. The number of doctors per capita is lower in some of the major emerging economies, with less than one doctor per 1 000 population in Indonesia, India and South Africa.

Between 2000 and 2009, the ratio of physicians per 1 000 population has grown in most OECD countries, at a rate of 1.7% per year on average (Figure 3.2.1). The growth rate was particularly rapid in countries which started with lower levels in 2000 (Turkey, Chile, Korea and Mexico) as well as in the United Kingdom and Greece. In the United Kingdom, graduation rates from medical education programmes have been above the OECD average during that period, resulting in high and rising numbers of doctors (see Indicator 3.3 "Medical graduates"). On the other hand, there was no growth in the number of physicians per capita in Estonia, France, Israel and Poland, while there was a marked decline in the Slovak Republic. This decline in the Slovak Republic can be explained at least partly by a reduction in the number of medical graduates since the late 1990s. In France, following the reduction in the number of new entrants into medical schools during the 1980s and 1990s, the number of doctors per capita began to decline since 2006. Due to the time it takes to increase graduate numbers, this downward trend is expected to continue.

In 2009, 43% of doctors on average across OECD countries were women, up from 29% in 1990. This ranged from highs of more than half in central and eastern European countries (Estonia, Slovenia, Poland, the Slovak Republic, the Czech Republic, and Hungary) and Finland, to lows of less than 20% in Korea. The share of female physicians increased in all OECD countries over this time period with particularly large increases in the United States, Spain and Denmark.

The age composition of the physician workforce is one of the factors contributing to concerns about potential shortages in several countries. In 2009, on average across OECD countries, about 30% of all doctors were over 55 years of age. However, this share varies considerably across countries. Israel has the highest share of physicians above the age of 55 with 46%, whereas more than 35% of all doctors in Chile, France, Germany, Hungary and Italy are over 55. In the United Kingdom and Korea, a much lower proportion of physicians are aged over 55, due to large numbers of new graduates entering medical practice in the last decade.

The balance in the physician workforce between general practitioners and specialists has changed over the past few decades, with the number of specialists increasing much more rapidly. Although health policy and health research emphasises the importance and cost-effectiveness of generalist primary care (Starfield *et al.*, 2005), on average across OECD countries, general practitioners made up only a quarter of all physicians. There were more than two specialists for every general practitioner in 2009, while this ratio was one-and-a-half in 1990. Specialists greatly out-number generalists in central and eastern European countries and in Greece. However, some countries have maintained a more equal balance between specialists and generalists, such as Australia, Canada, France, and Portugal, where generalists made up nearly half of all doctors. In some countries, for example in the United States, general internal medicine doctors are categorised as specialists although their practice can be very similar to that of general practitioners, resulting in some underestimation of the capacity of these countries to provide generalist care (Figure 3.2.2).

Forecasting the future supply and demand of doctors is difficult, because of uncertainties concerning overall economic growth, changes in physician productivity, advances in medical technologies, changing roles of physicians *versus* other care providers, as well as changes in the health needs of the population. In the United States, the Department for Health and Human Services (HRSA, 2008) has estimated that the *demand* for physicians might increase by 22% between 2005 and 2020 while the *supply* might only increase by 16.5% under a certain set of assumptions. These projections did not take into account the expansion of health insurance coverage under the 2010 healthcare reform proposal.

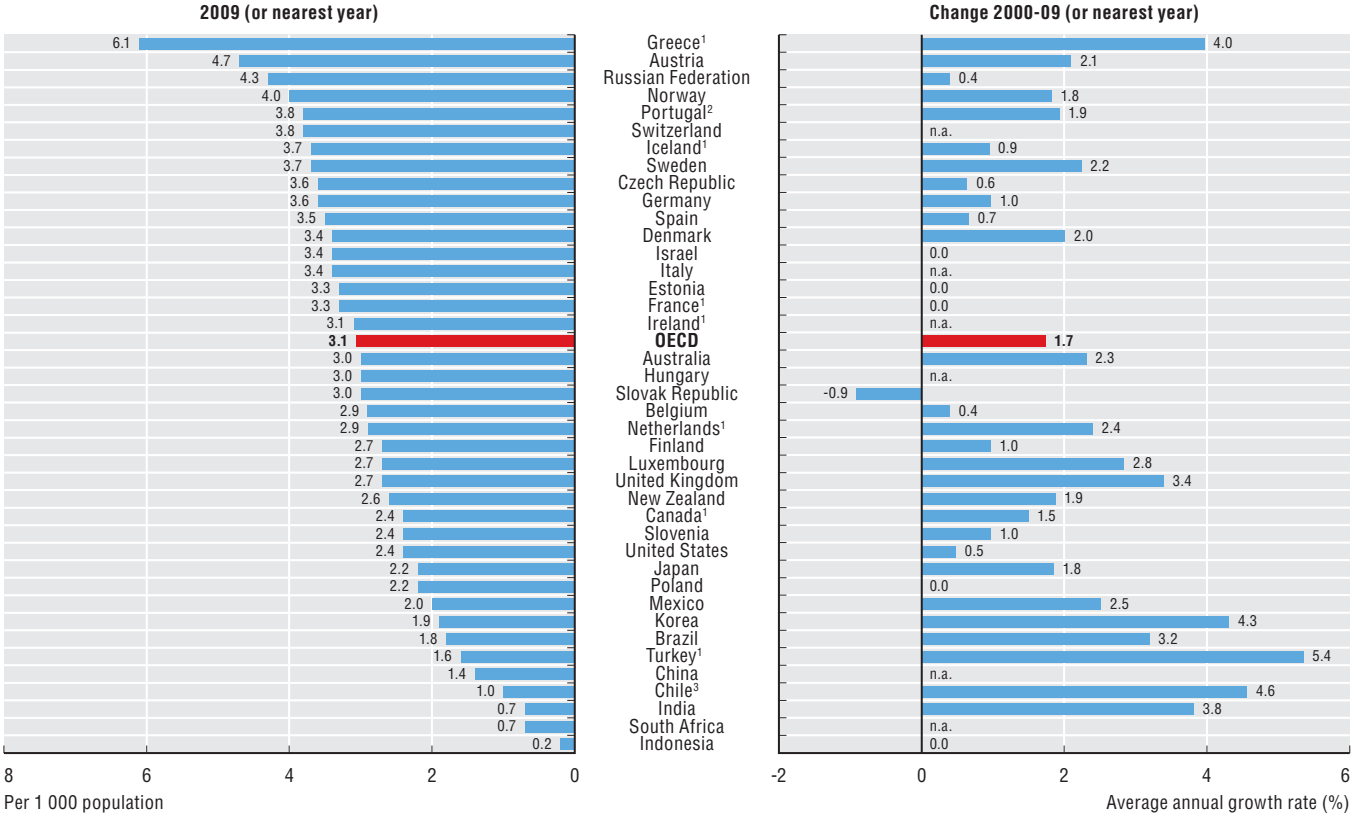
Definition and comparability

The data for most countries refer to practising medical 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. Several countries also include doctors who are active in the health sector even though they may not provide direct care to patients. The data from Ireland include all doctors with addresses in Ireland under the age of 70. Portugal reports the number of physicians entitled to practice (resulting in an over-estimation). Data for Spain include dentists and stomatologists, while data for Belgium include stomatologists (also resulting in a slight over-estimation). Data for Chile include only doctors working in the public sector.

Not all countries are able to report all their physicians in the categories of specialists and generalists. For example, specialty-specific data may not be available for doctors in training or for those working in private practice.

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

3.2.1 Practising doctors per 1 000 population, 2009 and change between 2000 and 2009

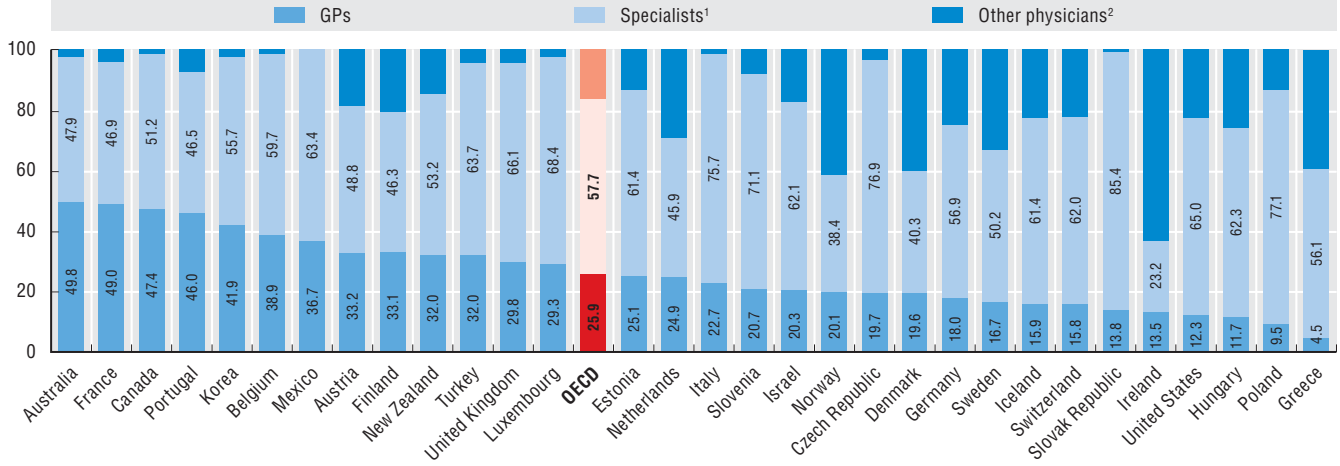


1. Data include not only doctors providing direct care to patients, but also those working in the health sector as managers, educators, researchers, etc. (adding another 5-10% of doctors).
2. Data refer to all doctors who are licensed to practice.
3. Data for Chile include only doctors working in the public sector.

Source: *OECD Health Data 2011*; WHO-Europe for the Russian Federation and national sources for other non-OECD countries.

StatLink http://dx.doi.org/10.1787/888932524070

3.2.2 General practitioners, specialists and other doctors as a share of total doctors, 2009 (or nearest year)



1. Specialists include paediatricians, obstetricians/gynaecologists, psychiatrists, medical specialists and surgical specialists.
2. Other doctors include interns/residents if not reported in the field in which they are training, and doctors not elsewhere classified.

Source: *OECD Health Data 2011*.

StatLink http://dx.doi.org/10.1787/888932524089