

3. HEALTH WORKFORCE

3.2. Practising physicians

In many OECD countries, there are concerns about current or looming shortages of doctors (OECD, 2008e). This section provides information on the number of doctors per capita in OECD countries, including a disaggregation by gender and by general practitioners and specialists.

In 2007, there were highs of four practising doctors or more per 1 000 population in Greece and Belgium, and lows of less than two per 1 000 in Turkey and Korea (Figure 3.2.1). The OECD average was 3.1 per 1 000 population.

The ratio of practising physicians per 1 000 population has grown since 1990 in nearly all OECD countries. On average across OECD countries, physician density grew at a rate of 2% per year between 1990 and 2007 (Figure 3.2.2). The growth rate was particularly rapid in countries which started with lower levels in 1990 (Turkey, Korea and Mexico) as well as in Spain (since 1995) and Austria. In Austria, graduation rates from medical education programmes have consistently been above the OECD average during that period, resulting in high and rising numbers of doctors. On the other hand, the growth rate in the number of physicians per capita was much slower in Canada and France, and it was even negative in Italy. Following the reduction in the number of new entrants in medical schools during the 1980s and 1990s based on the view that there were too many physicians, the number of doctors per capita began to decline in Italy from 2003 and from 2006 in France. This downward trend is expected to continue.

In 2007, 40% of doctors on average across OECD countries were women, up from 29% in 1990 (Figure 3.2.3), ranging from highs of more than half in central and eastern European countries (Slovak Republic, Poland, Czech Republic and Hungary) and Finland to lows of less than 20% in Japan. In the United States, the proportion of female doctors has increased from 20% to 30% between 1990 and 2007, and it should continue to increase in the years ahead, as women enrolled in medical schools now account for nearly half of all students (NCHS, 2009).

The balance between general practitioners and specialists has changed over the past few decades, with the number of specialists increasing much more rapidly than generalists. Although health policy and health research tend to emphasise the importance and cost-effectiveness of generalist primary care (Starfield *et al.*, 2005), on average across OECD countries, there are now two specialists for every GP. This ratio was one-and-a-half in 1990. Specialists greatly outnumber generalists

in central and eastern European countries and in Greece. On the other hand, some countries have maintained a more equal balance between specialists and generalists (Australia, Belgium, Canada, France, New Zealand and Portugal), although even in some of these countries a vast majority of medical students are now choosing to specialise.

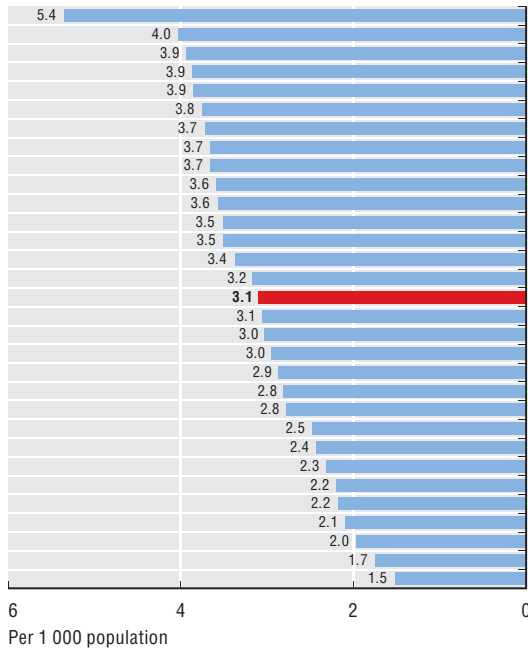
Forecasting the future supply and demand of doctors is difficult, because of uncertainties concerning overall economic growth, changes in physician productivity, advances in medical technologies, and the changing roles of physicians versus other care providers. In the United States, the Association of American Medical Colleges has estimated that the *demand* for physicians might increase by 26% between 2006 and 2025, while the *supply* might only increase by 10-12%, leading to a growing shortage of physicians (AAMC, 2008). In France, recent projections from the French Ministry of Health indicate that the *supply* of doctors may decline by almost 10% between 2006 and 2020, even taking into account the possible increase in the student intake from 7 000 places in 2006 to 8 000 places from 2011 to 2020 (DREES, 2009). Considering the growth in population during that period, the doctor-to-population ratio in France is expected to decline sharply, to reach a level of less than 2.8 doctors per 1 000 population in 2020, down from 3.35 in 2007, a decline of over 15% (DREES, 2009).

Definition and deviations

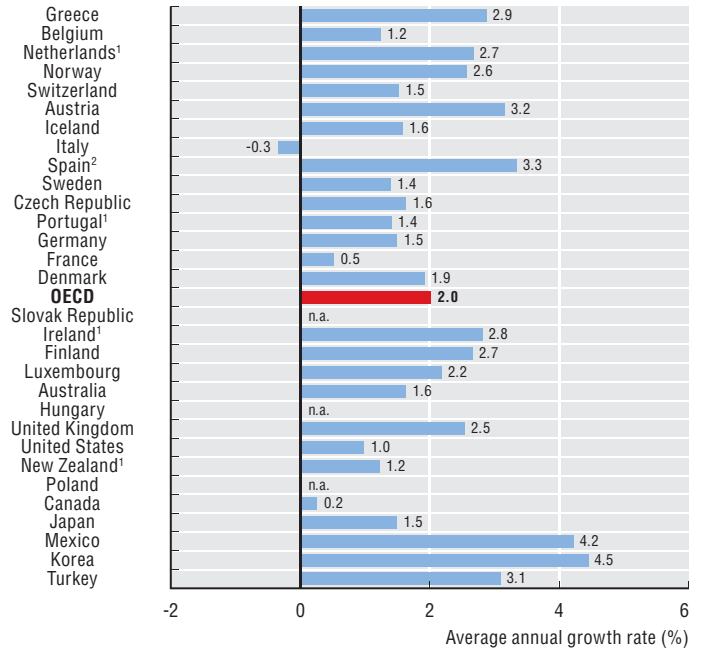
Practising physicians are defined as the number of doctors who are providing care directly to patients. In many countries, the numbers include interns and residents (doctors in training). The numbers are based on head counts, except in Norway which reported full-time equivalents prior to 2002. Ireland, the Netherlands, New Zealand and Portugal report the number of physicians entitled to practice (resulting in an over-estimation). Data for Spain include dentists and stomatologists (also resulting in a slight over-estimation).

Not all countries are able to report all their practising physicians in the two broad categories of specialists and generalists. This may be due to the fact that specialty-specific data are not available for doctors in training or for those working in private practice.

3.2.1 Practising physicians per 1 000 population, 2007 (or latest year available)

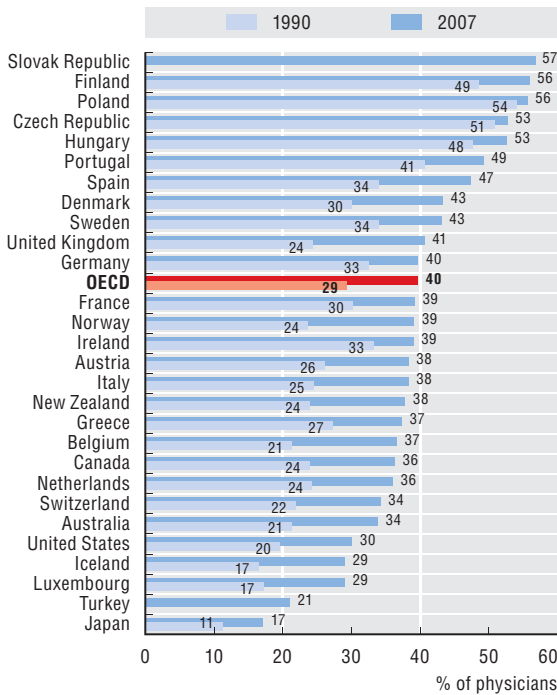


3.2.2 Growth in practising physician density, 1990-2007 (or nearest year)

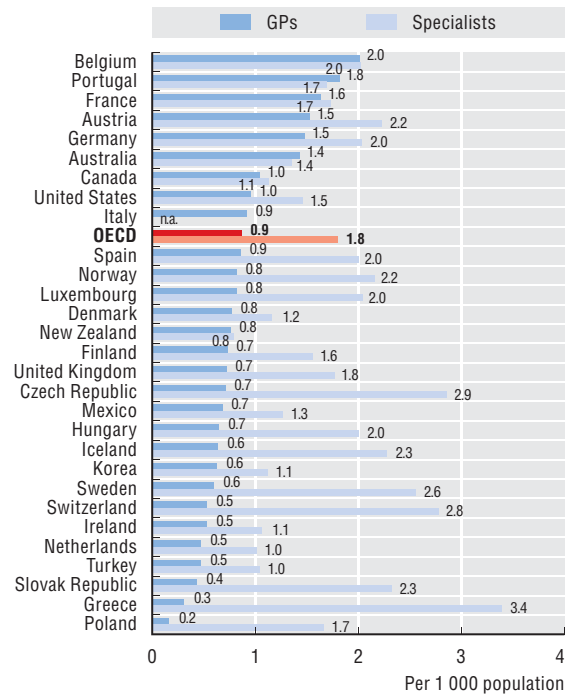


1. Ireland, the Netherlands, New Zealand and Portugal provide the number of all physicians entitled to practise rather than only those practising. 2. Data for Spain include dentists and stomatologists.

3.2.3 Female physicians as a percentage of all physicians, 1990 and 2007 (or nearest year)



3.2.4 General practitioners and specialists per 1 000 population, 2007 (or latest year available)



Note: Some countries are unable to report all their practising doctors in these two categories of GPs and specialists.



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