

In many European countries, there are concerns about current or future shortages of doctors, in general or more specifically for certain categories of doctors or in certain locations (e.g. in rural and remote areas). This section provides data on the number of doctors per capita in European countries in 2010 and its evolution over the past decade, as well as a disaggregation between generalists and specialists.

In 2010, Greece had, by far, the highest number of doctors per capita, with 6.1 doctors per 1 000 population, nearly twice the EU average of 3.4. Following Greece was Austria, with 4.8 doctors per 1 000 population. The number of doctors per capita was also relatively high in Norway, Portugal (although the number reported is an overestimation as it comprises all doctors licensed to practice, including some who may not be practising), Sweden, Switzerland and Spain. The number of doctors per capita was the lowest in Montenegro and Turkey, followed by Poland, Romania and Slovenia (Figure 3.1.1).

Since 2000, the number of physicians per capita has increased in all European countries, except in France, Estonia and Poland. On average across EU member states, physician density grew from 2.9 doctors per 1 000 population in 2000 to 3.4 in 2010. The growth rate was particularly rapid in Greece, which started from the highest level in 2000, thereby increasing the gap with other countries, and the United Kingdom, which started from the second lowest level in 2000, thereby narrowing the gap with other European countries.

In Greece, the number of doctors per capita has stabilised since the beginning of the crisis in 2008, following strong growth between 2000 and 2008.

In the United Kingdom, the number of doctors per capita has gone up steadily over the past decade, from 2.0 doctors per 1 000 population in 2000 to 2.7 in 2010 (and 2.8 in 2011). The number of new registrations of foreign-trained doctors increased up to 2003 when it peaked at about 14 000, but has declined since then to about 5 000 in 2010 and 2011 (General Medical Council, 2012). At the same time, the number of new graduates from medical schools in the United Kingdom increased, from about 4 600 in 2003 to 5 800 in 2010 and in 2011, gradually exceeding the number of new registrations of foreign-trained physicians (OECD, 2012a).

In France, the number of doctors per capita has not increased over the past decade, and it is expected to decrease until 2020, following the reduction in the number of new entrants and graduates from medical schools during the 1980s and 1990s (DREES, 2009).

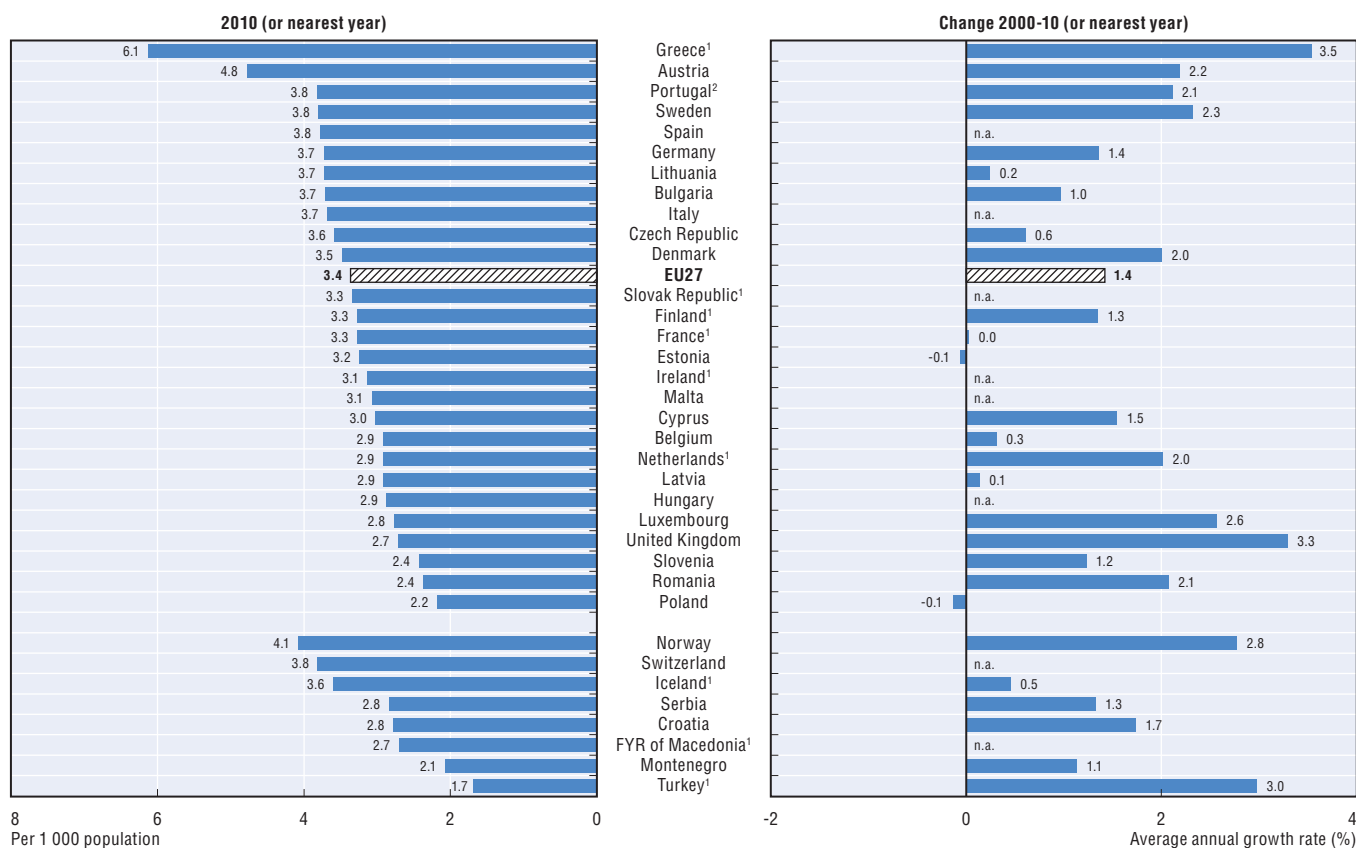
In nearly all countries, the balance between generalist and specialist doctors has changed over the past few decades, with the number of specialists increasing much more rapidly. As a result, there are more specialists than generalists in most countries, except in Ireland, Malta, Portugal and Norway (Figure 3.1.2). This may be explained by a lesser interest in the traditional mode of practice of general practitioners (family doctors) given the workload and constraints attached to it. In addition, in many countries, the remuneration gap between generalists and specialists has widened (Fujisawa and Lafortune, 2008). The slow or negative growth in the number of generalists per capita raises concerns about access to primary care for certain population groups. In response to this shortage, many countries have taken steps to improve the number of training posts and attractiveness of general practice. For example, in France, the number of interns in general practice has increased markedly in recent years, with around half of all internships allocated to general practice in 2010 and 2011 (DREES, 2012). A number of countries are also considering the development of new roles for other health care providers, such as advanced practice nurses, to respond to growing demands for primary care (Delamaire and Lafortune, 2010).

Definition and comparability

Practising physicians are defined as doctors who are providing care directly to patients. In some countries, the numbers also include doctors working in administration, management, academic and research positions (“professionally active” physicians), adding another 5-10% of doctors. Portugal reports all physicians entitled to practice, resulting in an even greater overestimation.

Generalists include general practitioners (“family doctors”) and other generalist/non-specialist practitioners who may be working in hospitals or outside hospitals. Specialists include paediatricians, gynaecologists and obstetricians, psychiatrists, medical specialists, surgical specialists and other specialties. Other physicians include interns/residents if they are not reported in the field in which they are training, and doctors who are not classified elsewhere.

3.1.1. Practising doctors per 1 000 population, 2010 and change between 2000 and 2010 (or nearest year)

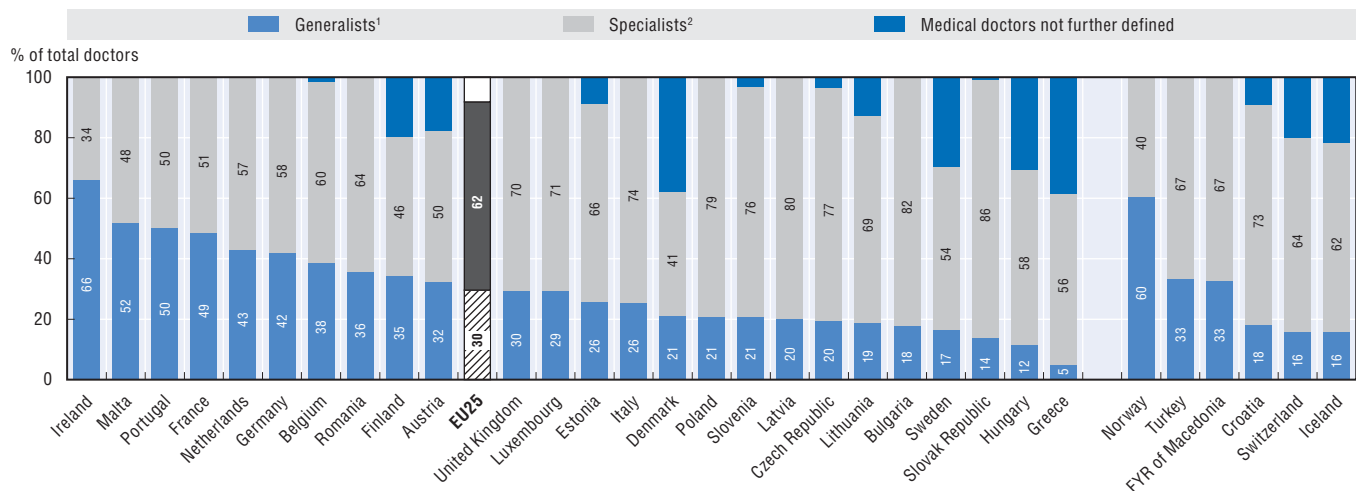


1. Data include not only doctors providing direct care to patients, but also those working in the health sector as managers, educators, researchers, etc. (adding another 5-10% of doctors).
2. Data refer to all doctors who are licensed to practice.

Source: OECD Health Data 2012; Eurostat Statistics Database; WHO European Health for All Database.

StatLink <http://dx.doi.org/10.1787/888932704190>

3.1.2. Generalists and specialists as a share of all doctors, 2010 (or nearest year)



1. Generalists include general practitioners/family doctors and other generalist (non-specialist) medical practitioners.
2. Specialists include paediatricians, obstetricians/gynaecologists, psychiatrists, medical, surgical and other specialists.

Source: OECD Health Data 2012; Eurostat Statistics Database.

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