

### Doctors by age, sex and category

The age and gender composition of the medical workforce and the mix between different categories of doctors have important implications on the availability of medical services. The ageing of doctors in OECD countries has, for many years, raised concerns that there may not be sufficient new recruits to replace them, although there is evidence that the retirement of doctors often only occurs gradually and that their retirement age is increasing (OECD, 2016). The growing imbalance in favour of greater specialisation over general medicine raises concerns in many countries about access to primary care for all the population.

In 2015, on average across OECD countries, one-third of all doctors were over 55 years of age, up from one-fifth in 2000 (Figure 8.5). Between 2000 and 2015, France, Italy, Spain and Austria more than doubled the share of doctors over 55 years of age. While these doctors might be expected to retire over the next ten years, a growing number of them will likely continue to practice after 65 years. In Israel and Italy, half (or more) of all doctors were over 55 years of age in 2015. It should be noted that the high share in Israel may be due partly to the fact that these numbers are based on all doctors licensed to practice, which may include some who may no longer be practicing. At the other end, only 13-17% of doctors in the United Kingdom and Korea were aged over 55. This is consistent with the large numbers of new graduates entering medical practice over the past decade (see the indicator on “Medical graduates”).

Several OECD countries have reformed their pension systems and increased the retirement age to take into account longer life expectancy. While few studies have examined the impact of these pension reforms specifically on doctors, it is possible that these pension reforms may prolong the working lives of doctors after age 65, which could have a significant impact on the future replacement needs.

In 2015, 46% of doctors on average across OECD countries were women, up from 39% in 2000 (Figure 8.6). At least half of all doctors now are women in 11 countries, with Latvia and Estonia showing the highest share at over 70%. Between 2000 and 2015, the share of women doctors rose most rapidly in the Netherlands (49%) and Belgium (47%). By contrast, only about one-in-five doctors in Japan and Korea were women in 2015, although Japan showed a significant increase of 42% over the 2000 figure.

On average across OECD countries, generalists made up about 30% of all physicians in 2015 (Figure 8.7), a similar

share to 2005. Greece, Hungary and the United States showed the lowest share of generalists, while countries such as France, Canada and Australia have been able to maintain a more equal balance between specialists and generalists. It should be noted that in Ireland and Portugal, most generalists are not general practitioners but rather non-specialist doctors working in hospitals or other settings. In the United States, general internal medicine doctors are categorised as specialists although their practice is often very similar to that of general practitioners, resulting in some underestimation of the capacity to provide generalist care.

In response to concerns about shortages of general practitioners, many countries have taken steps to improve the number of training places in general medicine. In Canada, the number of post-graduate training places in family medicine more than doubled between 2000 and 2013, as part of a national effort to improve access to primary care (CAPER, 2015). However, in most OECD countries, specialists earn more than general practitioners, providing financial incentives for doctors to specialize (see indicator on the “Remuneration of doctors”).

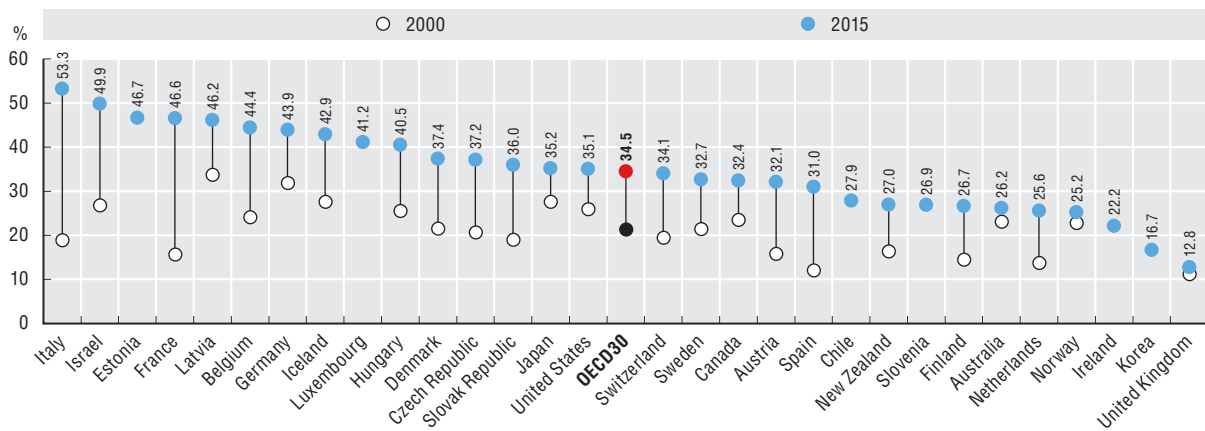
#### **Definition and comparability**

The definition of doctors is provided under the previous indicator. In some countries, the data are based on all doctors licensed to practice, not only those practising (e.g., Greece and Portugal). Not all countries are able to report all their 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.

#### **References**

- CAPER (2015), “Field of Post-M.D. Training by Faculty of Medicine Providing Post-M.D. Training 2013-2014”, Database available at <http://www.caper.ca>.
- OECD (2016), *Health Workforce Policies in OECD Countries: Right Jobs, Right Skills, Right Places*, OECD Publishing, Paris, <http://dx.doi.org/10.1787/9789264239517-en>.

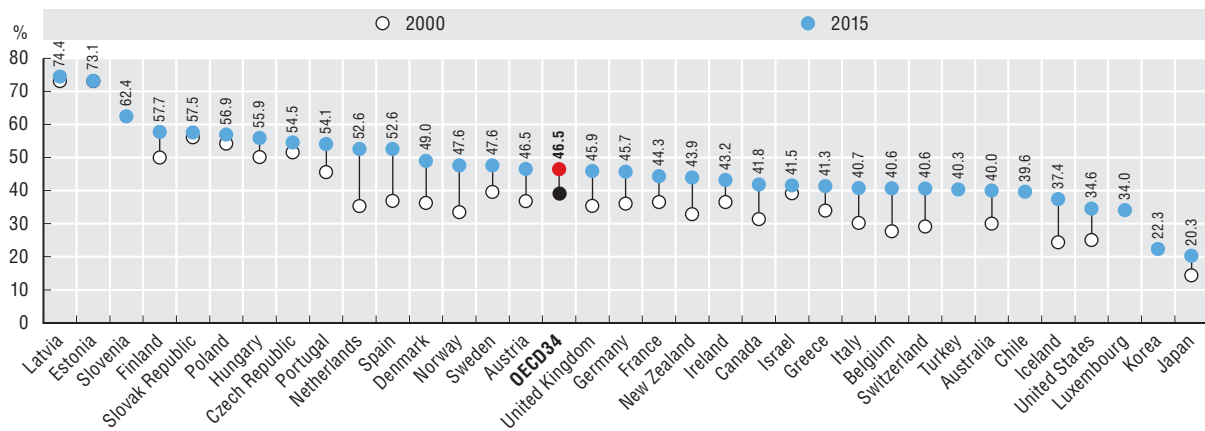
8.5. Share of doctors aged 55 years and over, 2000 and 2015 (or nearest year)



Source: OECD Health Statistics 2017.

StatLink <http://dx.doi.org/10.1787/888933604609>

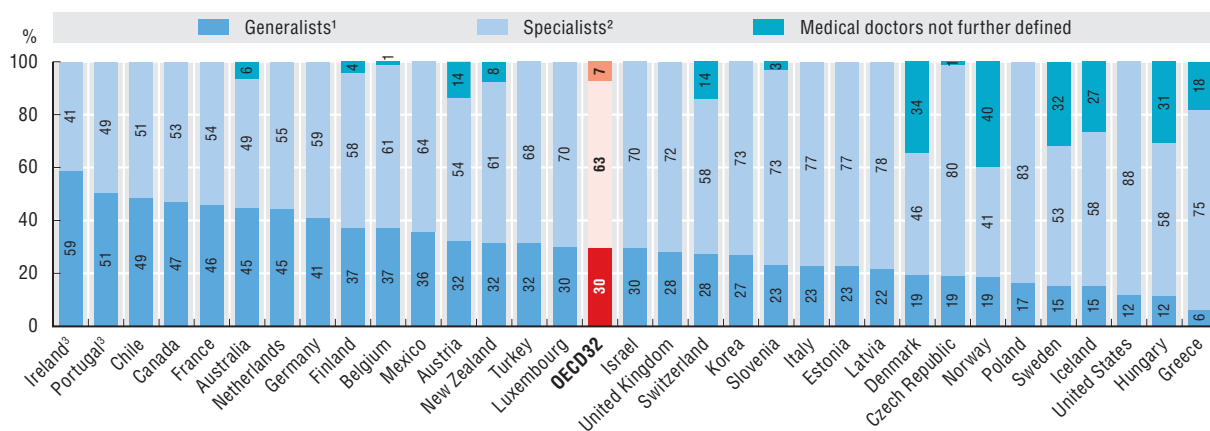
8.6. Share of female doctors, 2000 and 2015 (or nearest year)



Source: OECD Health Statistics 2017.

StatLink <http://dx.doi.org/10.1787/888933604628>

8.7. Generalists and specialists as a share of all doctors, 2015 (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.

3. In Ireland and Portugal, most generalists are not GPs ("family doctors"), but rather non-specialist doctors working in hospitals or other settings.

Source: OECD Health Statistics 2017.

StatLink <http://dx.doi.org/10.1787/888933604647>



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