The number of doctors per capita varies widely across OECD countries. In 2015, Greece had the highest number with 6.3 doctors per 1,000 population, but this number is an over-estimation as it includes all doctors who are licensed to practice but may no longer be practising for various reasons. Greece was followed by Austria (5.1 doctors per 1,000 population). Turkey, Chile and Korea had the lowest number among OECD countries at around two doctors per 1,000 population. The OECD average was 3.4 doctors per 1,000 population. Among the partner countries, the number of doctors per capita is significantly lower: 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 by 44% since 2000 (Figure 8.3).

Since 2000, the number of doctors has increased 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 but have grown at a significantly faster rate than the OECD average growth rate, such as Korea, Mexico and the United Kingdom (Figure 8.4).

At the same time, countries with high physician density such as Australia and Austria have also continued to show a high rate of increase over the same period. The number of doctors has continued to increase strongly in Australia, driven by a strong rise in the number of graduates from domestic medical education programmes (see the indicator on “Medical graduates”).

In the United Kingdom, concerns were raised in the early 2000s about possible surpluses in certain categories of doctors. This resulted in policies to reduce student intakes and to some tapering of the growth rate in the number of doctors. More recently, though, funding for additional student places at medical schools was announced to meet the growing demand for care (Department of Health, 2016). The number of physicians per capita remained fairly stable between 2000 and 2015 in France, Israel, Poland and the Slovak Republic. In Israel, the number of doctors increased at nearly the same pace as the population size.

Overall, most OECD countries have shown a steady increase in the number of doctors, and did not show much effect of the global recession. In countries such as Australia, there were about 30% more employed doctors in 2015 than in 2008. There were some exceptions: the 2008-09 recession appears to have had an impact in Greece, where the number of doctors increased between 2000 and 2008, but has stopped growing afterwards and has even shown some decline since 2012.

Projecting the future supply and demand of doctors is challenging given the high levels of uncertainty concerning their retirement and migration patterns as well as changes in their demand (Ono et al., 2013). Many OECD 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. But the impact of this increase into medical education will take several years for the effects to be felt. The difficulties in anticipating the actual number of practicing doctors have resulted in countries continually having to revise and adjust their policies. However, in most OECD countries, there is a shared concern on the shortages of general practitioners (see the indicator “Doctors by age, sex and category”) and the undersupply of doctors in rural and remote regions (see the indicator on the “Geographic distribution of doctors” in Chapter 5).

### 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. 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. Greece and Portugal report the number of physicians entitled to practice, resulting in an even larger over-estimation of the number of practicing doctors. Belgium sets 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 may be 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


8. HEALTH WORKFORCE

8.3. Practising doctors per 1 000 population, 2000 and 2015 (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).


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8.4. Evolution in the number of doctors, selected OECD countries, 2000 to 2015 (or nearest year)

1. The data for Greece refer to all doctors licensed to practice.


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