8. HEALTH WORKFORCE

Medical graduates

On average across OECD countries in 2017, there were 13 new medical graduates per 100 000 population (up from 12 in 2015). This ranges from about seven in countries such as Japan and Israel to more than 20 in Ireland and Denmark (Figure 8.15).

In Israel, the low number of domestic medical graduates is compensated by the high number (about 60%) of foreign-trained doctors. Increasingly however, foreign-trained doctors consist of Israeli-born people returning after completing studies abroad. In contrast, Japan does not currently rely on foreign-trained doctors. However, Japan recently took action to increase the number of students admitted to medical schools (the numerus clausus), but this is not yet reflected in the number of new medical graduates due to lags. In Ireland, the high number of medical graduates reflects the large share of international medical students. In the academic year 2017/18, this share made up half of all medical students, with the majority coming from outside the OECD area. However, after obtaining their first medical degree, international medical students often leave Ireland due to difficulties in securing an internship – the last stage in medical education prior to postgraduate training. At the same time, Ireland compensates for its shortage of doctors by importing doctors trained in other countries (OECD, 2019[1]).

In all OECD countries except Greece, the number of new medical graduates per capita has risen since 2000. However increases have not been steady, with numbers falling to less than 90% of levels in 2000 (mostly during the 2000s) in Belgium, the Slovak Republic and Switzerland (countries close to the OECD average), as well as in Turkey, France, and Israel, with numbers considerably below the OECD average (OECD, 2019[1]).

In Latvia, Slovenia, Portugal and Australia, where annual numbers of new medical graduates per capita are above the OECD average, the number increased up to fourfold between 2007 and 2017. Twofold increases are common, and are found in countries with high, medium, and low numbers of new medical graduates per capita (Figure 8.16). In total, the number of medical graduates across OECD countries increased from less than 100 000 in 2006 to nearly 120 000 in 2017.

The growth of the number of doctors in the majority of the OECD countries since 2000 has been fueled predominantly by a rise in the number of domestic medical graduates. In most cases, this rise reflects goal-oriented policy decisions taken a few years earlier to raise the number of students admitted to medical schools. This was in response to concerns about current or possible future shortages of doctors. In some countries like Poland, as well as other central, and eastern European countries, the strong increase in recent years also reflects the growing number of international medical students and graduates. Polish medical schools, for example, offer medical studies in English, and 25% of all medical students are foreigners (OECD, 2019[1]).

In reply to the OECD Health System Characteristics Survey 2016, none of the responding OECD countries other than Italy and Spain reported that they had reduced admission rates for medical schools and most countries declared increases (OECD, 2016[2]). Hence, the number of new medical graduates can be expected to continue to increase in most countries in the coming years.

Definition and comparability

Medical graduates are defined as students who have graduated from medical schools in a given year. The data for Australia, Austria and the Czech Republic include foreign graduates, but other countries may exclude them.

References


Figure 8.15. Medical graduates, 2017 (or nearest year)


StatLink 2 https://doi.org/10.1787/888934017481

Figure 8.16. Evolution in the number of medical graduates, selected OECD countries, 2000-17 (or nearest year)

Countries above OECD average in graduates per capita in 2017
- Australia
- Ireland
- Italy
- Netherlands
- Spain

Countries below OECD average in graduates per capita in 2017
- Canada
- France
- Japan
- Poland
- United States


StatLink 2 https://doi.org/10.1787/888934017500