

AVAILABILITY OF DOCTORS

Access to medical care requires an adequate number of doctors, with a proper mix between generalists and specialists and a proper distribution in all parts of the country.

The number of doctors per capita varies widely across EU countries (Figure 7.11). In 2016, Greece had the highest number with 6.6 doctors per 1 000 population, but this number is an over-estimation as it includes all doctors who are licensed to practice (including retired physicians and those who might have emigrated to other countries). Austria and Portugal also had a high number of doctors per population, but the number in Portugal is also over-estimated for the same reason as in Greece (without this over-estimation, the number of practising doctors in Portugal would likely be slightly below the EU average). The number of doctors per capita was lowest in Poland, the United Kingdom and Romania.

Since 2000, the number of doctors per capita has increased in all EU countries, except in France, Poland and the Slovak Republic where it has remained stable. On average across EU countries, the number increased from 2.9 doctors per 1 000 population in 2000 to 3.6 in 2016. In most countries, the global economic crisis that started in 2008 did not have much impact on the growth in the number of doctors.

Projecting the future supply and demand of doctors is challenging given the high levels of uncertainty concerning retirement and migration patterns and possible changes in the demand for their services. Many EU countries have anticipated the current and future retirement of a significant number of doctors by increasing their education and training efforts so that there would be enough new doctors to replace those who will retire (OECD, 2016).

In many countries, the main concern is about current and future shortages of general practitioners, particularly in rural and remote regions. Whereas the overall number of doctors per capita has increased in nearly all countries, the share of general practitioners (GPs) has come down in most countries. On average across EU countries, GPs made up less than 25% of all physicians in 2016 (Figure 7.12). Greece and Poland have the lowest share of GPs, while Portugal, France, Finland and Belgium have been able to maintain a better balance between GPs and specialists. In response to these concerns about shortages of generalists, several countries have taken steps to increase the number of post-graduate training places in general medicine. In France, the number of post-graduate training places filled in general medicine more than doubled between 2005 and 2015, rising from 1 500 to over 3 500. However, in most countries, specialists earn much more than GPs,

providing financial incentives for doctors to specialise (OECD, 2016).

The uneven geographic distribution of doctors and the difficulties in recruiting and retaining doctors in certain regions is another important policy issue in many European countries, especially those with remote and sparsely populated areas. The density of physicians is consistently greater in urban regions, reflecting the concentration of specialised services such as surgery and physicians' preferences to practice in urban settings. Differences in the density of doctors between urban regions and rural regions are highest in the Slovak Republic, the Czech Republic and Greece (OECD, 2017).

Many countries provide different types of financial incentives to attract and retain doctors in underserved areas, including one-time subsidies to help them set up their practice as well as recurrent payments such as income guarantees and bonus payments. A number of countries have also introduced measures to encourage students from underserved regions to enrol in medical schools (Ono et al., 2014).

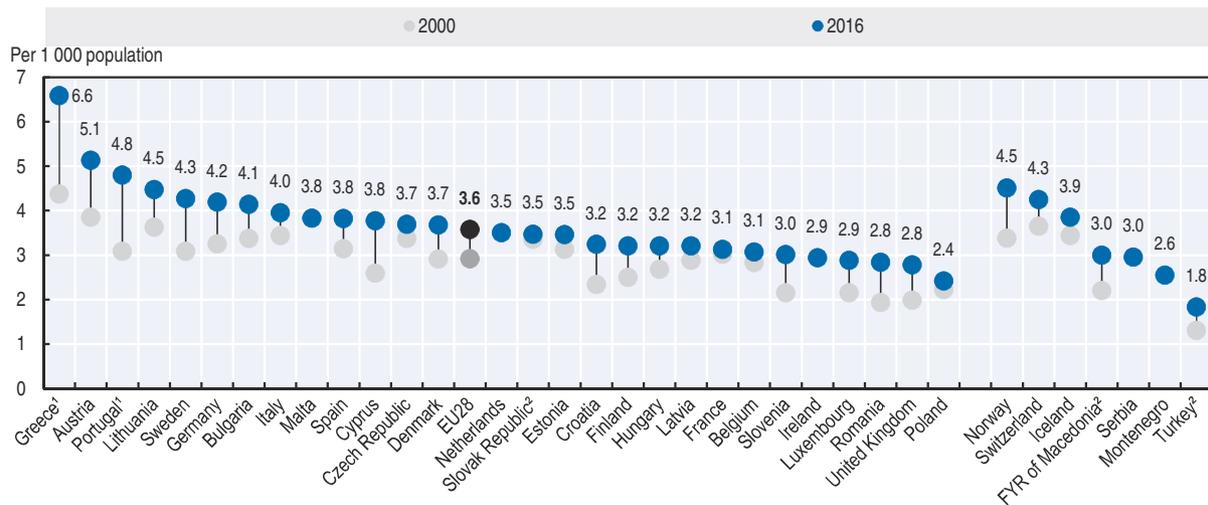
Definition and comparability

Practising physicians are defined as doctors who are providing care for 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. Greece and Portugal report all physicians entitled to practice, resulting in an even greater overestimation. In Belgium, a minimum threshold of activities (500 consultations per year) is set for general practitioners to be considered to be practising, resulting in an under-estimation compared with other countries which do not set such a threshold.

References

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7.11. Practising doctors per 1 000 population, 2000 and 2016 (or nearest year)

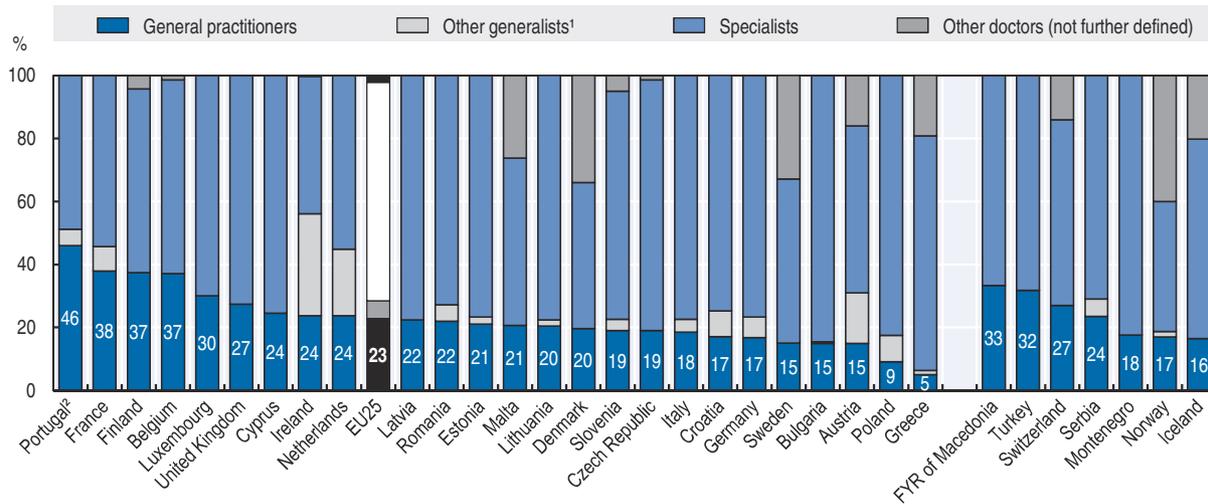


1. Data refer to all doctors licensed to practice, resulting in a large over-estimation of the number of practising doctors (e.g. of around 30% in Portugal).
2. Data include not only doctors providing direct care to patients, but also those working in the health sector as managers, educators, researchers, etc. (adding another 5-10% of doctors).

Source: OECD Health Statistics 2018, <https://doi.org/10.1787/health-data-en>; Eurostat Database.

StatLink <http://dx.doi.org/10.1787/888933836390>

7.12. Share of different categories of doctors, 2016 (or nearest year)



1. Other generalists include non-specialist doctors working in hospital and recent medical graduates who have not started yet their post-graduate specialty training.
2. In Portugal, only about 30% of doctors employed by the public sector (NHS) are working as GPs in primary care, with the other 70% working in hospital.

Source: OECD Health Statistics 2018, <https://doi.org/10.1787/health-data-en>; Eurostat Database.

StatLink <http://dx.doi.org/10.1787/888933836409>



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